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ONE HUNDRED FIFTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

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November 17, 2017

Dr. Nora Volkow  
Director  
National Institute on Drug Abuse  
National Institutes of Health  
9000 Rockville Pike  
Bethesda, MD 20892

Dear Dr. Volkow:

Thank you for appearing before the Committee on Energy and Commerce on October 25, 2017, to testify at the hearing entitled "Federal Efforts to Combat the Opioid Crisis: A Status Update on CARA and Other Initiatives."

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.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on December 5, 2017. Your responses should be mailed to Zack Dareshori, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to [zack.dareshori@mail.house.gov](mailto:zack.dareshori@mail.house.gov).

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

Sincerely,



Greg Walden  
Chairman

cc: The Honorable Frank Pallone, Jr., Ranking Member

Attachment

## **Attachment — Additional Questions for the Record**

### **The Honorable Fred Upton**

1. The 21st Century Cures Act promoted the importance of advancing precision medicine. NIH Director Francis Collins previously discussed the importance of knowing what medications work for what patients, in what doses, and at what times. How can advances in precision medicine be used to assess risks associated with opioid use disorder and identify the most clinically appropriate treatments? What is the NIH doing to improve awareness of the treatment options for opioid use disorder and examining efficacy of different treatments?
2. A recent study estimated that over half of the opioid prescriptions in the United States went to individuals with depression, anxiety and other mood disorders. According to the study, “after controlling for a wide array of other demographic and clinical risk factors...having a mental health disorder [like depression or anxiety disorder] is associated with increased opioid use.” Is it common for individuals with no prior history of substance abuse or comorbid psychiatric conditions to develop opioid use disorder? What research has the NIH performed to look into the possible connection between taking prescription opioids and the co-occurrence of opioid use disorder and mental health problems like depression or anxiety disorder?

### **The Honorable Bill Johnson**

1. The NIH has launched some initiatives to improve pain management education in medical, nursing, pharmaceutical, and dental schools. Can you give an update on the efforts of the Centers of Excellence in Pain Education (CoEPEs)?
2. Alternative, non-addictive analgesics could prevent addiction before it starts. I understand that NIH is conducting research into potential opioid alternatives. Can you talk about the work being done and how it might help combat the opioid crisis?

### **The Honorable Chris Collins**

1. Despite the staggering overdose reports from my district’s coroners and the CDC, opioids are still primarily used for the treatment of pain. It is estimated that around 250 million Schedule II prescriptions are filled across the country each year. However, there are other effective options for pain management. For example, several academic peer-reviewed journals have found that states that have legalized the use of marijuana for medical purposes had significantly lower state-level opioid overdose mortality rates...and found that it was an effective form of pain management. Alternatively, anesthesia is utilized in various surgical and non-surgical procedures to improve perioperative [preoperative, intraoperative, and postoperative] pain control while minimizing systemic opioid consumption.
  - a. Under the Opioid State Targeted Response (STR) grants, are states using funds to educate physicians and providers on utilizing non-opiate treatment for pain?
2. CARA established the Pain Management Best Practices Inter-Agency Task Force to provide advice and recommendations for development of best practices for pain management and prescribing pain medication. The Task Force is also expected to develop a strategy for

disseminating such best practices to relevant federal agencies [the Department of Veterans Affairs, Department of Defense, and Department of Health and Human Services] and the general public.

- a. What is the current status of the nominations process? As this is an advisory committee, to what degree do you expect providers to adopt these practices? Please explain.
3. NIDA's Principles of Drug Addiction Treatment was created to address addiction to a wide variety of drugs, including nicotine, alcohol, and prescription drugs. It was first printed in October 1999 and revised in December 2012.
    - a. Considering that robust new research has been published since that time, does NIDA have plans to produce a fourth edition?
    - b. It has come to my attention that this document is not utilized by all healthcare providers and families with afflicted loved ones across the country. What can NIDA or Congress do to ensure that these types of resources are available to all stakeholders?

### **The Honorable Buddy Carter**

NIH is currently undertaking a public-private initiative to develop new non-opioid therapies. That initiative is designed to bring to market less-addictive options for patients.

1. Dr. Volkow, I know that NIH is currently working on a public-private initiative. What do you currently have in the pipeline as non-addictive alternatives?
2. Who are you currently working with and what's the timeline? Does there need to be a legislative fix to speed these alternatives to market?

