EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

"Examining the Federal Government's Response to the Prescription Drug Abuse Crisis"

Committee on Energy and Commerce
Subcommittee on Health
United States House of Representatives

Friday, June 14, 2013
9:30 a.m.
2123 Rayburn House Office Building

Written Statement
of
R. Gil Kerlikowske
Director of National Drug Control Policy

Chairman Pitts, Ranking Member Pallone, and distinguished members of the Subcommittee, thank you for this opportunity to address prescription drug abuse in our country. The Office of National Drug Control Policy (ONDCP) was established by Congress with the principal purpose of reducing illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences. As a component of the Executive Office of the President, our office establishes policies, priorities, and objectives for the Nation's drug policies. We also evaluate, coordinate, and oversee the international and domestic anti-drug efforts of Executive Branch agencies and ensure such efforts sustain and complement state and local drug policy activities.

As Director of National Drug Control Policy and chief advisor to the President on drug policy matters, I am charged with producing the *National Drug Control Strategy*, the Administration's primary blueprint for drug policy, along with a national drug control budget and guidelines for cooperation among Federal, state, local, and tribal entities. My position allows me to raise public awareness and to take action on drug issues affecting our Nation. The Obama Administration recognizes that addiction is a disease, and that we need an evidence-based public health and safety approach to reduce drug use and its consequences.

The Administration's 2013 *National Drug Control Strategy* represents a 21st century approach to drug policy. This science-based plan, guided by the latest research on substance use and substance use disorders, contains more than 100 specific actions to support our work to protect public health and safety in America. The *Strategy* contains a specific policy focus area devoted to preventing prescription drug abuse, which has been a signature initiative of my tenure as Director of National Drug Control Policy.

The considerable public health and safety consequences of prescription drug abuse underscore the need for action, which is why the Administration released its comprehensive *Prescription Drug Abuse Prevention Plan (Plan)* in 2011. The *Plan*, a companion to the *National Drug Control Strategy*, brings together a wide range of stakeholders to reduce diversion and abuse of prescription drugs while also ensuring legitimate access. The *Plan* focuses on four major pillars, each designed to intervene at a critical juncture in the process of diversion and abuse: education for prescribers, patients, and parents; prescription drug monitoring programs; proper medication disposal; and effective enforcement.

There are signs that the national effort to reduce and prevent prescription drug abuse is working. The latest survey data show the number of people 12 and older currently abusing prescription drugs has decreased significantly from 7.0 million in 2010 to 6.1 million in 2011, a 12 percent decrease.[1] We also know that past month non-medical use of prescription drugs among young adults ages 18 to 25 was significantly lower in 2011 (5.0 percent) compared to just one year

[1] Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings.* U.S. Department of Health and Human Services. [September 2012]. Available: http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#Fig2-2

earlier (5.9 percent), a trend that is also true for the abuse of pain relievers among this age group.[2] However, while these trends are promising, we know there is much more to do.

The Epidemic of Prescription Drug Abuse

The misuse and abuse of prescription medications have taken a devastating toll on the public health and safety of our Nation. Increases in substance abuse treatment admissions, emergency department visits, and, most disturbingly, overdose deaths attributable to prescription drug abuse place enormous burdens upon communities across the country.[3,4,5] So pronounced are these consequences that the Centers for Disease Control and Prevention (CDC) has characterized prescription drug overdose as a public health epidemic,[6] a label that further underscores the need for urgent policy, program, and community-led responses.

The numbers paint a grave picture. In 2010 alone, more than 38,000 Americans died from drug overdose. Drug overdose deaths have become the leading cause of death due to injury in the United States, with drug overdose deaths outnumbering both motor vehicle (35,000) and firearm (31,000) deaths in the United States in 2010.[7] This means that on average more than 100 Americans die from drug overdoses every day in this country.

