The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. BYRNE).

DESIGNATION OF SPEAKER PRO TEMPORE
The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC, October 12, 2017.
I hereby appoint the Honorable BRADLEY BYRNE to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE
The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 11:50 a.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

OPIOID CRISIS
The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, Dana Milbank had an interesting column in the morning Post about the reckless congressional response to the opioid crisis. Both the administration and Congress have been good at hyping the crisis, but when it comes time to actually taking action, almost nothing happens.

The failure to protect our citizens is appalling, especially since most of the opioid crisis is a result of failed public policies. We have spent over $1 trillion on a failed war on drugs that concentrates on prohibition and punishment instead of treatment, which would help people break the cycle of addiction.

The challenges that drove people to abuse opioids in the first place, like chronic pain, depression, and lax policies prescribing vast quantities of ever-more powerful opioids, should never have been allowed to happen in the first place. It was a public policy failure of government, the industry, and, sadly, some unscrupulous practitioners that allowed the addiction genie out of the bottle.

When denied access to opioids, people, understandably, turn to heroin and other damages and addictive drugs because they were trapped by these powerful forces. Few people willingly damage their bodies and destroy their families and careers, if not for powerful forces beyond their control.

As appalling as this failure is, what is even worse is that we fail to take reasonable, commonsense steps to stop it. The easiest solution is to provide more access to medical marijuana, already available in 28 States. This availability, by the way, has been driven as a result of citizen action and not politicians, who have too often been afraid to touch it.

The evidence is powerful and overwhelming. Where there is access to medical marijuana to treat the problems that drove people on the path to addiction in the first place, there are fewer pills prescribed and overdose deaths drop.

It is clear that using medical marijuana is as effective, or perhaps even more effective, than opioids to treat pain. They cause less damage to people’s health and are far less costly than pharmaceuticals. I provided the subcommittee taking testimony with the facts and citations that would justify digging deep into this potential solution.

Cannabis reduces overdose deaths, reduces opioid consumption, and it can prevent dose escalation and the development of opioid tolerance, which leads to that cycle, and too often, tragically, opioid deaths: 175 people a day.

As my friend, GREG WALDEN, pointed out in the subcommittee hearing yesterday, more people die in Oregon from opioid overdose than traffic accidents.

More benefits, fewer side effects, lower costs.

Mr. Speaker, I include in the RECORD the evidence I gave to the Subcommittee on Health yesterday.

PHYSICIAN GUIDE TO CANNABIS-ASSISTED OPIOID REDUCTION
(Prepared by Adrienne Wilson-Poe, Ph.D.)
Cannabis reduces opioid overdose morality.

In states with medicinal cannabis laws, opioid overdoses drop by an average of 25%.