



United States House Committee on Oversight and Government Reform
“The Trump Administration’s Response to the Drug Crisis, Part II”
May 9, 2019

Testimony of

Karyl T Rattay, MD, MS, FAAP
Director and State Health Official, Delaware Division of Public Health

Chairman Cummings, Ranking Member Jordan, and distinguished Committee members, thank you for the opportunity to appear before the House Committee on Oversight and Government Reform today to discuss the opioid crisis, which many of us consider to be the public health crisis of our generation. State, territorial and local health agencies are on the front lines responding to the current crisis of substance misuse, addiction, and drug overdose. As Delaware’s state health official for the past decade, and as a pediatrician and epidemiologist, I have witnessed many facets of this devastating, complicated, and evolving crisis. The addiction epidemic impacts individuals, families, schools, the workplace, and entire communities.

We first sounded the alarm and declared our epidemic in Delaware in 2011. Our data showed a trend that demonstrated a steady incline of overdose deaths over the previous two decades. In 1990, five Delawareans died from overdoses. By 2009, the number had increased to nearly 100 overdose deaths. In 2017, we experienced the sixth-highest rate of overdose fatalities in the nation and, in 2018, 400 Delawareans died from a drug overdose, according to our state’s Division of Forensic Science.

Moreover, the opioid crisis is evolving. In 2009, nearly all our overdose deaths were due to prescription drugs. Now, illicit fentanyl and other synthetic opioids are the major driver of overdose deaths, contributing to 72 percent of the 400 deaths in our state this past year. While we are making progress in decreasing overdoses from prescription drugs, they unfortunately still contributed to 36 percent of those 400 deaths in 2018. Additionally, although opioid prescribing rates have improved (a 25 percent decrease from 2013 to 2017) and we are ranked 18th for overall opioid prescribing, Delaware currently has the less than enviable distinction of being the highest-prescribing state for high doses of opioids and long-acting opioids.

The number of people with opioid use disorder (OUD) in Delaware nearly doubled from 6,000 in 2006 to 11,000 in 2017. The rate of Neonatal Abstinence Syndrome (NAS) among infants, a condition in which babies are born drug-dependent has tripled in our state over the past decade. The cost of addiction is measured not only in terms of human lives lost or in terms of the emotional impact on friends and families. The Whitehouse Council of Economic Advisors (CEA) estimates that in 2015, the economic cost of the opioid crisis was \$504.0 billion, or 2.8 percent of GDP that year (CEA, 2017).

While the opioid epidemic is a crisis of the moment, in many states other drugs such as methamphetamine, cocaine, and benzodiazepines, often in combination with opioids, are emerging as causes of substance abuse and misuse and death among some populations. This is in addition to dealing with the long-standing challenge of alcohol misuse and addiction.

Addiction is a chronic disease. It is extremely complex, and so too is the solution to this epidemic. Preventing and identifying addiction and connecting people to evidence-based comprehensive treatment and recovery services, as well as reducing harm are critical pieces to the multifaceted response required.

Collectively, states, territories and local health departments recognize the opioid crisis as a public health emergency. As with any emergency, we must respond with the resources necessary to sustain a full continuum of care. Ensuring that we are able to deploy proven prevention, treatment, harm-reduction, and recovery services as well as coordinate efforts and collect the data needed to track this epidemic requires maximizing our limited resources. Included in this written testimony are the various components of a comprehensive and multipronged approach to addressing this crisis.

Prevention

My public health colleagues nationwide and I firmly believe that preventing the misuse of, and addiction to, opioids and other substances in the first place is the best way to end our nation's epidemic. We need to look "upstream" and intervene in areas that will support our efforts. This includes a continued focus on safer prescribing of opioids and other controlled substances, better management of pain, and safe disposal of unused medications. The Delaware Department of State in collaboration with the Division of Public Health has implemented opioid prescribing regulations for acute and chronic use, is using Prescription Monitoring Program (PMP) data to target outlier prescribers and has integrated our PMP with the Electronic Health Records (EHRs) in all but two of our health systems. We implemented a robust education and awareness initiative for a variety of prescribers, including surgeons and dentists, and provided them with support materials like sample screening templates to aid in their daily practice needs, and patient education materials for direct distribution to patients, and we are providing in-office academic detailing for prescribers. We have also taken a comprehensive approach to increasing education about and access to evidence-based alternative approaches to pain management, including legislation to require that insurers lift the caps for coverage of physical therapy and chiropractic care. Many of these efforts were aided by the Centers for Disease Control and Prevention - Prevention for States Grant.

