

James W. Carroll – Congressional Testimony
Senate Committee on Aging
December 14, 2023

Chairman Casey — thank you for holding this hearing about a critically important issue, one that is often overlooked: substance use in America’s older adults. Senator Braun — thank you for inviting me to speak on it.

As Director of the White House Office of National Drug Control Policy (ONDCP) from 2019 – 2021, and the Acting Director from 2018 – 2019, I coordinated close to 20 federal agencies and a \$35 billion budget in service of addressing the scourge of addiction ravaging our country. I want to take this opportunity to thank the United States Senate for having unanimously confirmed me to that position. I have the honor of saying that for the first and only time to date, overdose deaths in the United States decreased during my time in office. That is a result of being able to work in harmony with Congress on this truly nonpartisan issue.

While I might have been called to testify based on my experience as the Director of ONDCP, I take this issue personally. With humility, I hope to speak today not only as a prior Director, but also on behalf of my own child, who is in recovery, thank God, from a dependence on opioids, as well as speak to you today on behalf of other families that have been impacted by the horrific scourge of addiction and fentanyl poisonings.

As the United States “Drug Czar,” I had the honor of meeting Americans from coast-to-coast impacted by the drug crisis. Many were in recovery and steadfast in their sobriety; others were still struggling. Many had never touched a single illicit substance in their life but bear the sadness of having lost a loved one due to drug-related death and having families torn apart.

We need all Americans to understand that treatment is vital, and recovery is real. Nevertheless, there should be accountability and effective use of existing Medicare funding streams providing this help. We need to mandate that treatment centers be accountable for positive results. Since departing my role at ONDCP, I’ve had the pleasure of engaging with the country’s leading treatment outcome-tracking company. Chairman Casey and Senator Fetterman, you might be pleased to know that this company is headquartered in Pennsylvania. But they also have a presence in almost every state of each Member here today. Our country has the technology to monitor in essentially real-time how someone is doing in treatment. We shouldn’t have to wait until someone relapses to see if the treatment center is any good. Critically, employers should support their employees who suffer from substance use disorder. Addiction is a medical condition like any other disease and employer support is necessary.

Older Americans need treatment tailored to them. They will have different needs and different obstacles to getting effective treatment than a younger population.

But I also want to call attention to the new reality of this drug crisis. Now, sadly, overdose deaths are at an all-time high with nearly 110,000 Americans lost to substance use according to the most recent CDC provisional data.

This staggering number is driven almost entirely by the dark and deadly rise in illicit synthetic fentanyl and even more potent analogs flooding our communities. The numbers are staggering, up almost 40,000 from when I was in office. This equates to someone dying every five minutes, a major airliner crashing every day, 9/11 happening every ten days.

Older adults are not immune. As Dr. Humphreys noted, the percentage of Americans over 65 who died of a drug overdose quadrupled from 2002 to 2021. CDC data shows a rapid increase in overdose deaths involving synthetic opioids (excluding methadone) for those over 65 between 2019 and 2020. Because older adults suffer from more illnesses and take more medications generally, synthetic opioids are also more likely to have toxic interactions.

A related aging problem is life expectancy. Despite the threat of COVID now contained, the life expectancy of Americans has not bounced back like it has in other countries. Undoubtedly, this is because illicit drugs are now the number one cause of death for 18-45 year olds and the fastest rising cause of death for the young. There are also too many grandparents raising their grandkids. We need to think about that, the burden they face, and the importance of that great work.

The economic toll is also startling with recent White House data showing the financial impact is \$35 billion in health care costs, \$15 billion in criminal justice systems costs and \$92 billion in lost productivity.

There is a reason the federal bipartisan Commission on Combating Synthetic Opioid Trafficking equated illicit fentanyl to “a slow-motion weapon of mass destruction in pill form.” It’s little wonder that last year a bipartisan group of 18 attorneys general called on the Biden Administration to make that WMD certification official. Congress is currently considering no less than three separate pieces of legislation asking the same. This is a crisis hitting all Americans, including our seniors.

To protect them, we cannot forget the supply side of this crisis. I can confidently say that virtually *none* of the synthetics killing Americans are produced domestically. Nearly all of the fentanyl-related deaths in the United States start with the manufacture of fentanyl precursors in China. From China, it can be finished and sent to the US via international mail, or it is shipped as a precursor chemical primarily to Mexico, where final manufacturing takes place and is then smuggled into our communities across our southern border.

