

Testimony
Engrossed House Bill 1101 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
February 19, 2013

Chairman Lee, members of the Senate 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 Engrossed House Bill 1101, introduced at the request of the Department of Human Services.

Engrossed House Bill 1101 allows the Department to license opioid treatment programs and requires the Department to adopt administrative rules to establish licensing standards for opioid treatment programs (OTP) in North Dakota. This type of treatment needs regulation to assure safety and good management.

An OTP is a substance abuse treatment program in which 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.

Opioids are very strong narcotics that are commonly prescribed because of their effective pain-relieving properties and were originally used for late

stage cancer treatment. Medications that fall within this class include morphine, codeine, OxyContin, hydrocodone, oxycodone, and fentanyl. The most notorious illegal opioid is heroin. These drugs are extremely effective for pain management but they are highly addictive. There is a high rate of relapse for opioid addiction in those that are trying to stop their use. 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 is currently in use by physicians in North Dakota. Additionally, 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 to continue their treatment programs.

Forty years of opioid treatment research says one pill or one 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 medication and treatment therapy that leads to successful recovery. 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. Use of opioids, either for prescribed and advertised benefits or for nonmedical effects, leads to tolerance. It is the uncontrolled

use leading to increased need for larger quantities of opioids, more frequent use, or use in combination with other substances to sustain their effects that leads to complications. Increased use also increases the severity of withdrawal when the addiction is not satisfied. OTPs treat people who continue to use the drug in increased amounts or for longer periods of time than prescribed and who get into trouble, physically, emotionally, or socially, 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 for opioid addiction does NOT create a new addiction; 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, alone, 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 have become opioid-dependent resulting from legal prescriptions of these drugs.

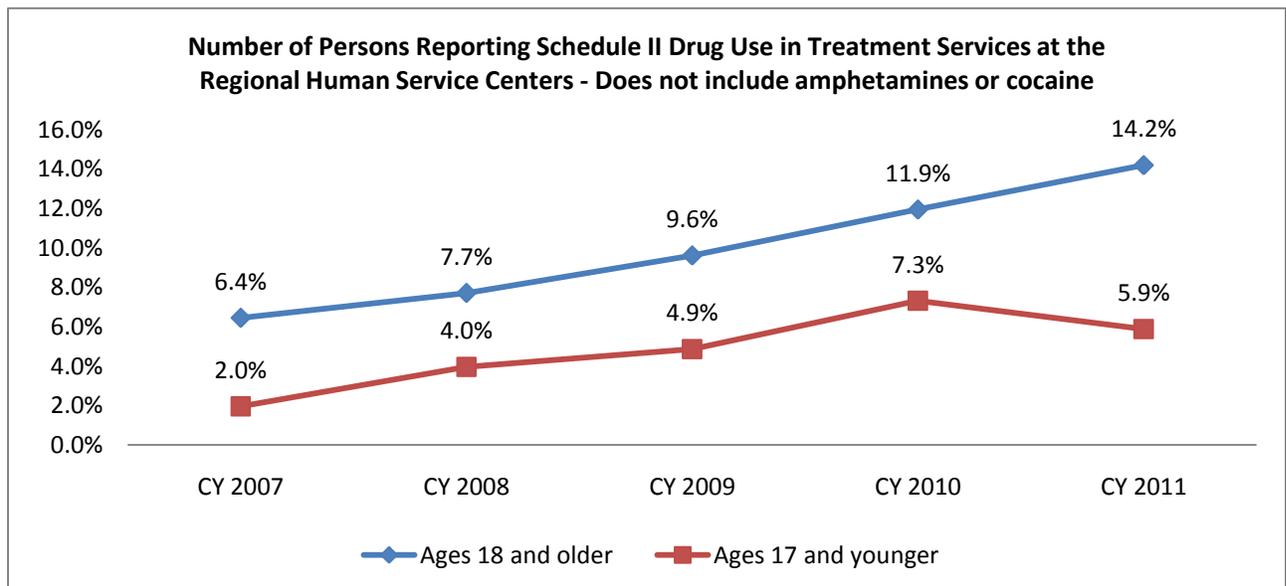
Schedule II substances listed below were reported by people who said they have used one of the substances, when they did not have a prescription or misused the substances with a prescription, as a primary, secondary or

tertiary substance. The Schedule II controlled substances included in this report are listed below with their trade names.

Schedule II - Potential Drugs of Abuse	
Substance Name	Trade Name
Codeine	
Methylphenidate	Ritalin, Concerta, Focalin, Metadate
Morphine Sulfate	MSContin, Roxanol, Oramorph SR, MSIR
Non-Prescription Methodone	
Other Opioid Pain Relievers	Tylox, OxyContin, Percodan, Percocet, Demerol, Dilaudid, Vicodin, Lortab, Lorcet, Darvon, Darvocet, Tussionex, Talwin, Stadol, Fentanyl, Paregonic, Buprenix, Roxcet, Endocet, Methodone
Tramadol	Ultram

Resources: Drug Enforcement Agency, Drugs of Abuse, 2005 Edition; National Institute on Drug Abuse (NIDA), Revised April 2005

The figure below shows the percent of people who reported they have used one or more of the substances listed above as a primary, secondary or tertiary substance. Adult who reported any of the substances as a substance used continued to increase over time, from CY 2007 through CY 2011. Adolescents who reported using any of the substances above reported an increased level of use by over 5% from CY 2007 through 2010.



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 through an opioid treatment program in other states and upon relocating to North Dakota have no option to continue the use of their treatment. This is creating a situation where affected individuals may return to illegal drug use to satisfy their craving because they lose access to the medications and treatment.

The following information was shared at a stakeholder meeting held in October 2012:

- The Department of Corrections (DOCR) reported more intravenous drug users in prison.
- DOCR reported that probation officers are increasingly challenged by people addicted to prescription drugs as the addicts 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).
- State youth data showed 15 percent have taken prescription drugs without a doctor's prescription and 9–12 graders in Region I, reported 16.8 percent. (N.D. Youth Risk Behavior Survey (YRBS), 2009)
- Since 2008, the incidence rate of hepatitis C, spread by the use of needles, has 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 descriptions of their experiences with this issue at the October 2012 stakeholder meeting.

- A Fargo treatment provider reported placing into a hospital, 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 treatment for opioid addiction.
- The people calling are 'horrified' to learn of the lack of options in North Dakota but readily talk about heroin as a potential option to eliminate their craving. 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 reportedly overwhelmed and are turning large number of patients away from treatment each week.
- One person searching for opioid treatment services, called every doctor in North Dakota who had the federal approval to dispense 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 to travel out of state for treatment significantly impacts the ability of people to access treatment. 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 (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 greater use of illegal drugs.

To recap, 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 an individual physician, is approved to dispense and administer approved medications. Federal OTP regulations do not limit how many patients may be treated. Individual waived physicians may treat up to only 30 patients in the first

year and may increase to 100 patients thereafter. The ability to treat more people within the framework of 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 a dose, they will receive a treatment program. We believe the additional support within the treatment program will provide incentive for more doctors to provide this type of treatment. We hear of physicians who stopped their waivered practice due to the overwhelming maintenance needs of patients.

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 allow OTPs to be established in North Dakota and would require the Department to adopt administrative rules for the licensure of OTPs in North Dakota. Ultimately it would result in adding options for those citizens who are struggling with opioid addiction and need assistance.

The House of Representatives amended this bill to require that each OTP licensed under this bill submit by electronic means, information regarding each prescription dispensed for a controlled substance to the state's prescription drug monitoring program, unless specifically exempted by federal law. The Department has no objection to this amendment.

I am available to answer any questions.