



VIA ELECTRONIC DELIVERY

The Honorable Richard Shelby
Chairman
Committee on Appropriations
United States Senate
304 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
United States Senate
260 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Jerry Moran
Chairman
Subcommittee on Commerce, Justice, Science and
Related Agencies
United States Senate
521 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable John Kennedy
Chairman
Subcommittee on Financial Services and General
Government
United States Senate
416 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Patrick Leahy
Ranking Member
Committee on Appropriations
United States Senate
437 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
United States Senate
154 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Jeanne Shaheen
Ranking Member
Subcommittee on Commerce, Justice, Science and
Related Agencies
United States Senate
506 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Christopher Coons
Ranking Member
Subcommittee on Financial Services and General
Government
United States Senate
218 Russell Senate Office Building
Washington, D.C. 20510

Friday, August 02, 2019

Dear Chairmen and Ranking Members:

As participants in the Collaborative for Effective Prescription Opioid Policies (CEPOP; www.CEPOPonline.org), we are writing in support of robust funding for the below programs to address the national opioid epidemic. Together, these programs will increase access to comprehensive prevention, treatment and recovery services and will help save lives.

CEPOP is a diverse group of more than 80 stakeholders – interested in the manufacture, distribution, appropriate use of opioid and non-opioids medications, non-pharmacologic interventions, medication-assisted treatment and disposal of unused and unwanted prescription drugs – who have joined together to work toward a comprehensive

and balanced policy strategy to prevent misuse, abuse, diversion and promote treatment and recovery options. We support effective programs, strategies and policies to help prevent prescription painkiller misuse and overdose while ensuring patients' access to safe effective pain treatment.

The opioid epidemic continues to devastate American communities from coast to coast. This continued devastation highlights the need for further investment in prevention as well as treatment if we are to turn the tide. Opioid overdoses (including prescription opioids, heroin and fentanyl) led to the deaths of more than 47,600 Americans in 2017, eclipsing any year on record. That is nearly six times higher than the number of opioid overdose deaths in 1999 (8,048). An average of 130 people a day die from an opioid overdose. While preliminary data for 2018 indicates the first decline in overdose deaths in nearly three decades, we cannot be stagnant in our response as much work is yet to be done.

We appreciate the Committee's ongoing commitment to providing much needed resources to address the opioid epidemic. As you work to craft FY 2020 appropriations legislation, we respectfully urge you to consider the following recommendations:

Labor-HHS-Education and Related Agencies Appropriations Act (LHHS)

Substance Abuse and Mental Health Services Administration (SAMHSA)¹:

- **Substance Abuse Prevention and Treatment (SAPT) Block Grant:** The Substance Abuse Prevention and Treatment (SAPT) Block Grant Program serves as the foundation of the publicly funded prevention, treatment and recovery system. In particular, the SAPT Block Grant distributes funds to 60 eligible states, territories, the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota to support critical substance abuse prevention, treatment and recovery support services for the nation's most vulnerable. Federal investments in the SAPT Block Grant have not kept up with inflation. We urge the Committee to provide an increase for the SAPT Block Grant in FY20 over the FY19 level of \$1.858 billion to help states meet the increasing need for prevention, treatment, and recovery strategies and services.
- **Center for Substance Abuse Treatment (CSAT):** SAMHSA's Center for Substance Abuse Treatment is dedicated to expanding access to high quality treatment and recovery services, including access to Medication Assisted Treatment when appropriate. According to the National Survey on Drug Use and Health, 22.5 million people aged 12 or older needed treatment for an alcohol or illicit drug use problem in 2014. During the same year, 2.6 million received treatment for such a problem. That means 19.9 million Americans needed but did not receive services for a substance use problem. We urge the Committee to provide, at a minimum, the House-passed level of \$405.4 million (level funding) for CSAT in FY20.
- **Center for Substance Abuse Prevention (CSAP):** SAMHSA's Center for Substance Abuse Prevention (CSAP) brings evidence-based prevention programs and strategies to every state and sub-state regions nationwide. Its discretionary grant programs target states, communities, organizations, workplaces and families to promote resiliency, promote protective factors, and reduce risk factors for substance use. We urge the Committee to provide, at a minimum, the House-passed level of \$212,469,000 for CSAP in FY20, as we must increase our efforts to address effective prevention to stop misuse before it ever starts.
- **State Opioid Response (SOR) Grants:** Congress authorized (via the 21st Century Cures Act) and reauthorized (via the SUPPORT for Patients and Communities Act) grants to States to enhance

¹ All requested levels of funding should not be taken out of other existing Substance Abuse and Mental Health Services Administration line items that support individuals living with mental illness or substance abuse, including those with co-occurring disorders.

prevention, treatment and recovery programs and services to address the opioid crisis. States are required to outline gaps in services, identify evidence-based implementation strategies and report progress on categories such as opioid related overdose deaths. We urge the Committee to provide the House-passed level of \$1.5 billion in FY20.

