



April 4, 2016

The Honorable Thad Cochran
Chairman
Committee on Appropriations
U.S. Senate
113 Dirksen Senate Office Building
Washington, D.C. 20510

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

The Honorable Richard Shelby
Chairman
Subcommittee on Commerce, Justice,
Science and Related Agencies
U.S. Senate
304 Russell Senate Office Building
Washington, D.C. 20510

The Honorable John Boozman
Chairman
Subcommittee on Financial Services and
General Government
U.S. Senate
141 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Barbara Mikulski
Ranking Member
Committee on Appropriations
Subcommittee on Commerce, Justice,
Science and Related Agencies
U.S. Senate
503 Hart Senate Office Building
Washington, D.C. 20510

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

The Honorable Christopher Coons
Ranking Member
Subcommittee on Financial Services and
General Government
U.S. Senate
127 Russell Senate Office Building
Washington, D.C. 20510

Dear Chairmen and Ranking Members:

Over the past several years, the nation has recognized that the overuse and misuse of opioids, both prescribed and illicit, has become a public health epidemic. Deaths from prescription

painkillers have quadrupled since 1999, killing more than 28,000 people in the U.S. in 2014. Nearly two million Americans, aged 12 or older, either misused or were dependent on opioids in 2013. Every day, 44 Americans die from prescription drug overdose.

Now over sixty-five organizations interested in the manufacture, distribution and appropriate use of opioid medications, the Collaborative for Effective Prescription Opioid Policies is working toward a comprehensive and balanced policy strategy to reduce abuse and promote treatment options. We support effective programs and policies to help prevent prescription painkiller overdose, while ensuring patients' access to safe, effective pain treatment.

We appreciate the Committee's commitment to providing much needed resources to address this crisis. As you work to craft FY 2017 appropriations legislation, we urge you to consider the below programs which together will increase access to prevention, treatment and recovery services, and help save lives.

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

Substance Abuse and Mental Health Services Administration (SAMHSA):

- **Substance Abuse Prevention and Treatment Block Grant:** The Substance Abuse Prevention and Treatment Block Grant Program (SAPTBG) distributes funds to 60 eligible states, territories, the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota to plan, carry out, and evaluate substance abuse prevention, treatment and recovery support services provided for individuals, families, and communities impacted by substance abuse and substance use disorders (SUD). While SAPTBG received a much needed increase in FY16, it had been flat funded for the past several years and has not kept up with inflation. At the same time, the need for substance abuse treatment and prevention continues to grow. We urge the Committee to provide a \$50 million increase for the SAPTBG in FY17 so that states can do more to meet the increasing need for treatment and recovery services.
- **Center for Substance Abuse Treatment:** SAMHSA's Center for Substance Abuse Treatment (CSAT) is dedicated to expanding access to high quality treatment and recovery services. According to the National Survey on Drug Use and Health, 21.5 million people aged 12 or older needed treatment for an alcohol or illicit drug use problem in 2014. During the same year, more than 4 million received treatment for such a problem. That means 17.5 million Americans needed but did not receive services for a substance use problem. We urge the Committee to provide \$364 million for CSAT, which would be a \$30 million increase.
- **Center for Substance Abuse Prevention:** SAMHSA's Center for Substance Abuse Prevention (CSAP) brings effective substance use prevention to every community nationwide. Its discretionary grant programs target states, communities, organizations, and families to promote resiliency, promote protective factors, and reduce risk factors for substance use. We urge the Committee to provide \$231 million for CSAP, a \$20 million

increase, to expand access to evidence based prevention programs that will help prevent substance misuse disorders from developing in the first place.

- **Grants to Prevent Prescription Drug/Opioid Overdose Death:** In FY16 the Committee provided \$12 million for Grants to Prevent Prescription Drug/Opioid Overdose Death, a program currently funding 10 states with high burden to significantly reduce the number of opioid overdose-related deaths. Funding will help states purchase naloxone, equip first responders in high-risk communities, support education on the use of naloxone and other overdose death prevention strategies, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts. We ask the Committee to provide \$20 million for this program in FY17, with additional flexibility for states to make grants to different organizations. This would allow SAMHSA to expand the reach of the program to at least eight additional states which are heavily impacted by opioid abuse and help equip and train state and local health departments, drug treatment and recovery programs, community-based overdose prevention programs and first responders with devices that rapidly reverse the effects of opioids.
- **Medication Assisted Treatment for Prescription Drug and Opioid Addiction:** The President's budget includes \$50 million increase for Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction, a \$25 million increase over FY16. MAT combines use of medications under doctor supervision along with counseling and is often the best choice for treating opioid addiction. Currently, due in part to federal restrictions, out of the approximately 2.5 million Americans who abused or were dependent on opioids in 2012, fewer than 40 percent received MAT. The FY16 funding for MAT for Prescription Drug and Opioid Addiction will increase the number of states receiving grants from 11 to 22, with a focus on high-risk communities, and by providing \$50 million in FY17 we can do more to address the urgent unmet need for access to this lifesaving treatment.

Centers for Disease Control and Prevention (CDC), Injury Center: The CDC's Injury Center has steadily increased its work in prescription drug overdose (PDO) prevention over recent years, working with state health departments to accelerate prevention efforts. CDC is working with states to expand the use of Prescription Drug Monitoring Programs (PDMPs); identify and scale up promising prevention practices in hospitals and health systems; evaluate overdose prevention policies such as naloxone administration; and improve data collection efforts. The FY16 funding increase will allow the CDC to build on this work and support prescription drug overdose prevention programs in all 50 states and the District of Columbia, providing a national response to a national epidemic. In FY17 we support the President's request for \$80 million (a \$10 million increase) to allow the CDC to continue its work with states and also disseminate opioid prescribing guidelines which are expected to be finalized in 2016.

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 \$16 million for the Rogers PDMP program in FY17, which would represent a \$4 million increase. This would be a small increase compared to what would be needed to expand grants to all 50 states.

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. We recommend that you provide \$476 million for this critical program, with no carve outs.

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 enthusiastically supports the agency's re-engagement in the National Take-Back Initiative, as well as the innovative 360 Strategy program. We recommend that the Committee include, at minimum, the Administration's FY 2017 budget request for these programs in the appropriations bill for the coming year.

Financial Services and General Government Appropriations Act

Drug-Free Communities 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 local drug and underage drinking problems. DFC grantees have reduced drug use and abuse in 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 drug 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 \$95 million for the DFC, which represents level funding from FY16.

National Model Law Funding: The Office of National Drug Control Policy administers the Model Law fund to advise States on establishing laws and policies to address alcohol and other drug issues. These model laws offer a comprehensive continuum of responses and services to fully address alcohol, tobacco and other substance abuse problems. We ask the Committee reinstate the program funding at a level of \$1.25 million, which represents level funding from FY16.

Together, these programs will help expand prevention efforts to reduce prescription drug abuse and promote access to life saving addiction treatment services and rescue medications. This is an important start in our work to reverse the prescription drug epidemic. Thank you for your consideration.

Sincerely,

American Society for Addiction Medicine
AmeriSourceBergen Corporation
Bethlehem Health Bureau
Big Cities Health Coalition
Community Anti-Drug Coalitions of America
International Certification & Reciprocity Consortium
Kentucky Office of Drug Control Policy
Mallinckrodt Pharmaceuticals
National Association of Country and City Health Officials
National Association of Drug Diversion Investigators
National Association of State Alcohol and Drug Abuse Directors
National Safety Council
RiverStone Health
Snohomish Health District
Suncoast Health Council
The Honorable Mary Bono
Trust for America's Health