

From Andover to Gardner, Marlboro to Winchendon, the opioid epidemic is devastating families across the 3rd Congressional District. This cannot be a partisan political issue — it's too important and too many lives are at stake, which is why we need a whole-of-government and whole-of-society approach to address the issue head-on.

With nearly [2,000 opioid-related overdose deaths in Massachusetts last year](#), it's clear that opioid addiction is a public health crisis and must be a priority for policymakers. While it's positive that the [number of fatal overdoses in Massachusetts declined](#) slightly last year, largely thanks to the expanded use of overdose prevention medication like naloxone, or Narcan, we must remember that overall overdoses — fatal and non-fatal — remain at historic levels.

As long as opioids continue to ravage the 3rd District, I am committed to fighting for increased federal funding and innovative policy solutions.

### PRIORITIZING AND EXPANDING ACCESS TO TREATMENT

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Addiction is a disease, and all of those who are suffering deserve treatment. We need to develop better strategies to make long-term treatment and recovery programs more accessible. [A 2016 report by the Surgeon General](#) noted that only 10 % of those suffering from addiction get specialized treatment. A shortage of beds and long waitlists are major problems throughout Massachusetts, and we should be doing everything we can to correct that.

I also believe it's important that addiction treatment be integrated into a whole host of other healthcare settings, including mental healthcare, given the high number of dually diagnosed individuals. Further, it's important that long-term programs not only help individuals recover and get clean from addiction, but that they help individuals responsibly re-engage with their community, whether that's through social enterprise initiatives, job training, soft skills training, or other avenues.

To make treatment more accessible, I strongly support community health centers, and would advocate for continued strong funding. I also support the [Obama administration changes to Department of Health and Human Services regulations](#) allowing doctors to treat more patients with medication like buprenorphine.

I support the expansion of Veteran and Drug Courts, which are able to divert individuals away from prison and into treatment. They have a proven track record, and it's a promising model.

## DECREASING THE SUPPLY OF OPIOIDS

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In order get at the root causes of the opioid epidemic, we have to decrease the supply.

First, we need to more closely regulate opioid painkillers, including more opioid prescriber training that follows a national curriculum, as recommended by the [President's Commission on Combating Drug Addiction and the Opioid Crisis](#).

Second, we need to reduce drug trafficking, specifically cracking down on the spread of fentanyl, a dangerous synthetic opioid. I support continued funding for the [High Intensity Drug Trafficking Program \(HIDTA\)](#) and the continued use of innovative technology on our borders to detect drugs.

For example, Congress should fully fund the [INTERDICT Act](#), introduced by Representative Niki Tsongas and signed into law in January. This legislation authorizes \$9 million in funding and enhances Customs and Border Protection's ability to detect fentanyl through new technology and training.

## PROVIDING SIGNIFICANT AND SUSTAINED FEDERAL FUNDING

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The [\\$3 billion in additional funding](#) for programs related to the opioid epidemic contained in the recently passed spending bill is a welcome step, but we need to do more. In my view, we need tens of billions of federal dollars to really combat the crisis head-on, and [the proposal put forward by Sen. Elizabeth Warren](#) for \$100 billion over 10 years deserves widespread support. We also can't continue to appropriate funds in a piecemeal haphazard way. Local organizations that rely on federal funding need budget certainty so they can develop long-term plans.

We should continue support for the initiatives included in the [21st Century Cures Act](#) which streamlined the approval of new, innovative treatments and placed a specific emphasis on developing new approaches to address the opioid epidemic. The Act initially allocated \$1 billion in state grants over two years. The second year of funding — \$500 million — was appropriated in the recent spending bill, and I would support extending this initiative beyond its initial life-span.

We also need to ensure that Massachusetts and other states that are facing the most severe effects of the epidemic get their fair share of federal funds. We should consider changing the formula for the distribution of federal funds so it's not just based on population, but on a per capita basis. For example, of the first \$500 million appropriated under the 21st Century Cures Act, [Massachusetts only received \\$12 million](#).

## PURSuing A COMPREHENSIVE, BIPARTISAN NATIONAL STRATEGY

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There are a number of pieces of legislation pending that deal with different elements of the opioid epidemic. I'd support many, including increasing treatment options, more closely regulating opioid prescribers, awareness and education initiatives, and cracking down on trafficking of fentanyl.

However, there is no comprehensive plan that includes regulation, legislation, and public awareness. All these elements need to be coordinated. We need to treat this epidemic like the national crisis it is. To do that, I believe we need bold, bipartisan political leadership.

Recommendations stemming from the [President's Commission on Combating Drug Addiction and the Opioid Crisis](#) are a start; the report is not perfect, but there are some good ideas. They need to be expanded and executed, and significant resources need to be dedicated in order to lead a comprehensive, national effort.

I believe President Trump has an obligation to install a permanent director at the Office of National Drug Control Policy (ONDCP), a vital office for leading national efforts on the epidemic.