

LD 59 An Act to Ban the Drug Tianeptine

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine

Good Morning, Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. My name is Michael Eng, MD, and I live in Bar Harbor. I am submitting this testimony neither for nor against LD 59 - An Act to Ban the Drug Tianeptine.

I am a physician working full-time in Addiction Medicine and I have been doing so for the last 8 years. I am board-certified in Addiction Medicine and in Anatomic and Clinical Pathology. Although I am president-elect of NNESAM, the Northern New England Society of Addiction Medicine, I have not presented this issue to the board or membership at NNESAM, and my opinion on this issue does not necessarily reflect that of that organization.

I wanted to share information with this committee about the increase in the use of Tianeptine. Over the last several years, I have treated about a half-dozen individuals presenting for addiction treatment on account of their use of tianeptine. Each was ultimately stabilized on buprenorphine, an FDA-approved medication used for opioid addiction, traditionally pain killers, Fentanyl, or heroin. This was just in my practice.

Tianeptine is an atypical antidepressant medication that has not been approved for use in the United States, in part because of its action at the opioid receptor, which can lead to dependency, addiction, and even overdose. Although it may have efficacy as an antidepressant, there are numerous similarly acting and FDA-approved antidepressants that do not produce this effect. It is referred to as gas station heroin because it is available for commercial sale as a dietary supplement, with no warning of its health risks.

I feel strongly that this uncontrolled sale of this drug has no place in the open market, and my experience in treating drug addiction demonstrates that the health risk is very real.

Finally, I want to note that I am testifying neither for nor against it because I believe it is important for this committee to have information about the recent uptick in overdoses from Tianeptine. However, the [American Society of Addiction Medicine's Principal of Medical Ethics](#) notes the following:

3.1. To reduce stigma associated with substance use and SUD (a treatable, chronic health condition), ASPs should advocate to shift laws and regulations regarding personal substance use away from approaches based on assumptions of criminality and towards public health approaches prioritizing treatment, health and wellness,

including supporting changes to increase patients' access to evidence-based treatment and harm reduction interventions¹

I am available for any questions. Thanks for your time and consideration on this bill and others.

Thank you,

Michael Eng, MD

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<https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2024/04/07/public-policy-statement-on-medical-ethics-in-addiction-medicine> .