

ONE HUNDRED SIXTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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January 14, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar:

We write today regarding our concerns over increasing use of stimulants, such as cocaine and methamphetamine, in the United States.

We have conducted extensive oversight and legislative work related to opioids and fentanyl, both of which remain threats to Americans and therefore remain top priorities. However, the use of stimulants by Americans has been increasing and is extremely concerning. As noted by the 2018 National Drug Threat Assessment, “as the ongoing opioid crisis justly receives national attention, the methamphetamine threat remains prevalent” and “the cocaine threat has rebounded.”¹

We are concerned that while the nation, rightly so, is devoting much of its attention and resources to the opioid epidemic, another epidemic—this one involving cocaine and methamphetamine—is on the rise.

Cocaine is a Schedule II drug under the Controlled Substances Act and is a white, crystalline powder derived from coca leaves grown in Bolivia, Peru, and Colombia. Cocaine base, or crack, looks like small irregularly shaped chunks or rocks that are whiteish and solid. The drug is an intense, euphoria producing stimulant drug with strong addictive potential that can be snorted, injected, or smoked.²

¹ U.S. Drug Enforcement Administration, *2018 National Drug Threat Assessment* (Oct. 2018) (www.dea.gov/sites/default/files/2018-11/DIR-032-18%202018%20NDTA%20final%20low%20resolution.pdf).

² U.S. Dept. of Justice, Drug Enforcement Administration, *Drugs of Abuse, A DEA Resource Guide*, 2017 Edition (2017)

According to the Centers for Disease Control and Prevention (CDC), “[a]lmost 5 million Americans reported current cocaine use in 2016, which is almost 2 percent of the population.”³ While cocaine-involved overdose death rates in the United States decreased from 2006 to 2012, they began increasing again in 2012.⁴ CDC further reports that cocaine “was involved in nearly 1 in 5 overdose deaths during 2017.”⁵ According to a recently released National Vital Statistics report, in 2017, there were 14,948 drug overdose deaths in the United States involving cocaine, which accounted for 21.3 percent of drug overdose deaths in the United States that year.⁶

According to the 2018 National Drug Threat Assessment, cocaine availability and use in the United States have reemerged, with cocaine initiates and cocaine-involved overdose deaths exceeding the 2007 benchmark levels.⁷ According to the Assessment, this increase is largely due to the significant increases in coca cultivation and cocaine production in Colombia as well as the increasing presence of fentanyl in the cocaine supply.⁸ In addition, the Assessment notes that the “[a]verage retail price per pure gram of cocaine decreased while average gram purity increased between January 2012 and March 2017.”⁹ According to U.S. Customs and Border Protection (CBP) data, in fiscal year (FY) 2019, there were 89,207 pounds of cocaine seized nationwide, compared to 51,592 pounds in FY 2018.¹⁰

Methamphetamine is a Schedule II drug under the Controlled Substances Act and is a pill or powder; however, crystal meth can resemble glass fragments or shiny blue-white rocks. Methamphetamine is a highly addictive drug with potent central nervous system stimulant

(www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA_2017Ed_Updated_6.16.17.pdf#page=51).

³ Centers for Disease Control and Prevention, *Opioid Overdose, Data, Other Drugs* (<https://www.cdc.gov/drugoverdose/data/otherdrugs.html>) (accessed Nov. 14, 2019).

⁴ *Id.*

⁵ *Id.*

⁶ Holly Hedegaard, M.D., M.S.P.H., et al, *Regional Differences in the Drugs Most Frequently Involved in Drug Overdose Deaths: United States, 2017*, U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Vital Statistics Reports, Volume 68, Number 12 (Oct. 25, 2019) (www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_12-508.pdf).

⁷ U.S. Drug Enforcement Administration, *2018 National Drug Threat Assessment* (Oct. 2018) (www.dea.gov/sites/default/files/2018-11/DIR-032-18%202018%20NDTA%20final%20low%20resolution.pdf).

