



CARTER, Inc.
Center for Addiction Recognition Treatment Education Recovery
Alcohol/Drugs – Food – Gambling/Gaming – Nicotine – Sex

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To: Ann Pugh, Chair, House Human Services Committee
From: Rick Barnett, Psy.D., LADC, President/CEO, CARTER, Inc.

Thank you for reviewing my testimony on S.243. As President of the Center for Addiction Recognition, Treatment, Education and Recovery (CARTER, Inc), a 501c3 non-profit organization formed in 2015, and as a psychologist and addictions professional and educator for over 20 years, please consider the following suggestions and the accompanying article which was submitted to VTDigger.org this week.

Continuing Medical Education – Sec. 9

Please consider increasing the number of hours required for relicensing/recertification period from (2) CME's to (4) CME's:

Two Hours on the topics of the abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and non-pharmacological alternatives to opioids for managing pain; medication tapering; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances; and **Two Hours on the topics of addiction counseling, interventions, recovery supports, case review, and ethics in addiction treatment.**

Appropriations – Sec. 17

The way the appropriations are allocated seem to underfund the psychosocial rehabilitation, treatment, counseling, and community supports necessary to stem the tide of opioid addiction in Vermont. Without addition to the amount already allocated, it is recommended that 10-15% of each allocation as writing in the bill be aggregated and added to another allocation section to the Vermont Recovery Network (the 12-14 recovery centers in Vermont), to the DA's or to DVHA in a special fund to enhance payments for private practitioners who provide treatment services to patients outside of tradition systems of addiction treatment.

(g) The sum of \$XXX,XXX is appropriated from the Evidence-Based Education and Advertising Fund to the Department of Health in fiscal year 2017 for the purpose of funding statewide Counseling, Recovery, and Community Supports such as the Vermont Recovery Network, Workforce Development and Support in Substance Abuse Counseling, or the Center for Addiction Recognition, Treatment, Education and Recovery in order to strengthen statewide treatment, counseling and recovery support efforts.



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Maintenance Medication Madness

By Dr. Rick Barnett – Views expressed are that of the authors alone.

In his [January 2014 State of the State](#) address devoted exclusively to the topic of drug addiction in Vermont, governor Peter Shumlin suggested that we are not going to prescribe our way out of the opioid epidemic⁽¹⁾. Specifically he said we cannot “just use maintenance drugs as a Band-Aid for this complicated disease” AND we cannot “just dole out maintenance drugs that sometimes find their way back into the drug market”. And yet, this is exactly what we've done and committed ourselves to doing.

Einstein said: "you cannot solve a problem with the same mind that created it in the first place." We've prescribed our way into our addiction to painkillers by liberal prescribing practices and patient demand. Now we are trying to prescribe our way out of the problem by over-prescribing maintenance medications for addiction.

The clincher is that recent federal efforts, state legislation, and medical education campaigns are trying to severely limit painkillers prescriptions. Those who truly need these drugs (and some really need it), and those who have true addiction, are then forced to look elsewhere to get pills and maintenance drugs, and even use heroin as a replacement. The result is an endless cycle of increasing addiction rates and overdoses.

Here's the data: Fatal opioid [overdoses have increased](#) from 4.5 per 100,000 people in 2003 to 7.8 per 100,000 people in 2013. ⁽²⁾ A recent report from the [Centers for Disease Control](#) states that since 2000, there has been “a 200% increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin). From 2013 to 2014 alone, rates of opioid overdose deaths increased 14%.”⁽³⁾

Medication-Assisted Treatment (MAT) is touted as the #1 solution to the heroin and prescription opioid epidemic. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), MAT includes comprehensive maintenance treatment, detoxification, and medically supervised withdrawal. Maintenance drugs have been pushed since the approval of office-based treatment, while detoxification and medically supervised withdrawal is rarely offered and even vociferously discouraged. Maintenance drugs include Buprenorphine (“Bupe” or Suboxone) and Methadone. An opioid-blocker called Naltrexone (also known as Revia and Vivitrol) is also used but doesn't help with cravings and isn't considered a maintenance drug.

The dollars pumped into the system to pay for these medications has increased year after year while funding for psychosocial and mental health treatments has dramatically decreased over the past 20 years. *Vermont Medicaid has cut group psychotherapy rates by over 80% since July 2015 and now claims that psychotherapy needs better monitoring to see if it's actually helpful.*

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The system is rigged: it sets people up to fail. Patients demand the drugs and we prescribe. Access to non-drug treatments is blocked while maintenance medications is being promoted like never before. Everyone is taught that MAT is the best practice and Suboxone is held out as the golden ticket to freedom from opioid addiction. Then, we are told allegedly by the [research that up to 90%](#) of people weaned off these life-saving medication will relapse(4). They aren't even given a fighting chance.

This is baloney for two reasons. First, the system isn't geared to helping people come off maintenance meds. Hence the term 'maintenance' - one is "maintained" on the medication to stave off cravings and relapse. Second, the main outcome measure for a majority of this [research is retention in treatment](#), that is, whether or not someone stays on the medication (5). In other words, if a patient stops taking their maintenance meds or simply drops out of the program, it's considered a treatment failure, i.e. relapse.

