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## United States Senate

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The Honorable Sylvia Mathews Burwell  
Secretary  
United States Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Burwell,

I write to request information about the efforts of the U.S. Department of Health and Human Services (HHS) to address the rise in overdose deaths associated with the synthetic opioid known as fentanyl. Reports from Massachusetts have identified illicit fentanyl as a burgeoning public-health threat.<sup>1</sup> We need to ensure that the public is educated about the dangers of this drug and that first responders are adequately prepared when they confront it in our communities.

In March 2015, the Drug Enforcement Administration (DEA) issued a nationwide alert on fentanyl as a threat to health and public safety.<sup>2</sup> This alert highlighted illicit fentanyl's significant potency — up to 50 times stronger than heroin and up to 100 times more powerful than morphine.<sup>3</sup> Fentanyl is often mixed with other illicit drugs, like heroin, or disguised as an opioid painkiller, like OxyContin.<sup>4</sup> Drug users often overdose because they are unaware that they are ingesting fentanyl and do not anticipate its strength. The DEA alert also highlighted the danger fentanyl poses to law enforcement personnel and other first responders through skin contact or accidental inhalation. Exposure to even small amounts of fentanyl in these ways can be fatal. First responders across the country may need education, training, and other resources to protect themselves from these dangers.

The consequences of illicit fentanyl use are dire. Across the country, fentanyl-related deaths continue to rise at alarming rates. According to the Centers for Disease Control and Prevention, almost 30,000 drug overdose deaths in 2014 involved some type of opioid.<sup>5</sup> The largest increase in the death rate from drug overdose over the previous year — 80 percent — was due to illicitly manufactured fentanyl and synthetic opioid pain relievers.<sup>6</sup> Between 2013 and 2014, more than 700 deaths in the United States were attributed to fentanyl and its analogs.<sup>7</sup> A year later, between

<sup>1</sup> E.g., <https://www.bostonglobe.com/metro/2015/10/27/cdc-data-indicates-mass-has-fentanyl-problem/wLtOIwF0Jxw8VjUj4Rbp9H/story.html>

<sup>2</sup> <http://www.dea.gov/divisions/hq/2015/hq031815.shtml>

<sup>3</sup> *Id.*

<sup>4</sup> <https://www.statnews.com/2016/04/05/fentanyl-traced-to-china/>

<sup>5</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm>

<sup>6</sup> *Id.*

<sup>7</sup> <http://www.dea.gov/docs/2015%20NDTA%20Report.pdf>

2014 and 2015 in Massachusetts alone, 336 people died from fentanyl-related overdoses.<sup>8</sup> In 2015, more than half of the opioid-related overdose deaths in Massachusetts had a positive screen for fentanyl. Specifically, among the 1,319 individuals whose deaths were opioid-related in 2015 where a toxicology screen was also available, 754 of them had a positive screen result for fentanyl.<sup>9</sup> As troublesome as these figures are, they may significantly underreport the extent of the problem because, as DEA has explained: “[M]any coroners and crime laboratories do not test for fentanyl, unless given a reason to do so. Further, some fentanyl deaths have been attributed to heroin.”<sup>10</sup> It therefore may be necessary for HHS to issue guidance to states in order to obtain a more accurate picture of fentanyl’s deadly impact.

I applaud the Administration’s and your agency’s efforts to increase access to naloxone as a lifesaving remedy for opioid overdoses. Although naloxone is an effective countermeasure used to reverse the respiratory depression that accompanies an opioid overdose, a typical dose of naloxone may not be effective against a fentanyl overdose. Furthermore, because overdoses from fentanyl and other opioids share identical physiological effects, without appropriate education first responders may not know that a fentanyl overdose can require multiple doses of naloxone during a revival attempt. HHS should therefore consider specific outreach to the first responder community to clarify the need for and circumstances in which a higher dose of naloxone may be needed to treat an individual who has overdosed on fentanyl.

I also am concerned that the need to use multiple doses of naloxone to treat an overdose from fentanyl combined with the wave of illicit fentanyl use could trigger a possible naloxone shortage. Low stocks of naloxone could require directing additional resources to naloxone distribution programs and taking steps to address any price increase caused by a shortage and increased demand.<sup>11</sup>

I am committed to continuing to address this country’s opioid crisis, combating the new threat that illicit fentanyl poses, and avoiding any setback in the progress we have made against the opioid epidemic. I therefore ask that, by June 2, 2016, you please describe in detail HHS’ strategy to combat fentanyl at the local, state, and national level as well as the type of resources that are necessary to support the initiative.

Thank you for your prompt response to these inquiries. If you have any questions, please contact Andrew Cohen or Avenel Joseph of my staff at 202-224-2742.

Sincerely,



Edward J. Markey  
United States Senator

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<sup>8</sup> <http://www.nytimes.com/2016/03/26/us/heroin-fentanyl.html>

<sup>9</sup> <http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/county-level-pmp/data-brief-overdose-deaths-may-2016.pdf>

<sup>10</sup> <http://www.dea.gov/docs/2015%20NDTA%20Report.pdf>

<sup>11</sup> <https://www.bostonglobe.com/metro/2015/04/19/healey-investigates-rising-price-for-drug-that-reverses-overdoses/Wav71qeW4gbMAwb9bcx2tl/story.html>