



Fighting for Our Communities: *Overcoming the Opioid Crisis*

UNITED STATES
REPRESENTATIVE **Suzanne**
BONAMICI
1st District of Oregon

April 2018

Overview

Across the country and here in Northwest Oregon, communities are experiencing the tragic and often deadly emergency of opioid abuse. During the past few months, I have met with parents, health care professionals, community leaders, veterans, and people from all walks of life who have shared heart-wrenching stories about how the opioid crisis is taking lives and inflicting pain on Oregon families. According to the Centers for Disease Control (CDC), more than 63,600 people in the United States lost their lives to drug overdose in 2016.¹ Experts suggest opioid overdoses will increase as fentanyl, an exceptionally lethal synthetic opioid, becomes more widespread. The Oregon Health Authority found that Oregon has one of the highest rates of opioid misuse in the nation; about three Oregonians die each week from prescription opioid overdose.² The heartbreak and suffering behind these numbers is staggering.

Over the last six months, I've convened community discussions in each of the five counties I represent to hear from local experts and families in the throes of addiction. I toured addiction treatment and detox facilities in Beaverton and St. Helens. School leaders and prevention educators shared how we can help students cope with addiction in their families and not become addicted themselves. I met with health care practitioners and researchers at OHSU, representatives from Lines for Life, and an Obama Administration expert on drugs and addiction. In Washington DC, I asked experts what we can do to address the effects of addiction on workers and the workplace, and how we can hold drug manufacturers accountable. I met with anti-trafficking professionals who are working to keep illegal drugs out of Oregon.



Many factors have contributed to this crisis, and it will take significant efforts to overcome it. Local, state, and federal officials must cooperate to address this epidemic and stem the loss of lives. The private sector, non-profits, and our health care system also have a role to play, and in some cases are already leading the way. In this report I outline what I learned over the last six months, what steps we've already taken, and my priorities moving forward. One thing is clear: changing policy alone won't stop the crisis. We also need more resources for prevention, treatment, and innovative solutions.

The urgent need for more funding is wide and varied. Prevention programs need to be able to reach more people to educate them about the risks and dangers of opioids and the importance of safe medication storage and disposal. Over-stretched public health departments need to be able to coordinate a comprehensive response. Treatment facilities need more beds and more staff. Health care providers need further education and training. Patients need insurers—including Medicare and Medicaid—to fully cover addiction treatment and safer alternatives to opioids for pain care. And researchers need additional funding to gather data that will drive solutions. We must increase the

resources to match the scale of the problem, and many of the actions I propose focus on making smart investments to adequately address the crisis.

Finally, as we work toward a comprehensive solution on this complicated public health issue, we must always remember that there are people and families behind every statistic. They may be our neighbors, coworkers, friends, and family members. Addiction is a disease, not a moral failing. All our actions and solutions should respect the humanity of the people affected. In the past, we have incarcerated people struggling with addiction, and that hasn't worked. People with substance use disorder need treatment, not incarceration. We need a comprehensive, compassionate approach that focuses on the root causes of the crisis and addresses it from every angle.

This report will address five topics that we discussed in the listening sessions and in which policy changes and funding can make a significant difference: Prevention; Treatment and Recovery; Pain Management; Innovation; and Disposal.

Community Discussions: Hearing Directly from Those Affected

Roundtable Discussions with Stakeholders:

- Clatsop County
- Yamhill County
- Multnomah County
- Columbia County
- Washington County

Additional Listening Sessions and Tours:

- Central City Concern with Lines for Life and Michael Botticelli
- Drug Disposal Visit to Providence St. Vincent Pharmacy
- Lifeworks, Treatment & Behavioral Health Provider
- National Association of Chain Drug Stores
- OHSU Providers and Researchers
- Oregon Medical Association
- Oregon Office of Rural Health
- Oregon Primary Care Association
- Oregon Public Health Division
- Oregon-Idaho High Intensity Drug Trafficking Area
- Pathways Treatment Facility in Columbia County
- School and Education Stakeholders Roundtable Discussion
- Tualatin Together
- Workforce Committee Hearing on Effect on Workers, Employers



Prevention:

Raising Awareness and Stopping Addiction Before It Begins

We know that many people are vulnerable to opioid addiction. But during our discussions, I became especially concerned about what appears to be a lack of information about how opioids affect the developing brains of young people and the factors that may lead to misuse and abuse. These drugs are often prescribed to teenagers after sports injuries or oral surgery. More education and awareness are needed regarding the effects of opioid use and abuse on adolescent brain development, and a promising study at OHSU should help us better understand this issue.

