



THE COMMITTEE ON ENERGY AND COMMERCE

MEMORANDUM

April 25, 2014

TO: Members, Subcommittee on Oversight and Investigations

FROM: Committee Majority Staff

RE: Hearing on “Examining the Growing Problems of Prescription Drug and Heroin Abuse.”

On Tuesday, April 29, 2014, at 10:00 a.m. in 2322 Rayburn House Office Building, the Subcommittee on Oversight and Investigations will hold a hearing entitled “Examining the Growing Problems of Prescription Drug and Heroin Abuse.” The hearing will review the recent prescription drug and heroin epidemic in the United States and why it has become an urgent and growing public health crisis.¹ In particular, the Subcommittee will examine the relationship between the recent heroin epidemic and the abuse of prescription painkillers, specifically opioids.

I. WITNESSES

- Mr. Joseph T. Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Agency, U.S. Department of Justice;
- Mr. Michael Botticelli, Acting Director, Office of National Drug Control Policy, Executive Office of the President;
- Dr. Daniel M. Sosin, Acting Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention;
- Dr. Nora D. Volkow, Director, National Institute on Drug Abuse, National Institutes of Health; and,
- Dr. H. Westley Clark, Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

¹ Philip Rucker, Holder calls deaths from heroin overdoses an ‘urgent and growing public health crisis.’ The Washington Post, March 10, 2014, http://www.washingtonpost.com/politics/holder-calls-deaths-from-heroin-overdoses-an-urgent-and-growing-public-health-crisis/2014/03/10/1a99720a-a7cf-11e3-b61e-8051b8b52d06_story.html.

II. BACKGROUND: PRESCRIPTION DRUG AND HEROIN EPIDEMIC

Recent news reports and studies have highlighted the growing crisis of prescription drug and heroin abuse in our nation. In briefings with Committee staff, the Office of National Drug Control Policy (ONDCP) indicated that drug treatment facilities are seeing record numbers of admission for heroin and other opioid addictions. Heroin overdoses have more than doubled in some States over the last decade. According to the National Survey on Drug Use and Health (NSDUH), in 2012, approximately 669,000 Americans reported using heroin in the past year, a number that has been on the rise since 2007.² That number reflects a nationwide increase of heroin use by nearly 80 percent from 2007 to 2012. Data from the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that 81 percent of people who started using heroin from 2008 to 2010 had previously abused prescription drugs.³ Heroin and opioid abuse also impose a financial cost nationwide. In the United States, prescription opioid abuse costs were about \$55.7 billion in 2007. Of this amount, 46 percent was attributable to workplace costs (e.g., lost productivity), 45 percent to healthcare costs (e.g., abuse treatment), and 9 percent to criminal justice costs.⁴

Studies have found that the increase in heroin abuse is linked to the abuse of prescription painkillers, specifically opioids. Opioids are a class of drug that includes both heroin and many prescription painkillers. These substances resemble morphine in their physiological or pharmacological effects, especially in their pain-relieving properties. Law enforcement efforts to address the prescription drug abuse problem have targeted operations such as “pill mills” and “doctor shopping.” States such as Kentucky, Florida, and West Virginia started to make extensive use of their prescription drug monitoring programs (PDMP) as a tool to monitor prescription sales of controlled substances.⁵ Efforts that began at the end of the Clinton administration and continued under the George W. Bush administration dispatched anti-drug agents and encouraged prescription drug monitoring programs to help detect suspicious prescriptions. As a result, Federal arrests for illegal use of prescription drugs skyrocketed more than 900 percent between 2001 and 2007, according to the National Drug Intelligence Center.⁶ While these efforts have helped to decrease prescription drug abuse, some have speculated that they have contributed to an increase in heroin abuse. For some opioid addicts, heroin has become an alternative to prescription drugs because it is stronger, more accessible, more plentiful, and much cheaper than prescription opioids. An 80 milligram OxyContin dose can cost \$60 to \$100 a pill.⁷ In contrast, heroin costs about \$45 to \$60 for

² What is the Scope of Heroin Use in the United States?, National Institute on Drug Abuse, National Institutes of Health, February 2014 <http://www.drugabuse.gov/publications/research-reports/heroin/scope-heroin-use-in-united-states>.

