

U.S. Rep. Grothman: Looks for answers on opioid epidemic

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Contact: Bernadette Green, [\(202\) 225-2476](tel:(202)225-2476)

Grothman Looks for Answers on Opioid Epidemic

(Baltimore, Md.) — Congressman Glenn Grothman (R-Glenbeulah) today attended a House Oversight and Government Reform Committee field hearing at Johns Hopkins Hospital to discuss what can be done to combat the opioid epidemic.

Grothman questioned witnesses over the course of two panels. Witnesses at the hearing included New Jersey Governor Chris Christie, Acting Director of the Office of National Drug Control Policy Richard Baum, Health Commissioner Leana Wen of the Baltimore City Health Department and Dr. Caleb Alexander of the Johns Hopkins Center for Drug Safety and Effectiveness.

Excerpts of Grothman's remarks

First panel

Congressman Grothman: "This is really a horrible thing. I think it's a very publicized problem and it's still under publicized. Did you look at other countries [that] perhaps did not have the opioid problems we have? I was in Taiwan ten years ago and they had almost no problem. I think England has a big problem. Could you comment on the criminal justice systems and how they deal with possession or sale of opioids in other countries?"

Governor Christie: "Well, we took a look at it from a criminal justice perspective. What we looked at it from was an availability perspective and the biggest difference we see between our country and the others is the extraordinary overprescribing of these drugs. We believe that part of it was caused by the federal government, quite frankly. With this, you know, pain is a vital sign requirement. [Everybody] who leaves the hospital has to have the smiley face, you know, [as their pain level]. And hospitals were evaluated on this basis. And so, what was going on was hospitals saying, 'Well heck, if we are going to be evaluated on this basis, you're going to leave with no pain. And the best way to leave with no pain is to give you a whole bottle of Percocet and get you taking it.' So the difference is the way, at the very base of this problem, we're dealing with the availability of this medication."

Grothman: "Do you know anywhere where I would even be able to get access to how they treat possession or sale of opiates in other countries that don't have this problem?"

Christie: "Sure. We, and the Commission, could be very helpful in that regard. Because we've dealt with a lot of other countries on those issues, but not on the particular one you're talking about. But we'd be happy to be helpful. You get your staff in touch with ours, we'd be happy to help."

Grothman: "What percentage people who are arrested for opiates, heroin or whatever, are addicted and what percent are just using it?"

Christie: "I don't know the exact numbers, Congressman. What I will tell you is that the rate of addiction in terms of the amount of time that it takes someone to get addicted to these, according to the Center for Disease Control (CDC), is as little as three days. So if you have a predisposition to this, within three days of your use you could become addicted, which is why the CDC says — their recommendation is to limit prescriptions to no more than three days on initial prescription because they think beyond three days you can become addicted."

Grothman: "When you talk to people who were arrested for heroin, do they say they were addicted in one or two days?"

Christie: "Yes. And I've spoken to literally hundreds of people across my state in treatment centers about this who say that the time for addiction is very brief. I will tell you that one young woman, who is part of our public advertising campaign on this issue in New Jersey, is a young woman who suffered an injury, a knee injury,

and she used her first bottle of pills. This young woman who was a college graduate, cheerleader in college, went out and had her first job and she was addicted within the first week that she was on these drugs. She went from being employed, having her own place to live, supporting herself to, within 60 days, having lost her job, moved out of her apartment and was living on the streets of Atlantic City, NJ and prostituting herself to get heroin.”

Grothman: “One of the things on treatment is, of course, some people feel that treatment is frequently ineffective. Could you give us your opinion of what constitutes ineffective treatment or how we can avoid ineffective treatment?”

Christie: “What constitutes ineffective treatment is anything that’s not evidence-based. And so, we should not be operating theoretically here, and there’s no reason to because there’s sufficient information across this country in the medical community about what works and what doesn’t. And medication-assisted treatment works for most people who try it. The fact is, though, that the way to make sure ineffective treatment isn’t happening is through the state regulatory bodies that regulate the departments of health across this country; [they] need to be very vigilant about regulating what happens in treatment centers. And there are places in this country where you have a lot of fallacious treatment. I don’t want to be the first to shock you and say that there is fraud in all different areas of our country when there’s money to be made. That does not discount the value of treatment. What it does is, it increases the need for regulatory bodies and prosecutors to go after those people who are ripping off people by giving them false hope with fake treatment.”

Second panel

Congressman Grothman: “On the break I ran into a woman down here who had a relative who had been through treatment dozens of times, which kind of obviously means that treatment doesn’t always work. I’d like you folks to comment on, percentage-wise, how often, in your experience, in programs you deal with, treatment works and what distinguishes the programs that are successful to those programs that are not successful? And also what percentage of admissions do you expect to be successful with regard to treatment?”

Dr. Alexander: “I could begin and say that there is no question that opioid use disorders are really, really serious and individuals that have opioid addiction remain with a lifelong vulnerability to the products and this is one on the reasons that we

reduce the over-prescribing of prescription opioids in the first place.”

Grothman: “They only give me so much time. Can you tell me percentage-wise, in the treatment programs you’re familiar with, how many times people go into treatment and percentage-wise how many times they are successful?”

Dr. Wen: “The data that I’ve seen are about 40-60 percent rate of recovery, recognizing that addiction is a complex disease and that we need to be ready for people when they want to go into treatment. Governor Christie had mentioned that he had not met people who were ready for treatment. I meet them all the time. And the problem is that we need to be ready for people at that moment, not to have them wait weeks or months and then recognize that relapses are part of recovery because that’s the nature of the disease.”

Grothman: “So you expect a treatment to be successful half the time. In other words, half the time of a heroin addict or an opioid addict goes in they will never do it again. Is that your expectation?”

Wen: “They may not be successful that first time, but they may be successful that second time and recognizing that there are forms of treatment that are evidence-based and some that are not. So, we need to be promoting these evidence-based treatments, which include medication-assisted treatment.”

Grothman: “Just, when you get on the internet it implies that, you know, these are wildly unsuccessful, that’s why I’m asking you.”

Mr. Baum: “I just wanted to add to that. It’s true that relapse rates are a challenge. But, I think that if we move away from this sort of isolated, episodic treatment model to ongoing, continuing care, we can drive down relapse rates. Sometimes we have a detox program that’s separate from an in-patient treatment, that’s separate from ongoing recovery supports, and we have to stop doing it that way. The system has to evolve to have ongoing recovery support so that relapse rates are driven down. In summary, I would say we shouldn’t accept the level of relapse rates, I think we can drive them lower if we work harder, work smarter.

Grothman: “Okay, you’re touching on something I think Governor Christie wanted to stay away from. Do you find that sometimes family background is a correlation with abuse?”

Baum: "I think that the evidence that people of all walks of life and all type of background, of every level of wealth and every racial group are affected by the drug problem."

Grothman: "That goes without saying, but I mean percentage-wise."

Baum: "I think if you look at the percentage breakdown of a socioeconomic group, there's a little bit of variation. But really, everyone is being affected by this problem. Everyone with the disease of addiction need and deserves treatment and ongoing recovery support."

Background

Opioid-related deaths have more than quadrupled over the past 20 years as the number of opioids prescribed has increased.

In 2015 alone, more than 50,000 Americans died as a result of heroin and prescription drug overdose.

In October, the Trump administration declared the opioid crisis a public health emergency.