

**Brian Flynn for Congress
Health Care Advisory Committee**

**Opioid Epidemic
PRELIMINARY DRAFT SUMMARY**

Key Points

- Substance use disorder affects the entire community
- It is an increasing problem in rural areas due to lack of job opportunities and occupations with high risk of injuries, areas highly concentrated in the 19th Congressional District
- The largest increase has been in use of prescription pain relievers
- Most of these come from a legitimate prescription from a doctor
- Drug companies have misled doctors about the safety of opioid pain relievers—they need to be held accountable and closely monitored
- Pain relievers in a medicine cabinet of a friend or relative are the most common source
- Doctors are becoming aware of the need to change the way they prescribe pain relievers—we need to do better at making sure they have the needed training
- Addiction affects the brain—it is a mental health problem, not a criminal justice problem
- From 30-40% of people with substance use disorder also suffer with depression
- Almost 90% who say they need treatment never get it
- Lack of insurance and other barriers to access keep many people from stopping
- Relapse is common when we make it hard for people in recovery to get jobs or housing or to become part of our community
- The community needs to learn about appropriate and inappropriate medical use of opioid pain relievers and to take an active role to support the recovery community
- Screening for risk factors of substance use disorder is more likely to prevent the disease than trying to encourage specific behaviors in children
- Reducing harm with the use of Narcan, needle exchange and safe injection sites is most helpful when combined with good access to addiction treatment

Executive Summary

The opioid epidemic has been taking an increasing toll on American youth at an alarming rate. **Death from drug overdose, including illicit and prescription drugs, is now the leading cause of death for 25-35-year-olds.** It is the most common cause of accidental death in the US, for the first time more common than death from car accidents, killing 64,000 Americans in 2016. It is part of a wider problem known as substance use disorder. Our old methods to stop it have failed. We cannot put this problem away in our jails. We cannot stop it by just saying “no.” This is not a criminal justice problem. It is a mental health problem and an economic problem. For years we have known that it is closely tied to unemployment and lack of educational

opportunities. The most important risk factors for substance use disorder are another mental health disorder and a history of child abuse, especially sexual abuse. We know that these terribly addictive drugs affect the brain and cause changes that make it harder for people to stop. And many get started when they are given prescription pain medication by a physician. Pain medication that has often been marketed by drug companies as less addictive than older drugs—even though this is not true.

Despite the difficulties, many people addicted to drugs want to stop. But almost 40% say they do not seek treatment because they cannot afford it. Almost 20% said they were afraid seeking treatment would affect their work. About the same number said they were worried what friends and families would think of them. And insurance companies often don't pay for all the treatment that is necessary. Transportation to treatment centers is also lacking for many. **But treatment costs less than half the cost of putting someone in jail.** It is time for change.

The Affordable Care Act took an important step in requiring all health insurance plans to treat mental health the same way as other health issues and insisting on coverage for drug addiction. We need to strengthen these protections by saying just how much coverage is required for drug addiction. And we need to make sure treatment is provided in appropriate facilities. We need to make sure all types of treatment are covered. That should include drug treatment, inpatient treatment and outpatient treatment. We need to make sure everyone has access to healthcare by guaranteeing healthcare insurance for all.

We also need to get rid of senseless barriers to care. Like laws that block Medicaid funding to treatment centers with more than 16 beds. And regulations that limit coverage for medication. We need to increase reimbursement for addiction services. We need to fund training programs for addiction specialists. We need to give incentives to psychologists and social workers who choose to practice addiction counseling. This will make treatment more available by increasing the supply of providers. We need to provide the funding and framework for the healthcare teams in primary care and addiction treatment that are necessary to reduce the death toll and community burden of this disease.

And **we need to work together as a community.** We need to evaluate the successful tools our communities have developed like Police Assisted Addiction Recovery Initiatives such as **Chatham Cares 4 U**. We need to model initiatives that will duplicate those successes. We need to give incentives for jobs programs and housing proposals that include recovery initiatives. This will ease the path to recovery by making sure those in recovery can become useful members of our community who we can welcome as our friends and neighbors.

We need to remove the focus on criminalization of opioid addiction/substance use disorder. Instead we should spend our money on treatment, prevention and education. Physicians need to be better educated about opioid prescribing. They should be required to take courses as a requirement for DEA licensing and renewal. We need to fund education for primary care providers on treatment for addiction. We need to educate the

community about the risks of prescription pain killers. And about the similarities between drug addiction and other substance use disorders. About the need to welcome those in recovery from opioid addiction/substance use disorder into our communities just as we do those recovering from alcohol or tobacco abuse. We need to focus our prevention efforts on the known risk factors: mental health disorders, child abuse and sexual abuse. This will require an attitude change as big as the #MeToo movement that will allow people with mental health problems like depression say, “Yes, I need help, too.” And children, adolescents and adults who have suffered from child abuse or sexual abuse to say, “Yes, that happened to me, too.” And we need to listen this time. We need to care. We need to do something and not say, “They just imagined it.” Because substance use disorder, child abuse and sexual abuse all too often go hand-in-hand.

We need to make sure everyone has access to mental health treatment. We need to make sure our schools and social service agencies are equipped to deal with these problems. Only then can we finally hope to stop the terrible growth of this epidemic.

Finally, we need to provide funding for research to find ways to improve treatment and prevention of opioid addiction/substance use disorder. We need to measure outcomes and monitor results. An unmeasured process is an uncontrolled process, as any good businessman knows. We need to work with the healthcare community to find the best solutions to protect our youth and make our communities whole.

The amount of funding for these initiatives is trivial compared to the entire healthcare budget. It is trivial compared to the funding for the military. It is trivial compared to the massive tax cut given to the wealthiest Americans last year. And if we stop focusing on putting drug users in jail for a mental health disorder they cannot control, we will save more money than we spend. And how much money can we afford NOT to spend to try to save the lives of our nation’s youth?

Brian Flynn for Congress - Preliminary Draft