Testimony to the Members of the Joint Standing Committee on Criminal Justice and Public Safety regarding LD 663, An Act To Make Comprehensive Substance Use Disorder Treatment Available to Maine's Incarcerated Population.

4/21/2021

Good morning Senator Deschambault, Representative Warren, and other Members of the Joint Standing Committee on Criminal Justice and Public Safety, my name is Dr. Nick Gallagher, medical director of addiction medicine for MaineGeneral – I do not come representing MaineGeneral but as a member of the community who treats patients with substance use disorder on a daily basis, many of whom were recently incarcerated. I am testifying today in support of LD 663, An Act To Make Comprehensive Substance Use Disorder Treatment Available to Maine's Incarcerated Population.

In all aspects of medicine, whether it be diabetes management, blood pressure management, or treatment of substance use disorder, our goal should always be to practice evidence based medicine. We should also be committed to treating every patient as an individual. Medicine is not a "one size fits all" practice. Luckily In regard to both OUD and AUD there are different FDA approved medication options as well as very clear guidelines by SAMHSA for the treatment of these disorders. We owe it to all of our patients to discuss the risks and benefits of all treatment options and allow them to be part of the decision making process. It's easy to get caught up in the daily grind so sometimes I like to take a step back and think "if this were my grandmother, how would I want her to be treated". I'd want my family members to be provided with all possible, evidence based treatment options and this is what all of our patients deserve.

There are three FDA approved medications for OUD (bup, naltrexone, methadone) and three for AUD (naltrexone, acamprosate, disulfiram). Whenever we discuss SUD, we need to always speak about AUD given it's prevalence in our community and significant public health cost. In the interest of time, I will briefly discuss medications for opioid use disorder specifically (buprenorphine and naltrexone) as they work very differently and hence are for very different types of patients with OUD. I believe this highlights the importance of careful, case by case decision making in regard to medical treatment for OUD.

OUD:

Buprenorphine: opioid partial agonist, binds mu opioid receptors, stimulates them at a level that prevents withdrawal and cravings at the appropriate dose but does not produce a euphoria. Cons – it is an opioid that requires careful titration, monitoring, and can be a time consuming process to wean someone off from. This medication is ideal for people who are early on in their recovery, those at high risk for relapse, and those with intense cravings to use opioids. It is my understanding that currently, this medication is the only option for OUD in Maine correctional institutions and is the only medication I see any patients on who are coming from these institutions.

Naltrexone: opioid antagonist (blocker). This is a non-opioid, non-habit forming, non-addictive medication that is not a controlled substance. It works by physically blocking the opioid receptors but does not provide nearly the same level of control of cravings and urges to use. This is an ideal medication for patients who have not been on opioids for an extended period of time and are relatively stable (for example people just coming out of jail or prison who haven't used in months and haven't been on buprenorphine). Sometimes putting someone back on an opioid when they have been abstinent for an extended time is not the best thing for them and this option should be available and discussed.

In addition to medication for substance use disorder, there is plenty of evidence that combining medication with additional support (groups, counseling, and management of co-occurring mental health conditions) greatly improves the success rate and longevity of recovery. This is also supported by my personal experience treating these patients. The bottom line is, patients with more support do better and having a system in place to provide this to individuals who are incarcerated increases their chances of success.

I truly believe that, as healthcare providers, we all get into this because we want to help people and we want to do what's right for our patients. I have found that a major barrier to treatment for SUD, in the medical community at large, is a lack of education. Expanding upon the already successful treatment programs within Maine criminal justice system can be done without significant cost through education of providers. There is a plethora of educational materials on these treatment methods as well as very clear guidelines from SAMHSA all available without cost. In addition, providing continuing medical education lectures on these topics to providers within jails and prisons would be an effective, low cost way to advance these programs and bring them in line with current evidence based guidelines and FDA recommendations. I feel we owe this to our patients and the criminal justice system in the state of Maine should be following evidence based guidelines for the treatment of substance use disorder. Medicine practiced within the criminal justice system should not be separate from medicine practiced within the community.

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