⁸ *Id.*

⁹ *Id.*

¹⁰ U.S. Customs and Border Protection, *CBP Enforcement Statistics Fiscal Year 2020* (www.cbp.gov/newsroom/stats/cbp-enforcement-statistics) (accessed Nov. 15, 2019).

properties and can be swallowed, snorted, injected, or smoked.¹¹ The 2018 National Drug Threat Assessment notes that an “[a]nalysis of domestic methamphetamine purchases from January 2012 through March 2017 indicates that the price per pure gram of methamphetamine decreased 13.6 percent—from \$81 to \$70—while the purity increased six percent—from 87.9 percent to 93.2 percent.”¹²

Methamphetamine remains prevalent and widely available in the United States.¹³ According to CBP data, in FY 2019, there were 68,585 pounds of methamphetamine seized nationwide, compared to 57,440 pounds in FY 2018.¹⁴ Most of the methamphetamine in the United States is produced in Mexico and smuggled across the Southwest Border. While cartels continue trafficking fentanyl, they are also continuing to traffic cheaper and more potent supplies of methamphetamine.¹⁵

Compared to the methamphetamine being produced in Mexico, there is more limited production in the United States, and seizures of domestic methamphetamine laboratories have steadily declined for years.¹⁶ This shift is largely a result of the Combat Methamphetamine Epidemic Act of 2005, which “requires retailers of non-prescription products containing pseudoephedrine, ephedrine, or phenylpropanolamine to place these products behind the counter or in a locked cabinet. Consumers must show identification and sign a logbook for each purchase.”¹⁷ Since ephedrine and pseudoephedrine are precursor chemicals that are used to make methamphetamine, production shifted to Mexico where the precursor chemicals were more accessible.

¹¹ U.S. Drug Enforcement Administration, *Drugs of Abuse, A DEA Resource Guide, 2017 Edition* (2017) (www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA_2017Ed_Updated_6.16.17.pdf#page=54).

¹² U.S. Dept. of Justice, Drug Enforcement Administration, *2018 National Drug Threat Assessment* (Oct. 2018) (www.dea.gov/sites/default/files/2018-11/DIR-032-18%202018%20NDTA%20final%20low%20resolution.pdf).

¹³ *Id.*

¹⁴ U.S. Customs and Border Protection, *CBP Enforcement Statistics Fiscal Year 2020* (www.cbp.gov/newsroom/stats/cbp-enforcement-statistics) (accessed Nov. 15, 2019).

¹⁵ Josh Meyer, *What are Mexican drug cartels fighting over? The chance to sell fentanyl here*, THE WASHINGTON POST (Nov. 7, 2019).

¹⁶ U.S. Dept. of Justice, Drug Enforcement Administration, *2018 National Drug Threat Assessment* (Oct. 2018) (<https://www.dea.gov/sites/default/files/2018-11/DIR-032-18%202018%20NDTA%20final%20low%20resolution.pdf>).

¹⁷ U.S. Drug Enforcement Administration, *Drugs of Abuse, A DEA Resource Guide, 2017 Edition* (2017) (www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA_2017Ed_Updated_6.16.17.pdf#page=54).

Rates of overdose deaths from all psychostimulants, including methamphetamine, have been increasing since 2010.¹⁸ In 2017, more than 10,000 Americans died from an overdose involving psychostimulants with abuse potential, which was a 37 percent increase from 2016.¹⁹ According to the aforementioned National Vital Statistics report, in 2017, there were 9,356 drug overdose deaths in the United States involving methamphetamine, which accounted for 13.3 percent of drug overdose deaths in the United States that year.²⁰

The National Vital Statistics Report breaks down the drugs most frequently involved in drug overdose deaths in 2017 by the U.S. Department of Health and Human Services' (HHS) ten regions, and found that, "[i]n the majority of states west of the Mississippi River, methamphetamine was the most common drug implicated in drug overdose deaths" in 2017.²¹ Further, while cocaine was not ranked number one for any of the regions, it was ranked in the top six for all of the regions, and in the top three for six of the ten regions.²²

Unlike medication assisted treatment available for the treatment of substance-use disorders involving opioids, there is currently no U.S. Food and Drug Administration (FDA)-approved medication for the treatment of a substance-use disorder involving cocaine or methamphetamine.^{23, 24} Rather, a substance use disorder involving cocaine or methamphetamine is best prevented and treated with behavioral therapies.²⁵ Because a cocaine overdose often leads

¹⁸ Centers for Disease Control and Prevention, *Opioid Overdose, Data, Other Drugs* (www.cdc.gov/drugoverdose/data/otherdrugs.html) (accessed Nov. 14, 2019).

