

Floor Statement  
**Senator Susan Collins**  
**Comprehensive Addiction and Recovery Act**  
March 1, 2016

**Ms. Collins:** Mr. President, I rise to speak in support of the comprehensive addiction and recovery act known as CARA, which I am proud to be a cosponsor of. I want to begin by commending Senators Whitehouse and Portman for crafting this vitally important bill, and also thank Chairman Grassley and Ranking Member Leahy for their leadership in the Judiciary Committee. Mr. President, the heroin and opioid crisis in this country is devastating to far too many families, including those in my State of Maine. This epidemic can be seen in emergency rooms, local jails, on main streets, and in homes throughout our country. In 2014, there was a record 208 overdose deaths in the State of Maine, including 57 caused by heroin, and the problem is only getting worse.

Last year in the City of Portland, Maine, 14 people overdosed in just one day. Two of them died as a result of those overdoses. This last weekend, the *Bangor Daily News* had a special segment of the paper that chronicled the vivid and tragic story of a young man, Garrett Brown, whose spiral into addiction ultimately resulted in his death from a heroin overdose. Mr. President, this epidemic is also having tragic effects on the most vulnerable in our society, the children and babies born to addicts. Last year in Maine, nearly 1,000 babies were born drug affected. That's about 8 percent of all births in our state. I have seen the videos of these babies in the neonatal intensive care unit. They are inconsolable. It is so tragic to watch them. Fortunately, the physicians and other health care providers in Maine have become very good at treating these babies, but I wonder what happens to them when they go back to their addicted mothers or fathers.

The Comprehensive Addiction and Recovery Act takes the kind of multifaceted approach needed to address this epidemic. I have said that we need a three-pronged approach. First, we need to focus on education and prevention. That's education of the public at large, particularly our school children, but it is also education of health care providers and of law enforcement as well. I remember vividly when I was a young student sitting through a presentation by a recovered heroin addict. I don't know if that is done any more in our schools, but I can tell you it had a marked impact on all of us who listened to him. None of us ever would have wanted to be in the position in which he found himself as he struggled to recover from his addiction. I don't understand how heroin has lost its stigma, but it clearly has, and it is creating tragic results for our country. So education and prevention are critical.

Second is law enforcement. We need to do a better job of helping law enforcement. I have had so many sheriffs tell me we cannot arrest our way out of this epidemic. We need to connect people who voluntarily come into our jails, and we need to connect them to treatment. And unfortunately, there aren't enough treatment facilities or guidance counselors or substance abuse experts or physicians, nurses, and others with this expertise in many rural areas of our country, particularly in states like Maine. And I suspect in urban areas like Chicago that the service providers are overwhelmed with the number of people who need help. There has been a tripling of people in Maine who need help. But law enforcement has another critical role, and

that is to work to interdict the heroin that is coming into the State of Maine, whether it originates in other states—and there are ties to cities in Connecticut and Massachusetts where inner city gangs are bringing heroin into Maine and swapping it for guns. There is this trafficking that is going on where addicts with no records are being used as straw buyers and buying guns for the gang members who then exchange the heroin for these weapons. We need to have a greater effort to keep heroin out of our country when it is coming from those international cartels in Mexico as documented by the Portland Press Herald's excellent investigation into this matter.

And of course the third prong is treatment. We need more treatment facilities. We need the ability of not just paramedics but law enforcement to administer the drug Narcan which can reverse the effects of overdoses if it is administered in time. The bill before us takes that kind of multifaceted approach. It includes strengthening treatment programs, supporting law enforcement, and increasing education and prevention efforts. It would encourage states and communities to expand these efforts and to increase evidence-based treatments for substance abuse disorders. It would authorize heroin and methamphetamine task forces to support state law enforcement agencies, and it provides grants for communities facing drug crises.

And this crisis is by no means confined to the cities in our states. It's in the most rural areas imaginable in my state. It affects suburbia. It affects neighborhoods throughout our country. Part of the solution to this crisis includes examining pain management and prescribing practices. I've heard from Maine families, from physicians, and from law enforcement about a disturbing pattern of a significant percentage of individuals using heroin after abusing legal opioid medications. According to a recent report from the Substance Abuse and Mental Health Services Administration, prescription opioid abuse does indeed put individuals at a much higher risk of heroin use. In fact, nearly 80 percent of individuals using heroin reported that they began on the road to addiction by abusing prescription pain medications.

CARA would create a task force to review, modify and update best practices for pain management and prescribing pain medication. It would also expand the disposal sites for unwanted prescriptions through drug takeback programs, which is an important way for individuals to safely and securely dispose of their unused prescription drugs. I have long been a supporter of drug takeback programs which have prevented tons of unused, unneeded, or expired drugs from falling into the hands of children or drug dealers. At Maine's most recent drug takeback day, authorities safely disposed of nearly ten tons of unused drugs. Think of that. In a state of just 1.3 million people, in just one of these drug takeback days, ten tons of unused drugs were collected and safely disposed of. The bill would also authorize grants for strengthening state prescription drug monitoring programs to help prevent doctor shopping. Mr. President, I really have great sympathy for our county sheriffs who have talked to me about this problem.

They tell me their jails are overwhelmed by those who are struggling with addiction. Jails are not designed to take the place of treatment centers, and yet sheriffs and police chiefs must train their officers to look for signs of withdrawal and to monitor mental health status. CARA would establish a demonstration program to help identify addicted individuals who may benefit more from treatment than incarceration. Funding would also be authorized to purchase and train

first responders in the use of Narcan, a drug that, as I mentioned, can reverse the effects of an overdose if administered in time. And a portion of this funding is designated to support rural areas in our country. Mr. President, there have been many discussions in this chamber, in our committees, in our caucuses about the heroin crisis.

Last December, the Health, Education, Labor and Pensions Committee on which I serve held a hearing to examine prescribing practices, expanding access to addiction treatment, reducing overdoses, and partnering with law enforcement. Just last week, the Special Committee on Aging, which I have the privilege to chair, examined opioid use among seniors and other Medicare participants. The potential for diversion of powerful painkillers and Medicare reimbursement policies that may penalize physicians who in their best medical judgment decide not to prescribe powerful opiate painkillers and instead provide other kinds of pain relief for their patients. And yet, because of the way the surveys are worded under the Medicare patient satisfaction program, their hospitals can actually lose reimbursement if it's found that a patient was not satisfied enough with control of their pain.

Now, clearly pain does need to be managed, but these questions are so biased in the way that they are asked that they invite over prescription and the prescription of powerful painkillers when they may not be needed. I'm not talking about individuals with cancer or end-of-life conditions for whom opiate painkillers may be exactly what is needed to relieve their pain. But we know that there are better alternatives for many people who do not need that kind of pain relief. And I am working with Senator Lankford, Senator Donnelly, Senator Casey, and others to see if we can come up with an amendment to this bill on this issue.

It is clear, Mr. President, that we need to take a comprehensive approach to this epidemic, and the bill before us is a vital step forward. It recognizes opioid and heroin abuse for the public health crisis that it has become, and it offers meaningful and effective ways to support communities seeking to expand treatment, prevention, law enforcement, and recovery efforts. Again, I salute the sponsors of this legislation. I'm pleased to be a cosponsor, and I urge all of our colleagues to come together to support this much-needed bill.