

Substance Use, Suicide Risk, and the American Health System
House Ways and Means Committee – Full Committee Hearing
Wednesday, March 2, 2022

Testimony of
Regina M. LaBelle
Director, Addiction and Public Policy Initiative at The O’Neill Institute for National and Global
Health Law, Georgetown University Law Center
Former Acting Director, White House Office of National Drug Control Policy

Introduction

Chairman Neal, Ranking Member Brady, and Members of the Committee, thank you for the opportunity to appear before you to discuss substance use disorder, suicide risk, and the American healthcare system. This is an important issue that demands focused attention and action at every level of government.

In 2021, I served as the Acting Director of the White House Office of National Drug Control Policy, or ONDCP. ONDCP develops, evaluates, coordinates, and oversees the international and domestic drug-related efforts of Executive Branch agencies and, to the extent possible, ensures that those efforts complement state, local, and Tribal drug policies. During my tenure as the Acting Director of this agency, I oversaw the development of the Biden Administration’s drug policy priorities, which included an increased focus on harm reduction, expanding access to evidence-based treatment, and an emphasis on racial equity.¹ My tenure at ONDCP follows a long history of working on issues relating to addiction and drug policy both at the local and national levels. Through my work as legal counsel to the mayor of Seattle and representing county government, I brought together law enforcement and public health to forge policies that preserved public safety while also attending to public health.

Currently, I am the Director of the Addiction and Public Policy Initiative at the O’Neill Institute for National and Global Health Law at Georgetown Law Center. I also direct the Master of Science in Addiction Policy and Practice at Georgetown University’s Graduate School of Arts and Sciences. At Georgetown, I use the law and policy to promote access to quality addiction treatment, harm reduction, and recovery support services, as well as to train a cadre of future addiction policy professionals.² The views I express today are my own and do not necessarily reflect the policy views of my current employer, ONDCP, or the Biden Administration.

¹ EXECUTIVE OFFICE OF THE PRESIDENT, THE BIDEN-HARRIS ADMINISTRATION’S STATEMENT OF DRUG POLICY PRIORITIES FOR YEAR ONE (2021) (<https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf>).

² *Addiction and Public Policy Initiative*, O’NEILL INSTITUTE FOR NATIONAL AND GLOBAL HEALTH LAW (last visited Feb. 25, 2022), <https://oneill.law.georgetown.edu/initiatives/addiction-public-policy/>.

Current State of Overdose Deaths

I am here to discuss a critical issue affecting our country. The Centers for Disease Control and Prevention (CDC) has reported that, from April 2020 to April 2021, over 100,000 people died of a drug overdose in the United States.³ While more attention is being paid to the pressing issue of addiction and overdose morbidity and mortality, the challenges we face regarding addiction are far broader and more complex. Opioids are the drug class involved in the majority of overdose deaths, primarily illicitly manufactured fentanyl. The CDC also reports an alarming rise in psychostimulant overdose deaths in recent years, primarily attributable to methamphetamine.⁴ Cocaine involvement in overdose deaths is also rising, and polydrug use is a growing challenge as multiple drugs and drug classes are being consumed that have synergistic effects and greatly elevate the risk of accidental overdose.⁵ This situation calls for heightened attention by policymakers and the public at large, to both provide more resources to respond and prevent overdoses, while also acknowledging the need for tailored responses that reflect regional variability in drug use.

In 2021, the Biden-Harris Administration published its first-year Drug Policy Priorities.⁶ A comprehensive strategy based on scientific evidence that spans the entire continuum of care, including prevention, harm reduction, treatment, and recovery, policies necessary to turn the tide on addiction and the overdose epidemic. These priorities offer a pathway to action that can guide a more comprehensive response to the urgency of overdose issues threatening our country.

Social Determinants of Health

According to the American Society of Addiction Medicine, addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. Along with biological and psychological factors, social factors contribute to the disease's development and continuation. Indeed, there is a growing body of research that connects childhood trauma and adverse childhood experiences with the later development of substance use disorders and mental health conditions.⁷ Reducing the factors that lay the groundwork for adverse childhood experiences can be part of a long-term prevention strategy.

