

This lists all answers to Question Eight of North Carolina Health News' voter guide questionnaire. Unless otherwise noted, the answers were given directly to one of our reporters.

Question 8: What should the federal government's response to the opioid overdose crisis Include? What could Congress do to reduce the amount of fentanyl coming through the mail from places like China?

[NC 1](#)

G.K. Butterfield: For far too long, families in our region and across the country have suffered from the pain caused by the opioid crisis. As a senior member on the House Energy and Commerce Committee, I am proud to have worked in a bipartisan fashion to combat the opioid crisis through passage of the 21st Century Cures Act last Congress, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act passed in October, as well as the \$6.7 billion included in the recent Defense-Labor-HHS appropriations package to address all sides of this crisis, from addiction prevention, to access to mental health services, to providing resources for law enforcement and families as they combat this crisis in their communities.

Roger W. Allison did not answer the survey.

[NC 2](#)

George Holding did not answer the survey.

Linda Coleman did not answer the survey.

Jeff Matemu did not answer the survey.

[NC 3](#)

Walter Jones did not answer the survey.

[NC 4](#)

David Price: Opioid overdose is one of the leading causes of death in the United States, with the CDC estimating that, on average, 115 Americans die every day from an opioid overdose. Deaths from prescription drugs or illicit opioids have quadrupled since 1999, and more Americans now die every year from drug overdoses than they do from motor vehicle accidents. This issue has been particularly important in the state of North Carolina, with some studies suggesting that Wilmington is one of the leading cities in America for opioid abuse.

I have worked with my colleagues on the Appropriations Committee to allocate substantial funding for research and rehabilitation services to diminish the severity of the opioid epidemic. Last Congress, I was in strong support of the Comprehensive Addiction and Recovery Act that President Obama signed into law. CARA is a sweeping package that improves access to naloxone, expands access to medication-assistant treatment for those in recovery, improves treatment for pregnant and postpartum women, and establishes several grant programs to allow states to address the crisis in a unique way.

Congress recently passed H.R. 6, the SUPPORT for Patients and Communities Act, with my support. This bipartisan package of opioid-related provisions included a number of priorities that will expand access to treatment and make long-term progress in addressing the opioid epidemic. It included a provision that strengthens the ability of the FDA to take action against illicit controlled substances coming in through International Mail Facilities, as well as a provision that requires the United States Postal Service to collect electronic information on merchandise arriving in our country, allowing customs officers to screen parcels for fentanyl and other opioids. I'm also proud of the leadership Governor Roy Cooper has displayed to address this crisis, including serving on the President's Commission on Combating Drug Addiction and the Opioid Crisis, and will continue to support his efforts to tackle this challenge.

Barbara Howe: I'll sound like a broken record. It's government involvement in the use of prescription drugs that has exacerbated the problems we are currently facing. Doctors and patients should be making healthcare decisions, not politicians and bureaucrats. I have read where France has taken a less regulatory approach to pain meds and they have dramatically decreased opioid deaths. The US should do the same.

Steve A. Von Loor did not answer our survey.

[NC 5](#)

Virginia Foxx did not answer the survey.

DD Adams: Lacking a coherent federal plan, many states (9 in 2017) have developed their own responses. The most common elements include: Limiting first fills for opioid naïve patients to five days; regulating pain management clinics; and, enacting Good Samaritan laws to encourage bystanders to call 911 in the event of a potential overdose.

The first role of the federal government should be that of prosecutor. The DOJ, in conjunction with the FDA, should aggressively pursue doctors who over prescribe, pain management clinics that are just fronts for opioid distribution, and manufacturers who have flooded the country. The second role for all levels of government is increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of the full range of prevention, treatment and recovery services for opioid use disorder. While this administration talks about opioids, it is slashing funding sources that help people access treatment for opioid addiction.

[NC 6](#)

Mark Walker did not answer our survey.

Ryan Watts did not answer our survey.

[NC 7](#)

David Rouzer did not answer the survey.

Dr. Kyle Horton: Opioid addiction and overdose deaths are a public health crisis, and we need a comprehensive plan to save lives. With expertise as a prescriber whose seen the benefits of opioids for patients, I worked on federal

opiate safety legislation that passed and that has effectively reduced deaths and improved pain management within the Veterans Affairs health care system. We need to end the stigma that keeps folks from getting needed care, enforce federal mental health and substance abuse parity, and protect those with pre-existing conditions. We need to expand Medicaid, which covers roughly one fourth of mental health and one fifth of substance abuse care. The federal government should invest in Law Enforcement Assisted Diversion programs and make opioid reversal agents, like Narcan, readily available to first responders so we can save lives, while knowing that we can't arrest our way out of a drug crisis. We need to incentivize provider education on safe use of opioids and invest in better nationwide tracking and reporting systems to identify trafficking. Federally, we also need to ensure evidence-based, medication-assisted treatment for addicts is available in underserved and rural areas. It's also time to hold the biggest pharmaceutical companies accountable who've contributed to this crisis.

