"What Are State Governments Doing to Combat the Opioid Abuse Epidemic?"

Testimony Submitted to the House Energy and Commerce Subcommittee on Oversight and Investigations

The Honorable Tim Murphy, Chairman
The Honorable Diana DeGette, Ranking Member
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Chairman Murphy, Ranking Member DeGette, and members of the Subcommittee, my name is Mark Stringer, and I serve as the Director of Missouri's Division of Behavioral Health which is located within the larger Department of Mental Health. I also serve as the President of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Thank you for the opportunity to testify before the Subcommittee today to discuss actions states are taking to address the opioid issue.

Critical role of the state substance abuse agency: The state agency plays a critical role in overseeing and implementing the publicly funded prevention, treatment, and recovery service system. All state substance abuse agencies develop a comprehensive plan for service delivery and capture data describing the services provided.

An important focus of state directors across the country is the promotion of effective, high quality services. In Missouri, for example, we use our contracts as a mechanism to promote the use of evidence-based practices. In addition, we also utilize onsite "fidelity reviews" in order to assess the extent to which providers are employing best practices in the right way. We also engage in onsite certification surveys to ensure that providers are adhering to the standards of care set by the Division of Behavioral Health. These standards of care apply to a number of areas related to service delivery: from staffing requirements (number of staff, qualifications of staff, continuing education required of staff, etc.) to important rules governing the facilities that house service delivery.

State directors fulfill another important function: collecting and using data to improve service delivery. In Missouri, we collect data on a number of categories, including abstinence from the use of alcohol, abstinence from the use of drugs, the impact of services on housing, the impact of services on employment, and connectedness to community, among others. Our Division collects and then shares data with providers on a quarterly basis through reports. We believe this is a critical tool in order to assess performance and target areas of improvement. The Division tracks other measures such as the number of children returned under their parents' custody and the number of patients receiving recovery services. A great deal of prevention data comes from the Missouri Student Survey, which provides data at the county and local levels, with a sample size of nearly 200,000 students.

State substance abuse agencies represent a key source of technical assistance to the workforce in each state. In Missouri, we partner with the Missouri Institute of Mental Health (MIMH) on a number of initiatives, including our Spring Institute that provides training to attendees in a variety of areas. My

Division works with MIMH to promote a catalogue of training resources, from videos to online training, which is very important in a state like Missouri with a number of rural areas.

Scope of the substance use disorder problem in Missouri: It is worth stepping back for a moment to examine the impact of all substance use disorders in the state first before focusing on the unique issues related to prescription drug abuse and heroin. Overall, it is estimated that 419,000 Missourians have a substance use disorder. Of these, 27,000 are between the ages of 12 and 17 years old.

We know that approximately 14,800 parolees and 35,800 probationers in my state need substance use disorder treatment (Missouri Department of Corrections, 2014). Close to 41,000 Missouri veterans have a substance use disorder (Missouri Department of Public Safety, 2014) and 4,100 pregnant women struggle with drug or alcohol use (Missouri Department of Health and Senior Services, 2014).

In FY 2014, about 43,200 Missourians received treatment for a substance use disorder through the publicly funded system. These are individuals who lack resources to pay for treatment. About one-half (52 percent) are referred through the criminal justice system. Alcohol is the most common substance problem presented at treatment admission (34 percent) followed by marijuana (21 percent), methamphetamine (17 percent), heroin (15 percent), and other drugs (13 percent). The state has been affected by methamphetamine use predominantly in the rural areas and heroin use in Eastern Missouri, including metropolitan St. Louis. Intravenous (IV) drug use is problematic statewide due to methamphetamine and heroin use.

Financial burden: In 2008, our state estimated that the impact of addiction on Missouri's state government was approximately $1.3 billion each year while the societal costs averaged $7 billion (Burden of Substance Abuse on Missouri, 2008). These costs are linked to premature death, hospital and emergency room visits, alcohol and drug related vehicle crashes, and more.

Benefits of prevention, treatment, and recovery: A primary message for this Committee is that services to prevent, treat, and maintain recovery from substance use disorders help millions across the country. These services are literally life saving for both individuals and families.

We know treatment services can also save dollars. For example, the average prison stay for an offender with a drug-related offense is 347 days at an average cost of $57.42 per day – yielding an average cost per stay of $19,925. The average length of engagement in community-based treatment is 84 days with an average cost of $1,778. Intervention fees collected from offenders help pay a portion of the cost for community corrections and intervention services for offenders under community supervision.

