



**ASAM**

American Society of  
Addiction Medicine

# **ASAM ADVOCACY ROADMAP FEBRUARY 2020**



WE SEE THE PATIENTS.  
WE HEAR THEIR STORIES.  
AND WE ARE INSPIRED TO SPEAK.

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## I. INTRODUCTION



**A**ddiction is a treatable, chronic medical disease that can affect anyone regardless of their race, income, gender, or profession. As a young doctor, I developed addiction and eventually lost myself, my job, and my freedom. Were it not for a sustained tapering course of addiction care, provided by addiction medicine physicians, a team of providers, and support from family, friends, and others on the same path of recovery, my life journey might have turned out dramatically different. I am forever grateful for the opportunity to be treated and to enter recovery, yet my heart breaks for the millions of Americans with addiction who struggle to access the care they need and deserve.

Across the country, nearly every community has been touched by addiction and the drug overdose crisis. Since 1999, [the number of overdose deaths has more than quadrupled](#), decimating lives, communities and the economy. In 2017, [more than 70,000 Americans lost their lives due to a drug overdose](#), two-thirds of which involved an opioid. Meanwhile, deaths associated with methamphetamine and cocaine are also on the rise, foreshadowing a tragic new wave of addiction-related suffering and death.

Unfortunately, our addiction treatment workforce is far too small. In 2018, about 21.2 million Americans needed treatment for substance use disorder (SUD), but [only 3.7 million reported receiving any form of treatment or ancillary services](#). According to the [2017 final report of the President’s Commission on Combating Drug Addiction and the Opioid Crisis](#), the number of certified addiction specialist physicians practicing in this country is far below the number needed to meet the demand for treatment today. Stigma, discrimination, and misunderstanding about addiction – particularly within the medical community – further compound the problem. Survey results show that [only one in four healthcare professionals received training in addiction medicine](#) during medical education, while more than 50 percent of surveyed emergency room, family medicine, and internal medicine providers (falsely) believed that opioid use disorder (OUD) is not treatable.

We need comprehensive solutions to address such a complex problem. That is why the American Society of Addiction Medicine (ASAM) advocates for the full spectrum of addiction care. Our federal advocacy priorities, practice management and federal regulatory affairs work, national public policy statements, and State Chapter advocacy reflect a vision for a future when addiction prevention, treatment, remission, and recovery are accessible to all and profoundly improve the health of all people. With this roadmap as our guide, ASAM will continue advocating for increasing equitable access and coverage for evidence-based addiction prevention and treatment services, setting standards, funding addiction research, educating professionals and the public, and challenging stigma and discrimination. While our country and profession face significant challenges, we have also made notable progress. ASAM remains dedicated to treating addiction and saving lives.

*Paul H Earley M.D.*

**Paul Earley, MD, DFASAM**  
President of ASAM



## II. ASAM POLICY PRINCIPLES

ASAM believes in a future in which addiction prevention, treatment, remission, and recovery are accessible to all, and where they profoundly improve the health of all people. The following principles guide our advocacy and shape ASAM's advocacy priorities:

1. Addiction policy should be guided by – and promote the use of – the latest science and best practices in addiction prevention, treatment, remission, and recovery. People with addiction deserve compassionate, evidence-based care that addresses the chronic nature of the disease of addiction.
2. Strategic and multifaceted policy solutions are needed to drive the development of a more accessible, effective, robust, and comprehensive addiction prevention and treatment infrastructure.
3. Policies and payment systems should ensure equitable access to comprehensive, high-quality addiction prevention, treatment, and recovery services.
4. Policy should challenge, rather than reinforce, cultural misunderstanding, stigma and discrimination about the disease of addiction.
5. Addiction policy and advocacy should respect and integrate the perspectives of people with addiction and their families.



### WHAT IS ADDICTION?

In 2019, the American Society of Addiction Medicine (ASAM) introduced an updated definition of addiction:

*Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.*

*Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.*

The updated definition underscores the complex interplay of unique biological, psychological, and environmental factors that influence the development and severity of addiction. A better understanding of addiction may lead us to bolder policy interventions that save and improve more lives. Ultimately, public perception and public policy must reflect this nuanced understanding if our nation is to recover.

