



National Association of State Alcohol and Drug Abuse Directors, Inc.

July 16, 2013

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Robert I. L. Morrison

Substance Abuse and Mental Health Services Administration
Attention: DPT *Federal Register* Representative
Division of Pharmacologic Therapies
1 Choke Cherry Road, Room 7-1044
Rockville, MD 20857

RE: SAMHSA, Federal Guidelines for Opioid Treatment

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) and our subsidiary organization the Opioid Treatment Network (OTN) appreciate the opportunity to provide comments on the Substance Abuse and Mental Health Services Administration's Federal Guidelines for Opioid Treatment released in April 2013. NASADAD members are State Agency Directors and State Opioid Treatment Authorities (SOTAs) that have frontline responsibility for our nation's publicly funded substance use disorder treatment system; responsibilities include being the regulatory authority for Opioid Treatment Programs (OTP) that are governed by these guidelines.

We applaud SAMHSA's efforts to provide increased guidance to OTPs and more flexibility in the use of mid-level practitioners as States prepare for the implementation of health care reform. The inclusion of greater flexibility in the use of mid-level practitioners in OTPs will promote greater medical diversity and create more capacity for medication-assisted treatment of opioid dependence. Patients in OTPs often have complex medical conditions and should have access to medical care by appropriately qualified professionals.

The misuse and abuse of prescription drugs is a major challenge facing the substance abuse treatment systems, and including the use of Prescription Drug Monitoring Programs (PDMPs) by OTPs will improve the ability to provide clinically necessary and appropriate care. We agree that OTPs should utilize the PDMP data as a tool to improve individualized patient care, but not provide confidential patient information.

We are pleased to see recognized throughout the guidelines the principle that individualized, patient-centered care should be the foundation of OTP services. We also recognize the important inclusion of the use of trauma informed care, since trauma impacts a large number of those needing treatment in OTPs.

Many States and insurance providers are establishing maximum dosage standards and limiting the length of time a patient can receive medication-assisted treatment. We are pleased to see and fully support the guidelines recognizing the negative impact dosage and treatment maximums can have on clinically necessary and appropriate patient-centered care in OTPs.

The guidelines provide discussion items for OTPs to consider for treatment of all types of substance use disorders, not just opioid addiction and dependence. OTPs face a barrier in appropriately delivering medication-assisted treatment for the concurrent abuse of other drugs because the DEA does not allow the OTP license to cover Schedule IV and V medications. This prevents OTPs from addressing co-dependency with alcohol or benzodiazepines, for instance. We recommend that SAMHSA discuss this issue with the DEA and seek a resolution to permit OTPs to integrate the use of addiction medications to treat dependency and withdrawal in a clinically appropriate and patient-centered atmosphere.

NASADAD is pleased to see the inclusion of recovery-oriented systems of care concepts included in the guidelines. The inclusion of these concepts support clarification of the important role medication-assisted treatment can play in recovery from addiction. We are also pleased to see the discussion on telemedicine and the opportunities this technology brings to rural and underserved populations. We also believe that there is significant value in face-to-face services from a trained and experienced physician, particularly in an OTP setting. We urge that physical access to physician services in an OTP be available to patients when needed.

We support the discussion in the guidelines on guest dosing. Guest dosing should be based on both the specific needs of each patient and on clinical judgment of medical therapeutic staff. OTPs have specialized experience in managing controlled substances and we believe they should be designated as certified collectors by the Drug Enforcement Agency (DEA) to support its diversion efforts.

Thank you again for the opportunity to comment on the Federal Guidelines for Opioid Treatment. NASADAD and the OTN support the efforts to modernize and clarify these guidelines to assist OTPs in adjusting to the changing healthcare landscape. We look forward to continuing our strong partnership in improving the provision of medication-assisted treatment in the publicly-funded substance use disorder treatment system across the country.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert I.L. Morrison". The signature is fluid and cursive, with the first name "Robert" being more prominent and the last name "Morrison" following in a similar style.

Robert I.L. Morrison
Executive Director