

**House Judiciary Committee**  
**“Challenges and Solutions in the Opioid Abuse Crisis”**  
**Tuesday May 8, 2018**  
**Rayburn House Office Building, Washington, D.C.**

Purpose: Today’s hearing examines what is working, and what needs to be looked at again, in the context of the opioid crisis. The committee will learn about best practices in international and domestic enforcement and promising solutions in treatment and prevention. The committee will also hear about the devastation ravished by this epidemic from a first-hand perspective.

Members Present: Chairman Goodlatte, Ranking Member Nadler, and Representatives: Sensenbrenner, Lofgren, Marino, Cohen, DeSantis, Jackson-Lee, Gohmert, Johnson (GA), Buck, Richmond, Handel, Swalwell, Rothfus, Lieu, Biggs, Raskin, Johnson (LA), Bass, King, Deutch, Gaetz, Jayapal, Cicilline, and Demings

Witnesses:

**Robert W. Patterson**, Acting Administrator, Drug Enforcement Administration

**Dr. Timothy Westlake**, M.D., Hartland, Wisconsin

**Mr. Spencer Morgan III**, Commonwealth’s Attorney, Accomack County, Virginia

**Kristen Holman**, Lynchburg, Virginia

**Dr. Josiah Rich**, M.D., Providence, Rhode Island

Opening Statements:

“America is in the middle of an epidemic it has never seen before,” opened **Chairman Goodlatte**. The opioids epidemic knows no bounds, Chairman Goodlatte stated; effects are felt in every congressional district. Drug traffickers are exploiting personal misery. The opioid epidemic is a convergence of the abuses of opioids, heroin, and synthetic drugs, i.e. fentanyl. Pure fentanyl analogs in the illicit drug supply are resulting in overdose deaths and injuries to first responders. Chairman Goodlatte highlights, analog drugs can be deadly in quantities as little as 2 milligrams. As a result, police and first responders are unknowingly inhaling airborne fentanyl, or coming into dermal contact. The sharpest increase in overdose deaths occurred in synthetic opioids, causing over 20,000 overdose deaths in 2016. The use of prescription opioids continues to be an issue, in 2018, more than 2 million Americans will suffer from addiction to prescription or illicit opioids. Chairman Goodlatte concluded, “we must redouble our efforts to turn the tide in this crisis. We know now more than ever, that a crisis like this requires dynamic and outside of the box solutions.

**Ranking Member Nadler** said today’s hearing is an opportunity to explore the ways in which we can address the crisis of opioid abuse in the country. It is critical to identify what works and what doesn’t work, “so that we do not repeat mistakes of the past,” Ranking Member Nadler stated. Drug overdoses are the leading cause of accidental death in the United States; opioids

cause approximately two-thirds of all overdoses. Although opioids are effective for the treatment of pain, “prescription opioids are highly addictive and nearly half of all U.S. opioid deaths involve a prescription opioid.” Ranking Member Nadler expressed his support for strategies that focus on preventing and treating abuse; this approach was not taken up with crack-cocaine, Ranking Member Nadler explained. “The approach of treating crack-cocaine as a law enforcement issue is wrong, and continues to be wrong,” said Ranking Member Nadler. Ranking Member Nadler concluded, Congress should not “make that same mistake with any of the drugs classified as opioids,” instead he proposed, “We must reverse and rectify the mistakes we have made in other drugs...through an increased emphasis on prevention and treatment and changing unjust sentencing laws.”

### Testimony:

#### Panel I:

**Robert Patterson**, it is estimated that more than three million Americans misuse opioids. The change in prescribing practices has helped create “a generation of opioid abusers,” Mr. Patterson testified. Addressing the crisis requires a multitier approach, Mr. Patterson proposed, “enforcement, education, and treatment.” We are constantly evaluating ways to ensure that “our more than 1.7 million registrants comply with the law.” Mr. Patterson continues his testimony, highlighting diversion tactics the DEA has implemented. Due to the complex nature of the epidemic, Mr. Patterson testifies a need for data sharing and deconfliction, “we are fully committed to doing this better across the board,” Mr. Patterson states. A vital piece of the puzzle will be finding paths forward for States to share their PDMP data. The DEA has moved aggressively to place temporary schedule I controls on new and emerging synthetic drugs, including 17 fentanyl analogs.

#### Panel 2:

**Dr. Westlake** is the physician architect for the State’s opioid reform strategy. It is incontrovertible, the increase of opioid prescriptions has fueled the opioid epidemic, Dr. Westlake stated. More judicious prescribing practices are needed; Wisconsin has implemented this through education and partnerships with the medical community. Congress can continue to be helpful through law enforcement and providing flexible funding to states for the investment in communities where dollars are most needed. Fentanyl and fentanyl related substances are so deadly, they may be used as “chemical weapons of mass destruction.” Most illicit opioid users are unaware of what they are using, Dr. Westlake explains, counterfeit pills are often more toxic than how they are advertised to users. Dr. Westlake explained SOFA’s implementation in Wisconsin, including the subsequent effects; he asked that the committee consider supporting the law on a national level.

