

# SENATE BILL REPORT

## SB 5417

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As Reported By Senate Committee On:  
Human Services & Corrections, February 16, 2001

**Title:** An act relating to opiate substitution treatment programs.

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

**Sponsors:** Senators Patterson, Long, Hargrove, Stevens, Kline and Winsley.

**Brief History:**

**Committee Activity:** Human Services & Corrections: 2/1/01, 2/16/01 [DPS].

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### SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

**Majority Report:** That Substitute Senate Bill No. 5417 be substituted therefor, and the substitute bill do pass.

Signed by Senators Hargrove, Chair; Costa, Vice Chair; Carlson, Franklin, Hewitt, Kastama, Kohl-Welles, Long and Stevens.

**Staff:** Joan K. Mell (786-7447)

**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 of Substitute Bill:** 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 person capacity lid is eliminated.

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.

**Substitute Bill Compared to Original Bill:** The provisions regarding expansion of the program by 10 percent and the department requesting increases in its budget request are eliminated.

**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on January 29, 2001.

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

**Testimony For:** Methadone saves lives and is necessary treatment to reduce transmission of communicable diseases. Making methadone treatment unavailable results in costs and expenditures for users in hospitals and jails, and crimes against society. The treatment is effective.

**Testimony Against:** None.

**Testified:** PRO: Patrick Vanzo, King Co. Department of Community and Human Services; Ken Stark, DASA/DSHS; Ron Jackson, Evergreen Treatment Services; Ellis McDaniel, John Bloom, Arlene Stiles, WCHS of Washington; Robert Wood, WSMA; Alonzo Plough, King Co./Seattle Public Health; Cathey Hohstadt, WCHS.