Unfortunately many young people have abused prescription opioids, often leading to addiction. Busy educators and other school staff now find themselves serving as first responders to a growing crisis. Schools, and especially school-based health centers, are already facing budget shortages and urgently need additional resources for prevention programs and screening. Students also face hardship when their parents or other family members struggle with substance abuse. Some schools in Oregon are adopting a trauma-informed care approach to better support affected students. Finally, parents, school leaders, and counselors described how young people often turn to drugs to cope with mental illness. The lack of mental health treatment for children and adolescents leaves these young people especially vulnerable, and if they do become addicted there are few appropriate resources for children and adolescents with a dual diagnosis of mental illness and substance abuse.

Two Moms, Two Sons

“My oldest son, Taylor, was a talented football player at Portland State University when he got a sports injury. He went to a doctor and was repeatedly prescribed opioid pain “killers.” His addiction started from there. He also struggled with mental illness, and the pills were his way of self-medicating. For five years he was in and out of rehab. My husband and I are both well-educated and understand the health care system, but we struggled to get him the care he needed. He was finally on a better path, with a good job and stability, when he died last year, unexpectedly of an accidental overdose after taking fake pain pills containing fentanyl at just 24 years old.”

Brenda, Beaverton

“Jordan was a natural athlete who loved sports and being outside. He was a high school senior playing football when he dislocated an elbow. After his injury, he was prescribed opioids for pain, which then led to prescription drug abuse, and ultimately a heroin addiction. After a seven year battle with addiction and five separate stints in treatment, he had finally found peace in a new city and a great job in construction when he relapsed. He died of an overdose just before his 25th birthday.”

Kerry, Knappa

Of course opioid addiction isn't just a problem with youth. I heard from people of all ages and walks of life who found themselves struggling with a substance use disorder. Nearly 30 percent of patients prescribed opioids for chronic pain will go on to misuse the substance.³ We need evidence-based prevention and education programs that can inform the public about the tremendous risks associated with these drugs and how to get help. What we do not need is a return to the failed “Just Say No” abstinence education of the past.

Prevention: Actions and Next Steps

Beyond providing the necessary additional funding for prevention programs, Congress can take several steps to improve prevention efforts. This includes passing the **Trauma-Informed Care for Children and Families Act**, a bill I've cosponsored that would give schools, health care providers, and other social service entities the tools and support they need to coordinate services to address the effects of trauma on children. Congress should also pass the **Hallways to Health Act**, which would make additional resources available to school-based health centers and encourage the use of telehealth technologies. Additionally, continuing education for doctors and other health care providers about the risks of prescribing opioids is a critically important preventive step.

Treatment and Recovery: Expanding Treatment to Serve Everyone in Need

The opioid crisis continues to grow, and we are already failing to offer treatment to everyone who needs it. When I toured Pathways, a detox and treatment facility in St. Helens, managers said that, if they had funding, they could open and fill a second facility tomorrow. Again, the major obstacle is resources: Medicaid reimbursement and even some private insurance reimbursement rates are too low to cover the true costs of running a safe, supportive, 24-hour-a-day facility. Several treatment and recovery providers I spoke with echoed these concerns: without more funding, they will have to continue to turn away people in need.

Low Medicaid and Medicare reimbursement rates are limiting the health care providers and treatment facilities available to patients. Medicare patients sometimes face obstacles getting alternative pain treatments covered or seeking the kind of addiction treatment they need, specifically medication-assisted treatment. An antiquated Medicaid rule known as the "IMD Exclusion" makes treatment less accessible. The IMD Exclusion rule prohibits reimbursement for care provided to patients covered by Medicaid in substance use disorder residential treatment facilities with more than 16 beds. Access to treatment should not depend on one's income level or insurance coverage. We can improve access to addiction treatment by updating Medicaid rules, increasing reimbursement rates, and expanding services covered.

