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Baltimore City Health Department  
1001 E. Fayette Street • Baltimore, Maryland 21202  
*Stephanie Rawlings-Blake, Mayor*  
*Leana Wen, M.D., Commissioner of Health*

**America's Heroin and Opioid Abuse Epidemic**  
**Testimony of Dr. Leana Wen, Baltimore City Health Commissioner**  
**March 22, 2016**

**Baltimore City Health Department's "3-Pillars" of Combating Opioid Addiction**

1. Prevent deaths from overdose and save lives. I have declared opioid overdose a public health emergency in Baltimore City and led the charge in one of the most aggressive opioid overdose prevention campaigns across the country. We have trained over 8,000 people how to use naloxone. Through a "Standing Order" approved by the Maryland State Legislature, I have written a blanket prescription for naloxone to 620,000 residents, and have started the first-of-its-kind online naloxone training.

2. Increasing access to on-demand treatment and long-term recovery support. Baltimore City has taken several actions to improve access to on-demand treatment, including a 24/7 crisis, information and referral phone line (with approximately 1,000 calls/week); securing \$3.6M to build a sobering center; hiring of community-based peer recovery specialists; and universal screening for addiction in our hospitals. We strive to establish a 24/7 "Urgent Care" for addiction and mental health disorders and for increased evidence-based programs including diversion from incarceration and wrap-around services such as housing.

3. Provide education to reduce stigma and prevent addiction. We must change the dialogue around substance use disorder. We are leading a citywide effort to educate the public and providers on the nature of addiction: that it is a disease, recovery is possible, and we all must play a role in preventing addiction and saving lives. We have launched a public education campaigns-- "DontDie.org". We have brought together hospitals and ER leaders and have implemented citywide best practices to reduce opioid prescribing.

**Working with the Federal Government**

While we have made significant progress, there are areas where we face continued challenges. We have four specific areas that should be more comprehensively addressed by the federal government:

- 1. Expand funding for and availability of on-demand and wrap-around addiction treatment services**
  - a. Allow funding to establish 24/7 treatment centers for addiction and mental health
  - b. Ensure equitable insurance coverage for evidence-based addiction services
  - c. Expanded funding for wrap-around services (including housing) and diversion programs
- 2. Directly fund local jurisdictions with highest need**
  - a. Allow innovations with new care delivery models
  - b. Encourage community resources for recovery including peer recovery specialists
- 3. Improve federal regulations around addiction and overdose treatment**
  - a. Monitor and regulate the price of naloxone
  - b. Require co-prescription of naloxone to every individual receiving opioid medications
  - c. Require "black box warning" on opioids and benzodiazepines
  - d. Remove barriers to prescribing Buprenorphine
- 4. Fund a national stigma-reduction and opioid-awareness campaign**