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American Society of Addiction Medicine (ASAM) Testimony, US House Committee on Oversight and Reform, “Medical Experts: Inadequate Federal Approach to Opioid Treatment and the Need to Expand Care”

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Chairman Cummings, Ranking Member Jordan, and esteemed Members of this Committee, thank you for inviting me to participate in this important hearing. My name is Dr. Yngvild Olsen. I am a general internist, board-certified in Addiction Medicine, and care for patients with addiction in the State of Maryland. I am also the Vice-President of the American Society of Addiction Medicine, known as ASAM, a national medical society representing over 6,000 physicians and other clinicians who specialize in the prevention and treatment of addiction.

I'd like to start with a story of one of my patients whom I will call Andy. In 2011, Andy walked into my office and told me he was addicted to heroin. His life was in shambles, and his mother and ex-wife were unwilling to let him see his two children. Andy began taking methadone and receiving counseling in our clinic. Slowly, he began to escape heroin's grip. Previously, he had struggled for years to maintain a job while suffering with addiction. Since starting treatment, he has stopped problematic substance use for long periods of time; has been able to work; has been able to pay child support; and has been able to support himself and his new wife. He is an involved father in the life of his children.

However, out of his eleven close high school friends, Andy is the only survivor. The others have all died of drug overdose.

I think of Andy and his high school friends every time I see the statistic in the 2016 Surgeon General's Report that only about 1 in 10 people with addiction receive specialty treatment.

Inspired by Andy, and by my many patients who have overcome incredible challenges in their lives to achieve recovery, I have three points to make to you today.

First, everywhere we look, we are missing opportunities to save lives. Evidence-based addiction treatment reduces crime, increases employment, and reduces the transmission of infectious disease. Specifically, we have medications for the treatment of opioid addiction that reduce the risk of fatal overdose by half or more.

Yet we can leave this hearing room today and visit Emergency Departments and jails, where we will find people with addiction unable to start treatment meeting generally accepted standards of care.

We can walk together around cities, towns, and rural areas – in every single one of your districts -- and we will find people using drugs without hope for the future, and without access to lifesaving treatments.

Second, to end the addiction and overdose crisis, we must pay for it. I deeply appreciate that Congress has appropriated several billion extra dollars in the last few years to support prevention, treatment, and recovery efforts in every state. There is no question that these investments have saved lives.

But about 70,000 Americans each year are dying from drug overdose.

Far more resources are necessary in the interventions evidence shows will have the most impact to save more lives. It requires more than more funding; it requires SMART funding.

Paying to save lives starts with comprehensive insurance coverage, including private insurance, Medicare, and Medicaid. My patient Andy is covered by Medicaid. He relies on this coverage not only for the care I provide him for his addiction, but also for mental health treatment that has allowed him to overcome a terrible legacy of trauma related to childhood sexual abuse.

Payment for treatment alone is just the beginning. Communities need additional resources to create systems of care and social services that give every individual the opportunity to achieve and sustain recovery.

One terrific model is the Ryan White Care Act. Ryan White is the Act of Congress that has made it possible for our national goal today to be the end of the HIV epidemic. We need a similar investment so that we can one day achieve the national goal of ending our addiction and overdose crisis.

That's why ASAM supports the CARE Act. This legislation, modeled on the Ryan White Care Act, authorizes \$100 billion over the next decade to help communities of all shapes and sizes provide critically needed and evidence-based addiction prevention, treatment, engagement, and recovery services.

Third, ending the addiction and overdose crisis requires more than new resources. It requires a new attitude.

Drug addiction is not a moral failure; it is a complex and chronic disease.

People with addiction deserve care and support, not stigma and ostracism.

All practitioners who care for patients should learn to identify and treat patients with addiction — and take pride in doing so.

Police Departments should measure success by fewer overdoses and less crime, not by the number of arrests of people who have a disease.

Instead of only focusing on some people with addiction -- based on address or class or race or ethnicity -- we should embrace the following: Everyone with addiction deserves the opportunity for treatment and recovery.

Looking back more than a century, historians have called opioid addiction the American Disease.

It's time to write a final chapter of this history.

It's time for the United States to take a compassionate, humane, and public health approach to this crisis.

Thank you for the opportunity to testify today, and I look forward to your questions.