

House Oversight and Reform Committee Hearing
Trump Administration's Response to the Drug Crisis
March 7, 2019

On Thursday March 7th the House Oversight and Reform Committee held a hearing entitled, “Trump Administration’s Response to the Drug Crisis.” Witnesses at the hearing included:

- James Carroll, Director of the Office of National Drug Control Policy (ONDCP)
- Mike McDaniel, Director of the Houston High Intensity Drug Trafficking Area
- Triana McNeil, Acting Director of Strategic Issues at the Government Accountability Office

Full witness testimony is available [here](#).

At the hearing, Democrats generally criticized the Administration’s response to the opioid epidemic and the relatively short 23-page drug strategy released in January while Republicans were largely more focused on securing the southern border. In a scathing opening statement, Chairman Cummings (D-MD) took ONDCP Director Carroll to task and stated,

“There is both a leadership vacuum and a competence vacuum at the head of ONDCP. Under federal law, one of the most basic and important jobs ONCDP has is to issue a national drug control strategy. However, in all of 2017, the Trump Administration failed to meet this most basic statutory requirement. In 2018, it was no different. NO strategy was issued. Let that sink in for a moment. For two years—more than half of President Trump’s term—the White House had no national drug control strategy. All while tens of thousands of people were dying and the crisis was escalating every single day. Mr. Carroll, I have to tell you—I believe your priorities are misplaced. Think about all those days and weeks and months you spent trying to squirm out of today’s hearing, or delay it, or fight about who is on which panel. That was an absolute waste of everybody’s time. All the while, you could have been focused on developing a real strategy—with concrete goals and measurable outcomes. You could have been focused on complying with the law that Congress passed and on saving the lives of tens of thousands of your fellow Americans. But you squandered that opportunity. Those days are lost forever. In fact, if today’s hearing lasts just two hours, 15 more people will die while you are sitting here explaining why you had no strategy for the past two years—and still don’t really have one today. Mr. Carroll, we are going to ask you tough questions today because that is our job, and frankly, we do not think you have been doing yours. When you respond, you have a choice to make. You can either buckle down and work with us, or you can continue to waste precious time and allow this crisis to worsen. It’s up to you.”

Ms. McNeil with the Government Accountability Office (GAO) largely confirmed Democratic criticisms of the drug plan stating that it does not meet statutory requirements. She testified that “the strategy does not include certain legally required information, such as specific targets against which agency success can be measured.” Specifically, the strategy does not indicate measures of success for the objectives, does not have a timeline for those objectives, does not have a performance measurement system for the agency, and does not have a five-year projection for program and budget priorities. Additionally, later in the hearing during the question and response portion, she stated that ONDCP had not provided all of the requested documents or personnel interviews that GAO has asked for as part of an audit of the agency.

In response to criticisms, Director Carroll said that ONDCP is working on additional pieces of the strategy and that a 208-page data supplement will be released by the end of the month. He touted that ONDCP will be creating a public health unit with a chief medical officer with a focus on treatment and recovery. He also said that the only measure that counts is the lowering of the opioid overdose death rate.

When asked directly in a heated exchange with Rep. Connolly (D-VA) if the plan complies with the law, he said that he believes that it does. Carroll told Connolly that the strategy document noted that an interagency process will be underway to complete the requirements.

Rep. Meadows (R-NC) was one of the few Republicans who pushed Carroll, stating to him that hearing GAO's testimony was like "nails on a chalkboard," that ONDCP needs to "make GAO happy" and that he is concerned with the plan's lack of measurements because anything that is not measured is not achievable. Meadows asked Carroll what a reasonable time frame for addressing GAO's top three concerns would be and Carroll said that the data supplement, which will not include metrics and quantifiable information, will be available by the end of March and that he hopes the interagency work would be completed within 60 days. Carroll told Meadows that the issue of opioid misuse and overdoses is personal to him as he was in a detox center with a family member 20 months ago and that he gets up every morning committed to the issue.

Following the exchange with Rep. Meadows, Chairman Cummings told Director Carroll that the Committee expects him to testify again in 60 days – the week of May 6 – to report on ONCDP's progress.

As noted above, Republicans largely took the opportunity at the hearing to talk about a need for a border wall to stop the flow of drugs into the country. Democrats also spoke about the wall, but from the context of highlighting the differing responses to the two emergencies as declared by the Administration. Rep. Ocasio-Cortez (D-NY) noted that millions of dollars are being transferred across the federal government to pay for the southern border wall and asked how much money had been transferred to the public health emergency fund to address the opioid misuse and overdose epidemic. Carroll responded that "very little" had. Mary Denigan-Macauley, Acting Director of Health Care at the GAO, confirmed no public health emergency funds had been used for the opioid crisis since the declaration was made. Only \$57,000 is available in the public health emergency fund. Carroll said he was not at ONDCP when the opioid emergency was initially declared, but that he believes that the intent of the opioid emergency was to raise public awareness about the scope of the epidemic.

Some of the other issues that were raised during the hearing include:

Quality treatment and recovery services

Rep. Grothman (R-WI) said he had been told that individuals were at greater risk of overdosing after treatment and that sometimes no treatment would be better than some. Carroll said that is true that an individual is at greater risk of overdose after treatment or incarceration but he was unfamiliar with the idea that no treatment would be better.

Later in the hearing, Rep. Rouda (D-CA) said that there has been an increase in sober living facilities in his district. He described the facilities as "fly by night" operators who "recruit addicts from around the country" and then evict them from the facility once their insurance benefits run out. Rouda noted that the Administration's opioid commission chaired by Chris Christie recommended developing quality standards for sober living facilities and asked if that had happened.

Carroll responded that he has met with stakeholders regularly, that the SUPPORT Act requires HHS to issue best practices for entities operating recovery housing and that stakeholders are coming up with a rating system on their own.

Naloxone

Chairman Cummings and Rep. Welch (D-VT) both raised the issue of naloxone pricing. Welch noted that the Christie Commission recommended negotiating with manufacturers to bring prices down and asked if steps had been taken towards that goal. Carroll responded that funds in the state opioid response grants could be used for purchasing naloxone for first responders. Welch tried to get Carroll to commit to negotiating, but Carroll was somewhat evasive and said that he has naloxone on his person and required all of his employees to be trained in its use.

Welch asked if there is widely varying access to naloxone and Carroll responded that he was with 100 behavioral health specialists on Monday and he asked them if they had trouble getting naloxone and they all said no – that they have the ability to get it. Welch responded that that surprised him because that is not what he hears and that affordability is a real challenge. Carroll noted that prices have remained stable over the last two years. Welch responded that naloxone cannot be accessed if it's not affordable and pointed to the \$100 price for a two pack of nasal naloxone and the \$4,500 price for a two pack of the auto-injector, stating that the costs are pretty expensive.

Chairman Cummings called on Carroll to use his position to get manufacturers to bring the price of naloxone down. Carroll offered to host a bipartisan meeting with manufacturers and Members, do a training on the Hill on naloxone and provide it to Chairman Cummings if ethics rules would allow that.

Next Steps

As noted above, Chairman Cummings said Director Carroll will be expected to testify again before the Committee in 60 days.