## III. FEDERAL ADVOCACY PRIORITIES

ASAM is committed to improving access to high-quality, evidence-based addiction prevention and treatment through our federal advocacy efforts. Working closely with lawmakers on Capitol Hill and leaders in the Administration, we advocate for policies that promote a stronger addiction treatment workforce, standardize the delivery of individualized addiction treatment, and ensure equitable access and coverage for comprehensive, high-quality addiction care.



ASAM organized a "Hill Day" for ASAM members to meet with Members of Congress in September 2019.

### A. STRENGTHEN THE ADDICTION TREATMENT WORKFORCE

Our nation needs a stronger addiction treatment workforce to serve the needs of the millions of Americans living with addiction. There are too few physicians and other clinicians with the requisite knowledge and training to prevent, identify, and treat addiction.

Unfortunately, addiction training for the medical community is still too rare in America. In its January 2019 [National Drug Control Strategy](#) report, the White House Office of National Drug Control Policy called for "training, professional incentives for entering the workforce, and establishing a greater level of standardization for care" to bolster the addiction treatment workforce.



Moreover, investments in the addiction specialist physician workforce are long overdue. While Addiction Psychiatry is a subspecialty that has been available as a career choice for board certified psychiatrists since 1994, Addiction Medicine was first recognized as an American Board of Medical Specialties (ABMS) subspecialty in 2016, and it is racing to catch up with other medical specialties and subspecialties in terms of teaching and training opportunities.

**ASAM advocates for targeted legislation and funding to increase the number of qualified, well-trained addiction treatment professionals in high-need communities across America and incentivize more students and professionals to specialize in the prevention and treatment of addiction.**

## RECENT ADVOCACY SUCCESSES

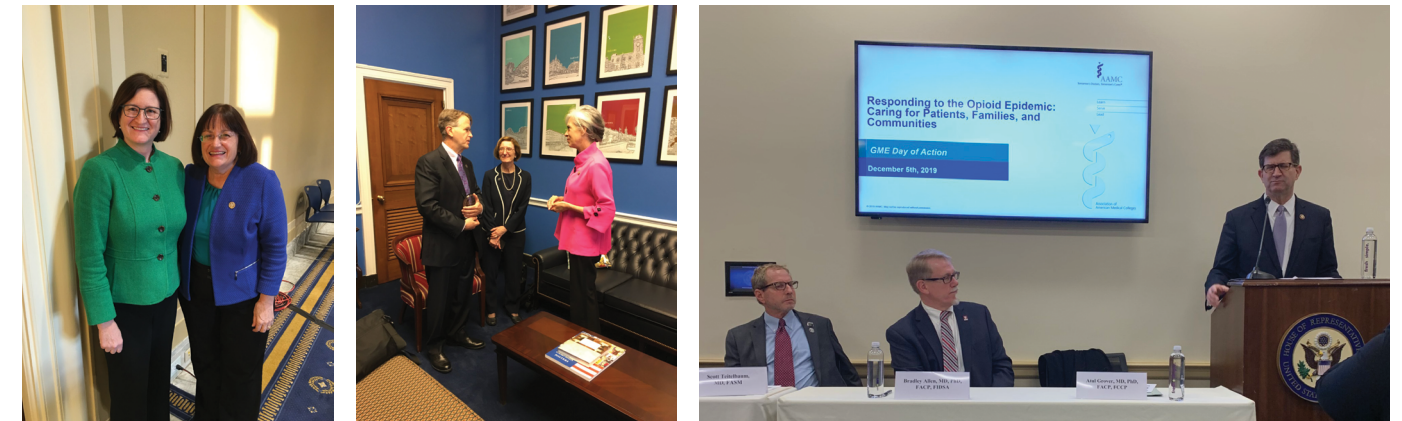
- In 2018, Congress answered ASAM's call for a new SUD workforce loan repayment program for treatment professionals who serve in Mental Health Professional Shortage Areas (HPSAs) or counties that have been hardest hit by drug overdoses. This program was authorized in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.
- In 2018, ASAM also helped secure legislation that makes permanent the buprenorphine prescribing authority for qualified physician assistants and nurse practitioners; allows certain waived practitioners to treat, immediately, up to 100 patients at a time with buprenorphine; and, ensures that physicians who have recently graduated in good standing from accredited medical schools or residency programs, who meet certain training requirements, qualify for a waiver to prescribe buprenorphine.
- In 2019, after many months of advocacy by ASAM and others, the Health Resources and Services Administration (HRSA) launched a new grant program to expand accredited Addiction Medicine Fellowship (AMF) and Addiction Psychiatric Fellowship (APF) programs to train physicians to work in interprofessional teams in underserved, community-based settings that integrate behavioral health and primary care services.
- For fiscal year 2020, ASAM helped secure significant funding for policies that bolster the addiction treatment workforce, including \$26.7 million to establish the Mental and Substance Use Disorders Workforce Training Demonstration and \$12 million to establish the Loan Repayment Program for Substance Use Disorder Treatment Workforce.

