

**Senate Committee on the Judiciary**

**Tackling the Opioid Crisis: A Whole-Government Approach**

December 17, 2019

10:00 am, 226 Dirksen Senate Office Building

Purpose

*The purpose of this hearing is to examine responses by US authorities to the opioid epidemic and discuss ways to coordinate department action in order tackle the opioid crisis with a whole-government approach.*

Members Present

Chairman Ernst, Ranking Member Feinstein, Senator Durbin, Grassley, Blackburn, Whitehouse, Cornyn, Coons, Hawley, Hirono, Kennedy, Blumenthal, Tillis, Leahy

Witnesses

Panel I

**Mr. Kemp Chester**, Assistant Director of the National Opioids and Synthetics Coordination Group, Office of National Drug Control Policy., Washington, DC

**Ms. Amanda Liskamm**, Director of Opioid Enforcement and Prevention Efforts, Office of the Deputy Attorney General, U.S. Department of Justice., Washington, DC

**Mr. William T. McDermott**, Assistant Administrator, Diversion Control Division, Drug Enforcement Administration ., Arlington, VA

**Dr. Neeraj Gandotra, MD.**, Chief Medical Officer, Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services, Rockville, MD

Panel II

**Dr. Bradley D. Stein M.D., Ph.D.** Senior Physician Policy Researcher, RAND Corporation, Pittsburgh, PA

**Mr. Patrick M. Kelly**, Executive Vice President, Government Affairs, Healthcare Distribution Alliance, Arlington, VA

**Dr. Ronnab Hauser, Ph.D.**, Vice President, Policy and Regulatory Affairs, National Community Pharmacists Association, Alexandria, VA

**Ms. Sue Thau**, Public Policy Consultant, Community Anti-Drug Coalitions of America, Alexandria, VA

Opening Statements

**Chairman Ernst** said that since 1999 more than 700,000 people have died as a result of opioid overdoses in the United States. A majority of these overdoses are caused by prescription pharmaceuticals like fentanyl. The opioid crisis is not over and every community continues to grapple with challenges surrounding substance abuse. In recent years, Congress has passed crucial bipartisan legislation in order to reverse the effects of the opioid crisis and empower patients to seek the help they need. However, Congress must not become stagnant. It is crucial to continue to work in a bipartisan manner in order to protect the lives of millions of Americans. Today, this committee will examine how to take a whole government approach to tackling to opioid crisis. It is important to remember

that this is not the first or last time that Americans will suffer from substance use disorder (SUD).

**Ranking Member Feinstein** said the economic costs associated with the opioid epidemic is unbelievable. One of the largest reasons the crisis has continued to grow, is a lack of education for providers. At a time where providers and manufacturers should have been more cautious with their prescribing patterns, they were instead making opioids easily available. Furthermore, the lack of oversight from federal, state and local governments enabled providers to continue this dangerous practice. Furthermore, the Trump administration declared the opioid epidemic a public health emergency. However they have used very few of the authorities to crack down on the opioid epidemic, thus limiting its scope. Any solution must use a whole government approach which utilizes all potential resources to address the crisis. This can be a bipartisan effort.

**Sen. Durbin** said there is no town too small or suburb too wealthy to escape this drug epidemic. However, this is not the first drug epidemic in American history. Congress cannot keep making the same mistake and attempt to incarcerate our way out of the problem. This epidemic should not be treated in the same way that the crack epidemic was. The over criminalization of drug use is not the answer.

#### Testimony

**Mr. Chester** said that there is tremendous diversity on the opioid market. The market is inherently complicated due to the various forms it takes and means of obtaining it. The federal government has made important strides in recent years by synchronizing many state and local agencies in order to streamline information. It is important to remember that any initiative will be judged on how many lives it saves. However, it is also crucial to seize these drugs whenever possible, and this will require a joint effort with the DEA. The federal government must work as a whole to address and end this crisis. This is a critical public health and national security challenge.

**Ms. Liskamm** said that dark net websites enable sellers to distribute illegal products all across the world with very little trace. For this reason it is crucial to monitor the dark web and take down individuals selling illegal products into the US market. In recent years, the Department of Opioid Enforcement and Prevention Efforts has taken down several dark net traffickers and linked them to dangerous cartels around the world. The Department has also successfully prosecuted a number of individuals in the United States who are responsible for the wide spread distribution of Fentanyl. The department is aware that prosecuting alone will not solve this issue. However, appropriate legal action has a crucial role in truly addressing the opioid crisis. Fentanyl must be permanently categorized appropriately to empower prosecutors to exert the full power of the law.

