

STEPHEN F. LYNCH  
9TH DISTRICT, MASSACHUSETTS

COMMITTEE ON FINANCIAL SERVICES  
SUBCOMMITTEE ON CAPITAL MARKETS AND  
GOVERNMENT-SPONSORED ENTERPRISES  
SUBCOMMITTEE ON FINANCIAL INSTITUTIONS  
AND CONSUMER CREDIT  
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON OVERSIGHT AND  
GOVERNMENT REFORM

RANKING MEMBER, SUBCOMMITTEE ON FEDERAL  
WORKFORCE, U.S. POSTAL SERVICE, AND LABOR POLICY  
SUBCOMMITTEE ON NATIONAL SECURITY, HOMELAND  
DEFENSE AND FOREIGN OPERATIONS  
SUBCOMMITTEE ON TECHNOLOGY, INFORMATION POLICY,  
INTERGOVERNMENTAL RELATIONS AND PROCUREMENT  
REFORM

ASSISTANT DEMOCRATIC WHIP

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-2109**

2348 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-8273  
(202) 225-3984 FAX

88 BLACK FALCON AVENUE  
SUITE 340  
BOSTON, MA 02210  
617-428-2000  
617-428-2011 FAX

PLYMOUTH COUNTY REGISTRY BUILDING  
155 WEST ELM STREET  
SUITE 200  
BROCKTON, MA 02301  
508-586-5555  
508-580-4692 FAX

WWW.HOUSE.GOV/LYNCH

**TESTIMONY BEFORE THE**  
**HOUSE COMMITTEE ON THE JUDICIARY SUBCOMMITTEE ON CRIME,**  
**TERRORISM AND HOMELAND SECURITY**  
**THE PRESCRIPTION DRUG EPIDEMIC IN AMERICA**  
**WEDNESDAY, MARCH 7, 2012, 10:00 A.M.**  
**REPRESENTATIVE STEPHEN F. LYNCH**

Good morning, Mr. Chairman, ranking member Scott and Members of the Committee. First let me thank you for providing my colleagues and me with the opportunity to testify on the very important issue of prescription drug abuse.

I appreciate that this is a broad hearing on the issue, which is appropriate, because it is multi-layered and has wide-ranging impact.

Prescription drug abuse in the United States is an epidemic, plain and simple.

In fact, according to the centers for disease control (CDC), prescription drugs cause most of the more than 26,000 fatal overdoses each year.

If that many people died from avian flu or some other virus it would make headlines around the world. And that is part of the problem we face. There is a misperception about substance abuse that prevents many people from identifying it as the problem it is. That in turn makes it more difficult to find a real solution.

My colleagues and I are here today to refute that misperception, to testify that this is not an inner city problem or a problem that affects only those who have made the wrong choices in life.

The four of us, Mr. Rogers, Mr. Rahall, Ms. Bono Mack, and myself, represent districts that individually and together reflect the diversity of America.

Many of our constituents struggle with prescription drug addiction and its consequences.

Abuse of prescription medicine, especially pain relievers, is a major problem nationally, and particularly in Massachusetts, where deaths, emergency room episodes and admissions for treatment related to non-heroin opioids has skyrocketed in recent years. Of the five thousand adults admitted to recovery home in Massachusetts in 2011, nearly 30% listed "other opiate".

I have been exposed to this problem since before I entered elective office and continue to be frustrated by its proliferation.

The Boston Public Health Commission reports in its "Health of Boston 2010", that the substance abuse treatment rate for my neighborhood of South Boston is 48 admissions per 1000 residents. That's nearly 5 % of the population. And those are only the people who are getting help. Sadly, the report also revealed that South Boston had the highest average annual opioid mortality rate in the City of Boston.

A regional, newspaper, *The Quincy Patriot Ledger*, reported recently that an overdose claims 1 life every 8 days in Massachusetts South Shore communities. And there is no distinct pattern to the victims. With a median age of 41 years, they are homemakers, professionals, students, and laborers. Addiction does not discriminate.

We spend precious public and private dollars on substance abuse programs to help individuals and families who have chosen to face the problem and get help. There are many dedicated people in the treatment community who are doing wonderful work. But they are treating increasing numbers of new and relapsed admitants, very often with shrinking budgets.

About five years ago, the Massachusetts bureau of substance abuse services launched a pilot program of providing naloxone (nal-ox-one) – a medicine that blocks opioids and reverses opioid overdose – to people considered high risk. The program met with such success that the state of Massachusetts expanded it. While this is positive news, there needs to be a better way to prevent an overdose. We need to prevent it from getting to that point.

Prescription pain medication helps many people suffering from a range of chronic and temporary conditions. But for some, exposure to pain medication, whether prescribed or obtained through other non-nefarious means, can be the beginning of a long, tragic battle. We are all aware of the slippery slope associated with addiction to prescription drugs. 99% of individuals entering treatment facilities who report heroin use started with prescription medication like oxycontin.

We, more than most, are in a position to do something about it.

In addressing the problem we need to consider the myriad contributing factors. We need to look at composition and marketing of these addictive drugs, the regulatory approval process and labeling requirements. We need to improve training and education for all parties – medical professionals, law enforcement, government and individuals and families. And we need to deal with access to and disposal of these drugs. This is a complex problem that will require a coordinated effort to solve.

I commend my colleagues on the congressional prescription drug abuse caucus for their legislative efforts and look forward to continuing to work with them on this very important issue.

Thank you again, Mr. Chairman, for recognizing the importance of this topic.