

More Work Needed on Demand Reduction

Steep Drop in Mortality Has Congressional Caucus Looking to ‘Land the Plane’ on Opioid Deaths

WASHINGTON—The bipartisan congressional Addiction, Treatment, and Recovery (ATR) Caucus has been in existence for 20 years and is the longest-serving congressional caucus—although it was dormant for a few years during the COVID-19 pandemic. The caucus, chaired by Reps. Paul Tonko (D-N.Y.) and David Joyce (R-Ohio), was rekindled last May and helped deliver the NOPAIN Act last year.

At a hearing on Capitol Hill last month, the newly reconstituted group acknowledged that overdose deaths have fallen dramatically, from 114,000 three years ago to 87,000 this year in the most recent reporting period, according to the National Institute on Drug Abuse.

According to a RAND study released in late February 2025, 40% of Americans know someone personally or have a family member who died of an overdose from all causes, including misuse of pain drugs (*Am J Public Health* 2025;114[3]:276-279). Rates of exposure to a known overdose death were highest in the New England states and Midwest.

"I am encouraged by the reduction in overdose deaths, but we have much more work to do," Tonko said. "Let's talk about the importance and efficacy of this work to support those struggling with the illness of addiction."

"We must talk about overdose deaths. From 2023 to 2024, we saw a 21% reduction in overdose deaths and yet the disparities exist," said Harry Cunnane, a recovering person and the vice president of business development at the Caron Treatment Center in Pennsylvania, who served as the moderator. "We have lost 1 million people to overdose and substance abuse disorder.

"These deaths are down across the board, but disproportionately

high still in the Black and Native American community,” Cunnane said. “It is truly a bipartisan area. We are here to ask what priority this issue should have in the new

administration, and will they focus on addiction?"

"We are starting to turn away from the loss of life for our family members," said Rep. Madeleine

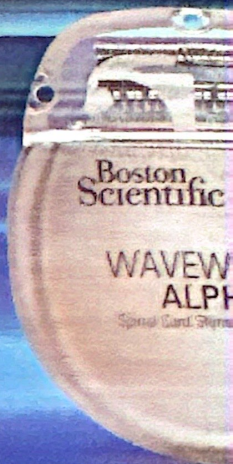
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OPIOID CAUCUS

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ly named so we need to talk about the hope in recovery.

"The numbers are coming down, but more than 114,000 people have died of overdose. We lost a jetliner of people every day, and we have to bring that plane to the ground," Dean said. "Overdose death reduction to 87,000 means we've saved 70 to 80 people per day, and that is significant. I want to ask how we are making this reduction happen: with prevention, treatment, recovery and naloxone. I carry it in my notebook."

Cunnane is Dean's middle son. "We tell our story of our family struggling. We told him 'you had to get professional help,' and he said yes; 12 years later he is working in the recovery."

"The priorities to stop death have not changed over time. Even with the recent news, there have been extraditions of Mexican cartel leaders, and that is big news. One Trump priority is to look at rule of law. But we must reduce barriers to getting addiction treatment," Cunnane said. "Let's also promote prevention and recovery."

"While I am deeply proud of the strides we've made to address the disease of addiction with laws like my Mainstreaming Addiction Treatment Act," said Tonko, "far more work lies ahead. It is my hope that the ATR Caucus will continue to serve as a forum to convene members who are serious about eliminating barriers to treatment and saving lives."

"We hit some bumps when I was there last time," said James Carroll, a career prosecutor, who served as the director of the Office of National Drug Control Policy (ONDCP) during the first Trump administration and has returned in an "acting" role. "My daughter is in recovery from an addiction to opioids. [We thought] in the first term, the best way to treat people was to lock them up; I thought so as a career prosecutor. [Later,] we knew something wasn't working."

"I was chief of staff under Gen. John Kelly, and my wife called me and said I needed to come home. We found out our daughter had become dependent on opioids. I worked at the Trump White House for those three years. I am fiscally conservative, but will say we are not spending nearly enough money on this issue. Some of the money is misdirected."

"Almost all the drugs that are killing us in the U.S. are coming from outside the U.S.," he said.

"This is nonpartisan, and naloxone should be ubiquitous in our backpacks, in our dorms and even here in hallways of Congress. It does not encourage use. It is like having the fire extinguisher at home," Carroll said. "Just because

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—Rep. Madeleine Dean (D-Pa.)

you have an extinguisher does not make you a pyromaniac."

"What is the state of the epidemic?" asked Stephen Loyd, MD, the director of the ONDCP. He is the same doctor portrayed by Michael Keaton in "Dopesick," and is now a West Virginia health official. "When I took the state job, I thought our state was a wasteland. It was targeted by the pharmaceuticals industry. We need to look at this addiction issue in our jails and prisons. We need to change the criminal justice system. We have 10,000 inmates, and 4,800 of them are on MATS [medication-assisted treatment] programs behind bars. We want to help them build a life outside of jails."

More Than a Blip

Loyd added: "This is more than a blip; it is a trend. Overdose deaths are down 51% in our state. I think it is interesting to look at individual lives as the congressman said, because that is about 378 lives that are back to living; so, think of what that means. There is also an economic impact because they can contribute to society now."

"Yesterday in West Virginia, we levied a tax on overdose prevention drugs like naloxone," Loyd said. "State officials claimed, 'These people created this market so they should have to pay for it.' I cannot get that in my head as a human being."

"Using that rationale, we should tax type 2 diabetes. They have behavioral issues of not eating right or not getting exercise, so let's tax them?" Loyd said incredulously.

The criminal justice cost is \$15 billion per year in processing and incarceration for people suffering from addiction, Cunnane concluded. "We need access to every tool that we have available in the toolbox."

—Mike Smith

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