

Saturday, February 24, 2018

**HHS Secretary Alex Azar remarks to the National Governors Association
Washington, D.C.**

“I chose to highlight medication-assisted treatment today because this is a particular aspect of the epidemic that demands leadership—leadership that is willing to work to overcome any stigma associated with addiction and addiction treatment, and to treat the opioid epidemic not as a moral failing, but as a moral challenge for every single American. We have that kind of leadership in this room, and we have that kind of leadership in the White House.”

As Prepared for Delivery

Thank you, Governor [Charlie] Baker and Governor [Kate] Brown.

I’d like to express my gratitude to both of you, and all of the governors we have gathered here today, for your leadership on this vital issue. Today’s turnout reflects the level of commitment to this crisis we have seen from governors across the country.

Your involvement and input are deeply valued at the federal level.

We applaud your work on the many different fronts where you have fought this crisis. From establishing and improving prescription drug monitoring programs and expanding treatment options to using community resources like fire and police stations to connect people to treatment, state governments and local communities have taken the lead.

I am grateful to be here today to share how we see our role in complementing and empowering this great work you’re already doing.

As many of you know, President Trump has made the opioid crisis a top priority. HHS declared a historic nationwide public health emergency last year, bringing a new level of urgency to our response across the federal government.

But President Trump and this administration recognize that it is not the federal government that’s on the front lines of this battle—it’s all of you and your law enforcement officers; your community leaders; your teachers and school counselors; your doctors, EMTs and nurses; your faith-based partners.

We are dedicated to empowering you and your allies in this fight. That is what undergirds the comprehensive strategy for fighting the opioid crisis that HHS introduced last year.

It brings the unique powers and resources of the federal government to bear in empowering those on the front lines.

Many of you may already be familiar with the strategy, but the five points, put as briefly as possible, are data, research, pain, overdoses and access.

After running through the strategy, I want to highlight a couple pieces of news from the Food and Drug Administration that underscore our commitment to advancing, in particular, access to effective addiction treatment.

The HHS Opioids Strategy

The first point I'll touch on is better data on the epidemic.

We have to understand this crisis in order to stop it, which is why HHS is working with states and other stakeholders to support more timely, specific public health data and reporting.

The Centers for Disease Control and Prevention, for instance, works with your state health offices and local coroners in monitoring overdose data.

The second point is better research on pain and addiction.

We clearly need more tools to help us win this fight, which is why HHS supports cutting edge research on pain and addiction, in part through the National Institutes of Health.

The potential advances we're seeing at NIH and in the private sector—like non-addictive painkillers and new methods of addiction treatment—are incredible.

As they get closer to reality, we look forward to partnering with states and private partners to understand how these can be best put into practice.

Third is better pain management.

We need to do a better job of addressing the real problem of pain in America, which is why HHS wants to ensure everything we do—payments, prescribing guidelines, best practices and more—promotes healthy, evidence-based methods of pain management.

We look forward to continuing work with you on disseminating best practices, including through the work of a federal Interagency Pain Management Task Force that we're standing up.

Fourth is better targeting of overdose reversing drugs.

People in communities all across America—in our own cities and towns—are alive today because of the progress that has been made in making drugs like naloxone available when and where they're needed.

So we're committed to working with you to ensure communities have access to these lifesaving drugs, through HHS grants, research, and technical assistance.

The fifth point of the strategy is better prevention, treatment and recovery services.

We know directly providing these services often falls on state and local governments and community groups. But we can help by issuing grants to support access, expanding coverage through HHS programs, and providing guidance and technical assistance.

As many of you know, the President's Budget proposes \$10 billion in funding to address the opioid epidemic and serious mental illness. That comes on top of \$3 billion in planned opioid funding for Fiscal Year 2018.

The budget includes a range of different investments: \$74 million to improve targeted distribution of naloxone, for instance, and \$150 million for rural substance abuse treatment.

It also takes the State Targeted Response grants to \$1 billion a year. We look forward to building a base of experience from these grants and hearing from you about how you've used the money.

One particular point we want to emphasize for the 2018 grants is that states have a wide range of options for using them. This includes treatment vouchers, which allow the use of the funds for evidence-based services from faith-based providers. Americans of faith have taken a leading role in the compassionate approach we need to take to this crisis, and we're eager to support their work however we can.

