

# 12 Action Steps To Combat The Opioid Epidemic

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DEMOCRAT  
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## 12 Action Steps To Combat The Opioid Epidemic

### Foreword

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In 2016, over 64,000 Americans died from overdoses. My nephew Ian was one of them.

Ian struggled with addiction for years. My wife, June, and I made sure he had access to the best doctors, residential and out-patient recovery programs, counselors, and halfway houses. We worked with lawyers and parole officers to deal with his legal problems. We arranged for him to live at the halfway house and work in Asheville, NC because one of our daughters lives there.

We did everything we knew to do — and everything experts told us to do — but it wasn't enough. After several days of searching, Ian was found in a hotel room. He was alone, dead from an opioid overdose.

Since then the opioid epidemic has only gotten worse. Provisional estimates from the CDC indicate that between February 2017 and February 2018 nearly 72,000 people died from overdoses.

The statistics in Maryland are even more frightening. We have the 10th highest rate of opioid overdose deaths in the nation. There were 2,282 opioid-related deaths in 2017, a 81% increase from 2015.

President Trump does not take this crisis seriously. He has proposed cutting the budget of the Office of National Drug Control Policy by 95%, refused to declare a national emergency to combat the crisis, and appointed a political advisor rather than a qualified expert to oversee the federal government's response.

Furthermore, Trump proposes to fight the epidemic with more law enforcement and stiffer prison sentences. This approach was tried with the crack epidemic in the 1980s and 1990s. Not only did it fail to fix the problem, it resulted in the unjust incarceration of millions of people, most of whom were people of color.

We must acknowledge the role that racial bias played in the way our government responded to the crack epidemic. And we have to ensure that we do not repeat the mistakes of the past.

In January, I released my 12 Action Steps to Combat the Opioid Epidemic. Since then, many Sixth District voters have contacted me to share their ideas about how to make the plan better. I have incorporated their ideas into this updated version.

I hope you will join me in the fight to end this epidemic, because this is no time to stand on the sidelines.



David Trone

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# 1. Coordinate a national response

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## 1A. Dedicate sufficient funding

On October 26th, 2017 President Trump gave a nationally televised address and told the American people that under his administration, “The federal government is aggressively fighting the opioid epidemic on all fronts.” But in reality, the President did little to ensure the federal government has the resources it needs to tackle this crisis.

President Trump refused to declare a National Emergency, which would have immediately released much-needed funding to address the opioid crisis.

Instead, he declared a Public Health Emergency, which frees up only \$57,000 in funding for the federal government’s response.<sup>1</sup>

To put this pittance in perspective, the amount committed by the President’s action – ostensibly to fight a nationwide crisis – is about a third of what Washington County recently received from the state of Maryland to fight opioid addiction.<sup>2</sup> As Former Vice President Biden often says, “Don’t tell me what you value, show me your budget, and I’ll tell you what you value.”

Trump’s gimmick of donating a portion of his salary to the crisis just adds insult to injury. The \$100,000 he donated would buy just 735 doses of Naloxone nasal spray, methadone treatment for 21 patients, or 100 doses of Vivitrol.<sup>3</sup> Those who understand the extent of this crisis know that what the President has done is little more than a public relations stunt. What’s worse, it may give people the false impression that our government is doing what is necessary when the opposite is the case.

Congress needs to appropriate real funding to address this crisis. Unfortunately, the dysfunction in Washington has prevented that.<sup>4</sup> And even if Congress does act, the \$45 billion that the Senate has considered appropriating is hardly enough. We need a minimum of \$100 billion over the next 10 years just to scratch the surface of the problem.<sup>5</sup>

## 1B. Fund and staff the Office of National Drug Control Policy

We must also fully fund the Office of National Drug Control Policy (ONDCP). This agency is responsible for coordinating the Federal Government’s response to the opioid crisis.