Just over 22,000 of these overdose deaths were attributable to prescription medications, and most of those deaths – almost 17,000 [16,651] – were attributable to prescription opioids – nearly four times the number just a decade earlier. Opioid pain relievers are now involved in far more overdose deaths than heroin and cocaine combined.[8]

The abuse of prescription opiates also is associated with increased morbidity. In 2011 alone, 1.2 million emergency department visits involved the non-medical use of prescription drugs—more than double the estimate from 7 years earlier and about equaling the number of visits involving all other illicit drugs combined (1.2 million vs. 1.3 million).[9] Data also show a nearly six-fold

---

[2] Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings.* U.S. Department of Health and Human Services. [September 2012]. Available: http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#Fig2-8

[3] Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set (TEDS) 1999-2009, National Admissions to Substance Abuse Treatment Services. U.S. Department of Health and Human Services. [2011]. Available: www.samhsa.gov/data/2k12/TEDS2010N/TEDS2010NWeb.pdf

[4] Substance Abuse and Mental Health Services Administration. Highlights of the 2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. U.S. Department of Health and Human Services. [July 2012]. Available: http://www.samhsa.gov/data/2k13/DAWN2k11ED/DAWN2k11ED.htm

[5] CDC, National Center for Health Statistics. Underlying Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted October, 2012.

[6] CDC grand rounds: prescription drug overdoses - a U.S. epidemic.
Centers for Disease Control and Prevention (CDC).
MMWR Morb Mortal Wkly Rep. 2012 Jan 13;61(1):10-3.PMID: 22237030 [PubMed - indexed for MEDLINE]

[7] Warner M, et al. State Variation in Certifying Manner of Death and Drugs Involved in Drug Intoxication Deaths. Acad Forensic Pathol 2013 3 (2): 231-237.

[8] Jones CM et al. Pharmaceutical Overdose Deaths, United States, 2010. JAMA 2013;309(7):657-659.

[9] Substance Abuse and Mental Health Services Administration. Highlights of the 2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. U.S. Department of Health and Human Services. [July 2012]. Available: http://www.samhsa.gov/data/2k12/DAWN096/SR096EDHighlights2010.pdf

increase in addiction treatment admissions for individuals primarily abusing prescription pain relievers from 2000 to 2010.[10]

The ease of access to prescription drugs, combined with a low perception of risk, make reducing prescription drug abuse especially difficult, particularly among youth. We all recognize that these drugs can be just as dangerous and deadly as illicit substances when misused or abused.

The Federal Response

Two years ago, with input from our partners in the Federal Government, including the Food and Drug Administration and the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services (HHS), who are represented here today, the Obama Administration released the first comprehensive action plan to combat the prescription drug abuse epidemic, the *Prescription Drug Abuse Prevention Plan.*

The **first pillar** of the *Plan* outlines the Administration's support for expanded education for the public, patients, and prescribers. As many health care providers would agree, managing a patient's pain is a crucial and often very difficult task. However, research indicates that students in medical school receive on average only 11 hours of training on pain and pain management, and most schools do not offer specific training on opioids, substance abuse and addiction, or clinical decision making.[11] A 2011 Government Accountability Office report on education efforts related to prescription pain reliever abuse found that "most prescribers receive little training on the importance of appropriate prescribing and dispensing of prescription pain relievers, on how to recognize substance abuse in their patients, or on treating pain."[12] It is clear that training can prepare our health care providers to adequately address pain management, substance abuse, and responsible prescribing practices.

For these reasons, the *Plan* includes a core action to promote mandatory education on proper prescribing and addiction potential for prescribers and dispensers of these controlled substances. Training is an important public health measure, and the Administration continues to support mandatory education for prescribers, as reiterated in the 2013 *National Drug Control Strategy*. Several states, including Iowa,[13] Massachusetts,[14] and Utah,[15] have passed legislation requiring prescriber education on this subject.

---

[10] Substance Abuse and Mental Health Services Administration. *Treatment Episode Data Set (TEDS) Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race, and Ethnicity , United States* [2000 and 2010 tables]. U.S. Department of Health and Human Services. [2012]. Available: http://wwwdasis.samhsa.gov/webt/tedsweb/tab_year.choose_year_web_table?t_state=US

[11] Mezei, L., et al. Pain Education in North American Medical Schools. *The Journal of Pain*. 12(12):1199-1208. 2011.