## PRIORITIES MOVING FORWARD

- Federal legislation to increase the number of residency positions eligible for Medicare graduate medical education payments for hospitals that have, or are establishing, approved residency programs in addiction psychiatry, addiction medicine, or pain medicine.
- Increased funding for federally authorized student loan repayment programs for addiction treatment professionals who commit to working in underserved or high-risk communities.
- Increased funding for federally authorized programs that provide training opportunities for residents and fellows in addiction medicine and addiction psychiatry as well as nurse practitioners, physician assistants, and others who are willing to provide addiction treatment in underserved communities, including resources to incentivize the creation of addiction medicine training programs for children's hospitals.



ASAM participated in the Coalition to Stop Opioid Overdose / Mental Health Liaison Group Capitol Hill Briefing in March 2019. US Representatives Ann Kuster (D-NH) and Hal Rogers (R-KY) gave remarks expressing their support for strategic addiction workforce investments.



In 2019, ASAM leaders met with Members of Congress and participated in the Graduate Medical Education Advocacy Coalition's Day of Action in December 2019.

## B. STANDARDIZE THE DELIVERY OF INDIVIDUALIZED ADDICTION TREATMENT

New policies and culture change are needed to direct patients to treatment options that can reduce overdose deaths and at support patients in remission and recovery. Wide variability in addiction medicine training and treatment have prevented far too many Americans from accessing evidence-based care for this chronic, treatable disease.

**ASAM advocates for the use of nationally recognized guidelines and standards for the treatment of addiction and the dissemination of competency-based addiction education for all healthcare professionals.**



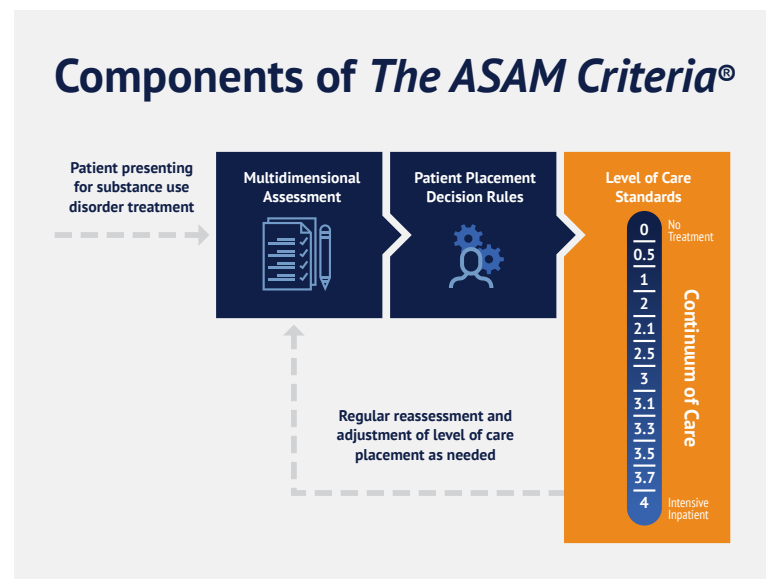
## RECENT ADVOCACY SUCCESSES

- In 2018, ASAM advocated for, and Congress enacted, legislation to allow state Medicaid programs to cover addiction treatment in certain Institutions for Mental Diseases (IMD) for fiscal years 2019-2023.
- In 2018, ASAM successfully advocated for Congress to direct the Substance Abuse and Mental Health Services Administration (SAMHSA) to encourage potential grantees to implement and replicate evidence-based practices.