Focus on prescription drug abuse and heroin: Approximately 235,000 Missourians misuse prescription drugs annually (SAMHSA, 2015). Of these, 41 percent or 97,000 are under the age of 25. Between 2007 and 2012, Missouri had a 124 percent increase in treatment admissions related to prescription drugs – climbing from about 1,300 in 2007 to 3,000 in 2012 (SAMHSA, 2014). Since then, prescription drug-related admissions have continued to trend upward to 3,200 in 2014. A higher portion of prescription drug-related admissions are for females compared to non-prescription drug-related admissions.

Missouri has seen an increase in heroin use in suburban and rural areas – particularly, surrounding the St. Louis area in Eastern Missouri. Between 2007 and 2012, Missouri had a 125 percent increase in treatment admissions related to heroin – increasing from 2,200 to about 5,000 (SAMHSA, 2014). Since then, heroin admissions have continued to climb to about 6,300 in 2014.

Annually, Missouri has over 200 heroin-related deaths. Most of these occur in Eastern Missouri. The overdose rate for heroin in Eastern Missouri is 11.34 deaths per 100,000 population – this is more than 3 times that for the state as whole (Missouri Department of Health and Senior Services, 2013). Missouri is seeing an increase in heroin use among: 1) females, 2) individuals of Caucasian race, and 3) young adults. The majority of IV drug use in Eastern Missouri is for heroin use (Missouri Department of Mental Health, 2012).

Actions moving forward in Missouri to address the opioid issue:

Treatment services, including the use of medication assisted treatment (MAT): Missouri introduced more recently approved medications for addiction treatment as part of a Robert Wood Johnson Advancing Recovery Grant in 2006. Research shows that pharmacologic interventions in conjunction with counseling are most successful. MAT, however, represented a change in the philosophy and culture of substance use treatment. The client's openness to taking medications correlates with the clinician's attitudes about MAT. Missouri found that client, clinician, and prescriber education was essential. The Department sponsored numerous training and educational opportunities for providers and referral sources about the benefits of MAT. The Department also provided one-on-one technical assistance to providers to support the integration of MAT into mainstream treatment. The FDA-approved medications are on the state's Medicaid formulary which has increased access; however, MAT continues to be restricted for the uninsured because of limited funding.

In Missouri, about 3,400 or one-third of consumers with an opioid use disorder receive MAT including methadone, buprenorphine, or naltrexone. Missouri's data show that higher retention in treatment is obtained with pharmacotherapy in combination with counseling. Missouri's clients who receive MAT tend to be more "difficult to treat" in terms of higher rates of unemployment, longer history of substance abuse, higher rates of psychiatric issues, and more recent substance use. However, these clients achieve comparable or better outcomes compared to those who receive counseling with no addiction medications. For example, 61 percent of clients receiving extended-release naltrexone have been abstinent for at least 30 days at discharge – compared to 54 percent who received counseling with no medications (Missouri Department of Mental Health, 2013).

Recovery services in Missouri: Missouri's work on recovery services is attributed in large part to SAMHSA's Access to Recovery (ATR) program. The state was just recently awarded its 4th ATR grant ($13 million over 4 years, $3.3 available in first year). The new round of grant funding will be used to support clinically appropriate treatment as well as recovery services. The grant will target veterans, including National Guard service members returning from Iraq and Afghanistan; offenders reentering the community from any of Missouri's Department of Corrections' institutions; treatment courts; and other disadvantaged populations as identified in local areas. The funding will support providers in the southwest, southeast, Kansas City, and west central areas of the state.

The funds from the ATR program from the previous three cycles helped our state move a number of recovery-related initiatives. We enhanced the array of available services by basing them on a recovery-oriented model and the patient's right to choose their path to recovery. We established a credentialing process for recovery support programs, increasing accountability and quality of services provided. The State also expanded the recovery workforce by establishing the Missouri Recovery Support Specialist (MRSS) and Missouri Recovery Support Specialist-Peer (MRSS-P) credentials in cooperation with the Missouri Substance Abuse Professional Credentialing Board. In addition, we created a process for offenders in reentry and under correctional supervision to apply to the DMH Exceptions Committee for

approval to be employed by a recovery support program. We also developed targeted training for faith- and community-based organizations, mentors, and peers in cooperation with the Missouri Substance Abuse Professional Credentialing Board. Finally, we developed an automated billing, documentation, and payment system.

The state collects outcome data on services supported by the ATR program. Data points include abstinence from alcohol use, abstinence from drug use, stable housing, employment, improved social connectedness, and elimination of criminal activity. From 2004-2013, ATR served 124,496 individuals and families with substance use disorders. Overall, 83 percent of consumers who received recovery support services (either alone or in combination with clinical treatment) were abstinent from alcohol and drugs after six months, and 95% of consumers had no new arrests after six months.