This couldn't be more misleading and here's why – Vietnam. Didn't our experience with the last wave of heroin addiction among soldiers returning from Vietnam teach us anything? The "[Lee Robins Study](#)" showed two things: 1. Nearly 1 in 5 Vietnam soldiers got addicted to heroin or opium and 2. Of those, nearly 90% kicked the habit without treatment.(6) The study was even ahead of its time by demonstrating that early intervention with less severe dependence (casual or novice users of heroin) has an incredible rate of success. This is perhaps best illustrated in the 2015 TED talk with nearly 5 million views by Johann Hari called "[Everything You Think You Know About Addiction is Wrong](#)"(7).

The federal law responsible for the MAT ([Drug Abuse Treatment Act of 2000 or DATA 2000](#)) doesn't even require counseling (8). In fact, some providers believe that [counseling may actually be a barrier](#) to treatment.(9) Yet prescribers need only complete an 8 hours online course to become certified to prescribe Suboxone.

The solution is not to prescribe more medications or get more providers to prescribe. Barely more than half of those eligible to prescribe medications for opioid addiction don't even write a single script. That should tell us what's really going on. This is not because the medication itself doesn't work but because complex nature of addiction. The solution is better education and training and building a more robust treatment system with heavy emphasis on psychosocial rehabilitation, which may or may not include maintenance medications.

Suboxone is the perfect, or at least most available, medication to stave off withdrawal until you can get more heroin or your drug of choice. It's been called a "[heroin helper](#)" by a member of Congress. (10) Providers are overwhelmed by the complexities of addiction. Providers and patients alike are thwarted by limited access to complementary and effective non-drug treatments like counseling, formal treatment programs, or peer-recovery groups. Maintenance drugs are supposed to be used as tools in a vast toolbox of treatment options.

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Let's rename Medication-Assisted Treatment (MAT). Let's call it Counseling-Assisted Medication-Optional Treatment (CAMO-T) and place emphasis on counseling and community support to create the kind of change required to overcome addiction. Promoting the idea that taking a pill is the first step on the path to recovery is simply dangerous.

At a March 29, 2016 Prescription Drug Abuse and Heroin Addiction Summit in Atlanta, President Obama highlighted [three new actions by the Federal Government](#) to escalate the fight against the opioid epidemic: Increase the number of patients one prescriber can prescribe to from 100 to 200, support more widespread distribution of Naloxone, an overdose-reversal drug, and enhance mental health and addiction treatment parity (11). All of these initiatives are excellent. Those prescribers who have been gaining more and more experience with the complex nature of treating addiction should be allowed to reach more patients but not without a robust community and professional support systems to back them up.

Einstein is also credited with the famous phrase: "Insanity is doing the same thing over and over again expecting different results." Right now Vermont Medicaid is committed to doing the same thing over, by limiting access to non-drug treatments: keeping group counseling reimbursements rates at record lows and limiting the number of individual counseling sessions. Instead, we desperately need Vermont to dare to be different. Let us transform our state from leading the pack in our high rates of addiction into leading the nation in developing the best community and professional support and treatment.

Dr. Rick Barnett, has worked as a licensed alcohol and drug counselor in numerous settings for over 20 years and is the current President and CEO of CARTER, Inc (the Center for Addiction Recognition, Treatment, Education and Recovery), a private non-profit organization in Stowe, VT where he treats patients with addictive disorders. He has a Doctorate in Clinical Psychology, and a Master's in clinical psychopharmacology. He is past-president and current legislative chair and lobbyist for the Vermont Psychological Association. He is a former member of the Board of Psychological Examiners and current member of the Vermont Alcohol and Drug Abuse Certification Board. Appointed by Governor Shumlin, Dr. Barnett has served on the Healthcare Workforce Workgroup since its inception in 2013. He also serves on the Green Mountain Care Board Health Care Provider Advisory Committee and on the Unified Pain Management Advisory Council at the Department of Health. Finally, he serves on the Provider Advisory Group for Vermont Information Technology Leaders, the Blueprint For Health Mental Health and Substance Abuse Advisory Committee, and the Steering Committee for the Vermont Health Care Innovation Project. Dr. Barnett is in recovery from addiction for over 20 years.

1. <http://governor.vermont.gov/newsroom-state-of-state-speech-2014>
2. <http://www.samhsa.gov/newsroom/press-announcements/201510131100>
3. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm>
4. <http://healthresearchfunding.org/shocking-heroin-relapse-statistics/>
5. <http://www.ncbi.nlm.nih.gov/pubmed/25171726>
6. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1775687/>
7. http://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong

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8. <http://buprenorphine.samhsa.gov/titlexxv.html>
 9. <http://icer-review.org/wp-content/uploads/2016/01/Public-Comments-on-Draft-CEPAC-Report-Opioid-Dependence.pdf>
 10. <http://www.medpagetoday.com/Psychiatry/Addictions/51336>
 11. <https://www.whitehouse.gov/blog/2016/03/29/president-obama-taking-more-action-address-prescription-drug-abuse-epidemic-0>

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