Opening Statement
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House Committee on Science, Space, and Technology

Research and Technology Subcommittee Hearing:
Methamphetamine Addiction: Using Science to Explore Solutions
September 18, 2013

Good morning, I would like to thank Chairman Bucshon for holding today's hearing to explore solutions to meth addiction using scientific research.

Methamphetamine and other drug addictions wreak havoc on so many of our communities. The Office of National Drug Control Policy reports that North Texas is a national distribution center for the crystal form of methamphetamine and other illicit drugs because of its transportation and financial infrastructures and its proximity to Mexico. But meth addiction knows no bounds. Meth use crosses most demographics including gender, age, and race, and may include parents, teens, the unemployed, the homeless, and veterans. With 15 years of experience as a Chief Psychiatric Nurse at the Dallas VA, I recognize the challenges faced by soldiers returning home and the unfortunate battle many of them face with addiction and substance abuse.

Research shows that the brain is substantially changed after heavy meth abuse. Our witnesses today will be testifying about the chemical changes that take place in the brain and that describe the chronic, relapsing disease that is addiction. They will also discuss some of the behavioral changes associated with addiction and the long-term injury to the brain. Meth abuse leads to depression, aggressive behavior, paranoia and hallucinations. Contributing to meth's formidable effects is the exponentially more potent methamphetamine coming out of Mexico.

These degenerative changes to the brain, and associated behavioral changes, have some similarities to findings in people with schizophrenia, bipolar disorder and Parkinson's disease. These similarities reinforce the need to bring many different kinds of experts together to solve this problem. We must encourage and support interdisciplinary work between neurobiologists who study the science of the brain and behavioral scientists who study the actions and reactions of humans. But we cannot make a dent in finding solutions to the meth problem unless these groups of researchers share the findings from their research with clinicians, prevention and treatment specialists, and law enforcement. And for the sake of the children, we must make more than a dent. As I said in July at this Subcommittee's hearing on the BRAIN Initiative, I am so proud of this kind of interdisciplinary and translational research being done on brain disorders, including addiction, at the University of Texas at Dallas' Center for Brain Health.

We must find better ways to treat addicts, but prevention is our best hope. In September 2011, the Greater Dallas Council on Alcohol & Drug Abuse received a $125,000 grant from the White House Office of National Drug Control Policy's Drug Free Communities Support Program. The Drug Free Communities program has already proven to be an effective tool in reducing

substance abuse and providing children with the necessary tools to make more informed decisions about their future. I look forward to hearing about the latest prevention programs targeted to school-aged kids and based on scientific studies of adolescent behavior. A recent study reports that in 2012, 1.6 percent of seventh graders and 3.4 percent of twelfth graders in Texas had used meth. The fact we even have drug statistics for 12-year olds is truly disheartening. We must stop this steady and sad trajectory. We need more educational programs in place supported by the type of research done by our witnesses today.

We must all continue to work tirelessly to ensure that we create effective public policies addressing drug prevention and effective treatment programs.

Thank you Mr. Chairman. I yield back.