

April 21, 2021

Senator Deschambault
Representative Warren
Members of the Joint Standing Committee on Criminal Justice and Public Safety

Re: Testimony in Support of LD 663 “*An Act To Make Comprehensive Substance Use Disorder Treatment Available to Maine’s Incarcerated Population*”

Good morning Senator Deschambault, Representative Warren, and other Members of the Joint Standing Committee on Criminal Justice and Public Safety, my name is Jonathan Fellers and I am testifying today in support of LD 663, An Act To Make Comprehensive Substance Use Disorder Treatment Available to Maine’s Incarcerated Population.

I am an addiction psychiatrist and I work with patients, families, and our health care system to promote high quality evidence-based screening, assessment, and treatment for substance use disorders and co-occurring mental disorders. I serve as the Medical Director for Crossroads where we provide gender-responsive treatment programs for women with addiction. I am the Medical Director for the Opiate Treatment Programs of Discovery House in South Portland and Waterville, also known as methadone clinics. Through these two locations we provide both methadone and buprenorphine, also known as Suboxone, for about 1,300 Mainers with opioid use disorder. I have a small private practice where I provide both psychiatric and co-occurring outpatient care for patients from all over the State. I serve on the Board for the Portland Recovery Community Center. Finally, I live in South Portland with my wife and two young children.

There are three medication options for the treatment of a person with opioid use disorder: methadone, buprenorphine, and naltrexone. I am very pleased with the progress Maine has made expanding medication-assisted treatment for residents with a substance use disorder during incarceration. Expansion of methadone and naltrexone has made far less progress. Consequently, residents often have only one choice for treatment: buprenorphine.

LD 663 would increase health equity by expanding access to all three life-savings medications. It would give residents choice in the care that they receive, thereby promoting autonomy and enabling shared-decision making. This follows evidence-based practice and the guidelines from SAMHSA: “there is no ‘one size fits all’ approach to opioid use disorder treatment,” and “give patients’ expressed preferences significant weight when making decisions” (SAMHSA, TIP 63, 2020).

With the national opioid epidemic, everyone’s attention has been focused on opioid use disorder. However, alcohol is the biggest addiction issue for Mainers. I am therefore encouraged that LD 663 would promote treatment for residents with alcohol use disorders.

Current evidence shows that medications are underused in the treatment of alcohol use disorder. This is of concern because of the high prevalence of alcohol problems in the general population. The FDA has approved three oral medications and one injectable medication for treatment of

alcohol use disorder. I am not aware of the availability of these medications to Maine's incarcerated population. Expanding access medication-assisted treatment for alcohol use disorder promotes evidence-based practice and health equity.

I urge you to pass LD 663 and I thank you for your time to speak today. I am happy to take any questions.

Sincerely,

Jonathan C Fellers, MD