Senate Committee on the Judiciary
Nominations Hearing
November 13, 2014

United States Senator Mazie K. Hirono

Questions for Mr. Michael Botticelli:

1) Mr. Botticelli, earlier this Congress this Committee looked at ways to alleviate the stress currently placed on our overburdened Bureau of Prisons. One issue we discussed was a reduction of mandatory minimum sentences for low-level, non-violent drug offenses. Do you have a position on reducing the mandatory minimums in these instances?

**ANSWER***:* Sentencing reform is urgent because prison spending has increasingly displaced other important public safety investments, such as resources for investigation, prosecution, prevention, intervention, substance use and mental health treatment, prisoner reentry, and aid to local law enforcement. It is important, therefore, that we revise penalties for certain low-level, non-violent drug offenses while maintaining significant penalties against kingpins, drug and gang organization leaders, violent defendants, and those who possessed a firearm or dangerous weapon. This balanced approach would continue to keep our communities and streets safe.

2) Mr. Botticelli, can you tell me a little more about the Office of National Drug Control Policy's prescription drug plan to reduce improper use of prescription drugs?

**ANSWER**: The Obama Administration released the Prescription Drug Abuse Prevention Plan (the *Plan*) in 2011. The *Plan* was developed in conjunction with other Federal agencies, to include the Department of Justice (DOJ) and the Department of Health and Human Services (HHS) and established specific action items. The *Plan* focused primarily on preventing prescription drug abuse and was intended to be an adjunct to the *National Drug Control Strategy* (the *Strategy*). The *Strategy*, released annually by ONDCP, provides a framework for reducing drug use and its consequences through prevention, treatment, support for recovery, criminal justice reform, law enforcement efforts and international supply reduction efforts.

<u>The *Plan* in Brief</u>

The *Plan* includes four pillars:

- **Education.** A crucial first step in tackling the problem is to educate parents, youth, and patients about the dangers of abusing prescription drugs, while educating prescribers on the appropriate and safe use, and proper storage and disposal of prescription drugs.

- **Monitoring.** Implement prescription drug monitoring programs (PDMPs) in every state to reduce "doctor shopping" and diversion, and enhance PDMPs so they share data across states and are used by healthcare providers.
- **Proper Medication Disposal.** Develop convenient and environmentally responsible prescription drug disposal programs to help decrease the supply of unused prescription drugs in the home.
- **Enforcement.** Provide law enforcement with the tools necessary to eliminate improper prescribing practices and reduce the number of pill mills.

Progress to Date

One of the most significant signs of progress under the plan is that the rate of current illicit drug use among adolescents was down 13 percent from 2009, largely due to decreases in prescription drug abuse. Decreasing the number of new initiates will lead to long-term decreases in the number of individuals with chronic prescription drug abuse problems.

Progress has been made in each of the four pillars:

- **Education:** Prescribers who work in the Federal Government in clinical roles at HHS, DOJ, and the Department of Defense are completing continuing education on substance abuse. Drug manufacturers have provided funding for grants to support safe prescribing of extended-release, long-acting opioids through the Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategy (REMS) for these drugs. The FDA has set a goal of training 80,000 prescribers evaluating the program's effectiveness for changing prescribing behavior by the end of 2015. The Federal Government has supported a variety of free or low-cost options online, such as NIDAMED,[1] Do No Harm,[2] and Scope of Pain,[3] with continuing education credits options for prescribers.
- **Monitoring:** In 2011 when the *Plan* was released, only 35 states had electronic PDMPs. In these states, the registration and use by prescribers was low.[4] Today, 49 states have operational PDMPs, and the District of Columbia has legislation authorizing a PDMP. There has been considerable activity to begin facilitating information sharing among some of these PDMPs.
- **Proper Medication Disposal:** The Drug Enforcement Administration (DEA) has held nine National Take-Back Days, and during these over 2,411 tons of medicines has been collected.[5] On September 9, 2014, DEA published its final rule on controlled

[1] NIDAMED CME training website linked to on 11/13/2014. http://www.drugabuse.gov/opioid-pain-management-cmesces?utm_source=National&utm_medium=Web-Badge&utm_content=October-2012&utm_campaign=NIDA-eTools
[2] Do No Harm website linked to on 11-13-2014. http://cme.usuhs.edu/medication-misuse-program/cme-USUAM5.html
[3] Scope of Pain Website linked to on 11-13-2014. https://www.scopeofpain.com
[4] ONDCP Fact Sheet on Prescription Drug Monitoring Programs Released 4-8-2011 available at http://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/pdmp_fact_sheet_4-8-11.pdf linked to on 11-13-2014
[5] http://www.dea.gov/divisions/hq/2014/hq110514.shtml

pharmaceutical drug disposal in the *Federal Register*, effective October 9, 2014. DEA plans to sunset its Take-Back Days program in favor of local community-supported disposal options permitted under the final rule. In anticipation, ONDCP and DEA have begun educating stakeholders about the new options for year-round disposal programs through trainings and other educational programs.

- **Enforcement:** Since 2009, the National Methamphetamine and Pharmaceuticals Initiative, an initiative of ONDCP's High Intensity Drug Trafficking Areas Program, has provided training to over 26,000 law enforcement and criminal justice professionals. DOJ enforcement efforts in Florida reduced the number of pill mills significantly over the last four years.

Resulting New Activity from the *Plan*

The National Governor's Association (NGA), the Association of State and Territorial Health Officials (ASTHO), the National Association of Attorneys General, and others have all invited ONDCP to engage with their members on these issues. NGA and ASTHO have worked with ONDCP and HHS to lead policy academies to assist state teams to develop their own prescription drug abuse prevention plans with Governor or State Health Department Commissioner support.

In addition, ONDCP is working with HHS and DOJ to expand access to the opioid overdose prevention medication naloxone, both for first responders and community groups. HHS (through its Substance Abuse and Mental Health Services Administration) and DOJ (through its Bureau of Justice Assistance) both released toolkits to help with the development of naloxone programs for first responders and community groups.

Conclusion

There is evidence the *Plan* is making a difference. A study of likely drug diversion showed a decrease from 2008 to 2012.[6] The latest available (2012) mortality data from the Centers for Disease Control and Prevention shows the first decline in the rate of fatal overdoses involving prescription opioids in over a decade.[7]

[6]Simeone, R. Doctor Shopping Behavior and the Diversion of Opioid Analgesics: 2008-2012 August 14, 2014. ONDCP Report. Available at http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/opioid_diversion_08142014.final.pdf
Linked to on 11-13-2014

[7] Source: National Center for Health Statistics/CDC, National Vital Statistics Report, Final death data for each calendar year (Oct 2014).