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Testimony Before the

Senate Committee on Health, Education, Labor and Pensions

Hearing on “Fighting Fentanyl: The Federal Response to a Growing Crisis”

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Good morning. Thank you, Chair Murray, Ranking Member Burr, and members of the committee for inviting me to testify during this hearing focused on fentanyl and its impact on overdoses across the nation.

My name is Miriam Delphin-Rittmon, and I am the Assistant Secretary for Mental Health and Substance Use at the U.S. Department of Health and Human Services (HHS). In this role, I lead the Substance Abuse and Mental Health Services Administration, also known as SAMHSA. SAMHSA leads public health efforts to advance the behavioral health of the nation and improve the lives of individuals living with mental and substance use disorders, as well as their families.

I am pleased to be here, along with my colleagues from the White House Office of National Drug Control Policy, Health Resources and Services Administration, and the Centers for Disease Control and Prevention (CDC) to discuss SAMHSA's response to the overdose crisis.

The overdose crisis continues to be a challenge for this country. Synthetic opioids like illicitly manufactured fentanyl and the use of other substances, particularly stimulants such as cocaine and methamphetamine, have led to significant increases in overdose deaths.[1]

As President Biden has noted, our country faces an unprecedented crisis among people of all ages and backgrounds. The COVID-19 pandemic exacerbated an already tragic situation, with drug overdose deaths reaching a historic high, devastating families and communities.[2] Provisional data from the CDC reported that more than 107,000 Americans died due to a drug overdose in the 12-month period ending in January 2022. Moreover, preliminary findings from SAMHSA's analysis of 2021 data from drug-related emergency department visits show that fentanyl-related emergency department visits rose throughout 2021.[3]

That is why addressing addiction and the overdose epidemic is one of the four pillars of the unity agenda the President outlined in the State of the Union Address.

Last year Secretary Becerra released the comprehensive the HHS Overdose Prevention Strategy (Strategy), which is designed to increase access to the full range of care and services for individuals who use substances that cause overdose, and their families. The Strategy prioritizes four key areas: primary prevention, harm reduction, evidence-based treatment, and recovery support.

Though this testimony, I will expand on how SAMHSA is working to implement the Strategy and advancing the goals of the President.

SUPPORTING THE SUBSTANCE USE CARE CONTINUUM

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[1] O'Donnell J, Tanz LJ, Gladden RM, Davis NL, Bitting J. Trends in and Characteristics of Drug Overdose Deaths Involving Illicitly Manufactured Fentanyls — United States, 2019–2020. MMWR Morb Mortal Wkly Rep 2021;70:1740-1746. DOI: http://dx.doi.org/10.15585/mmwr.mm7050e3external icon.

[2] Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data

[3] Substance Abuse and Mental Health Services Administration. (2022). Preliminary Findings from Drug-Related Emergency Department Visits, 2021; Drug Abuse Warning Network (HHS Publication No. PEP22-07-03-001). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

Primary Prevention

Prevention is critical to reducing overdoses and overdose deaths. SAMHSA's activities in this area are designed to invest in community infrastructure necessary to prevent harms related to substance use. Examples of SAMHSA's activities in support of the Strategy's primary prevention goal are below.

First Responder Training for Opioid Overdose-Related Drugs

SAMHSA's First Responders – Comprehensive Addiction and Recovery Act (FR- CARA) program is an important part of our response to the overdose crisis. The FR-CARA program trains and equips firefighters, law enforcement officers, paramedics, emergency medical technicians, and volunteers in other organizations to respond to adverse overdose-related incidents, including to administer naloxone. This program also establishes processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. FR-CARA's broader eligibility and rural-set asides ensure that much needed services reach rural and tribal areas. During the program's recent project period, each state developed a strategic action plan for combatting opioid misuse and deaths related to heroin and illicit fentanyl.

Strategic Prevention Framework for Prescription Drugs Grant Program

The Strategic Prevention Framework for Prescription Drugs (SPF-Rx) assists grantees in developing capacity and expertise in the use of data from state run prescription drug monitoring programs (PDMP). Grantees have also raised awareness about the dangers of sharing medications and worked with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA's program focuses on bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success.

Harm Reduction

Evidence-based harm reduction strategies minimize the negative consequences of drug use to both the individual and the community. Therefore, providing funding and support for innovative harm reduction services is a key pillar of the Strategy. The activities below highlight the substantial strides that SAMHSA has made to advance the adoption and use of evidence-based harm reduction approaches.