¹⁹ *Id.*

²⁰ Holly Hedegaard, M.D., M.S.P.H., et al, *Regional Differences in the Drugs Most Frequently Involved in Drug Overdose Deaths: United States, 2017*, U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Vital Statistics Reports, Volume 68, Number 12 (Oct. 25, 2019) (www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_12-508.pdf).

²¹ Erin Schumaker, *Meth, not fentanyl, driving overdose deaths in western US*, ABC NEWS (Oct. 25, 2019).

²² Holly Hedegaard, M.D., M.S.P.H., et al, *Regional Differences in the Drugs Most Frequently Involved in Drug Overdose Deaths: United States, 2017*, U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Vital Statistics Reports, Volume 68, Number 12 (Oct. 25, 2019) (www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_12-508.pdf).

²³ National Institute on Drug Abuse, *Cocaine* (July 2018) (www.drugabuse.gov/publications/drugfacts/cocaine).

²⁴ National Institute on Drug Abuse, *Methamphetamine* (May 2019) (www.drugabuse.gov/publications/drugfacts/methamphetamine).

²⁵ *Id.*

to a heart attack, stroke, or seizure,²⁶ and a methamphetamine overdose often leads to a stroke, heart attack, or organ problems, first responders and emergency room doctors treat the overdose by treating those conditions.^{27, 28}

According to a former chief of operations for the DEA, “[a]ny time in our history, when we have had a period of high opioid abuse, like we have been experiencing over the past few years, ultimately, it's followed by an increased level of abuse and addiction of powerful central nervous system stimulants like methamphetamine.”²⁹

We remain committed to advance treatment, improve prevention, protect communities, and bolster efforts to fight deadly illicit drugs like opioids and fentanyl. However, our country's fight against illicit substances must be multi-faceted and we want to ensure that the appropriate attention and resources are devoted to combat these other substances as well. Accordingly, we seek to better understand how the relevant agencies are monitoring and combating this growing threat.

²⁶ National Institute on Drug Abuse, *Cocaine* (July 2018) (www.drugabuse.gov/publications/drugfacts/cocaine).

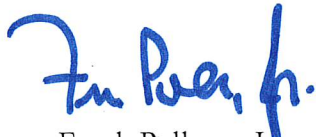
²⁷ National Institute on Drug Abuse, Drug Facts, Cocaine (last revised July 2018), *available at* www.drugabuse.gov/publications/drugfacts/cocaine; Methamphetamine (last revised May 2019), *available at* www.drugabuse.gov/publications/drugfacts/methamphetamine.

²⁸ National Institute on Drug Abuse, *Methamphetamine* (May 2019) (www.drugabuse.gov/publications/drugfacts/methamphetamine).

²⁹ Josh Meyer, *Meth Is Cheaper, More Potent, and More Common than Ever, Meth's big comeback has been driven by large-scale production, and it's riding the long tail of the opioid crisis*, VICE (Nov. 13, 2019).

To assist us in our efforts, we ask that you please make arrangements to provide a briefing to Committee staff by February 4, 2020. We appreciate your prompt attention to this request. Should you have any questions about this request, and to schedule the requested briefing, please contact Kevin McAloon of the Majority Staff at (202) 225-2927 or Brittany Havens or Jen Barblan with the Minority Staff at (202) 225-3641.

Sincerely,



Frank Pallone, Jr.
Chairman



Greg Walden
Ranking Member



Anna G. Eshoo
Chairwoman
Subcommittee on Health



Michael C. Burgess, M.D.
Ranking Member
Subcommittee on Health



Diana DeGette
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