



U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON ENERGY AND COMMERCE

---

March 24, 2015

TO: Members, Subcommittee on Oversight and Investigations

FROM: Committee Majority Staff

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

---

On Thursday, March 26, 2015, at 10:00 a.m. in 2123 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: State and Local Perspectives.” The hearing will review the recent prescription drug and heroin epidemic in the United States, featuring witnesses at the state and local level. These witnesses will provide a “boots on the ground” perspective to discuss trends they are observing and specific local impacts, why the problem is getting worse, how they are handling it at a state and local level, what works and what does not, and how we can improve federal public health response efforts to prevent and treat prescription drug and heroin abuse. The purposes of the hearing are to identify “success stories” at the local level that could have national application and to get feedback on the effectiveness of federal programs aimed at reducing prescription drug and heroin overdoses.

**WITNESSES**

- Fred Wells Brason II, Executive Director, Project Lazarus, Moravian Falls, North Carolina;
- Dr. Sarah T. Melton, PharmD, BCPP, BCACP, CGP, FASCP, Associate Professor of Pharmacy Practice, Gatton College of Pharmacy at East Tennessee State University, Johnson City, Tennessee, and Chair of the Board of Directors of OneCare of Southwest Virginia, Bristol, Virginia;
- Dr. Stefan R Maxwell, MD, Associate Professor, Pediatrics, WVU School of Medicine, MEDNAX Medical Group, Medical Director, NICU, Women & Children's Hospital, ; Charleston, West Virginia;
- Rachelle Gardner, Chief Operating Officer, Hope Academy, Indianapolis, Indiana;

- Corporal Michael Griffin, Narcotics Unit Supervisor - K9 Handler, Special Investigations Division, Tulsa Police Department, Tulsa, Oklahoma;
- Dr. Caleb Banta-Green, Senior Research Scientist, Alcohol and Drug Abuse Institute, University of Washington, Seattle, Washington; and
- Victor Fitz, Cass County, Michigan, Prosecutor, and President of the Prosecuting Attorneys Association of Michigan (PAAM), Cassopolis, Michigan.

## **BACKGROUND**

The focus of this hearing is on opioids, 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.

This hearing follows up on the April 29, 2014 Subcommittee hearing on “Examining the Growing Problems of Prescription Drug and Heroin Abuse.” At last year’s hearing, the Subcommittee heard from a federal panel that included witnesses from the Office of National Drug Control Policy (ONDCP), the National Center for Injury Prevention and Control (CDC), the Office of Diversion Control (DEA), the National Institute on Drug Abuse (NIH), and the Center for Substance Abuse Treatment at the Substance Abuse and Mental Health Services Administration (SAMHSA).

### Scope of the problem

A year later, the problem has continued to grow with drug poisoning (overdose) being the leading cause of death from injury, surpassing motor vehicle accidents, suicide, firearms, and homicide. A recent CDC report found a four-fold increase in heroin-related drug-poisoning deaths between 2000 and 2013. Prescription opioid deaths claimed more than 145,000 lives over the last decade, with more than 20,000 Americans dying each year from overdoses of these products. The number of seniors in the Medicare program using prescription painkillers has increased sharply. In 2012, the average number of seniors misusing or dependent on prescription pain relievers over the past year grew to an estimated 336,000, up from 132,000 a decade earlier, according to survey data from SAMHSA. Misuse is defined as using the drugs without a prescription or not as prescribed.<sup>1</sup>

Another CDC report found that the use of stronger opioid painkillers may be on the rise. The report shows that from 1999-2002 to 2011-2012, the percentage of opioid users who used an opioid stronger than morphine increased from 17 percent to 37 percent.

The numbers of people starting to use heroin have been steadily rising since 2007. According to the National Institute of Drug Abuse (NIDA), this may be due in part to a shift from abuse of prescription pain relievers to heroin as a readily available, cheaper alternative and

---

<sup>1</sup> <http://www.usatoday.com/story/news/nation/2014/05/20/seniors-addiction-prescription-drugs-painkillers/9277489/>

the misperception that highly pure heroin is safer than less pure forms because it does not need to be injected.

According to NIDA, research now suggests that abuse of opioid medications may lead to heroin use. Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin.<sup>2</sup> In addition to the direct health risk factors, heroin use can also create a higher risk for contracting HIV/AIDS and hepatitis B and C. Heroin use during pregnancy can result in neonatal abstinence syndrome (NAS). NAS occurs when heroin passes through the placenta to the fetus during pregnancy, causing the baby to become dependent along with the mother.