Additionally, in order to fully address this epidemic, as well as substance abuse and misuse disorders as a whole, we must move even further upstream to address the exposures during the life course that can lead to addiction such as toxic stress in infants and adverse childhood experiences. We must bolster efforts to work with schools and school-age children, build resilient communities, and increase investments in programs that work to address the social determinants of health. Our early childhood home visiting continuum of services, partially funded by the Health Resources and Services Administration (HRSA), is a great example of proven programs that prevent childhood trauma. Our state's First Lady Tracey Quillen Carney, is leading the First Chance Delaware initiative which is advancing the recognition of and effective response to adverse childhood experiences

Treatment

It is crucial for federal and state governments, working with local partners, to continue expanding access to evidence-based treatment. Perhaps the greatest challenge to ending this epidemic is the substantial barriers people face to access the services they need to manage their addiction and reclaim their lives. National estimates suggest that only 10 percent to 25 percent of individuals with OUD received treatment. Delaware has worked tirelessly to increase treatment capacity over the past decade, increasing the number of people receiving OUD treatment by 500 percent from 1,000 in 2006, to 5,000 in 2017. Despite that effort, there is still an estimated gap of 6,000 people who are not receiving treatment due to a combination of missed engagement opportunities, lack of treatment capacity, barriers to accessing medication-assisted treatments (MAT), and stigma.

The ideal treatment system is engaging, comprehensive, coordinated, integrated, high-quality and person-centered. It meets people where they are in their communities, provides an immediate connection to treatment following an overdose, and a warm handoff no matter the setting. It is dynamic and constantly improving, using real-time data and evaluation to drive decision-making at all levels from the provider to the community and the state.

With those ideals in mind, Delaware's Division of Substance Use and Mental Health (DSAMH), a sister agency to the Division of Public Health under the State's Department of Health and Social Services, launched its Substance Use Treatment and Recovery Transformation initiative (START) in 2018.

START is designed to increase access to care and treatment for individuals living with opioid use disorder and other substance use disorders by fostering a system-wide improvement-based framework that measures client outcomes. Through the START Initiative, DSAMH seeks to transform the full continuum of care for substance use disorder including engaging primary care providers (PCPs). START uses certified recovery peers connected to emergency departments, primary care, urgent care, Emergency Medical Services (EMS), police officers and families as the gateway to treatment. The peers assist individuals suffering from substance use disorder as they navigate their way through both the treatment and social services systems, helping meet not only their treatment needs, but also their social needs - needs for housing, transportation, employment, social services, legal or financial counseling, and other behavioral health or medical care. START builds on the best evidence-based treatment and wraparound services needed for long-term recovery, but also offers technical support to providers in the community to evaluate for quality and standards. These efforts were aided by the federal State Targeted Response (STR) to the State Opioid Response (SOR), and the Substance Abuse Treatment Block grants that Delaware has received from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Delaware also launched a new online treatment referral system called Delaware Treatment and Referral Network (DTRN) that allows Delaware health care providers seeking substance use disorder treatment or mental health services for their patients to make a digital referral in real-time. Over 4,000 referrals have been made in DTRN since its launch in September, reducing the time needed to identify open appointments, walk-in availability and in-patient treatment capacity.

In the past, no state had the treatment capacity to care for all individuals struggling with OUD and other addictions; many still don't. Over the past decade, Delaware has continuously worked to increase our OUD treatment capacity, including withdrawal management, outpatient treatment, residential treatment, and sober living facilities. Recently DSAMH marked the opening of its first integrated treatment home in Delaware, a new 30-bed home for men recovering from substance use disorder. The home is open to adult men transitioning from management withdrawal or from residential treatment, but who still need the support of clinical treatment in their recovery. The home provides transitional housing, vocational and educational training, and social services case management. It recently launched a construction apprenticeship program to help those in recovery identify meaningful career paths. DSAMH has also established a 20-bed home for women and a home for women and their children. This effort was aided by the federal State Opioid Response Grant (SOR).

Delaware's Medicaid program (DMMA) has played a key role in the response to the opioid crisis. Expanding Medicaid has been critical to allowing individuals to access treatment, and the expansion has allowed the state to free up treatment dollars to increase treatment capacity and include wrap-around services. Buprenorphine and naloxone have been available without prior authorization since July 1, 2018. At the same time the copayment was removed for naloxone prescriptions. Medicaid also began paying for certified recovery peer services in 2015. Additionally, DMMA coverage policy has continued to be more restrictive for long-acting opioid agents and the higher-potency products. Limiting initial amounts and dosage are other strategies used to combat the epidemic. Over the past few months and looking toward the remainder of 2019, Delaware's Medicaid program is focused on putting controls in place for benzodiazepine therapies which have a very high rate of addiction and dependency and, in combination with opioids, are often fatal.