Prevention: In 2012, we began a strategic planning process for prevention, looking specifically at the non-medical use of prescription drugs. In 2011, 12% of young adults (aged 18-25) in Missouri reported that they were misusing prescription drugs. This compares to 6% for 12-17 year olds and 3% for adults older than 26. As a result, we decided to prioritize reducing the non-medical use of prescription drugs by 18-25 year olds.

Partners in Prevention (PIP) is a coalition of 21 college campuses across the state that works to promote health and safety for students. The coalition has specifically moved forward with a prescription drug abuse initiative in order to educate students on the dangers of prescription drug misuse and provide safe and healthy alternatives. Critical funding is provided by SAMHSA/CSAP's Partnerships for Success Grant along with support from the Missouri Department of Liquor Control, the Missouri Division of Highway Safety, and my division. One impressive aspect of the initiative is the array of stakeholders involved: campus prevention professionals, University administration officials, police and public safety officers, student volunteers, community business owners, and others.

In its first three years, PIP's prescription drug abuse prevention initiative noted several outcomes. From 2013 to 2014, PIP noted a 10 percent decrease in students' misuse of prescription drugs in the past year along with a 5 percent decrease in the amount of students misusing opioids, specifically pain medication, in the past year. Due to the project, the 21 participating campuses implemented take-back events, peer education presentations regarding the misuse of painkillers/opioids, and marketing campaigns regarding prescription drug misuse.

We have also partnered with the National Council on Alcoholism and Drug Abuse-St. Louis Area (NCADA) to launch a media campaign called "Curiosity and Heroin" in in an effort to increase awareness about the dangers and realities of heroin in the St. Louis region. The campaign uses advertisements in movie theaters, newspapers, magazines, bus stops, and social medial sites. The campaign also utilizes a website (www.curiosityandheroin.org) geared toward young people that provides statistics, information on the risks associated with prescription drug and heroin misuse, information on accessing treatment, and stories of recovery. One of the most poignant aspects of the website is a section composed of pictures and memorials to those who have died from a heroin overdose.

Recommendations for federal action:

Ensure that federal initiatives related to addiction work through state substance abuse agencies: State substance abuse agencies work with stakeholders to craft and implement a statewide system of care for substance use disorder treatment, prevention, and recovery. In so doing, state agencies employ a

number of tools to ensure public dollars are dedicated to effective programming. These tools include performance and outcome data reporting and management, contract monitoring, corrective action planning, onsite reviews, training, and technical assistance. States also redirect, redistribute, or eliminate support for programs that are not achieving results. In addition, state substance abuse agencies work to ensure that services are of the highest quality through state established standards of care. Federal policies that promote working through the state substance abuse agency ensure that initiatives are coordinated, effective, and efficient.

Maintain a strong commitment to the Substance Abuse Prevention and Treatment (SAPT) Block Grant – with strong commitment to primary prevention services: We recommend that Congress maintain robust support for the SAPT Block Grant, an effective and efficient program supporting prevention, treatment, and recovery services. In FY 2014, the SAPT Block Grant provided treatment services for 1.6 million Americans. During the same year, of patients discharged from treatment, 81.5 percent were abstinent from alcohol and 72.1 percent were abstinent from illicit drugs.

By statute, states must dedicate at least 20 percent of SAPT Block Grant funding for primary substance abuse prevention services. This prevention set-aside is by far the largest source of funding for each state agency's prevention budget, representing on average 70 percent of the primary prevention funding that states, U.S. territories, and the District of Columbia coordinate. In 33 states, the prevention set aside represents at least 50 to 99 percent of the substance abuse agency's budgets.

It is important to continue this work given the positive gains moving forward in a number of areas. For example, according to the Monitoring the Future (MTF) study funded by the National Institute on Drug Abuse (NIDA), from 2000 to 2014, past year alcohol use among high school seniors in America has declined by 18 percent; past year use of cocaine has declined by 48 percent; and since its peak in 2004, the country has seen a 36 percent decline in past year use of prescription opioids.

An important feature of the SAPT Block Grant is flexibility. Specifically, the program is designed to allow states to target resources according to regional and local circumstances instead of predetermined federal mandates. This is particularly important given the diversity of each state's population, geography, trends in terms of drugs of abuse, and financing structure.

We appreciate the difficult decisions Congress must face given the current fiscal climate. We believe it is equally important to note that trends in federal appropriations for the SAPT Block Grant have led to a gradual but marked erosion in the program's reach. Specifically, the SAPT Block Grant has sustained a 25 percent decrease in purchasing power since 2006 due to inflation. In order to restore this important program back to the purchasing power for 2006, Congress would have to provide an increase of $450 million.

