

U.S. Senator Maria Cantwell
National Tribal Opioid Summit

August 23, 2023

Sen. Cantwell Remarks

[\[AUDIO\]](#)

Sen. Cantwell: [Audio begins approximately 30 seconds into remarks] The CDC thinks these figures are going to get higher. That is as we continue to have additional reporting requirements. [The more than 105,000 people in the United States who died of drug overdoses and drug poisonings between February 2022 and 2023] is nearly the entire population of Everett, and - lost to drugs in one year.

Our state has been particularly hit hard. Between March of last year in March of this year, we saw a 25% increase in reported drug overdoses. This was the highest increase of any state in the United States. Overdose is now the leading cause of accidental deaths statewide. That means that overdose now kills more people in Washington than car crashes, or gun deaths.

And opioids and fentanyl are at the heart of this problem. And that is why we need to declare this a national emergency.

Last month, researchers at the University of Washington found that fentanyl was involved in 90% of all opioid overdoses and fentanyl played a role in 65% of all overdose deaths. It's been particularly hard hitting in Indian Country. The CDC reported that American Indians and Alaskan Natives had the highest drug overdose rates in the country and that it climbed to 33% in the last year.

As [Tulalip Tribes] Chairwoman [Teri] Gobin told me at a roundtable that we convened earlier this year, the Tulalip Tribe is at 27 deaths directly attributable to fentanyl overdoses. And it was a factor in many others. That's from a tribe of about 5,200 people.

So too many lives are being lost from this epidemic. And here in our state, people want us to take up a fight. We need to take up the fight nationally and declare an emergency. And that is why you have convened this summit, which is going to continue to help educate and make people aware of what we need to do.

I have been having roundtables around our state with healthcare leaders and providers, and listening to what we need to do, to do a better job at being a federal partner to local communities in fighting this epidemic.

We have had roundtables that bring together treatment experts, first responders, law enforcement, tribal leaders, and many others who have lived experience to hear exactly what is happening. Most importantly, those with lived experience are telling us how deadly this drug is and how easy it is to get your hands on.

I've seen unbelievable efforts by those in our communities trying to make a difference on this issue. And these stories have pointed to what I believe is why we need federal legislation. I hope our roundtables have helped to educate the public [on] why we need to do something now.

That is why recently the United States Senate passed the FEND Off Fentanyl Act. And I've been working to try to get our colleagues in the House of Representatives to also pass this important legislation. ... [The] Drug Enforcement Administration seize[d] ... over 379 million deadly doses of fentanyl that were found last year alone.

Here in Washington state, law enforcement seized 1.5 million pills laced with fentanyl. This year, they've already by August, so we're only in August, they've already seized 1.6 million. So the flow of this product has to stop.

In April, the DEA seized more than 100 pounds of illegal drugs in rural Okanogan County. The seizure included about 161,000 fentanyl-laced pills, plus 80 pounds of heroin. A significant portion of those drugs were bound for the Colville reservation, as well as other Native American communities. But thanks to the work of the Drug Enforcement Agency [and] the Colville and Kalispel Tribal Police Departments, those drugs were seized before they reached those communities.

But we all know the flood of fentanyl continues. And that is why the FEND Off Fentanyl Act is so important. This bipartisan legislation helps us from a federal perspective track the traffickers. The bill basically gives us a strengthening of current law to direct Treasury to target, sanction, and block financial assets of transactions of criminal organizations involved with that fentanyl trafficking.

It also ensures that the sanctions are imposed on anybody who's been involved with the money laundering that makes this a profitable trade. So this is not just the drug itself, but anybody who has been involved in helping or supporting or money laundering that is involved in this. So we need to get the financial tools off the table.

We also need to continue to track emerging threats. This emergency didn't happen overnight, and the fentanyl crisis is part of a long wave of fighting the opioid epidemic. Fentanyl is cheaper, more potent, and deadlier than drugs before. And now, an emerging threat of fentanyl is combined with tranq, a horrifying and important aspect of this.

There are ways to fight fentanyl, we all know that, but these countermeasures don't work if tranq is ... involved. I've heard from many people across our state. And that is why we pushed the Tranq Research Act. This legislation directs the Administration to take urgent steps ahead of this problem, and test and detect tranq and other synthetic opioids and to establish a partnership with frontline entities so that we can help in this fight.

But I want to take a minute to talk specifically about what we need to do in Indian Country. I've heard from many tribes that they need more help responding to emergencies like overdoses, and keeping fentanyl and opioids out of their communities. Many tribes have told me they have drug suppliers out in their communities, and they rush, and get them out, only to find new ones who just show up a few days later.

