



The Honorable Richard Shelby
Chairman
Committee on Appropriations
U.S. Senate
304 Senate Office Building
Washington, D.C. 20510

The Honorable Patrick Leahy
Ranking Member
Committee on Appropriations
U.S. Senate
437 Russell 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 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 Jerry Moran
Chairman
Subcommittee on Commerce, Justice, Science
and Related Agencies
U.S. Senate
521 Dirksen Senate Office Building
Washington, D.C. 20510

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

The Honorable James Lankford
Chairman
Subcommittee on Financial Services and
General Government
U.S. Senate
316 Hart Senate Office Building
Washington, D.C. 20510

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

Wednesday, June 13, 2018

Dear Chairmen and Ranking Members:

As members of 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 opioid epidemic. Together, these programs will increase access to prevention, treatment and recovery services and will help save lives.

CEPOP is a diverse group of stakeholders interested in the manufacture, distribution and appropriate use of opioid medications, who have joined together to work toward a comprehensive and balanced policy strategy to prevent misuse 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, and we must invest 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 42,000 people in 2016, more than any year on record. That is five times higher than the number of opioid overdose deaths in 1999. An average of 15 people a day die from an opioid overdose.

We appreciate the Committee's ongoing commitment to providing much needed resources to address the opioid epidemic, including significant new resources made available in the FY 2018 Omnibus Appropriations Act and ongoing efforts to fund the comprehensive programs authorized by the Comprehensive Addiction and Recovery Act (CARA). As you work to craft FY 2019 appropriations legislation, we urge you to fully fund the programs authorized in CARA, in all three subcommittees, as well as the spectrum of existing prevention, treatment and recovery programs that are critical to ensuring a comprehensive response to the substance misuse epidemic. Our recommendations include:

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

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

- **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, despite the growth in need as the opioid epidemic continues. We urge the Committee to provide an increase for the SAPTBG in FY19 over the FY18 level of \$1.85 billion so that states can do more to meet the increasing need for prevention, treatment and recovery strategies and 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, including access to Medication Assisted Treatment when appropriate. 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, at a minimum, \$405.4 million (level funding) for CSAT.
- **Center for Substance Abuse Prevention:** SAMHSA's Center for Substance Abuse Prevention (CSAP) brings evidence based prevention programs and strategies to every state and sub-state

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.

regions nationwide. Its discretionary grant programs target states, communities, organizations, workplaces and families to promote resiliency, promote protective factors, reduce risk factors for substance use, and provide grants for overdose reversal. The President's budget would seriously impede efforts to prevent substance use, to stop and delay initiation. We urge the Committee to provide, at a minimum, \$248.2 million (level funding) for CSAP. We cannot afford to reduce access to effective prevention programs and strategies.

- **State Targeted Response (STR) to the Opioid Crisis Grants:** In the 21st Century Cures Act, Congress authorized a \$1 billion account (\$500 million in FY17 and \$500 million in FY18) for the State response to the opioid abuse crisis, with another billion made available through the FY18 budget agreement. The program seeks to address the opioid crisis by awarding grants to States to enhance treatment, prevention, recovery and overdose reversal programs and services. Grantees were required to use epidemiological data to outline gaps in services, utilize evidence-based implementation strategies, and report progress on categories such as reductions in opioid-related overdose deaths, increased access to treatment and others. We urge the Committee to again appropriate \$1.5 billion in FY19 (level funding) for the STR grants.

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 FY19 we request \$625 million (\$200 million increase), which would include additional funding from that FY18 increase.

Office of the Surgeon General: More than half of children, across all socioeconomic groups, experience an adverse childhood experience (ACE) such as physical abuse, substance misuse in the household, sexual abuse, and parental divorce or separation. The more ACEs experienced, the higher the likelihood for a range of negative health and behavioral health consequences throughout their life, including substance misuse. Understanding these connections can help us better implement evidence-based substance misuse prevention programs. We request that the Committee provide \$2 million for the Office of the Surgeon General to develop a report on the connection between ACES, future substance misuse, and other health conditions, in collaboration with the CDC, National Institutes of Health, and other agencies as appropriate.

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 \$30 million (level funding) for the Rogers PDMP program in FY19.

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 urge Congress to begin to restore funding to the Byrne JAG program and recommend at least \$415 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 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 FY 2017 appropriated levels, plus any enhancements proposed in the Administration's FY 2018 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 \$101 million for the DFC in FY19.

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 drug 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 opioid abuse is critical because DFC grantee coalitions already have the necessary infrastructure and expertise to most cost-effectively prevent prescription drug misuse and abuse. We request \$5 million, the full authorization, for this program in FY19.

Together, these programs will help expand prevention efforts to reduce opioid misuse and promote access to life saving treatment and recovery services and rescue medications. A comprehensive approach is the one way we will reverse the substance misuse epidemic. Thank you for your consideration.

Sincerely,

Community Anti-Drug Coalitions of America, *CEPOP Co-Convener and Steering Committee Member*

The Honorable Mary Bono, *CEPOP Co-Convener and Steering Committee Member*

Trust for America's Health, *CEPOP Co-Convener and Steering Committee Member*

American Public Health Association

AmerisourceBergen Corporation

CADA of Northwest Louisiana

California Consortium of Addiction Programs & Professionals (CCAPP)

DuPage County Health Department

Hazelden Betty Ford Foundation

IC & RC

Illinois Association of Behavioral Health

Kentucky Office of Drug Control Policy, *CEPOP Steering Committee Member*

Mallinckrodt Pharmaceuticals

National Association of County and City Health Officials

National Association of Drug Diversion Investigators

National Athletic Trainers' Association

National Council for Behavioral Health

National Independent Laboratory Association

National Safety Council

Shatterproof

The Gerontological Society of America

Verde Technologies