Funding is not the only thing that hampers our ability to treat and support everyone struggling with addiction. Treatment and recovery providers serve people who are homeless, people who have high levels of medical need, and people with a dual diagnosis of mental illness and substance use disorder. This requires additional resources and staff training. Homelessness and housing instability are severe issues in our region and in many places across the country, and yet it is almost impossible to recover from addiction without stable housing. Housing and employment are essential to long-term recovery, and we must tackle these challenges if we are going

"I was young and trying to fit in a new town when I started using pills. Over time I switched to heroin. When I was ready for treatment, I had to wait three days for a place, and that felt like an eternity. There are waitlists that are six to eight weeks long and people are dying in that time. I had private insurance, but it would only cover a 28-day program, not the three months I felt I needed. Now I've been sober for three and a half years, but I've gone to more than ten funerals of people who died from addiction in that time. I didn't think this would be my story, but I'm lucky. In fact, I got married in October and I'm working as a recovery mentor helping other people in recovery."

Jessica, McMinnville

to address the opioid crisis. We must recognize that recovery is a life-long process, requiring ongoing support.

In rural areas with limited transit options, residents face additional difficulties getting treatment. One man in Yamhill County described waking at five a.m. every day to make a five-hour trip to and from Portland to receive treatment. In Columbia County, a woman made it into detox only because a facility two hours away provided her with transportation.

Medication-assisted treatment with medications like methadone, buprenorphine, or naltrexone can be a critical part of the treatment and recovery puzzle. Unfortunately there have been unnecessary limits on the kind of providers who can offer this treatment and the number of patients they can treat at one time. Although Congress has expanded the allowed providers to include nurse practitioners and physician assistants, more must be done to increase the availability of medication-assisted treatment. Importantly, more primary care providers should be able to provide it.

We can also improve recovery by integrating treatment and behavioral health care into primary care, and by helping health care providers implement team-based care so they can offer more support to people in recovery. But to fully take on and overcome the opioid crisis, we must address the provider shortage. We need more providers serving in addiction medicine, and more providers in primary care who will help meet the needs of people struggling with addiction. This is particularly challenging in rural parts of the country. Currently rural areas experience a provider shortage, in part because primary care jobs typically pay less than others in the health care field, or in more urban settings. There are steps we can take to encourage people to enter jobs in addiction treatment and recovery, or to practice in underserved communities and remain in the area. One important tool that must be preserved is the Public Service Loan Forgiveness Program, which some in Congress are proposing to eliminate. And

“For me it began with a prescription but then shifted to alcohol. I knew I needed help, but it was so frustrating calling around that I felt hopeless. Finally I got in touch with Pathways. I was two hours away but they provided transportation to the detox center. After three days in detox, I was ready to transfer to rehab, but there were no beds. They said I would have to go home and wait six weeks before a bed would open up. It was another door being shut on me. I went home, and relapsed big-time, even worse than I had been before. When I finally got back in to Pathways, it felt like coming home. I want to tell everyone I know about Pathways, but I know there aren’t enough beds for them.”

Kessi, St. Helens

“I was diagnosed with testicular cancer in 2005 and given a thirty-day prescription for oxycodone. That kicked off a ten-year struggle with addiction. I would try to get help, but even a one-day gap between seeking and getting treatment is too much for an active addict. Living in Yamhill County, there’s not many places to get treatment. When I finally got on methadone, I would have to wake up at 5 a.m., and take a bus, a train, and then another bus to get to Portland, where I had to wait in line for two hours. By the time I got home in the afternoon I had no time to work or do anything else. Now I’ve switched to a monthly injection of vivitrol, which is much better. I am working and hope to become a recovery mentor. I know if I can keep this addiction shaken, I can help improve the world, rather than destroy it.”

Chris, Newberg

as we educate the next generation of doctors and health care providers, we should enhance curricula about addiction treatment and recovery when appropriate.

Finally, access to quality, affordable health insurance is critical. The Affordable Care Act (ACA) has helped our country make significant progress in expanding access. We must protect the ACA and make sure people continue to benefit from its protections.

