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## Chapter Executive Director

Dee Kerry

[dakerry@aap.net](mailto:dakerry@aap.net)

30 Association Drive, Box 190

Manchester, ME 04351

office: 207-480-4185

[www.maineap.org](http://www.maineap.org)

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## Testimony in support of LD 1059 - "An Act To Provide Substance Use Disorder Treatment to Adolescents"

Senator Claxton, Representative Meyer and Members of the Joint Committee On Health and Human Services:

My name is Dr. Alton Kremer. I am a member of the Maine Chapter of the American Academy of Pediatrics Board of Directors and a resident of Falmouth, Maine. I am writing in support of LD 1059, a bill to develop and fund a continuum of evidence-based treatment services for adolescents affected by substance use disorder. I am a retired pediatrician and have over thirty years experience in the conduct of clinical studies and the interpretation of data from them. My testimony is on behalf of the Maine AAP, and my personal beliefs and knowledge.

I believe that we are all aware that the use of addictive substances, ranging from alcohol to illegal opioids to illicit use of pharmaceuticals, is a huge problem for our youth and that treatment options are needed. Data from Maine DHHS have shown that more than 10% of high school students have reported misusing prescription drugs at some time in their life and this figure is consistent with what has been reported nationally. This misuse is an all too common pathway to opioid misuse. It has been estimated that, nationally, greater than 150,000 adolescents meet the criteria for opioid use disorder. This is clearly a health issue that requires adequate treatment. The American Academy of Pediatrics in 2016 advocated that access and services for the treatment of substance abuse in adolescents be at the same level as general health care for both adolescents and adults.

There are multiple components to caring for these adolescents in a way that increases the likelihood of their maintaining sobriety and freedom from the use of illicit drugs. Safe inpatient detoxification is the first step and this needs to be followed with an outpatient program, which may include intensive outpatient treatment. Community support programs, such as the twelve-step program of Alcoholics Anonymous, have been shown in an extensive Cochrane review to be effective in Alcohol Use Disorder. Unfortunately, it is true that for opioid use disorder the percent of patients who are able to maintain freedom from opioid use without additional therapy is small. This is where medication-assisted treatment for opioid use disorder is important. It has been shown in adults that maintenance with either methadone or buprenorphine is effective in preventing relapse. There are also data demonstrating that buprenorphine is effective in this role in adolescents and young adults.

The American Academy of Pediatrics in 2016 recommended medication-assisted treatment for opioid use disorder and resources to improve access to it. More recently in 2021, a paper in Pediatrics concluded that treatment with either buprenorphine or naltrexone should be the standard of care for opioid use disorder. So, we know how to help our patients maintain sobriety and freedom from illicit drug use.

Sadly, knowing how to do it is not the same as doing it. For youth with opioid use disorder only a tiny fraction receive appropriate medication treatment. Examples are reports of youth with heroin use where only 2.6% received medication and youth with prescription opioid use disorder where less than 1% received medication. I believe we would all agree that if a treatment is supposed to be standard of care, yet only 1 – 2% of patients receive it, we have a problem in access to treatment. Based on this, I would strongly urge the Committee to pursue the bill to provide treatment services for these patients.