**Mr. Morgan** stated, “There has never been a more dangerous time to purchase illicit drugs”. During his testimony, Mr. Morgan explains how buprenorphine has experienced widespread abuse in Accomack. The prescription has become a type of “currency amongst addicts,” used in the trade for more powerful drugs and maintaining their addiction, Mr. Morgan explained. In fear of officer safety, due to the high toxicity of these substances, Accomack County has stopped field-testing substances. Mr. Morgan concluded his testimony, highlighting to the Committee

that the County is experiencing positive outcomes from the programs that they have implemented, viewing SUD as a public health threat.

**Ms. Holman** shared her brother Garret's struggle with addiction. Ms. Holman testified, "I watched my brother change from an amazing heartfelt, selfless person, to someone I did not recognize. There was a darkness in his eyes and an overall loss of life and love." Holman goes on to explain to the Committee how her brother's addiction affected her entire family; she explained "the inability to help him made us feel like we were not doing enough." Addiction is a subject many people feel ashamed of; this shame resulted in self-suffering and little support. February 9, 2017, Garret Holman overdosed, a result of synthetic opioids delivered in the mail to him from China. Millions of families are dealing with this same issue; stigma and shame negatively affected the ability of those who need help to access it.

**Dr. Rich** opioid addiction is highly stigmatized, characterized by ongoing use despite negative consequences. Two physiological properties, tolerance and withdrawal, distinguish the difference of opiates from other addictive substances. Dr. Rich states, the punitive approach we have historically taken has failed. Today there are three medically assisted treatment (MAT) options available for opioid treatment. For those unwilling or unable to get into MAT, "we need to outreach to them, engage them, and give them the educational tools they need." He continues, stating, "We need a strong and sustained public health approach."

#### Question and Answer:

Panel 1:

**Chairman Goodlatte** stated, earlier this year Mr. Patterson, you testified about some of the DEA's historical failures to identify and stop "pill-mills", what did the DEA learn from these failures and what are you doing differently today as a result? **Mr. Patterson**, in 2006, when many of these mills began, we did not do a good job with the data we had. The difference we see now is that we understand, more than ever, how to use the various data sets that we have, explained Mr. Patterson.

**Chairman Goodlatte** later asked Mr. Patterson to comment on the administration's enforcement activities and its effectiveness. The key piece to our ability to implement enforcement actions and hold distributors accountable, "comes from use being able to find out where those pills ultimately end up on the streets," **Mr. Patterson** summarized. PDMP data sets has been crucial in obtaining this information.

**Representative Nadler**, has the emergency scheduling action by the department facilitated the prosecution of individuals with suspected analogs of a controlled substance? **Mr. Patterson**, "specific to fentanyl, yes. The key for this and this is where the struggle sits, Patterson stated; "this is an aggressive use of scheduling on the fentanyl class." Since the February scheduling, I am unaware of anyone asking to do research in the existing class of fentanyl that we see. "They key to this is the ability to charge criminal organizations that are importing fentanyl as a substance."

**Representative Nadler** continued, “Should drug manufacturers have more of a role in ensuring compliance with the Controlled Substance Act?” **Mr. Patterson**, “absolutely...they are aware of the problems, they have been aware of the problems.” Part of the frustration, said Mr. Patterson, is that civil fines have little impact on major businesses.

**Representative Sensenbrenner**, I have a bill in to schedule fentanyl analogs, does the DEA support this legislation? **Mr. Patterson**, “we have emergency scheduled the entire class of fentanyl analogs and we need a legislative fix to have it remain schedule I.” How long does the emergency schedule last? “It began in February and it will go for two years and may be extended for one extra year.” I hope that we can get this bill passed this year; I believe there is an urgency, rather than having to start over after the elections with a new Congress, **Representative Sensenbrenner** concluded.

**Representative Lofgren**, from my understanding of your written testimony, one of the most effective things we can do is to focus on why people are using an excess of prescriptions. “What are we doing about companies that are improperly distributing opioids to make money?” Companies are not going to change their behavior, **Mr. Patterson** responded.

The root of the problem is that “you have incorporated companies profiting out of starting this addiction, what is our strategy to go after that?” **Representative Lofgren asked**. Before Mr. Patterson was able to conclude his answer, **Representative Lofgren** interjected, noting the time. **Representative Lofgren** attested, “I am for educating people, I am for buybacks, but to allow certain companies to profiteer by addicting large swaths of the country, and our action is “we are going to work with them,” I think that’s insufficient. I don’t blame you, you are administrating the law, but we need a very different strategy than we appear to have now.”

**Representative Cohen**, it is important the DEA administrator stay current with what the “people have shown by their actions and statements what they believe to be the right priorities for DEA...” because of DEA inaction, marijuana is still a schedule I drug. Do you believe that marijuana should be classified the same as LSD, ecstasy, heroin, and acid?