[12] U.S. Government Accountability Office. *Prescription Pain Reliever Abuse*. [December 2011]. Available: http://www.gao.gov/assets/590/587301.pdf

[13] Iowa Board of Medicine. "New rules require physicians to complete training on chronic pain, end-of-life care." State of Iowa. [August 2011]. Available: http://medicalboard.iowa.gov/Board%20News/2011/New%20rules%20physicians%20to%20complete%20training%20chronic%20pain_08182011.pdf

[14] Executive Office of Health and Human Services. "PMP and Mandatory Educational Requirements for Prescribers." Commonwealth of Massachusetts. [October 2011]. Available: http://www.mass.gov/eohhs/provider/licensing/occupational/dentist/pmp-and-mandatory-educational-requirements-for-pre.html

[15] Utah Division of Occupational and Professional Licensing. *Utah Controlled Substances Act, 58-37-6.5*. State of Utah. [May 2012]. Available: http://www.dopl.utah.gov/laws/58-37.pdf#page=24

ONDCP worked with the National Institute on Drug Abuse at the HHS National Institutes of Health to develop two free online continuing education training tools for health care professionals who prescribe opioid analgesics. Since these tools became available in October 2012, clinicians have completed nearly 50,000 hours of continuing medical education courses on the abuse potential of these medications and management of patients to whom they are prescribed.

We are also working to educate the general public. ONDCP's National Youth Anti-Drug Media Campaign provides teen exposure to anti-drug messages through a combination of advertising (e.g., social media, Internet, and cinema) and public communications. The Media Campaign's "Above the Influence" brand (www.abovetheinfluence.com), which is being transitioned to the Partnership at Drugfree.org, is an important national tool for educating young people and their parents about the dangers of prescription drug abuse, among its many other drug prevention messages. ONDCP also manages the Drug Free Communities (DFC) Support Program, which provides grants to nearly 700 local drug-free community coalitions, enabling them to increase collaboration among community partners, including local youth, parent, business, religious, civic, law enforcement, and other groups, to prevent and reduce youth substance use, including prescription drug abuse and misuse. Since DFC coalitions have identified prescription drug abuse as a growing problem and a priority for their communities, the DFC Program recently modified its four core measures to include prescription drug abuse prevention. Through prevention strategies, DFC coalitions use comprehensive approaches to address prescription drug abuse, such as raising awareness for prescribers, parents, and youth; organizing prescription drug disposal events; and developing systems for safe disposal of prescription drugs.

The **second pillar** of the *Plan* focuses on strengthening Prescription Drug Monitoring Programs (PDMPs), state-administered databases that monitor the prescribing and dispensing of controlled substances. Information contained in PDMPs may be used by prescribers and pharmacists to identify patients who may be doctor shopping (seeing multiple doctors to obtain prescriptions), need substance abuse treatment, or are at risk for overdose. In accordance with state laws, PDMP information may also be used by state regulatory and law enforcement officials to pursue cases involving "pill mills," prescribers or pharmacists operating outside the bounds of proper practice, and other sources of diversion. In 2006, only 20 states had PDMPs. Today, 49 states have laws authorizing PDMPs; only Missouri and the District of Columbia are without legislation authorizing PDMPs, and 46 states have operational programs.

But these important programs can function more effectively. For example, as of today, only 14 state PDMPs can share data with other PDMPs. We are working with our Federal partners to make these systems more user-friendly, so physicians and pharmacists can access them quickly and easily. For instance, SAMHSA and the HHS Office of the National Coordinator for Health Information Technology worked with health care facilities across the country to better integrate PDMPs into provider workflow, making these critical tools more accessible to those who need them. Ongoing support from the Bureau of Justice Assistance at the Department of Justice, through the Harold Rogers PDMP Program, is facilitating ongoing efforts to enhance interoperability among state systems.

