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Charles E. Grassley, Chairman
United States Senate, Committee on the Judiciary
Washington DC 20510-6275

Honorable Chairman Grassley,

I am writing in response to your request to provide written answers for the record, to questions from committee members about my testimony at the April 11, 2018 Subcommittee on Crime and Terrorism hearing entitled "Defeating Fentanyl: Addressing the Deadliest Drugs Fueling the Opioid Crisis". I received 5 questions submitted by Senator Coons on April 18, and I have included them in this document with my responses following them.

<u>Questions from Senator Coons</u>

1. Wilmington's *News Journal*, reported that between Friday, April 6, 2018, and Monday, April 9, 2018, 36 Delawareans overdosed statewide. In 2016 alone, 154 Delawareans died from opioid-related overdoses, which is a rate of 16.9 deaths per 100,000 persons and higher than the national rate. Delaware is not alone in facing this epidemic. Based on your experience with the opioid epidemic, what are some best practices Delaware should consider implementing?

2. According to a report on alcohol, drugs, and health by the Surgeon General, "[i]mplementation of evidence-based interventions . . . can have a benefit of more than $58 for every dollar spent; and studies show that every dollar spent on substance use disorder treatment saves $4 in health care costs and $7 in criminal justice costs." How would you recommend allocating funding to best combat the scourge of opioids and specifically fentanyl?

3. According to a 2017 Drug Enforcement Administration briefing guide for first responders, "[t]here is a significant threat to law enforcement personnel, and other first responders, who may come in contact with fentanyl and other fentanyl-related substances through routine law enforcement, emergency or life-saving activities."
   a. Based on your medical experience and knowledge, what happens to an individual who comes in contact with trace amounts of fentanyl (for instance, when a person, such as a first responder, uses his/her bare hands to brush fentanyl remnants off

his/her clothes)?

   b. What steps would you recommend that first responders take to protect themselves from health risks associated with fentanyl contact?
   c. Would personal protective equipment reduce the risk to officers in these situations?

4. How effective is naloxone in treating opioid overdoses when administered by a layperson, and would training on the use of naloxone increase its effectiveness?

5. Would you recommend making naloxone more readily available, for example, over-the-counter at pharmacies?

Responses to Questions from Dr Rich

1. The current epidemic is the worst public health crisis in America in the past 100 years. It is a rapidly evolving epidemic and our responses to the epidemic will necessarily need to change rapidly and continue to change as the epidemic evolves. An example of such a change has been the contamination of the opioid supply (and even of other drugs including cocaine and counterfeit benzodiazepine pills) with fentanyl and related compounds. This recent change in the epidemic has dramatically increased the death toll.
   In Rhode Island, Governor Raimondo convened a task force to address the opioid crisis that led to the creation of a strategic plan that can be found at preventoverdoseRI.org. The plan includes four broad strategies that I believe are still relevant and would be beneficial in Delaware as well as all other states. These include 1) prevention, 2) rescue with expanding the availability of naloxone, 3) recovery- developing peer support networks, and 4) Treatment-expanding treatment with FDA approved medications (methadone, buprenorphine and depot-naltrexone).

   In Rhode Island the Governor chose to expand the use of FDA approved medications for addiction treatment (MAT) for incarcerated people in our prison and jails. We recently published preliminary findings showing that this intervention, which included screening all incarcerated individuals for opioid use disorder, and offering MAT with the most appropriate individualized medication followed by linkage to continued care in the community after release, was associated with a 61% drop in mortality in people who had been released from incarceration within a year (Green et al, JAMA Psych 2018;75(4):405-7). This is a strategy that could be implemented in Delaware promptly, and, if done well, lead to similar or even better results. Likewise this strategy of screening and identifying, and offering FDA approved treatment with medications can be implemented in many other parts of the criminal justice system (police, courts, probation and parole) as well as the health care system including emergency departments, hospitals, clinics, doctor's offices).

   However to accomplish these interventions, it is critical for Delaware to modernize its treatment system to prioritize evidence-based care and access at multiple locations. I have learned that the Johns Hopkins Bloomberg School of Public Health is developing a set of recommendations for the state to accomplish this goal, at the request of the Delaware Secretary of Health and Human Services. That should be a very helpful guide to up to date best practices.

   For those individuals who are out of care and not interested or able in the moment to

take MAT, there is a critical need to engage those individuals in care, which is generally done well by people working in harm reduction programs.

There is much that can be learned from the approach to opioid addiction in Portugal. They have achieved dramatic improvements in decreasing drug use and resultant ill effects such as the spread of HIV by removing penalties for possession of drugs and expanding drug treatment. They have relied more heavily on a public health approach rather than a punitive criminal justice approach, which for this disease has been an abysmal failure in the United States.

2. Again, the funding should reflect the most effective evidence based approaches, which are public health approaches, not criminal justice approaches. We are funding the opposite of what we should be funding to reduce this problem. That means putting funding into treatment programs using FDA approved medications. The use of the antiquated approach – detoxification- followed by a "drug free" approach leads to relapse up to 90% of the time, and now that the illicit opioid supply is contaminated with fentanyl, a relapse after a drug free period (period of abstinence), when the individual has lost all tolerance to opioids, is much more likely to be fatal.

3. Fentanyl is generally not easily absorbed with transient exposure to intact skin, however inhaling fentanyl and related compounds can be more problematic. I have read the Office of National Drug Control Policy "Fentanyl Safety Recommendations for First Responders" which can be found at https://www.whitehouse.gov/ondcp/key-issues/fentanyl/. That is a reasonable, sensible and practical document that gives sound advice on avoiding, and addressing fentanyl exposure among first responders. So, for a) I would suggest that usually nothing happens to an individual who comes into contact with trace amounts of fentanyl on their skin. However they should exercise caution when brushing powder off their clothing not to create a lot of airborne dust. For b), it is critical that first responders are aware of the risks, the signs of accidental overdose and the need to have naloxone readily available and individuals trained to use it. Finally for c) I would again refer to the ONDCP recommendations.

4. Naloxone expansion, both availability on the scene, along with trained individuals (often peers who know how to use it), has been critical in saving thousands of lives in the US. It is an important evidence-based approach to this epidemic and should be expanded as much as possible, especially among anyone using illicit or even high doses of prescription opioids, and their friends, family members and anyone working with them.

5. There is a problem with the recent dramatic increase in price of naloxone, especially in the face of such a devastating epidemic. For an inexpensive, generic medication, at a time of greatest need, this is shameful. That said, more widespread availability would be helpful. Over the counter status would be helpful as long as insurance companies were mandated to cover it.