EXECUTIVE OFFICE OF THE PRESIDENT
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Washington, D.C. 20503

"Responding to the Prescription Drug Epidemic: Strategies for Reducing Abuse, Misuse, Diversion, and Fraud"

Senate Committee on the Judiciary
Subcommittee on Crime and Terrorism

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Written Statement
of
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Director, Office of National Drug Control Policy
Executive Office of the President
before the Subcommittee on Crime and Terrorism
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United States Senate
entitled, "Responding to the Prescription Drug Epidemic:
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Chairman Whitehouse, Ranking Member Kyl, and distinguished members of the Committee, thank you for this opportunity to address the issue of 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 control program. 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 anti-drug activities.

As Director of the White House Drug Control Policy office and chief advisor to the President on anti-drug efforts, I am charged with producing the *National Drug Control Strategy*, which directs the Nation's anti-drug efforts and establishes programs, a budget, and guidelines for cooperation among Federal, state, and local entities. My position allows me to raise public awareness and take action on drug issues affecting our Nation. As we have gained a better understanding of addiction, it has become increasingly clear that a comprehensive approach is required to address the complexity of our Nation's drug problem. The Obama Administration recognizes that addiction is a disease, and that prevention, treatment, and law enforcement must all be included as part of a strategy to stop drug use, get help to those who need it, and ensure public safety.

The 2010 *National Drug Control Strategy*, released by President Obama in May 2010, commits to reducing drug use and its consequences through a science-based public health approach to policy. This *Strategy* was the result of a nine-month consultative effort with Congress, Federal agencies, state and local partners, and hundreds of concerned citizens. It serves as a bold call to action for all Americans who share in the desire and the responsibility to keep our citizens – especially our youth – safe, healthy, and protected from the enormous costs of substance abuse, while ensuring that our seniors, as well as our vulnerable and sick, have access to the prescription drugs they need to reduce pain, mitigate disease, and preserve life.

The *Strategy* establishes specific goals by which to measure our success. We have worked and are continuing to work with dozens of agencies, departments, Members of Congress, state and local organizations, and the American people to make significant reductions in illicit drug use and the consequences it bears. Our efforts are balanced and incorporate new research and smarter strategies to better align policy with the realities of drug use in communities throughout this country. Research shows addiction is a complex, biological, and psychological disorder. It

is chronic and progressive, and negatively affects individuals, families, communities, and our society as a whole. In 2009, nearly 24 million Americans ages 12 or older needed treatment for an illicit drug or alcohol use problem. However, less than 11 percent received the necessary treatment for their disorders.[1]

The Administration's *Strategy* includes action items that comprehensively address all areas of drug control. Since its release, ONDCP and our Federal partners have made significant progress on these items. In addition, we have highlighted three signature initiatives; prescription drug abuse, prevention, and drugged driving.

We are currently finalizing the 2011 *Strategy*, which builds upon the *Strategy* released in 2010. The 2011 *Strategy* addresses issues of concern to specific populations, including active duty service members, Veterans and their families, college students, women and children, and those in the criminal justice system. The 2011 *Strategy* continues our efforts to coordinate an unprecedented government-wide public health approach to reducing drug use and its negative consequences in the United States, while maintaining strong support for law enforcement. As with the 2010 *Strategy*, the 2011 *Strategy* continues to emphasize drug prevention, early intervention programs in health settings, aligning criminal justice policies and public health systems to divert non-violent drug offenders into treatment instead of jail, funding more scientific research on drug use, and expanding access to substance abuse treatment.

Today, I am here to testify specifically on prescription drug abuse. Prescription drug abuse is the fastest-growing drug problem in the United States and is characterized as a public health epidemic by the Centers for Disease Control and Prevention. In recent years, the number of individuals who, for the first time, consumed prescription drugs for a non-medical purpose was similar to the number of first-time marijuana users.[2] The 2010 Monitoring the Future study – a national survey on youth drug use – found that six of the top ten substances used by 12th graders in the past year were pharmaceuticals.[3] In addition, there has been a four-fold increase in addiction treatment admissions for individuals primarily abusing prescription painkillers from 1998 to 2008.[4]

The increase in the percentage of treatment admissions for abuse of pain relievers spans every age, gender, race, ethnicity, education, employment level, and region. The estimated number of emergency department visits linked to non-medical use of prescription drugs doubled between 2004 and 2009, and this dramatic rise occurred among men and women of all age groups.[5] Even more alarming is the fact that nearly 28,000 Americans died from unintentional drug overdoses in 2007, and prescription drugs—particularly opioid painkillers—are considered major contributors to the total number of drug deaths; in 2007, they represented 42 percent of

