



## ***Connecticut Association of Addiction Professionals***

Public Hearing – March 11, 2015

### **Testimony and Friendly Amendment to HB 5906-An Act Concerning Access to Treatment for Opioid Addiction**

Submitted by:

Susan Campion LADC, LMFT, President  
Connecticut Association of Addiction Professionals  
New Haven, CT  
203.494.8148  
[www.ctaddictionprofessionals.org](http://www.ctaddictionprofessionals.org)

To : Senator Terry Gerrantana, Co-Chair of the Public Health Committee  
Representative Matthew Ritter, Co-Chair of the Public Health Committee  
Representative Kevin Ryan, HB 5906 Sponsor  
Members of the Public Health Committee

For Your Favorable Consideration:

Thank you, Representative Ryan for raising HB 5906! I appreciate your response to the heroin epidemic which is ravaging Connecticut's communities. My understanding of the Bill's intention is, that if passed, access to opioid treatment will be expanded by increasing the numbers of specific providers to offer medication-assisted treatment to residents with opioid addiction.

I strongly support HB 5906's primary goal of expanding treatment to CT's residents, who suffer from opioid addiction. I do wish to formally register my grave concerns relative to the language in the bill, which authorizes primary care providers and APRNS to prescribe the agonist meds, methadone and Suboxone in primary care settings.

The Connecticut Association of Addiction Professionals' 2015 legislative initiative is to propose **three revenue neutral recommendations to intervene in the deadly cycle of opioid addiction**. The document, *Connecticut Association of Addiction Professionals' Recommendations for 2015 Legislative Initiatives-Heroin Epidemic* was filed in January 2015 with the leadership of the Public Health Committee and former DMHAS Commissioner Pat Rehmer.

One of the recommendations deals with subject of HB 5906- **The Implementation of Uniform Standards of Practice in the Use of Suboxone, Medication-Assisted Treatment, by Public and Private Practitioners.** This document is included in my Testimony attachments.

I invite the members of the Public Health Committee to review this recommendation, which discusses the serious problems that have arisen with physician-assisted medication treatment, relative to Suboxone. CAAP has included evidence from multiple sources that identify the potentially dangerous treatment failures that occur due to inadequately trained medical providers, lack of addiction specialists involved in the treatment, insufficient monitoring of compliance and oversight of patients, and the downward trajectory of relapse into opiate addiction, criminal activity, and overdose.

CAAP's recommendations center on the fact that the treatment of opiate addiction requires specialists to assess, monitor, intervene and manage the patient's care. We can compare the treatment for this highly complex disease to treatment for complicated medical conditions. To illustrate, when an individual is diagnosed with cardiac disease, his or her primary care provider routinely refers the patient to a cardiologist to receive best practice standards of care. The cardiologist may prescribe a complex medication like Coumadin and a regimen of life-style changes for the patient's on-going treatment.

I do not wish to minimize the seriousness of patient medical treatment and compliance to MD recommendations, or, the psychological impact of cardiac disease on the patient's psychosocial functioning. However, I do want to emphasize that the use of Suboxone or methadone to treat opioid addiction presents an entirely different set of significant treatment challenges to the provider. Because of the agonist meds' addictive component, MDs or APRNs will need to contend with a patient's non-compliance in the use of the meds. Treatment non-compliance will place the patient at real risk of death thru overdose with other meds / alcohol, and at a high risk for criminal activity or in life-threatening situations thru the sale, distribution, or acquisition of illegal drugs. CAAP's **Recommendation** on this subject discusses the facts that Suboxone has become a highly desirable street drug!

In this comparison, a PCP or APRN, well-meaning but sorely lacking in depth of fund of knowledge and professional experience in the treatment of addictions, could provide a patient with a severe and life threatening disease by simply supplying the patient with meds and sending the individual on his or her way with no crucial oversight and adjunct services.

CAAP's recommendation for the treatment for the therapeutic treatment of opiate addiction centers on the requirement of **uniform standards of practice in the prescription of agonists by private practitioners, MDs and APRNs.** These standards of practice are routinely followed in CT SA treatment centers that offer agonist medications to opiate dependent clients. In addition, community-based criminal justice programs offer successful opioid treatment services to women and men on parole and probation. In these programs, opioid recovery interventions include mandatory UDS (urine drug screens) and specialized counseling. It is important to note that when Methadone and then Suboxone were introduced, these treatment protocols **were mandated.** CAAP's research for the 2015 Initiative found that State medication-assisted therapies offered by private physicians are unfortunately highly variable in their treatment protocols relative to oversight of patient compliance and requirements for adjunct counseling.

With over 30 plus years of experience in the treatment of Substance Abuse Disorders, my work with opioid dependent clients informs my strong endorsement of the need for an addiction specialist to be a key member of a Medication Assisted Opiate Treatment program. Best practice requires an addiction specialist to assess, monitor, intervene and manage the patient's treatment plan relative to his or her history, stage, and progression of addiction in association with the prescribing medical providers dispensing of the agonist medication.

The disease of opiate addiction is a potentially life-threatening disease. Accessing treatment for opiate addiction is further compounded by the psychological dynamics of shame, guilt, and self-loathing felt by the addict, thus posing a huge barrier to efficacy in treatment outcomes.. To mitigate these psychological barriers is a vital fact, which supports the use of specialized counseling to minimize relapse and support recovery-based treatment outcomes.

In 2015 residents from towns and cities across Connecticut cry out for strong and comprehensive solutions from their elected officials to address the destruction of the heroin epidemic. The human cost to opiate dependent individuals, their families, and partners demands that treatment of opiate addiction be guided by evidence-based, uniform standards of care, as specified in the Attachment of the friendly amendment to HB 5906.

Many thanks for your attention and support on this critical public health issue. I encourage you to contact me, if you require additional information on the testimony or wish to share your thoughts.

On behalf of the Connecticut Association of Addiction Professionals, I wish you all the best of luck in your deliberations on critical public health and behavioral health issues that impact the good people of Connecticut.

Respectfully submitted,

***Susan Campion LADC, LMFT***

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President

Connecticut Association of Addiction Professionals

Personal e-mail: [suzccampion@aol.com](mailto:suzccampion@aol.com)