In his first budget, President Trump proposed cutting the office’s funding by 95%.<sup>6</sup> Under political pressure, the administration backtracked on some of those cuts.<sup>7</sup> But any reduction in funding amid a national opioid epidemic is completely unacceptable. The Office of National Drug Control Policy needs proper funding to do its job.

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Congress also needs to exert pressure on the President to appoint a qualified expert to lead the Office of National Drug Control Policy. The office has not had a permanent director since President Trump took office. Adding insult to injury, the President appointed a 24-year-old campaign worker to a key post at the ONDCP<sup>8</sup>. It should go without saying that we need real leaders in this crucial office.

## 2. Hold drug companies accountable

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### 2A. Restore the DEA's ability to crack down on suspicious shipments

It's important to understand that the overwhelming majority of doctors have good intentions and prescribe ethically. But a small minority of unethical prescribers operate clinics, often known as pill mills, that will distribute addictive painkillers to any person who claims they are in pain.

Not only does this make it easy for people who are addicted to get access to opioids, it also makes it easy for drug dealers to get pills to sell on the black market. Dr. Robert Ritchea, a notorious drug prescriber who was known as "Dr. Feelgood," gave an undercover DEA agent a prescription for 1,200 pills in a single visit.<sup>9</sup>

These pill mills are often located in small towns and rural areas. In one instance, a pharmacy in a small West Virginia town with a population of 1,779 residents received shipments for 12.3 million pain pills over an 8-year period.<sup>10</sup> These 12.3 million pills came from two companies, McKesson and Cardinal Health, and raises questions about their culpability.

Rather than going after doctors, one of the most effective ways to cut down on pill mills was for the DEA to go after wholesale drug distributors who knowingly provide excessive quantities of opioids to fill these illicit prescriptions.<sup>11</sup>

But in April 2016, Congress took away a major tool in the DEA's arsenal by restricting their authority to stop suspicious shipments of narcotics.<sup>12</sup> This legislation, written by industry lobbyists, passed through Congress quietly. Only after an expose by 60 minutes and The Washington Post in October 2017 did anyone notice.<sup>13</sup>

Unfortunately, even after public outcry, Congress has not acted. This failure raises serious questions about whether they are beholden to industry lobbyists who want to flood the market with deadly painkillers to make a profit. This is one reason why I refuse to take money from PACs and lobbyists. I want to be your Congressman, not theirs.

Congress needs to pass the Opioid Immediate Suspension Order Act, introduced by Congressman Gerry Connelly and co-sponsored by Congressman John Delaney, which would restore the DEA's authority to stop suspicious shipments.<sup>14</sup>

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If this does not pass in the 115th Congress, I will make it a top priority of mine if I'm elected to the 116th Congress.

### **2B. Increase congressional oversight**

In 1998, the five largest tobacco companies agreed to pay a \$206 billion settlement after making fraudulent claims about their products.<sup>15</sup> A watershed moment in the fight against big tobacco came in 1994 when Congressman Henry Waxman held a series of high profile hearings.<sup>16</sup> The hearings brought much needed attention to big-tobacco's role in causing the smoking epidemic, and they sparked the series of lawsuits that ultimately led to the 1998 settlement.

Already we are seeing similar lawsuits around the country by state and local governments against opioid manufacturers. Montgomery County is one of these jurisdictions. In February of this year, the county filed a lawsuit against 14 opioid manufacturers and distributors.<sup>17</sup>

By requiring pharmaceutical executives to testify under oath before Congress, we can raise awareness about their deceptive practices and encourage other jurisdictions to follow Montgomery County's lead.

## **3. Promote new guidelines for prescribers**

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From speaking with experts like Dr. Norvell Coots, President and CEO of Holy Cross Health, I've learned that prescribers relied on an inadequate standard of care. Currently, the only measure of success is whether a patient's pain is alleviated. This standard of care encourages prescribers to distribute opioid prescriptions – because they're an easy and powerful way to alleviate pain – regardless of whether other treatments are available.