During my tenure as Director of ONDCP, I led a White House delegation to China to implement the Trump Administration’s priority of ending the shipping of fentanyl and its precursors through the United States Postal Service. We were successful in that endeavor; the percentage dropped to near-zero. Sadly, bad actors continue to shovel fentanyl and counterfeit pharmaceutical drugs into the United States by exploiting other weaknesses at our porous border and in our import rules. I’m proud of Senator Vance for being an original co-sponsor of the De Minimis Reciprocity Act, which would prevent untrustworthy nations from exploiting the U.S. de minimis rule. With almost a billion packages coming into our country using this loophole, and 60% of those from China, we cannot allow these packages, at a rate of 3 million per day, to enter unchecked and uninspected.

We need to be honest: we are not doing enough to hold China and Mexico accountable. I appreciate the recent action by President Biden on China a few weeks ago. But when will we actually see results?

It’s up to Congress to decide who comes into the country, and I am not here to talk about the specifics of immigration policy in that sense. However, we must remember that supply creates its own demand. The cartels will do anything to make money and to take our money. They will sell pills to anyone. So much of their poison enters the country through our porous southern

border. I have seen counterfeit pills laced with fentanyl, and I know some of the tactics the cartels use. They will put a few kilos of marijuana in a car as a distraction for our enforcement authorities while they load up another vehicle with fentanyl to sneak it through the border.

When the border is not secure, it invites chaos, and the cartels take advantage. They exploit many of the migrants coming into our country. Yes, many illicit drugs come through legal ports of entry. Yet we must remember that when the southern border is overwhelmed, it makes the cartels' job vastly easier, and opens the door to much larger amounts of poison.

We need to fully support and fund the CBP to carry out their mission of truly protecting our country at our borders. We need to return to the previous commonsense border security policies that stopped so much chaos at the border and helped limit the flow of fentanyl and other deadly drugs into our communities.

To defeat this plague, we also have to address prevention. When it comes to synthetic drugs, the only education right now is for youth. In 2021, the DEA launched "One Pill Can Kill," a campaign to educate youth about the deadly potential of black-market pills. Companies I work with, are being hired by states across the country to use young adults in their community peer groups to deliver a similar warning. There are law enforcement groups across the country teaching students to not use drugs and how to avoid violence. I work with the only company doing this, which is using proven programming to reach students in the classroom. Senators Rubio and Scott, you will be pleased to know that they have offices in Florida.

But America's seniors need to receive this message, too. We need to educate older adults. They do not necessarily understand the dangers that are out there.

Another part of preventing death is naloxone, the amazing drug that almost instantly reverses an opioid overdose.

Chairman Braun, thank you for your hard work to convince the Food and Drug Administration to make naloxone over the counter. I am grateful to my successor at the White House who was part of this effort as well.

A 2021 study found that 58% of primary care providers report "never" prescribing naloxone to older adults, and an additional 29% say they "rarely" do. Essentially, 90% of older adults prescribed an opioid do not receive naloxone and realistically are not made aware of this lifesaving product. This data was consistent with national retail pharmacy dispensing rates of naloxone in 2018: fewer than 0.75% of seniors picked up a naloxone prescription from a pharmacy.

If there is anything even *close* to a silver bullet that we already have on-hand to combat the illicit fentanyl crisis, it's naloxone. It's saved countless Americans from death. I can't fathom what the overdose rate in the United States would be without it. Any strategy to address the tragic rise of drug-related deaths among seniors should start with naloxone.

Community organizations that work with seniors can educate about risk, too, and about how to recognize an overdose and administer naloxone. Amazing wall-mounted emergency naloxone kits are being placed in schools across the country. Senator Warnock, you must be pleased that the University of Georgia has placed 200 of these emergency kits on their campus. Additionally, naloxone ought to be kept on hand in senior care facilities and other community gathering places and made available free of charge to any who request it. States should

consider investing some of the funds they are receiving under the Opioid Settlement to expand access to naloxone. It's a chance to do a lot of good and save lives — at no cost to the taxpayer.

Finally, one way to prevent diversion and overdoses, especially accidental overdoses, is the safe, at-home destruction of leftover medications. Unwanted medications in the home can mean that a fatal poisoning can happen to anyone at any time.

It is easy to talk about numbers of people and dollars. I plead with you to remember that behind all these numbers are people – children, teenagers, adults and as we are talking about today, older Americans more than ever before – being killed. I use the word “killed” intentionally. Remember, these people were not knowingly committing suicide. These people just did not know that what they were taking was a lethal amount of fentanyl.

Every day there are headlines in all our home-state newspapers that someone, if not an entire house, of people have been killed by fentanyl. I am not willing to bet my life, or the life of any American, on just a handshake or a piece of paper. The governments of China and Mexico must act immediately to end this or be held accountable, with significant financial penalties, at the very least, if they don't end it.

Normalizing conversations about illicit substance use, its dangers, and increasing awareness will decrease stigma, move people from addiction into recovery, and save American lives — young and old. Let us focus on helping our seniors enjoy the fruits of family, friends and a life well spent.

Thank you.