

Chairman Hal Rogers
House Committee on Appropriations
Subcommittee on Financial Services and General Government
Office of National Drug Control Policy FY 2013 Budget Hearing
March 27, 2012
Opening Statement – As Prepared

Madame Chairwoman, thank you for yielding. Director Kerlikowske, thank you for being with us today to discuss the FY 2013 budget request for the Office of National Drug Control Policy, ONDCP.

Mr. Director, you and I have spoken extensively about the drug issues confronting our country. Drug abuse costs our economy some \$193 billion annually – more than diabetes and smoking. Your massive chore is to oversee and coordinate our federal response to address both the economic challenges and the human face of drug abuse.

As I am sure you witnessed on your visit to my congressional district last year, drug abuse, particularly prescription drug abuse, has besieged rural communities. We have parents burying their teenage children, violence sprinkled throughout our otherwise quiet mountain towns, many counties with 50% of the children living without a parent, and our local jails overrun by small and large time pill pushers. In Kentucky, we are losing 82 people a month to overdoses, which is a higher rate than motor vehicle accidents; tragically, our medicine cabinets have become more deadly than our cars.

While southern and eastern Kentucky, West Virginia and Virginia have grappled with this scourge for over a decade, it is popping up in cities large and small. The abuse and diversion of these otherwise life-sustaining drugs has become our country's fastest growing drug threat. In 2010, 254 million prescriptions for opioids were filled in the United States – which is enough painkillers to medicate every American adult around the clock for a month. Under that lens, it is easy to see how this epidemic has eclipsed the combined abuse of heroin and cocaine.

I applaud you for putting forward our nation's first ever comprehensive plan to reduce prescription drug abuse in the wake of your visit to Kentucky, and I am proud to have been a partner with you in moving some of these important initiatives across the finish line. Your plan incorporates many of the ideas which I have been advocating for years: we will only be able to tackle the prescription drug abuse epidemic if we address the issue holistically – from both the supply and demand sides. In my district, Operation UNITE, which I know you are familiar with, employs such a multi-pronged approach to combat abuse – a model which is ripe for replication across the country. To combat demand, UNITE supports treatment programs and drug courts to help once hopeless addicts turn their lives around, and UNITE-funded drug counselors in our schools work to instill in our students the value of living drug-free lives.

On the supply side, as you've seen firsthand, law enforcement continues to be an important piece of the puzzle. Operation UNITE employs a number of undercover officers who work closely with state and federal law enforcement officials to get drug dealers – big and small – off of our

streets. Our country's High Intensity Drug Trafficking Area (HIDTA) programs, particularly in regions where local police forces are simply overwhelmed, are critical to bringing federal resources to the problem. In Appalachia, the HIDTA has proved to be an incredibly valuable asset. As such, I am concerned that your budget request proposed to reduce funding for HIDTAs by 16%. Congress has rejected this type of reduction in the past on a bi-partisan basis.

One item we do agree upon is the value of state-run prescription drug monitoring programs. Monitoring programs track vital prescription data so that doctors and pharmacists know when a prescription is being abused, and investigators can root out perennial prescribers. Thanks to continued congressional support of a DOJ-led grant program, 48 states now have authorized PDMPs. I would be remiss if I did not acknowledge the important role that you played in getting Georgia, Florida, Maryland and Montana to commit and come online in recent years. This is a huge accomplishment, but our work is not done. The next challenge will be facilitating the secure, interstate exchange of data among these PDMPs so we can eliminate once and for all the doctor shopping which has fueled the pill pipeline around our country. Tomorrow, I will join Senators Portman and Whitehouse in the other body in introducing legislation to help facilitate this information exchange and I hope that the Administration can support this important effort.

Director Kerlikowske, thank you for being with us today. I look forward to your testimony.

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