

Testimony
House Bill 1101 – Department of Human Services
House Human Services Committee
Representative Weisz, Chairman
January 14, 2013

Chairman Weisz, members of the House Human Services Committee, I am JoAnne Hoesel, Director of the Mental Health and Substance Abuse Division for the Department of Human Services (Department). I am here today to testify in support of House Bill 1101, introduced at the request of the Department of Human Services.

House Bill 1101 allows the Department to adopt administrative rules for opioid treatment programs (OTP) in North Dakota.

An OTP is a substance abuse treatment program where medication to treat the addiction to opioids is dispensed on-site rather than prescribed and sent with the patient until federal approval is received. This type of program is highly regulated. The federal Drug Enforcement Agency (DEA), federal Substance Abuse Mental Health Administration (SAMHSA), and each participating state are all involved in approving an OTP. SAMHSA certifies and the DEA registers "narcotic treatment programs" (not individual physicians) to dispense and administer (but not prescribe) approved medications. This bill addresses the state's role in this process. North Dakota is one of two states that does not have this type of program.

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Opioids are very strong narcotics. Opioids are commonly prescribed because of their effective pain-relieving properties. Medications that fall within this class include morphine, codeine, OxyContin, hydrocodone, oxycodone, and fentanyl. The most notorious illegal opioid is Heroin. These drugs are wonderful for pain management but they are very addictive. There is a high

rate of relapse for opioid addiction. Due to the problematic and dangerous detoxification process, one year after stopping opioids, there is an 85 percent chance of relapse. Fortunately, there are three medications that are highly effective in reducing the rate of opioid addiction relapse.

Buprenorphine, already used by physicians in North Dakota, along with the other two medications, methadone and Naltrexone, will increase successful treatment options for opioid addiction in the state. Increased regulated access to these medications will also address the treatment needs of individuals from other states who move here already on these treatment medications but who currently have few options in North Dakota.

Forty years of opioid treatment research says a pill or dose alone is not enough. Opioid addiction is a medical disorder that can be treated effectively with medications when they are administered with supportive services such as addiction counseling, treatment for co-occurring disorders, medical services, and vocational rehabilitation. It is a combination of both medication and treatment therapy that leads to successful recovery.

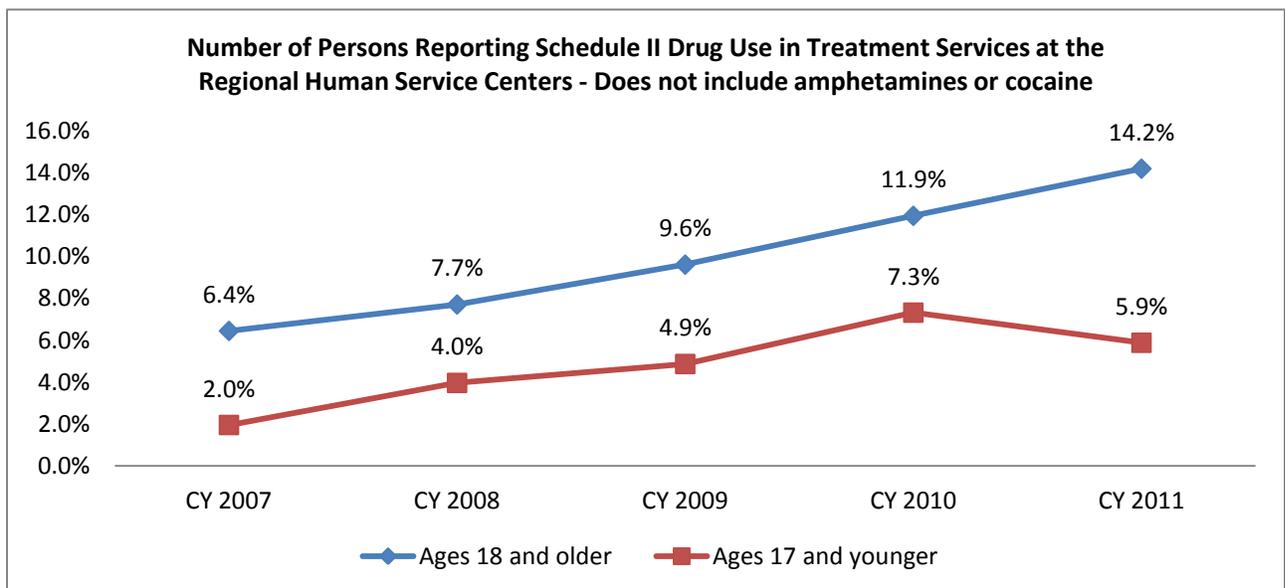
Addiction treatment is not a one-size-fits-all treatment. While not all people addicted to opioids need medication, the option for their use provides another tool for the physician and patient to consider.

There is a difference between people who use pain medication for chronic pain and whose treatment is appropriately monitored versus people addicted to pain medication. Opioids either for prescribed and advertised benefits or for nonmedical effects leads to tolerance. Uncontrolled use increases the need for larger quantities of opioids, more frequent use, or use in combination with other substances to sustain their effects. It also increases the severity of withdrawal when addiction is not satisfied. Opioid Treatment Programs treat people who continue to use the drug in increased amounts or

for longer periods of time than necessary and get into trouble because of their use.

