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House of Representatives

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Opening Statement

Ranking Member Gerald E. Connolly

Hearing on “Office of National Drug Control Policy: Reauthorization in the 115th Congress”

July 26, 2017

Mr. Chairman, thank you for holding today’s hearing on reauthorizing the Office of National Drug Control Policy. We are in the midst of a national public health emergency. The opioid epidemic has taken hundreds of thousands of lives across America and shows no signs of ending. Every day, 91 Americans die from an opioid overdose.

This epidemic doesn’t care where you live, or what political party you belong to. The crisis has touched every corner of this country.

Northern Virginia is no exception. Fairfax County reported more than 100 drug related deaths in 2016. Prince William County reported 52 deaths from opioid overdoses that year.

Today we have on our panel Don Flattery, a father from Fairfax County, Virginia, whose son Kevin tragically lost his life to opioid overdose in 2014. Kevin was a graduate of the University of Virginia who aspired to a career in filmmaking, but became addicted to Oxycontin and died at the age of 26. Mr. Flattery has been an outspoken advocate for the need to address this crisis, and we welcome his testimony today.

Every day, people across the country die from drug addiction. Families are torn apart. Americans are suffering. This crisis cannot wait. As Members of Congress, we must do our jobs to help address it.

Unfortunately, we are not seeing the same sense of urgency from President Trump. On the campaign trail, President Trump repeatedly promised action. He said, quote, "We're going to help the people that are seriously addicted, we're gonna help those people."

But we are six months into his Administration, and President Trump has still not appointed a Drug Czar to lead the Office of National Drug Control Policy. Nor has the Trump Administration produced a National Drug Control Strategy. Instead, what the President has done is propose cutting the programs that are working.

The President's proposed budget for Fiscal Year 2018 includes a \$370 million dollar cut to the Substance Abuse and Mental Health Services Administration, which provides grants for opioid overdose drugs, mental health services, and prevention programs. In the midst of a national emergency, this is simply unacceptable.

The President's efforts to repeal the Affordable Care Act also would have devastating effects on Americans suffering from drug addiction. The latest Republican efforts to repeal the ACA would take health insurance away from approximately 2.8 million people with substance use disorders. Let me repeat that: 2.8 million people with substance use disorders would lose their health insurance if Republicans succeed in repealing the ACA. Congress must not let that happen. Additionally, repeal of the Affordable Care Act could also make it difficult for individuals with substance use disorders to find the help they need. Legislation repealing the ACA would allow states to waive the ACA requirement that mental health and substance abuse treatment be covered by insurance as essential health benefits. This would leave many of those seeking help without insurance coverage to help them afford treatment. Without ensuring that mental health and substance abuse disorders would be covered by insurance, treatment programs would be reluctant to open more facilities.

We're here today to discuss reauthorization of the Office of National Drug Control Policy. This office plays a critical role in coordinating the federal response to our nation's drug epidemic. The office manages a budget of more than \$370 million and coordinates the related activities of 16 federal departments and agencies.

ONDCP also administers two federal grant programs. Communities in my district have been fortunate to receive assistance from the High Intensity Drug Trafficking Area program, which provides grants to local, state, and tribal law enforcement agencies to counter drug trafficking activities.

In 2010, we saw a shift to emphasizing public-health based services within the National Drug Control Strategy, and I look forward to hearing from the witnesses today about the importance of a comprehensive approach to the drug crisis. Prevention and treatment are important tools in fighting this battle.

What is also important is ensuring that any National Drug Control Strategy is a strategy based on empirical evidence, and one that prioritizes results over ideology. Evidence should always guide policy, particularly when addressing matters of public health and safety.

We have witnessed the perils of failing to follow this approach in our marijuana policies to date, and cannot afford to repeat such costly mistakes. This Committee held a number of hearings on that topic in prior Congresses, and each time, I noted that we have no empirical evidence to suggest that marijuana rises to the level of a Schedule I drug. In fact, the U.S. National Institute on Drug Abuse (NIDA) – which for years was the sole Federal entity that controlled access to the Federal government’s lone research supply of marijuana – was unwilling to fund or conduct Federal research into the question of whether marijuana might have some medicinal benefits. This lack of empirical evidence to support our policy actions has led us down a dark path wherein our national drug policy has provided cover for arresting African Americans and other members of minority groups for non-violent offenses at rates of up to eight times as frequently as whites and filling our prisons beyond maximum capacity. We must rethink our approach and meet our public health challenges with evidence based public health solutions.

I want to thank our panelists for being here, for their contributions to the success of the Office of National Drug Control Policy, and for their commitment to helping us improve on those efforts. I also want to thank Chairman Gowdy for holding this hearing today, and I hope that we can continue to work together to address this national crisis. Americans are counting on us to take action.

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