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Senate of Pennsylvania

JOHN H. EICHELBERGER, JR.
30TH DISTRICT

November 23, 2009

TO: All Senators

FROM: John H. Eichelberger, Jr. *JHE*

SUBJECT: Legislation on Methadone Treatment and Driving Issues

- COMMITTEES
- LOCAL GOVERNMENT, CHAIRMAN
- AGRICULTURE & RURAL AFFAIRS
- COMMUNICATIONS & TECHNOLOGY
- FINANCE
- GAME & FISHERIES
- OTHER ASSIGNMENTS
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- GOVERNOR'S ADVISORY COMMITTEE ON PROBATION
- ADVISORY COUNCIL FOR THE HOLLIDAYSBURG VETERANS' HOME
- FAMILY CAUCUS
- SPORTSMEN'S CAUCUS
- JOINT SENATE AND HOUSE PA FAIR CAUCUS
- BIOTECHNOLOGY/LIFE SCIENCES CAUCUS
- HUNGER CAUCUS
- LEGISLATIVE TASK FORCE - DISTRIBUTION AND USE OF METHADONE
- SENATE FIREFIGHTERS AND EMERGENCY SERVICES CAUCUS

The use of methadone as a treatment for both opioid drug addiction and pain management has expanded dramatically over the last decade. According to U.S. Senate Bill 754 (Rockefeller) introduced in this session of Congress, prescriptions for methadone increased by nearly 700 percent from 1998 through 2006. During this period, the National Drug Intelligence Center in the U.S. Department of Justice also reported a 109% increase (from 2003 through 2007) in the unlawful diversion of prescribed methadone. Also, the CDC National Center for Health Statistics found that, from 1999-2005, the number of poisoning deaths involving methadone increased 468 percent; and the rate of methadone deaths in younger individuals (age 15 to 24) increased 11-fold.

This increase in methadone use and abuse has also affected the safety of our highways. The National Highway Traffic Safety Administration has evaluated the impact of methadone on driving skills and found that a single dose can severely impair a non-tolerant individual, "causing dose-dependent reductions in reaction time, visual acuity and information processing." The NHTSA went on to note that in tolerant individuals, such as methadone maintenance patients, significant impairment was measured on attention, perception and learning tasks in patients receiving 35-85 mg methadone daily.

The NHTSA also cautioned that in tolerant individuals, driving ability and driving fitness are often limited because of the consumption of additional psychotropic substances. This additional point, that methadone patients are more likely to also consume other drugs or alcohol, was borne out in a 1993 study on methadone and driving, commissioned by the Federal Highway Research Institute and conducted in Germany. In that study, 21 out of 34 subjects had to be excluded *at the outset* because toxicologic analysis revealed the use of substances other than methadone. That scenario has repeated itself in numerous subsequent studies, indicating that methadone users are more inclined to use other substances and operate motor vehicles.

An example of the highway dangers of methadone treatment tragically occurred in my district in 2004. In that year, shortly after an individual left a methadone clinic, she swerved into oncoming traffic causing a horrific accident. She was killed, and the driver of the other vehicle was left with severe and permanent brain damage. According to court records and a press release released by attorneys representing the driver's family, methadone combined with other prescribed antidepressants and sleeping pills, caused her erratic driving. At one previous visit, the clinic recorded in her chart that she was "falling asleep in line waiting for her methadone," and during another visit "could not even sign her name." Whereas common medical procedures require a chaperone whenever any mild form of sedative is used, it is common practice for methadone patients to be allowed to take their dosage and leave without a driver.

I plan to introduce two bills to address the issues arising from the increase of prescribed and diverted methadone on our roadways.

The first bill would amend the "Pennsylvania Drug and Alcohol Abuse Control Act" to require a methadone clinic or other provider who prescribes methadone to immediately revoke any take-home permissions upon notice of arrest or conviction of a patient for driving under the influence. The bill would also require a designated driver when a patient's methadone dosage is initiated or increased, as well as expanded testing for other substances which, in combination with methadone, increase the incidence of impaired driving.

The second bill would amend Pennsylvania's DUI provisions in Title 75 to reflect that driving under the influence of more than the prescribed dose of methadone is a violation. The bill would also amend the law to provide enhancement for driving under the influence of any amount of alcohol or other drugs while taking methadone, making the offense one of high impairment under 75 Pa.C.S. 3804(b).

If you would like to co-sponsor either or both of the bills, or have any questions, please feel free to contact Lee Derr of my office by phone at 717-787-5490 or by e-mail at lderr@pasen.gov.

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