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[1] Substance Abuse and Mental Health Services Administration 2010. *Results from the 2009 National Survey on Drug Use and Health: National Findings*.
[2] *Ibid*.
[3] University of Michigan 2010 Monitoring the Future: A Synopsis of the 2010 Results of Trends in Teen Use of Illicit Drugs and Alcohol.
[4] Substance Abuse and Mental Health Services Administration 2010. The Treatment Episode Data Set (TEDS) Report.
[5] Substance Abuse and Mental Health Services Administration. The DAWN Report: Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. 2010. http://www.oas.samhsa.gov/2k10/DAWN034/EDHighlightsHTML.pdf

unintentional drug overdoses.[6] In 17 states and the District of Columbia, drug-induced deaths now outnumber motor vehicle crash deaths.[7]

Substance use has also affected our military, Veterans, and their families. According to a 2008 Department of Defense survey, one in eight (12%) active duty military personnel reported past month illicit drug use, largely driven by the misuse of prescription drugs (reported by 11%).[8] Equally concerning is the fact that substance abuse affects many of the estimated 75,600 homeless Veterans.[9] The Department of Veterans Affairs (VA) does not currently participate in state Prescription Drug Monitoring Programs; however, the VA is very supportive of reducing barriers to its participation in state PDMPs.

The ease of accessibility to prescription drugs, combined with a low perception of risk, make reducing prescription drug abuse particularly difficult. For instance, of persons aged 12 or older who used pain relievers non-medically between 2008 and 2009, 70 percent obtained the drug they abused from a friend or relative.[10] Research also shows that because prescription drugs are manufactured by reputable pharmaceutical companies, prescribed by licensed clinicians, and dispensed by pharmacists, they are perceived as safer to abuse than illegal drugs. Recent studies found teens perceived prescription drug abuse as safer, less addictive, and less risky than use of illegal drugs, and believed that drugs obtained from a medicine cabinet or pharmacy – such as narcotic pain relievers (e.g., Vicodin or Oxycontin) or stimulants (e.g., Ritalin or Adderal) – are not as dangerous as drugs obtained from a drug dealer.[11]

As these statistics demonstrate, the abuse of prescription drugs is a problem of ever-increasing concern. Although beneficial when used as prescribed by a healthcare professional for legitimate medical purposes in the usual course of professional conduct, prescription drugs can be just as dangerous and deadly as illicit drugs when misused or abused. We must ensure that prescription drugs are only used as prescribed and by the person to whom they were prescribed. The relative ease of access to prescription drugs, coupled with a misperception of the potential harms resulting from their misuse and abuse, requires a comprehensive, multifaceted public health and public safety approach to address this epidemic. It is important to balance prevention, education, and enforcement with the need for legitimate access to controlled substances.

The realities of prescription drug abuse demand action, and any policy response must be approached thoughtfully and strike a balance between our need to prevent diversion and abuse of pharmaceuticals with the need to ensure legitimate access. As science has successfully developed valuable medications to alleviate suffering, such as opioids for cancer pain and benzodiazepines for anxiety disorders, more individuals have been able to access the medicines

[6] Centers for Disease Control and Prevention. Unintentional Drug Poisoning in the United States. July 2010.
[7] Centers for Disease Control and Prevention. National Center for Health Statistics, "National Vital Statistics Report", 2009.
[8] Bray et al. 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel. 2009. Research Triangle Institute, Research Triangle Park, NC.
[9] U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2012. Statement of Secretary Eric Shenseki. http://veterans.house.gov/hearings/Testimony.aspx?TID=3785&Newsid=2279&Name=%20Hon.%20Eric%20K.%20Shinseki%20
[10] Substance Abuse and Mental Health Services Administration 2010. *Results from the 2009 National Survey on Drug Use and Health: National Findings*.
[11] http://www.rwjf.org/files/research/Full_Teen_Report%205-16-06.pdf

they need. Unfortunately, the increased availability of opioid and benzodiazepine medicines has also led to the unintended consequence of increased medication abuse. The Administration developed an inclusive plan which brings together a variety of Federal, state, local, and tribal groups to reduce prescription drug diversion and abuse. The recently released 2011 Prescription Drug Abuse Prevention Plan, "Epidemic: Responding to America's Prescription Drug Abuse Crisis", expands upon the Obama Administration's *National Drug Control Strategy* and includes action in four major areas to reduce prescription drug abuse:

The first pillar of our response plan is education. Sixty-nine percent of narcotic analgesics are distributed in primary care offices and emergency departments,[12] and surveys of healthcare professionals and professional schools have shown there are significant gaps in educational training on pain management, substance abuse, and appropriate prescribing. Mandatory prescriber education is therefore essential. In addition, we should make sure parents and patients are fully aware of the dangers and prevalence of prescription drug abuse and are educated about the safe use and proper storage and disposal of these medications.