Harm Reduction Grant Programs

This year, SAMHSA launched its first-ever Harm Reduction grant program and issued $30 million in grant awards. This opportunity, authorized and funded by the American Rescue Plan Act, will help increase access to a range of community harm reduction services and support harm reduction service providers as they work to help prevent overdose deaths and reduce health risks often associated with drug use. This funding is allowing organizations to expand their distribution of overdose-reversal medications and fentanyl test strips, provide overdose education and counseling, and manage or expand syringe services programs (SSP), which help control the spread of infectious diseases like HIV and hepatitis C. For example, in Maine, "Project DHARMA (Distribution of Harm Reduction Access in Rural Maine Areas)" will involve the

delivery of evidence-based harm reduction strategies across the state, with a focus on utilizing Peer Support Workers embedded in SSPs to facilitate the distribution of harm reduction supplies, such as naloxone and fentanyl test strips, and linkage to care for infectious disease prevention and treatment, wound care, and substance use.

Fentanyl Test Strips

HHS announced in April 2021 that grantees in certain programs, such as State Opioid Response (SOR) grants and the Substance Abuse Prevention and Treatment Block Grant program, may use grant funds to purchase rapid fentanyl test strips to help curb the dramatic spike in drug overdose deaths largely driven by strong synthetic opioids, including illicitly manufactured fentanyl.[4,5]

Reports from states such as California, Arizona, Nevada, and Alaska note that fentanyl test strips funded through SOR have become an important component of syringe service programs; education and awareness building toolkits; and innovative, low-threshold, on-demand treatment programs. These 4 states report distributing approximately 15,000 fentanyl test strips collectively since April 2021.

Evidence-based Treatment

Evidence-based treatments for substance use disorder can reduce substance use, related health harms, and overdose deaths, and increase odds for long-term recovery. Below are examples of SAMHSA efforts and programs that support evidence-based treatment.

Flexibilities to Increase Access to Medications for Opioid Use Disorder

In an effort to get evidenced-based treatment to more Americans with opioid use disorder (OUD), in April 2021 SAMHSA and HHS announced buprenorphine practice guidelines that remove certain training and certification requirements which some practitioners have cited as a barrier to treating more people.[6] We know that treatment with buprenorphine decreases opioid-related overdose mortality by over 50 percent.[7,8] The Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder (Practice Guidelines) provides an exemption from certain statutory certification requirements for eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives who are state licensed and registered by the Drug Enforcement Administration to prescribe controlled substances. Specifically, the exemption allows these practitioners to treat up to 30 patients with OUD using buprenorphine without taking the previously required training

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[4] Centers for Disease Control and Prevention, "Federal Grantees May Now Use Funds to Purchase Fentanyl Test Strips", (April 7, 2021).
[5] SAMHSA 2021 Report to Congress on the State Opioid Response Grants (SOR). https://www.samhsa.gov/sites/default/files/2021-state-opioid-response-grants-report.pdf
[6]Substance Abuse and Mental Health Services Administration, "HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder" (April 27, 2021). https://www.samhsa.gov/newsroom/press-announcements/202104270930
[7] Substance Abuse and Mental Health Services Administration Results From the 2018 National Survey on Drug Use and Health (2019) https://www.samhsa.gov/data/
[8] Sordo, Barrio, Bravo, Indave, Degenhardt, Wiessing, Ferri, Pastor-Barriuso, *Mortality Risk During and After Opioid Substitution Treatment: Systematic Review and Meta-analysis of Cohort Studies* (Apr. 2017), available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5421454/

so long as a practitioner submits a Notice of Intent. This exemption also allows practitioners to treat patients with buprenorphine without certifying to their capacity to provide counseling and ancillary services. As of July 1, 2022, a total of 126,286 providers have obtained a waiver; of these, 17,633 were specifically related to the revised Practice Guidelines.

