Pennsylvania Association for the Treatment of Opioid Dependence (PATOD) Presentation to the Public Hearing on the Heroin Crisis Facing Pennsylvania August 5, 2014 Saint Francis University, Loretto, Pennsylvania

Chairman Yaw and members of the committee, I thank you for the opportunity to present on behalf of the Pennsylvania Association for the Treatment of Opioid Dependence. My name is Scott Moyer and I am Program Director of Discovery House in Blair County. PATOD represents 38 of the 60 narcotic treatment programs in the state. Primarily I am speaking today about methadone treatment. However, the title of narcotic treatment program (NTP) is often used to describe treatment with Suboxone or Vivitrol as well as methadone.

While preparing for this presentation, I realized that we are all striving for the same goals: To protect our citizens, to save lives and to help those who are addicted to opiates. The various groups involved---prevention, education, enforcement, policy, legislation and treatment all have different methods. But we should not forget these common goals which unite us. I commend the committee for bringing us together to tackle the problems of drug abuse in rural areas of Pennsylvania.

One fact I want to point out at the start is this: There is much misinformation, bias and stigma associated with public perception of narcotic treatment programs in Pennsylvania. PATOD is on a mission to change that, and we appreciate the 10 minutes we have here today to help our cause.

Narcotic treatment programs in PA operate under a strong set of regulations which have helped to create a treatment network that serves over 17,000 residents each year. People come into opiate addiction through many paths. Some start with recreational use and progress into addiction. Others suffer from pain as result of accidents and surgeries, are prescribed pain pills and find it impossible to get off them. Some start with heroin, and many start with pain pills and later may turn to heroin. Addiction can start at any age and knows no boundaries of race, economic status or geographic area.

For those who do become addicted, using opiates is no longer a choice. We know that permanent physical changes to the brain leave the addict craving more and more of the drug. Physical illness occurs if the craving is not satisfied. Methadone, Suboxone and Vivitrol halt the craving and help the person's brain and life to return to normal. It is not an easy journey for the addict. With the medication and counseling they can slowly piece their life back together in areas of education, work, family life, physical health and involvement in the community. I have seen firsthand, time and time again, that opiate addicts start their recovery and become productive citizens with the medication called methadone.

Here is a summary of how an NTP clinic in Pennsylvania works:

A physician prescribes doses of methadone or other medication, increasing that dose gradually until the patient has no cravings for other opiates. Patients attend the clinic daily for at least 90 days. Counselors and nurses assess the patient daily for reactions, overdoses and symptoms of difficulty. The physician supervises all changes in medication dosage and assesses medical issues detected by other staff. Methadone is dispensed only in liquid form at clinics, helping to prevent diversion.

Patients successfully completing 90 days of dosing are eligible for “take home bottles” if they meet 8 criteria spelled out in Pennsylvania regulation. These criteria are:

1. Absence of recent abuse of drugs (narcotic or non-narcotic), including alcohol.

2. Regular narcotic treatment program attendance (including counseling sessions).

3. Absence of serious behavioral problems at the clinic.

4. Absence of known recent criminal activity.

5. Stability of the patient's home environment and social relationships.

6. Length of time in comprehensive maintenance treatment.

7. Assurance that take-home or travel medication can be safely stored within the patient's home or travel destination.

8. Whether the rehabilitative benefit to the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

Each clinic implements a diversion control plan to protect patients and the community from misuse of medications. Liquid methadone dispensing is part of this plan since diversion is more difficult than with pills. Patients are required to talk after dosing to help prevent carrying the medication out of the clinic. Clinics are open 7 days a week so that non-qualified patients do not receive take home bottles. Call backs are an effective tool for the clinic to check proper use or misuse of take home bottles. Clinics also conduct dual enrollment checks to prevent patients from attending more than one clinic.

Pennsylvania has strict regulations on take home privileges, in fact more restrictive than Federal regulations. If in the physician's judgment an exception to the regulations needs to be made, application and approval can be sought from Federal and State drug and alcohol authorities. The maximum number of take home bottles in Pennsylvania is 6 before a patient must return to the clinic. To earn 6 day privileges the patient must have adhered to the clinic program and attended for at least 3 years.

