

Statement Of

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For a Field Hearing

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"Examining the Impact of the Opioid Epidemic" Friday, April 22



Chairman Johnson, Senator Baldwin, Fellow Speakers and Guests:

Thank you for allowing me to speak to you today regarding the opioid epidemic and its devastating impact on Cuyahoga County. The MetroHealth System is an essential hospital system committed to leveraging its expertise, resources, and relationships to respond to this public health crisis. I serve as Program Coordinator for MetroHealth Cuyahoga County Project DAWN, a life-saving overdose prevention program sponsored by the health system, the Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County, and the Ohio Department of Health. I am also speaking to you as a member of the Cuyahoga County Opiate Task Force and our local U.S. Attorney Opiate Action Plan Committee.

Our country is in the grips of an opioid addiction and an overdose epidemic. We are at-risk of losing a generation of Americans to a disease that devastates lives, families, and entire communities. In 2014, 2,482 Ohioans died as a result of a drug overdose and 80% of these fatalities involved an opioid. In large part, our country's epidemic is iatrogenic; our liberal prescribing of opioids has created a generation of Americans who are addicted to opioids and require help. As a nation, we must mobilize to curb and fix this crisis.

At Project DAWN, we work to reduce opioid overdose mortality by helping to expand community access to the opioid overdose antidote naloxone. We train community members on risk factors for overdose, how to recognize an overdose, and how to respond to an opioid overdose. The most critical aspect of our program is the free provision of naloxone to our patients. Since the founding of our county program in March of 2013, we have provided over 3,300 kits to community members resulting in over 400 overdose rescues.

Ohio's streets are saturated with fentanyl-laced heroin, which has contributed to the loss of 502 Ohioans during 2014 as compared to 84 during 2013. Because fentanyl is an opioid that is up to 50 times stronger than heroin, the dose of naloxone needed to revive the victim must be increased. This development is impacting our intervention efforts and budget because it is increasingly necessary to provide additional take-home doses to our patients.

We and other alcohol, drug, and mental health service providers in our country do not have the adequate resources to meet the emerging needs of communities struggling with substance use disorders. Cuyahoga County Project DAWN is considered one of the largest Project DAWN programs in Ohio. We have expanded to include three-to-four hour walk-in clinics, three days a week and also provide naloxone kits in other community settings such as the County Jail, MetroHealth Emergency Departments, and the Free Medical Clinic of Greater Cleveland's syringe exchange program. Without these strong community collaborations, we would not be able to save as many lives. Currently, Project DAWN's efforts are shouldered by one full-time employee, me. In Ohio, we are one of 37 County



Project DAWN programs in a state of 88 counties. The reality is that many of these programs do not have full-time staff members, some are only able operate once a month, and often there are programs that run out of funds to purchase naloxone before the year's end.

Project DAWN programs are essential to curbing opioid overdose mortality at the community level because we equip those most likely to witness an overdose with the proper life-saving tools. While we strongly support increasing access to naloxone for first responders including police, fire and EMS, we know that the most likely individuals to witness an overdose are drug users, their family and friends.

We strongly support the Comprehensive Addiction and Recovery Act (CARA) and request funding be considered to help lay responders who are connected to Project DAWN models. This investment will sustain and expand community-based naloxone programs that have a proven track record in reaching people in the community before they intersect with the first responders system.

We applaud our Congressional leadership for recognizing that increasing naloxone access in our country does not alone fix the opioid epidemic. The CARA legislation is promising in that it promotes evidence-based and innovative strategies, interventions, and treatments at the community level. Project DAWN welcomes federal funding in support of community networks focused on connecting treatment, housing, education, and employment opportunities to those struggling with addiction.

Finally, the stigma that is present in our country for individuals with substance use disorders is no small issue to tackle. We commend CARA's focus on Public Awareness Campaigns, which would educate the public on the risk of prescription drug and heroin abuse. We hope these campaigns will also educate the public that addiction is a chronic disease and we should support those in recovery just as we rally behind those struggling with other diseases. Individuals with substance use disorders are not bad people trying to get good, instead, they are sick people trying to get well.

Thank you for your time. I welcome questions from the committee.