Bipartisan Heroin Task Force Briefing – February 6, 2017

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Written Testimony

Good afternoon co-chairmen McArthur and Kuster and members of the Bipartisan Heroin Task Force. Thank you for inviting me to participate in today's discussion.

My name is Josh Rising. I direct health care programs at The Pew Charitable Trusts, a non-profit research and public policy organization. Pew's Substance Use Prevention and Treatment Initiative (SUPTI) develops and supports state and federal policies that would 1) reduce the inappropriate use of prescription drugs; and 2) expand access to effective treatment for substance use disorders. I'll focus today on evidence-based strategies to help people with substance use disorder.

We're all too familiar with the human toll of this epidemic: opioid-related overdose deaths continue to rise, with more than 33,000 deaths in 2015, the highest number ever recorded.[1] In addition to the risk of overdose and death, chronic opioid use can result in serious long-term health effects, including an increased risk for cardiovascular events such as heart attacks[2] and an increased risk of acquiring HIV and hepatitis C for people using IV drugs. In addition, illicit drug use costs the United States $193 billion dollars annually, largely due to lost productivity and interactions with the criminal justice system. [3] Finally, we can't—and shouldn't—ignore the impact on children. Many state officials have identified a direct connection between the recent surge in foster care cases and the opioid crisis.

As if addressing the opioid epidemic was not yet challenging enough, we now face the added difficulty of high-potency synthetic opioids such as fentanyl, carfentanil and U-47700, a designer drug known as Pink. The use of these drugs has already had significant consequences for public health.

While death rates from natural/semi-synthetic opioids increased by less than three percent from 2014–2015, death rates from heroin and synthetic opioids increased by 20 and 70 percent respectively.[4]

Any effort to stem the use of synthetic opioids must take a comprehensive approach to prevention and treatment and pursue upstream solutions where possible. Most people with substance use disorder do not initially seek out these more potent substances. In fact, one study found that four out of five heroin users reported using prescription pain relievers prior to using heroin.[5]

In addition, law enforcement has reported cases where illicitly-manufactured fentanyl has been disguised as pain and anxiety medications without the user's knowledge.[6] People with substance use disorders or those experimenting with prescription drugs may be exposed to these high-potency ingredients without even knowing, putting them at risk for overdose.

At its core, substance use disorder is a treatable chronic disease, similar to hypertension or diabetes—and the exact course of the illness may vary for each person. Medication-assisted

treatment (or MAT for short) is the most effective therapy for opioid use disorder, whether an individual is dependent on heroin, prescription drugs, illicitly-manufactured fentanyl, or any combination of these drugs. All of these opioids bind to the same receptors in the brain; as a result the same approach will be effective regardless of which opioids someone has used.

MAT combines FDA-approved medications and behavioral interventions. FDA has approved three different medications to treat opioid use disorder: methadone, buprenorphine, and naltrexone. The right medication may different for each patient. Unlike naloxone, or Narcan®, which acts to reverse an overdose, these drugs are taken by patients daily, monthly, or sometimes every six months in conjunction with behavioral therapy. This can include individual or group counseling, cognitive behavioral therapy and other interventions.

Extensive research has shown the benefits of MAT. It reduces the risk of overdose, decreases illicit opioid use and other criminal activity among patients, and allows people to return to the workforce. Importantly, every dollar invested in treatment yields a return of between four and seven dollars by reducing crime-related costs, according to conservative estimates.[7]

However, access to treatment is still woefully inadequate—only ten percent of people with a substance use disorder received any type of therapy in 2015.[8] Imagine if only ten percent of people with diabetes received any care!

We know we have an incredible challenge—this is a medical and public health crisis that affects us all. So what are the solutions? There's no magic bullet, but Congress has taken action already. Specifically, I would like to thank Congress for:

- First, the passage of the Comprehensive Addiction Recovery Act, or CARA. CARA, the first major federal substance use disorder legislation in forty years, advanced new policies around both prevention and treatment such as reducing restrictions on prescribing buprenorphine. CARA also included new and enhanced grant programming to expand prevention and education efforts while also promoting treatment and recovery.

- Second, the recent appropriation of $500 million dollars provided by Congress in the recent FY2017 Continuing Resolution.. These funds are provided directly to states to strengthen prevention and treatment programming at the state and local level. We would like to recognize another opportunity this spring for Congress to take action by appropriating an additional $500 million dollars for prevention and treatment that was authorized in the recent 21st Century Cures legislation and that fulfills much of the promise of the CARA.

There are additional solutions that will make a difference in addressing the barriers of inadequate insurance coverage, the lack of adequate medical personnel and continued stigma around opioid use and treatment.[9] These include:

- First, expanding coverage. Around one third of individuals who felt the need for treatment for a substance use disorder in 2015 but did not receive it, cited a lack of health insurance coverage and inability to afford the cost as a reason.[10] Existing programs such as Medicaid are vital, especially as nearly 12 percent of adults in Medicaid have a substance use disorder.[11] Among people admitted for treatment in New Jersey, twice as many were on Medicaid as compared to those who had private insurance.[12]

- Second, enhancing model practices that encourage collaboration across the health care spectrum. Strategies such as the implementation of prescription drug monitoring programs and provider education have shown success in slowing inappropriate prescribing of opioids and encouraging safe medication use, and should be expanded.

- Third, continuing to raise public awareness: what you're doing here today is part of the solution. We need policymakers to be aware of the problem and work together to address this crisis.

Thank you co-chairmen McArthur and Kuster for your actions in this area and to the Bipartisan Heroin Task Force for holding this hearing today. We look forward to working with you and your colleagues to make progress in this important area.

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