Taking medication for alcohol or drug addiction is like taking medication to control heart disease or diabetes. It is NOT the same as substituting one addiction for another. Used properly, the medication does NOT create a new addiction but rather it results in relief from craving, anxiety, and withdrawal. Patients do not experience euphoria, tranquilizing, or pain relieving effects but get relief from withdrawal symptoms and opioid craving. Research in the use of these medications finds that patients can socialize and work normally with the use of these medications.

Opioid addiction is a problem with high costs to individuals, families, and society. Oxycodone overdose represents a major new trend in the dynamics of opioid dependence. Treatment admissions for prescription pain relievers have increased. Furthermore, the number of unintentional overdose deaths from prescription pain relievers has quadrupled in the U.S. since 1999. Many of the people addicted to opioids have never used illicit drugs, but become opioid-dependent.



In North Dakota, the use of needles for drug use has increased. Heroin use has increased in some parts of the state, as per the DEA, and crime is up. Prescription pain medication abuse is also on the rise. People are asking for this type of treatment. We have situations where people are stabilized on these medications in other states and relocate to the state but have no option to continue the use of these medications. This is creating a situation where affected individuals may return to illegal drug use.

Information shared at a recent stakeholder meeting held in October of 2012,

- the Department of Corrections (DOCR) reported more intravenous drug users in prison.
- DOCR also reported that probation officers are increasingly challenged by people addicted to prescription drugs as they are particularly clever and sophisticated in how they go about getting their pills.
- Prevention professionals shared that Watford City reports 24 percent of their youth having taken a prescription drug without a doctor's prescription one or more times during their life. (DHS Targeted Community Data)
- At the same time, state youth data showed 15 percent have taken prescription drugs without a doctor's prescription and that specific region's, 9 – 12 graders, reported 16.8 percent. (2009, YRBS)
- Since 2008, the incidence rate of hepatitis C, spread by the use of needles, increased among North Dakotans ages 18 to 24.
- The highest percentage increase, 21 percent, of hepatitis C cases was reported for the 18 to 24 age group. (Department of Health, 2011)

Hospitals, treatment centers and physicians provided vivid information of their experiences with this issue at the October 2012 stakeholder meeting.

- A Fargo treatment provider reported placing, three teen IV-drug users under 17 years of age during the week prior to the meeting.

- Private treatment providers report receiving 40-100 calls per week for this type of treatment.
- The people calling are horrified to learn of the lack of options in North Dakota but readily talk about Heroin as a potential option. People are flying to other states every month to get a prescription and work with their physicians.
- Current physicians offering in-office Buprenorphine treatment, are overwhelmed and are turning large number of patients away from treatment each week.
- One person searching for treatment services, called every doctor in North Dakota who had the federal approval for Buprenorphine, with no success. This person spends \$2,000 monthly due to travel and related costs to maintain his recovery as he has to go out of state. He is willing to do this because these medications have given him his life back.
- One provider reports an increase of pregnant women who are addicted to opioids and are coming in for treatment in traditional treatment programs. The preferred method of treatment is methadone which is not available in North Dakota for addiction treatment, so these patients are sent to Minneapolis for treatment.

This type of treatment requires ongoing and consistent access to medications and counseling. Having significant travel for treatment impacts the ability of people to access this service. Through passage of this bill, the Department is hoping there will be programs available in North Dakota, so people can access services and be successful in their treatment.

- **1 in 6** N.D. high school students (16.2 percent) reported taking prescription drugs without a doctor's prescription in 2011 (N.D. Youth Risk Behavior Survey (YRBS), 2011)

- **11 percent** of all substance abuse evaluations at the regional human service centers involved prescription drug abuse (Treatment Episode Data Set (TEDS), 2009-2011)
- **71 percent** of people who abuse prescription pain relievers obtain them from a friend or relative (National Study on Drug Use and Health, 2010)
- In North Dakota, **unintentional poisonings**, from pain relievers, sedatives, antidepressants, and narcotics, were the fourth leading cause of injury-related mortality from 2004 to 2008 (ND Division of Injury Prevention and Control, 2011)

The Department's prevention efforts are focusing on raising awareness of prescription drug abuse and decreasing access to opioids. See [Attachment A](#).

These emerging trends show an increasingly alarming problem. Lack of action in providing this effective way to treat opioid addictions, will lead to the use of illegal drugs.

It is important to know that these medications are used already in North Dakota. Methadone is used to treat pain and several physicians have the waiver, federal approval, to prescribe Buprenorphine. An OTP is a substance abuse treatment program where the **program**, not individual physicians, is approved to dispense and administer approved medications. OTP regulations do not limit how many patients may be treated. Individual waived physicians, are restricted to treating up to 30 patients in the first year and may increase to 100 patients thereafter. The ability to treat more people in an OTP would be an advantage due to North Dakota's rural makeup and need to maximize physician time. Patients won't just get a pill

or dose, they will receive a treatment program. We believe the additional support within the treatment program, will provide incentive for more doctors to do this type of treatment. We hear of physicians who stopped their waivered- practice due to the overwhelming maintenance needs of patients.

This type of treatment needs regulation to assure safety and good management. We will benefit from the many lessons learned by other states. Washington state requires a Certificate of Need (CON) process for potential programs plus community outreach and public information.

In summary, this bill would permit the Department to adopt administrative rules for opioid treatment programs (OTP) in North Dakota. It would result in adding options for those citizens who are struggling with opioid addiction and need our assistance.

I am available to answer any questions.