



HARTFORD DISPENSARY

Established in 1871

Testimony of Paul McLaughlin Regarding Raised Bill No. 282 – An Act Concerning the State Methadone Authority

February 29, 2008

Honorable Members and Attendees:

My name is Paul McLaughlin and I am here to testify in support of Raised Bill No. 282 which would expressly designate the Connecticut Department of Mental Health and Addiction Services (“DMHAS”) as the lead state agency for substance abuse prevention and treatment in Connecticut and the agency to serve as the state methadone authority. I am the Executive Director of The Hartford Dispensary, a private non-profit organization that specializes in the delivery of medication-assisted treatment, including methadone treatment, for individuals who have opioid dependency. I have served as The Hartford Dispensary’s Executive Director since 1981. The Dispensary operates eight licensed and fully accredited clinics where it treats approximately 4,200 patients per day. These clinics are located in Hartford, New Britain, Bristol, New London, Norwich and Willimantic.

I also chair the Connecticut Association of Methadone Treatment Directors which includes directors from all non-profit methadone treatment programs in the state.

I urge passage of this bill as I believe DMHAS is the appropriate agency for the designation. The purview of DMHAS’s responsibilities presently matches the functions contemplated by the raised bill. I have worked in substance abuse treatment services in

Connecticut since the early 1970s. I know that the lead responsibility for substance abuse prevention and treatments has shifted through different state agencies over the years until 1995 when DMHAS was created. Since then, DMHAS has led substance abuse prevention and treatment efforts by the State so that it is prepared for the lead agency designation and is, in fact, already performing some if not all of the functions contemplated for a state methadone authority. This is a designation that is significant to treatment providers.

The state methadone authority is in a position to review exception requests from federal opioid treatment standards to change patient care regimens. The need for exceptions can arise due to transportation hardships, employment considerations, patient vacation schedules, and disabilities among other reasons. DMHAS as a provider of services and as a result of the expertise of its personnel can and should exercise such authority in appropriate circumstances. DMHAS also has the right expertise and personnel to develop regulations to satisfy this bill's purposes.

I hope you will consider this legislation favorably.

Thank you for considering my testimony and for your time.