

Testimony of Sharon Walsh, Ph.D., Director, Center on Drug and Alcohol Research,
Departments of Behavioral Science, Psychiatry, Pharmacology and Pharmaceutical Sciences,
University Research Professor, College of Medicine, College of Pharmacy, University of
Kentucky

Chairman Duffy and distinguished members of the committee, thank you for the opportunity to appear today to discuss the role of federal housing and community development programs to support opioid and substance use disorder treatment and recovery. I want to thank Congressman Andy Barr from Kentucky's 6th Congressional District for inviting the committee to Lexington, Kentucky to discuss the nation's opioid crisis and how Kentucky leaders are responding.

My name is Sharon Walsh and I am the Director of the Center on Drug and Alcohol Research at the University of Kentucky. For the past 25 years, well before the present opioid epidemic took hold of the country, I have been engaged in conducting research and publishing the outcomes focused on opioid misuse, dependence, its medical complications and the development of novel pharmacotherapies for the treatment of those suffering from opioid use disorder. I have been fortunate to have had funding throughout my career from the National Institute on Drug Abuse along with other sources, including SAMHSA, the FDA, private foundations and pharmaceutical companies. I am here today representing the University of Kentucky.

I want to begin by sharing with the committee some of the current initiatives and projects underway at the University of Kentucky and UKHealthcare to increase access to care and

accelerate the discovery of novel approaches to address the opioid crisis in the Commonwealth and nation.

The emergency rooms at the University of Kentucky Hospitals are seeing approximately 1000 non-fatal opioid overdose cases in a given year with approximately 50 fatal cases per year. This does not include the additional patients presenting with significant and life-threatening medical complications from injecting drug use behavior who present virtually every day. Nor does it include all of those individuals who never make it to the emergency room. Historically, our emergency department along with most others in the region would address the immediate concern, for example reversal of the overdose with naloxone, and return the patient to the street without attempting referral or linking these patients to care for their opioid addiction.

With new support from SAMHSA through the CURES funds, the State of Kentucky and Cabinet for Health and Family Services, a new service has been developed at UK to address this critical gap in care. The First Bridge Clinic is a new initiative that allows the emergency department and the hospital to directly refer patients for treatment of their opioid use disorder. Here we are identifying those individuals at highest risk for fatal overdose and making a linkage to immediate care. Most patients can initiate evidence-based care, including medication-assisted treatment, within a day or two of referral and get onto the path of recovery; however, these patients often have many other psychosocial problems that are barriers to remaining in treatment and treatment success. For example, a criminal record is a barrier to employment, and unemployment is a barrier to housing. The First Bridge is offering wraparound services, such as counseling and

linkages to other social service programs. Linking all patients to the requisite supportive services is essential for long term recovery, especially housing when needed.

Another UK Program that is having a significant impact on improving outcomes is the PATHWAYS program, a program designed for the care specifically of pregnant women with opioid use disorder. At PATHWAYS, which opened in 2014, women are able to enter the program and immediately begin receiving evidenced-based care, medication-assisted treatment, and prenatal care. The large majority of women achieve abstinence and deliver their babies with no illicit opioids in their system. Importantly, the incidence of babies suffering from neonatal abstinence syndrome has been cut by about half. UK has also opened a new special unit, the NACU, that is specifically designed for the care of babies born with opioid physical dependence. The NACU was opened in 2017 and has 8 dedicated beds with specialized staff trained to treat drug-exposed infants. PATHWAYS retains women until they give birth, at which point, they can transfer to a linked program, Beyond Birth, where these young women may continue their care. Young mothers with new babies who are early in their recovery may be some of the most vulnerable of all those suffering from opioid use disorder, and the health and welfare of their baby is intimately linked to the well-being and success of the mother. This is a high-risk group who also may require housing services- housing that allows infants and other children in order to promote retention in care and sustained remission.

In Kentucky, prior to the current epidemic, there was little to no opioid abuse. Unlike the east and west coasts, heroin was historically unavailable in Kentucky. Therefore, Kentucky was only introduced to the scourge of opioid abuse once the pharmaceutical industry-driven epidemic of

prescription opioids began. Therefore, most of the existing treatment facilities and housing services for those affected by substance abuse were not designed to address the unique problems associated with opioid abuse when compared to other substances, such as alcohol or methamphetamine. Opioid use disorder is a very unforgiving disorder- a single lapse or relapse can lead to the immediate death of a person who may be striving to achieve remission or sustain their recovery. A single mistake ends a life.

Every federal agency that plays a prominent role in supporting the treatment and research of opioid use disorder, The Food and Drug Administration, SAMHSA and the NIH, are all in firm agreement that the most effective approach to the treatment of opioid use disorder is the use of pharmacotherapies also known as medication-assisted treatment or MAT. There are three medications presently approved for the treatment of opioid use disorder by the FDA, and these include buprenorphine, methadone and naltrexone. All federal agencies are calling for expansion of access to medication as the best strategy for turning the tide of the opioid epidemic.

Approved medications have been demonstrated to reduce drug use, improve health, reduce the transmission of infectious disease and most importantly--- protect individuals against fatal overdose.

Those of us in the treatment community frequently recommend that the path to remission and recovery for those addicted to opioids is to change the people, places and things associated with their past drug-using lifestyle. This may often involve moving into residential care or recovery housing. Unfortunately, the majority of these facilities explicitly prohibit or exclude patients who are receiving medication-assisted treatment from accessing these programs- creating

additional barriers for those who are trying to sustain long-term recovery who are receiving evidence-based care under the supervision of a trained physician.

Providing healthy and safe living housing environments for ALL patients seeking recovery from their drug use disorder is essential to promote long-term success and turn the tide on the opioid epidemic. All programs receiving government support should encourage rather than discourage engagement by patients, should include rather than exclude patients attempting to sustain recovery, and should not only allow but also promote the use of all evidence-based practices in both treatment and housing programs.

The University of Kentucky looks forward to working with Congress, and other leaders here today, to provide an overarching framework to leverage the expertise and resources of the federal government in a strategic and coordinated manner. As a historic land grant and flagship research university, the University of Kentucky was founded for the people of Kentucky. This is why we are here; to keep a deep and abiding promise of better tomorrows for the Commonwealth. We are here, as we have been for more than 150 years, for our community, for our region, and for Kentucky.

I sincerely appreciate the opportunity to present testimony before the Subcommittee and welcome the opportunity to address any question at this time.