Department of Justice

STATEMENT OF

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BEFORE THE

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS
UNITED STATES SENATE

FOR A FIELD HEARING IN CLEVELAND, OHIO
ENTITLED

EXAMINING THE IMPACT OF THE OPIOID EPIDEMIC

PRESENTED

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Statement of Carole S. Rendon
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Northern District of Ohio
Committee on Homeland Security and Governmental Affairs
United States Senate
Cleveland, Ohio
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Chairman Johnson, Ranking Member Carper, and Members of the Committee, thank you for the opportunity to discuss the most pervasive drug problem facing the Northern District of Ohio today: the heroin, prescription opioid, and illicit fentanyl overdose epidemic. I appreciate the opportunity to testify today to discuss how we, in Northeast Ohio, are addressing this crisis through our innovative Northeast Ohio Heroin and Opioid Task Force.

The rise of heroin and the misuse of prescription opioids in Ohio – and across the United States – is one of our biggest challenges to public health and safety. It threatens our communities, families, and children. Heroin use and the prescription drug misuse are intertwined and both must be addressed. Although a small percentage of those prescribed opioids misuse them, 80% of new heroin users previously misused prescription pain medications.[1] The Department of Justice and the entire Administration are working closely together with our federal, state, local, and tribal partners to fight this growing epidemic through a combination of enforcement, prevention, education, and treatment.

This is truly a crisis in our community in Northeast Ohio. Several years ago, we identified and began responding to a health care and law enforcement crisis that has impacted every corner of our state, but was first apparent to us here in Cuyahoga County. Heroin overdose deaths increased in Ohio's largest county by more than 400 percent between 2007 and 2012, when 161 people died as a result of heroin overdose, in addition to another 111 who died from overdose of other opioids. By 2013, that number had increased again, to 194 fatal heroin overdose deaths. In 2012, people living in Cuyahoga County were more likely to die from a heroin overdose than a car accident or homicide. Sadly, the number of overdose deaths has continued to increase, particularly with the introduction of fentanyl, which has proven to be incredibly deadly. According to the Cuyahoga County Medical Examiner, while there were only five overdose deaths in 2013 involving fentanyl, in 2014 that number rose to 37, and in 2015 to 91. In 2014, we lost 177 people to heroin overdoses, 16 to fentanyl overdoses, and 21 to a combination of heroin and fentanyl. In 2015, heroin alone resulted in 137 overdose deaths, while fentanyl spiked to 44 deaths, with an additional 47 people dying of a combination of heroin and fentanyl. In 2016, we have had 125 fatal overdoses from heroin and fentanyl in Cuyahoga County alone, and it is only April. We were overwhelmed by a death a day in the early part of

[1] Muhuri, P. et. al., *Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States*, CBHSQ Data Review (August 2013), retrieved from http://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm.

the year. Then, in March, we started to see an average of two overdose deaths a day. The devastation is undeniable.

This crisis, however, is not limited to Cuyahoga County. We are seeing waves of overdoses, both fatal and non-fatal, in Lorain, Summit, Stark, Lucas, and Marion Counties. No part of our District is safe from this epidemic. Nationally, there were over 47,000 overdose deaths in 2014, or approximately 129 per day; 61 percent of those deaths involved either a prescription opioid or heroin. These are our family members, friends, neighbors, and colleagues.

Faced with this crisis, we assembled the Northeast Ohio Heroin and Opioid Task Force (Task Force). This Task Force brought together a wide and diverse group of stakeholders to identify and implement comprehensive solutions to this growing crisis. There was a lot of positive work being done in our community already; our goal was to build upon and expand on it.

A summary of Task Force members speaks to both the breadth of the partnerships as well as the multifaceted nature of the problem that we face. Led by the United States Attorney's Office for the Northern District of Ohio, members are leaders from all of our major healthcare institutions, including: University Hospitals; Cleveland Clinic and MetroHealth Medical Center; Cuyahoga County Sheriff's Department; Cuyahoga County Common Pleas Court; the Cuyahoga County Prosecutor's Office; Ohio Attorney General's Office; judges from Geauga and Ashtabula counties; Robby's Voice; Orca House; WKYC Channel 3; Cleveland Division of Police; Drug Enforcement Administration, Federal Bureau of Investigation; Department of Justice's Organized Crime Drug Enforcement Task Forces (OCDETF); Ohio State Medical Board; Ohio State Pharmacy Board; Cuyahoga County Board of Health; Cuyahoga County Medical Examiner; Alcohol Drug Addition & Mental Health Services Board; Westshore Enforcement Bureau; educators; clergy; treatment providers; faith leaders, and others.

