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Thank you, Senator Collins, for allowing me the opportunity to speak with you this morning. I am here today to discuss an issue that I have seen grow to epidemic proportions over the past several years. Methadone abuse is affecting the people in my community and in every county of this state. The statistics are dire and it is imperative that steps are taken to combat this rapidly growing problem.

Over the past five years, there has been a four-fold increase in drug deaths in Maine. In the city of Portland and Cumberland County, methadone caused at least 30 deaths in 2002, according to the state medical examiner's office. The rise in deaths is due mainly to accidental overdoses.

What I find most deplorable and tragic is the lives that have been destroyed by methadone. Over the past several months, I have received numerous phone calls and letters from people who have lost loved ones due to methadone and who are desperate for help. A woman contacted me recently and shared with me a horrific story of how she lost her twenty-one year old daughter due to a methadone overdose. Her daughter, Kelly, was seeking treatment for heroin addiction and her mother watched as her methadone doses were increased steadily by a local clinic from 40mg to 110mg to 210mg. Concerned, her mother tried to speak with someone at the clinic but she felt as though her distress fell on deaf ears. At this high dosage, her daughter became sluggish and ill; she fell asleep at the wheel of her car and was involved in several accidents. Her mother described Kelly as so constantly inebriated by methadone that she would forget when she took her last dosage, until she took too much… and died. Kelly left behind a baby boy.

I have heard multiple tragic stories like this one and I feel helpless because we have two local <u>for-profit</u> methadone clinics dispensing this drug *without, in my opinion, adequate oversight.* The very nature of a

for-profit clinics creates incentives to keep people on methadone or stretch out the amount of time they are taking it or being weaned from it. Furthermore, the clinics are sending people home with methadone with minimal counseling and education. Even someone with a criminal history can be allowed take-home methadone. Granted, not all methadone users have a criminal history but any social deviant with a history of breaking laws and using illicit drugs should not be entrusted to handle a powerful drug responsibly. This is not to say that criminals who are addicted do not deserve treatment—they absolutely do! However, this treatment should be administered at the clinic, under close supervision. The result of this current "drive-through-window" approach to methadone is that the drug is being diverted, misused, and causing people to die at alarming rates.

Based on my experience, there is no doubt in my mind that state and federal regulations pertaining to the dispensation of methadone must be strengthened. The federal guidelines, which were designed to make methadone treatment more accessible (e.g. take home doses), have created a crisis. People are taking their methadone home but in too many cases, they are selling it or letting their friends take it. As you know, methadone does not create a "high" like other drugs. The result is that you have people mixing alcohol and other drugs at a party and somebody gives them some methadone. Thinking that they are going to get a high as in with other drugs, they take it and end up either dead or unconscious.

Currently, the state Office of Substance Abuse is not doing enough to monitor, evaluate, or intervene on this deadly trend. In fact, they may have *contributed* to the problem by spending $24,000 on radio ads promoting methadone use. These funds could have been put to better use through education, rehabilitation, and enforcement.

Another way that methadone is being abused is through prescription drug diversion. The methadone being abused appears to be tablets prescribed for pain. These are sold or sometimes given to addicts by people who have stolen them from patients or, in some cases, by the patients themselves. Addicts either swallow the tablets or grind them into powder that can be inhaled or turned into liquid and injected. Even though this is a lesser problem in Maine, it is something that we need to be watching carefully. I am hopeful that the prescription drug monitoring bill that was passed during the last legislative session will be a useful tool for getting healthcare providers informed and educated regarding patients with drug seeking behaviors.

While policy changes are imperative, they should be part of a comprehensive, coordinated approach. As you know, drug abuse is a complicated problem, which will require a multifaceted solution involving collaboration among diverse professions.

A comprehensive approach should include several components: law enforcement (control), public/professional education (prevention), and treatment services. These components can be strengthened by policy changes and *must* be implemented in a systematic, coordinated manner—throughout the state of Maine.

First, resources *must* be available to ensure effective law enforcement. Drug enforcement agents enforce state and federal drug laws and conduct comprehensive investigations into the illegal use of methadone, methadone diversion, and other related crimes. The Maine Drug Enforcement Agency (MDEA) should have increased resources—both human and financial—to carry out its mission.

Second, education is essential to primary and secondary prevention initiatives. Just as we have campaigns to educate people about the dangers of smoking, we need programs to teach people about the risks they are taking when they *abuse* methadone. Healthcare professionals must also receive education on this public health crisis so that they may become part of the solution.

Third, comprehensive substance abuse treatment services, which offer wide-ranging programs based on best practices, must be highly accessible to those who need them. These services include medical treatment, cognitive behavioral therapy, and other types of rehabilitation and recovery services. Treatment services should be integrated into all comprehensive healthcare delivery systems and need to be responsive to the community.

Currently there are deficiencies in each of the aforementioned areas. While the drug abuse problem is continuing to grow in Maine, the number of drug enforcement officials is shrinking as part of a trend over the past decade. Budgetary restrictions have forced the MDEA from 76 agents in 1992 (with an approximate $2 million budget) to just 34 today ($1 million budget). We cannot expect to see positive changes in the drug abuse problem in Maine if MDEA resources continue to dissipate. Moreover, there is no statewide, coordinated approach to education. State officials need to work with multiple communities (e.g. medical, public health, education, law enforcement, etc.) to get the word out. Also, treatment services need to be integrated and the treatment

community must collaborate with other stakeholders to ensure a sustainable solution and a reversal in the current trend.

Senator Collins, I implore you to use the information you have learned about this issue to craft legislation that will help to solve this problem. Thank you for this opportunity to address this panel.