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PUBLIC HEARING ON

Bill 22-0583, “Opioid Abuse Prevention Amendment Act of 2018”

Before the Committee on Health

Councilmember Vincent C. Gray, Chairperson

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John A. Wilson Building

Testimony of Kathryn Zickuhr

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Good morning, Chairperson Gray and members of the Committee on Health. My name is Kathryn Zickuhr, and I am the Deputy Director of Policy at the D.C. Policy Center, an independent, non-partisan think tank in the District of Columbia. I thank you for the opportunity to testify on the **“Opioid Abuse Prevention Amendment Act of 2018.”**

Fatal opioid overdoses are an acute health crisis in the District of Columbia. Initial data from the Office of the Chief Medical Examiner shows that at least 246 deaths due to the use of opioids occurred in 2017, up from 231 in 2016 and 114 the year before.¹

The data tells us that people in D.C. who are dying of opioid overdoses are most likely to be African American men in their fifties and sixties who have been using heroin for some time; they are dying now, after years of living with their addiction, because the powerful synthetic opioid fentanyl has entered the District’s heroin supply.² OCME reports that in 2017, some 70 percent of overdose cases contained fentanyl or a fentanyl analog, up from 62 percent in 2016. Nationally, fentanyl is also implicated in overdose deaths connected with other drugs, such as cocaine.

This bill would restrict the amount of prescription opioids initially available to people suffering from acute pain. While this may fit into a long-term approach to reducing new cases of opioid addiction, by itself it does not address the present crisis on the ground. The data suggests that prescription opioids are not the main driver of D.C.’s opioid epidemic—although in general, prescription opioids can be an avenue for new opioid addictions. Therefore, while this bill may address a certain part of the opioid addiction picture, it will not address the crisis unfolding in front of us.

I would like to add my voice to the urgency of the issue, across all avenues of response. This includes prevention, but also improving access to treatment, both behavioral and medically-assisted; conducting outreach to at-risk populations; ensuring that all first responders have access to naloxone and are trained in how to use it; and making naloxone kits and fentanyl test strips readily available in a variety of community-based environments.³

In previous hearings, for the Opioid Overdose Prevention Act of 2017 and the Opioid Abuse Treatment Act of 2017, this committee has already heard arguments for some of these measures—and some are already underway. Therefore, I hope the Opioid Abuse Prevention Amendment Act

¹ Dr. Chikarlo Leak, “Opioid-related Fatal Overdoses: January 1, 2014 to December 31, 2017.” Office of the Chief Medical Examiner, Government of the District of Columbia. January 22, 2018 (Revised January 26, 2018.) https://ocme.dc.gov/sites/default/files/dc/sites/ocme/Opioid%20related%20Overdoses%20Deaths_1%2022%2018.pdf

² Matthew R. Pembleton, “Confronting the opioid—and fentanyl—crisis in the District.” D.C. Policy Center. February 8, 2018. <https://www.dcpolicycenter.org/publications/confronting-opioid-and-fentanyl-crisis/>

³ Researchers from Johns Hopkins and Brown Universities recently found that low-cost fentanyl testing strips are both accurate and easy to use. The researchers also surveyed people who inject drugs in the three cities and found that the vast majority were interested in having their drugs checked for fentanyl. <http://americanhealth.jhu.edu/fentanyl.html>

of 2018 will be one part of a multi-faceted and comprehensive approach to addressing and preventing opioid abuse in the District of Columbia.

Thank you for your time and for the opportunity to testify on this important issue.