

Maine has the highest rate of prescription opiate addiction in the nation. These are our daughters and sons, our mothers, fathers, brothers, sisters and grandparents. Parents go to bed each night fearing 'the call' that their child has died of an overdose. More than 30,000 opiate-addicted Mainers have no access to care. Yet, on a daily basis I have the personal and professional reward of seeing the results of effectively integrated treatment which addresses the biological, psychological, social and spiritual needs of my patients. I get to witness young women whose lives had been devastated by abuse, neglect and addiction develop into clean and sober loving mothers with healthy, thriving babies. I see Mainers who developed opiate addiction in the course of the treatment of pain regain their lives. I see young men and women, lost and hopeless, get into recovery and reach out to other suffering souls through volunteer work and in the Fellowship of Twelve Step groups.

Suboxone is one of only two medications shown to be effective in the treatment of opiate addiction. It works by blocking drug withdrawal, blocking drug craving and by completely blocking the ability of narcotics to work if they are taken. Governor LePage's proposed budget for 2012 includes an arbitrary and retroactive limitation on Suboxone maintenance therapy that is entirely contrary to the evidence base of research: there is no research to the contrary. According to a recent scientific article published in the Journal of Addiction Medicine, many patients may require Suboxone treatment for years; some may need it for a lifetime.

There are many chronic diseases that require that a patient receive ongoing treatment in order to reach and sustain good health. We understand that epilepsy, as an example, can be completely managed by medication and patients can live healthy lives but would quickly relapse to life-threatening seizures if it were to be discontinued. Similarly, my patients suffer from a chronic, progressive disease. Their lives are in the balance and any limitation imposed on their treatment amounts to rationing of care, something that the entire nation opposes.

Suboxone works. Maintaining our patient's access to it will cut our healthcare costs by improving the health of the afflicted, reduce crime, strengthen our communities and rescue our fellow citizens from the slavery of addiction. Please join me in opposing the limitation. Lives and families in Maine are at stake.

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