The Food and Drug Administration has developed a Risk Evaluation and Mitigation Strategy (REMS) for long-acting and extended-release opioids. This REMS requires all manufacturers of long-acting and extended-release opioids to ensure training is provided to prescribers of these medications. The manufacturers must also develop information that prescribers can use when counseling patients about the risks and benefits of opioid use.

The second pillar of our plan encourages each state to have a prescription drug monitoring program (PDMP). PDMPs are state-wide databases that contain information on dispensed controlled substances prescribed by healthcare providers. PDMPs can and should serve a multitude of functions, including serving as a tool for patient care, drug epidemic early warning system (especially when combined with other data), drug diversion investigative tool, and insurance fraud investigative tool. Information contained in the PDMP can be used by prescribers and pharmacists to detect drug-drug interactions, and to identify patients who may be doctor shopping for prescriptions to sustain a prescription drug addiction; and under specific circumstances, regulatory and law enforcement officials can also use the information to pursue cases involving rogue prescribers or pharmacists, or "pill mills" and other forms of diversions.

Historically, no single provider or entity had complete visibility of all prescriptions being obtained by a patient. PDMPs provide clinicians with quick access to their patients' complete history of controlled substances use. Despite the benefits of PDMPs, many states lack a program, and many states that do operate PDMPs lack interoperability. All states should have operational PDMPs with mechanisms in place for sharing between states. Additionally, there must be a high utilization among healthcare providers, and checking a PDMP should be a regular part of an office visit just like checking for insurance coverage. We are very pleased to report that several States, including Maryland, Georgia, Nebraska, and Arkansas have recently passed

[12] Raofi S, Schappert SM. Medication therapy in ambulatory medical care: United States, 2003–04 National Center for Health Statistics. Vital Health Stat 13(163). 2006

legislation to implement prescription drug monitoring programs, leaving just two states and the District of Colombia, without legislation authorizing a PDMP.

The Federal government has also made significant investments in health information technology and continues to work with state Health Information Exchanges to create an electronic health network within states. ONDCP is currently engaged with the Office of Science and Technology Policy and the Office of the National Coordinator for Health Information Technology at the Department of Health and Human Services to explore connecting PDMPs with state Health Information Exchanges. We are also exploring ways to incorporate real-time PDMP data at the point of care and dispensing. These advances will maximize the public health and public safety benefits of PDMPs.

The third pillar of our plan calls for proper medication disposal. Nearly 70 percent of people report getting their painkillers from a friend or relative. Unused medications sitting in our medicine cabinets are falling into the wrong hands. There is a need for proper medication disposal programs, so unused or expired medications are disposed of in a timely, safe, and environmentally responsible manner. We must change public perception to one where properly disposing of unused prescription medication is second nature. By creating a method for disposal of expired or unused prescription drugs, we will benefit public health, public safety, and the environment.

On April 30, 2011, the Drug Enforcement Administration (DEA) held the second National Prescription Drug Take-Back Day, where they collected 188 tons of unwanted or expired medications for safe and proper disposal. This represents a 55 percent increase over last year. There were 5,361 take-back sites available across all 50 States.

The passage of the Secure and Responsible Drug Disposal Act in 2010 was an important step forward in our efforts to make prescription drug disposal more accessible to individuals and to reduce the supply of drugs available for diversion and abuse. DEA is in the process of rule-making to permit disposal of prescription drugs more convenient and accessible. If we want to ensure a reduction in the amount of prescription drugs available for diversion and abuse, a drug disposal program needs to be easily accessible to the public, environmentally friendly, and cost-effective, and the cost burden must not be placed on consumers.

The fourth and final pillar of the plan is enforcement. Smart law enforcement is an essential component of our plan. Our main focus is assisting states in addressing “pill mills” and doctor shopping, because they contribute significantly to the prescription drug abuse epidemic. More specifically, we plan to ensure that technical assistance on model regulations and laws for pain clinics are available to states. ONDCP also will continue to support High Intensity Drug Trafficking Areas as they address diversion and trafficking of pharmaceuticals and listed chemicals. Lastly, the National Methamphetamine and Pharmaceutical Initiative, which is funded by ONDCP, will work to provide training to law enforcement for pharmaceutical crime investigations.

In closing, I recognize that none of the things ONDCP and my Executive Branch colleagues want to accomplish for the Nation are possible without the active support of Congress. Thank you for the opportunity to testify here today on this public health epidemic.