**Mr. Patterson** responded, “The reason it remains a schedule I is because of the science.” **Representative Cohen**, “Before we talk about the science, and I am happy to hear you believe in science, that’s refreshing.” **Representative Cohen** rephrases his question, asking Mr. Patterson, “what do you think, do you think marijuana should be schedule I, based on your knowledge of the harm marijuana causes, as distinguished from the harm heroin causes the public and society?”

In my honest opinion, **Mr. Patterson** offered, “I fear, that we are going down a bad path with marijuana...all of the driving conversations generally around revenue, that’s unfortunate to me.” **Mr. Patterson** goes on to explain, that 10 years ago there could have been a debate about what is worse, however, Patterson highlights, “I am not going to debate what is worse, heroin or marijuana, they are two completely different things.” **Representative Cohen** responded, I think most adults do not think of it as dollars and cents, but instead as a freedom issue; taking someone’s liberty from them...for a plant that doesn’t cause people to die.” There is an

opportunity cost, when you spend time dealing with marijuana, all you are doing is taking time away from drugs that kill people.

**Representative Johnson** (GA), of the 64,000 drug overdose deaths in 2016, what percent was attributable to non-prescription opioids. **Mr. Patterson**, “fentanyl alone makes up about 20,000, overall opioids combined caused 44,000 of the deaths.”

**Representative Johnson**, “of the 64,000 how many of the deaths came as a result of overdosing on marijuana?” “I do not recall seeing that on the chart,” **Mr. Patterson** answered. Therefore, in other words, there is no information on deaths as a result of marijuana use, **Representative Johnson** concludes. In response, **Mr. Patterson** stated that he is “aware of a few deaths from marijuana.” **Representative Johnson**, “you are aware of a few deaths from overdosing on marijuana?” “I do not recall if it was overdosing, but deaths attributable to the use of marijuana,” **Mr. Patterson** testified. **Representative Johnson** yielded the balance of his time to **Representative Cohen**.

**Representative Buck** highlights his concern of sanctuary city policies and the contribution it is had on the opioid epidemic during his opening remarks. Typically the individuals that are transporting heroin are illegal immigrants, “they are illegally in this country, is that fair to say?” **Mr. Patterson**, agreed with the representative’s statement.

**Representative Rothfus** asks the witness potential solutions to combating pill presses. In response, **Mr. Patterson** conditions, the production of counterfeit pills is a problem we are going to struggle with for a long time, pill presses are certainly a part of that equation. **Representative Rothfus** and **Mr. Patterson** agree that there is room for additional legislation. More than 90% of DEA seizures of heroin come from Mexico, **Mr. Patterson** attested.

**Representative Gaetz**, asked Mr. Patterson to discuss if marijuana could be an acceptable alternative to opioids. In his response, **Mr. Patterson** states that he did not know of any studies being conducted and could not attest to the success of the alternative treatment. **Representative Gaetz**, later asks Mr. Patterson if the DEA has looked at opioid death rates in states who have democratized cannabis to those states that have not, **Mr. Patterson** responds that the agency has not. **Representative Gaetz** concluded his discussion, specifically thanking **Chairman Goodlatte** for his support as a co-sponsor on the medical cannabis research act.

#### Panel 2:

**Representative Marino** believes that the opioid epidemic is “so much worse than the crack cocaine epidemic.” He explained that he would like to see mandatory inpatient treatment, “we need a central system where someone can call and ask for help.” In this scenario, the person sent to inpatient care would not be allowed to leave, “it would be a lockdown situation,” **Representative Marino** explains; in addition to the mental health needs, “we need to start working on the family as a whole, educating these people.” **Representative Marino** asks the panelists to weigh in on his proposal.

**Dr. Rich**, I agree that there is a need for health, mental health treatment, and addressing the family. **Dr. Rich** goes on to disagree with **Representative Marino**’s statement that “there is

inpatient treatment all over the country.” Across the country, inpatient treatment is based on a fragmented system and faulty thinking. Instead, what we need to do is “offer clinically effective treatment,” Dr. Rich proposed.

**Representative Cicilline** asked **Dr. Rich** what congress could do to support the availability of MAT and if there are other regulations they should consider, specifically regulation of prescriber activity and communication between pharmacies? Additionally, **Dr. Rich** testified to the personal success he has had with incarcerated patients. Clinically driven treatment options, i.e. MAT, and quality measures need to be implemented. **Dr. Rich** stated detox facilities set people up for overdose.

**Chairman Goodlatte** concluded the discussion with the second Panel. During his discussion he asked witnesses about toxicology reports with multiple substances identified and how it impedes the understanding of lethal doses; additionally, **Chairman Goodlatte** referred to CARA and if clinicians are able to look to the legislation as a base understanding for quality of care. He directed his final comments to **Ms. Holman**, encouraging her to continue the work she is doing with her family and that her testimony was going to help other families.