James Berry
Northern New England Society of Addiction Medicine
LD 353

L.D. 353, An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention and Education
Sponsor's Amended Title: Resolve, Directing the Governor's Office of Policy Innovation and the Future to Study Key Aspects of the Adequacy of Maine's Substance Use Disorder Treatment
Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Wednesday, January 24, 2024

Good afternoon Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:
My name is James Berry, MD, an addiction medicine physician in Portland. I am a member of the Northern New England Society of Addiction Medicine (NNESAM), the local chapter of ASAM, the national organization of addiction medicine physicians, and the Maine Medical Association. I am submitting this testimony in support of LD 353, An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention and Education with the proposed Sponsor's Amendment. .I have been practicing addiction medicine in Portland since 2009 and family medicine before that. I am semi-retired and continue part-time work in the field in a small private practice and several county jails. I am a past president of NNESAM and represented them in discussion of this bill with Senator Farrin last year and speak for them today.
I am supportive of the proposal that LD353 authorize a review of where we stand with SUD treatment in Maine. Today I will present a few examples of areas in need of improvement.
A review of Maine's SUD treatment efforts should look broadly at treatment of substance use disorders rather than exclusively focusing on buprenorphine treatment of opioid use disorder. Addiction is a moving target—substances, risks, and problem areas are constantly evolving.
We are in the midst of a surge of cocaine and methamphetamine use. These drugs are often found along with fentanyl in overdose deaths.
I will describe a scenario I have seen several times recently: A person comes to me seeking help getting off cocaine or methamphetamine. While this had always been his drug of choice, along the way he had used opiates as well and was currently on medication for opioid use disorder(MOUD). He faithfully participates in his MOUD program but they don't offer treatment for stimulant use disorder. He is experiencing a "backdoor" relapse to fentanyl using it to come down off cocaine or meth binges or else contaminating his supply—putting him at risk for a fatal overdose. Getting insurance to cover his drug of choice presents a problem since they balk at covering 2 programs at the same time.
While treatment of stimulant addiction is not as straightforward as OUD, it is effective. A recent study showed rates of recovery similar to that from other substances when best treatment practices are followed. In 2023 ASAM released 2 important upgrades: a protocol for treatment of stimulant use disorder and a revision of ASAM's Level of Care Criteria, which outlines where and how SUD treatment should be delivered. Currently few programs adhere to these recommendations.. In my experience, even a partial application of the recommended treatment for stimulant use disorder can be effective.

Our greatest unmet need is access to counseling, particularly for those on Mainecare or lacking good insurance. Example: a relative recently asked his PCP at Martin's Point for a counseling referral to help cope with a family member with addiction and

mental illness. The PCP indicated that this wasn't possible. After 6 months, and a switch from Mainecare to commercial insurance, he finally found a private counselor. This counselor confided that even with avoiding Mainecare, she was struggling to make a living.

A month ago I was surprised to be checked out at Lowes by a former counselor I had worked with for many years. Her agency had permanently closed during covid. I shouldn't have been surprised: a while ago I was waited on at Cabela's by another ex-counselor after we both had been laid off when our employer closed the program.

Regarding OUD, while access to treatment has improved there are still gaps. Some are uninsured, and some insurance coverage for SUD treatment is inadequate, in spite of federal Parity laws (which need to be strengthened). Online prescribing for OUD has become available but many—in my opinion, most-- need to be seen live at least until stable. Wait lists are an anathema to recovery. Most of us have had the tragic experience of losing a prospective patient to a fatal overdose while on a wait list.

There are still treatment deserts in Maine. An example is the Route 11 corridor from Fort Kent to Patten. When I have a jail release from that area we do our best to find local SUD treatment but there are no good options.

Lack of primary care is another barrier. Many come to recovery with unaddressed medical issues. Those on Mainecare face a 6-month wat list to see a PCP in the Portland area, tolerable if you are waiting for a routine physical but stressful and risky if you have active untreated illnesses. Many who finally overcome their reluctance and agree to seek medical care just give up when faced with this barrier.

This review panel will focus on evaluating the adequacy of addiction treatment, an appropriate limitation, but keep in mind this is only one aspect of addressing our SUD epidemic. As alluded to in the original title of LD353, other key areas include prevention, education, harm reduction, and social support.

I urge your support of LD353 with the goal that Maine's SUD treatment resources can be more optimally applied. A representative of NNESAM/ASAM would be happy to participate in the review panel.

I am happy to answer any questions.

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