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Opening Statement
Senate Caucus on International Narcotics Control Hearing
America's Addiction to Opioids: Heroin and Prescription Drugs
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Recently, the media has chronicled a resurgence of heroin abuse in the United States, and actually more heroin being moved into the country.

According to a 2012 national survey, [669,000] Americans reported using heroin during the previous year. That number has steadily grown over the past several years.

So, this begs the question: Why are more people abusing heroin?

And this is the Senate Caucus on International Drug Control, but the reason to control it is to keep it out of our country and to do those things which prevent opiate use, not to enable it, but one answer according to the experts, may be the country's addiction and use of prescription pain medication.

And here's why: a report released by the Substance Abuse and Mental Health Services Administration indicates that individuals who used prescription pain relievers for non-medical purposes were 19 times more likely to use heroin in the past year than those who had not. That's an amazing thing to me.

Furthermore, 4 out of every 5 heroin abusers had abused prescription pain relievers in the past.

So pain relievers like oxycodone and hydrocodone affect the central nervous system in much the same way as heroin. So the lesson here is that rather than thinking of two separate addictions (prescription pain medications and heroin), we should realize we are facing a much larger opioid addiction epidemic that includes both.

So the strategy to battle these drugs should have three parts: preventing drug use, treating addicts and reducing the number of overdoses.

But the first and most important strategy is to prevent opioid drug before it starts.

And this means educating communities and youth about the dangers. Now some communities already do this through the federal Drug Free Communities program. In California, there's a program called Placer Youth, and that program contributed to a 50 percent reduction in prescription drug use among 11th graders between 2011 and 2013. I believe these programs work.

This also means recognizing that all stakeholders share a responsibility to ensure that prescription opioids are prescribed and dispensed only, only for legitimate medical purposes.

State-based prescription drug monitoring programs, along with mandatory checks of electronic databases, can help doctors and pharmacists identify drug abusers. Since requiring mandatory checks, New York has seen a 75 percent decrease in “doctor shopping” and significant reductions in pain reliever prescriptions.

So, drug take-back programs can also help reduce opioid abuse because they get unused prescription pain medicines out of family medicine cabinets, where too many young adults first obtain these drugs.

And, heroin entering the United States from other countries must also be addressed.

The DEA’s Heroin Signature Program, in 2012, determined that 90 percent of wholesale heroin seizures were able to be traced came from Mexico or South America.

DEA also reports that the Mexican-based Sinaloa Drug Cartel is expanding its market eastward, and producing and selling heroin that is more pure. In other words, going from brown to white heroin.

Between 2008 and 2013, heroin seizures along the southwest border increased nearly four-fold, from 559 kilograms to 2,196 kilograms.

The second key strategy in the fight is successful treatment which also often includes medication-assisted therapies using drugs like methadone and, I’m going to have trouble with this one, buprenorphine.

Unfortunately, in 2012, approximately 2.5 million people in our country were addicted to opioids, while only 351,000 received methadone or buprenorphine to treat their addiction. That means that the rest are not receiving treatment.

Finally, the third strategy in the battle against opioids is to address overdose deaths.

In 2010, the latest year for which data is available, the Centers for Disease Control and Prevention reported more than 19,500 unintentional opioid overdose deaths.

Now there are steps that can be taken. There are drugs that immediately reverse these overdoses.

And 18 states including California have taken actions to improve access to these drugs. So I think we need to find a way to make these drugs readily available to properly trained individuals including first responders.

So I think we have an interesting hearing. I do want to point out, if you look over at those charts, you see the rate of opioid sales, overdose deaths, and treatment between 1999 and 2010. And in this, the [blue] is treatment admissions, the red is deaths, and the [green] is sales. And as you can see, they are all going up in this country. So I think that is a good chart that really discusses what we’re all about.

The other quick point is heroin abuse increases as access to prescription pain killers decreases. Now that's a brand new thing for me. And that's what this other chart shows. So I would hope that some of you, in your testimony, would remark on this.