

**Opening Statement of the Honorable Tim Murphy**  
**Hearing on “Examining the Growing Problems of Prescription Drug and Heroin Abuse:**  
**State and Local Perspectives”**  
**March 26, 2015**

*(As Prepared for Delivery)*

Good morning. As I call to order this Oversight & Investigations Subcommittee hearing to examine the growing problem of prescription drug and heroin abuse, allow me to share a few quotes from an article in the New York Times, citing the views of a Dr. Hamilton Wright, of Ohio. In the article, Dr. Wright is quoted as saying: "Of all the nations of the world, America consumes the most opium, in one form or another."

"The habit has this Nation in its grip to an astonishing extent. Our prisons and our hospitals are full of victims of it, it has robbed ten thousand business men [and women] of sense ...."

"The drug habit has spread throughout America until it threatens us with very serious disaster." What is striking about these statements is not the dismal picture they paint, but rather, that these remarks were published over 100 years ago in 1911.

Back then, of course, we did not have the scientific or government involvement that we have today. Back then, there was no National Office of Drug Control Policy (ONDCP); there was no Department of Health and Human Services (HHS), no Substance Abuse and Mental Health Services Administration (SAMHSA); and there was no National Institute on Drug Abuse (NIDA). Yet despite all of our science and public health agencies, and despite the billions of federal dollars devoted to fighting the opioid problem, the situation is no better than it was 100 year ago. Indeed, the situation is much worse.

According to the Centers for Disease Control (CDC) in just the past three years alone, the number of heroin overdose deaths in the United States has tripled. And in some parts of the country, such as the Midwest, heroin overdose death rates have increased over 900 percent.

Everyday 120 people die from a drug overdose. The vast majority of these overdose deaths are due to prescription opioid medications. That's more than 43,000 deaths last year, or the equivalent of one jetliner going down every single day.

In 2009, an estimated 13,000 babies were born in the United States addicted to heroin or prescription opioids. That's about one opioid-addicted baby every hour of the day, every day of the week. Please note that this statistic is from 2009, several years before the CDC announced our country was in the midst of an overdose epidemic and before the current explosion of heroin overdose deaths. The number of babies born addicted to opioids is much worse today. I used to work on a newborn intensive care unit. I've watched too many tiny infants go through withdrawal symptoms. But seeing only one is enough is to break your heart.

Something is desperately wrong with our nation's response to the opioid epidemic, and it is quite literally a matter of life and death that we get honest answers and not remain misguided in our approach to how we solve this crisis.

Every member of Congress is seeing the consequence of the federal government's failure because it touches every community; every family across America. My own district has seen the terrible consequences of addiction and death from opiate overdoses, and the problem has only gotten worse over the past year. In Westmoreland County, Pennsylvania, the drug overdose death total for 2014 surpassed that of 2013 – a record to that point – by one additional death. During the same time, the number of accidental deaths caused by heroin in the county increased by over 30 percent. In 2014, Allegheny County had 281 fatal overdoses reported, compared to 278 the previous year.

No federal agency has a more central role in this ongoing epidemic than the Department of Health and Human Services. HHS and its Substance Abuse and Mental Health Services Administration (SAMHSA) are tasked with leading our nation's public health response to opioid and heroin abuse and addiction. SAMHSA regulates our country's 1,300 opioid maintenance (formerly known as methadone clinics), and is responsible for certifying the 26,000 physicians who prescribe the semi-synthetic opioid buprenorphine. According to testimony provided by SAMHSA before this Subcommittee in April of last year, nearly 1.5 million people were "treated" with these opioids in 2012. That is a 5-fold increase in the last ten years. I do not call this "treatment." It is addiction maintenance.

Buprenorphine can more safely maintain a person's dependence by reducing the need for illegal opioid use, such as heroin, and thereby the risk for overdose. But make no mistake, buprenorphine is a highly potent opioid, which according to SAMHSA, is "20-50 times more potent than morphine." So it is worth considering that our national strategy to combat substance abuse is to maintain addiction by either prescribing or administering a heroin-replacement opioid. When you consider research from the National Institute on Drug Abuse documenting that almost everyone who stops taking buprenorphine relapses to illicit opioid use within a matter of weeks, it is deeply concerning we don't have the best solutions for addiction recovery.

According to the Drug Enforcement Administration, when police conduct a prescription drug bust, the 3rd most frequently seized drug by law enforcement is buprenorphine. More than methadone. More than morphine. More than codeine. And unlike clinics that administer methadone, there are no requirements for buprenorphine clinics to offer or even discuss non-addictive treatment alternatives with patients. No requirement to develop treatment plans. No requirements to protect the public against buprenorphine being diverted for illicit use.

Meanwhile, the CDC reports that buprenorphine is the most frequently cited prescription drug in poisonings of children, accounting for nearly 30% of all opioid-related emergency department visits and 60% of emergent hospitalizations among children.

Worse yet, of opioid-addicted babies who start their fragile lives being medically detoxified off of opioids, nearly half of their mothers are on buprenorphine or methadone maintenance in HHS/SAMHSA regulated or certified practices. This is government-supported addiction. It is not moving people to sobriety. We should not just focus on the extraordinary costs of detoxifying babies off of buprenorphine, but also, the profound consequences for these babies whose entire experience in the womb and after they are born is dominated by buprenorphine dependence. Further, there are significant concerns about short and long term neurodevelopmental impacts of opioid exposure in utero. Why is the government subsidizing this harm?

Despite these problems, HHS and SAMHSA continue to actively and aggressively promote the use of buprenorphine, yet noticeably silent on promoting research and innovative measures with the goal of ending opioid addiction, not simply continuing addiction through drug maintenance programs of methadone or buprenorphine. It concerns me that HHS and SAMHSA have no practical guidance on how to get people off of this prescribed opioid when those on buprenorphine maintenance for substance abuse disorders use illicit opioids an average of four times a week.

Compounding this crisis is the lack of evidence-based treatment to end opioid addiction, not merely replace an illicit drug with a government sanctioned one. Evidence-based treatment includes decisions based on scientific studies with quantitative data, and is distinguished from those relying on anecdotes and subjective observations. Only about 10 percent of persons with a substance abuse disorder will get any form of medical care; of those who are lucky enough to get care, only 10 percent of them will get evidence-based treatment for the disease of addiction. Yet, most medical professionals are not sufficiently trained to diagnose or treat the disease of addiction, and most providing addiction care are not medical professionals and are not equipped to provide the full range of effective treatments.

I believe in recovery. I believe in lives being restored and every individual living up to their full God-given potential and doing so drug free. I desperately want our federal efforts to work in every community and for

every family that seeks care for addiction disorders. And I know working that together, at the federal, state and local level, we will achieve success. But we have to set our eyes on the goal of full recovery, not just addiction maintenance. We can do this, I have no doubt.

We continue our oversight series today by listening to law enforcement and public health officials who are working at the on the front lines to protect our communities and our families in this national epidemic. We are grateful for your service and for taking the time to be with us today.

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