Statement of Karl A. Racine
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Before

The Committee on Health
The Honorable Vincent C. Gray, Chair

Public Oversight Hearing
on

Bill 22-766, the Substance Abuse and Opioid Overdose Prevention Amendment Act of 2018

B22-0687, the Adverse Childhood Experiences Task Force Act of 2018

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10:00am
Room 500
John A. Wilson Building
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Washington, District of Columbia 20004

Introduction

Greetings Chairman Gray, Councilmembers, staff, and residents. My name is Karl A. Racine, and I have the honor to serve as the Attorney General for the District of Columbia. I am pleased to appear before you in support of any bill strengthening the health and well-being of District residents, particularly children. However, I will focus my testimony on two of the bills on today's agenda: Bill 22-766, the *Substance Abuse and Opioid Overdose Prevention Amendment Act of 2018*; and Bill 22-687, the *Adverse Childhood Experiences Task Force Act of 2018.*

Bill 22-766, the *Substance Abuse and Opioid Overdose Prevention Amendment Act of 2018*

Opioids are a class of drugs that include illicit drugs such as heroin as well as legal prescription pain killers such as oxycodone, codeine, morphine, and fentanyl. These drugs are both highly addictive and expensive. When addiction occurs, often the price of these drugs becomes prohibitive and the problem becomes exacerbated by sharp drops in the price of heroin, leading addicts to use both heroin and illegal, non-prescribed drugs.

Opioid overdoses have quadrupled since 1999. Both nationally and locally, we are experiencing a crisis. According to data compiled by the Centers for Disease Control, 78 people on average are dying from an opioid-related overdose every day in this country. That's more than three (3) people every hour. Equally concerning is the finding from the Substance Abuse and Mental Health Services Administration that 3,900 new users start abusing prescription opioids every day, and another 580 people start abusing heroin for the first time. Thus, the abuse of prescription opioids and use of illegal opioids continues at an alarming rate.

Locally, according to an Office of Chief Medical Examiner report, in 2014, there were 83 overdose deaths attributed to opioids; in 2015, we saw a near 30 percent increase to 114 deaths

from overdoses; in 2016, opioid overdose deaths increased to 231, a near 100 percent increase from 2015. In 2017, the Chief Medical Examiner reported that 279 people died from opioid overdoses in the District of Columbia. That's an almost 21 percent increase over 2016. So, to sum up there were 83 overdose deaths attributed to opioids in 2014. The number of deaths tripled in a three (3) year period. That is a crisis.

It is important to note that the face of the opioid crisis in the District of Columbia is not the face that has been put on this crisis nationally – low- to moderate-income, largely rural white people. It is, instead, black people – mainly men – 40 and older. Four out of five people who have died from opioid addiction here in the District are African-American, and those deaths are concentrated in the eastern half of the city, with the greatest numbers – 91, almost one-third – in wards 7 and 8.

Fortunately, there are positive developments in our local response to the problem. As you know, OAG is a member of the District's Opioid Working Group. Working with the leadership of the Department of Behavioral Health (DBH) and the Department of Health (DOH), the working group is taking a holistic look at the challenge of the opioid crisis. I want to commend the work of these two agencies along with Dr. Roger Mitchell, Chief Medical Examiner, for their leadership. However, as I stated at the opioid hearing this Committee held on December 12, 2017, we can and must move with greater urgency.

Working with Attorneys General offices throughout the country has given me insight on best practices that I support. For example, we should: (1) bolster our Prescription Drug Monitoring Program (PDMP) by making it mandatory for both prescribers--that is, doctors--and dispensers to input information about the opioid prescriptions they write/fill and to check the database prior to dispensing opioids to a patient. For example, in New York, a National Institute

of Health study showed a 78% reduction in absolute quantity of opioid pills prescribed by dentists; (2) increase Naloxone distribution to first responders. Currently, the distribution of Naloxone to first responders is limited to the Fire & Emergency Medical Services Department and a few non-profit organizations. We should expand distribution by training the Metropolitan Police Department and equipping officers with this life-saving tool; and (3), implement a Standing Order for Naloxone in the District. As you know, Naloxone is a life-saving drug that can reverse the effects of opioid overdoses. Indeed, I urged the Council to pass the *Substance Abuse and Opioid Overdose Prevention Amendment Act of 2017,* which was designed to make these opioid antagonists more available to laypersons and to establish protections for those who prescribe and distribute them. Thankfully, that bill passed. I am advised that Bill 22-766, *the Substance Abuse and Opioid Overdose Prevention Amendment Act of 2018*, will act as a companion piece to that legislation, clarifying that pharmacists have the option to not prescribe Naloxone if they deem it medically unnecessary, and making the Board of Pharmacy responsible for establishing training standards. To the extent that this legislation will further the goal of getting more Naloxone dispensed to people in need, OAG supports the bill's enactment. But, OAG strongly recommends that any training protocols and rulemakings associated with this bill be implemented with urgency. We look forward to working with our partners at the Department of Health and this Committee to ensure that the goal of a true, robust, and timely Standing Order regime is accomplished.

