Roundtable Discussion Sharing Personal Stories from the Opioid Crisis

Energy & Commerce Committee
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Rayburn Office Building, Room 2123

Comments by Michael Gray, Father of Amanda, who died of Fentanyl poisoning on January 11, 2018.

Mr. Chairman, distinguished members, and all in attendance, we the victims of this epidemic thank you for this opportunity to bring our painful stories to light for the good of our neighbors. Before I begin, I offer my deepest condolences to my fellow victims here today. May God be with you as you bravely honor the struggle and/or memory of your loved one.

On January 11, 2018 at 6:19 PM, we got the call every parent dreads; the call from whence one never returns to normalcy. We were informed that our daughter Amanda had "passed away". Later, it would strike me as an odd phrase to use for a brilliant, beautiful sorority-girl of 24. "Passed away" seems more like something that happens to a 90-year-old. It's also odd to use this phrase since she was k*illed*; sold something other than what she intended to buy, and which the seller likely knew was fatal. Yet, the killer remains free to kill again because the investigation of such murders is often treated like a hit-and-run fender-bender. Her dealer's likely under a drug-court diversion anyway, so she mightn't see any significant penalty even if she were arrested.

The opioid/heroin problem has been with us a long time and will continue to plague society for a long time to come. However, the combination of heavy stresses on our young people, the increasing purity of heroin and, most importantly, decades of irresponsible over-prescribing of opioids for often non-acute pain, have conspired to raise to epidemic levels the base problem of substance use disorder and overdose. The introduction of something with the **literally uncontrollable** potency of Fentanyl was a spark to the tinder box, which has manifest as a public health crisis of catastrophic proportion. Here, I state the obvious, so I'll move on.

I'm here representing an under-considered dimension of the Opioid Crisis which needs to be considered, since the solutions required are different than the solutions typically discussed. I'm referring to the problem of the intermittent user, coupled with the introduction of Fentanyl into the supply stream. This includes the mentally-ill, who use these drugs for symptom relief, and those using recreationally or experimentally, such as those who try street opioids once or twice to see what it's all about. These people are right in the crosshairs of the Fentanyl scourge.

These users have also been with us a long time. However, depending on their specific biology and tendency toward addiction, many would have used *some*, and moved on. Today, they're dying because Fentanyl turns every instance of opioid use into a Russian Roulette with 4 bullets and 2 blanks. I've heard anecdotal evidence from highly placed ER physicians that a significant portion of the "hockey stick" of the 2016 overdose curve is first, second or third time users. My daughter Amanda was

somewhere short of her 15th time using – in her life – when she was killed by pure Fentanyl. Moreover, her *lack* of addiction was, counter-intuitively, a *contributor* to her death. An intermittent user, she had neither the resistance to a Fentanyl exposure, nor the experience to know that she was ingesting pure Fentanyl on that fateful morning.

Amanda suffered from Acute Borderline Personality Disorder, a mental illness which is relatively resistant to medical intervention. Alas, there is one drug that always works; the magic but deadly bean called opioid. When experiencing her most intense episodes, Amanda self-medicated – first benzodiazepine, later heroin – for relief of her intense pain. When she first asked us for help because she was abusing Xanax, she explained that she just had to "stop her brain". In August of 2017, she turned to us for help once again. After five years of intensifying symptoms, she had now turned to opioids, which eventually killed her. In the five months from her first use of heroin to her death from Fentanyl, we estimate she used a total of 10-12 days, never more than 2-3 consecutively. We know this because she spent the vast majority of this period in treatment or psychiatric facilities with no access to illicit drugs.

We've been involved in the world of mental illness for several years and substance abuse for a good portion of that. In that time, we've observed that nearly all solutions to the drug problem focus on the singular pattern of addiction/intervention/treatment/aftercare. While this is an inadequate response, it is the result of two very positive trends in our modern attitude toward the problem: First, the stigma of mental illness and drug addiction is moving in a positive direction, albeit far too slowly. Neither, is a moral or character failure. Both are diseases, and we're thankfully moving toward recognition of this fact. Moreover, government and law enforcement officials have matured in their attitudes as well. I heard both our County DA and Superintendent of Police state last week that "we can't arrest our way out of this problem"; both are committed to intervention, outreach and treatment. This is to be applauded.

What needs to mature however, is our simplistic belief that all users of opioids are one species. In the meeting where our DA and Top Cop displayed such a good understanding of the best solutions, the 2-hour public meeting went for one-hour and fifty-minutes before anyone – and that was me – mentioned the acutely mentally-ill and their search for symptom relief. With 10's of thousands of deaths from Fentanyl poisoning, a large portion of these are going to be these poor souls, or otherwise healthy kids with nothing more than a high risk-attraction profile or poor impulse control.

I think it is wonderful, and likely attributable to Sam Quinones and his cogent analysis titled *Dreamland*, that many in public policy recognize the responsibility we all have in the overuse of opioids and migration of illicit opioid drugs to the suburbs. Maybe this recognition is what led us to an attitude of treatment. In any case, this attitude is a positive development.

But, what about the mentally-ill? What about the disgraceful way we've let them down? My most passionate advocacy is for these suffering souls so immorally forgotten by society. While they were once forgotten in facilities which cared for their temporal needs, they're now simply forgotten and left in the streets, or with their bewildered families. During an intense psychotic episode where my

daughter was forcibly committed, we were asked if we would rather handle her at home. Seriously? I might as well have been asked to bring home a Bengal tiger. With nowhere else to turn, the acutely mentally-ill find opioids to "stop their brain" and, thanks to Fentanyl, many die soon enough. I am not here to chastise anyone for our failure of the mentally ill, this is a fight for another day. But yes, we should all be ashamed at how we're leaving them so badly exposed to this epidemic.

