

“Examining the 2022 National Drug Control Strategy and the Federal Response to the Overdose Crisis”

Committee on Oversight and Reform

10:00 AM, Monday, June 27, 2022

Statement for the Record

Rep. Gerald E. Connolly (D-VA)

Thank you, Chairwoman Maloney, for calling this hearing as our nation continues to grapple with the catastrophic effects of drug overdose and addiction. Amid a loss of treatment options and a rise in mental health problems in the midst of the COVID-19 pandemic, the opioid epidemic raged—claiming 105,752 lives nationwide from October 2020 to October 2021. This hearing will highlight and drive legislative and administration efforts—programs and services—available to help the families and communities affected by addiction.

Opioid-related deaths in 2021— at the height of the pandemic—increased by 15 percent from 93,000 deaths in 2020, which itself was a 30 percent increase over fatal drug overdoses from 2019. In Virginia, fatal drug overdoses have been the leading cause of unnatural deaths since 2013. Synthetic opioids such as fentanyl fueled two-thirds of these overdose deaths nationwide, a worrying decade-long trend.

The path that led us to this tragic state is clear. This Committee’s work revealed a sickening, multi-billion-dollar industry of pharmaceutical companies, led by Purdue Pharma, profiting from the suffering of those struggling with substance use disorder. Purdue and the Sackler family knew their drug was addictive and dangerous—yet worked aggressively to increase the number of prescriptions administered and to deceive Americans through advertisement campaigns and studies downplaying the risks of their products’ addiction and harm. Prescribers wrote an astounding 259 million prescriptions for opioid pain medication in 2012, alone. That volume is enough for every adult in the United States to have a bottle of pills.

Americans who struggle with substance use disorder need help and support, not punishment and criminal prosecution. Targeting the sources of the epidemic—major pharmaceutical companies and multinational drug trafficking organizations—will do far more to curb addictions, overdoses, and deaths than locking up the victims of their predatory practices. We must move away from an outdated, discriminatory, and ineffective focus on mass incarceration for non-violent drug offenders, toward measures that save lives.

This hearing will examine the Biden Administration’s efforts to slow and reverse these deadly trends of drug addiction, overdose, and death—and highlight areas ripe for improvement. Earlier this year, the Administration released its annual National Drug Control Strategy, prioritizing two drivers of the overdose epidemic: untreated addiction and drug trafficking profits. The Strategy outlines seven key goals and metrics to assess progress that will measure the effectiveness of the Administration’s approach. These metrics cover a broad spectrum of factors that have contributed to—or can help address—the ongoing drug addiction epidemic in this nation: early age prevention, harm reduction programs, treatment provision, criminal justice reform, and targeting the supply of illicit substances.

I am glad that the Office of National Drug Control Policy Director Rahul Gupta is with us. I look forward to learning more about how the Administration approached its first National Drug Control Strategy, as well as the progress toward its implementation across government. Taking on the drug epidemic requires a whole-of-government approach that meets people where they are without judgment or persecution.

Democrats in the 117th Congress prioritized efforts to expand opioid misuse treatment options, provide life-saving medication, improve mental health services, and hold accountable those most responsible for the harrowing toll of this epidemic. Just last week, the House passed the Restoring Hope for Mental Health and Well-Being Act (H.R. 7666), a bill that will strengthen and expand more than 30 programs that support mental health care and substance use disorder prevention. Included in that bill is the Mainstreaming Addiction Treatment, or MAT Act, which removes a federal rule requiring health care practitioners to obtain a waiver and undergo oversight from the U.S. Drug Enforcement Administration (DEA) before prescribing buprenorphine, a life-saving drug for opioid overdoses. I am also a cosponsor of the Comprehensive Addiction Resources Emergency (CARE) Act (H.R. 6311) which provides \$125 billion in substance use disorder funding.

We will continue our work to expand medical and mental health care services, reduce the cost of effective treatments, and target the primary proponents of a crisis that continues to take the lives of too many Americans. Our communities are relying on us, and we will meet the moment.