In response to the opioid abuse epidemic, in the Fiscal Year 2016 budget, CDC requested an increase of \$54 million to fund prescription drug overdose and heroin prevention efforts. Overall, the federal government spends over \$25 billion annually, of which about \$10 billion goes toward drug prevention and treatment program across 19 federal agencies having a hand in over 70 drug control programs.<sup>3</sup>

The costs attributed to prescription opioid abuse, such as healthcare, lost productivity, criminal justice, were close to \$56 billion in 2007. Another estimate shows employers, state and federal programs incur an estimated \$72.5 billion each year due to opioid abuse. For every dollar spent on prescriptions for abusers, it is estimated that another \$41 in related medical claims is generated.<sup>4</sup>

### The overprescribing trigger

Overprescribing of painkillers has triggered an opioid and heroin crisis. Since 1997, the number of Americans seeking treatment for addiction to painkillers has increased by 900 percent. The prevalence of opioid addiction started rising as long-term prescribing of opioids for chronic pain, a practice encouraged by opioid manufacturers, became more common.<sup>5</sup>

In 2012, health care providers wrote 259 million prescriptions for painkillers, enough for every American adult to have a bottle of pills.<sup>6</sup> Twice as many painkiller prescriptions per person are written in the U.S. as in Canada. Data suggest that where health care providers

---

<sup>2</sup> NIDA Report Series, "Heroin," NIH publication number 15-0165, 3 (November 2014, rev.). Some data have higher estimates. Data from SAMHSA shows that 81 percent of people who started using heroin from 2008 to 2010 had previously abused prescription drugs. 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](http://articles.orlandosentinel.com/2012-07-28/health/os-oxycodone-drug-shift-dilaudid-20120728_1_oxycodone-prescription-drugs-dilaudid-pills).

<sup>3</sup> 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>.

<sup>4</sup> <http://insurancefraud.org/downloads/drugDiversion.pdf>

<sup>5</sup> Science Daily, "Opioid and heroin crisis triggered by doctors overprescribing painkillers," Brandeis University, February 4, 2015.

<sup>6</sup> CDC Vital Signs, "Opioid Painkiller Prescribing," July 2014. <http://www.cdc.gov/vitalsigns/opioid-prescribing/>

practice influences how they prescribe, as healthcare providers in different parts of the U.S. do not agree on when to use prescription painkillers and how much to prescribe.

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.<sup>7</sup> 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.<sup>8</sup>

In addition to the overprescribing of prescription painkillers, public health risks have worsened by the increased prescribing of methadone for pain (as opposed to use in addiction treatment). The use of methadone as a treatment for pain has expanded in recent years. Although methadone can effectively treat pain, it carries outsized risks due to its unique pharmacologic properties, such as a long half-life, short analgesic window relative to respiratory-depressant effect, and potential for drug-drug interactions.<sup>9</sup> Methadone accounts for two percent of opioid prescriptions for pain control, but is responsible for one-third of overdose deaths, according to a 2012 CDC Vital Signs report.<sup>10</sup> Most state Medicaid programs encourage the prescribing of methadone as a first line treatment for pain, often due to its low cost, even though safer therapies are available.<sup>11</sup>

Higher prescribing of painkillers is associated with more overdose deaths, according to CDC Vital Signs, July 2014. Further, the CDC has been investigating the rise in opioid-addicted newborns and lack of timely treatment. Investigators found nearly all of the babies with confirmed cases of NAS identified in three hospitals in Florida had documented in utero opioid exposure.<sup>12</sup> Yet only 10 percent of their mothers received or were referred for drug addiction rehabilitation or counseling at the time of their infants’ birth.

### Untreated addiction

---

<sup>7</sup> 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/](http://www.astho.org/Programs/Prevention/Injury-and-Violence-Prevention/_Materials/Prescription-Drug-Overdose/).

<sup>8</sup> 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](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).

<sup>9</sup> The Pew Charitable Trust, “Prescription Drug Abuse Epidemic: Spotlight on Methadone,” August 2014.

<sup>10</sup> <http://www.cdc.gov/vitalsigns/MethadoneOverdoses/>

<sup>11</sup> The Pew Charitable Trusts’ Prescription Drug Abuse Project, Undated handout (provided to committee staff, March 20, 2015).