Prioritizing treatment among those who are justice-involved is another critical piece to ending this epidemic. Untreated substance use in prison settings is a significant predictor of overdose death upon release. Among those who died of opioid overdoses in 2017, 53 percent had some previous history of involvement with the Delaware Department of Correction. Our colleagues in Rhode Island experienced a reduction of more than 60 percent in opioid overdose deaths among those who were recently incarcerated after MAT was offered. Following this model, Delaware is implementing all forms of MAT treatment across our Correctional system.

This effort includes continuing MAT for those receiving MAT prior to incarceration and ensuring that, upon their release, inmates are connected to long-term care in the community. Delaware has also worked to prevent individuals with OUD from becoming justice-involved through our drug court pathway, and with financial assistance through the federal Drug Court Expansion & Enhancement Project (DCT-AD).

Buprenorphine is another proven, effective treatment for OUD and is an essential tool in the fight to end the opioid epidemic. Removing federal restrictions on prescribing buprenorphine will ultimately save lives and eliminate unnecessary barriers that prevent people with OUD from having access to treatment. The DATA 2000 regulatory framework was implemented prior to the current wave of opioid addiction and our understanding of the potential role of -- and appropriate prescribing practices for --buprenorphine has grown substantially, even since the 2016 amendments to DATA 2000. For example, we have learned that buprenorphine, even in the absence of comprehensive services, is highly effective in preventing morbidity and mortality associated with OUD. Furthermore, the number of buprenorphine-associated deaths is dwarfed by those related to full agonist opioids. Although reforms have been implemented, more aggressive and more comprehensive measures of reform are urgently needed to stem the overwhelming tide of this epidemic. Twenty-two states recently signed a letter asking for the barriers to accessing medications that treat OUD, including buprenorphine, methadone and naltrexone, be lowered. We need the help of our federal partners to continue to offer these proven interventions to individuals who need them. Ideally, legislation should be passed eliminating the buprenorphine waiver requirements and allowing all practitioners who are registered with the Drug Enforcement Administration (DEA) to prescribe controlled substances to also prescribe buprenorphine for the treatment of OUD. At the very least, we hope that Congress will consider legislation to allow newly waived practitioners to prescribe to 100 patients immediately and to modify the "three day rule" so that practitioners registered with the DEA can prescribe three days of buprenorphine in a row to mitigate opioid withdrawal while patients are awaiting placement with an OUD treatment provider.

Individuals with OUD often need ancillary services such as housing, recovery support, employment assistance/training, childcare support, and others. The Ryan White program has been an effective model to support the treatment of HIV/AIDS. However, given that during the past couple of years Congress passed many bills authorizing various programs and made critical changes to the underlying statute to address the opioid crisis, we must first assess how the system is reacting to these changes. With that in mind, I urge Congress to work collaboratively with state and local partners to ensure that any future changes in statute are building upon the existing system and programs that currently exist without creating undue burden to state and local communities.

Harm Reduction

Naloxone saves lives and gives people a second chance to receive medical care and get connected to resources to treat their addiction. In 2018, first responders in Delaware administered 3,728 doses of naloxone, compared to 2,861 in 2017 -- a 30 percent increase. Our goal is for every first responder in the state to carry naloxone, from law enforcement, to campus security, from firefighters to ambulance crews. Several pieces of legislation have been passed in Delaware to allow first responders to provide the medication. In 2018, Governor Carney signed legislation to protect firefighters, park rangers, ambulance drivers, campus security, life guards and other emergency personnel to carry and administer naloxone. Federal funding (SAMSHA First Responder Grant) has allowed us to provide naloxone to law enforcement agencies. Now in combination with dedicated state funding at our fingertips, we have been able to significantly increase our distribution and saturation of this life-saving medication among first responder agencies statewide.

In 2017, about 72 percent of all overdoses happened in a private residence. The Division of Public Health (DPH) is encouraging friends, family members and those struggling with opioid addiction to also have naloxone on hand. We are working hard to increase community access to naloxone, which has increased significantly since 2014 when legislation was enacted making it available to the public. In 2017, Governor John Carney signed additional legislation ensuring pharmacists had the same legal

protections as doctors, peace officers, and good Samaritans when dispensing the medicine without a prescription. In addition to having naloxone now widely available in pharmacies and community trainings across the state, DPH recently held Community Naloxone Distribution events, focused in the communities where we see the highest number of overdoses. Simultaneously, DPH announced the launch of a new smartphone app that provides lifesaving step-by-step instructions on how to use naloxone during an opioid overdose. The development of this app was aided by the CDC Prevention for States Grant.

