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Before the

Committee on Health and Human Services
Yvette Alexander, Chairperson

Bill 21-602, the "Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016"

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11:00am
Room 500
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, District of Columbia

Good morning Chairwoman Alexander, Councilmembers, and staff. I am Karl A. Racine, and I have the privilege of serving as Attorney General for the District of Columbia. I am here in support of Bill 21-602, the "Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016," introduced by Chairwoman Alexander along with Councilmembers Allen, Grosso, Cheh, and Silverman.

The United States is in the midst of a national epidemic of opioid and heroin addiction. The Centers for Disease Control (CDC) estimates that 2.1 million people in the United States suffer from substance-use disorders related to prescription opioid pain relievers, and an estimated 467,000 were addicted to heroin as of 2012. New CDC data show that opioids were involved in more than 28,000 deaths in 2014.[1] In particular, the CDC found a continued sharp increase in heroin-involved deaths and those involving synthetic opioids, such as fentanyl. Just across the Potomac, this year Virginia is on pace to have more than 850 such deaths statewide.[2] Similarly, Maryland officials reported almost 650 heroin and opioid-related deaths in the first six months of 2015.[3] The District is not immune from this national health crisis.

The District of Columbia Office of the Chief Medical Examiner (OCME) reports that 99 people died as a result of an opioid overdose in 2015, representing a 48% increase from the number of deaths in 2014. Moreover, data from OCME indicate that the increase in opioid overdose deaths has nearly doubled every year since 2011. It is my duty as the Attorney General to sound the alarm and to support appropriate evidence-based prevention tools such as those included in this Bill to help the District prevent more heroin and opioid-related deaths.

[1] http://www.cdc.gov/drugoverdose/data/statedeaths.html.
[2] http://pilotonline.com/news/local/crime/virginia-s-drug-problem-heroin-and-opioid-deaths-continue-to/article_08e2373b-1760-52eb-b512-26742e251655.html.
[3] http://www.carrollcountytimes.com/news/local/ph-cc-drugs-state-of-emergency-20151226-story.html.

This brings me to why we're here today. As introduced, this Bill permits physicians and pharmacists to prescribe, dispense, and distribute opioid antagonists, commonly known as Naloxone or Narcan, directly to people experiencing, or at risk of experiencing, opioid-related overdoses and to their family members, friends, and others who are in a position to assist them. Additionally, it requires healthcare professionals to inform Naloxone recipients to seek immediate medical attention after using it. If the recipient acknowledges an overdose in the last 30 days, the Bill also requires the healthcare professional who delivered the Naloxone to refer the recipient to treatment. Finally, the Bill limits the healthcare professional's criminal and civil liability for subsequent use of the Naloxone to instances of recklessness, gross negligence, or intentional misconduct.

The Bill is legally sufficient, and it is a needed addition to current law. The Good Samaritan Overdose Protection Amendment Act of 2012, effective March 19, 2013[4], enables residents to possess or administer Naloxone. It also exempts from criminal and civil liability (absent gross negligence[5]) a person – including a first responder such as a Fire & Emergency Medical Services (FEMS) member or a police officer – who administers an opioid antagonist in good faith and without expectation of payment. This legislation will make Naloxone more readily available for use by "Good Samaritans," who are already protected under the 2013 law. The Bill is the right thing to do for our residents of the District who are suffering from the debilitating, and sometimes fatal, effect of opiate or heroin addiction. Research reported by the National Center for Biotechnology Information shows that, in 2014, 75 percent of patients in heroin treatment started their opioid use with prescription medications, not heroin. In an effort to combat this trend, just last week, the CDC issued guidelines for prescribing opioids for chronic

[4] D.C. Law 19-243; D.C. Official Code § 7-403 (2015 Supp.).
[5] Id. at § 7-403(f).

pain. Among the 12 recommendations in the guidelines, three principles are key to improving patient care: (1) Non-opioid therapy is preferred for chronic pain outside of active cancer, palliative care, and end-of-life care; (2) when opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose; and (3) providers should always exercise caution when prescribing opioids and monitor all patients closely.