Treatment and Recovery: Actions and Next Steps

In Congress, there are several pieces of legislation to make treatment more accessible. The **Addiction Treatment Access Improvement Act** provides expanded authority for certain providers, such as clinical nurse specialists, nurse practitioners, and certified registered nurse anesthetists to administer medication-assisted treatment using buprenorphine. Also, the **Medicaid CARE Act** would expand access to substance use disorder treatment by allowing accredited residential addiction treatment facilities to serve more patients. The legislation also establishes a new grant program for youth in-patient addiction treatment—with an emphasis on rural communities—for underserved, at-risk Medicaid beneficiaries younger than 21. Additionally, passing the **Substance Use Disorder Workforce Loan Repayment Act** would help medical, nursing, and other types of students repay their loans if they agree to work as a treatment professional in communities that need their services the most. This program would be available to a wide range of care providers, including physicians, registered nurses, social workers, and other behavioral health professionals.

Pain Management: Treating Pain More Effectively and Reducing Pills in Circulation

For years, some doctors were told that opioids were safe, non-addictive, and the best way to treat pain. Decades later, we now know that opioids are highly addictive. Although they are still necessary for treating pain in some circumstances, opioids were overprescribed for too long and to too many patients. Studies demonstrate that alternative pain treatments like physical therapy, acupuncture, massage, and mindfulness are effective treatments for some patients, yet many insurance plans do not cover these services or adequately reimburse for them.

There is significant work being done now to educate prescribers about the risks of opioids and to lower the number of prescriptions. Thanks to the efforts of the Oregon Coalition for Responsible Use of Medication and partners, prescription rates are declining in Oregon. But that decline was desperately needed. In 2016 enough opioids were prescribed for every Oregonian—including children—to have 55 pills.⁴ Dentists, oral surgeons, and other prescribers also need to have access to more information that will better inform their prescribing practices.

Additionally, we need to pay closer attention to the care that is provided to our veterans. Men and women who have served our country in the armed forces have made important sacrifices, and it is our responsibility to make sure they are supported after their service. Too often veterans and servicemembers recovering from service-related injuries or living with chronic pain are prescribed opioids when alternative treatments may be preferable. We have seen some progress in this area. For example, the Portland VA Medical Center has reduced prescribing rates for opioids by 43 percent,⁵ and is leading the way on alternative pain management strategies to best serve their veteran patients.

Pain Management: Actions and Next Steps

The **Prescriber Support Act** will give prescribers additional training, education, and other resources relating to patient pain, substance misuse, and substance abuse disorders. The House should also pass the **Every Prescription Conveyed Securely Act**, which would require increased electronic prescribing of controlled substances to deter fraud and illicit use.

Additionally, we can support our veterans by giving them more options to receive the most appropriate and effective care. For instance, the **Chiropractic Care Available to All Veterans Act** would increase access to alternative treatments for pain.

“Both my parents struggled with addiction when I was a kid, and I swore to myself that I would do things differently when I became a parent. When I had my first child, I quit drinking and using weed or anything else. I wanted to give my kids a normal life. But then when my third child was born, I had a C-section that developed an infection. I was prescribed Oxycontin for two months. I became addicted, and started stealing pills from a family member and then buying them on the streets which eventually led me to a heroin addiction. I sent my kids to live with my mom; with her help I got into inpatient treatment and then the recovery mentor program. I’ve been clean since June 18th 2016. I’m so grateful to Central City Concern for the support and opportunities that they’ve given me. Best of all, I have my life back and I am able to be a mother to my kids.”

Tiffany, Happy Valley



Innovation: Developing New Solutions

Every day researchers and scientists are expanding on our knowledge of opioid addiction and developing new solutions. One area is brain research, including understanding adolescent brain development and how exposure to opioids affects young people. New technologies and organizations are helping bring together providers, patients, and family members to make sure drugs are used appropriately. Another is neutralizing drugs for disposal, as we’ve seen with recent developments like chemical packets distributed with opioid prescriptions at the pharmacy that can render opioids unusable and safe to throw away.