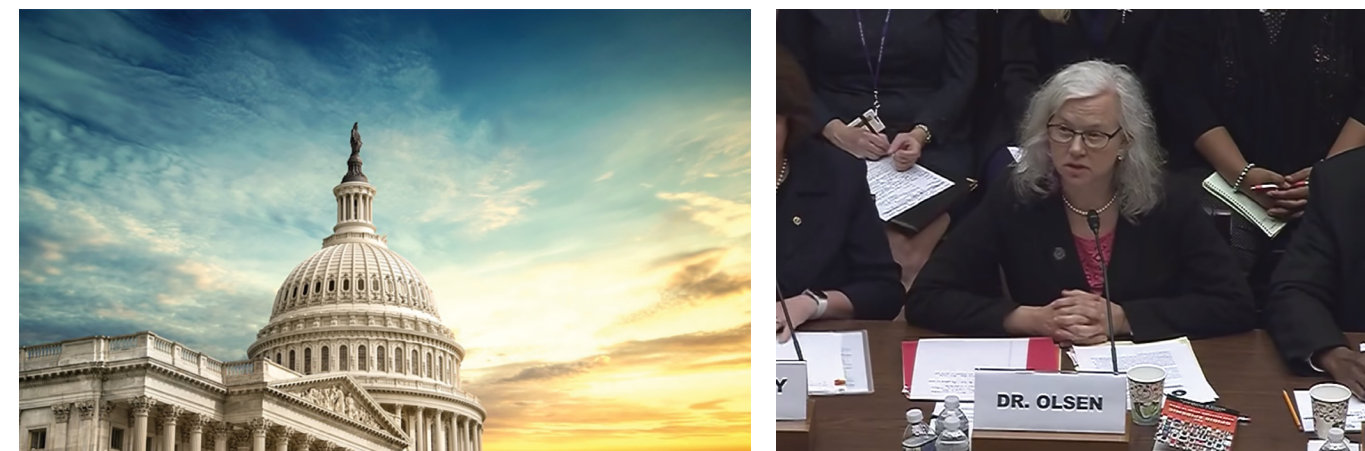
As of January 2020, nearly 30 states and the District of Columbia have sought Section 1115 SUD waivers to allow federal Medicaid dollars to pay for addiction treatment delivered in an Institution for Mental Disease (IMD) so long as certain state milestones are achieved.

## PRIORITIES MOVING FORWARD

- Federal legislation that incentivizes states to adopt standards for the licensure of addiction treatment programs that meet or exceed the nationally recognized guidelines contained in *The ASAM Criteria*® and insurers to use *The ASAM Criteria* as their medical necessity criteria for SUD benefits.
- Development of an ASAM policy guide for states that wish to transform the delivery of addiction treatment services through the use of *The ASAM Criteria*.
- Federal legislation that eliminates the separate DEA waiver requirement for prescribing certain medications for addiction treatment, like buprenorphine, and establishes a requirement that all prescribers of controlled medications complete a specified amount of addiction training.
- Legislative and regulatory changes to align 42 CFR Part 2 (Part 2) with the Health Insurance Portability and Accountability Act (HIPAA) for treatment, payment, and operations, while leaving in place Part 2 prohibitions on disclosure of records outside the healthcare system along with penalties for violation of such prohibitions.
- Amendment of the Institutions for Mental Diseases (IMD) exclusion to allow federal Medicaid funds to serve individuals with SUDs in those residential and inpatient settings that provide FDA-approved medications for addiction treatment and that can demonstrate that patient assessments, clinical services, level-of-care and length-of-stay recommendations are evidence-based and aligned with nationally recognized addiction treatment and placement criteria such as *The ASAM Criteria*.