This is one of the reasons why I've introduced the Tribal Law Enforcement Parity Act which would allow tribes to better train and retrain law enforcement individuals that can help us put more boots on the ground to save lives and help fight the supply of fentanyl coming into tribal reservations. But we need to do more.

The Native Project in Spokane, Washington, hosted the fentanyl roundtable that we had recently. And The Native Project, the Seattle Indian Health Board, and other organizations that serve tribal members

from all over the country know that we need to do more in responding. We have worked to secure two years of [100%] Federal Medical Assistance Percentage for our urban Indian health organizations in the American Rescue Plan.

As we all know, having more federal resources here and more flexibility of those resources is going to be key. I am working to make sure, just to be clear, because there's so many people here from the Urban Indian Health Organization, we need to get 100% of FMAP funding and it needs to be permanent.

But these steps alone are not enough. Congress needs to do more.

We need to increase the treatment capacity for Americans struggling with fentanyl and opioid addictions. When people are in crisis, they deserve to have access immediately. They can't wait for weeks and weeks before they get care. With a drug as deadly as fentanyl, days could mean death.

At one of the recent roundtables I heard about the great work of the Jamestown S'Klallam's healing clinic. That clinic, which opened in July of 2022, treats about 120 patients per day for opioid abuse in Sequim. It has been seeing an increase in about 10 to 15 new patients per month.

It's hard to think about how to break the cycle of addiction. But having the flexibility and holistic treatment that Indian Country offers is a great place to start. According to one doctor, they said "we should have access to recovery be as easy as access to the drug." And that is what Indian Country can help us with.

Unprecedented problems like opioids require bold, innovative solutions. One big suggestion is the idea of a Health Engagement Hub, modeled after Dr. Caleb Banta-Green from the University of Washington.

Health Engagement Hubs differ from other treatment models, because they adopt a community-focused strategy that meets potential patients where they are. These hubs draw people in and offer incentives to immediately start [medication]-assisted treatment in a stigma-free, compassionate, and culturally appropriate manner.

I recognize that this is a crucial aspect of what Indian Country would like to do as well. So I would hope that if we could take this model and get federal funding for it, that we could have private communities have just such a service center.

Initial research conducted through pilot programs found that the Health Engagement Hub model reduced overdose mortality rates by a whopping 68%. The results were so promising that the Washington State Legislature appropriated \$4 million to this program this year in hopes of expanding it statewide.

This innovative solution has the potential to make a difference. And I believe the Tribes around the country who've been hard hit by the fentanyl crisis deserve to have the same experimental dollars available at the federal level. And that's what I'm going to fight for.

Fentanyl is a much more potent drug than has come before. It is 50 times more potent than heroin, 100 times more potent than morphine. And I've heard repeatedly that it must take a lot of us revisiting DEA prescribing guidelines for medication treatment.

The FDA has approved three drugs to treat opioid addiction and substance abuse, and studies have shown that the medication-assisted treatments using these drugs significantly reduce the relapse and

decrease drug overdose rates. I saw important work being done at the Lummi Nation on this particular area.

I've heard [from] providers across the state that there is an appropriate dosage of methadone for fentanyl treatment. But it may be four times higher than what the current prescribing guidelines allow.

That is why we need to work with healthcare providers, medical experts, and other stakeholders to come up with what are the appropriate guidelines.

And I see some first responders here. We need to give first responders better tools to respond to this crisis. That's why I intend to introduce a Senate version of [the] 911 Community Crisis Responders Act.

I have heard from our local firefighters and emergency departments that we need more co-response programs like mobile crisis response units. Some of you may have seen this in Seattle or other places.

These units are staffed by unarmed professional service providers, such as mental health clinicians with substance abuse training, people with important skills who can help the first responders solve and respond to those in crisis.

An example of this is the Cowlitz Tribe, which is seeking funding to establish a fully-staffed mobile medical vehicle to provide treatment in their area. This would enable the tribe to respond quickly and directly to patients who are homeless or otherwise unable to get to clinical access. I support the Tribe's effort in this.

And I think this, too, is a model we should look at in Indian Country across the United States. The legislation would create a grant program to fund new and expanding existing mobile crisis units and having more resources like this would translate into getting more people into treatment faster and decrease the number of overdoses.

I'm glad that we're all here today. I'm glad that those who spoke before me mentioned that the crisis is with us at this moment. That while we've been here, we've lost people.

We have to do everything we can now at the national level, to be a partner with all of you, get you new tools, get you new resources and fight fentanyl together.