

HR 590 Testimony
11-29-2016, Erie

Good morning.

My name is KRISTINA DELPRINCIPE and I would like to thank you for providing me with the opportunity to testify today to speak about medication-assisted treatment and access to care.

I've worked for TADISO INC., in Pittsburgh for over 19 years. Tadiso was founded in 1968 by 2 physicians and a concerned north side community. By June 1969, the physicians began prescribing methadone for the, then identified, "heroin epidemic". Tadiso has continue to focus on methadone treatment. More recently, Tadiso was awarded a grant from the Governor's Office to become a Center of Excellence and is licensed by the state to provide treatment to 1,085 patients, and has a current census of 848 patients. Tadiso is a member of the Pennsylvania Association for the Treatment of Opioid Addiction. The organization represents 43 of the approximately 76 licensed Opioid Treatment Programs in Pennsylvania. Most of the clinics that this organization represents are located in well-populated areas, which leaves the more rural areas struggling to find treatment for opiate-dependent people. The overall costs associated with regulatory compliance make small-size programs nonviable. Opioid Treatment Programs are outpatient programs which are licensed by the Pennsylvania Department of Drug & Alcohol Program Licensure and are mainly accredited by CARF, the Commission for the Accreditation of Rehabilitative Programs. In addition, these programs receive regulation oversight at the federal level by the Drug Enforcement Agency and the Center for Substance Abuse Treatment. Most programs receive inspection and oversight by their respective Single County Authorities and Health Choices contractors. Program quality is thus closely scrutinized at multiple levels.

As I am sure you are aware, drug overdoses are now the leading cause of accidental death in America. Opioid pain relievers pose an increasingly dangerous threat to public health and safety, and do so at an epidemic proportion. The United States represents approximately 5% of the World's population, yet consumes 80% of the World's supply of pain medication. Heroin dependence and use, therefore, has more than doubled in just ten years, as more than 80% of heroin users begin by using prescription pain medication.

Despite this reality, and the horrific toll this epidemic has levied against individuals, families, human service agencies, criminal justice agencies, and businesses, Tadiso and other medication assisted treatment programs are underutilized. Medication assisted treatment, is documented, evidence based, and an effective medical response to substance use disorder.

Medication Assisted Treatment is the use of medications such as: Methadone, buprenorphine(Subutex), Buprenorphine/Naloxone(Suboxone) or Naltrexone(Vivitrol). All forms of medication assisted treatment need to be medically monitored and combined with strict adherence to therapeutic engagement via individual and group counseling.

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Medication Assisted Treatment provides this service, with therapeutic engagement via individual and group counseling, along with physician-prescribed medication, to modify behavior, relieve withdrawal symptoms, reduce opiate cravings and bring about a biochemical balance for the mind and body. This results in the significant reduction of physical strain on the patients, not to mention the cognitive relief. This allows the individual to focus on the development of a long term and sustainable personal recovery program, including family unification and employment.

I wish to offer testimony to each of the medications presented herein, specifically to accessibility to care and the management of said care. However, the majority of this testimony will be on methadone.

Treatment Commonly Referred to as Suboxone:

Buprenorphine and Buprenorphine/Naloxone have been administered for addiction treatment since the 1980's. Although, Buprenorphine and Buprenorphine/Naloxone may be prescribed by any physician for pain, these medications may only be prescribed for addiction purposes by a physician who has completed specific training and has acquired DEA approval.

Buprenorphine and Buprenorphine/Naloxone are partial agonists, as such offering partial binding to the opioid receptors within the brain. Buprenorphine and Buprenorphine/Naloxone have proven most beneficial to those who are at a specific level of recovery.

Vivitrol:

Naltrexone (Vivitrol) is a deep muscle tissue injectable, which provides significant relapse and craving relief for one who has already detoxed off of opioids. It is a level of preventative care that, under medical supervision and combined with ongoing clinical engagement, may offer significant benefits to patients working a recovery program.

Naltrexone has also shown significant impact to those who have been confined within the criminal justice system and return to the community. These individuals are at great risk for overdose fatalities since they have had a significant time of abstinence, thereby creating a reduction in their tolerance to opioids.

The effectiveness of any of these medications to the success of the patient's personal recovery program, is directly linked to the level of the patient's engagement in treatment that includes cognitive behavioral therapy and medically supervised prescribed medication.

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Methadone

Methadone, administered for addiction treatment, may only be prescribed and administered by a Narcotic Treatment Physician via an Opioid Treatment Program. Methadone treatment is based on the knowledge and fact that use/abuse of illicit or prescribed opioids, frequently results in significant and permanent damage to ones' internal opioid chemistry within the brain.

Methadone is a synthetic opioid medication, first used in World War II by Germany for the treatment of pain. Since the 1950's, American physicians were using Methadone for the treatment of opioid addiction; yet did not have a clear understanding of how to best to use this medication. It was in the 1960's, following the extensive work of Dr. Vincent Dole, who established the proper protocols of single daily dose, that Methadone became effectively integrated into the treatment of substance use disorder.

As a full agonist, Methadone binds to the to the brain's opioid receptors. At the proper dose, methadone fills these opioid receptors and relieves the need for another opioid drug. At the proper dose, methadone frees the individual to truly focus on the development of his/her personal recovery plan. Methadone, prescribed at an appropriate dose, does not create a euphoric state, and eliminates ones' need to seek out more opioids. Methadone has become a popular choice for treating opioid dependence. Through the use of this medication, the participation in cognitive behavioral therapy, and the daily presence at the Opioid Treatment Program, patients are provided an opportunity for a metamorphic change.

Barriers:

Buprenorphine, Buprenorphine/Naloxone Barriers:

- Poor therapeutic engagement and protocols for community based prescribers, thereby increased probability of abuse and diversion
- Under-treatment of patients true needs based on minimal screening and minimal to no, clinical assessment and engagement to make a more appropriate determination as to level of care need
- Minimal regulatory oversight to ensure clinical engagement, ie counseling

Naltrexone Barrier:

- Inadequate coverage from private or public insurers for medication
- Poor therapeutic engagement and protocols for community based prescribers
- Cost of medication
- Minimal regulatory oversight to ensure clinical engagement to care, ie counseling

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Methadone Barriers:

- Inadequate coverage from Private Insurers
- Limited funding to assist public transportation to rural and other locations
- Extensive Regulatory oversight for established practices on an annual basis
- The lack of exercising 'Deemed Status' Licensure approval following a program's successful obtainment of Re-Accreditation; at a minimum
- Regulatory and bureaucratic hurdles that increase the time it takes to admit a patient into an OTP
- Ignorance and outmoded stereotypes that prevent Methadone from becoming available in health care systems and in the criminal justice systems.

Thank you for giving me this opportunity to speak on behalf of the Pennsylvania providers, but more importantly, our patients. We appreciate all of the attention and action to address this deadly and tragic epidemic within the Commonwealth of Pennsylvania and the Nation. I hope that we can continue our fight to meet the needs of our community members and restore the balance in their lives and that of our communities.

Respectfully submitted:

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Chief Administrative Officer

Tadiso, Incorporated