³ Amy Pavuk, Rx for Danger: Oxycodone crackdown drives addicts to other drugs, Orlando Sentinel, July 28, 2012, http://articles.orlandosentinel.com/2012-07-28/health/os-oxycodone-drug-shift-dilaudid-20120728_1_oxycodone-prescription-drugs-dilaudid-pills.

⁴ Drug Overdose in the United States: Fact Sheet, Centers for Disease Control and Prevention, February 10, 2014, <http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>.

⁵ Ileana Arias, et al., Prescription Drug Overdose: State Health Agencies Respond, Association of State and Territorial Health Officials, 2008, <http://www.astho.org/Programs/Prevention/Injury-and-Violence-Prevention/Materials/Prescription-Drug-Overdose/>.

⁶ Jerry Markon, Experts: Officials missed signs of prescription drug crackdown's effect on heroin use, The Washington Post, March 6, 2014, http://www.washingtonpost.com/politics/experts-officials-missed-signs-of-prescription-drug-crackdowns-effect-on-heroin-use/2014/03/06/2216414a-9fc1-11e3-b8d8-94577ff66b28_story.html.

⁷ *Id.*

a multiple-dose supply.⁸ Many individuals become addicted by abusing prescription painkillers. When their prescription runs out and they cannot afford to buy them illegally through the black market, they often turn to heroin in order to achieve a more cost effective and similar euphoric high that they experienced while using their prescription opioid.

According to data from SAMHSA, the number of opioid-related deaths nearly tripled between 1999 and 2010. The Centers for Disease Control and Prevention (CDC) reports a 102 percent increase in fatal overdoses from 1999 to 2010.⁹ In 2010 alone, 3,036 people died in the United States from heroin overdoses.¹⁰ While this study only extends to 2010, the numbers have continued to increase since then. The number of heroin deaths in 2012 is a four-fold increase over 2007 statistics.¹¹ Heroin, which typically was a problem in urban areas, has moved to suburban and rural areas. This problem is not concentrated in one county, city, State or region. Spikes in overdose deaths have been seen in States such as Vermont, Pennsylvania, New Jersey, Minnesota, Illinois, Kentucky, and Florida. Studies also have shown that the average age of people trying heroin for the first time has decreased significantly. Historically, the average age for heroin deaths has been in the 40 to 45 years range; now the average age is between 18 to 25.¹² Individuals in this age group seeking treatment for heroin abuse increased from 11 percent of total admissions in 2008 to 26 percent in the first half of 2012.¹³

III. POLICY AND PROGRAMS RELATED TO DRUG ABUSE

According to a March 2013 study done by the United States Government Accountability Office (GAO), ONDCP reported that about \$25.2 billion was provided for Federal drug control programs in fiscal year 2012. Of this, \$10.1 billion, or 40 percent, was allocated to prevention and treatment programs.¹⁴ According to that same GAO study, in fiscal year 2011, there were 15 Federal agencies that administered 76 drug abuse programs. Of the 76 programs, 22 programs were drug abuse prevention programs, 21 programs were drug abuse treatment programs, 13 programs were both drugs abuse prevention and treatment programs, 20 programs were neither drug abuse prevention nor treatment programs, but programs that may provide or fund drug abuse prevention or treatment services to support other program objectives. The following Federal agencies play a role in drug control efforts:

⁸ Donna Leinwand Leger, OxyContin a gateway to heroin for upper-income addicts, USA Today, June 28, 2013, <http://www.usatoday.com/story/news/nation/2013/04/15/heroin-crackdown-oxycodone-hydrocodone/1963123/>.

⁹ *Supra* note 3.

¹⁰ Joel Achenbach, Philip Seymour Hoffman's death points to broader opioid drug epidemic, The Washington Post, February 7, 2014, http://www.washingtonpost.com/national/health-science/philip-seymour-hoffman-heroin-death-points-to-broader-opioid-drug-epidemic/2014/02/07/42dbbc5a-8e61-11e3-b46a-5a3d0d2130da_story.html.

