SENATE HELP COMMITTEE DISCUSSIUES SUBSTANCE USE, FENTANYL, AND OPIOID CRISES

EXECUTIVE SUMMARY

Today, the Senate Committee on Health, Education, Labor & Pensions (HELP) held a hearing centered around the increasing number of fentanyl-related overdoses in the U.S., focusing heavily on ways in which to combat distribution of illicit substances to curtail these overdoses. Much of the conversation during today’s hearing surrounded substance use disorder (SUD) and opioid use disorder (OUD) prevention, treatment, and recovery programs, with bipartisan support emerging for solutions to expand access to education programs for youth on the dangers of substance use.

While members largely agreed that overdoses related to fentanyl were typically unintentional, disagreements emerged surrounding the most effective way to ensure that access to fentanyl is decreased. Generally, Democrats called for increased supports for prevention and treatment programs, while Republicans honed in on the need to increase border and port security to reduce the likelihood of illicit substances entering the U.S. at all.

OPENING STATEMENTS

Chair Patty Murray (D-WA) stressed that the mental health and SUD workforce is understaffed, resulting in decreased access to these services. The Chair pointed to the rising trend of overdose deaths among youths and teens, highlighting that fentanyl-related deaths have nearly tripled in just two years’ time. Chair Murray called for robust public health efforts to allow for better access to mental health and SUD care, additionally advocating for accountability amongst opioid manufacturers who “fueled” this crisis. The Chair expressed support for a plan of action to combat OUD that focuses on each aspect of the issue — namely, border and port of entry security as well as SUD prevention, treatment, and recovery programs, among others. In closing, Chair Murray stated that she plans to continue to push for the passage of a bipartisan, “expansive” mental health package as quickly as possible.

Sen. Bill Cassidy (R-LA) (statement) urged Congress to continue to pass legislation which allows the U.S. to combat the fentanyl crisis from multiple fronts, including: (1) making the classification on fentanyl analogs as Schedule I drugs permanent; (2) educating the public on the severity of fentanyl; (3) securing the southern border to ensure that illegal substances are not being carried into the U.S.; and (4) combatting trans-national criminal organizations’ ability to finance the production and transpiration of illicit substances.
**Witness Testimony**

**Dr. Miriam Delphin-Rittmon,** of the Substance Abuse and Mental Health Services Administration (SAMHSA), highlighted that addressing addiction and the overdose epidemic is one of the four pillars of the Unity Agenda outlined during President Biden’s State of the Union Address. Dr. Delphin-Rittmon noted that SAMHSA has several efforts underway across this continuum, including: (1) implementing the **First Responders Comprehensive Addiction and Recovery Program** and the **Harm Reduction Grant Program**; (2) increasing access to evidence-based treatments; and (3) considering patient-experiences and suggestions to drive program decisions.

**Ms. Carole Johnson,** of the Health Resources and Services Administration (HRSA), suggested that HRSA has seen an increase in OUD across rural, urban, and tribal communities, which has only strengthened its commitment to increasing access to mental health and SUD treatment — particularly in rural communities — and growing the behavioral health workforce. Ms. Johnson added that HRSA is working to ensure behavioral health services are integrated into primary care settings to increase access to such services.

**Dr. Christopher Jones,** of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC), discussed the strategies that implemented by the CDC to combat illicit drug use. Specifically, Dr. Jones stated that the CDC focuses on data to ensure that communities have the information they need to respond to the crisis, as well as building state, tribal, local, and territorial capacity through funding to enable the use of evidence-based strategies to combat overdoses. He added that the CDC is supporting providers, systems, payers, and employers to increase safer prescribing and pain care, along with facilitating partnerships with public safety and community organizations to raise public awareness and reduce stigma.

**Mr. Kemp Chester,** of the Office of National Drug Control Policy (ONDCP), discussed the administration’s approach to addressing the illicit drug challenges faced in the U.S. today, walking through President Biden’s National Drug Control **Strategy** (TRP analysis). Mr. Chester noted that, while fentanyl overdoses are the most visible manifestation of this crisis, along with them are “tens of millions” of individuals with SUD. He added that the combination of these two populations “overwhelms” the health care system and first responders, ultimately harming the economic prosperity of the U.S. Mr. Chester asserted that the administration is focusing on making access to SUD universal, removing outdated barriers to prescribing medications for OUD, and increasing workforce opportunities for individuals in recovery.

**Discussion and Questions**

**Fentanyl Distribution and Related Discussion**

- Chair Murray inquired about the steps being taken by ONDCP to coordinate the activities of federal law enforcement agencies related to the disruption of fentanyl distribution, to which Mr. Chester explained that such efforts are focused on preventing trans-national criminal organizations from transporting illicit substances into the U.S to avoid distribution entirely.
• **Sen. Ben Ray Luján (D-NM)** suggested that both increased access to SUD services as well as heightened border important control policies are necessary to reduce the number of fentanyl-related deaths in the U.S.

• Both Sen. Luján and Dr. Delphin-Rittmon agreed that access to fentanyl testing strips would reduce the number of overdose deaths. Dr. Delphin-Rittmon added that harm reduction programs often provide these steps strips while disseminating information on how best to navigate and access SUD services and supports.

• **Sen. Susan Collins (R-ME)** focused her comments on enforcement and interdiction efforts, suggesting that the U.S.’ fentanyl crisis stems from importation of the substance through the Southern border.

**Substance and Opioid Use Disorder**

• Chair Murray requested that Dr. Jones submit to the Committee in writing the efforts underway by the CDC related to SUD prevention, treatment, and recovery and ways in which the Committee can better support such efforts.

