

**Joint Public Hearing, Assembly Committees on
Codes, Judiciary, Correction, Health, Alcoholism and Drug Abuse**

May 15, 2008 - Rochester, New York

TESTIMONY OF ROBERT G. NEWMAN, MD. MPH, DIRECTOR

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My testimony shall focus on treatment of narcotic addiction, and the failure to maximize the benefits that we know treatment can provide patients and the community. First, however, permit me to make some comments on the overwhelming reliance to date, in New York and in the nation, on law enforcement as the predominant tool in addressing the problem of narcotic dependence and its many concomitants.

There is a plethora of information detailing the *costs* of the “war on drugs” – tens of billions of dollars; many hundreds of thousands of citizens arrested and incarcerated – some for hours, others for decades; the enormous diversion to this “war” of human and financial resources of the criminal justice system – police departments, courts, prisons, parole and probation departments; etc. Many of these facts have been discussed in detail by others who have testified before you. What seems to be lacking, however, is credible evidence of *benefits* that can be attributed to this decades-long strategy.

Consider for a moment not statistics, but a handful of real people whose lives could very easily have been destroyed – not by drugs, but by the war against drugs. For example, New York City Mayor Michael Bloomberg is on record as saying he smoked (and enjoyed!) marijuana. Governor David Paterson and Senator Barack Obama have both acknowledged possessing and using marijuana and cocaine. At the presidential level we have Bill Clinton – whose admitted violation of the law was not one iota more nor less heinous by virtue of his alleged failure to inhale. As for President George W. Bush, it's not clear precisely which deeds and misdeeds he was alluding to when speaking of the time when he was "young and foolish," but they certainly might have involved marijuana and/or other illicit substances. One thing is for certain: Lady Luck was in the corner of each of these men! They came to be entrusted with leading the battles in the war against drugs – and against those who are in any way involved with drugs; they could just as easily have been counted among the casualties of this futile war.

Undoubtedly there are some who believe that had these distinguished Americans been arrested and convicted, even the most Draconian consequences would have been just punishment for their crimes. There is a far more fundamental question, however, than the appropriate degree of harshness of the penalties that are meted out for violating the drug laws. The paramount question is: politics aside, would the people of the City and State of New York, or the nation, be in any way better off today had Messers Bloomberg, Bush, Clinton, Obama and Paterson been caught, arrested and punished in the same manner as so very many of their hapless fellow citizens? Would their apprehension and prosecution have rendered the population at large safer, happier or healthier, and would we be any

closer to the goal of a “drug-free America”? The answer is clear: not in the least! Their fate would have been a total irrelevancy as far as victory or defeat in the “war on drugs” is concerned. Precisely the same irrelevancy applies to the hundreds of thousands of others who have committed the *identical* crimes, but have had the misfortune of being caught. Their prosecution has served no purpose!

The bottom line: On the one hand there are staggering costs, of a magnitude difficult to fathom; on the other there is a total lack of demonstrable benefits to society. What more is there to say?

But enough about the criminal justice strategy. My background has involved advocacy for availability of medical care that might assist narcotic dependent people to lead longer, healthier, more self-fulfilling, socially productive and law-abiding lives. More specifically, though I endorse any and all measures that offer help and hope, my personal involvement has for almost 40 years been in planning, directing and evaluating methadone maintenance treatment. There is a great deal of controversy regarding this form of treatment, but – ironically – very little that is controversial! Most importantly, it has been recognized for almost 90 years that *addiction is a disease*. Dr. Ernest Bishop, a New York City physician, stated in 1920, “The same criteria apply to addiction as to all other diseases.” This is a conclusion that has withstood the test of time; just last year the United Nations Office of Drugs and Crime (UNODC) declared: “Addiction is a disease that needs to be treated.”

Addiction, like all other chronic diseases, can not be cured. If this sounds overly negative consider the fundamental premise of Alcoholics Anonymous (AA), the most universally respected authority in the related field of alcohol dependence. AA has been instrumental in helping countless people become “*abstinent* alcoholics,” or “*recovering* alcoholics,” but it denounces as heresy the mere suggestion that anyone can ever claim to be a “*former* alcoholic.”