Urine screens for commonly abused drugs are conducted at least monthly and more often at the discretion of the staff if diversion or misuse is suspected. Patients are assessed for intoxication at each dosing visit and will not be dosed if found to be incapacitated.

Counseling is required and scheduled for each patient as part of methadone treatment. While methadone medication works to combat this illness of the brain, counseling helps patients to set personal goals and take steps to improve their lives in the domains of family, relationships, health care, mental health, peer support, education, work, recreation and other chosen areas. A strong counselor-patient relationship creates the opportunity for the patient to make life changes and work toward their goals.

A few other areas of importance to mention:

Methadone is the treatment of choice for opiate addicts and their unborn child during pregnancy. Clinics set a priority on admission and treatment of pregnant women and provide extra medical and counseling appointments to assist in positive outcomes for the mother and baby.

Driving after dosing with methadone has been a concern for some communities. Clinic locations usually make driving necessary for many patients. Virtually all studies show methadone patients not using illicit drugs have normal mental and physical capabilities as pertain to skills needed for safe driving. Driver accident rates of methadone patients are not shown to be elevated according to studies. Clinics screen patients carefully for intoxication and do not dose patients or allow them to drive if they show signs of illicit drug use.

It is important to know that clinics in this state are closely scrutinized at multiple levels. JACHO, CARF, PA Department of Drug and Alcohol Programs, DEA, county SCAs and Health Choices programs are all involved with inspecting , licensing or certifying methadone programs.

<u>Myths versus Realities: Methadone Treatment</u> (a pamphlet by PATOD and Pennsylvania Rehabilitation Providers Association):

MYTH - Heroin addiction can be resolved without the use of medications if the person truly wants to change. Methadone is just a "crutch" for people who don't want to work at recovery.

REALITY- Long-term addiction to heroin or other opiates results in prolonged and, oftentimes, ***permanent changes in the brain's biochemistry***. It is that physical change in brain chemistry that results in cravings and depression that can go on for years and often results in repeated dangerous relapses. The desire to change does not fix brain biochemistry.

MYTH - Methadone from methadone clinics is flooding the streets.

REALITY - The methadone on the street is principally from ***prescriptions for pill form methadone written by pain clinic doctors*** and filled at pharmacies, not the prescribed and monitored liquid form from methadone clinics. This has been documented by numerous studies including a 2009 government Accountability Office study and a 2003 Center for Substance Abuse Treatment study.

Concluding Thoughts:

Think of your neighborhood. Let me ask you to make a choice of which type of neighbor you would prefer: An unstable neighbor who is shooting heroin and taking pain pills whenever they can get them? Or a neighbor who is taking methadone at a stable dose, acting rationally, working and taking care of their family? The choice is clear. The brain illness of addiction is not cured with methadone, but it is one of the best treatments we have today to control and stabilize opiate addiction.

There are numerous professional organizations, including the American Medical Association, that advocate for methadone treatment. There are no comparable organizations in opposition. Methadone treatment has a 60 year history of success.

Methadone treatment is a proven part of the solution to the opiate addiction problem. We ask you not to look at NTP clinics as part of the problem. We support the efforts of law enforcement to arrest and prosecute those involved in illegal drug activity. We support the important prevention efforts taking place in schools and communities. We ask for support of all parties combating the scourge of opiates to help us make NTP clinics work for each Pennsylvania resident and community in need of this treatment model.

Recommendations from PATOD:

*Provide Pennsylvania with Pharmaceutical Accountability Monitoring to track prescription use through pharmacies, doctor's offices and clinics so that we can begin to control the over prescribing and doctor shopping that feeds the world of opiate addiction.

*Provide access to a full range of treatment service options in all areas of Pennsylvania, including narcotic treatment programs. Unfortunately some clinics in Pennsylvania have long waiting lists. Local governments should be discouraged from enacting new laws to prevent medication assisted treatment providers from opening.

*Assure that insurance policies cover the cost of medication assisted treatment. This includes the coming Healthy PA program.

*Increase transportation availability in rural areas so that lower income residents can access resources, including addiction treatment options. Decreasing or eliminating transportation services is a severe barrier to access for rural Pennsylvanians seeking addictions treatment.

*Continue to fund education efforts aimed at reducing stigma surrounding addictions treatment and specifically narcotic treatment programs.

Thank you for your time and attention this morning.