



April 23, 2018

The Honorable Lamar Alexander  
Chairman  
Committee on Health, Education, Labor &  
Pensions  
United States Senate  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Committee on Health, Education, Labor &  
Pensions  
United States Senate  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

As organizations dedicated to improving the public's health, we thank you for introducing the Opioid Crisis Response Act of 2018 (S. 2680). We support your continued efforts to address the opioid crisis and are particularly heartened by the proposed provisions that would support prevention activities. We encourage the committee to further strengthen the bill by incorporating an emphasis on *primary* prevention to address the factors contributing to substance use disorder risk. We cannot treat our way out of this epidemic – we must invest in primary prevention programs to break the cycle of substance misuse.

We strongly support provisions in S. 2680 that increase access to treatment and recovery services, including Section 405, which would expand access to Medication-Assisted Treatment (MAT). We are particularly pleased that you included a number of prevention provisions, including expanding access to youth prevention and recovery programs, the study on prescribing limits, and authorization of programs at the Centers for Disease Control and Prevention (CDC) to strengthen surveillance and support the work of state health departments in addressing this epidemic.

We were also grateful to see the inclusion of Section 506, CDC Surveillance and Data Collection for Child, Youth, and Adult Trauma; and Section 515, the National Child Traumatic Stress Initiative. We share the committee's interest in tracking and addressing childhood trauma and its many impacts, including the increased risk of substance use disorder.

As you consider the bill in committee, we encourage you to incorporate more provisions addressing primary prevention – that is, strategies to promote behaviors and conditions that make the risk of addiction less likely. Over the past ten years, more than a million Americans have died from the overlapping epidemics of drug use, alcohol use, and suicides. These deaths stem from common risk factors, such as mental health disorders, chronic pain, adverse childhood experiences, persistent and prolonged stress, and lack of economic opportunity. Fortunately there are proven interventions and effective policies to reduce these factors. Many of the

approaches to address substance use and drug overdoses, can also help reduce alcohol misuse and suicide, while creating healthier and stronger communities, families and individuals. We urge you to include further provisions to promote proven primary prevention in schools and community settings to address the opioid epidemic as well as the co-epidemics of broader substance misuse, alcohol use, and suicides.

In addition, while we support the provision to create a program of surveillance and education regarding “Infections Associated with Injection Drug Use and Other Risk Factors,” we believe the bill should go further. We are particularly concerned about the role that injection drug use historically played and continues to play in both the HIV and Hepatitis C epidemics. Comprehensive harm reduction programs, including syringe exchange and access to counseling, drug treatment, and a broad range of support services, have contributed to significant declines in infection transmission in many parts of the country.

Therefore, we urge the committee to add a provision authorizing substantial new funds for a CDC grant program supporting a broad range of harm reduction services for people who inject opioids and other substances. Surveillance and education are not enough – the federal government should be supporting a range of harm reduction interventions to prevent infectious disease and other risks of drug use. We should not allow the epidemic of opioid use to continue driving infectious epidemics when transmission is preventable.

Thank you again for your continued commitment to addressing opioid misuse. We firmly believe that preventing individuals from misusing opioids and other substances in the first place is the best way to end our nation’s epidemic. We look forward to working with the committee to include primary prevention as a core component of efforts to address the opioid epidemic, the broader challenge of substance use disorder, and the related public health challenges of alcohol use, mental illness, and suicide.

Sincerely,

American Public Health Association  
Association of State and Territorial Health Officials  
Council of State and Territorial Epidemiologists  
National Association of County and City Health Officials  
Prevention Institute  
Safe States Alliance  
Trust for America’s Health