During the COVID-19 pandemic, we have seen how telehealth can expand access to care, overcome geographic inequality in the provision of services, and reduce stigma associated with accessing life-saving medications such as buprenorphine.[9] Providers and patients have overwhelmingly supported integration of telehealth into the care of those with OUD, since it offers: flexibility in delivery and receipt of treatment; a means for those living in rural or remote areas to better engage in care; improvement in the provider-client relationship through flexible scheduling; greater care coordination activities; maximization of workforce productivity; reduction in burnout; and a reduction in service delivery costs by allowing remote work and care provision.[10]

The COVID pandemic also necessitated flexibilities in how patients accessed methadone for unsupervised administration. SAMHSA's relaxation of the strict regulations related to methadone take home medication has been met with positive feedback and reports from patients, providers, and researchers. Allowing patients to take home 14-28 days of methadone medication as long as this has been deemed safe and appropriate by the treating practitioner at the Opioid Treatment Program has proven safe and effective. It has allowed patients to work, go to school, and take care of their families without the restrictions previously imposed by SAMHSA's regulations – many of which have been criticized for years as being overly restrictive. Recent research has found that these increases in methadone take home doses have not been associated with increases in overdoses or other negative impacts. For these reasons, SAMHSA has announced that it intends to propose making these flexibilities permanent through rulemaking.

In 2021, SAMHSA certified 113 new opioid treatment programs, new brick and mortar medication units, as well as new mobile units to expand treatment across the nation. As of July 2021, there are 1,950 active opioid treatment programs (OTPs) with 65 brick and mortar medication units, and 19 mobile locations. Additionally, SAMHSA assisted the Federal Bureau of Prisons (BOP) with establishing OTPs for its hub and spoke model for providing treatment across their system.

State and Tribal Opioid Response Grants

To assist states, territories, Tribes and Tribal Nations in addressing the nation's overdose crisis, SAMHSA manages the State Opioid Response (SOR) and Tribal Opioid Response (TOR) grant programs. Recognizing that illicitly manufactured fentanyl is driving overdose deaths across much of the country, often in combination with stimulants, both programs focus on opioids and as selected by grantees, stimulants. As such, the core aims of SOR and TOR continue to involve increasing access to the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid-related overdose deaths by

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[9] Guille, C., Simpson, A. N., Douglas, E., Boyars, L., Cristaldi, K., McElligott, J., Johnson, D., & Brady, K. (2020). *Treatment of opioid use disorder in pregnant women via telemedicine: A nonrandomized controlled trial*. JAMA Network Open, 3(1), e1920177-e1920177.
[10] King, V. L., Brooner, R. K., Peirce, J. M., Kolodner, K., & Kidorf, M. S. (2014). *A randomized trial of web-based videoconferencing for substance abuse counseling*. Journal of Substance Abuse Treatment, 46(1), 36-42.

supporting the full continuum of prevention, harm reduction, treatment, and recovery support services. These programs also support the continuum of care for those states and communities across the country who are dealing with rising rates of stimulant use in addition to opioids and the associated negative health, social, and economic consequences. Like the SOR program, the Tribal Opioid Response TOR grants program provides dedicated resources for these activities to Tribes and Tribal Nations.

As an example, in partnership with the Seattle Indian Health Board, Washington State provided low barrier treatment with medications for opioid use disorder and related services to urban American Indian and Alaskan Native individuals who are experiencing homelessness with OUD. In Alaska, in collaboration with the University of Alaska and with the assistance of SAMHSA-funded opioid technical assistance and training resources (i.e. Addiction Technology Transfer Center and the Opioid Response Network), Alaska has provided co-occurring behavioral health, opioid and stimulant use disorder trainings with SOR grant resources.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment Block Grant (SABG) helps all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity in addressing substance use disorder treatment and prevention needs through support of prevention, treatment, and other services not covered by public or private insurance and non-clinical activities and services that address the critical needs of state substance use service systems. The SABG supports state prevention, treatment, and recovery systems' infrastructure and capacity, thereby increasing availability of services and development and implementation of evidence-based practices.

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction

The Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) program addresses treatment needs of individuals who have an OUD by expanding/enhancing treatment system capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based Medications for Opioid Use Disorder (MOUD) and recovery support services.

Comprehensive Opioid Recovery Centers

The Comprehensive Opioid Recovery Center (CORC) program provides grants to nonprofit substance use disorder treatment organizations to operate comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. Grantees are required to provide outreach and the full continuum of treatment services including MOUD; counseling; treatment for mental disorders; testing for infectious diseases, residential treatment, and intensive outpatient services; recovery housing; peer recovery support services; job training, job placement assistance, and continuing education; and family support services such as childcare, family counseling, and parenting interventions. The CORC Grantees have been utilizing funding to expand access to comprehensive services in a variety of ways, from improving the system of comprehensive MOUD care at the county level; improving follow up with clients who have experienced overdose reversals; and removing barriers to MOUD in residential treatment to engaging special populations, such as homeless persons, people on probation, and LGBTQ+persons , and meeting the needs of underserved areas.

