

**Statement of Senator Patrick Leahy (D-Vt.),
Ranking Member, Senate Judiciary Committee,
Executive Business Meeting
February 11, 2016**

This morning we will consider the Comprehensive Addiction and Recovery Act, or CARA. In recent years, few issues have impacted families in Vermont more than opioid abuse. This bill represents an important step forward. For far too long, the knee-jerk legislative response to those who struggled with addiction was strictly punitive: We embraced overly harsh and arbitrary mandatory minimums, we ignored effective treatment options, and we pushed addicts further underground and away from recovery. Such policies were terribly misguided. And they reflect a complete misunderstanding of the problem of addiction.

By advancing this legislation today, we are showing a commitment to treating addiction like the public health crisis that it is. We are abandoning decades-old misconceptions and prejudices about how to confront addiction. This is not to say that law enforcement does not play an important role, and I have worked to include in this bill an authorization for Federal funding to expand state-led anti-heroin task forces. But, importantly, CARA combats addiction as we would any other disease—through evidence-based prevention, treatment, and recovery programs. The bill also authorizes a critical program which I helped create that expands access to Medication Assisted Treatment programs—programs that have been plagued by massive waiting lists.

This bill also recognizes the particular impact the opioid abuse problem has on rural communities – and I am glad that the Manager’s amendment includes my provision to support our rural communities with the overdose-reversal drug naloxone. Rural America has been hit hard by addiction, and emergency medical services can be limited. [This chart](#) shows not only that death rates from opioid overdoses have steadily climbed across the country, but that there is a real disparity between rural communities and major cities. The more rural a location, the higher the death rate. The highest rates include “Small town rural”—places like Bennington and Rutland counties in Vermont—and “Very Rural”—places like Lamoille and Essex counties. Getting naloxone into more hands will save lives across the country, and especially in our rural communities that have been hardest hit.

I applaud Senator Whitehouse and others for their work on this important legislation, and Chairman Grassley for advancing it through Committee. It represents great progress and I hope to soon fight for its passage on the Senate floor.

But one bill by itself cannot end addiction. We must work to further remove obsolete barriers to effective treatment. We must commit ourselves to finding safer alternatives to easily-abused opioids for everyday pain management. And we need a significant commitment of targeted resources, which is why I am proud to cosponsor Senator Shaheen’s \$600 million emergency supplemental appropriations bill. We have passed larger emergency supplemental bills to address swine flu and Ebola, and we need to take this challenge just as seriously.

I hope all the Senators supporting CARA today will continue to work on this issue, and will be similarly supportive of other important measures that may allow us to finally get ahead of addiction.

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