**Mr. McDermott** said that Mexican drug cartels have taken advantage of the opioid epidemic and have seized crucial market share. Many of the products they create mimic safe pharmaceutical products which may be misleading to consumers. Furthermore, a small number of providers have disproportionately affected the supply of opioids in the

United States by over prescribing. The DEA remains committed to identifying predatory practices by providers who overprescribe opioids and put consumers at risk. The DEA also recognizes that opioids serve a crucial role in appropriate medical treatment, and providers should not feel criminalized for simply doing their job.

**Dr. Gandotra** said that SAMHSAs number one priority is prevention and treatment of the opioid crisis. SAMHSA promotes evidence based harm reduction practices such as clean needle exchanges and abundant naloxone distribution. Furthermore, the utilization of peer supports is a crucial piece of recovery. SAMHSA believes that the expansion of comprehensive systems of care will help to make continual progress in combatting the opioid crisis. Furthermore, Native American communities have some of the highest rates of opioid abuse and SAMHSA remains committed to addressing this disparity.

### Questions and Answers

**Chairman Ernst** asked what key challenges exist in addressing SUD in rural communities.

**Dr. Gandotra** said treatment capacity is the biggest challenge. There are often enough providers, but the providers simply are not in the right location. Telehealth may be a key solution to this issue. **Chairman Ernst** asked what SAMHSAs long term strategy is to address SUD in rural communities. **Dr. Gandotra** said block grant funding can be used to treat any SUD. The funds granted by Congress will be very helpful. **Chairman Ernst** asked how the DEA can work to increase participation in drug take back programs. **Mr. McDermott** said when the DEA participates in the take back, it is very successful. Furthermore, the DEA needs to do a better job of getting the message out in tribal areas and other marginalized communities.

**Ranking Member Feinstein** asked what population is using fentanyl. **Mr. Chester** said there is no one population. One of the defining characteristics of the opioid crisis is the fact that it has no population boundary. **Ranking Member Feinstein** asked if any of the panelists opposed to making fentanyl a schedule 1 drug. **All panelists** supported making fentanyl a schedule 1 drug. **Ranking Member Feinstein** asked if there is any commonality among opioid drug users. **Mr. Chester** said the only commonality is the availability of the drug.

**Sen. Grassley** asked how the DEA is prioritizing suggestions made by the inspector general. **Mr. McDermott** said that the DEA is in the process of implementing the inspector general's recommendations. **Sen. Grassley** asked for examples of how the federal government has successfully responded to the opioid crisis. **Ms. Liskamm** said the DEA has implemented a number of components in the Support Act which have been invaluable to the department. **Sen. Grassley** asked how the US is combatting Chinese fentanyl from entering the US market. **Mr. Chester** said the administration has been tough on China and has made it clear that they will not tolerate China introducing fentanyl into the market.

**Sen. Durbin** asked how to get the DEA to acknowledge that the amount of Opioid prescriptions is far more than could be used for legitimate medical purposes. **Mr.**

**McDermott** said the DEA realizes they could have handled the opioid epidemic differently. It is the DEAs priority to change the scope of oversight. **Sen. Durbin** asked if there is an antidote to fentanyl. **Dr. Gandotra** said naloxone can reverse opioid overdoses.

**Sen. Blackburn** asked how panelists are helping to provide resources to law enforcement. **Mr. Chester** said funding goes to state and local law enforcement in order to attack a particular drug threat in a certain area. **Mr. Liskamm** said the DOJ combines resources with local and state law enforcement, especially in the Appalachian region. **Sen. Blackburn** asked what SAMHSA is doing to promote treatment for individuals with SUD. **Dr. Gandotra** said SAMHSA is promoting evidence based practices. SAMHSA is also focusing on educating providers and others in the healthcare setting on appropriate prescribing practices.

**Sen. Whitehouse** asked why the prosecution of Perdue pharma turned into a misdemeanor settlement. **Ms. Liskamm** said that she will have to submit a written answer after she speaks with her department.