Having hosted a Prescription Pill Summit (Summit) in the Spring of 2012, the Task Force quickly decided that we needed to host a second community-wide summit to focus on solutions and raise awareness of the problem of heroin and opioid abuse in our community. It seems hard to believe now, but in 2013 there were many people who were either unaware of the scope of the problem or in denial that it was happening in their community. Our goal was to use the Summit to create a concerted, coordinated effort to address the problem from multiple fronts and stem the tide of death and destruction wrought by heroin and opioid addiction.

We brought together more than 700 community members and leaders of Northeast Ohio's top institutions, including: doctors from all of our hospital systems; federal, state, and local law enforcement; addiction specialists; pharmacists; the medical examiner; parents of children who died from heroin or other opioids; educators; and people in recovery. The result of the Summit was the creation of a Heroin and Opioid Community Action Plan to guide the work of our Task Force. The Action Plan was not set in stone, but was designed to serve as a guide, with goals and action items that would and could change as we achieved successes or needed to address new problems.

The Heroin and Opioid Community Action Plan addresses the heroin and opioid crisis from four perspectives: 1) law enforcement; 2) healthcare policy; 3) education and prevention; and 4) treatment. Here are just a few examples of success we have achieved by implementing this comprehensive plan:

- The Law Enforcement Subcommittee: Working with the Cuyahoga County Sheriff and Prosecutor, and the Cleveland Division of Police, we created a Heroin-Involved Death Investigation Team. Fatal heroin overdoses are now treated as crime scenes, with investigators going to every scene to gather evidence that we can use in potential criminal prosecutions of the drug dealers who are poisoning our community. To date, the United States Attorney's Office for the Northern District of Ohio has filed "death specification" indictments against nine drug dealers, and dozens more manslaughter charges have been filed in state court. This law enforcement model is now being replicated in Lucas County.

- Healthcare Policy Subcommittee: Members of the Task Force, particularly doctors from University Hospitals, Cleveland Clinic, and MetroHealth Medical Center, have worked to increase physician use of Ohio Automated Rx Reporting System (OARRS), the statewide prescription drug monitoring program, and have helped develop increased training and education for doctors about the dangers and unintended consequences of overprescribing opiates. A recent Centers for Disease Control and Prevention (CDC) report noted that in 2015, the total doses of opioids prescribed in Ohio decreased to 701 million from a high of 793 million in 2012, a decrease of 11.6 percent.[2] While that decrease is the result of many factors, we believe the work of the Task Force certainly helped in that effort.

- Education and Prevention Subcommittee: Members of the Task Force have organized town hall meetings and presentations at schools and community organizations attended by thousands of people throughout Cuyahoga County. Task Force members also have spearheaded two significant media campaigns to raise awareness of this crisis. The Ohio Attorney General is also leading an effort to get a science-based drug education program into our middle school curriculum.

- Treatment Subcommittee: Dr. Joan Papp, Dr. Jason Jerry, and other Task Force members led the effort through administrative and state legislative action to expand the availability of the opioid overdose-reversal drug naloxone to first responders and relatives of people with substance use disorders. Dr. Papp's Project DAWN (Deaths Avoided with Naloxone) has provided overdose prevention training and naloxone kits to persons with opioid use disorders and their loved ones throughout Cuyahoga County. Their work has literally saved hundreds of lives. They are continuing that work while also addressing the critical shortage of treatment facilities in our region.

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[2] Spies, E., et. al., *Undetermined Risk Factors for Fentanyl-Related Overdose Deaths*, EpiAid 2016-003, Trip Report – Epi2 (March 2016), retrieved from http://www.healthy.ohio.gov/~/media/HealthyOhio/ASSETS/Files/injury%20prevention/Ohio%20PDO%20EpiAid%20Trip%20Report_Final%20Draft_3_18_2016.pdf.