Today, I am here to open your minds to *one dimension* of the *Opioid* crisis; maybe the most solvable one. Is there any way to get this Fentanyl genie back in the bottle? Maybe.

We need to consider three specific solutions for the Fentanyl crisis as it relates to the killing of the *intermittent* user.

First, we must recognize acute mental illness as something separate from the generally unhealthy psychological condition of most people who've used opioids to the point of addiction. If we can only find a way to divert organic mental illness from the main population of drug addiction, we could see a good reduction in death. Many will not have strong addiction tendencies and could find avoidance of serious drugs possible if their illness is recognized and treated early-on. Those who are addicted, need Medically Assisted Treatment until their acute mental illness is controlled enough to allow them to deal with their addiction.

To do this, we first need to educate ourselves past the simplistic idea that all drug addicts are mentally-ill, and all should be treated with standard addiction intervention. Yet, the recovery industry is structured to exactly that principle. If I could remove the phrases "co-occurring diagnosis" and "dual-track treatment" from the lexicon of the recovery industry, I would do the world a favor and save some mentally-ill victims from a sad demise. The many facilities which claim such a capacity are over-promising and putting people at risk. Do we even know the extent of the problem? Do we really understand the line between the anxiety, depression or PTSD which plagues virtually all addicts, and congenital, brain-dysfunction mental illness? We must recognize and account for this distinction.

Outreach is another critical element for this dimension of the problem. One challenge of addiction is that once addiction has gotten hold of the victim, there's little can be done about self-control; the addiction is too powerful. However, if we can get to those who are using intermittently with the message that Fentanyl makes even occasional opioid use deadly, *they* just might have the faculties to avoid that terrible decision. In other words, maybe outreach can very effective within this population.

We also need to educate parents to the specific threat to their families. At a local event recently, I saw two incredibly brave women present their heart-wrenching stories of the crisis. One described her son's fatal overdose, while the other described her brother's 4 naloxone reversals, one of which has left him with some brain damage. As these women presented to a group of parents from my upper-middle-class town, I observed compassion, and a refreshing lack of judgment. To be truly effective however, we need to get all the way to full *empathy*; a recognition that "this could be me". The people in the audience were likely raised with such revulsion to the word "heroin" that it simply doesn't sound real. Many were unaware of the democratizing fact that heroin is often snorted, not injected. Are there still people holding on to the Hollywood image of heroin as the spoon over a candle, and the rubber-

band around the arm, all happening in some dirty alley? I believe that these parents may feel the crisis is closer to home if they are exposed to more than just the one danger of addiction. If they were to realize that their mentally-ill child could self-medicate themselves to death, or their honor-student could die with some experimentation at a party, they might come closer to empathy and vigilance.

Not all deaths will be preceded by addiction behavior. So, no matter what level of expertise parents develop in detecting that pattern, they may get the call that we did, and wonder why they never saw the signs. Maybe they weren't there because the victim wasn't an addict; maybe the victim was what I've heard referred to as a "one-and-done". What a ghastly phrase.

The "we can't arrest our way out of the problem" philosophy has led to a positive shift toward treatment intervention and away from "supply-side" solutions. In fact, mandatory minimum laws are quite out of favor. But Fentanyl threatens those *not* necessarily addicted, and thus outside the reach of common "demand-side" solutions. This necessitates that we revisit our thinking. I'll be urging your colleagues from Judiciary to look at targeted enforcement actions for anyone dealing Fentanyl. This starts with your support of DEA with SITSA, and funding of technologies for safe detection at the street level.

As it stands now, the decision to sell Fentanyl by a drug dealer is all upside; a no-brainer. In fact, one wonders why anyone is still selling heroin at all, since Fentanyl has a street value more than 25X that of heroin? Moreover, thanks to the increased strength of Fentanyl, it's easier to procure and distribute the material required for same number of analgesic doses. So, short of action on the part of good people, this trend will continue until it's *all* Fentanyl and the numbers become an existential threat to the country. What if every opioid pill sold on the street were just a locally pressed tablet of Fentanyl? That vectors the problem to a whole new population: those who are addicted to opioids but won't cross the "heroin" line. This is another significant group.

Finally, I must give a shout-out to our Surgeon General, Dr. Jerome Adams for his great contribution to the conversation. His comparison of naloxone training to the Heimlich Maneuver and CPR as a social responsibility, is exactly the kind of recognition we need. We also need to remove the stigma from Medically Assisted Treatment. All of you know your former colleague, Mr. Patrick Kennedy, and his inspiring story of personal fortitude. Let's remember that there are many being saved as we speak, without his notoriety. Yet, Medically Assisted Treatment is a hurdle of stigma we have yet to clear. Just last week, I saw some appalling "not in my backyard" comments in my home town, about the opening of a treatment center.

I thank you for your time and for your effort in organizing this roundtable event. Of course, this is a non-partisan issue: the lines of good and evil are so clearly drawn and there are no gray, partisan areas for ideology. I pray that the enthusiasm will continue. 64,000 deaths per year is simply unacceptable in a country with such a great history of taking care of our disadvantaged neighbors.

Thank you.