Some drug companies are also part of the problem. A major pharmaceutical company, Purdue Pharmaceuticals, misled medical professionals about their blockbuster drug OxyContin. Because of its time release formula, they claimed that OxyContin was not addictive.<sup>18</sup> In reality, OxyContin is highly addictive, and it is a major cause of the crisis.

Given what we know today, we cannot continue resorting to opioids as the sole remedy for pain. Opioids certainly have a place in treating pain, and we should not deny them to people who need them. And we must not create rules so stringent that we undermine the ability of physicians to use their judgment when treating patients.

But we need guidelines that are consistent with the latest evidence. We must account for the risks of prescribing addictive medications, consider alternative pain treatments when they are feasible, and advise prescribers to prescribe only the amount necessary to treat their patients.

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The President's Commission on Combating Drug Addiction and The Opioid Crisis recommends that the Department of Health and Human Services develop a new national standard of care for opioid prescribers.<sup>19</sup>

This is a common-sense measure that does not require legislation or substantial funding. Since we cannot count on the Trump Administration to act quickly, Congress should immediately direct HHS to develop a new standard of care that recognizes the reality of the opioid crisis.

### 4. Focus on prevention

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#### 4A. K-12 prevention programs

Education is a crucial component in this fight. We need to teach kids from a young age about the dangers of opioids so that they don't get addicted early.

Maryland has taken some steps to implement prevention education in schools. A law passed by the state legislature this year would require that schools educate students on this issue three times during their academic career.<sup>20</sup> This is a start, but it is not nearly enough.

What we need is a national prevention effort similar to the one implemented in the 1990's to prevent kids from smoking cigarettes. Smoking among high school students is at the lowest rate ever since the CDC began measuring in 1991.<sup>21</sup> And anyone who has had a school-aged child since then understands why.

From an extremely early age, schools teach kids about the dangers of smoking. My kids were in school when these programs were beginning. They would see people smoking cigarettes and say to me "cigarettes kill."

There's no reason we can't do the same thing for opioids that we did with tobacco. It will require investment by the federal government. But it's one of the best investments we can make, and it will save money in the long run. One HHS study shows that we would save \$18 for every \$1 spent on prevention education.<sup>22</sup>

#### 4B. Enlist the help of pharmacists and pharmacies

Too often we forget that pharmacists are experts with years of training to be able to prescribe medications. We can enlist the help of these experts in educating patients on the proper way to use their medications.

Pharmacists can consult directly with patients about proper dosing, storage, and disposal of opioid medications.<sup>23</sup> And pharmacies can make the disposal process easier for the patients by including products like DisposeRx, which allows people to dispose of their unused opioid prescriptions safely at home.<sup>24</sup>

## **5. Negotiate lower prices for Naloxone**

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Naloxone, often referred to by the brand name Narcan, is a lifesaving drug that can revive people who have overdosed on opioids. This drug was primarily used in hospital settings, but has become much more widely used because of the opioid epidemic. First responders, families of people suffering from addiction, and even K-12 school staff are being trained to administer the drug.

Maryland has taken a positive step in making Naloxone more accessible by allowing pharmacies to distribute it without a prescription.<sup>25</sup> County governments and community organizations throughout the Sixth District and across the state are also stepping up by training people how to administer it.<sup>26 & 27</sup>

But despite these positive steps, cost remains a major impediment to getting this lifesaving treatment to people who need it. Because of increased demand, prices have skyrocketed in the past several years. One auto-injectable form of the drug now costs \$4,500, up from \$690 in 2014, making it prohibitively expensive for most.<sup>28</sup>

Though Maryland negotiates Naloxone prices, the costs for local governments in the Sixth District are still increasing. One report showed that the price the Allegany County Department of Emergency Services pays for a dose of Narcan has increased by more than 50% this year alone.<sup>29</sup>

Congress should pass legislation that provides Naloxone grants to state and local governments. But appropriating this money without getting the lowest possible price for the drugs would be a misuse of the taxpayers' money.

