



ENDING THE OPIOID EPIDEMIC:

SENATOR MANCHIN'S PLAN TO END THE OPIOID EPIDEMIC AND HEAL COMMUNITIES

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Introduction

America's current opioid epidemic took more American lives in 2016 than we lost during the entire Vietnam War and more lives than we've lost during the peak of any other major crisis, including yearly car accident deaths or the worst year of the HIV/AIDS epidemic. We need to mobilize and attack this public health emergency from all angles. This report details Senator Manchin's comprehensive plan to end the opioid epidemic in order to start reversing the damage it has caused to our families and communities.

Drug Prevention

In the United States, 40% of opioid related deaths in the US have been from legally prescribed opioids, which are approved and regulated by the Food and Drug Administration (FDA).ⁱ Senator Manchin has introduced several pieces of legislation to reform the agency to protect the public health and to strengthen other programs designed to prevent opioid addiction stemming from legal prescriptions.

- **The Changing the Culture of the FDA Act:** This bill would amend the FDA's mission statement to include the agency's responsibility for the addressing public health impact of the opioid epidemic. To date, the FDA has failed to consider the devastating public health impact of their repeated decisions to approve dangerously addictive opioids. This bill would help drive the culture change that we need to see at the FDA with regard to opioid approvals.
- **FDA Accountability and Public Safety Act:** This bill would require the FDA to seek the advice of an advisory committee before approving any new opioid and requires the agency to provide a report to Congress if it approves an opioid against the advice of that committee. Distribution of the drug would be prohibited until the report is submitted.
- **Protecting Americans from Dangerous Opioids Act:** This bill would require the FDA to remove approval for an existing opioid medication for every new opioid medication that it approves.
- **Student and Student Athlete Opioid Misuse Prevention Act:** This bill would authorize the Assistant Secretary for Mental Health and Substance Use to provide \$10 million annually to support programs for students and student athletes, as well as training for teachers, administrators, athletic trainers, coaches and athletic directors specifically targeted at mitigating the risk of opioid misuses and overdose.

Prescriber Education

This epidemic is one that needs to be fought on all fronts, but most importantly, we need to fight it on the front lines starting with the prescribers. According to the NIH, more than 259 million prescriptions were written in 2012 in the United States for opioid painkillers. That equals one bottle of pain pills for every U.S. adult. That's a 400% increase in the number of prescriptions since 1999. This increase has come without a corresponding increase in reported

pain, but it has come with a corresponding 400% increase in overdose deaths. While we've seen prescribing rates fall in recent years, we are still seeing far too many opioid pills flood our communities.

Senator Manchin introduced the following pieces of legislation to reform how doctors prescribe opioids:

- **Safer Prescribing of Controlled Substances Act:** This bill would require physicians to receive training on safe prescribing of opioids before receiving or renewing their DEA license.
- **Prescription Drug Monitoring Program:** Senator Manchin joined his colleagues in introducing this bill to require the use of Prescription Drug Monitoring Programs (PDMP) in all states that receive certain federal funding to combat opioid abuse and also requires states to make their PDMP data available to other states. PDMPs are electronic databases used to track the prescribing and dispensing of prescription drugs to patients.

Substance Abuse Treatment

Rehabilitation is the safest and most successful way for those struggling with opioid use disorder to become sober and learn how to manage their disease. In 2016, only around 3.8 million people aged 12 or older received any substance use disorder treatment in the past year, or 1.4 percent.ⁱⁱ

According to the West Virginia DHHR, 42,000 people in 2014 – including 4000 youth – sought treatment for illegal drug use but failed to receive it.

Florence et al. (2016) estimate that prescription opioid misuse increases healthcare and substance abuse treatment costs by \$29.4 billion.ⁱⁱⁱ

In order to create a permanent funding stream, Senator Manchin introduced the LifeBOAT Act, which would establish a funding stream to fund efforts to provide and expand access to substance abuse treatment through the existing Substance Abuse Prevention and Treatment Block Grant. To pay for this treatment, this bill would establish a 1 cent fee on each milligram of opioid in a pain pill. The bill includes a rebate for cancer related pain and hospice patients and an exemption for opioids used as part of medically assisted treatment.

Senator Manchin also joined his colleagues in introducing a bill to improve access to grants for substance use treatment in rural areas. The bill requires the USDA to prioritize grants and loans for entities to develop facilities to provide substance use disorder prevention, treatment or recovery services and that to employ staff with appropriate expertise and training to identify and treat individuals with substance use disorders. Funds can be used for the development of telemedicine facilities and systems to provide telemedicine for substance use disorder.

Senator Manchin introduced the Protecting Jessica Grubb’s Legacy Act to ensure that individuals who have gone through substance use disorder treatment receive quality, coordinated health care. This bill will reform 42 CFR Part 2, which are regulations that govern the confidentiality and sharing of substance use disorder treatment records. By enacting a simple change to reduce the barriers that prevent medical professionals from accessing vital information about a patient’s substance use disorder, it will enable a better coordinate of care for patients with substance use disorder.

Law Enforcement

Our law enforcement agencies are on the front lines of this epidemic every day. The Drug Enforcement Agency (DEA) is the first line of defense in preventing pharmaceutical companies from taking advantage of the public’s trust.

The Ensuring Patient Access and Effective Drug Enforcement Act of 2016 purported to “improve enforcement efforts related to prescription drug diversion and abuse” by altering DEA procedures for revoking or suspending registrations for opioid distributors under the Controlled Substances Act. However, the effect of these changes, according to reports, has been to significantly curtail the ability of DEA to bring enforcement actions against drug distributors and manufacturers.