¹¹ Brandon Blackwell, The Heroin Epidemic: Death toll from drug continues to soar in Cuyahoga County, Cleveland.com, September 3, 2013, http://www.cleveland.com/metro/index.ssf/2013/09/heroin_epidemic_cuyahoga_count.html.

¹² Julia Rubin, How Heroin Is Invading America's Schools, Teen Vogue, September 2013, <http://www.teenvogue.com/my-life/2013-09/teen-heroin>.

¹³ What is the Scope of Heroin Use in the United States?

¹⁴ Eileen Larence and Linda Kohn, Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination, United States Government Accountability Office, March 2013, <http://www.gao.gov/assets/660/653354.pdf>.

- **Drug Enforcement Agency:** DEA's mission is to enforce the controlled substances laws and regulations of the United States. DEA also maintains registration of those businesses who dispense or providers who prescribe controlled substances. In fiscal year 2012, the DEA was allocated \$2.1 million of the \$25.2 billion.
- **Office of National Drug Control Policy:** The Office was established by the Anti-Drug Abuse Act of 1988. ONDCP is responsible for developing a national drug control policy, developing and applying specific goals and performance measurements to evaluate the effectiveness of national drug control policy and National Drug Control Program agencies' programs, overseeing and coordinating the implementation of the national drug control policy and assessing and certifying the adequacy of the budget for National Drug Control Programs. In fiscal year 2012, the ONDCP was allocated \$108.2 million of the \$25.2 billion.
- **National Center for Injury Prevention and Control:** The National Center is a division within the CDC. It is researching ways to enhance State prescription drug monitoring programs, which track prescriptions for controlled substances, such as prescription painkillers. The National Center also tracks and evaluates State policies and programs, like those to prevent "doctor shopping" and "pill mills." Such policies and programs can prevent prescription painkiller misuse and overdose, while ensuring access to safe and effective pain treatment for those who need it. Additionally, the Center works to ensure that health care providers follow science-based guidelines for safe and effective prescribing of painkillers. The Center tracks trends in prescribing rates and daily doses, studies differences from State to State, and identifies patterns of improper prescribing behaviors. Identifying health care providers who prescribe painkillers inappropriately could reduce overdoses and misuse. The increase in overdose deaths parallels a sharp rise in the sale of prescription painkillers.
- **National Institute on Drug Abuse:** The Institute is part of the National Institutes of Health (NIH). NIDA supports research to prevent and treat drug abuse and addiction and mitigate their impacts. Its prevention efforts include identifying the characteristics and patterns of drug abuse; understanding how genes, environment, and development influence the various risk and protective factors for drug abuse; improving and expanding the understanding of basic neurobiology as it relates to the brain circuitry underlying drug abuse and addiction; and applying that knowledge toward the development of more effective strategies to prevent people from abusing drugs and from progressing to addiction if they do. Their efforts include developing successful treatments for drug abuse and addiction and improving treatment accessibility and implementation.
- **Center for Substance Abuse Treatment:** The Center is a division within the SAMHSA at the Department of Health and Human Services (HHS). CSAT promotes community-based substance abuse treatment and recovery services for individuals and families in every community. Some of their specific initiatives include working to close the gap between available treatment capacity and demand. According to SAMHSA's website, CSAT supports the adoption of evidence-based best practices and community based treatment programs. They work to improve and strengthen substance abuse treatment organizations and systems. In fiscal year 2012, SAMHSA was allocated nearly \$2.6 billion of the \$25.2 billion.

IV. ISSUES

The following issues may be examined at the hearing:

- What factors have contributed to the rise in prescription drug and heroin abuse?
- With regard to prevention and treatment, does prescription drug and opiate abuse present different problems than other types of substance abuse?
- What is the relationship between prescription drug abuse and heroin abuse?
- With regard to Federal programs, what is the appropriate balance between prevention, treatment, and law enforcement?
- Which prevention, treatment, and law enforcement efforts are the most effective in reducing the abuse of prescription drugs and heroin abuse? Which are not?

V. STAFF CONTACTS

If you have any questions regarding this hearing, please contact Sean Hayes or Brittany Havens of the Committee staff at (202) 225-2927.