Federal resources for the purchase of naloxone: Naloxone is a prescription medication that is used to reverse the effects of an opioid overdose. It has long been the standard of care in emergency rooms and has been successfully administered by trained bystanders, including law enforcement, friends, or family members. According to data from the Centers for Disease Control and Prevention (CDC), in 2013 almost 17,000 Americans lost their lives to an opioid pain reliever overdose, and more than 8,000 to a heroin overdose. As of May 2015, 34 states and the District of Columbia passed laws that limit liability for prescribers and administrators of naloxone, and 26 states and DC passed Good Samaritan laws which provide limited immunity for individuals who call for help during an overdose. In 2014, Missouri enacted a law to enable first responders to be trained to carry and administer naloxone.

While states have taken the lead in efforts to increase access to this lifesaving medication, cost remains a significant barrier to its widespread use. Allocating funds for the purchase of naloxone is an incredibly important step that Congress could take to have an immediate, life-saving impact on the lives of families devastated by a loved one's opioid use disorder. I applaud the Administration for proposing a $12 million grant within SAMHSA for overdose reversal and overdose prevention activities, and would encourage Congress to approve that funding and prioritize the purchase of naloxone.

Increasing access to treatment – specifically MAT services: There are currently three FDA-approved medications for the treatment of opioid dependence and relapse prevention. Scientific research has shown that these medications are an effective component of treatment and should be made available to all patients as part of a comprehensive treatment plan that includes counseling and behavioral interventions. Congress has already taken some steps to increase the use of MAT, appropriating $12 million in the FY 2015 budget for states to expand access to opioid treatment services where MAT is an allowable use. SAMHSA has already released a Request for Application for this grant, and states have eagerly applied. The Administration has proposed doubling this funding to $25 million in FY 2016. I encourage Congress to consider appropriating this additional funding given the serious challenges that states face in responding to this epidemic.

Mandatory prescriber education: Physicians receive little to no training about substance use disorders during medical school. As a result, it is reasonable to believe that this lack of understanding has likely contributed to the significant increases we've seen in prescriptions for opioid pain relievers during the last decade despite their significant risks. All providers who have been certified by the Drug Enforcement Agency (DEA) to prescribe controlled substances should be required to complete an educational course on substance use disorder prevention, intervention, and treatment. This small step could empower physicians to engage with their patients on substance use issues, and perhaps stem the tide of opioid misuse and overdose.

Assistance with improvements in linking substance use disorder services with primary care: We appreciate the proposal by SAMHSA to provide $20 million in FY 2016 to fund the Primary Care and Addiction Services Integration (PCSAI) program. The program would award grants to help providers integrate substance use disorder treatment services with primary care. People with substance use disorders have a number of co-occurring physical illnesses such as hypertension, diabetes, and obesity. The goal of the program would be to improve the health of people with substance use disorders through coordinated primary care services in community substance abuse treatment settings.

Federal support of, and coordination with, state-based groups focused on opioid abuse - including the National Governors Association (NGA): Since 2012, NGA's Center for Best Practices has worked with 13 states to help them develop and implement comprehensive plans for reducing prescription drug abuse. States that participated in NGA's two policy academies have passed legislation, developed public awareness campaigns, launched cross-agency and regional initiatives, and established critical relationships with universities and the private sector. Governors John Hickenlooper (CO) and Robert Bentley (AL) co-chaired the 2012 policy academy, and Governors Brian Sandoval (NV) and Peter Shumlin (VT) co-chair the current effort, which is funded by the Centers for Disease Control and Prevention (CDC). We applaud NGA, led by Dr. Dan Crippen, for their leadership on this issue and look forward to our continued collaboration on this and other related efforts. In fact, the Executive Director of NASADAD has been working closely with NGA staff and will attend NGA's upcoming policy academy meeting in Burlington, Vermont.

We also wish to recognize the work of the Association of State and Territorial Health Officials (ASTHO) led by Dr. Paul Jarris. During the Presidency of Terry Cline (Oklahoma), the Association issued a call to action and promoted a coordinated approach to the opioid problem. ASTHO has been working with NGA and NASADAD on these issues, participating in the NGA policy academies, and leading its own set of meetings on the topic. The two Executive Directors of ASTHO and NASADAD have joined together to engage in joint presentations at meetings and conferences in order to ensure our efforts are coordinated.

I also recommend coordinating with other state-based groups that are working on this topic. For example, the National Alliance of State and Territorial AIDS Directors have been leaders on issues such as Hepatitis C and other matters related to intravenous drug use. The Safe States Alliance is another important group focused on injury and violence prevention. Close coordination between the federal government and state-based organizations does have an impact on our respective memberships on the ground level.

We commend Secretary Burwell for identifying the opioid issue as a top priority. We also appreciate her commitment to holding a 50-state meeting later in the year to continue this important dialogue regarding three broad categories: prescriber practices, access to MAT, and access to naloxone. NASADAD is pleased to join ASTHO as a co-sponsor of this important event.