

Chairman Hal Rogers
FY 2015 Budget Hearing: DEA and State of Research on Drug Abuse in America
DEA Administrator Michele Leonhart
NIDA Director Nora Volkow
April 2, 2014
Opening Statement As Prepared

Chairman Wolf, thank you for yielding and for holding this critically important hearing with the Drug Enforcement Administration and the National Institute of Drug Abuse. Administrator Leonhart, Dr. Volkow, thank you both for taking time this morning to discuss your respective leadership roles in our country's fight against the terrible scourge of drug abuse. While your backgrounds are certainly very different, your jobs are equally important in employing a multi-faceted anti-drug strategy at the national level that incorporates law enforcement, treatment, education and research.

Administrator Leonhart, DEA has the critical task of implementing our country's federal response to illicit drug use. Your budget request for Fiscal Year 2015 is \$2.018 billion. While the request is essentially flat from last year, I am concerned that you've proposed to absorb some \$75 million in mandatory pay and retirement increases and foreign operations expenses with unspecific, amorphous "administrative reductions." I certainly understand that we must all make difficult decisions in this tough budgetary environment, but the reality is that you've sent your budget over with a \$75 million hole that the Committee will have to fill. This is critically important as we strive to provide the men and women on the front lines with the tools, training, equipment and support necessary to carry out vital anti-drug missions domestically and abroad.

This is particularly important as we continue to fight against the abuse of prescription medications. Chairman Wolf and I have discussed with you and your agency on many occasions the truly devastating impact of prescription drug abuse in small town America. Where I live, it is hard to find someone who hasn't been left in the wake of this scourge. When OxyContin first came to the market in the late 1990s, our towns were completely overrun by pills that had been marketed to doctors as completely safe and resistant to abuse. The pills that were supposed to treat pain were creating pain in the form of addiction, abuse and, tragically, the untimely overdose deaths of far too many mothers, fathers, daughters and sons.

Unfortunately, what once was sequestered in small towns of Appalachian Kentucky and West Virginia has now been characterized by the CDC as a national epidemic. Whether it's rural Vermont, the beaches of South Florida, or the glamorous streets of Hollywood, this crisis knows no socio-economic, gender or racial bounds. It is indiscriminate in its path of destruction, and it will require a coordinated, multi-pronged approach to finally put a dent in the problem. DEA has been a valued partner in this endeavor, rooting out unscrupulous and bad-acting doctors and drug dealers while sponsoring national take-back days that provide a safe, convenient, and responsible means of disposing of unused prescription drugs. However, challenges persist, and I look forward to hearing from you today about DEA's efforts to combat the illicit diversion of prescription medications and whether you feel these efforts are making a measurable impact in reducing abuse.

In particular, despite some meaningful reforms on the regulatory front, including the up-scheduling of hydrocodone combination products for which the DEA has staunchly advocated, the FDA has recently taken a major step backwards by approving a pure, hydrocodone painkiller without any protections against abuse. The FDA's justifications for defying the recommendations of its own Advisory Panel against approving Zohydro are incredibly weak in my estimation, and I would like to hear how you anticipate Zohydro's entrance into the market will impact the law enforcement community. My region in

Southern and Eastern Kentucky is bracing for a wave of abuse and addiction, and I can only pray that the fears of so many in my community do not come to fruition once this drug becomes a household name.

The approval of Zohydro is particularly egregious because with certain regulatory changes at the federal level and a number of statutory changes at the state level, some regions have experienced some much-needed relief from the challenges associated with prescription drug abuse. In Kentucky, for example, we saw overdose deaths plateau in 2012 for the first time in a decade. The FDA risks reversing this hard-fought progress by allowing a new, crushable pill to flood into our streets.

It is important to note, however, that though we have made some meaningful progress in beating back on prescription drug abuse and misuse, we have seen deaths related to heroin increase by 450% in Kentucky. I know that you have been seeing similar trends on the national scale, and this uptick in heroin abuse is incredibly alarming. It raises important questions about the availability of treatment options for those struggling with addiction and also about the strain on our law enforcement officers who must now grapple with a different type of challenge. Operation UNITE in my congressional district has always approached this problem from the perspective of investigations, treatment and education, and so I look forward to hearing from you about how DEA is addressing these important concerns at the federal level.

On that note, I would like to thank the DEA for its strong representation at the National Rx Drug Abuse Summit which will take place in Atlanta a few short weeks. As Dr. Volkow can surely attest, this conference will bring together our country's best, brightest and most passionate policy makers, scientists, law enforcement officials, and advocates, and I am grateful that DEA and NIDA have lent their voices and expertise to the cause.

Before I conclude, I would be remiss if I did not register my strong concern that this Administration has completely abdicated one of its chief responsibilities under the Controlled Substances Act. Earlier this month, your Deputy Administrator noted that there is no sound scientific, economic or social reason to change our nation's marijuana policies. He further signaled that the Administration should send a clear message to the American people and ensure our public safety by not abandoning the science I am sure Dr. Volkow can discuss ad nauseam. And yet, we've seen the exact opposite: DOJ turning a blind eye to state laws legalizing a Schedule I drug and instructing federal prosecutors to deemphasize marijuana prosecutions. This is simply not acceptable. I am pleased that we'll have the opportunity this morning to hear from leaders in both the scientific and law enforcement communities about this wrong-headed approach to drug enforcement.

Thank you and I look forward to your testimony.

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