The expansion of the safe and life-saving measures contemplated in this Bill is only one part in a series of measures many responsible jurisdictions are implementing to combat opioid dependency. Last year, I formed the OAG's Emerging Drug Trends Task Force primarily to research, analyze, and develop strategies to combat the dangers posed to our community by heroin and new psychoactive substances (such as K2, Spice, and bath salts). The Task Force is analyzing various data trends in the District and is designing innovative and targeted programs aimed at curbing illicit drug use. Members of the Task Force come from multiple divisions within the OAG, bringing a multi-pronged, multi-disciplinary approach to bear on the issue.

Our office also joined the National Association of Attorneys General's Northeast and Mid-Atlantic Heroin Task Force (NEMA-HTF), which fosters collaboration across multiple state law enforcement agencies to fight heroin distribution networks and to implement best practices in education and outreach efforts aimed at fighting heroin addiction. This collaboration is essential in the struggle against the emergence and increased prevalence of dangerous drugs that the District is facing or may soon face. We all want to face the problem head-on in the District, and we are pleased to partner with other state-level Attorneys General in the Mid-Atlantic region to do so.

In addition to passage of Bill 21-602, there are other successful measures that the District might consider exploring. One such measure is using a targeted holistic intervention strategy. The District has already used a similar strategy with success when the Department of Behavioral Health (DBH) and FEMS partnered in the summer of 2015 to pilot a mobile outreach project using SBIRT (Screening, Brief Intervention, and Referral to Treatment). Relying on FEMS data on heroin and opioid overdoses, intervention specialists sought out overdose victims to provide them with an immediate referral-to-treatment option. With more resources committed to these types of strategies, more heroin users in the District will be able to take advantage of available treatment opportunities.

As you know, the District adopted a Prescription Drug Monitoring Program ("PDMP"), which is designed to track and limit the number of prescription opioids prescribed and dispensed in the District. The Department of Health (DOH) recently enacted final regulations implementing the program. Thanks to DOH and the leadership of Dr. Nesbitt, the PDMP is well on its way to being fully operational. During the implementation stages, DOH might want to consider further augmenting our program by including the following suggestions based on other jurisdictions:

(a) Require physicians to review patient history in the PDMP database before prescribing opioids to deter "doctor shopping;"

(b) Require physicians to report issuance of opioid prescriptions in real time to deter "pill shopping;" and,

(c) Require pharmacists to review patient history in the PDMP before dispensing opioids.

These additional enhancements will reduce the potential for prescription opioid dependence and mitigate the risk of creating new heroin abusers.

Such prescription monitoring programs have been very successful in other jurisdictions. In Kentucky, their PDMP significantly impacted "doctor shopping" behavior, as evidenced by a decrease of more than 50% in the number of patients who met this criterion in the post-PDMP period. Additionally, Kentucky's pharmacist registrants increased by 322%, and the mean number of pharmacist queries increased by 124%. Similarly, in New York in 2013, there was a 75% drop in patients' seeing multiple prescribers for the same drugs. In Florida, 2012 results saw more than a 50% decrease in Oxycodone overdose deaths.

Another tool to reduce the incidence of addiction involves prescription drug take-back initiatives. When excess prescription opioids go unused, there is a potential for those drugs to fall into the wrong hands. The OAG Task Force is actively exploring partnering with law enforcement agencies to set up such a program, as having a robust prescription drug take-back program throughout the District (either through law enforcement facilities, pharmacies, or hospitals) would provide a safe return and later destruction of these drugs, which might otherwise potentially land on the streets.

Finally, it will take the collaboration and hard work of District officials, agencies and communities to work together to increase awareness and identification of signs of heroin and opioid abuse, and to work jointly on multi-disciplinary prevention efforts. For example, OAG will work with any District agency to produce a public awareness campaign to educate District residents about substance-use disorders, with an emphasis on reducing the fear and stigma users face that keeps them from seeking treatment. Furthermore, OAG is happy to partner with the DBH and the DOH to sponsor town hall meetings to learn from community members about

opioid/heroin addiction and its effect on our residents. Additionally, this partnership could involve increasing public awareness of the District's Good Samaritan Law and encouraging prescribers and dispensers to distribute consumer-friendly materials when dispensing opioids. Similarly, my office is willing to work with our public school system to create an educational toolkit that provides schools with opioid/heroin abuse awareness and prevention materials for school students, faculty, and staff.

Thank you for the opportunity to testify in support the "Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016." I am pleased to answer any questions that the members of the Committee may have.