

Date: February 17, 2017	POLICY SUMMARY PREPARED FOR THE BOARD OF DIRECTORS	 Health District OF NORTHERN LARIMER COUNTY
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SB17-082 – REGULATION OF METHADONE TREATMENT FACILITIES

Concerning the regulation of methadone treatment facilities.

Details

Bill Sponsors: House – Lundeen (R)
Senate – Lambert (R)

Committee: Senate Health and Human Services

Bill History: 01/13/2017 - Introduced In Senate - Assigned to Health & Human Services

Next Action: Senate HHS Hearing

Bill Summary

This bill is intended to strictly regulate the operation of a methadone treatment facility. The bill would move regulation into the Department of Public Health and Environment (CDPHE), from the Department of Human Services. It would not allow the licensure of any methadone facility located within 1000 feet of a variety of establishments. Also, it would prevent the facilities from being considered medical clinics for local zoning decisions.

Issue Summary

Rep. Lundeen and Senator Lambert represent districts that include Monument, Colorado. Beginning in 2015, a proposed methadone treatment facility has been extremely controversial in Monument. The facility initially received zoning approval from the town’s planning director, who noted that the facility was licensed as a medical clinic, which fit into the allowed zoning for the downtown site.

However, after a large public protest of the zoning decision, the town’s Board of Adjustments overturned the zoning decision, noting that a “methadone dispensary” was not compatible with the zoning for the site that was located across the street from a town park. The company that was to open the facility, Colonial Management Group (CMG), sued Monument after the town revoked its business license (after CMG had completed significant modifications to the building in reliance on the zoning approval). In April 2016, CMG was awarded \$900,000 in damages against Monument, with the agreement that CMG would not try to open a facility in the town.

During the Monument controversy, a large group of Monument’s residents banded together in a group called “No Methadone in Monument. The group argued that the facility would lure drug addicts to the town and were very vocal in their opposition to the use of methadone for opiate use disorder. This vocal controversy in a small town (approximately 6,000 residents) was covered in the media across the country. Representative Lundeen and Senator Lambert have adopted the “methadone dispensary language” in arguing against the opening of methadone facilities.

In fighting the facility in Monument, it was discovered that the company that attempted to open the facility, Colonial Management Group, had been cited in other states for violations related to its methadone treatment facilities. An editorial in the Colorado Springs Gazette noted:

The company has accumulated alarming citations in Texas and other states for neglecting the safety of patients and the general public. It was cited for losing more than 300 doses of methadone in Alabama, near the home of a 2-year-old who died from drinking a babysitter's methadone-laced soda.

Treatment of opiate addiction with methadone maintenance has a long history of demonstrated effectiveness. In a long-term treatment program combined with therapy and other substance use treatments, methadone is highly effective in reducing opiate withdrawal symptoms and reducing drug-seeking behaviors. Treatment with methadone is usually done on an outpatient basis, where patients come to a clinic for their dosage of methadone and other treatment.

The effectiveness of treatments for substance use disorder varies depending on a variety of individual circumstances and treatments. The National Institute on Drug Abuse states that, "In addition to stopping drug abuse, the goal of treatment is to return people to productive functioning in the family, workplace, and community." Methadone treatment has been shown to increase participation in behavioral therapy and decrease both drug use and criminal behavior.¹

While methadone treatment for addiction has been consistently shown to have positive results, the treatment also has a long history of criticism; the more common argument against methadone is that it is merely "trading one addiction for another." This argument is largely bolstered by the fact that methadone is itself an opiate that can be abused and can lead to dependence and overdose. Some argue that methadone treatment for addiction is not treating the underlying addiction, but instead shifting the source and location of the addiction from the black market to authorized, clinically-supervised channels.

Methadone treatment is also not compatible with some modes of addiction treatment. Many 12-step programs and other treatment regimens require their participants to remain completely abstinent from all substances, including maintenance therapies.

In Colorado, there are approximately a dozen clinics that actively advertise their use of methadone treatment for opiate use disorder. Many lists are incomplete, so an exact count is difficult to complete. These facilities fall under the regulatory authority of the Department of Human Services, with other drug treatment regulations.

This legislation

This bill is designed to target the situations that arose in the Monument, Colorado case. The bill would require a distance of at least 1,000 feet between any methadone facility and any "public or private elementary, middle, junior high, or high school; the principal campus of a college, university, or seminary; residential child care facility; or a public park."

Further, the bill would require any company operating (or applying for approval to operate) a methadone facility to disclose any infractions in Colorado or any other state, by any entity connected with the company (owner, holding company, and any other entity with similar ownership). Infractions to be reported are excessive caseloads, inadequate treatment plans, and failure to account for any controlled substances. For

¹ See *Recommendations for the Development of Critical Behavioral Health Services in Larimer County*, February 2016, p. 18, citing:

National Institute for Health. (2012). Principles of Drug Addiction and Treatment: A research-based guide. NIH Publication No. 12-4180. Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequentlyasked-questions/drug-addiction-treatment-worth-its-cost>

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new applications, the applicant must disclose any infractions in the past three years and operating facilities must disclose any infractions within 30 days.

If any infraction is reported, the facility must be denied its application and existing facilities must undergo a public hearing on whether the “public interest requires license suspension, revocation, limitation, or restriction.”

The bill moves regulatory authority to the Department of Public Health and Environment (CDPHE) and states that for any zoning decisions, a methadone facility should not be considered a medical clinic.

Reasons to Support

- Many people express concern over methadone treatment and argue that it replaces one addiction with another. As such, this bill places limits on the location of facilities that utilize methadone in treatment in an effort to keep individuals with maintained substance use disorder away from locations that might be frequented by children.

Supporters

- Colorado Springs Gazette

Reasons to Oppose

- Methadone treatment is an effective treatment for opiate addiction and this bill would all but prevent the opening of any facilities that use this treatment.
- By requiring that new facilities be 1,000 feet away from large number of properties, few locations accessible to those that could utilize the treatment would be available.
- Requiring public hearing (or application denial) for any infraction by a company or its related businesses in any state might violate Constitutional due process rights. At a minimum, the burden on businesses operating in Colorado would be so high as to likely convince businesses that the need for the service in Colorado was outweighed by the regulations.

Opponents

- Colorado Behavioral Health Council
- Colorado Psychiatric Society
- Colorado Providers Association
- AspenPoint
- Denver Health
- Colorado Association of Addiction Professionals
- Colorado Organization Responding to AIDS
- Signal Behavioral Health

About this Summary

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.