Innovation: Actions and Next Steps

Federally funded research through entities such as the National Institutes of Health (NIH) and the Substance Abuse and Mental Health Services Administration provide basic research that can support innovative, new solutions. The **Opioids and STOP Pain Initiative Act** would also further new treatments by directing the NIH to establish an initiative to expand and coordinate research on understanding pain, therapies for chronic pain, and alternatives to opioids for effective pain treatments. The **RESULTS Act** would make sure that federal grants intended to treat mental health and substance use disorders are awarded to projects backed by sound evidence, or that will help build the evidence base for innovative programs.

Fighting for Our Communities: Overcoming the Opioid Crisis

Tens of thousands of people die every year as a result of opioid addiction. Substance abuse in general takes a large toll on our communities. These are preventable deaths, and we have a responsibility to do everything we can to prevent addiction, help people access treatment, and reduce the oversupply of prescription drugs that led to this crisis.

Although there is more work to do in fighting the opioid crisis, I am encouraged by the success of local and state efforts. None of this advancement would have been possible without the courage of those who are speaking up and calling attention to this tragedy.

Sometimes in the depths of crisis we are given the opportunity to improve as a society. In listening to people in recovery and those working on the front lines, it's clear that our country's punitive approach to addiction has failed, and in many cases even inflicted more harm. We must commit to developing a more compassionate approach to addiction and to recognizing the humanity and dignity of every person, including those struggling with substance abuse.

I am deeply committed to making sure we deliver the resources, leadership, and policies that are urgently needed in communities in Oregon and across the country. In Congress, I'll keep working to hold opioid manufacturers accountable, increase drug disposal options, and secure more resources to help Oregonians cope with the deadly opioid epidemic.



If you or someone you love is struggling with substance abuse,
please call 1-800-923-4357.

Legislative Priorities

Safe Disposal of Opioids Act (H.R. 5557) - *Introduced by Congresswoman Bonamici* - This legislation would create a grant program at the Drug Enforcement Administration (DEA) to help qualified settings acquire and maintain drug disposal kiosks, with an emphasis on placing the kiosks in community pharmacies and other health care settings where patients also receive medication. To hold opioid manufacturers accountable for their role in the crisis, this bill requires them to fund the grants through a small fee on opioids sold.

Legislation Supported by Congresswoman Bonamici

Trauma-Informed Care for Children and Families Act (H.R.1757) - This bill seeks to help teachers, doctors, and other adults serving children recognize and respond to signs of trauma by funding several federal grant programs that can support education and training. The bill would also expand Medicaid coverage for child trauma services, increase mental health care in schools, and expand loan repayment for behavioral health professionals. Finally, it will create a federal task force to recommend improvements for identifying, referring, and supporting children and families that have experienced trauma.

Hallways to Health Act (H.R. 1027) - This bill would increase access to health care through School-Based Health Clinics (SBHCs), expand the reach of SBHCs through community health workers and telemedicine technology, and provide technical assistance to improve care in medically underserved areas. In addition, the bill would make sure that all public health insurance programs reimburse SBHC providers for services covered by Medicaid and the Children's Health Insurance Program (CHIP) to guarantee the long-term financial stability of these important centers.

Chiropractic Care Available to All Veterans Act (H.R.103) - This bill would require that all VA facilities offer chiropractic care services, which is often an effective pain management alternative to opioids.

Addiction Treatment Access Improvement Act (H.R. 3692) - This bill would provide expanded authority for certain providers, including clinical nurse specialists, nurse practitioners, and certified registered nurse anesthetists, to administer medication-assisted treatment using buprenorphine.

Medicaid CARE Act (H.R. 2687) - This bill would expand access to substance use disorder treatment by allowing accredited residential addiction treatment facilities to serve more patients. The legislation also establishes a new grant program for youth in-patient addiction treatment—with an emphasis on rural communities—for underserved, at-risk Medicaid beneficiaries younger than 21.

Substance Use Disorder Workforce Loan Repayment Act (H.R. 5102) - This bill would offer student loan repayment of up to \$250,000 for participants who agree to work for up to six years as a substance use disorder treatment professional in areas most in need of their services. That job must involve serving in a direct patient care role as a physician, registered nurse, social worker, or recovery coach, among others. Participants may serve in a wide range of facilities, as long as they are located in an area with a shortage of mental health professionals or a high rate of drug overdose deaths.