**Sen. Cornyn** asked if opioids is an umbrella term. **Dr. Gandotra** said yes. **Sen. Cornyn** asked if when individuals do not have access to prescription drugs, they will turn to illicit drugs. **Dr. Gandotra** said that a subset of the population will, but not everyone. **Sen. Cornyn** asked if naloxone is a cure for SUD. **Dr. Gandotra** said no, but it is an evidence based practice. **Sen. Cornyn** asked what the best treatment is. **Dr. Gandotra** said Medication Assisted Treatment is the gold standard.

**Sen. Coons** asked if the DEA has the ability to track shipments of opioids in real time. **Mr. McDermott** said yes. **Sen. Coons** asked what aspects of the opioid crisis would benefit the most from additional resources. **Dr. Gandotra** said all aspects need additional resources. Specifically, prevention, treatment, and recovery services. All investments must be evidence based.

**Sen. Hawley** asked if it is possible that individual executives of manufacturers may be charged with crimes. **Ms. Liskamm** said the department will go wherever the evidence leads. But yes, it is possible. **Sen. Hawley** asked how the DEA is enforcing drug smuggling across the border. **Mr. McDermott** said the DEA is working with CBP to address this problem. Furthermore, the DEA is adding extra faculty to address the issue. **Sen. Haley** asked how to stop the flow of drugs across the border. **Ms. Liskamm** said fentanyl analogs should be permanently made schedule 1 drugs.

**Sen. Hirono** asked what additional resources are needed to address SUD as a whole. **Mr. Chester** said the Office of National Drug Control Policy has learned hard lessons from the opioid crisis that it can apply to other SUD epidemics. **Ms. Liskamm** said additional grants would be very helpful. Furthermore, Mexican cartels have to be brought to justice. **Sen. Hirono** asked how most of the meth in Hawaii is transported. **Ms. Liskamm** said it is through mail and personal transportation.

**Sen. Kennedy** asked if 8 billion prescriptions of opioids is too high. **Mr. McDermott** said no, because it depends on the medical use of these pills. **Sen. Kennedy** asked if the DEA gets information on what pharmacists are distributing. **Ms. McDermott** said no. The DEA gets manufacturer distribution information.

**Sen. Blumenthal** asked if the corruption in Mexico and Guatemala has diminished. **Ms. Liskamm** said that she has not personally seen a diminishment. **Sen. Blumenthal** asked how most of these cartels bring their product into the US. **Ms. Liskamm** said they use tunnels, personal vehicles, fishing boats and other methods.

**Sen. Tillis** asked how the DEA is working to emphasize the use of less addictive drugs. **Mr. McDermott** said that the DEA is working across agencies to enlist a whole of government approach. **Sen. Tillis** asked if it is true that one of the leading causes of suicide is chronic pain. **Dr. Gandotra** said yes.

**Sen. Leahy** asked how to reach individuals in rural areas. **Dr. Gandotra** said the expansion of rural treatment centers would be crucial. Furthermore, telehealth services should also be expanded. **Sen. Leahy** asked if the targeted sanctions toward china are reducing direct shipments of fentanyl into the US. **Mr. Chester** said yes.

#### Panel II-Testimony (held to one minute)

**Dr. Stein** said that many of the effects of SUD go beyond the individual who abuses substances. Children and family members are often affected in ways that we do not discuss. Furthermore, there needs to be a focus on decreasing opioids but also provide better access to pain management and treatment.

**Mr. Kelly** said that pharmaceutical distributors work to create the safest and most secure pipeline in the world. Distributors are not at fault for the opioid epidemic.

**Dr. Hauser** said that a continued dialogue with stake holders in the supply chain is crucial. Additionally data sharing capabilities need to be greater, and present a large opportunity to tackle the opioid crisis as a whole. Finally, Medication assisted treatment needs to be prioritized.

**Ms. Thau** said more emphasis needs to be focused on prevention. This is the most cost effective way to address the epidemic. Furthermore, these prevention methods must be evidence based.

#### Panel II- Questions and Answers

**Sen. Durbin** asked if there is any corporate responsibility to report information to law enforcement. **Mr. Kelly** said yes. **Dr. Hauser** said yes, they report to the proper authorities.

**Chairman Ernst** asked what immediate policy options should be considered to provide an alternative to pain management. **Dr. Stein** said there needs to be heavy investment into

evidence based practices. Furthermore, insurance companies need to cover a wide range of pain management services such as physical therapy. **Chairman Ernst** asked how congress can best support community health. **Ms. Thau** said more coordination and funding is necessary.