

**Opening Statement of the Honorable Mary Bono Mack
Subcommittee on Commerce, Manufacturing, and Trade
Hearing on "Prescription Drug Diversion: Combating the
Scourge"
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(As Prepared for Delivery)

As Americans, we rally around efforts to fight breast cancer, childhood diseases and other serious health threats. But for far too long, there have only been hushed whispers about prescription drug abuse – now the fastest growing drug problem in America, according to the Centers for Disease Control and Prevention.

Today, as the death toll from prescription drug overdoses continues to rise sharply, it's time to move this story from the obituary page to the front page where it belongs. It's time to realize that we can't simply wish this horrific problem away – not with nearly 30,000 people a year dying from it. "See no evil, hear no evil" often leads to a society's unspoken evil – indifference.

We can do better than that – and we must. Just about everyone knows someone who is affected by prescription drug abuse, which impacts an estimated 12.5 million Americans and is now considered a health epidemic by the CDC. According to a recent "Monitoring the Future" national survey, nearly one in four 12th graders have abused prescription drugs.

Today, two classes of medicines – painkillers and insomnia/anxiety drugs – are responsible for about 70 deaths and nearly 3,000 emergency room visits a day. These are stunning numbers. But here's what's even more alarming: the death toll from overdoses of these powerfully-addictive medicines is now more than double the death toll from heroin, cocaine and all other illegal drugs combined. As a result – for the first time ever – drug deaths outnumber traffic fatalities and have become the leading cause of accidental death in America.

So what's the answer? When it comes to prescription drug abuse, what are the safety belts and air bags we need to deploy? First, like anyone in recovery knows, we have to admit we have a serious problem. Americans today simply are prescribed too many medicines. There's a pill for just about every ache, pain and malady. So what's wrong with that? Well, consider this: not long ago, the Drug Enforcement Administration conducted three national drug take-back days and collected an astonishing 995,815

pounds of unused and unneeded medicines. That's 995,815 pounds – not pills – in just three days.

Today, "doctor shopping" is a widespread problem which contributes to our nation's alarming prescription drug addiction rate, increases costs to all of us through higher insurance rates and makes it extremely difficult for the DEA to crack down on abusers. Compounding the problem is an often-times false sense of security: "If it's approved by the FDA and prescribed by a doctor then it must be okay." Wrong. Too many pills taken at once, or combining them with other drugs, and alcohol, can have serious and even deadly consequences.

But the issue confronting us today is much more complex and evolved than just "what have you found lately in grandma's medicine cabinet?" The black market sale of powerful and highly-addictive narcotic painkillers, such as Oxycontin and Vicodin, is big business, prompting the DEA to attack the problem on multiple fronts – from street level sales all the way to the top of the supply chain. Targeted first were the so-called "pill mills" in Florida, which were largely unregulated until last year and routinely dispensed painkillers like they were M&Ms from a gumball machine.

There's yet another, more insidious side of this story as well. After becoming addicted to prescription painkillers, law enforcement authorities say more and more people are switching to heroin. In San Diego County – which borders my district – drug treatment experts say the use of heroin by young adults has more than tripled since 2006. Much of this growth is due to people who have switched to heroin as a cheaper alternative to OxyContin, now going on the street for as much as \$80 for an 80 milligram tablet. By contrast, OxyContin sells for about \$6 a tablet in pharmacies.

Personally, I will never forget the chilling phone call I received one night from a Palm Springs man who told me his son had a gun put to his head because he couldn't pay the "street price" of OxyContin.

So what's the answer? I believe my legislation, the Ryan Creedon Act (HR 2119) and the Stop Oxy Abuse Act (HR 1316) are good starting points. My goal is to improve prescriber education by getting doctors, dentists, nurse practitioners and other prescribers up to speed on the dangers of addiction and to make certain that powerful and seductive narcotic prescription drugs, such as Oxycontin, are used to treat severe pain only – not moderate pain like a tooth ache or sore knee. In far too many cases, addiction becomes a much greater health threat than the original pain itself. And in far too many cases, death is the final result of a failed rehab.

Don't blame this on grandma. She knows better. In our hearts, Americans do too.