These systems must continue to mature, and the Administration continues to invest and focus on expanding interstate data sharing, streamlining PDMP operations, and ensuring that data from prescribers in Federal agencies, such as the Department of Defense, Department of Veterans Affairs, and the Indian Health Service, are shared with state PDMPs.

The **third pillar** of our plan focuses on safe disposal of unused and expired medications. Research shows that over 70 percent of people misusing prescription pain relievers in the past year report getting them from a friend or relative the last time they abused them.[16] Safe and proper disposal programs allow individuals to dispose of unneeded or expired medications in a safe, timely, and environmentally responsible manner.

Since September 2010, the Drug Enforcement Administration (DEA) has partnered with hundreds of state and local law enforcement agencies and community coalitions, as well as other Federal agencies, to hold six National Take-Back Days. Through these events, DEA has collected and safely disposed of more than 2.8 million pounds of unneeded or expired medications. As part of the Secure and Responsible Drug Disposal Act of 2010, DEA recently published proposed regulations that, once finalized, will expand the safe and effective disposal of prescription drugs nationwide. ONDCP will work with Federal, state, local, and tribal stakeholders to identify ways to establish disposal programs in their communities upon completion of the rulemaking process.

The **final pillar** of the Administration's plan focuses on improving law enforcement capabilities to reduce diversion. Federal law enforcement is partnering with state and local agencies across the country to reduce pill mills and prosecute those responsible for improper or illegal prescribing practices. The National Methamphetamine and Pharmaceuticals Initiative (NMPI), funded through ONDCP's High Intensity Drug Trafficking Areas (HIDTA) program, provides critical training on pharmaceutical crime investigations to law enforcement agencies across the country. In FY 2012 alone, NMPI provided training to nearly 6,600 law enforcement and criminal justice professionals. Also in 2012, NMPI helped convene five statewide prescription drug summits. These efforts disseminate critical knowledge to law enforcement and criminal justice professionals.

Collaboration on this issue has included a broad range of stakeholders. We have worked with a number of associations and groups, including the National Governors Association, the National Association of Attorneys General, the American Medical Association, the American Dental Association, the National Safety Council, the National Conference of State Legislatures, the National Association of Boards of Pharmacy, the Association of State and Territorial Health Officials, state medical boards, and countless community groups in states, localities, and tribes across the country.

---

[16] Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings.* U.S. Department of Health and Human Services. [September 2012]. Available: http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#Fig2-14

All of these groups and the constituencies they represent have recognized the urgency of this national problem and are helping to bring about the changes we need to prevent more abuse, more arrests, and more deaths.

There are signs that the national effort to reduce and prevent prescription drug abuse is working. The latest survey data show the number of people 12 and older currently abusing prescription drugs has decreased significantly from 7.0 million in 2010 to 6.1 million in 2011, a 12 percent decrease.[17] We also know that past month non-medical use of prescription drugs among young adults ages 18 to 25 was significantly lower in 2011 (5.0 percent) compared to just one year earlier (5.9 percent), a trend that is also true for the abuse of pain relievers among this age group.[18] However, while these trends are promising, we know there is much more to do, particularly to address increasing rates of chronic nonmedical use of pain relievers. The frequency of chronic nonmedical use of pain relievers (nonmedical use of 200 days or more in the past year) among all users in the past year increased roughly 75 percent between 2002-2003 and 2009-2010. This equates to almost 1 million people in the United States who reported using opioid analgesics nonmedically each year.[19]

The Administration is focused on addressing some of the most pronounced consequences of this epidemic, including overdose deaths and emerging issues like maternal addiction and neonatal abstinence syndrome (withdrawal symptoms due to a mother's substance use). The need for further partnerships on overdose prevention is underscored by evidence of increased heroin use in some areas of the country and increasing heroin treatment admissions among 18- to 25-year-olds (from approximately 43,000 in 2000 to approximately 68,000 in 2010).[20]

With the recent rise in overdose deaths across the country,[21] it is increasingly important that we make certain everyone know overdoses can be prevented and that deaths can be avoided. We are working to expand access to naloxone, an emergency overdose reversal medication, for first responders who encounter overdose victims.

