**Questions for the Record from Senator Charles E. Grassley**

**U.S. Senate Caucus on International Narcotics Control**

**“Fighting for Iowans: Examining Drug Control, Prevention, and Treatment Efforts”**

**Submitted on October 21, 2021**

Co- Chair Grassley, following are my responses to the Questions for the Record as they pertain to the U.S. Senate Caucus on International Narcotics Control, and Treatment efforts. Thank you and your staff for the opportunity to be part of this very important issue.

1. Polydrug use and trafficking is on the rise. Nowadays, an overdose isn’t due to only one drug. Instead, users are often addicted to multiple substances, and traffickers adapt and sell any drug that’ll make a buck. This problem is exacerbated by the influx and threat of fentanyl analogues. How do you provide treatment when multiple substances are involved? And what has been effective, and where is there room to improve?

Thirty-eight years ago, when I entered the world of Treatment and Recovery, there was a common phrase, addiction is an addiction, is an addiction. In my opinion this statement can no longer hold true, if indeed it ever could. I’d like to share some of my experience and what I have learned from others along the way.

As I recall, most drugs being used back then were either alcohol, marijuana, powder cocaine, some hallucinogenic, and pharmaceutical. Of course, there were those that used heroin and other substances that I’m sure I failed to mention.

There were always people that used one or more of these substances. Therefore, the possibility for cross addiction has always been there. People used alcohol and marijuana, maybe some cocaine. Cocaine and marijuana, maybe some alcohol, and some used only one substance. The combinations can go on and on. It seemed to stay like this for years until Oxycontin came onto the scene, then it all changed. The purity of all the illegal substances I mentioned earlier were far less potent. A Substance Use Disorder to the point of dependency and withdrawal took more time. Now it takes days, meaning the opportunity for early intervention is far less likely. I’m going to focus on opioids and fentanyl analogs in a minute, but I think it’s worth at least mentioning the changes in the other illegal substances I have mentioned. It’s all about purity. The marijuana of the 60’s and 70’s was about 3% to 6% THC. Today, the synthetic marijuana can be produced up to 99% THC, which can cause psychosis. This has created a problem for our hospital Emergency Departments, who report seeing more people than ever that are in distress after using marijuana. Methamphetamines have joined cocaine in the world of amphetamine users, both are on the rise with methamphetamine use skyrocketing. Lastly, heroin. Heroin back in the 50’s, 60’s has gone from 1% to 3% purity to the heroin of today which can reach 100% purity on a regular basis. Why do I mention these things? Because this has all helped to lay the groundwork for the situation we are in today. I believe that human beings have wanted to alter the way they feel since the beginning of time. We all want to avoid pain. It was the desire of us wanting to avoid pain that Oxycontin manufacturers capitalized on and what created the market for drug dealers and traffickers to create and produce fentanyl analogs. Simply put, its supply and demand. The demand is high, so they’ve figured out a way to supply. It’s the perfect market, no matter how many customers you lose every day, no worries, there will be more tomorrow.

The people that have figured out how to manufacture these analogs aren’t dumb. They know if one of the analogs is scheduled as a schedule one illegal substance, they alter a molecule, which often helps them avoid harsher sentences, which in turn leaves them on the street to manufacture and traffic another day. All these things combined has created a time in our country that there are more people with substance use disorders, addicted to more potent and dangerous drugs than any time in our history. So, what has happened is the perfect storm has been created. This storm will and has devastated our communities, families, health care system, and economy.

As you are aware, my wife and I lost our son to a fentanyl overdose on November 1, 2016. That year 72,000 people died from overdose. Five years later, after much hard work and effort by treatment providers, prevention specialists, and law enforcement personnel, we will lose 99,000 people to overdose this year. Given these numbers, I am hard pressed to identify what has been effective. I will share with you where I put my energy and what I put stock into to combat a disease that has affected so many communities.

We indeed have a multifaceted epidemic, some may even say given its nature a pandemic, on our hands. Polysubstance abuse and brain health have hit new highs. Here’s what I suggest. Because this is such a multifaceted problem it will require a multifaceted approach. Substance Use Disorders and Brain Health go hand in hand more times than not. Yet, funding streams for these two health concerns remain separate. Even though these agencies provide their services with their client or patient in mind, the bottom line is, non-profit or not, they need to run like a business. At some level they will always compete.

