

Statement to the
U.S. Senate Appropriations Subcommittee on Labor, Health and Human Services and Education
and Related Agencies
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Good Morning Chairman Blunt, Ranking Member Murray and members of the Senate Labor-HHS Subcommittee. My name is Dr. James H. Berry and I am a physician from West Virginia University who specializes in treating addiction and mental illness. I have been invited by Senator Shelley Moore Capito to share my experience and thoughts with you regarding our nation's addiction epidemic. Having completed medical school in Michigan I moved to West Virginia in 2002 to pursue residency training in psychiatry. At the time, I had no idea we were on the eve of an evolving opioid crisis and that West Virginia would prove to be the bellwether for the rest of the nation. Early in my tenure most of the patients seeking addiction treatment were doing so because of alcohol problems. Before long, patients began trickling in seeking help for addiction to opioid pain pills. In a relatively short amount of time, the trickle became a tsunami and we became overwhelmed by the incredible demand to provide services for opioid use disorders. We quickly had to adapt and develop innovative strategies to expand access to and keep people in treatment. Over the past decade and a half, we have treated thousands of these patients through our university-based treatment program and have learned much from them about the nature of addiction and the path forward. I would like to share with you a few observations.

First, and most importantly, addiction is a treatable condition. There are very few other areas of medicine where a health care provider can witness dramatic changes in a patient's health and wellbeing like that afforded in addiction treatment. The process can be slow and painful, but the rewards are unparalleled. People get their lives back. They become better parents. They finish school. They enter the workforce. They inspire others. Unfortunately, it is estimated that only twenty percent of the people who need addiction treatment ever receive it. We desperately need to expand access to evidence-based treatment.

Second, addiction is a multifaceted problem that requires multifaceted solutions. There is no silver bullet. Addiction has biologic, psychologic, social and spiritual manifestations. Genetics, environment and experience all play a part. Addiction is a mental disorder that is often present with other mental disorders such as anxiety and depression. There are incredibly high rates of traumatic experiences, such as sexual and physical abuse during childhood that lead to the development of addiction. None of this can be ignored and the best treatment incorporates all elements. Medications proven to improve outcomes should be readily available and barriers preventing widespread use should be removed. People should also have ready access to psychological therapies known to improve functioning and increase quality of life. We are creatures that thrive in community and addiction is a very isolating condition. Supporting the use of peer support groups such as 12-step programs are incredibly valuable in forming healthy connections that are reparative. In addition, we are creatures hungry for meaning and purpose. Involvement in faith-based and other purpose-driven community organizations foster healthy relationships in addition to supporting a drive to reach beyond one's illness.

Third, our addiction epidemic extends beyond opioids and is rapidly evolving. Opioids have captured our national attention and rightly so due to the staggering jolt of acute overdose deaths. However, please note that these deaths remain outpaced by the number of people who die every year from alcohol or tobacco-related causes. Furthermore, many of us in the addiction treatment and research community are preparing for a significant increase in cannabis-related health problems as states move to legalize and the public perception of harm diminishes. The epidemic continues to evolve as more and more people are using stimulants such as methamphetamine and incredibly lethal synthetic opioids such as fentanyl that account for the sharpest increase in overdose deaths over the past several years.

Finally, the epidemic will require long-term solutions. There is no quick fix. We now have two generations that are severely impacted. Turning this epidemic around will require strategic investment in mental health treatment and prevention resources to meet today's adult generation and the ballooning child and adolescent population at risk. We are woefully short of such personnel nationally and even more so in rural areas hardest hit by the epidemic such as Appalachia. Investment in much needed addiction training programs and incentives to encourage laborers to work in areas of greatest need are paramount.

Thank you for your time and attention, and know that I am happy to answer any questions you might have.