



The Honorable Thad Cochran
Chairman
Committee on Appropriations
U.S. Senate
503 Hart Senate Office Building
Washington, DC 20510

The Honorable Barbara Mikulski
Ranking Member
Committee on Appropriations
U.S. Senate
304 Russell Senate Office Building
Washington, DC 20510

The Honorable Hal Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
2406 Rayburn House Office Building
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
U.S. House of Representatives
2365 Rayburn House Office Building
Washington, DC 20515-6157

November 24, 2015

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 abuse, while ensuring patients' access to safe, effective pain treatment.

Addressing this epidemic requires investments both in prevention and in treatment of those already suffering from substance abuse disorders, and we thank you for the work you have done in this area, including the substantial funding increase provided for the Centers for Disease Control Injury Center to enable them to expand prevention activities.

Now that Congress has reached a budget agreement that will lift the spending caps for FY16, we hope you will take the opportunity to build on that work and provide additional funding to address this epidemic. In particular we want to highlight the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment, both of which were slated for large cuts under the Senate Labor-HHS Appropriations bill. These programs provide critical funding to address the growing need for substance abuse treatment and recovery services. We urge you to include the below measures in the final FY16 appropriations agreement.

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 House bill included \$377 million for CSAT, which would provide a much needed increase of \$15.5 million, while the Senate legislation would cut CSAT by \$77 million. *We urge the Committee to include \$377 million for CSAT to expand access to treatment and recovery services.*
- **Substance Abuse Prevention and Treatment Block Grant:** The Substance Abuse Prevention and Treatment Block Grant Program 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 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. The House bill again level funded SAPT, while the Senate legislation cut it by \$50 million. *With the lifting of the spending caps, we urge the Committee to provide a \$25 million increase for the SAPT in FY16 so that states can do more to meet the increasing need for treatment and recovery services. In the absence of an increase, we support the House-passed funding level.*
- **Expanding Access to Rescue Medication:** The President's budget included \$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. The Senate bill included \$6 million for this program, while the House bill did not provide any funding. *We support the Senate funding level, but again urge the Committee to provide additional resources for this lifesaving program.*

- Expanding Access to Medication Assisted Treatment:** The House bill includes \$25 million, which would be a \$13 million increase, for Medication Assisted Treatment (MAT). 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. *We urge the Committee to provide \$25 million for MAT.*
- Strategic Prevention Framework for Prescription Drugs:** The President's FY16 budget requested \$10 million in new funding for the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) Program. The program will focus on raising public awareness about the dangers of sharing medications, and inform pharmaceutical and medical communities about the risks of overprescribing to prevent prescription drug abuse. Funding will help identify at-risk populations, provide technical assistance, improve state prescription drug monitoring programs, build capacity to address prescription drug abuse, and improve overdose prevention efforts. The Senate bill included \$5.5 million for this program, while the House bill did not include any funding. *We support the Senate funding level, but believe additional resources should be allocated for this vital program.*

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 House FY16 bill includes \$70 million, a \$50 million increase, for Injury Prevention Activities-Prescription Drug Overdose, which will enable the CDC Injury Center to provide every state with additional resources and scientific technical assistance for surveillance and prevention efforts. The Senate bill also included \$5.5 million for a new program to strengthen surveillance efforts for heroin-related deaths. *We urge you to include the House-passed funding level for Prescription Drug Overdose, and the Senate funding for illicit overdose risk factors, to help provide a national response to what has quickly become a national epidemic.*

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 House-passed CJS bill includes \$16 million for the Rogers PDMP program, 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 strongly support the House-passed funding level of \$16 million, which represents a \$5 million increase.*

Edward Byrne Memorial Justice Assistance Grant 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 program.*

Drug Enforcement Administration: The DEA's mission is to enforce the controlled substances laws and regulations of the U.S. Among the critical programs carried out by the DEA include its Take-Back program which provides citizens with a safe, convenient way to dispose of unused prescription drugs. In addition, the DEA recently announced its "360 Strategy" to address heroin, prescription drugs and violent crime. This initiative will target drug trafficking while engaging drug manufacturers and practitioners to increase awareness of the abuse issue. DEA will also work with communities and local organizations to help them address this growing issue. *We urge the Committee to fully fund the DEA's request for \$2.091 billion to carry out these and other critical activities.*

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 urge the Committee to include the House-passed funding level of \$95 million.*

Together, the above programs will help expand prevention efforts to reduce prescription drug abuse and promote access to life saving addiction treatment services and rescue medications. Thank you for your consideration.

Sincerely,

AIT Laboratories
American Academy of Addiction Psychiatry
AmerisourceBergen Corporation
American College of Preventive Medicine
California Consortium of Addiction Programs & Professionals
Community Anti-Drug Coalitions of America
Hazelden Betty Ford Foundation
Hepatitis Foundation International
Illinois Alcoholism & Drug Dependence Association
International Certification & Reciprocity Consortium

Kentucky Office of Drug Control Policy
Mallinckrodt Pharmaceuticals
National Association of County and City Health Officials
National Association of State Alcohol and Drug Abuse Directors
National Safety Council
Shatterproof
The Honorable Mary Bono
Trust for America's Health
Verde Technologies

