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Congress of the United States
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May 21, 2014

Dr. H. Westley Clark
Director
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

Dear Dr. Clark:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Tuesday, April 29, 2014, to testify at the hearing entitled "Examining the Growing Problems of Prescription Drug and Heroin Abuse."

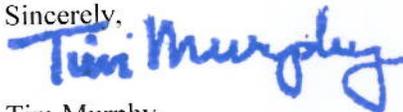
Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests with a transmittal letter by the close of business on Wednesday, June 4, 2014. Your responses should be mailed to Brittany Havens, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to brittany.havens@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Tim Murphy
Chairman
Subcommittee on Oversight and Investigations

cc: Diana DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachments

Attachment 1—Additional Questions for the Record

The Honorable Tim Murphy

1. Two weeks ago SAMHSA posted to its website a report titled “SAMHSA’s Einstein Expert Panel Medication-Assisted Treatment and the Criminal Justice System: Proceedings from the October 6–7, 2011 Expert Meeting.” Based on the date (October 2011), it is evident that it took over 2 ½ years for this report to be made available to the public. We are also aware of important practice guidelines on the use of the non-addictive, non-narcotic opioid blocker, extended-release naltrexone that has been held up nearly as long. What can be done to accelerate the pace with which important guidance and related documents are released to the professional community? Is there anything that we can do to assist you?
2. SAMHSA has regulatory authority for the 1,300 “opioid treatment programs” or “OTPs” in the United States today. We know from NIDA-funded studies that when these patients stop taking their opioid replacement medications (methadone or buprenorphine) the vast majority will relapse back to illicit opioid use. We also know that the majority of patients in OTPs will in fact drop out of treatment within a matter of months (in the case of buprenorphine) or years (in the case of methadone). In other words, despite the good intentions of treatment providers and policy-makers, opioid dependent individuals are relapsing to illicit opioid use. Given that most individuals on opioid replacement therapy return to illicit opioid use when they stop taking their replacement opioids, and given that the vast majority of patients in OTPs will drop out of treatment, what can SAMHSA to encourage OTPs to employ relapse prevention medications, such as opioid antagonists, and other approaches, designed to establish long-term abstinence? In other words, what is the “exit strategy”?
3. We understand that there are three medications approved by the FDA for the treatment of opioid dependence: methadone, buprenorphine and extended-release naltrexone. SAMHSA’s website promotes referrals to methadone treatment providers and buprenorphine treatment providers through provider locators – but there is no SAMHSA provider locator for the one medication that is not a controlled substance (extended release naltrexone). Please help us understand why SAMHSA only promotes referrals through its two Provider Locators to methadone providers and buprenorphine providers, and not the other medication – especially when it is the only one that isn’t a drug of abuse?

The Honorable Jan Schakowsky

1. What are pharmaceutical companies doing to combat the prescription drug abuse problem, including the problem of pop up clinics? It seems that pharmaceutical companies financially benefit from the prescription drug abuse problem and pop up clinics, so I am interested in seeing what they are doing to help us combat the crisis.
2. What is the trend in the number of new opioid drugs being developed and/or approved? How will this affect prescription drug abuse? What is being done to combat the effects of an increased number of new opioid drugs entering the market?

3. Are most of the prescription opioid drugs that are abused Schedule II drugs? Which drugs are Schedule III? Are there more drugs that can/should be moved to Schedule II?
4. According to your testimony, 69% of those who used pain relievers non-medically in the past year obtained them from a friend or relative. What are we doing to combat the 69% of people who get opioids that they misuse from family and friends?

The Honorable Ben Ray Lujan

1. As you may know, New Mexico has some of the highest rates of substance abuse and overdose in the country. In particular a challenge facing New Mexico is the lack of resources for prevention, treatment, rehabilitation, and the unique challenges which face our rural communities. Tell me about what your office is doing to address the challenges of rural districts like New Mexico.
2. Substance abuse is a multifaceted challenge, and there is no silver bullet. What, in your experience and expertise, do you see as the largest impediments to decreasing prescription drug abuse and overdoses? Can you comment on the following challenges, and their relative magnitude in the persistent challenge of prescription drug abuse: The need to raise public consciousness to discard unneeded prescriptions? A lack of access to drug disposal and drop off for an informed public? Lack of insurance coverage and access to rehabilitation and treatment programs? Health care access shortages for those seeking treatment programs? The need to expand access to Naloxone to the public as prescription drug abuse continues to rise? A lack of funding for implementation of proven strategies? The need for legislation?
3. Over the last several decades, even as enforcement and imprisonment rates have increased, the street-price for heroin—and other illicit drugs—has decreased, leading to proliferation of this drug in virtually every state. In 2011 the ONDCP released its “Prescription Drug Abuse Prevention Plan” with the goal to reduce non-medical use of prescription drugs by 15% in 5 years. What is the progress of this initiative? Is there evidence that this plan is having an impact? Can you comment further on the correlation between prescription drug abuse and heroin use, and if you expect to see a reduction in heroin use as prescription drug abuse decreases?
4. You can’t talk about our prison system without discussing the prevalence of substance abuse and dependency that many inmates develop. I know we didn’t have someone from the Bureau of Prisons at our hearing, but have you considered the potential impact of expanding rehabilitation programs for inmates, or programs to help the prison population stay off of drugs as they prepare to reenter civilian society? I know there is a call in my district for this approach. Further there is a need for more Adult and Juvenile Treatment facilities, and residential treatment facilities generally. Are there plans to expand access to these types programs in New Mexico?
5. I know advocacy groups in my district are always interested in greater access to grants. Who are the people in your office that I can direct citizen groups in New Mexico to—so that there is greater partnership between the federal government and people on the ground who see the challenges New Mexicans face every day?
6. What role do you see poverty playing in the current substance abuse trends? Have you seen greater economic development in communities where efforts to deter substance abuse has been effective?

Do you have strategies that pair economic development with initiatives to reduce and treat substance abuse?

Attachment 2—Member Requests for the Record

During the hearing, Members asked you to provide additional information for the record, and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.

The Honorable Michael C. Burgess

1. The federal government has put a lot of money and effort on behalf of taxpayers into drug prevention, treatment and law enforcement. What is it about the current system that is not working?
2. What is the cost of a single dose of Naloxone? Is the cost of Naloxone a barrier to making the antidote more readily available?