

FINAL BILL REPORT

SSB 5417

C 242 L 01
Synopsis as Enacted

Brief Description: Changing provisions relating to opiate substitution treatment programs.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Patterson, Long, Hargrove, Stevens, Kline and Winsley).

Senate Committee on Human Services & Corrections
House Committee on Children & Family Services

Background: Professionals treating chemical dependency advocate the success of opiate substitution treatment and urge expanded distribution of opiate substitutes, such as methadone. Research suggests methadone enables addicts to lead productive lives, particularly when combined with counseling and stable work, and reduces crime rates.

Methadone and other opiates are Schedule II controlled substances under state law, meaning the substance has high potential for abuse, but the substance has currently accepted medical use. Methadone and other opiate substitutes are also highly regulated at the federal level. Clinics must obtain special licenses to administer methadone and in this state, current law limits caseloads to 350 persons.

The Department of Social and Health Services has a "Management Report: Determining the Value of Opiate Substitution Treatment," prepared by the Division of Alcohol and Substance Abuse. Licensed opiate substitution treatment programs are described as "a highly regulated form of outpatient treatment involving physician verification of opiate addiction, administration of opiate substitute medications, individual and group counseling, education on HIV/AIDS, family planning, and urinalysis monitoring to screen for continued drug use." The department's report provides data from each of the opiate substitution treatment programs in this state. Programs are currently operating at nine sites in King, Pierce, Spokane, and Yakima counties.

Summary: The current statute is amended. Reference to "methadone and other like pharmacological" drugs is eliminated and is replaced with "opiate substitution drugs," because the current statutory description may exclude drugs newly developed as opiate substitutes that have a different pharmacological structure from methadone.

Counties and cities must be consulted on an applicant's location for a certified methadone treatment program. Programs must be sited in accordance with the appropriate county or city land use ordinances. Program certification must be prioritized based upon legislative goals, including abstinence from opiates and opiate substitutes, obtaining mental health treatment, improving economic independence, and reducing adverse consequences with illegal use of controlled substances. Public hearings in the area of the proposal are required on proposed certification location decisions. The 350 total persons capacity lid is eliminated.

Counties and cities may require conditional or special use permits with reasonable conditions for the siting of methadone programs, but must site them as essential public facilities. Certification of programs must be based on need, and a program must not exceed 350 participants unless authorized by the county.

Opiate substitution treatment should only be used for participants who are deemed appropriate to need this level of intervention and should not be the first treatment intervention for all opiate addicts.

The Department of Social and Health Services must file an annual report to the Legislature and Governor on each certified program regarding the success in obtaining opiate abstinence, reduction in use of opiates, reduction in crime and health care costs, achievement in economic independence, and reduction in utilization of health care.

Votes on Final Passage:

Senate	48	0	
House	91	3	(House amended)
Senate	47	0	(Senate concurred)

Effective: July 22, 2001