

SENATE BILL REPORT

SB 5031

As Reported By Senate Committee On:
Human Services & Corrections, February 9, 1995

Title: An act relating to methadone treatment.

Brief Description: Enlarging the scope of the methadone treatment program to the opiate substitution treatment program.

Sponsors: Senators Hargrove, Winsley and Prentice; by request of Department of Social and Health Services.

Brief History:

Committee Activity: Human Services & Corrections: 1/31/95, 2/9/95 [DPS].

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 5031 be substituted therefor, and the substitute bill do pass.

Signed by Senators Hargrove, Chair; Franklin, Vice Chair; Fairley, Kohl, Long, Moyer, Palmer, Prentice, Schow and Smith.

Staff: Dennis Martin (786-7403)

Background: Current law provides for the use of methadone treatment services in Washington. New synthetic opiate substitutes have been approved by the federal government in the treatment of heroin and cocaine addiction. The new opiate substitutes would allow patients to attend a clinic every 48 to 72 hours for treatment, rather than every 24 hours.

Methadone clinics in Washington are limited to a caseload of no more than 350 patients. A county legislative authority may prohibit the use of methadone treatment within the county.

Summary of Substitute Bill: The term "opiate substitutes" replaces the term "methadone," to allow for the use of new synthetic opiates in the treatment of persons with heroin and other opiate addictions. Opiate substitute treatment is defined as dispensing opiate substitutes approved by the Federal Drug Administration and providing comprehensive rehabilitative services.

Opiate substitute treatment programs are required to submit an annual report including outcome data to the Department of Social and Health Services. The department is required to analyze and evaluate the data submitted by each program and report annually to the Legislature. County legislative authorities are to evaluate treatment programs in accordance with established goals and standards.

The goal of opiate substitution treatment is to transition participants to total abstinence of chemical dependency. The state also recognizes that a small percentage of participants will require extended opiate substitute treatment.

Substitute Bill Compared to Original Bill: The original bill removed the 350 patient limit on opiate substitute treatment programs.

The substitute bill and original bill both allow the use of "opiate substitutes" to treat opiate addiction. The original bill did not include a definition of opiate substitute treatment, the requirements for reporting of outcome data, or the changes to the goals of opiate substitution treatment.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The new opiate substitutes approved by the federal government require less frequent doses than with methadone. Limiting the number of patients in a clinic should be a local government decision. The current limit of 350 patients can be eliminated without an adverse effect on neighborhoods because clients treated with the new opiate substitutes will visit a clinic less often.

Testimony Against: The 350 patient cap was established to reduce the negative impacts on neighborhoods where clinics are located. The number of patients that will use the new substitutes is not known and the cap should not be altered or eliminated.

Testified: Philip Showstem, South King County Drug & Alcohol Rec. Centers (con); Norman Johnson, Therapeutic Health Services (con); Linda Grant, Assoc. of Alcoholism & Addictions Programs (con); Steven Freno, King County Public Health Dept. (pro); Penni Newman, Pierce County Social Services (pro).