As with virtually every other health problem that is concentrated in communities experiencing disadvantage, whether through poverty and lack of adequate economic opportunity or historic and existing discrimination and bias, the health of people with substance use disorders and the communities in which they live – and the likelihood that they will be able to manage their

³ *Drug Overdose Deaths in the U.S. Top 100,000 Annually*, CDC (Nov. 17, 2021), https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm.

⁴ *Overdose Death Rates*, NATIONAL INSTITUTE ON DRUG ABUSE (last visited Feb. 27, 2022), <https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates> (see fig. 6).

⁵ Wilson M. Compton et al., *Polysubstance use in the U.S. opioid crisis*, 26 *MOLECULAR PSYCHIATRY* 26, 41 (2021).

⁶ EXECUTIVE OFFICE OF THE PRESIDENT, *supra* note 1.

⁷ Jack P. Shonkoff et al., *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*, 129 *PEDIATRICS* e232 (2012).

addiction – is often determined by social factors. In public health terms, these are referred to as social determinants of health. Research increasingly documents that effective policy requires tackling not only proximate factors, but more comprehensive solutions to provide individuals and families with greater financial security, reduces stress and marginalization, and bolster individual connectedness with the communities in which they live, through employment, participation in a faith community, and fostering other opportunities for social connection. This is likely especially important as individuals and communities grapple with the lingering impact of the COVID-19 pandemic.

While recognizing that social determinants are multi-faceted and complex here, I would like to highlight three areas for action:

- **Protecting children from harm:** A growing body of research connects childhood trauma and Adverse Childhood Experiences or ACEs with the development of later substance use disorders and mental health conditions.⁸ Reducing the factors that lay the groundwork for adverse childhood experiences can be part of a long-term prevention strategy. Policies that work to reduce Adverse Childhood Experiences, include the Child Tax Credit and expanding the availability of family centered approaches to treatment that provide wraparound care to families affected by substance use disorder.
- **Countering and reducing stigma:** From the youngest ages, virtually all Americans have been taught to shun and fear people dealing with addiction. While this approach is understandable in its intent to prevent young people from using substances and protect our communities, it often has produced its own harm. Therefore, to create more protective environments within communities to prevent substance use and limit its harmful impact, public education is needed to move aggressively to limit the stigmatization of people with substance use disorder. This approach should help shift the perception away from the belief that addiction is a moral failing and toward the understanding that addiction is a medical condition often with underlying genetic factors and influenced by social conditions.
- **Strengthen housing security:** Research shows that stable housing and employment can improve health outcomes for those with addiction.⁹ According to the National Low Income Housing Coalition, 70% of all extremely low-income families pay more than half their income in rent, and a two-bedroom apartment is out of reach for the majority of

⁸ *Id.*

⁹ Jack Tsai et al., *Alcohol and drug use disorders among homeless veterans: prevalence and association with supported housing outcomes* 39 ADDICTIVE BEHAVIORS 455 (2014); OFFICE OF PLANNING, RESEARCH, AND EVALUATION, BUILDING EVIDENCE-BASED STRATEGIES TO IMPROVE EMPLOYMENT OUTCOMES FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS 10 (2020) (“[T]he evidence shows that some interventions that combine employment services and treatment services have produced positive effects on employment outcomes in rigorous studies, showing the potential of the approach.”).

minimum wage workers.¹⁰ These data call for increased investments through existing programs at the Department of Housing and Urban Development (HUD), not only through the Section 8 program, but also through other programs for low-income seniors, people with disabilities, people with HIV/AIDS, and others. Additionally, further policymaking is needed, including through currently proposed legislation. The Affordable Housing Resident Services Act of 2022 (HR 6602) should help improve health outcomes by extending housing grants to people living with substance use disorder. Increasing incentives to develop lower-income housing would also create more housing opportunities for unhoused people with substance use disorder. For example, the Neighborhood Homes Investment Act is bipartisan legislation (HR 2143) that would incentivize development of affordable housing by creating a federal tax credit for building or developing homes in distressed areas.

Deaths in US Jails

Another critical area for intervention, both as an important place to reduce overdose deaths, but also as a means of strengthening communities, is through a greater focus on addressing substance use and mental health conditions in carceral settings.

