

**Opening Statement of the Honorable Tim Murphy  
Subcommittee on Oversight and Investigations  
Hearing on “Examining the Growing Problems  
of Prescription Drug and Heroin Abuse”  
April 29, 2014**

Three months ago, the country was shocked and saddened by the death of actor Philip Seymour Hoffman. Like many who battle addiction, Mr. Hoffman struggled to stay clean as he alternated between pain pills and heroin. His story is far too common. Opiate addiction surrounds us — from cities, rural towns, and affluent suburbs — and it breaks our heart to see so many families torn apart by abuse of drugs that are both legal and illegal.

My own district has suffered terribly from opiate overdoses. Last year, more than 90 people in Westmoreland County lost their lives to prescription drug and heroin abuse. That was four times the number of overdose deaths in the county compared to a decade ago. Allegheny County saw more than 20 deaths linked to fentanyl-laced heroin this past January.

Heroin-related deaths have increased 400 percent in Cleveland. Vermont Governor Peter Shumlin dedicated his entire annual “State of the State” address to what he called the “full-blown heroin crisis” facing his state. Kentucky, West Virginia, New Mexico, and other states are also experiencing rising rates of prescription drug overdoses and heroin abuse.

Here’s the awful truth about this public health crisis: prescription painkillers are involved in more overdose deaths than cocaine and heroin combined. Prescription drug abuse kills more than 16,000 people a year.

While most prescription drug abusers do not go on to abuse heroin, data from the White House Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that 81 percent of people who started using heroin in 2008 to 2010 had previously abused prescription drugs.

As authorities have cracked down on access to legal pain killers in the last five years, heroin use has risen by an astonishing 79 percent.

Certainly, there is a law enforcement aspect to solving this problem and stopping the bad actors who illegally distribute prescription drugs or traffic heroin. But the other part of the equation is treating addiction to prescription drugs and heroin — and preventing deaths.

The purpose of today’s hearing is to examine the federal public health response to prescription drug and heroin abuse. Our oversight has revealed that this is a complex problem. For example, 40 percent of those who abuse drugs have an underlying mental illness. Treating their addiction successfully necessarily means that the underlying mental illness must be successfully diagnosed and treated.

But just as when someone has a mental illness, those who are battling addiction are unlikely to get effective treatment, too. More than 90 percent of persons with a substance abuse disorder won’t get medical care. And of those who are enough to access care, 90 percent of them will not get evidence-based treatment.

There are effective treatments available, but too often the substance abuse debate is divided between those who adhere to the abstinence or 12-step model, and those who promote medical assistance therapies. These groups must come together and find a solution because thousands of lives are at stake.

As the testimony of Mr. Botticelli, the Acting Director of the Office of National Drug Control Policy, states, substance abuse is a “progressive disease.” Those who suffer from addiction often start at a young age, with alcohol and marijuana, and then move to other drugs like opioids. In examining opioid abuse, we must also consider the factors that lead people to abuse – and how federal programs are addressing them.

Prescribing practices are an issue. Roughly 20% of prescribers prescribe 80% of all prescription painkillers. Those suffering from chronic and debilitating pain need access to opiates, but we also need to make sure those individuals who develop an addiction are referred to treatment. Right now, too many states lack a robust prescription drug monitoring program that would help physicians and emergency rooms keep tabs on patients receiving powerful opiates.

Educating doctors and pharmacies about appropriate prescribing will address one part of the problem — but addicts also get these drugs through illegal channels, such as rogue Internet pharmacies, off the street, and even from the medicine cabinets of family members and friends.

The federal government is devoting significant resources to drug control programs —over \$25 billion annually, of which about \$10 billion goes toward drug abuse prevention and treatment programs across 19 federal agencies. With 19 agencies having a hand in over 70 drug control programs, we have to ask, ‘is our current approach working and what can we do better?’ Oversight by the federal agencies is also an important issue, as significant funding is block granted to states for treatment programs. How are you confident that we are funding treatments with the best chances of success in preventing and treating opiate abuse?

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