Certified Community Behavioral Health Clinics Expansion Grants

The Certified Community Behavioral Health Clinics (CCBHC) Expansion program is designed to increase access to and improve the quality of community mental and substance use disorder treatment services. CCBHCs funded under this program must provide access to services for individuals with serious mental illness or SUD, including OUD; children and adolescents with serious emotional disturbance; and individuals with co-occurring mental and substance use disorders. This program improves the mental health of individuals by providing comprehensive community-based mental and substance use disorder services; improving treatment of co-occurring disorders; advancing the integration of mental/substance use disorder treatment with physical health care; utilizing evidence-based practices on a more consistent basis; and promoting improved access to high quality care.

Data from intake to most recent reassessment for individuals served in the CCBHC program demonstrate that as of March 2022, enrollees have achieved a 72 percent reduction in hospitalization and a 69 percent reduction in Emergency Department visits, as well as a 25 percent increase in mental health functioning in everyday life. Additionally, the data demonstrated a 12 percent increase in employment or school enrollment. SAMHSA appreciates Congress including support for CCBHC planning grants and technical assistance in the Bipartisan Safer Communities Act.

Pregnant and Postpartum Women Program

The Pregnant and Postpartum Women program (PPW) uses a family-centered approach to provide comprehensive residential substance use disorder treatment, prevention, and recovery support services for pregnant and postpartum individuals, their minor children, and for other family members. The family-centered approach includes partnering with others to leverage diverse funding streams, encouraging the use of evidence-based practices, supporting innovation, and developing workforce capacity to meet the needs of these families. The PPW program provides services not covered under most public and private insurance. SAMHSA continues to prioritize states that support best-practice collaborative models for treatment, as well as provide support to pregnant individuals with OUD. The Comprehensive Addiction and Recovery Act increased accessibility and availability of services for pregnant individuals by expanding the authorized purposes of the program to include the provision of outpatient and intensive outpatient services.

Recovery

SAMHSA has a long history of advancing recovery supports dating back to the 1980s with the Community Support Program and the 1990s, when the first Recovery Community Support Programs were funded. SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Establishing an Office of Recovery and Advancing Peer Supports

Recovery is a key pillar of the HHS Overdose Prevention] Strategy. That is why during Recovery Month last fall, SAMHSA announced it would be establishing a new Office of Recovery. This office promotes the involvement of people with lived experience throughout agency and stakeholder activities, fosters relationships with internal and external organizations in

the mental health and addiction recovery fields, and identifies health disparities in high-risk and vulnerable populations to ensure equity for support services across the Nation.

We know that recovery is enhanced by peer-delivered support services. These services have proven to be effective in sustaining recovery over the long term. Investing in peer services is critical, given the significant workforce shortages in behavioral health. That is why, as part of the President's Strategy to Address Our National Mental Health Crisis, SAMHSA is updating and expanding existing compendia[11] of state-by-state peer specialist certifications and is convening stakeholders to create a new set of model national standards for peer specialist certification.

SABG Recovery Set-Aside

The Administration supports the addition of a 10 percent set-aside within the SABG for recovery support services aimed at significantly expanding the continuum of care both upstream and downstream. This proposed set-aside would support the development of local recovery community support institutions (i.e., recovery community centers, recovery homes, recovery schools); develop strategies and educational campaigns, trainings, and events to reduce addiction/recovery-related stigma and discrimination at the local level; provide addiction recovery resources and support system navigation; make accessible peer recovery support services that support diverse populations and are inclusive of all pathways to recovery; and collaborate and coordinate with local private and non-profit clinical health care providers, the faith community, city, county, state, and federal public health agencies, and criminal justice response efforts.

CONCLUSION

On behalf of my colleagues at SAMHSA, thank you for your interest in, and support for, our programs, and for supporting the nation's behavioral health. I would be pleased to answer any questions you may have.

[11] Peer Recovery Center of Excellence, Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States, January 2022 https://www.peerrecoverynow.org/documents/Comparative%20Analysis_Jan.31.2022%20(003).pdf