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RE: Survey on Practices and Policies Related to the Treatment of Opioid Use Disorders

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Dear Ms. Delano,

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On behalf of the American Psychiatric Association (APA), the national medical specialty society representing more than 38,500 psychiatric physicians nationwide, we write in response to your request for public comments regarding adult drug courts' efforts to serve patients with opioid use disorder. We appreciate the opportunity to comment on this important issue, especially as it relates to expanded use of Medication for Addiction Treatment (MAT).

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Recorder

As an organization that represents front-line physicians treating patients with substance use disorders, APA commends the Office of National Drug Control Policy (ONDCP) for prioritizing the expansion of evidence-based treatments for vulnerable patients in the criminal justice setting. A 2013 SAMHSA survey found that 40.3% of adults on probation and 38.3% of adults on parole had a substance use disorder compared to 8% among adults who were not on probation or parole.¹ A significant body of public health research has shown that treating criminal offenders' substance use disorders diminishes the likelihood of relapses and other adverse health outcomes while also reducing the overall financial burden on society of lost productivity, crime, and additional incarcerations.² Drug courts present an opportunity to get patients life-saving treatment. In fact, these medication treatments, including methadone and buprenorphine, save lives by preventing relapse and reducing the risk of overdose and death. It is critical for treating clinicians to be able to discuss all available medication options, considering risks, benefits, and patient preferences, to formulate an individualized treatment plan that best serves

Administration

Saul Levin, M.D., M.P.A.

CEO and Medical Director

¹ SAMHSA. Trends in Substance Use Disorder Among Males Aged 18 to 49 on Probation or Parole. March 6, 2014.

<https://www.samhsa.gov/data/sites/default/files/sr084-males-probation-parole/sr084-males-probation-parole/sr084-males-probation-parole.htm>

² Chandler, R., Fletcher, B., Volkow, N. Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety. January 14, 2009. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2681083/>

each patient. **APA urges ONDCP to ensure that drug courts provide high-quality, culturally- and gender-relevant evaluation, treatment, and monitoring to all individuals seen through the drug court system.**

Additionally, we urge ONDCP to consider the stigma and misinformation that has long been attached to medication treatment for substance use disorders, especially in the case of opioid agonist medications, that often lead to significant barriers to access.³ Recent media reports have highlighted that pharmaceutical marketing has influenced the types of medication treatment offered in justice settings, especially in the case of alternative-to-incarceration programs.⁴ Marketing efforts have employed this misinformation to argue for restrictions on the range of available medications and conflating the normal physiological dependence of agonist treatment with “addictiveness”. For example, by promoting extended-release naltrexone as “non-addictive,” portraying buprenorphine or methadone treatment as “addictive,” and arguing that treatment with agonists does not count as abstinence. These marketing efforts appear to be directed at judges presiding over drug courts and at drug court staff, including clinicians and non-clinicians who lack appropriate medical training in medication treatment for substance use disorders. This is of concern to APA, given the impact this may have on medical decision-making and the potential that individuals in drug courts and other criminal justice settings may be subjected to mandated medication treatment that has been influenced—and in some cases, ordered entirely—by non-clinicians. **APA urges ONDCP to ensure that individuals in drug courts have access to all evidence-based medications for opioid use disorder and that decision making be appropriately provided by trained medical professionals.**

APA stands at the ready to join ONDCP in your efforts to combat this public health crisis, and we thank you for your ongoing work. If you have questions, or if we can be of further assistance, please contact Michelle Dirst, Director of Practice Management & Delivery Systems Policy, at mdirst@psych.org.

Sincerely,



Saul Levin, MD, MPA, FRCP-E
CEO and Medical Director

³ Matusow, H., Dickman, S.L., Rich, J.D., Fong, C., Dumont, D.M., Hardin, C., Marlowe, D. and Rosenblum, A., 2013. Medication assisted treatment in US drug courts: Results from a nationwide survey of availability, barriers and attitudes. *Journal of substance abuse treatment*, 44(5), pp.473-480.

⁴ Harper, Jake. A Drugmaker Tries To Cash In On The Opioid Epidemic, One State Law At A Time, National Public Radio (October 17, 2017). <https://www.npr.org/sections/health-shots/2017/06/12/523774660/a-drugmaker-tries-to-cash-in-on-the-opioid-epidemic-one-state-law-at-a-time>.