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TO: MS. VICTORIA VELTRI

TESTIMONY RE: MENTAL HEALTH AND SUBSTANCE ABUSE
ACCESS TO PREVENTION, TREATMENT
AND COVERAGE

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My name is Mark Kraus. I am a physician who practices Internal Medicine and specializes in Addiction Medicine and am here representing the Connecticut Chapter of American Society of Addiction Medicine ("ASAM") and the Connecticut State Medical Society ("CSMC").

ASAM defines Addiction as a primary, chronic disease of the brain reward motivation memory and related circuitry. Dysfunction in these circuits leads to characteristic biologic, psychosocial and spiritual manifestations. This dysfunction is reflected by pathological pursuit of reward and/or relief through substance abuse and other behaviors.

We are here today to talk about access to treatment and barriers to treatment for the chronic disease of addiction on the national level as well as in the State of Connecticut.

6% of the US population 12 years and older currently use illicit drugs and 10% are alcohol dependent.

Substance abuse contributes to the following pathological conditions that are pathological to the society at large and to individuals, increasing the incidence of:

- Cancer
- Cardiovascular disease
- Hepatitis C
- HIV
- Injuries and fatalities from adult & teenage motor vehicle accidents
- Child and spousal abuse
- Prenatal complications and premature births with concomitant pathologies
- Homelessness (31% suffer from addictive disorders)
- Crime (60% of adults are incarcerated in Federal Prisons for drug-related crimes

It also results in decreased productivity & increased absenteeism in the work force

Substance abuse costs the USA more than $500 billion per year. To illustrate the enormity of this cost, compare the annual costs to society associated with diabetes -$132 billion - and cancer - $172 billion.

In November 2001, Dr. Frieden of the Centers for Disease Control ("CDC") declared that prescription opiate misuse, abuse and diversion have reached epidemic proportions and are threats to the public health. Of all 12 year olds and older, 1 in 12 are using prescription opiates illegally. And because of the poor economy and the high cost of illicit opiates in prescription pill form, we are seeing a rise in heroin use in the same population because it is less expensive.

People with substance abuse disease are often assumed to be "down and outers" but, in reality, 75% of illicit drug users are employed.

Today's world of medicine allows us to provide medically-assisted treatment to help arrest many chronic diseases. Like other chronic diseases, such as Hypertension, Diabetes, Heart Disease and Cancer, the disease of Addiction has no cure. Unlike other chronic diseases, however, our hands are tied as care and access to treatment for Addiction are often rationed or not covered.

The Drug Addiction Treatment Act ("DATA") 2000 allowed Buprenorphine to be used for the treatment of opiate dependency in an office setting. However, initial rules and regulations limited access to treatment by requiring that any physician prescribing Buprenorphine not only had to be waivered by the Center for Substance Abuse Treatment ("CSAT"), the Substance Abuse Mental Health Service Authority ("SAMHSA") and the Drug Enforcement Agency ("DEA"), but was only able to treat a total of 30 patients diagnosed by Diagnostic and Statistical Manual of Mental Disorders ("DSM") criteria as opiate dependent at any given time. Revisions to the rules and regulations currently permit a waivered physician to treat a maximum of 30 patients in the first year and, thereafter, permit treatment of a maximum of 100 patients at any given time.

Methadone treatment for opiate addiction, an initiative of President Nixon, was included in the 1970 Bill entitled "The Comprehensive Drug Abuse Prevention and Control Act of 1970. " Methadone treatment is highly regulated. Among the regulations are the following: 1) it can only be dispensed in a licensed Methadone Maintenance Treatment Program ("MMTP"); 2) to be treated with Methadone, patients must meet the DSM diagnosis of opiate dependence; 3) patients must follow stringent rules and be subject to drug screens; 4) a level 1 entry-level patient must be at

the MMTP clinic every day except Sunday; 5) with good citizenship and negative urines during drug screens a patient can obtain a level 5 status which will permit the patient to come to the MMTP once every 28 days.

By way of contrast, Naltrexone, a one-time per month injectable medicine, is also used to treat opiate dependent patients. It can be administered either at a MMTP or OBT, but the cost interferes with access.

Would rationed restrictive access to treatment exist if the chronic disease were Hypertension, Heart Disease or Diabetes? The answer is an obvious "NO!"

Stigma, outdated prejudices and misconceptions are the basis for policies that inhibit access to care. Since Governments (Federal, State and Municipal) are all experiencing difficult economic times, money made available for Addiction treatment is cut. But the Federal and State governments have passed laws allowing Medical Marijuana to be dispensed despite large outcries from Institute of Medicine, ASAM and others. One may ask why that would such an inconsistent position would be taken – the reason is revenue. Medical Marijuana will be subject to taxation and create a new revenue stream.

Addiction treatment works, saves lives, families and communities. For every 1$ spent on treatment, $7 is saved.

We must continue to try to educate Health Care professionals on Screening Brief Intervention and Referral to Therapy ("SBRIT") and proper prescribing of medications for treatment of pain. We must continue to educate parents to persuade them of the wisdom and necessity of speaking to their children regarding the harm of drugs and alcohol and the importance of keeping their prescription medications stored in a safe place under lock and key.

The CDC Social Marketing Department has done an outstanding job decreasing the rate of nicotine dependency, HIV and Hepatitis C through the use of the media. Similarly, it could go forward with a social marketing campaign targeting drug and alcohol abuse and the proper use of prescription pain pills.

We must go forward, nationally and in our State of Connecticut, and commit resources to address and resolve this acute health crisis so accurately identified by the CDC by improving access to treatment for addictive disorders.

Thank you.