



March 25, 2015

The Honorable Thad Cochran,
Chairman
Senate Committee on Appropriations
Room S128, The Capitol
Washington, DC 20510

The Honorable Harold Rogers
Chairman
House Committee on Appropriations
H-305, The Capitol
Washington, DC 20515

The Honorable Barbara Mikulski
Ranking Member
Senate Committee on Appropriations
Room S128, The Capitol
Washington, DC 20510

The Honorable Nita Lowey
Ranking Member
House Committee on Appropriations
H-305, The Capitol
Washington, DC 20515

Dear Chairmen and Ranking Members:

As you know, prescription drug abuse is a growing public health crisis. Approximately 6.1 million Americans abuse or misuse prescription drugs, and more than 60 Americans die every day from a prescription drug overdose. Overdose deaths involving prescription painkillers have quadrupled since 1999 and now outnumber deaths from all illicit drugs, including heroin and cocaine, combined.

As a diverse group of stakeholders interested in the manufacture, distribution and appropriate use of opioid medications, the Collaborative for Effective Prescription Opioid Policies is working toward a comprehensive and balanced policy strategy to reduce abuse and promote treatment options. We support effective programs and policies to help prevent prescription painkiller overdose, while ensuring patients' access to safe, effective pain treatment.

We appreciate the work the Committee has done to address this epidemic, including a series of increased investments, and we are pleased that the President's FY 2016 budget includes substantial new investments directed toward addressing this problem. We write now to voice our support for the following items.

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

Substance Abuse and Mental Health Services Administration (SAMHSA):

- **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. In 2012, more than 23.1 million people aged 12 or older needed treatment for an illicit drug or alcohol problem, but only 2.5 million received treatment in a specialty facility. That means 20.6 million people needed but did not receive these lifesaving services. The President's budget reduced funding for CSAT by \$40.7 million, which would be a step backwards in the effort to expand access to substance abuse treatment. We urge the Committee to restore this cut and provide \$361.4 million for CSAT, which represents level funding.
- **Substance Abuse Prevention and Treatment Block Grant:** The Substance Abuse Prevention and Treatment Block Grant Program (SABG) 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). This program has been flat funded for the past several years, while the need for substance abuse treatment and prevention continues to grow. We urge the Committee to provide a \$25 million increase for the SABG in FY16 so that states can do more to meet the increasing need for treatment and recovery services.
- **Expanding Access to Rescue Medication:** The President's budget includes \$12 million to establish a new program which would provide grants to 10 states to significantly reduce the number of opioid overdose-related deaths. Funding will help states purchase naloxone, equip first responders in high-risk communities, support education on the use of naloxone and other overdose death prevention strategies, provide the necessary materials to assemble overdose kits, as well as cover expenses incurred from dissemination efforts. We support this effort to expand access to rescue medication.
- **Expanding Access to Medication Assisted Treatment:** The President's budget includes a \$13 million increase for Medication Assisted Treatment (MAT), which would bring total funding to \$25 million. Currently, due in part to federal restrictions, out of the approximately 2.5 million Americans who abused or were dependent on opioids in 2012, fewer than 40 percent received medication-assisted therapy for their condition. This increased investment will improve access to MAT services for treating opioid use disorders by increasing the number of states from 11 to 22 that receive funding to expand services that address prescription drug misuse and heroin use in high-risk communities. This new funding is expected to serve an additional 24 high-risk communities. We urge the Committee to provide \$25 million for MAT.

Centers for Disease Control and Prevention (CDC), Injury Center: The CDC Injury Center provides assistance with prevention efforts to states with high burdens of prescription drug

overdose. The President's FY16 budget includes a substantial increase to this line to enable the CDC Injury Center to provide grants to all fifty states plus the District of Columbia to make improvements to prescription drug monitoring programs (PDMPs), such as state interoperability and improved proactive reporting. Grants will also support national-level activities including patient safety improvements and enhancements in data quality and monitoring, emphasis on real time mortality data. We support the President's budget request of \$68 million within the Injury Center Activities line to enable the CDC Injury Center to expand its and provide every state with additional resources and scientific technical assistance for surveillance and prevention efforts. This would help provide a national response to what has quickly become a national epidemic. We also support the President's request of \$5.6 million to inform and strengthen heroin overdose prevention by improving heroin-related surveillance and further investigating the relationship between prescription drug abuse and heroin use.

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 \$11 million for the Rogers PDMP program, which is level funding compared to FY15 and more than the President's budget request of \$9 million.

Edward Byrne Memorial Justice Assistance Grant (JAG) Program: The JAG Program provides states and units of local governments with critical 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, crime victim and witness initiatives, and planning, evaluation, and technology improvement programs. We support the President's budget request of \$388 million for this important program.

Financial Services and General Government Appropriations Act

Drug-Free Communities Grant Program: The Drug-Free Communities Grant Program (DFC) is administered by ONDCP and provides support to community-based coalitions formed to address youth substance abuse and its related consequences. The DFC program has a proven record of effectiveness in achieving population level outcomes. The national, independent evaluation of the program, done by ICF International, shows significant reductions in 30 day use of marijuana, alcohol and tobacco among both middle and high school students, in funded communities, from their first report to the most recent report of these metrics. We recommend \$93.5 million for the DFC, which represents level funding from FY15.

National Model Law Funding: The Office of National Drug Control Policy administers the Model Law fund to advise States on establishing laws and policies to address alcohol and other drug issues. These model laws offer a comprehensive continuum of responses and services to fully address alcohol, tobacco and other substance abuse problems. We recommend the Committee reinstate the program funding at a level of \$1.25 million, which represents level funding from FY15.

Together, these programs will help expand prevention efforts to reduce prescription drug abuse and promote access to life saving addiction treatment services and rescue medications. This is an important start in our work to reverse the prescription drug epidemic. Thank you for your consideration.

Sincerely,

American Association of Colleges of Pharmacy
American College of Preventive Medicine
AIT Labs
Big Cities Health Coalition
Community Anti-Drug Coalitions of America
Community Catalyst
Connecticut Certification Board
Harm Reduction Coalition
IC & RC
Illinois Alcohol and Drug Dependence Association
Kentucky Office of Drug Policy Control
Mallinckrodt Pharmaceuticals
National Association of County and City Health Officials
National Association of School Nurses
National Association of State Alcohol and Drug Abuse Directors
National Association of State EMS Officials
National Safety Council
Partnership for Drug Free Kids
Safe States Alliance
Shatterproof
Society for Advancement of Violence and Injury Research
The Honorable Mary Bono
Trust for America's Health