

Rep. Dan Lipinski (D-IL)
Ranking Member, Subcommittee on Research and Technology
House Committee on Science, Space, and Technology
Methamphetamine Addiction: Using Science to Explore Solutions

September 18, 2013

Mr. Chairman, thank you for holding this hearing and thank you to our witnesses for being here this morning.

As a Representative from the state of Illinois, I am very interested in this topic because my state is experiencing some of the same meth abuse problems as Chairman Bucshon's district and state. Geographically, Illinois sits right in the center of the top five states in the country for number of clandestine meth lab incidents reported in 2012. With 801, it had the fifth highest number of lab incidents. My colleagues in districts affected by heavy meth abuse, as well as my colleagues in districts affected by other illegal drugs, understand the heavy burden placed not only on families, but also the local economy, hospitals, law enforcement, and the court system. Unfortunately, if the sequester continues Illinois will lose about \$3.5 million in grants to help prevent and treat substance abuse, resulting in around 3,900 fewer admissions to substance abuse programs. Congress and individual states have developed laws aimed at making the precursor chemicals for methamphetamine harder to purchase, but there is still work to be done. In order to do our jobs and craft effective policy to combat meth addiction, we need to know more about the science behind addiction and effective prevention and treatment programs.

Much of the research we will hear about this morning is funded by the National Institute on Drug Abuse at the National Institutes of Health, which unfortunately is not in this Committee's jurisdiction. But I hope today we also have an opportunity to explore the types of foundational social and behavioral research, as well as the neuroscience research, that underlies much of the more application-driven research that is the purview of several of our witnesses today. As Dr. Gene Robinson testified at the Brain Initiative Hearing in July, it is necessary to understand how healthy brains work, from both a functional and behavioral perspective, in order to cure the many devastating brain disorders that afflict our society. This is the type of science championed by NSF. Because of the important work already supported by both NSF and NIDA, our society is starting to accept addiction as a disease of the brain influenced by environmental factors.

Many people addicted to drugs trace their problem back to their school years and acting out teenage curiosity. Thus to meaningfully change this trend, our conversation must also include teen behavior and drug use, and how we might use the education system and public education campaigns as vehicles for prevention. Unless we apply what we know about the teenager's brain and behavior to the design of such education efforts, and change course as we learn more, we may be setting ourselves up to fail.

I look forward to Dr. Napier's testimony on her work studying the adolescent brain and supporting school-based curricula to help kids build good decision-making skills. These are the very skills they need to keep themselves out of the penal system where they are often introduced to a network of drug dealers within their communities making the likelihood of a relapse after release from jail very high.

Social networks and markets for meth are also important topics for research that can inform the development of more effective prevention policies. For example, we know that meth abuse often circulates within families and among close acquaintances. Additionally, as I understand it, whereas meth labs used to be typically in a room or basement of a home, a 2-liter "shake and bake" bottle can now be quickly improvised in the back seat of a car or behind the dumpster in a school yard. We also know that meth is more successful in penetrating some markets than others. Identifying and understanding the factors behind the meth market and how meth abuse spreads in social networks is a challenge that requires collaboration among social scientists and law enforcement officials.

Finally, evidence-based policy making is essential for effective treatment. If meth addicts are only fixated on their next high, as research has shown, then the standard 12-step program will not be an effective treatment tool for them. Treatment programs for meth addiction have evolved based on our increased understanding of what works and what doesn't, but more progress is still needed.

As a social scientist myself, I find all of these to be interesting and compelling research challenges. Before I close, I'd also like to mention that a bipartisan law was passed through our Committee in 2007 that addressed methamphetamine, specifically with a focus on the lack of national standards for remediation of meth labs. For every pound of meth produced, five to six pounds of toxic by-products remain in walls and carpets, as well as ventilation and waste water systems. Perhaps it's worth this Subcommittee, through its jurisdiction over NIST, reviewing where we stand now with respect to remediation standards. I think this is an area in which we can work again on a bipartisan basis for the health of our first responders who investigate meth labs and citizens in those communities.

Again, I look forward to hearing from the witnesses and hope that the testimony can get us thinking about how research can help us better tackle the increasing meth addiction problem plaguing our communities.

Thank you Mr. Chairman. I yield back the balance of my time.