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Testimony of Senator Jeanne Shaheen
Before the Committee on the Judiciary
Hearing on America's Epidemic of Heroin and Prescription Drug Abuse
January 27, 2016

Chairman Grassley, Ranking Member Leahy and Members of the Committee:

Thank you for the opportunity to testify today on the epidemic of heroin and prescription opioid abuse. My testimony will focus on two bills that I have introduced: the *Opioid and Heroin Epidemic Emergency Supplemental Appropriations Act*, which would allocate \$600 million in emergency funding to address this national crisis, and the *Combat Heroin and Backlog Act*, which would authorize a grant program to help reduce the chronic backlog of heroin and fentanyl cases at state police crime labs.

I also want to acknowledge Manchester Police Chief Willard, who will testify later this morning. Chief Willard, who has been with Manchester Police Department for 23 years, was steering the ship when on June 30 his officers uncovered and executed a major drug bust that happened on the eve of his swearing-in ceremony. It also led police to shut down a major drug operation in Lawrence, Massachusetts.

We speak of the heroin and opioid abuse "epidemic," but in fact we now confront a pandemic that is impacting young and old, urban and rural, rich and poor, whites and minorities, and spreading to every state in the Union, including Alaska and Hawaii. Nearly 47,000 people died from drug overdoses in 2014, more than in any previous year. From 2000 to 2014, nearly half a

million Americans died from overdoses, which are now killing far more Americans annually than car accidents. A recent study cited by the *New York Times* found that unlike every other racial and ethnic group, and unlike every other wealthy country, mortality rates among middle-aged white Americans are increasing rather than decreasing. The increase was primarily attributed to rising substance abuse disorders. In New Hampshire, we're now losing one person every day to overdoses.

Yet despite this horrific toll, public health and law enforcement agencies at all levels currently lack the resources to mount an effective response to the opioid and heroin epidemic. Time and again we hear about the lack of funding to marshal an effective, well-coordinated response. On good days, our first responders and treatment providers are barely able to keep up. On bad days, they are overwhelmed. Nationwide in 2013, nearly nine out of 10 people needing drug treatment did not receive it. This is tragic, and it is unacceptable. As we have done with past epidemics, we need to mobilize a well-funded national response that is equal to the challenge.

My legislation proposes \$600 million in emergency funding to help stem this crisis; the funding is about evenly divided between public health and law enforcement. Specifically, it provides an additional \$200 million under the Edward Byrne Memorial Justice Assistant Grant Program to fund state and local efforts, including law enforcement, prosecutions and court programs, drug treatment and enforcement programs, as well as prevention and education programs. It also provides an increase of \$10 million for COPS Anti-Heroin Task Force grants, targeting resources to support police operations on the ground.

In 2009, Congress passed \$2 billion in emergency funding to fight a swine flu epidemic. A little more than one year ago, Congress appropriated \$5.4 billion in emergency funding to combat the Ebola outbreak in West Africa. Clearly we can do more to help with the opioid and heroin crises. We need better coordination between federal agencies and state and local partners, we need to expand training for physicians on prescribing practices, we need to expand efforts to track and crack down on over-prescription, and frankly we need more resources on the ground in our local communities.

Let me also briefly touch on the *Combat Heroin Epidemic and Backlog Act*, which would authorize up to \$10 million per year for three years to state police crime labs. My bill is modeled on the *Combat Methamphetamine Act of 2005*, passed by this Committee.

Across the country, state police forensic laboratories have accumulated backlogs of heroin and fentanyl cases. In New Hampshire, for example, the state forensic lab receives some 750 testing requests each month, but can only process 450. The growing backlogs result from a steady increase in heroin cases over the last few years and a dramatic surge in fentanyl cases. As you know, fentanyl is 80 to 100 times more potent than morphine. Two milligrams or less, a dose the size of a few grains of salt, can kill. According to the CDC, fentanyl related deaths increased 80 percent between 2013 and 2014. Last week, I visited Maine with Senator King, where we were told that two years ago there were seven fentanyl related deaths; a year later there were 43. In New Hampshire, our lab reports that we are now seeing a 1 to 1 ratio of heroin to fentanyl cases.

We must act with a sense of urgency. Delays in processing drug samples have disrupted every stage of the policing and judicial processes. No longer able to identify combination and designer drugs by sight, undercover law enforcement are forced to wait to verify purchased samples before continuing investigations. Similarly, prosecutors and judges are less likely to offer or accept plea deals without lab confirmation of a drug's authenticity. Put simply, these backlogs are inhibiting our ability to get dangerous criminals and drug traffickers off the streets. I firmly believe this bill would save lives.

Mr. Chairman, both of my bills are designed to allocate urgently needed resources to combat the opioid and heroin epidemic. Across the nation, law enforcement and public health professionals have responded with beyond-the-call-of-duty efforts. But as the epidemic intensifies, they are increasingly overwhelmed. Congress owes them the support they need to marshal an effective, well-resourced campaign to put a stop to this profoundly destructive public health crisis.