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BEACON HILL UPDATE

A Focus on Substance Abuse Treatment & Prevention

What has been done:

- **Passage of Substance Abuse Treatment Act.** This new law was passed during the recent legislative session and will go into effect later this year. The law mandates that private health insurers cover abuse-deterrent opioids at the same level they cover non-abuse deterrent products. Insurers will also be required to cover in-patient substance abuse treatment for up to 14 days, and the law prevents insurers from requiring pre-authorization for a variety of substance abuse treatments. Additionally, licensed drug and alcohol counselors will be added to the list of specialists covered to allow these providers to bill insurers for their services.

- **Expanded powers for DPH.** The Legislature has granted additional powers to the Commissioner of the Department of Public Health to take action when new painkillers hit the marketplace, such as occurred recently with Zohydro. DPH will now have the authority to temporarily categorize a substance as “Schedule I” to avoid imminent hazard to public safety.

- **Expanded Drug Courts.** The FY15 state budget established five new drug courts around the state modeled after the successful Plymouth drug court.

- **Prescription Monitoring program.** To cut down on the issue of “doctor shopping” and prevent over-prescription of medications like opioids the Legislature made the state’s Prescription Monitoring Program mandatory and added funding for a more extensive IT network. Henceforth DPH will also be required to report whether physicians are consulting the controlled-substances database to see if patients are obtaining scripts from multiple doctors.

- **Overdose Prevention Fund.** The FY 15 state budget created a new Opioid Overdose Prevention Fund using up to \$5 million from a new tax amnesty program. It also provided additional funding for the Department of Mental Health to clear its wait list, and the budget significantly increases its investment in the Massachusetts Behavioral Health Partnership.

What we are working on now:

- **FY16 state budget.** Next year’s state budget is current being deliberated on in the State Senate. The House version of the budget includes additional funds for substance abuse and a variety of innovative pilot programs, including:

- **Community Placements funding.** Additional \$4M to expand community-based placements for DMH clients who are discharge ready at inpatient facilities. More community placements will open up inpatient beds and alleviate some of the emergency room boarding cases.

- **Children and Adolescent Mental Health Services.** Restores funding for at least 700 families for child and adolescent mental health services with the Individual & Family Flexible Support program, an essential wrap-around service that works with children and families to stabilize child in community rather than inpatient setting.

- **DPH Substance Abuse Services.** Expands number of licensed residential recovery beds by 75 beds and provides \$250,000 for a pilot program for young adults ages 17-25 to address substance abuse issues. Also adds addiction specialists in Brockton, Quincy, and Plymouth district courts.

Other FY16 budget initiatives include:

- Pilot Program for Newborns Exposed to Opiates
- Extended-Release Naltrexone Pilot Program
- Study of Bulk Purchasing of Naloxone (Narcan)

What are some next steps:

Gov. Baker appointed a special task force to study opioid abuse issues and present recommendations. This report is expected in June and will provide a blueprint for further legislative action, include new recommendations for drug education in our schools.

Another major focus of attention is expected to be on implementations of the state’s new medical marijuana law and how it may impact substance abuse concerns.



Description of Admissions To BSAS Contracted Programs FY 2014



Duxbury

Drug Use Characteristics

Primary Substance of Use

At admission clients identify a "primary drug" of use which is the substance for which they seek treatment. Table 1 shows the percent distribution by primary drug.

Table 1
Primary Drug Trend: FY 2005 - FY 2014

	Total Admissions *	Alcohol	All Other Opioids	Crack/Cocaine	Heroin	Marijuana	None	Other
2005	105	63.8%	9.5%	5.7%	12.4%	6.7%	*	*
2006	0-100	55.0%	6.0%	8.0%	19.0%	8.0%	*	*
2007	0-100	62.3%	10.4%	7.8%	15.6%	*	*	*
2008	0-100	62.9%	11.4%	*	11.4%	*	*	*
2009	0-100	75.9%	*	*	15.5%	*	*	*
2010	124	47.6%	6.5%	*	38.7%	*	*	*
2011	114	52.6%	13.2%	*	27.2%	*	*	*
2012	116	46.6%	13.8%	*	31.9%	*	*	*
2013	116	60.3%	7.8%	*	26.7%	*	*	*
2014	107	52.3%	7.5%	*	29.0%	*	*	*

Other includes PCP, Other Hallucinogens, Methamphetamine, Other Amphetamines, Other Stimulants, Benzodiazepines, Other Tranquilizers, Barbiturates, Other Sedatives, Inhalants, OTC, Club Drugs, Other

All Other Opioids include Non - Rx Methadone, Other Opiates, Oxycodone, Non-Rx Suboxone, Rx Opiates, Non-Rx Opiates

** Number of total admissions may be different than the reported number on the first page due to missing/unknown values for primary drug*

Past Year Substance Use

Upon entering treatment, clients are asked to report ALL substances used in the year (12 months) prior to admission. It is possible to report using more than one substance within the past year. Therefore, percentages may total more than 100%. Table 2 shows the distribution of past year drug use for all substances. It only includes those admissions that did report past year substance use.

Table 2
Past Year Substance Use Trend: FY 2005 - FY 2014

	Total Admissions *	Alcohol	All Other Opioids	Crack/Cocaine	Heroin	Marijuana	Other
2005	101	80.2%	14.9%	19.8%	13.9%	21.8%	13.9%
2006	0-100	82.7%	21.4%	30.6%	25.5%	32.7%	21.4%
2007	0-100	83.6%	19.2%	30.1%	23.3%	20.5%	13.7%
2008	0-100	83.8%	19.1%	23.5%	10.3%	26.5%	22.1%
2009	0-100	90.4%	13.5%	*	15.4%	30.8%	*
2010	123	63.4%	17.9%	15.4%	41.5%	16.3%	18.7%
2011	111	74.8%	28.8%	12.6%	32.4%	25.2%	20.7%
2012	112	69.6%	25.0%	19.6%	34.8%	24.1%	19.6%
2013	111	75.7%	18.9%	15.3%	28.8%	22.5%	18.9%
2014	104	76.0%	14.4%	11.5%	33.7%	13.5%	18.3%

Other includes PCP, Other Hallucinogens, Methamphetamine, Other Amphetamines, Other Stimulants, Benzodiazepines, Other Tranquilizers, Barbiturates, Other Sedatives, Inhalants, OTC, Club Drugs, Other

All Other Opioids include Non - Rx Methadone, Other Opiates, Oxycodone, Non-Rx Suboxone, Rx Opiates, Non-Rx Opiates

** Number of total admissions may be different than the reported number on the first page due to missing/unknown values and due to the fact that the table above does not include those admissions who did not report past year use*

To protect client confidentiality, categories with 5 or fewer admissions are suppressed

In 2014, a new system of reporting was adopted for Methadone treatment providers. Due to this system change, the reported enrollment numbers for FY 2014 may vary from the actual number of enrollments and future reports on FY 2014 data may differ from the current report

Clients of all ages are included in these statistics

Missing/Unknown values are excluded from the data

Data and definitions as of 2015-02-11

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