B22-687, the *Adverse Childhood Experiences Task Force Act of 2018*

Frederick Douglass famously said, "[I]t is easier to build strong children than to repair broken men." It is this sentiment that motivates my testimony this morning. While OAG supports the introduction of Bill 22-687, I urge the District to devote more resources to treating the

traumax we already know is impacting our children, particularly in areas where violence is an everyday reality in the lives of our kids. (The funding of three Healthy Steps sites was a solid start, but there is more that can be done to reduce childhood trauma.) Like you, Mr. Chairman, I care deeply about the high rate of trauma affecting youth in the District, a burden disproportionately borne by children east of the river and those in wards 7 and 8. As the Attorney General, and the exclusive prosecutor of all juvenile crime in the District, I can tell you that addressing childhood trauma is also a public safety issue. Every day, attorneys in my Office who work in the juvenile justice and child welfare systems see children who suffer from trauma. Unaddressed trauma negatively impacts a child's ability to learn causing high anxiety, a lack of impulse control, and a tendency towards risky and dangerous behavior. These outcomes have been proven by science. They are seen in brain scans. They have been measured by statisticians. So, even as we conduct more research, we should also act to implement evidence-based strategies that work to prevent and reduce trauma among children, now.

The impact of trauma on the young brain cannot be overstated. Trauma affects the brain physically, and hinders development. Side-by-side brain scans of children who have experienced chronic or ongoing trauma are shrunken and pockmarked compared to those of other children. The fear, powerlessness, and constant state of alert caused by trauma leads the body to release waves of stress hormones, which can overwhelm the stress regulation responses and thus damage the brain. This can lead to a young person remaining constantly in crisis mode, hypervigilant, and over-reactive to minor threats or events. The constant state of fight or flight makes it hard for the other parts of the brain to work. Children with trauma have difficulty paying attention and concentrating in schools. They have trouble with memory and language development.

At the Office of the Attorney General we see the manifestation of untreated trauma in children. As the prosecutor of juvenile crime in the District, we respond to criminal behavior while seeking interventions to rehabilitate youth. OAG lawyers also review truancy cases for prosecution, and represent the Child and Family Services Agency when we bring cases of abuse and neglect to court. In case after case, OAG lawyers read psychological and psycho-social evaluations done for youth in the justice system and see signs of trauma. Nationally, up to 90 percent of youth in the juvenile justice system report experiencing a traumatic event, according to the National Child Traumatic Stress Network in 2013. On average, 70 percent of them have mental health disorders, and approximately 30 percent suffer from Post-Traumatic Stress Disorder as a result. Of youth aged 10-18 in a juvenile detention center, 92.5 percent experienced at least one traumatic experience, with a median average of six traumatic events. Female youth in the justice system report higher rates of trauma and manifest more symptoms.

Two major drivers of childhood trauma are neglect and exposure to violence. The District of Columbia suffers some of the highest rates of abuse and neglect in the country. A 2015 Annie E. Casey KIDS COUNT report indicates that child abuse and neglect in the District occurs at a rate of 19 per 1,000 children, compared with nine per 1,000 children nationwide - essentially double the national average. Moreover, in the District, some neighborhoods experience persistent gunfire, violent crime, and homicides.

Researchers at Johns Hopkins recently discovered that the consequences of neighborhood violence reach further than the students impacted by violence, but depress the testing scores of all students in the classroom, impacting students who feel otherwise safe. The more students who have seen or felt violence in a classroom, the worse the entire classroom performs.

The Office of the Attorney General, in partnership with the Alternatives to Court Experience (ACE) Diversion program within the Department of Human Services, has increased trauma-informed services for low-level juvenile offenders. The Council and the Mayor should be credited with their demonstrated support for ACE and PASS. Funding for ACE over the last three (3) years have increased from $650,000 in 2014 to $4 million today. Statistics show that when youth have become engaged with the juvenile justice system are provided close supervision and access to evidence-based therapy and services, they are less likely to return to the justice system again. So far, with the support of these trauma-informed services, 80 percent of the young people that have gone through the ACE Diversion program have not reoffended. OAG's Restorative Justice Program, which operates as an alternative to prosecution for youth in the juvenile justice system, focuses on repairing harm to victims and seeks to break the cycle of trauma and recidivism. Early outcomes for that program show victim satisfaction and low rates of youth re-arrest.

Additionally, OAG strongly supports the evidence-based Healthy Steps Pediatric Intervention Program. This is a partnership through Children's Medical Hospital and Georgetown University School of Medicine. This program seeks to increase trauma and mental health screenings for all newborn to 5-year-old children during their pediatric visits. I am advised that the Healthy Steps pilot programs in Wards 7 and 8 are showing strong early outcomes. These programs should be expanded. In Baltimore, the Johns Hopkins Bloomberg School of Public Health has piloted an innovative model of school-based trauma reduction using school nurses trained in trauma-informed care who play an integral role in assessing and treating students for trauma in addition to traditional school nursing care. This innovative model, funded by the Rales Foundation, uses highly trained nurses to deliver traditional and mental health

services along with wellness programming, and healthy living education to students in the school setting, in partnership with teachers, administrators and parents. The outcomes of these programs are promising. We can and should focus on implementing more trauma informed evidenced-based programs in areas of the District most impacted by violence.

Lastly, I want to thank you, Chairman Gray, for attending a recent event sponsored by OAG and the Committee on the Judiciary and Public Safety honoring the District's Do the Write Thing Essay Contest winners–middle school students Tavon Jones and Talayia Richardson—and participating in a frank conversation on violence with them and other participants in the essay contest. It is hard to fathom the stories of these young DC residents—like Talayia's essay recalling bullets meant for her uncle hitting her baby-seat instead. Stories like these are too common among our youth. These young people spoke about the need for more school counselors and trained emotional and mental support specialists, and we should listen.

Given the dire consequences of leaving trauma untreated in children, it is incumbent upon us as a city to both study impacts of trauma and simultaneously invest in programs that treat the trauma that we already know exists. I therefore implore the Council to deploy resources now to prevent and reduce trauma among children.

Conclusion

While this summarizes my support for the bills being considered today, I again want to offer the commitment of OAG as the Committee moves forward. Thank you for allowing me to testify. I am happy to answer any questions.