The Heroin and Opioid Action Plan that serves as the master plan for Northern Ohio's attempt to address this crisis, and the sustained Task Force efforts to implement that plan, are excellent examples of what it means to develop a multi-faceted approach that is smart on crime. Our Task Force model is now being replicated in United States Attorney's Offices throughout the country, including in Georgia, Illinois, Minnesota, New Mexico, Montana, Maine, and Kentucky.

While we have had many successes, the Task Force is keenly aware that the death rate has only increased as the threat has morphed from prescription painkillers to a combination of heroin and fentanyl. A recent CDC report further examines the increase in unintentional fentanyl-related drug overdose deaths in Ohio and notes the dangers of injection drug use.[3] Rather than discouraging us, the on-going crisis has underscored the need for all aspects of our community to come together and continue to implement a comprehensive approach to this problem.

These efforts have had an impact on local communities. Thanks to Task Force member Dr. Papp and Project DAWN, the number of people who died last year from heroin and fentanyl was nearly half as high as it otherwise would have been (228 dead vs. 398 without DAWN) in Cuyahoga County. Similarly, our Medical Examiner recently sounded the alarm in a widely issued press release on the appearance of fentanyl in pill form, dyed blue to look like oxycodone, but far more potent and deadly. That alarm led law enforcement to focus its efforts on fentanyl, resulting in the seizure last month of more than 900 fentanyl pills and the arrest of the dealer who was selling the pills.

Nationally, to enhance synchronization and coordination of Federal efforts, in October 2015, the Office of National Drug Control Policy (ONDCP) in coordination with the National Security Council, established the National Heroin Coordination Group (NHCG). The NHCG, a multidisciplinary team of subject matter experts within ONDCP focused exclusively on working the heroin and fentanyl problem set, helps guide and synchronize the interagency community's efforts to reduce the availability of heroin and fentanyl in the United States by disrupting the global supply chain. The NHCG is the hub of a network of interagency partners who can leverage their home agency authorities and resources with the desired result of significantly reducing the heroin-involved deaths in the United States through a disruption in the heroin and fentanyl supply chains, a detectable decrease in the availability of those drugs in the U.S. market, and the complementary effects of international engagement, law enforcement, and public health efforts. The Department is also working to address this crisis. OCDETF has established a multi-agency, national heroin initiative to facilitate rapid collection and sharing of relevant information across agencies, jurisdictions, and disciplines, to maximize the effectiveness of the Department's holistic approach. DEA is using all available criminal and regulatory tools – both domestically and internationally – to combat this threat by identifying, targeting, disrupting, and dismantling individuals and organizations responsible for the illicit manufacture and distribution of pharmaceutical controlled substances. DEA also is targeting the Mexican-based criminal organizations that are supplying heroin to the United States. Finally, the office of Community Oriented Policing Services (COPS) program recently announced that it is accepting applications

[3] *Id.*

for COPS Anti-Heroin Task Force (AHTF) grants. The 2016 Anti-Heroin Task Force Program is a competitive grant program that assists state law enforcement agencies in states with high per capita levels of primary treatment admissions for both heroin and other opioids. AHTF funds will be used for investigative purposes to locate or investigate illicit activities related to the distribution of heroin or the unlawful distribution of prescription opioids.

We see a continued need to aggressively prosecute drug traffickers and disrupt the supply of illicitly manufactured fentanyl and heroin into the United States. Simply getting treatment for everyone suffering from substance use disorders will not solve the problem, because not everyone is ready to enter treatment and treatments are imperfect, but given the size of the existing population of heroin and opioid users, we must make sure we have enough treatment capacity so that when someone says enough and wants help, treatment is immediately available. Changing prescribing practices alone also will not cure the problem, but we must continue to curb the rate at which doctors are prescribing opioids and address the underlying incentives that have led to that practice. Education is a key component. That's why the Administration has supported requiring practitioners (such as physicians, dentists, and other authorized prescribers) who request DEA registration to prescribe controlled substances to be trained on responsible opioid prescribing practices as a precondition of registration. Finally, every one of us must continue to talk to our children, our friends, and our colleagues about the dangers of opioids and how no one is immune from the threat. Opioid addiction knows no boundaries. It is an equal opportunity killer of old and young, men and women, urban, suburban, and rural, rich and poor, black, white, and Hispanic. We are all at risk.

I believe it will take what we have come to call the "all of the above approach," that requires everyone to work together in concert to push back on what appears to be, at least in our corner of the world, a public health and law enforcement crisis.