For example, the Police Department in Quincy, Massachusetts, has partnered with that State's health department to train and equip police officers to resuscitate overdose victims using naloxone. Since October 2010, officers in Quincy have administered naloxone in more than 160 overdose events, almost all of them resulting in successful overdose reversals.[22]

Naloxone is only one element in the broad range of overdose prevention efforts. The odds of surviving an overdose, much like the odds of surviving a heart attack, depend on how quickly the victim receives treatment. We are also closely examining Good Samaritan laws, which immunize

---

[17] Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings.* U.S. Department of Health and Human Services. [September 2012]. Available: http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#Fig2-2

[18] Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings.* U.S. Department of Health and Human Services. [September 2012]. Available: http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#Fig2-8

[19] Jones CM. Frequency of prescription pain reliever nonmedical use: 2002-2003 and 2009-2010. Arch Intern Med. 2012;172(16):1265-1267

[20] Jones CM Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers - United States, 2002-2004 and 2008-2010. Drug Alcohol Depend. 2013 Feb 11. pii: S0376-8716(13)00019-7. doi: 10.1016/j.drugalcdep.2013.01.007.

[21] Jones CM et al. Pharmaceutical Overdose Deaths, United States, 2010. JAMA 2013;309(7):657-659.

[22] Quincy (MA) Police Department Reporting.

from criminal prosecution individuals who are overdosing and witnesses on the scene who seek medical aid for these individuals. These laws eliminate any potential fear of prosecution for drug use and thus facilitate seeking prompt medical attention if an individual is overdosing. Several states—including California,[23] Illinois,[24] and New Mexico[25]—have passed Good Samaritan laws. As these laws are implemented, the Administration will carefully monitor their effect on public health and public safety.

The Administration also recognizes that people who need treatment should have timely access to a broad array of services, especially access to medication assisted treatments for opioid addiction. Fortunately, we have an array of proven interventions and medications to treat addiction.

The Affordable Care Act will also help expand treatment services. The Affordable Care Act will extend access to and parity for mental health and substance use disorder benefits for an estimated 62 million Americans and help integrate substance use treatment into mainstream health care.[26] The health care law, therefore, gives many more Americans in need an opportunity to be treated.

Conclusion

We continue to work with our Federal, state, local, and tribal partners to accomplish all the goals of the *Prescription Drug Abuse Prevention Plan* and address other emerging issues, such as the transition from prescription drugs to heroin, ensuring treatment for opioid abuse and misuse for pregnant women, and neonatal abstinence syndrome.

Together with all of you, we are committed partners, working to reduce the prevalence of substance use disorders through prevention, increasing access to treatment, and helping individuals recover from the disease of addiction.

Thank you for the opportunity to testify here today, and for your ongoing commitment to this issue. I look forward to continuing to work with you on this pressing public health matter.

---

[23] California Legislative Information. *AB-472 Controlled substances: overdose: punishment.* Available: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB472

[24] Illinois General Assembly. *Bill Status of SB1701.* Available: http://www.ilga.gov/legislation/BillStatus.asp?DocNum=1701&GAID=11&DocTypeID=SB&SessionID=84&GA=97

[25] Justia.com U.S. Law. *2011 New Mexico Statutes: Chapter 30: Criminal Offenses: Article 31: Controlled Substances, 30-31-1 through 30-31-41, Section 30-31-27.1: Overdose prevention; limited immunity.* Available: http://law.justia.com/codes/new-mexico/2011/chapter30/article31/section30-31-27.1/

[26] Berino, K., Rosa, P., Skopec, L. & Glied, S. (2013). Affordable Care Act Will Expand Mental Health and Substance Use Disorder Benefits and Parity Protections for 62 Million Americans. *Research Brief.* Assistant Secretary for Planning and Evaluation (ASPE). Washington, DC (Citation: Abstract of the Brief found at http://aspe.hhs.gov/health/reports/2013/mental/rb_mental.cfm)