On top of the STR grants, we have released guidelines to accelerate the approval of Substance Use Disorder waivers within the Medicaid program, three of which we have already granted this year—for Indiana, Kentucky, and Louisiana.

One particular piece of our work on treatment is supporting access to medication-assisted treatment.

What's Working: Medication-Assisted Treatment

Part of the title of today's session is "What's Working," and as I've said, HHS is always dedicated to advancing our understanding of what does work when it comes to public health challenges like opioids.

But we already know some important facts. One of them is this: Medication-assisted treatment works. The evidence on this is voluminous and ever growing.

One study from Governor Baker's state, Massachusetts, found that putting overdose survivors on medication-assisted treatment, along with the appropriate psychosocial

therapy and recovery supports, reduced future chances of a fatal overdose by more than 50 percent.

That is a remarkable number of lives saved—and speaks to the number of lives we could be saving by expanding access to treatments that work.

HHS has long been dedicated to promoting access to and awareness of medication-assisted treatment, or MAT. But we still have a long way to go. According to federal data, just one-third of specialty substance abuse treatment programs across the country offer medication-assisted treatment.

For many people struggling with addiction, failing to offer MAT is like trying to treat an infection without antibiotics.

Given what we know, and given the scale of this epidemic, having just one-third of treatment programs offer the most effective intervention for opioid addiction is simply unacceptable.

Under this administration, we want to raise that one-third number—in fact, it will be nigh impossible to turn the tide on this epidemic without doing so.

We know that there is sometimes stigma associated with MAT—especially with long term therapy.

But someone on MAT, even one who requires long-term treatment, is not an addict.

They need medicine to return to work; re-engage with their families; and regain the dignity that comes with being in control of their lives. These outcomes are literally the opposite of how we define addiction.

Our fellow citizens who commit to treatment should not be treated as pariahs—they are role models.

That is why I'm pleased to announce today that the Food and Drug Administration will soon release two new draft guidances that will help improve the quality of, and expand access to, medication-assisted treatment across America.

The first is draft guidance to inform manufacturers that are trying to develop new formulations of buprenorphine that may be more effective for particular populations.

As some of you may know, several months ago, FDA approved the first-ever monthly injection of buprenorphine, using what's known as a "depot" injection, a method that has long been used in psychiatric treatments. Depot injections make adherence easier—you only need a shot once a month, rather than going to get it every day.

But they also can be more feasible in rural settings, where the opioid crisis has hit especially hard and yet treatment options can be especially sparse.

FDA's guidance will help clarify what kind of evidence is needed to gain approval for new depot forms of buprenorphine, such as data regarding how quickly the drug is distributed in the bloodstream.

The second draft guidance we're pleased to announce today will encourage more flexible and creative designs of MAT studies.

As just one example, the guidance will correct a misconception that patients must achieve total abstinence in order for MAT to be considered effective.

Researchers will be invited to develop new measures for evaluating the effects of MAT formulations—rather than just patterns of drug use. For instance, they might look at emergency-room visits or overdoses.

These FDA guidances can make a material difference in accelerating efforts to develop new forms of MAT, and they will complement work elsewhere at HHS to deepen our understanding of how MAT works and how access can be expanded.

As just one example, SAMHSA announced an effort this past fall to update how it provides technical assistance for the STR grants, by moving toward a more personalized model where we support states' access to local expertise when and where it's needed.

Call to Action

On all elements of our work to address the opioid crisis, not just treatment access, close collaboration with you is key. This crisis requires new levels of coordination across levels of government and sectors of our society.

We are always listening closely to you. In fact, I am pleased to say that many of the recommendations in NGA's recently released report, as they pertain to HHS, reflect much of the thinking going on at our department, and we look forward to engaging with you further.

I chose to highlight medication-assisted treatment today because this is a particular aspect of the epidemic that demands leadership—leadership that is willing to work to overcome any stigma associated with addiction and addiction treatment, and to treat the opioid epidemic not as a moral failing, but as a moral challenge for every single American.

We have that kind of leadership in this room, and we have that kind of leadership in the White House.

Together, we can recognize the challenge of opioid addiction for what it is, and work to empower and heal our fellow citizens.

Thank you very much.