

United State Senate  
**Committee on Health, Education, Labor, and Pensions**

Written Testimony:  
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Before today is over, approximately 175 people will die from a drug overdose in our country, and over the next three weeks more than 3,500 will die from the same thing. That is more than all the people who died from the September 11 terrorist attack.

My youngest son, Adam, overdosed early in the morning of Sept. 27, 2014, on a mixture of heroin and benzodiazepines. He died in the intensive care unit of a local hospital four days later. He was 21.

Adam didn't choose heroin addiction. He volunteered as a firefighter while in high school and was studying to be an EMT when he died. He was altruistic until the end, donating his organs to save four lives.

Since my son's death three years ago, more than 165,000 other parents in this country have experienced the same agony. Carrying his suffering and tragic death with me, I have been teaching at my university and traveling the Commonwealth of Virginia talking about the opioid epidemic, pain management and addiction to anybody who will listen. My goal is that each student and practitioner who leaves my class will be less inclined to prescribe excessive opioids, perhaps guarding one more son or daughter against the harm of narcotics.

Nothing I have done, or will ever do, will bring my son back. It is too late for Adam and for another 165,000 like him, but it may not be too late for other fathers and mothers. I am doing my part to see to it that it is not too late for these parents. I am praying that all Americans will do their part, regardless of their political position or role, so that my efforts will be worthwhile.

In Virginia, the opioid crisis was declared a public health emergency in 2016. In the spring of 2017, the following became regulations to combat the epidemic:

On the prevention front: The Boards of Medicine and Dentistry enacted regulations (effective May, 2017) to limit opioid prescription for acute pain to 7 days (14 days for post-surgical pain). The Medical regulations also drew from the CDC guidelines to require best practices for the prescribing of opioids for chronic pain (e.g., prescribing of naloxone if >90 MME, avoiding concomitant opioid and benzodiazepine prescribing, requiring periodic urine screening, and checking the Prescription Monitoring Program (PMP) when prescribing opioids for >7 days. Virginia's PMP can identify outlier prescribing or dispensing and refer to Department of Health Professions enforcement for investigation.

Prescribers are also now required to complete 2 continuing education credits on pain management and opioids as a requirement for licensure renewal.

Since May, more than 48 prescriber education sessions were held to make prescribers aware of the new regulations. As a result of these efforts, there has been a 30% decrease in the number of pills prescribed in the Commonwealth.

On the treatment front, Virginia's new law includes immunity for naloxone administration, and allows dispensing of naloxone after state-sanctioned trainings. As a result, more than 11,000 doses of naloxone have been made available. The new laws also allow for needle exchange in health districts, in coordination with local governments. Further, the Virginia Addiction and Recovery Treatment Services program, a Medicaid waiver to allow increased reimbursement for the full range of treatment services, has dramatically increased the number of treatment providers and resources in Virginia, and is being recognized nationally. Virginia's Department of Health and Department of Medical Assistance Services (DMAS) worked extensively in 2016 to increase the number of physicians who are waived to prescribe buprenorphine for addiction (Medication-Assisted Treatment (MAT)). This resulted in increased treatment services with better quality. In addition, our Department of Medical Assistance Services, our Medicaid, pulled together insurers, health systems, and governmental units to develop ARTS (Addiction and Recovery Treatment Services), a new Medicaid benefit designed to increase treatment for addiction.

At my institution, Virginia Commonwealth University and VCU Health, we have been relentless in advancing these issues. Also, at VCU, a curriculum on the topics of opioids, pain management and addiction has been initiated. In addition, VCU faculty established a clinic for treatment of addiction treatment and several measures were adopted in developing policies and guidelines for pain management and opioid prescribing for both inpatients and outpatients at the VCU Health hospitals and clinics.

The initial data show that these legislations and policies are working. In addition, as I interact with students, residents and faculty at the university and medical center, and as I travel around the Commonwealth and talk to dentists, I see a willingness to learn and change practices by all.

These attempts to change by legislators, educators and doctors in Virginia can even be more effective if the neighboring states would adopt similar legislations and guidelines for opioid prescribing and for educational reforms. In fact, the variation among states makes individual efforts less effective. If some of these regulations were federal, and if there are federal mandates for educational changes on opioid prescribing, pain management and addiction, we will have even more impact on curbing the epidemic. Encouraging and supporting states to provide reimbursement for treatment of addiction (just as coverage of other diseases), and expanding resources and funding training programs (residency or fellows), we can speed up reining in the epidemic, and save lives.

The heartbreaking current trail of deaths from drug overdose is only the tip of the iceberg regarding the current number of deaths from the disease of addiction. The American Medical Association and American Society for Addiction Medicine have designated addiction as an organic brain disease, yet teaching and treating it as such by most Some The stigma associated with addiction deters people who are affected from seeking treatment because of the shame. Some may not be able to access treatment even when they seek it.

I worry that we will not address the root of the current opioid epidemic, which are addiction and mental illness, as the underlying reasons for all drug epidemics we have been through and will face in the future. If we do not address the foundations of these epidemics, I fear that another drug epidemic will emerge years from now and another generation of Americans (maybe our grandchildren) will be facing a drug crisis of different kind. We had better not let that happen. With the knowledge we have now about brain functions and how addiction affects it, to let future generations of Americans be affected by a similar crisis in the future would be an historical abdication of our responsibility to do good by our country.

Finally, on behalf of the parents and families who lost loved ones, I am looking to you to act boldly. We need federal reform of all of our educational systems to include scientific facts about addiction, drugs and all substances of abuse. We need to prevent the harmful effects of such exposure through education and by identifying those at risk and interrupting the disease at its earliest stages. We are also looking to you to allocate funds in the Comprehensive Addiction and Recovery Act and in the 21st Century Act coverage, not only for treatment of all forms of addiction and its underlying mental illness, but also to extend coverage for screening of those at risk for addiction, brief interventions and referral for treatment (SBIRT) of those affected. Let us make "SBIRT" the new 5<sup>th</sup> vital sign in our emergency rooms, doctor offices and everywhere patients interface with the health care system. These are historical times in our country's health system, and it can easily be compared to a plague such as with tuberculosis and AIDS in our time. I hope you leave your mark on history by acting boldly so that the loss of our children will not be in vain.

Thank you for giving me the honor and opportunity to speak before you and I thank you for what you are doing on this front.