• In response to **Sen. Roger Marshall (R-KS)**, Dr. Jones confirmed that he believes the fentanyl crisis to be a public health emergency (PHE), noting that a PHE is currently in effect for the opioid crisis.

• **Sen. Maggie Hassan (D-NH)** asserted that the continuation of the X Waiver would further contribute to the lack of treatment providers offering medication assisted treatment (MAT) impact fentanyl overdose rates. As such, Sen. Hassan touted her legislation — the Mainstreaming Addiction Treatment Act (**S.445**) — that seeks to eliminate the X Waiver and expand access to SUD treatments.

• Sen. Luján stressed that, while it is necessary that legislation be moved to increase access to MATs, it is equally as important that: (1) consideration be given to data depicting areas where opioid use is higher in order to target treatment and prevention programs in such areas; (2) illicit financial markets be halted; and (3) border screening efforts be improved.

• **Sen. Tammy Baldwin (D-WI)**, in a question submitted to the record, asked Dr. Delphin-Rittmon to provide more information on the needs of SAMHSA to ensure that Naloxone is more readily available to first responders as well as key locations — namely, school dormitories and community centers.

• In discussing the impact of SUD on rural communities, **Sen. Jerry Moran (R-KS)** pointed towards Kansas’ use of Certified Community Behavioral Health Clinics (CCBHC) to localize care and increase SUD services. Dr. Delphin-Rittmon voiced her support for the wraparound services provided by CCBHCs, adding that such services can better connect those with SUD with the supports necessary to fuel recovery.

• Noting that Colorado received funding through the Substance Use Prevention Treatment Block Grants afforded under the American Rescue Plan, **Sen. John Hickenlooper (D-CO)** pondered the most effective methods of utilization for this funding, additionally inquiring about SAMHSA’s work with states to provide real-time information, data, and technical assistance to ensure that these methods are utilized. Dr. Delphin-Rittmon posited that states often use the **Strategic Prevention Framework** approach which allows for the identification of strategies which work most effectively within their context.
• In response to Sen. Bob Casey’s (D-PA) inquiry about the relationship between OUD and other mental health conditions, Dr. Delphin-Rittmon noted that oftentimes the use of opioids and mental health conditions are present at the same time, necessitating an approach that allows for treatment concurrently.

• Sen. Jacky Rosen (D-NV) queried about targeted community outreach efforts on behalf of SAMHSA to ensure that Latino communities have access to evidence-based SUD resources, including harm reduction strategies. Dr. Delphin-Rittmon highlighted HHS’ Overdose Prevention Strategy’s focus on equity, further detailing SAMHSA’s efforts to fund the Latino Addiction Technology Center aimed at providing training and technical assistance to providers to better serve Latinos and “diverse groups.”

Substance Use Disorder and Youth

• Chair Murray dubbed it vital to invest in SUD prevention, treatment, and recovery for youth and questioned how the Committee could best support these efforts, specifically in the upcoming reauthorization package. While not directly answering the Chair’s question, Dr. Delphin-Rittmon pointed toward the Strategic Prevention Framework for Prescription Drugs program and its focus on SUD prevention efforts for youth.

• Sen. Hassan suggested that teenagers’ exposure to fentanyl-laced drugs are typically unintentional. Mr. Chester agreed, elucidating that social media plays a large role in teenagers’ ability to purchase opioids which are then often laced with fentanyl unbeknownst to the purchaser.

• Turning her attention to prevention and education, Sen. Collins submitted a question for the record regarding ways in which to increase information dissemination surrounding the implications of substance use to youth.

• Sen. Baldwin probed the efforts of both the CDC and the Drug Enforcement Administration (DEA) to elevate the message to youths that “one pill can kill.” Dr. Jones pointed towards the CDC’s Stop Overdose campaign, which focuses specifically on fentanyl and the toxicity of the illicit drug market, among other items.

• Sen. Casey promoted timely mental health care for young people as a means to prevent opioid misuse, to which Dr. Delphin-Rittmon highlighted the need for a better understanding of how and where to access services and supports to ensure that youth are able to receive treatment as early as possible.

• Sen. Casey questioned how best to increase OUD competency in the pediatric workforce. Ms. Johnson stated that “norms and standards” are necessary in the pediatric workforce to increase competency, adding that an increase in capacity of the pediatric workforce is also necessary to ensure access to services.

Behavioral Health Services and Prescribing Patterns

• As a portion of funding advocated for by Sen. Hassan, the Department of Health and Human Services (HHS) awarded a $1.4 million grant to Dartmouth-Hitchcock Medical Center to train behavioral health clinicians, paraprofessionals, and other residents of rural New Hampshire communities to address the SUD needs of residents. Ms. Johnson spoke in favor of the grant,
claiming that it would aid in building the behavioral health workforce in the long-term as well as assisting rural areas in delivering SUD services.

- Sen. Moran advocated for he and Sen. Tina Smith’s (D-MN) Improving Access to Behavioral Health Integration Act (S. 4306) which would authorize a grant program under HRSA to aid primary care practices in integrating behavioral health care services into these settings. Ms. Johnson, in response to Sen. Moran, dubbed it “essential” to integrate behavioral, mental, and SUD services into primary care as a means to combat the opioid crisis.

- **Sen. Chris Murphy (D-CT)** questioned the necessity of altering prescribing patterns of opioids as a means to prevent a “pathway to fentanyl.” Dr. Delphin-Rittmon emphasized the importance of both proper prescribing patterns and ensuring that individuals have access to evidence-based services and supports.

- Sen. Baldwin recognized that, in recent years, the conversation around substance use has transitioned from focus on preventing the overprescribing of opioids to preventing accidental overdose.