

July 3, 2018

The Honorable Jefferson B. Sessions, III
Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

Re: Our Nation's Opioid Overdose Crisis

Dear Mr. Attorney General,

The undersigned health care professional organizations, all of which are approved providers of DATA 2000 training, are writing today to thank you for your commitment to identifying individuals who may be committing opioid-related criminal activity and health care fraud involving patients suffering from addiction. With that said, however, it is imperative that we work together so that such actions do not have unintended consequences that will dissuade clinicians from prescribing buprenorphine and leave patients without treatment should their practitioners' offices be closed. Considering our shared goals of ending the nation's opioid addiction and overdose epidemic, we think it is imperative that we meet with you and your team.

It has been well-reported that Americans lack access to evidence-based addiction treatment. For example, only 41 percent of addiction treatment facilities in the US offer at least one FDA-approved medication for the treatment of addiction involving opioid use, and only 2.7 percent offer all three medications for addiction involving opioid use (i.e., methadone, buprenorphine, and naltrexone).¹ Given this massive lack of access to evidence-based addiction treatment in the United States and proven efficacy of certain FDA-approved medications to treat addiction involving opioid use, it is critical that we increase access to evidence-based treatment, including the use of these medications.

Medications, such as buprenorphine, are highly effective at treating addiction involving opioid use. [The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use](#) and SAMHSA's [Treatment Improvement Protocol \(TIP\) 63: Medications for Opioid Use Disorder](#) summarize the evidence available on the proper use of medications to treat addiction involving opioid use and offer clinical guidance to health care providers to support evidence-based decision-making. In fact, reducing access to these evidence-based treatments for addiction involving opioid use can perpetuate this growing public health crisis and contribute to further opioid-related overdoses and deaths.

To complicate matters, the appropriate prescribing of partial agonists used in the treatment of addiction involving opioid use is sometimes conflated with the inappropriate prescribing of opioids for the treatment of pain, and consequently subject to restrictions and regulations intended solely for opioids analgesics. For example, in December 2017, the American Society of Addiction Medicine (ASAM) contacted the Centers for Disease Control and Prevention (CDC) expressing concerns that prescribers of buprenorphine were inappropriately being identified as outliers by some officials, using data from prescription drug monitoring programs, potentially due to misunderstandings surrounding dosage thresholds in the CDC Guidelines for Prescribing Opioids for Chronic Pain. Thankfully, CDC promptly [responded](#) confirming that dosage thresholds in the

Guideline were not meant to and should not apply to dosing of opioid agonists/partial agonists used for the treatment of opioid use disorder.

Helping dispel any confusion between the appropriate prescribing of medications used to treat addiction involving opioid use and the inappropriate prescribing of opioid analgesics to treat pain is critical to increasing access to quality, evidence-based addiction care. The treatment of addiction differs from treating chronic pain, and the risks, benefits, and safe medication dosages of longitudinal treatment with opioids differ as well. Both methadone and buprenorphine have been demonstrated to decrease overdose risk when used to treat addiction involving opioids and increasing access to these medications for patients with addiction involving opioid use should be a key strategy to reduce overdose deaths. This is just one area where we can work together to educate the medical and law enforcement communities and the general public, and, as a result, responsibly increase patient access to lifesaving medications for the treatment of addiction.

Thus, we stand ready to be of service to you and your team as our country continues to struggle during this public health emergency. Please contact Kelly Corredor, ASAM's Director of Advocacy and Government Relations, at kcorredor@asam.org or 301-547-4111 so we can set up a meeting to discuss these types of issues. We look forward to hearing from you and working together to end this crisis.

Sincerely,



Jonathan E. Sobel, PA-C, MBA
President and Chair of the Board, American Academy of PAs



Joyce M. Knestrick, PhD, APRN, CFNP, FAANP
President, American Association of Nurse Practitioners



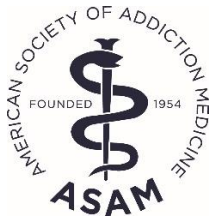
William Bograkos, MA, DO, FACOEP, FACOFP

William Bograkos, MA, DO, FACOEP, FACOFP
President, American Osteopathic Academy of Addiction Medicine



Kelly J. Clark

Kelly J. Clark, MD, MBA, DFASAM
President, American Society of Addiction Medicine



CC:
The Honorable Alex Azar
Dr. Brett Giroir
U.S. Surgeon General Jerome Adams
Ms. Kellyanne Conway

¹ Jones, A., Honermann, B., Sharp, A. & Millet, G. (2018, January 9). Where Multiple Modes of Medication-Assisted Treatment Are Available. Retrieved from <https://www.healthaffairs.org/action/showDoPubSecure?doi=10.1377%2Fhblog20180104.835958&format=full&>.