Syringe Services Programs (SSP) are another critical harm reduction component to addressing this crisis. These evidence-based programs prevent the spread of blood-borne infections like HIV and Hepatitis, but they also are a valuable touch point to engage individuals into treatment. In Delaware, due to legislation and increased state funding, we have been able to expand our SSP statewide. In our small state, over 1,000 people have been successfully referred into OUD treatment through this program.

Criminal Justice

Law enforcement officers are on the front lines of addressing this nationwide crisis. They are often the first to arrive on the scene of an overdose. They encounter and respond to the consequences of addiction every day. They see the toll the crisis is taking on communities. They have a critical role to play in influencing how communities address the crisis and law enforcement officers are often heard stating, "We can't arrest our way out of this crisis." In Delaware, our law enforcement and criminal justice partners are implementing innovative approaches and are collaborating with one another and with public health and our substance abuse treatment agency in many ways.

The Secretary of Safety and Homeland Security, Robert Coupe, has played a key role in responding to this crisis in Delaware. The Delaware State Police require a Criminal Investigative Unit Detective to respond to, and investigate, fatal drug overdoses and require a Drug Unit Detective to initiate an investigation into the source of the drugs. A recent example of this occurred when Troopers in the Sussex County Drug Unit and Governor's Task Force followed up on a fatal overdose investigation involving a common stamp associated with three deaths. The substance was determined to be 93 percent fentanyl, with no other drug compound identified. Within a few days, the Drug Unit was able to trace the origin of the packages and arrested two drug dealers.

Law enforcement in Delaware has embraced the role they can play to prevent deaths and connect individuals with SUD to treatment. The Courts and Correctional System often can't help until later in the process and Defense Services focus on protecting individual rights for trial case outcomes instead of early intervention and treatment. Targeting the dealers who are introducing the drugs into our communities remains a priority while also trying to connect individuals with OUD to treatment. Diversion programs that use pending criminal charges as leverage to engage individual with OUD into treatment can be very helpful.

Delaware's largest county, New Castle County (NCC), has implemented a diversion program called Hero Help. A significant component of the Hero Help program is the staff's outreach and engagement into treatment utilizing actionable, real-time overdose data provided by their Crime Analysis Unit. The program consists of a Hero Help Coordinator, a Registered Nurse who specializes in Substance Use Disorder Treatment and a uniformed County Police Officer. This three-person team follows up on non-fatal overdoses with the goal of getting the individual into treatment. The Hero Help Program was the first police initiative recognized in Delaware as a Community-Based Naloxone Program, in which members of the Hero Help provide training to individuals who have overdosed on the proper administration and storage of naloxone and provide them with naloxone free of charge. This training occurs in the individual's home and includes family members.

Epidemiology, Data, & Surveillance

It is critical that public health has the best information possible to respond to the opioid epidemic. Data have influenced our prioritization and the monitoring of our implementation efforts. For example, the

preliminary results of a detailed analysis using 2017 death data showed that approximately 50 percent of individuals had previously engaged with our EMS system and 70 percent were seen in one of our emergency departments within two years prior to death. From these data it is clear that interfaces with the EMS and ED systems are a key touch point for engaging individuals into treatment. In 2018, Governor Carney signed legislation to establish the nation's first Overdose System of Care, a comprehensive statewide system to ensure that consistent, humane, evidence-based treatment and care is available and provided to those requiring acute management for overdose or substance use disorder. This "System of Care" is an organized approach to patient management throughout the continuum of care from prehospital through acute care or emergency department care statewide.

Delaware has successfully developed "System of Care" approaches for trauma, emergency medical services for children and stroke. The newly codified system allows an Overdose System of Care Committee to determine standards for care protocols for the EMS and ED systems and to provide oversight of the Overdose System of Care. It also allows the Secretary of the Department of Health and Social Services to establish stabilization centers that can receive overdose patients, designate acute health care facilities, freestanding emergency departments, and hospitals that meet established requirements as an Overdose System of Care center. DPH anticipates that the standards/protocols for the Overdose System of Care will be in place by the end of 2019.

