Testimony of Marcia Lee Taylor
Partnership for Drug-Free Kids
Committee on the Judiciary
Subcommittee on Crime, Terrorism, Homeland Security and Investigations
"Stop the Importation and Trafficking of Synthetic Analogues Act"
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Chairman Goodlatte, Ranking Member Jackson-Lee and Members of the Subcommittee, thank you for inviting me to testify today. My name is Marcia Lee Taylor and I am President and CEO of the Partnership for Drug-Free Kids, a 30-year old national non-profit organization dedicated to supporting families struggling with their son or daughter's substance use.

Created by the advertising industry at the height of the powder and crack cocaine epidemic, the Partnership has run the largest single-issue PSA campaign in our nation's history. And over the course of the past decade, we have developed a number of resources that go beyond the 30-second PSA for families to get their arms around the addiction issue. We empower families with information, support and guidance to get the help their loved one needs and deserves in a variety of ways:

- Through our national toll-free Helpline (1-855-DRUGFREE) and new, online live chat service, we have connected 10,000 families to bilingual master's level counselors who help them develop a plan to address their child's substance use.
- With our national network of parent coaches – with nearly 200 volunteers in 2017 – and our new "ask a coach" feature, we connect parents to others who have "been there" and can help them learn how to love their child through this health crisis and understand that "tough love" and "rock bottom" are not the only viable options.
- Through our website – drugfree.org – we provide 5 million families per year with the latest, cutting-edge scientific information distilled into actionable tips and tools to help them understand the disease of addiction, be better able to navigate the treatment system and get their child to accept help.

- Thanks to our national and local media partners, we receive approximately $100 million a year in donated time to run PSAs to let parents know that there is help for their loved one and that they can find support at the Partnership.
- And working with private sector partners like Google and Facebook, we help reach parents as they actively search for help online.
- In all of these tools, we use evidence-based concepts such as community reinforcement and family training (CRAFT) and motivational interviewing to help parents obtain the best possible outcomes for getting their child into treatment and on the path to recovery.

Among the parents we serve, the fear of fentanyl and its equally deadly analogues is palpable. Our moms and dads see the news reports about overdose deaths from adulterated heroin and now cocaine; they see stories about counterfeit Xanax pills and other medications that are, in fact, pure fentanyl. They read accounts of law enforcement officials who overdose from simply being in proximity to a seizure of drugs that contains some of these potent adulterants. And they are terrified that their child will be the next statistic.

Our Helpline staff and parent coaches can't reassure these mothers and fathers that everything will be fine – because they know that the parents' fears are not overblown. Their kids could, in fact, be the next fatality. They know that even if there is a first responder nearby to administer a dose of Narcan to reverse the overdose, it may not be enough; in many cases, people overdosing on fentanyl need multiple doses of Narcan to revive them, if they can be revived at all.

One mom from New Hampshire – who was in recovery herself from heroin – commented to me that when she was using heroin in the 1970's, overdose wasn't nearly as common. So when her son became addicted, she listened to people who told her to wait until he "hit rock bottom" and was ready for treatment. Unfortunately, her son died from a fatal fentanyl dose before the elusive "rock bottom" came to pass. She told me that she thought that she had time. But with the potency of heroin on the street today, and the proliferation of fentanyl analogues, parents simply don't

have time to wait for a child to be ready to enter treatment. They need to come up with a plan to intervene and help their child further upstream – and the Partnership has resources to help them do just that.

One positive development to come of the current crisis is that we are seeing an uptick in parents who are concerned about their son or daughter's early drug use, generally beginning with heavy marijuana use. These parents are motivated to intervene early because they are scared of the path their child might be going down. The stories about overdose deaths and the proliferation of fentanyl have jolted them into early action.

The legislation before the Committee today, H.R. 2851, the Stop the Importation and Trafficking of Synthetic Analogues Act, takes an important step of classifying 13 fentanyl analogues as controlled substances as well as creating a mechanism to make it easier to control such substances going forward.

The problem of regulating analogue substances and other uncontrolled compounds that are abused is not a new one. Prior to my work at the Partnership, I spent 11 years working on drug policy in the Senate. During that time, I worked on two pieces of legislation that are relevant to the discussion today -- The Hillory J. Farias and Samantha Reid Date-Rape Drug Prohibition Act of 2000 which moved gamma hydroxybutyrate – also known as GHB – from classification as a dietary supplement to a controlled substance, and the Anabolic Steroid Control Act of 2004, which classified a number of substances as steroids and made it easier to control future analogues.

In the GHB legislation and the bill before us today, a complicating factor was the possibility that one of the substances could have potential as a FDA-approved medication. The GHB legislation took the path of bifurcated scheduling whereby the substance was classified as a Schedule I controlled substance in its illicit form and left the door open to an FDA-approved version being a Schedule III substance, with the caveat that there had to be tight controls and restricted distribution. Xyrem, the

FDA-approved version of the drug, is available through a closed distribution network and only one pharmacy in the entire country is able to dispense it. The creation of "Schedule A" in H.R. 2851 leaves the door open for future research on fentanyl analogues while taking steps to allow law enforcement to get these substances off the street in the immediate term.

In the case of the steroid bill, we knew that there was an incentive for chemists to innovate and stay one step ahead of law enforcement by making minor alterations to illegal substances so that they evaded the reach of the law. To address that, the legislation amended the definition of "anabolic steroid" in the Controlled Substances Act to include any drug or hormonal substance chemically and pharmacologically related to testosterone so that it was easier for DEA to schedule such analogues in the future. It is critical that DEA has the ability to act swiftly to control new substances that violate the spirit of the law, particularly when they are as deadly as the fentanyl analogues available today. The creation of "Schedule A" takes steps to do just that.

I hope that the Committee is able to take action on this legislation quickly so that DEA can control these deadly analogues and fewer families will face losing a loved one to overdose.

Thank you again for inviting me here today. I am happy to answer any questions you may have.