<sup>12</sup> Diana Phillips, CDC Investigates Rise in Opioid-Addicted Newborns, Medscape, March 9, 2015. [http://www.medscape.com/viewarticle/841081\\_print](http://www.medscape.com/viewarticle/841081_print)

More broadly, a five-year study by the Center for Addiction and Substance Abuse at Columbia University (CASA Columbia) found that only about 1 in 10 people with addiction involving alcohol or drugs other than nicotine receive any form of treatment. Of those who do receive treatment, only 10 percent receive evidence-based treatment.<sup>13</sup> This compares with 70 percent to 80 percent of people with such diseases as high blood pressure and diabetes who do receive treatment.

Not only do few addiction treatment programs offer evidence-based treatments, but many have no qualified staff. Seriously ill patients may never see an M.D. The 2012 CASA Columbia report found that most medical professionals who should be providing addiction treatment are not sufficiently trained to diagnose or treat the disease, and most of those providing addiction care are not medical professionals and are not equipped with the knowledge, skills or credentials necessary to provide the full range of effective treatments. Based on 2012 data, a University of Washington study found that 30 million Americans lived in counties without a single doctor certified to prescribe Suboxone. The majority of these counties were in rural areas. According to the DEA, out of 625,000 eligible physicians nationwide, only 25,000 are certified to prescribe buprenorphine. A mere 2.5 percent of all primary care doctors have gone through the certification process.

The CASA Columbia report concluded that “[m]isunderstandings about the nature of addiction and the best ways to address it, as well as the disconnection of addiction medicine from mainstream medical practice, have undermined effective addiction treatment.” The report raises questions about the direction and effectiveness of federal government programs aimed at improving and increasing addiction treatment.

To further understand the medications used to treat opioid addiction, here are summary descriptions:

- *Methadone* - Opioid. Habit-forming. Controlled substance. Taken at specialty clinics. Daily pill. Cost: about \$150 per month. Eliminates withdrawal symptoms and relieves drug cravings by acting on the same brain targets as other opioids like heroin, morphine, and opioid pain medications. Has been used successfully for more than 40 years to treat heroin addiction, but must be dispensed through opioid treatment programs.
- *Buprenorphine* - Opioid. Habit-forming. Controlled substance. Must be prescribed by doctor who receives a DEA waiver. Pill often taken every other day. Cost: About \$300 per month (generic).
- *Naloxone* - Rescue drug used to revive an overdose victim.
- *Buprenorphine/naloxone (Suboxone)* - Daily film placed under tongue. Habit-forming. Controlled substance. Must be prescribed. Requires DEA waiver. Cost:

---

<sup>13</sup> “Put another way, 90 percent do not receive evidence-based treatment, according to Thomas McLellan, a professor of psychiatry at the University of Pennsylvania and Executive Director of the Treatment Research Institute. Evidence-based treatment refers to decisions made based on scientific studies, and that these studies are selected and interpreted by the norms of that specific practice, typically considering quantitative studies as what counts as evidence.

About \$450 per month. Partial agonist medications which have a ceiling on how much effect they can deliver, so extra doses will not make the addict feel any different.

- *Naltrexone* - Antagonist medication that prevents opioids from activating their receptors. Used to treat overdose and addiction, although its use for addiction has been limited due to poor adherence and tolerability by patients.
- *Naltrexone shot (Vivitrol)* - Opioid blocker. Not habit-forming. Non-controlled. Must be prescribed. Does not require waiver or registration with DEA. Monthly injection. Cost: About \$1000 per month. About 40 jails out of 3,000-plus, run Vivitrol programs. Washington County, Maryland has given shots to 83 people in 3 and a half years with only two patients having used illegal drugs or alcohol while receiving the medication.