[NC 8](#)

Richard Hudson did not answer our survey.

Frank McNeill did not answer our survey.

[NC 9](#)

Mark Harris: There has been a bill that was passed recently that put a large sum of money toward the opioid crisis primarily in making sure that we go after these individuals that are perpetrating this massive problem [by] over prescribing, and folks are overusing them. It's a very difficult balance, because unfortunately, the actions of people who have abused the system now has caused a bit of a reaction that is causing individuals who are in serious pain [...] to find it far more difficult to get the treatment and the help that they need. I do think that there's a balancing act that needs to be done.

But I think we need to come back to educating people and do a better job of educating young people on the risks. Not only young people, but all people: educating them in how the use of opioids for a simple surgery recovery gets out of hand if they're not careful. I've met plenty of people on the campaign trail, and

frankly, plenty of people throughout 30 years as a pastor who have fallen into the trap. It's very sad, very sad, when that happens. I think we do need to do a better job of educating people on the dangers of use and abuse of opioids.

Dan McCready: No family in North Carolina is immune from the opioid crisis. We need leaders to work in a comprehensive manner on prevention, treatment and recovery, and enforcement. The Chinese are doing too little to stop the exportation of fentanyl, and we're paying the price. I support the President's desire to hold China accountable and make them pay a real price if they keep allowing the exportation of these dangerous drugs.

Jeff Scott: Opioids are a legitimate pain-management tool and prescriptions must not be prohibited. Mismanaged pain due to bureaucratic meddling causes needless suffering. Pain patients are pushed into the black market for heroin and fentanyl, which creates even more human costs. Congress can reduce the death and suffering by respecting the sanctity of the doctor-patient relationship. Communities equipped with resources to treat addiction are far more likely to result in positive outcomes for addicts than jail.

The Federal Government's response to any crisis should be to understand the facts. They must be realistic about what they can achieve under the limitations of federal power. Congress is keenly aware of the consequences of the infantile strategy of prohibition. To declare war on a substance, whether it's cannabis or opioids, is to launch a costly and constant attack on our legal institutions. The drug wars are the major contributor to mass incarceration, expanded sentences, asset forfeiture, and violent raids.

[NC 10](#)

Patrick McHenry did not answer our survey.

David Wilson Brown: I think that we have to have a national conversation about how to look at options for pain management [and] potentially even have sections of our medical establishment set up specifically to work through those options with the patient. [Doctors need] to not leap to the opioids option, especially as we understand how addictive it is.

We have to get away from doctors so freely prescribing them. I had my appendix out, and I certainly didn't need the amount of medicine that I was prescribed for aftercare. I'm not bashing my doctor; I'm sure they were following protocols. But it's ludicrous the amount that we as a nation end up with overall. That's added to a lot of the availability and the resale. We know it leads to the harder stuff, but because we treat prescription medicines in a different way that we look at illegal drugs, it's much more acceptable for people to have access to these drugs.

We have to look at options. I'm very open to medical cannabis being more openly prescribed, getting the federal government to reschedule marijuana and get out of the way of states implementing their versions of medical marijuana or even adult recreational use. I'm not saying it's the answer, but I certainly think it's something we need to look at: these more natural, accessible ways that have been taken out of the playbook.

[NC 11](#)

Mark Meadows did not answer our survey.

Clifton B. Ingram did not answer our survey.

Phillip Price: Back to healthcare, the expansion of Medicaid and then ultimately going to a Medicare for All system would provide funding for opioid addiction treatment. Perhaps a national prescription registry where the information of where and when someone fills a prescription of opioids is known across state lines so that people can't just bounce around to doctor to doctor and get prescriptions filled to either abuse them themselves or sell them.

I believe medical marijuana will play a role in figuring out the opioid addiction problem. It could be an alternative for pain management where people are now taking the opioids for pain management which is addictive and deadly. Opioids will stop your heart and kill you whereas marijuana and cannabis will never do that. It's not addictive and it will never stop your heart.

[NC 12](#)

Alma Adams: I'm glad to see that it's become at least an issue of concern. But I think we have to go further than we've gone and we've got to put the resources necessary to address that problem. Sometimes government says, well, we're going to put a million here, a million there, but we've got to know exactly what it is we need, and we've got to bite the bullet to do that. If we can give tax breaks to the richest folks in this country who don't need it, then I think when we look at that, that's a major, major health crisis. It's getting worse. It's impacting families. It's impacting packaging workers, it's impacting children, it's just impacting everyone. It's something that we really need to get our arms around, which means that we're going to have to provide the resources for the research, for addressing this as an epidemic but it's also it's a drug.

Paul Wright did not answer our survey, but he did provide a statement.

[NC 13](#)

Ted Budd did not answer our survey.

Kathy Manning did not answer our survey.

Tom Bailey did not answer our survey.