Senator Manchin joined his colleagues to introduce legislation to repeal this bill and reinstate the DEA’s ability to issue immediate suspensions orders on suspicious packages. He also introduced the DEA Enforcement and Authority Act, or the DEA Act, to restore the DEA’s authority to go after pharmaceutical companies that are violating the law and flooding communities with opioids.

Senator Manchin joined his colleagues in introducing the Combatting the Opioid Epidemic through Forensic Drug Testing Act, legislation that would authorize \$10 million per year through the Community Oriented Policing Services (COPS) program to be used for police forensic labs and medical examiner offices to pay for staff, equipment and overtime. The legislation also allows police departments to use these grants for additional field testing equipment.

Child Care

Between 1999 and 2013, the overall rate of Neonatal Abstinence Syndrome increased 300%, from 1.5 per 1000 births to 6 in 1000 births. ^{iv}

After birth, infants exposed to opioids during pregnancy run the risk of suffering from Neonatal Abstinence Syndrome (NAS), a postnatal drug withdrawal syndrome that occurs among infants exposed to opioids. NAS is treated shortly after an infant’s birth and can result in increased hospital bills and longer stays.

- In 2012, an estimated 21,732 infants were born with NAS —equivalent to one baby suffering from opiate withdrawal born every 25 minutes. ^v
- From 1999 to 2013, in 28 states where data was collected, incidences of NAS increased by 300 percent from 1.5 births in 1000 to 6 births in 1000. ^{vi}
- Hospital costs for newborns with NAS were \$66,700 on average compared to \$3,500 for those without NAS. ^{vii}

Senator Manchin joined his colleagues in introducing the Caring Recovery for Infants and Babies Act (CRIB) that would recognize residential pediatric recovery facilities as providers under Medicaid, allowing Medicaid to cover these services in residential pediatric recovery facilities in addition to hospitals. This does not cost tax payers any additional money, but expands the allowable uses of Medicaid funds.

According to a [2014 Census report](#), more than 2.7 million people nationwide are raising grandchildren, and that figure is only rising due to the opioid epidemic. Parents are unable to care for their children because they are more likely to be jailed, going into treatment centers, or worse, dying. ^{viii}

- 21% of grandparents caring for grandkids live below the poverty line*
- 39% of these grandparents are over 60*
- 26% of these grandparents have a disability*

* ix

Senator Manchin joined his colleagues in introducing the Supporting Grandparents Raising Grandchildren Act that would establish a federal task force charged with developing and sharing information designed to help grandparents raising grandchildren. The task force should serve as a one-stop-shop of resources and information like how to navigate the school system address mental health issues and build social support.

Second Chances

Of the 2.3 million inmates in the nation's prisons and jails, 1.5 million have a substance abuse or addiction, and another 458,000, had histories of substance use disorder. ^x

Senator Manchin introduced the Clean Start Act to allow people with a federal felony or misdemeanor conviction for a past nonviolent crime committed as a result of drug addiction an opportunity to have their criminal record sealed after undergoing comprehensive addiction treatment and demonstrating a commitment to their recovery.

He also joined his colleagues to introduce the Strengthening the Addiction Treatment Workforce Act, which would make addiction treatment facilities eligible for the National Health Service Corps (NHSC) student loan repayment and forgiveness program. It expands current funding to cover these facilities and does not include any additional funding.

Funding

When Congress significantly increased funding to fight the opioid epidemic over the last two years, too little of this funding went to the states that needed it the most. **Senator Manchin joined in introducing the Targeted Opioid Funding Act**, which will add the prevalence of opioid use disorders and the mortality rate due to opioid use disorders to help determine the amount of federal funding that states receive to address the crisis.

Senator Manchin also joined in introducing the Opioid Response Enhancement Act which would reauthorize \$10 billion in funding for the states to address the opioid crisis and establish a new \$2 billion grant program for states like West Virginia which are particularly devastated by the impact and have seen high rates of opioid overdose deaths.

Conclusion

Senator Manchin's comprehensive plan can start to reverse the damage done by the opioid epidemic and prevent people from becoming addicted in the first place. By enacting Senator Manchin's legislation, we can start the long journey to ending the opioid epidemic and healing our communities.

ⁱ Prescription Opioid Overdose Data. (2018). Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/drugoverdose/data/overdose.html>

ⁱⁱ Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. (2017). SAMHSA. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>

ⁱⁱⁱ The Council of Economic Advisers. (2017). The Underestimated Cost of the Opioid Crisis. The White House. Retrieved from <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf>

^{iv} Ko PhD, JY., Patrick MD, SW., Tong MPH, VT., Patel MPH, R., Lind PharmD, JN, Barfield MD, WD. (2016). Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. Retrieved from <https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a2.htm>

^v Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome. (2015). Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>

^{vi} Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. *MMWR Morb Mortal Wkly Rep* 2016;65:799–802. Retrieved from <https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a2.htm>

^{vii} Abuse, N. I. (2015, September 01). Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>

^{viii} Hedges, M. (2017). Special Report: The Opioid Epidemic. AARP. Retrieved from <http://www.aarp.org/health/drugs-supplements/info-2017/opiates-addiction-grandparents-raising-grandchildren.html>

^{ix} GrandFacts. State Fact Sheets for Grandfamilies. Retrieved from <http://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-United-States.pdf>

× Behind Bar II: Substance Abuse and America's Prison Population. (2010). National Center on Addiction and Substance Abuse. Retrieved from <https://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america%E2%80%99s-prison-population>