The good news is that narcotic addiction is a condition that can be treated – and treated with very great success. While stressing again that I endorse all forms of assistance that offer help and hope, the fact is that none has been shown to be as effective, on the same scale, as methadone maintenance. I am keenly aware, of course, that when it comes to methadone treatment I can not claim objectivity, but I can cite a host of leading authorities in America and internationally who have come to precisely the same conclusion. For example,

- The US National Institute on Drug Abuse in 1983 wrote: “To argue that methadone maintenance is not effective ... is to ignore the results of the best designed research studies and the consensus of varied groups of experts.”
- The Institute of Medicine issued a “Consensus Statement” in 1997 that found, “The safety and efficacy of narcotic agonist (methadone) maintenance treatment have been unequivocally established.”
- In 2004 a joint “Position Statement” of the World Health Organization, UNODC and UNAIDS declared, “Substitution maintenance therapy is one of the most effective treatment options for opioid dependence.”

Of course, even the most effective treatment is an irrelevancy if those who might benefit refuse to accept it. Similarly, therapeutic efficacy has little meaning if the treatment is so expensive or complex or difficult to provide that it defies sufficient expansion for a significant impact on the well-being not only of those lucky enough to access it, but the public at large. Happily, neither of these barriers applies to methadone maintenance. The motivation to enter and remain in methadone maintenance treatment is without parallel – not only with regard to opiate addiction but also in comparison to the readiness to accept any form of treatment for any chronic illness. As for ability to expand massively and rapidly, we have experience in many parts of the world over the course of almost 40 years demonstrating what can be achieved, with no prerequisite other than *commitment*.

For example,

- In New York City in the early 1970s the number of patients receiving methadone maintenance grew in the course of just two years from 6,650 to 32,111 (and at the same time, drug-free treatment in the city also increased, from 5,800 to 20,671).
- On the other side of the world, in Hong Kong in 1975, methadone maintenance grew from 100 patients to 10,000 in just over one year; for over 30 years Hong Kong has had a vigorous public service campaign informing all residents that treatment for narcotic addiction is available without a waiting period, and where to call for the location of the nearest clinic.
- In Germany methadone was an outlawed medication at the beginning of 1987. Nine years later some 50,000 patients were receiving it and a street in Hamburg was named “Marie Nyswander Way” in honor of the co-founder of methadone

maintenance treatment. Today the number of methadone maintenance patients in Germany exceeds 70,000.

- France in 1995 had 52 (!) patients receiving methadone. A decision was made to ensure prompt availability of medication-assisted treatment for every person who wanted it, and – relying primarily on buprenorphine – that ambitious goal was rapidly achieved; today over 100,000 people receive buprenorphine or methadone in France.

Today in New York City, where methadone maintenance was introduced more than four decades ago, there are apparently no efforts whatever to encourage narcotic addicts to come and seek help. Hospitals spend large sums to advertise for patients who might need hip replacements, or care for sports injuries, or diagnostic and therapeutic services for cancer. The City Health Department – to its great credit – has a variety of impressive programs to encourage residents to live healthier lives, including a particularly vigorous campaign to encourage smokers to quit – even offering free “replacement nicotine” in the form of gum and patches to assist them in the effort. Narcotic addiction, however, seems to be ignored by the voluntary as well as government sectors, by clinicians as well as academicians and healthcare administrators.

There are a great many steps that could be taken to fill this void, and most require very little by way of financial or human resources. One could ensure that every prison inmate receives, at the time of release, a small brochure or card describing the addiction treatment resources that are available and the number(s) to call for specific referral.

Similar notices should, logically, be posted and handed out in every hospital Emergency and Outpatient Department and every health center, and publicized on the same scale as smoking cessation services, vaccination campaigns, education about the need for cancer screening and adherence to healthful diets; etc. However, I can recall no public effort that sought to inform people who are dependent on opiates that help – effective help - is available. To the extent this failure is due to lack of adequate treatment capacity, that would be an additional appalling indictment of the inadequacy of our response to the problem of addiction - a failure that you and your fellow legislators can and must correct.

In sum, I urge the Legislature of this great state - *my* state – to consider promptly the rationale for the current punitive, criminal-justice-system-based approach to the “drug problem”. At least as importantly, I would stress to you the imperative need to ensure that voluntary treatment for addiction be available on request to all who need it, and that a vigorous effort be launched to ensure the public knows that availability exists. Based on what’s known – knowledge that to a great extent we in New York have gained and shared with the rest of the world – it is clear that the response to the drug problem could be a good news story. You have the authority – and, I respectfully suggest, the responsibility – to make this good-news story come true.

Thank you for the opportunity to share these thoughts with you. I will be happy to respond to any questions you may have, and to provide references to all the data cited.