Prescriber Support Act (H.R. 1375) - This bill would establish a new grant program under the Public Health Services Act to provide assistance to states or collaborations among states that would provide education, training, peer-to-peer consultation, and other resources to prescribers on the treatment of pain and recognition and prevention of substance abuse.

Every Prescription Conveyed Securely Act (H.R. 3528) - This bill would tie Medicare Part D reimbursements to electronic prescribing of controlled substances, allowing easier integration with Prescription Drug Monitoring Programs and preventing fraud.

Opioids and STOP Pain Initiative Act (H.R. 4733) - This bill would expand, intensify, and coordinate fundamental, translational, and clinical research of the National Institutes of Health (NIH) with respect to opioid abuse, the understanding of pain, and the discovery and development of safer, more effective alternative treatments and preventive interventions for pain.

Overdose Prevention and Patient Safety Act (H.R. 3545) - This bill would amend a regulation that currently prevents providers from reviewing any patient history of addiction treatment. This would give providers more information before prescribing opioids and other drugs while keeping in line with privacy protections under the Health Insurance Portability and Accountability Act (HIPAA). The bill would also enhance existing protections that prevent an individual's treatment history from being used in criminal prosecution or loss of employment, housing, or child custody.

RESULTS Act (H.R.5272) - This bill would make sure that federal grants intended to treat mental health and substance use disorders are awarded to projects backed by sound evidence, or that will help build the evidence base for innovative programs.

Acknowledgements

My sincere thanks to the many people and organizations who shared their perspectives with me and my staff on this issue. Your leadership and hard work are saving lives and changing the landscape.

Beaverton School District
Bridges to Change
Central City Concern
Clatsop Behavioral Healthcare
Clatsop County Board of Commissioners
Clatsop County Department of Public Health
CODA, Inc.
Columbia Community Mental Health
Columbia County Board of Commissioners
Columbia Memorial Hospital
Emergency Medical Services
Greater Oregon Behavioral Health, Inc.
Hillsboro Pediatric Clinic
Hillsboro School District
Jordan's Hope for Recovery
Kaiser Permanente Oregon/Washington
Legacy Health
LifeWorks NW
Lines For Life
Multnomah County Commissioner Sharon Meieran
Multnomah County District Attorney Rod Underhill
Multnomah County Sheriff Mike Reese
Neighborhood Health Center
North Coast Recovery
Oregon Health & Science University
Oregon Medical Association
Oregon Parent-Teacher Association
Oregon Recovers
Oregon Recovery High School Initiative
Physicians Medical Center
Portland Public Schools
Providence Health and Services
Providence Seaside Hospital
Providence St. Vincent Medical Center
Provoking Hope
Trauma Informed Oregon
Tualatin Together
Tualatin Valley Firefighters Union
Veterans Affairs Portland Health Care System
Virginia Garcia Memorial Health Center
Warrenton Police Department
Warrenton-Hammond Healthy Kids, Inc.
Washington County Cooperative Library Services
Washington County Department of Health and Human Services
Washington County Public Safety Coordinating Council
Washington County Sheriff Pat Garrett
Willamette Valley Medical Center
Yamhill Community Care Organization
Yamhill County Adult Behavioral Health
Yamhill County Board of Commissioners
Yamhill County District Attorney Brad Berry
Yamhill County Health and Human Services
Yamhill County Sheriff's Office

Resources

- 1 Centers for Disease Control, [December 2017](#)
- 2 [Oregon Health Authority](#)
- 3 [National Institute on Drug Abuse](#)
- 4 [Oregon Health Authority](#)
- 5 US Department of Veterans Affairs, [January 2018](#)
- 6 Government Accountability Office, [October 2017](#)

UNITED STATES
REPRESENTATIVE **Suzanne**
BONAMICI
 *1st District of Oregon*

www.Bonamici.House.gov

 [CongresswomanBonamici](https://www.facebook.com/CongresswomanBonamici)

 [RepBonamici](https://twitter.com/RepBonamici)

WASHINGTON, DC OFFICE

439 Cannon House Office Building
Washington, DC 20515
Phone: (202) 225-0855

OREGON OFFICE

12725 SW Millikan Way, Suite 220
Beaverton, OR 97005
Phone: (503) 469-6010