Centers for Disease Control and Prevention (CDC), Injury Center: The CDC uses data and prevention strategies to help track trends in the epidemic, identify problem areas, and help states strengthen and evaluate prevention efforts. CDC is also equipping health care providers with data and tools needed for appropriate opioid prescribing. Through the Opioid Prevention in States effort, CDC works with 45 states and the District of Columbia. CDC provides scientific expertise, enhanced surveillance activities, and support resources to quickly report fatal and non-fatal overdoses; identifies hot spots and responds with targeted resources; and identifies risk factors for overdoses and shares data to improve prevention responses. We are pleased that as part of the FY18 Omnibus appropriations package, the CDC received a \$350 million funding increase, with specific mention around CDC promotion of PDMP use and expansion of efforts to make PDMPs “more interconnected, real-time, and usable for public health surveillance and clinical decision making.” In FY20 we request the House-passed appropriation of at least \$475.5 million.

National Institute on Drug Abuse (NIDA): The National Institute on Drug Abuse (NIDA), within the National Institutes of Health (NIH), seeks to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health. NIDA is investing resources in a variety of initiatives in order to help address the opioid crisis. This includes support of research related to medication assisted treatment (MAT), the misuse of prescription opioid pain relievers by high schoolers, addressing opioid use disorders in the criminal justice system. In addition, NIDA has a critical role in implement the NIH-HEAL Initiative (Helping to End Addiction Long-Term) initiative which seeks to accelerate research-based solutions to the opioid crisis. We recommend the House-passed level of \$1.489 billion for NIDA in FY20.

Commerce-Justice-Science Appropriations Act

Hal Rogers PDMP Grant Program: PDMPs are a critical tool for addressing prescription drug abuse, yet PDMP capabilities vary widely by state. The Rogers PDMP Program is a discretionary, competitive grant program administered through the Justice Department, Bureau of Justice Assistance. The Rogers grants are intended to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized state agency. We recommend at minimum the House-passed level of \$30 million (level funding) for the Rogers PDMP program in FY20.

Edward Byrne Memorial Justice Assistance Grant (JAG) Program: The JAG program provides states and local governments with funding necessary to support a range of program areas including law enforcement, prosecution and court programs including indigent defense, prevention and education programs, corrections and community corrections, drug treatment and enforcement, and planning, evaluation and technology improvement programs. States are investing in strategies to improve outcomes for justice-involved individuals with mental illness and substance use disorders. Yet funding for the Byrne JAG program has dropped by about one-third in recent years. We recommend at least the House-passed level of \$530 million for this critical program.

Drug Enforcement Administration (DEA): The DEA is a key federal agency in the effort to reverse the opioid epidemic for prescription drug abuse, misuse, and diversion. CEPOP supports the agency’s engagement in the National Take-Back Initiative, as well as the innovative 360 Strategy program. We recommend that the Committee include, at minimum, the House-passed level of \$2.36 billion in FY20.

Financial Services and General Government Appropriations Act

Drug-Free Communities (DFC) Grant Program: The Drug-Free Communities Grant Program (DFC) is administered by the Office of National Drug Control Policy and provides support for communities to identify and respond to all local substance use and misuse issues. DFC grantees have reduced substance use and misuse in funded communities throughout the country to levels lower than national averages because they are organized, data driven and take a comprehensive, multi-sector approach to solving and addressing these issues. DFC coalitions are uniquely situated to deal with emerging drug trends, such as prescription drug abuse, because they have the infrastructure in place to effectively address any drug related issues within their communities. We recommend, at a minimum, the House-passed level of \$100.5 million for the DFC program in FY20.

Community-Based Coalition Enhancement Grants: CARA's prevention provision, Section 103, is purposefully drafted to build on the effective DFC community-based infrastructure to help communities address local opioid crises. DFC grantees are maximally prepared and proven effective in preventing and addressing all alcohol, tobacco, and drug issues, as they engage in evidence-based, comprehensive, multi-component strategies across all community sectors to achieve population-level decreases in substance use rates. Providing enhancement grants to existing DFC grantees to specifically deal with stopping opioid initiation before it ever starts is critical because DFC grantee coalitions already have the necessary infrastructure and expertise to most cost-effectively prevent prescription drug misuse from ever starting. We request at a minimum, the House-passed level of \$5 million in FY 2020, which is the full authorized level for this program.

Together, these programs will help expand prevention efforts to reduce opioid misuse and promote access to life-saving treatment and recovery services, rescue medications and other resources integral to the national effort to combat the opioid epidemic. A comprehensive approach is the only way we will reverse the substance misuse epidemic. Please do not hesitate to leverage the undersigned organizations as resources in the future. Thank you for your consideration of these comments.

Sincerely,

American Academy of Addiction Psychiatry
American Association of Colleges of Pharmacy
Behavioral Health Association of Providers
CADA of Northwest Louisiana
California Consortium of Addiction Programs & Professionals
Community Anti-Drug Coalitions of America, *CEPOP Co-Convener*
IC&RC
Mallinckrodt Pharmaceuticals
Mothers Against Prescription Drug Abuse
National Association of Counties
National Association of County and City Health Officials
National Association of Drug Diversion Investigators
National Association of State and Alcohol Drug Abuse Directors
National Council for Behavioral Health
National Safety Council, *CEPOP Steering Committee Member*
Recovery Centers of America
Safe States Alliance
Shatterproof
The Gerontological Society of America
The Honorable Mary Bono, *CEPOP Co-Convener*