There is evidence that medication-assisted treatment (MAT) is effective in reducing overdose deaths. Between 1995 and 1999, France reduced overdose deaths by 79 percent as buprenorphine use in treatment became widely accepted.<sup>14</sup> By 2004, almost all of Australia's heroin addicts in treatment were on methadone or buprenorphine, and the country had reduced its overdose deaths.<sup>15</sup> A study showed that the publicly funded Baltimore Buprenorphine Initiative, aimed at increasing access to medical treatments, helped lead to a roughly 50 percent reduction in the city's overdose deaths between 1995 and 2009.<sup>16</sup>

Scientists have identified best practices to treat addiction -- a menu of behavioral, pharmacological and psychological treatments.<sup>17</sup> However, most treatment programs have not accepted medically assisted treatments such as Suboxone because of "myths and misinformation," according to SAMHSA's director of the pharmacological therapy division.<sup>18</sup> In fiscal year 2014, SAMHSA, which helps to fund drug treatment throughout the country, had a budget of about \$3.4 billion dedicated to a broad range of behavioral health treatment services, programs and grants. However, a SAMHSA official said he did not believe any of that money went to programs specifically aimed at treating opioid-use disorders with Suboxone and methadone. It is up to the states to use block grants as they see fit.<sup>19</sup>

### Summary of Expected Testimony

The witnesses will include:

- Fred Brason – Executive Director of Project Lazarus, a North Carolina-based group that partners with several individuals and organizations on addressing

---

<sup>14</sup> Jason Cherkis, "Dying To Be Free: There's A Treatment for Heroin Addiction That Actually Works. Why Aren't We Using It?", The Huffington Post, January 28, 2015.

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

<sup>17</sup> David Sheff, "One Thing Obamacare Can't Fix: Bad Addiction Treatment," Time, November 13, 2013.

<sup>18</sup> Cherkis, note 11.

<sup>19</sup> *Id.*

substance abuse. Gil Kerlikowske, former director of the White House Office of National Drug Control Policy, has called Project Lazarus a model for other communities. According to the Project Lazarus Web site, overdose deaths fell 69 percent in Wilkes County between 2009 and 2011 and the County had logged 28 straight months of steady declines in overdose deaths in those years. Yet, in 2011, not a single Wilkes County resident died of a prescription opioid from a prescriber within the county. In 2010, 10 percent of fatal overdoses were the result of a prescription for an opioid analgesic from a Wilkes prescriber, down from 82 percent of those with a prescription in 2008. Hospital emergency department visits for overdose and substance abuse fell 15 percent between 2009 and 2010 in Wilkes County, compared with a 6.9 percent increase in the rest of the state.

- Dr. Sarah Melton – Associate Professor of Pharmacy Practice at the Gatton College of Pharmacy at East Tennessee State University, a clinical pharmacist, and Chair of the Board of Directors of OneCare of Southwest Virginia. She is expected to testify about the efforts of her OneCare coalition of health professionals, law enforcement officers, and community leaders in fighting drug abuse in Southwest Virginia.
- Dr. Stefan Maxwell – Chief of Pediatrics and director of Neonatal Intensive Care Services at the Charleston Area Medical Center Women and Children’s Hospital in Charleston, West Virginia. He is expected to testify about the problem of drug-addicted babies, a study of umbilical cord samples showing that 19 percent tested positive for substance abuse, and an early-intervention approach aimed at preventing or reducing the severity of the problem of drug-addicted babies.
- Rachelle Gardner – Chief Operating Officer for Hope Academy in Indianapolis, Indiana. She is expected to testify about the heroin/opioid epidemic facing her community, and about Hope Academy, a charter high school for substance impacted students to work on their recovery from drug and alcohol addiction and obtain a Core 40 high school diploma allowing them to pursue secondary education instead of crime.
- Mike Griffin – an undercover narcotics detective from Tulsa, Oklahoma who is expected to testify about the nature of the drug abuse problem in the area, the business of illicit drugs, and the sourcing of the illicit drugs from cartels south of the U.S. border.
- Dr. Caleb Banta-Green – a research scientist at the University of Washington, who has advised and worked at ONDCP. Much of his work tracks trends in opioid abuse, and is working on prescribing guidelines.
- Victor Fitz – The Cass County, Michigan Prosecutor and President of the Prosecuting Attorneys Association of Michigan (PAAM), Cassopolis, Michigan.

He has over 30 years of experience prosecuting drug cases, and will also share perspectives from other prosecutors in the state of Michigan.

## **ISSUES**

The following issues may be examined at the hearing:

- What actions have been effective in reducing drug overdose deaths?
- What actions have been effective in sustaining recovery and preventing relapses?
- Is medication-assisted treatment essential to getting opiate addicts off drugs?
- How can effective treatments for opioid addiction be more widely used?
- What approaches work in reducing the risks of prescription drug abuse?

## **STAFF CONTACTS**

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