The federal government could negotiate lower prices for Naloxone. But the Trump administration has thus far refused to give the Secretary of Health and Human Services the authority to do so.<sup>30</sup>

Without executive action, Congress needs to explore ways to give HHS the authority to negotiate the lowest possible price for Naloxone.

## **6. Make treatment affordable and accessible**

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### **6A. Protect the Affordable Care Act**

Too many Americans find themselves trapped in a cycle of addiction because they are unable to afford treatment. It's unconscionable that people are denied access to treatments that could break their addiction.

There are several good options for those seeking treatment. Medications like methadone, buprenorphine, and naltrexone (Vivitrol) are effective treatment options. One study found that three and a half years after beginning buprenorphine treatment, 90% of patients no longer met the criteria

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for opioid dependency.<sup>31</sup> Therapy, 12-step programs, and non-medication treatments can also be a crucial part of the recovery process.

The Affordable Care Act was a step in the right direction. Nearly 20 million people have gained coverage because of the law, and substance abuse treatment is among the 10 essential benefits that ACA marketplace plans must include.<sup>32 & 33</sup> Republican attempts to repeal the ACA would be a disastrous setback in the fight against the opioid epidemic.

### **6B. Enforce the Mental Health Parity Act**

The Mental Health Parity and Addiction Equity Act (MHPA) was also a positive step, which requires insurance companies to cover mental health and substance abuse treatments the same way that they cover other health benefits. But too often the law is not enforced.<sup>34</sup>

Congress should work to create the necessary tools to enforce the MHPA. It should also require that government sponsored health plans (like Medicare, Medicaid and Tricare) fully cover substance abuse treatments with no out-of-pocket cost.

### **6C. Expand Medicaid coverage for inpatient treatment**

Until 2016, Medicaid did not cover inpatient mental health or substance treatment due to antiquated Institutions of Mental Disease (IMD) exclusions.<sup>35</sup> Currently, Medicaid can only cover inpatient treatment for 15 days, which is not enough time for many patients. I support the bipartisan effort in the House to end the IMD exclusion so that people can get proper inpatient treatment.<sup>36</sup>

## 7. Relax buprenorphine restrictions

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In addition to making treatment more affordable, we need to relax outdated regulations that prevent physicians from prescribing buprenorphine, a highly effective medication used to treat opioid addiction.

Currently, only 3% of U.S. physicians can prescribe buprenorphine for addiction treatment.<sup>37</sup> In order to prescribe the medication for addiction, doctors must complete an 8-hour training course to be certified.

Compounding the problem, the physicians who finally get certified are still limited to writing a maximum of 275 prescriptions per month.<sup>38</sup> Yet there are no similar federal limits on the number of opioid prescriptions that doctors can write to treat pain.

These restrictions may have made sense when they were initially passed in the early 2000's. But we need to relax them so that people can get access to the treatment that they need today.

## 8. Help local governments

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Local governments are on the front lines of the opioid crisis. We need to give them the resources to implement best practices in our communities.

### 8A. Needle exchange programs

The skyrocketing use of heroin and other injectable drugs has put our nation at risk for another HIV-AIDS epidemic.<sup>39</sup> This will only increase the cost of addressing the opioid crisis and potentially add to the death toll.

Needle exchange programs are a simple and inexpensive way to prevent this. They have been proven effective at reducing the spread of HIV-AIDS among IV drug users.<sup>40</sup> These programs also provide a way for people who are suffering from addiction to get information about treatment options.

### 8B. Drug disposal programs

Experts have cited leftover prescription pills as a major contributing factor to the opioid epidemic.<sup>41</sup> Public information campaigns and “drug take-back days” would encourage people to dispose of their leftover prescription drugs. Additionally, there’s no reason why every fire and police station shouldn’t have a secure drop box for people to drop off their unused prescriptions at any time.

