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Hearing Title: "Caring for Our Kids: Are We Overmedicating Children in Foster Care?"
Hearing Date: May 29, 2014

Responsive to a letter from Chairman Camp to Congressman Marchant, I am delighted to submit these comments regarding prescription drug diversion as it relates to overmedication of children. Fortunately, one of the witnesses for the Hearing, Dr. Phil McGraw, already broached the subject of diversion and sale of medications as a driver of overuse. Although Dr. Phil only described the sale of medication to the street by patients, it is common knowledge that profit seeking drives caregivers to encourage/participate in the exaggeration of symptoms for profit. As one example of schemes plaguing the 24th District of Texas, local parents seek to have all children in their care prescribed with the highest doses of ADHD medications possible so that the medications can be diverted for abuse or sold to others. According to DEA statistics assembled from the Federal Register, the current national Compounded Annual Growth Rate of prescribed stimulants (used to treat ADHD) is 33.4% and has grown nearly 1900% since 1994 (see chart). The black market drives enormous needless medical spending [1] and simultaneously causes social disruption, all because symptoms are readily feigned and no accountability systems exist.

I am seeking Members who are looking for voter-resonant facts upon which to attack the administration. For example, while I am a knowledgeable person, I still do not understand why the Benghazi issue should warrant my long-term attention. I don't think this puzzlement is unique among voters. Conversely, I believe the public would be engaged by an investigation/hearing/etc showing that federal agencies purposely avoid taking action to attempt to prevent prescription drug experimentation by youth and reduce the supply to the black market. Only 16% of the public say that we are making progress on addressing the prescription drug crisis – the most pessimistic measure among all public health challenges studied by Pew Research [2].

As a case in point, VateX can show that NIH are actively covering up a research agenda that promotes the interests of middling pharmaceutical companies. The pro-pharma agenda is supported by funding projects that increase the supply of Controlled Substances for diversion and simultaneously stopping projects that seek to decrease diversion. These are serious accusations, but VateX has the evidence to back them up. By way of background, I am ex-FDA and ex-pharma, so I understand the industry playbook.

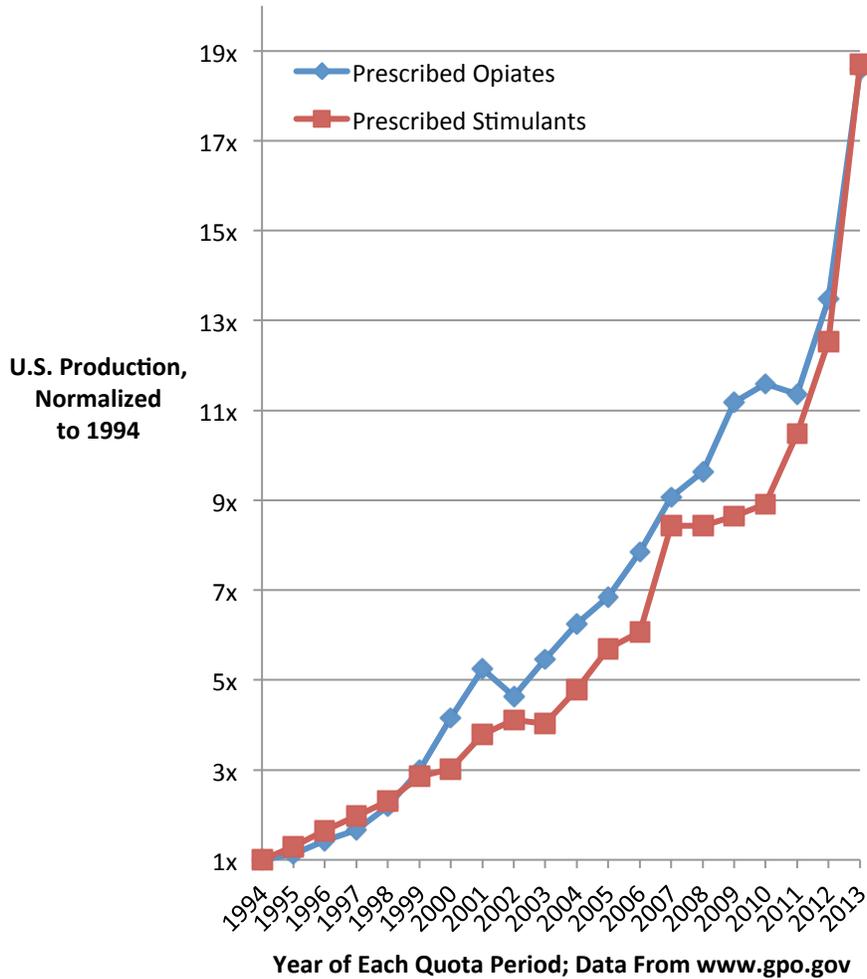
Regarding the NIH example above, it is not currently possible to determine whether they have been duped or paid to take these actions – either way, they and other agencies are prolonging the crisis. For all these reasons, I urge Members to reach out for evidence because this problem has all the ingredients needed to capture the public's attention: agency incompetence or malfeasance, mortality, family disruption, criminality, workforce degradation, military readiness, healthcare fraud and inflation, and strong growth ahead.

References:

1. "Today, prescription drug abuse is the fastest-growing drug problem in the country – and contributes to nearly 40,000 deaths and **almost \$200 billion in health-care costs annually.**" [emphasis added]
http://www.justice.gov/usao/flm/press/2011/oct/20111028_Pill%20Nation%20_AG_Remarks.pdf
2. <http://www.pewresearch.org/fact-tank/2013/11/13/americans-see-u-s-losing-ground-against-mental-illness-prescription-drug-abuse/>

[continues on next page]

The Approval of Oxycontin in 1996 Coincided With the Early Industrialization of a National Black Market



Method used to build the chart - For each final DEA quota report printed in the Federal Register:

Prescribed Opiates: add fentanyl + hydrocodone + hydromorphone + methadone + oxycodone (sale) + oxymorphone (sale)

Prescribed Stimulants: add amphetamine (sale) + lisdexamfetamine + methamphetamine + methylphenidate