According to the Bureau of Justice Statistics, in 2019, suicide was the leading cause of death in jail.¹¹ This same report found that jail deaths are increasing year over year.¹² From 2000 to 2019, the rate of jail deaths due to drug or alcohol intoxication more than quadrupled.

¹⁰ *The Problem*, NATIONAL LOW INCOME HOUSING COALITION (last visited Feb. 27, 2022), <https://nlihc.org/explore-issues/why-we-care/problem>.

¹¹ E. Anne Carson, Bureau of Justice Statistics, *Mortality in Local Jails, 2000–2019 – Statistical Tables 2–3* (2021) (<https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf>).

¹² *Id.* at 1.

In our research at Georgetown, we found deaths – and often costly litigation – can be prevented if correctional settings provide withdrawal management upon intake, as well as access to longer-term treatment with the availability of all three FDA-approved medications for opioid use disorder: methadone, buprenorphine, and naltrexone. Deaths in jail custody related to suicide and substance use occur, on average, just a few days into confinement, often because the individual is withdrawing from drugs or alcohol. In a report we wrote for the US Bureau of Prisons, we analyzed causes of jail deaths and identified common themes in this area. These deaths were linked to inadequate screening and treatment protocols for persons who may be undergoing substance withdrawal. The Bureau of Justice Assistance used this research to develop a set of recommendations to prevent harms from unsupervised withdrawal in jails.¹³ These recommendations include developing withdrawal management protocols to prevent deaths and improve quality of care.

Substance use disorder treatment availability varies widely by state, and it can have an impact on the healthcare of justice-involved populations during and after confinement. In our research,¹⁴ we found that state-level policies on providing medications for opioid use disorder in jails sometimes restrict access to certain types of medication – for example, states may only allow one form of medication, or they may only allow treatment for patients during pregnancy, but not postpartum.

Studies have shown that, after confinement, those reentering their communities are at a high risk of drug overdose and death.¹⁵ This is due, in part, to lack of accessible health care following release. The Medicaid Reentry Act (HR 955) would ease reentry for many individuals by enabling patients to reestablish their Medicaid benefits prior to release from incarceration. This would provide access to health coverage, including addiction treatment, when they return to their communities.

Additionally, Congress should urge the Secretary of the Department of Health and Human Services to issue a National Coverage Determination (NCD) to clarify Medicare eligibility for individuals who are on parole, probation, bail, or supervised release. CMS provided a clarification¹⁶ for Medicaid eligibility in 2016; a similar NCD for Medicare would help to ensure

¹³ BUREAU OF JUSTICE ASSISTANCE, MANAGING SUBSTANCE WITHDRAWAL IN JAILS: A LEGAL BRIEF (2022) (<https://bja.ojp.gov/doc/managing-substance-withdrawal-in-jails.pdf>).

¹⁴ SHELLY WEIZMAN ET AL., NATIONAL SNAPSHOT: ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER IN U.S. JAILS AND PRISONS (2021).

¹⁵ Ingrid A. Binswanger et al., *Release from Prison — A High Risk of Death for Former Inmates*, 356 NEW ENGLAND J. MED. 157 (2007); Shabbar I. Ranapurwala et al., *Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015*, AM. J. PUBLIC HEALTH (Aug. 8, 2018), <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514>.

¹⁶ *To Facilitate successful re-entry for individuals transitioning from incarceration to their communities*, CENTERS FOR MEDICARE AND MEDICAID SERVICES (Apr. 28, 2016), <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/sho16007.pdf>.

continuity of care for individuals who were previously incarcerated and in need of services in the community.

Closing

In closing, too often we approach substance use disorders and the associated societal problems with an undue sense of resignation. There is a belief that these are intractable problems that we can't solve. These challenges don't have easy solutions, but concrete policy actions, often with bipartisan support, can make a big difference and strengthen our communities and the nation.

It is critical that we turn our attention to both the social factors at play with regard to addiction, such as safe and affordable housing, and to high-risk populations, such as those who are incarcerated, in order to address substance use and mental health conditions in the United States. As our research indicates, many deaths in jail custody are caused by inadequate health care access and delivery for those with substance use disorders. Improved access to medication, proper screening for withdrawal, and improved social conditions can not only reduce deaths, but help lead to long-term recovery.

Thank you for your time and I am happy to answer any questions.