### 8C. Safe stations

Drug addiction is a public health issue, not a criminal justice issue. We should have a “safe station” policy where anyone can come to a fire or police station seeking help for their drug addiction without any fear of prosecution. Anne Arundel County has already implemented a Safe Stations Program, and far more people are now seeking treatment than they initially anticipated.<sup>42</sup>

### 8D. Detox centers

Many people addicted to opioids desperately want to be clean. Unfortunately, there are very few places where people in need can detox under medical supervision; in many communities there are no options at all. Just as we need safe stations where people can turn for treatment without fear of prosecution, we need detox centers where people can take the first steps to recovery.

### 8E. Day reporting centers

Day Reporting Centers, like the one run through the Washington County Sheriff’s Office, are a smart alternative to incarceration.<sup>43</sup> These non-residential programs provide services like medication assisted treatment and job training skills. They’re also far less expensive than prisons.

## **9. Focus on small towns and rural areas**

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### **9A. More treatment facilities**

Small towns and rural areas have been hit especially hard by the opioid crisis. Nowhere is that more apparent than Maryland's Sixth District. Allegany, Washington, and Garrett Counties are among the top five counties in Maryland for the number of opioid prescriptions per capita.<sup>44</sup>

People in these counties have a particularly hard time accessing treatment. Allegany County has an intervention program known as DART, where a crisis counselor and police officer visit the homes of people who have overdosed and offer to get them into treatment programs.

But as of May 2017, nobody has sought treatment through the DART program because they would have to travel as far as the Eastern Shore to receive help.<sup>45</sup> Cost and location should never be deciding factors for people trying to get treatment.

Maryland has not been responsive to the problem either. In the initial Heroin and Opioid Prevention Effort and Treatment Act, 10 crisis treatment centers across the state should have been funded.<sup>46</sup> But the General Assembly chose to only fund one of them.<sup>47</sup> We cannot criticize the Trump Administration without acknowledging that Maryland has also dropped the ball.

With John Delaney vacating his seat, Western Maryland will need an effective advocate in Congress. I'll fight to secure treatment facilities in the areas hit hardest by this epidemic.

The lack of treatment options is particularly problematic for women. I recently attended the groundbreaking of Brooke's House – the first long-term recovery facility for women in Western Maryland (currently there are none).

Kevin and Donna Simmers started Brooke's House in honor of their daughter, Brooke, who tragically passed away from an overdose at the age of 19. Brooke's House will provide women struggling with the early stages of addiction with an emotionally safe and stable environment, surrounding them with a community of mentors and peers going through the same experience. This facility will also challenge the stigma that plagues our society and often acts as a roadblock for those who are struggling with substance abuse.

The work that Kevin and Donna Simmers have done is truly commendable. And in Congress, I'll fight to get federal funding for more facilities like Brooke's House in Western Maryland.

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### **9B. Relax restrictions on telemedicine**

We also need to revise the rules on telemedicine. Telemedicine is especially crucial for people in small towns and rural areas that don't have access to local treatment facilities. Garrett County currently offers telemedicine treatment programs through its public health department.<sup>48</sup>

But in order to help doctors effectively treat patients, we need to allow them to remotely prescribe medications like buprenorphine and methadone. Currently, federal law requires doctors to be physically present to write a prescription.<sup>49</sup> While we should not repeal this law entirely, we should create exceptions that would allow doctors to remotely prescribe addiction treatments to people in areas where other options do not exist.

## **10. Focus on alternative pain treatments**

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### **10A. More research funding**

In my 2016 campaign for Congress, I proposed doubling the budget for the National Institutes of Health (NIH). It is one of the greatest institutions of health care innovation in the world – and it's right here in Maryland. In the wake of the opioid crisis, I believe that we need to expand medical research funding now more than ever.

Medical research funding saves us money in the long run. Studies estimate that the opioid crisis costs our nation nearly \$80 billion a year.<sup>50</sup> The entire NIH budget for FY 2017 was \$33.1 billion, almost \$47 billion less than the national cost of the opioid crisis.<sup>51</sup>

The choice is simple. We can continue paying \$80 billion to deal with the consequences of the opioid epidemic every year for the foreseeable future, or we can invest even less than that on research to find better treatment options for those who suffer from addiction.

