

Opening Statement of the Honorable Rep. Joseph R. Pitts
Subcommittee on Health
Hearing on “Examining the Federal Government’s Response to the Prescription
Drug Abuse Crisis”
June 14, 2013

(As Prepared for Delivery)

Today’s hearing is the first in a series of hearings this subcommittee will hold on the subject of prescription drug abuse, which has been described by the Centers for Disease Control and Prevention (CDC) as an epidemic in the United States.

In 2010, seven million individuals aged 12 or older (2.7 percent of this population) were current nonmedical users of prescription—or psychotherapeutic—drugs, and over one million emergency department visits that year involved nonmedical use of pharmaceuticals.

Nearly all of these drugs were originally prescribed by a physician.

According to the National Institute on Drug Abuse (NIDA), prescription drug abuse is most prominent among young adults (age 18 to 25).

NIDA also reports that in 2010, almost 3,000 young adults died from prescription drug (mainly opioid) overdoses—which is more than the total number of people that died from overdoses of any other drug, including heroin and cocaine combined.

Opioid pain relievers, such as Vicodin or Oxycontin, are the largest class of abused prescription drugs, followed by stimulants for treating Attention Deficit Hyperactivity Disorder, such as Adderall or Ritalin, and central nervous system depressants for relieving anxiety, such as Valium or Xanax.

According to the National Survey on Drug Use and Health, published by the Substance Abuse and Mental Health Services Administration (SAMHSA), of those individuals who used prescription painkillers non-medically in 2010 and 2011, nearly three-quarters received the drugs from a friend or relative—either for free (54.2 percent), through a purchase (12.2 percent), or via stealing the drugs (4.4 percent).

Today’s hearing focuses on the federal government’s response to the prescription drug abuse epidemic.

It should be noted that this Committee has played a key role in facilitating prescription drug monitoring programs (PDMPs), by authorizing the National All Schedules Prescription Electronic Reporting Act (NASPER), co-sponsored by Rep. Whitfield and Ranking Member Pallone.

NASPER, which is housed at the Department of Health and Human Services, was signed into law on August 11, 2005, to assist states in combating prescription drug abuse of controlled substances through a PDMP.

It provides grants to set up or improve state systems that meet basic standards of information collection and privacy protections that will make it easier for states to share information. PDMPs enable authorities to identify prescription drug abusers, as well as the "problem doctors" who either over-prescribe or incorrectly prescribe prescription drugs.

While NASPER is an excellent step in the right direction, the program has not been funded since FY2010, although HHS continues to fund state PDMPs through grants to support interstate interoperability and integration of PDMPs with electronic health records and to improve the timeliness of access to PDMP data.

It is abundantly clear that the prescription drug abuse epidemic is a crisis in the U.S. However, while we discuss this complicated and dynamic issue we need to keep in mind that many of these medications that so many are abusing are critical for many patients living with chronic pain.

The Institute of Medicine estimates that there are more than 100 million adults in the U.S. are living with chronic pain. It is critical as we move forward that we remember that these medications are critical for many Americans.

This hearing will help us better understand and define the various components of the issues and the challenges we face. In addition, this subcommittee will learn about the programs we currently have in place and their level of effectiveness.

Today's witnesses represent the Office of National Drug Control Policy, the FDA, and the Substance Abuse and Mental Health Services Administration, and I look forward to their testimony.

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