What Community Resources United to Stop Heroin (CRUSH) of Iowa has done is bring substance abuse, mental health, and the community together in a manner that is cost effective while being supportive. Twice a month we gather at a neutral location in the community or by Zoom. Present are people in recovery, people in treatment, people that may be contemplating treatment, mental health professionals, prevention specialists, and treatment professionals, who gather to share their experiences and knowledge. I refer to this as collective wisdom. People are empowered when they realize we all have something to offer. The dialog that takes place covers everything from how to not enable, to housing options. A multifaceted problem requires a multifaceted approach. Most agencies are community based and this is a community approach. Agencies can have staff attend these meetings with little or no fiscal impact. I feel that approaches similar to this can be adapted and effective in dealing with people who are addicted to more than one drug, including the onslaught of fentanyl analogs.

2. Some say that the “three legs” approach of effective drug policy should be expanded to encompass recovery. Recovery is a long-term and often intervention-based effort. What successes in recovery have you seen in Iowa, and in what areas do you think the federal government could do more to support local recovery efforts?

While I feel that the “three legs” of prevention, enforcement, and treatment are important and necessary parts of effective drug policy, I also feel that without adding the recovery piece they are all for not. Afterall, isn’t recovery the end goal for what we are trying to accomplish. Seeing successes in recovery, by my experience, has been somewhat elusive. Not because they have not been there, but because in my work as an addictions counselor and probation parole officer, I did not see them come back through the legal system or treatment center. When I have had opportunity to speak with past clients, or while listening to group members at CRUSH Family and Friends Support Groups, there is a common thread, that thread is connection. Treatment is designed to be a safe environment for one to learn about addiction, to start to heal physically and mentally, to find support and deal with the shame of addiction. After treatment the challenges of not using or drinking become harder. Their treatment community is no longer a constant in their lives, their “using” community is no longer a healthy or wise option. People in early recovery now find themselves is a position of not knowing where they belong. They need connection. Self help groups have been a staple in the United States since the 1930s and have helped millions of people. Although useful, they do not come without challenges, nor have they ever dealt with anything as addictive or dangerous as fentanyl or its analogs. What I feel would provide a safer place for those in early recovery and something that enhances chances for long term recovery is Recovery Centers and Recovery Community Organizations. There are Recovery Centers across the United States, yet I am not aware of any in the state of Iowa. These organizations are ran and staffed by people in recovery that meet certain criteria and Peer Support training. Alongside these people with lived experience is a variety of agencies and organizations in a store front type location centrally located and easily accessed. Once again, a multifaceted problem is being addressed collectively by the community. This is the epitome of connection. What I would ask of the Federal Government with approaches like this, is to set some guidelines that are practical and achievable and let the community apply for financial assistance without the need for matching funds.

A second area is funding that allows and encourages substance abuse treatment centers and mental health providers to provide programming for families. Something that seems to be lacking across the state. Without knowing exact percentages I’ll just say that many people leaving treatment and starting the recovery journey are going back to or part of a family. This should be another opportunity for connection, but because addiction is a family disease, family relationships are usually in need of some healing themselves. Education for families should start while their loved ones are in treatment and support should continue after they have completed their treatment stay. Funding for this seems to be an obstacle for treatment providers, at least at the state level.

The last area I would like to speak to is community-based services with our veterans in mind. Connection for this population is important at a different level. Just like a person with a substance use disorder can understand another person with a substance use disorder, one veteran understands another veteran. One major difference is many of these veterans need to share their experience with a veteran that has experienced combat. Someone they can trust with what triggers their PTSD, or what it is like to live with a traumatic brain injury (TBI). Federal funding goes to our Veteran Hospitals and outreach clinics, and I would never suggest this funding be decreased in any way. What I would like to suggest is that federal funding be available for organizations like Healing at English River Outfitters (HERO) in Washington, Iowa. This veteran ran (501c3) organization operates on donations and fund raising. The philosophy behind what they do is that there is healing in nature and the camaraderie of other veterans. Much like Recovery Centers, HERO partners with community stake holders and providers to address substance abuse and mental health concerns. This too can use a peer support approach to support our veterans and their families. This concludes my responses.

Respectfully,

Rod Courtney

CRUSH of Iowa