### **The Honorable Pete Olson**

1. Of the grant funding provided for in CARA, how much funding has been allocated to state prescription drug monitoring programs (PDMPs)? Do you think states need additional federal grant funding to improve their PDMP or to fund clinical workflow integrations?

### **The Honorable Susan Brooks**

1. I have heard you say that preventing drug use before it begins is the most cost-effective way to reduce drug use and its consequences. In your opinion, what are the characteristics of successful prevention intervention programs? Besides lack of resources, what are the barriers to implementing intervention programs?
2. Please describe the NIDA-supported research that is investigating how to improve access to treatment for incarcerated individuals. How is NIDA working with state and local communities on this particular problem?

3. In your opinion, what are the most pressing gaps in data collection that must be addressed in order to stem the tide on this crisis? We hear a lot about the underreporting of overdose deaths – what are the contributing factors that lead to underreporting and inaccurate reporting and what is NIDA doing to address that?
4. Please describe any current or planned programs in which NIDA would collaborate with state governments to scale-up evidence-based research in prevention or treatment.

### **The Honorable Ben Ray Lujan**

In 2015, 33,000 Americans died from opioids. According to the CDC, almost half of those deaths were from prescription opioids. The New York Times reports that in 2016, overdoses from all drugs was the leading cause of death of people under the age of 50. Drug overdoses now kill more Americans each year than at the height of the HIV epidemic and the worst year for auto accident deaths. The Times and drug use experts attribute the sharp rise in all drug overdose deaths to the rise of opioids. What we need to fight this epidemic is continued and reliable long-term investments in prevention, treatment, recovery, and monitoring.

The President's budget proposal for fiscal year 2018, coupled with other administration initiatives, takes several steps back in the fight against opioid addiction, including a cut in funds for SAMHSA. Overall, the President's proposed budget cuts HHS by 16.2 percent, the CDC by 17 percent and NIH by 19 percent. It cuts funding for addiction research, treatment and prevention. Even the White House Office on National Drug Control Policy would take a 95 percent hit.

1. Director Volkow, do you have all of the tools you need to stop the opioid epidemic?
2. Given the 19 percent cuts to NIH in the President's budget proposal, what programs relating to the opioid epidemic will be cut? Which programs would have been expanded that will now not be?

### **The Honorable Frank Pallone, Jr.**

1. Dr. Volkow and Dr. McCance-Katz I would like to ask you a few questions related to treatment approaches for opioid use disorder. I have been particularly struck by stories of individuals with opioid use disorder and families who have been targeted and referred to low quality and non-evidence-based treatment services. As I'm sure you're aware, in many cases, this has led to tragic consequences upon leaving such programs.
  - a. Dr. Volkow and Dr. McCance-Katz – I understand that the evidence is clear that medication-assisted treatment is the gold standard of opioid use disorder treatment. What are some of the barriers of widespread uptake for this treatment approach?
  - b. What is the difference between this and other chronic conditions as far as uptake of evidence-based medical care? And could you dispel some of the stigma that exists about the use of medications to treat this chronic condition that doesn't exist for the use of medications to treat like diabetes or heart disease?

- c. What are you doing to increase awareness among the general public and the medical community about these evidence-based approaches to opioid use disorder?
2. According to SAMHSA's annual survey on drug use and health, in 2016, there were approximately 21 million Americans aged 12 years or older that need substance abuse treatment, however, only around 11 percent or 2.2 million of these individuals received treatment.
  - a. What are some of the barriers that exists for individuals receiving treatment for their opioid use disorder?
  - b. I understand that approximately 96% of those who need substance abuse treatment do not believe they need treatment. How can we further increase the likelihood that those with substance abuse disorders understand the need for and their ability to acquire substance abuse treatment?
3. Much of the discussion last year in the lead up to the passage of CARA focused on the overprescribing of prescription drugs. As the epidemic has continued to evolve, we understand that heroin and synthetic opioids like carfentinil are playing an increasing role in overdose deaths across the country. I'm interested in learning more about how this evolution in the epidemic is changing our response.
  - a. How is the increased use of heroin and increase in synthetics, such as carfentinil affecting our response?
  - b. How has this change affected our response?
  - c. Are there specific approaches that we should be considering to combat this change in the epidemic?