Stigma

Opioid addiction affects a wide array of individuals, from high school athletes to blue-collar workers, from grandparents to highly educated professionals, yet stereotypes about those afflicted with addiction still exist. One of the greatest barriers to treatment is the stigma experienced by individuals with OUD. When a person with OUD is stigmatized, they are often viewed as the problem rather than as a person with a medical illness, forced to bear the accompanying feelings of shame and isolation that make it difficult to ask for help. Fear of punishment is another factor that may prevent someone with a substance use disorder from telling their family or getting help. We need to work with other government agencies, healthcare providers, law enforcement, as well as local, state, and national organizations to counteract stigma and view addiction as a chronic health condition that affects the brain. Just like asthma or diabetes, if we apply appropriate, evidence-based strategies, addiction is both preventable and treatable. Just this week in Delaware, spearheaded by our Lieutenant Governor Bethany Hall-Long, we launched a public awareness campaign to help address the issue of stigma in our state. This marketing campaign is the result of a prioritization process from our Behavioral Health Consortium. The public service awareness campaign includes posters in public spaces across Delaware and on the backs of public buses; a bolstering of Delaware's HelpsHereDE.com website; and radio ads and billboards. The ads show people of different ages, races, and socio-economic levels and say, "Mental Health and Addiction Can Affect Anyone. No one has to struggle alone."

Federal Leadership, Coordination and Funding

To develop sustainable solutions to this incredibly complex challenge, we must have national leadership that can envision robust and wide-ranging cross-cutting support and coordination involving multiple federal agencies, national organizations, and state and local governments to develop and implement a comprehensive and evidence-based response strategy. The White House Office of National Drug Control Policy (ONDCP) provides this leadership. We are pleased that Congress reauthorized ONDCP last year, and its position should be strengthened, resourced, and allowed the expertise to develop robust leadership potential. ONDCP has done more in recent years to narrow the divide between public health and public safety than any other agency. Two programs supported by ONDCP include the Drug Free communities and the High Intensity Drug Trafficking Areas (HIDTA). Drug-Free Communities in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) provides grants to community coalitions to reduce local youth substance use. The HIDTA program provides assistance to state, local, and tribal law enforcements agencies operating in areas determined to be critical drug-trafficking regions of the United States. Supporting and strengthening the role of law enforcement to address the supply of illicit fentanyl, as well as other emerging illicit drugs is critical to addressing this crisis. ONDCP can provide the leadership for that coordination, and through funding of the HIDTAs, can facilitate coordinated responses at the state and local levels. In Delaware, HIDTA has a full-time Intelligence Officer and a part-time Public Health Analyst located in the Delaware Information

and Analysis Center (DIAC), the state's homeland security fusion center. Both HIDTA employees maintain relationships in Delaware and collect data to assist in painting a regional and national picture through other HIDTA partners. HIDTA funds training and information-sharing efforts throughout the country.

As previously mentioned, our horrific increase in overdose deaths is directly attributed to fentanyl, which is 50 times more potent than heroin and now ubiquitous in our illicit drug supply. I implore the Committee and ONDCP to use all means possible to cut off the supply of this drug that killed more than 28,000 people in the US in 2017.

We are deeply grateful that Congress has provided additional resources for HRSA, SAMHSA and CDC in the appropriations bills to enhance and bolster the work of state, territorial and local public health agencies. Many of our efforts mentioned today, could not have been accomplished without the support of federal grants. Federal funding to public health agencies has been, and remains, critical to our ability to respond effectively to this crisis, to maximize data for our response and to support prevention efforts, such as safer prescribing. Federal funding to state alcohol and drug agencies that manage the publicly funded SUD treatment and recovery system has greatly helped states and communities support individuals with SUD and ensures that any future changes in statute are building upon the existing system and programs without creating undue burden to state and local communities. The benefits of continuing to direct investments to the state public health and alcohol and drug agencies are coordination, efficiency and accountability.

While Delaware has made progress, we recognize that there is still much work to be done. We also want to acknowledge that we have not gotten to this point alone and will continue to need the support of our partners to be successful in fighting this epidemic. Delaware agencies partner with federal and local governments as well as national, regional, state and local non-profits, health systems and providers in a joint effort to fight the opioid epidemic in Delaware.

Conclusion

We continue to lose too many of our loved ones and neighbors to the addiction epidemic. This crisis is unweaving the very fabric of our society. The opioid crisis and substance misuse will not be solved by an individual agency or a single state. Instead, we need a comprehensive, coordinated, data- and science-driven and sustainable approach that combines the efforts of local, state and federal agencies, organizations, and industry. State, territorial, and local public health departments must have sustained and predictable sources of federal funding to expand and strengthen evidence-based prevention efforts to keep individuals from becoming addicted. Sustained sources of funding are also needed to improve access to, and use of, effective treatment and recovery support, ensure access to naloxone and syringe services programs and to improve monitoring and surveillance. As the Committee considers evidence-based approaches to the opioid crisis specifically, it is important to keep in mind the evolving nature of this crisis. I implore the Committee to take swift action to expeditiously coordinate the implementation of these solutions. I applaud your commitment and I look forward to working with you and your committee to help address this public health emergency.