



New York Society
of Addiction Medicine
NYSAM

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**Written Testimony for
NYS Assembly Hearing on Prescription Misuse**

PRESIDENT
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The New York Society of Addiction Medicine (NYSAM) represents approximately 300 physicians who practice addiction medicine in a variety of clinical settings throughout New York State. Our society has representation in the Medical Society of the State of New York and two members of the NYSAM Board of Directors are on the Board of Directors for the NYS Academy of Family Practitioners. Many NYSAM members are primary care physicians.

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NYSAM asserts that much can be done to prevent and effectively address issues related to prescription misuse if there is a partnership between state agencies and physician groups, particularly if they include NYSAM, psychiatry and primary care groups. Specifically, we recommend the following:

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1. Better education of patients, through the disposition of educational materials at pharmacies when prescriptions are picked up.
2. Access for physicians to health department records that show what other controlled substances a patient has been prescribed by other physicians. A number of states have effectively implemented such access and developed data systems designed to identify potential cases of prescription misuse. In New York, we have an inefficient methodology where physicians have to wait until we receive a notice, and that frequently occurs long after problem behavior has surfaced.
3. Better treatment for those presenting to emergency rooms with overdoses. The Health Department and OASAS have developed an overdose prevention program with input from NYSAM. This program needs to be widely implemented and should include the training of ER staff and information dissemination that helps link physicians with community-based chemical dependence treatment and prevention resources.
4. Increased prescription of Buprenorphine to address Opioid dependence. With pain medications being among the most widely misused prescription medications, Buprenorphine is a valuable treatment tool for physicians treating dependence on heroin and prescription opioids. Often patients treated with Buprenorphine stop all other drug use including stimulants and marijuana. NYS cannot force physicians to increase their use of addiction medications, but by strengthening reimbursement rates and providing needed education and training to physicians, pharmacists, and consumers, we could ensure better treatment and reduced rates of prescription misuse. NYS should replicate a strategy implemented in Vermont that gives a monthly management fee to physicians who prescribe Buprenorphine. This management fee has

helped engage more physicians in the practice of addiction medicine and increased use of this important addiction medication.

5. OASAS should facilitate development of more treatment opportunities for persons who misuse and become dependent on prescription medications.
6. Increased access to treatment for persons who have co-occurring mental health and substance use disorders. The walls between OASAS clinics, mental health and primary care need to be torn down.
7. Ongoing education and monitoring of prescription trends for physicians who prescribe opioids for chronic pain, stimulants for ADHD, and xanax for anxiety to ensure appropriateness of prescriptions. NYSAM supports work to ensure that all physicians take a careful history, obtain records from other physicians, do drug screens, and monitor medication use to see if it is actually helping the person. We recommend reimbursement strategies that fully compensate physicians who document they have done a complete evaluation and careful follow-up. Physicians should also be encouraged to monitor medication use (unannounced pill counts, etc.) and be properly compensated for doing so.
8. Integrating a prescription monitoring systems within the Workers Compensation benefits program. The New York State Academy of Family Practitioners has offered to work with the Workers Compensation Board on this issue but has not been engaged by the Board.
9. Development of strategies to increase the number of addiction medicine specialists in NYS. The state might consider annual support of addiction medicine fellowships in each region of the state.

Columbia University (CASA) released a report in May, which showed that local, state and the federal governments spend almost a half a trillion dollars on the effects of substance abuse including tobacco. Less than 2 % of that amount is spent on prevention and treatment. NYSAM's recommendations would only require a small amount of money for an addiction fellowship or to improve reimbursement to physicians who spend extra time monitoring use of prescription medications. These investments would help to reduce prescription misuse in NYS.

Members of NYSAM would welcome the opportunity to meet with the NYS Assembly's Health Committee and Alcoholism and Drug Abuse Committee members to discuss any of our ideas for helping NYS address the problems of addiction and prescription misuse.

Dr. Norman Wetterau, NYSAM President, has attended two national meetings on the subject of prescription misuse and presented at one. He also helped CSAT develop a course on proper opioid prescribing for treatment of chronic pain and helped to author a monograph for the American Academy of Family Practitioners.