Under the leadership of Dr. Francis Collins, the NIH is already hard at work developing these solutions.<sup>52</sup> Let's give them the resources they need to get the job done.

### **10B. Cover alternative treatments under Medicare**

We also need to make sure that current alternatives to opioid pain treatments are available to patients. Reforming Medicare is a good place to start. At a recent town-hall meeting I held, several seniors told me that they would prefer alternative pain treatments to opioids, but Medicare does not cover them. I support legislation like the bipartisan bill by Reps. Chu and Walorski that would require HHS to submit recommendations to Congress on improving access to non-opioid pain treatments.<sup>53</sup>

## **11. Reform our criminal justice system**

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### **11A. End the war on drugs and mass incarceration**

Our broken criminal justice system only makes this crisis worse. America has 5% of the world's population and 25% of the world's prisoners. Jeff Sessions and Donald Trump have doubled down on these failed policies by instructing prosecutors to seek the harshest sentence possible for even the lowest level offenders.<sup>54</sup>

Our prisons are already filled with non-violent offenders who should not be there in the first place. And compounding the problem, our prisons do not focus on rehabilitation.

With an administration that is determined to take us backward, the time for Congress to act is now. We should treat drug addiction as a public health issue, not a criminal one. And we need to repeal mandatory minimum sentencing for drug offenses and allow judges to use their discretion to divert low-level offenders into treatment programs.

### **11B. Make treatment available in prisons**

Those who enter prison suffering from addiction rarely get the treatment that they need. 65% of prisoners today meet the qualifications for substance abuse and addiction.<sup>55</sup> But less than 1% of jails and prisons in our country offer medication-assisted treatments like buprenorphine and methadone, and very few allow inmates to undergo 12-step programs during their incarceration.<sup>56</sup>

Congress should require that every federal prison, and any prison that receives federal money, provide comprehensive drug treatment programs to all inmates who need them. This will stop a vicious cycle of people being released from prison still addicted and re-offending to feed their addiction.

### **11C. Ban the box**

Employment discrimination feeds into a vicious cycle of addiction and recidivism; too many people are unable to find work due to their criminal history.

Congress should pass the Fair Chance Act, which would require the federal government and federal contractors to “ban the box” that asks about criminal convictions on employment forms.<sup>57</sup>

We've banned the box at my company, Total Wine & More. In Congress, I will also work to promote “ban the box” efforts in the private sector. I've chaired an ACLU task force that studied the impact that hiring returning citizens has on businesses.<sup>58</sup> We've found that people seeking second chances turn out to be some of the most loyal and productive employees. Hiring them is a win-win for them and for their employers.

## **12. Focus on mental health from an early age**

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### **12A. Provide mental health resources in schools**

Mental health issues are often correlated with substance abuse. In 2014, 7.9 million people experienced both mental health and substance use disorders simultaneously.<sup>59</sup> This is often referred to as a “dual diagnosis.”

New research shows that half of lifetime mental illness cases begin by age 14, but an astounding 80% of children and adolescents 6-17 years old who need mental health treatment do not receive it.<sup>60 & 61</sup>

If Congress is serious about dealing with the opioid crisis, it needs to do a better job helping children who suffer from mental illness. The Mental Health in Schools Act of 2017 provides a good model for what should be done.<sup>62</sup> This bill will provide \$200 million in additional funding for school mental health grants to be distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>63</sup>

SAMSHA has been distributing mental health grants since 2014 through its project AWARE.<sup>64</sup> The grants will help increase awareness of mental health issues, train educators to detect potential mental health problems in students, and give students access to mental health professionals.

### **12B. Fight the stigma**

Additionally, we must do a better job removing the stigma that keeps people from seeking mental health and substance abuse treatment. Our leaders can and must draw attention to this important issue and encourage anyone who needs it to seek treatment. Surveys have shown that stigma can be an even greater barrier to treatment than finances.<sup>65</sup> Congress should fund an education campaign to reduce stigma and support people as they recover.

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