- Legislative and regulatory changes that would create a special registration exemption for jails, prisons, and their authorized personnel to prescribe and otherwise dispense controlled medications for initiation, maintenance or withdrawal management of SUD. The special registration exemption also should not limit the number of detained or incarcerated persons who can be treated with such medications by a qualified practitioner.



Dr. Yngvild Olsen testified before Congress in June 2019 on the need to improve access to evidence-based addiction treatment.

## C. ENSURE EQUITABLE ACCESS AND COVERAGE FOR COMPREHENSIVE, HIGH-QUALITY ADDICTION CARE

Even where high-quality addiction treatment services are available, third-party payer policies that limit coverage or payments can prevent patients from accessing them. Narrow networks, onerous utilization management policies, and high cost-sharing requirements are just a few of the hurdles that patients may face when attempting to access treatment.

**ASAM identifies and advocates for policies and practices that ensure equitable access to, and coverage for, comprehensive, high-quality addiction care for all.**

All health benefit plans should include comprehensive coverage of evidence-based addiction treatment services. Plans should also provide coverage and payment at parity with general medical/surgical benefits, with the same provisions, lifetime benefits, and catastrophic coverage. Moreover, insurance benefit design should encourage coordinated and simultaneous treatment of co-occurring disorders. Thus, when a patient presents with addiction and any co-morbidity, integrated care should be covered whenever indicated.

## RECENT ADVOCACY SUCCESSES

- In 2018, ASAM advocated for, and Congress enacted, legislation creating an OUD outpatient treatment demonstration program in Medicare – to be implemented in January 2021 – that emphasizes care coordination and the bio-psycho-social model of care. It also enhances reimbursement and focuses on accountability metrics.
- In 2018, ASAM advocated for, and Congress enacted, legislation providing for Medicare coverage of opioid treatment programs (OTPs) beginning January 2020.

## PRIORITIES MOVING FORWARD

- Federal legislation that gives the Department of Labor (DOL) additional enforcement authority to address ongoing violations of the Mental Health Parity and Addiction Equity Act (MHPAEA).
- Federal legislation that encourages recipients of federal grant funding for the delivery of addiction treatment services that are available pursuant to the applicable state's Medicaid Plan (or a waiver of such plan) to become Medicaid providers to better integrate federal grant dollars and Medicaid funds with the goal of increasing access to more comprehensive, high-quality care.
- Federal legislation that reduces the burden of utilization management policies, including prior authorization, on FDA-approved medications for addiction treatment and concurrent counseling and behavioral therapies.
- Federal legislation that increases Medicaid fees for addiction treatment services to at least Medicare levels.
- Federal legislation that repeals the “inmate exclusion” that bars the use of federal Medicaid matching funds from covering healthcare services in jails and prisons and removes the inmate limitation on benefits under Medicare.

## IV. STATE CHAPTER ADVOCACY HIGHLIGHTS

ASAM is proud to partner with its 40 independent State Chapters to advance access to high-quality, evidence-based addiction treatment. On a diverse set of issues ranging from mental health and addiction parity to pharmacy regulation, ASAM State Chapters are instrumental in shaping policy conversations in state capitols across the country.



### A. GUIDE CANNABIS CONVERSATIONS

Cannabis use for medical purposes, or use by adults for any purpose, is top of mind for many state legislators, and numerous ASAM State Chapters are leading efforts to ensure state cannabis policies are science-based and protect public health. ASAM cautions against the inclusion of OUD or any other SUD as a qualifying condition for approved medical use of cannabis, and instead supports more research into the potential therapeutic uses of cannabis. ASAM supports Food and Drug Administration (FDA) regulatory oversight of medicines and its established new drug approval process, which has led to the availability of three safe and effective medications for OUD: buprenorphine, methadone, and naltrexone. While ASAM does not support the legalization of cannabis, ASAM does support its decriminalization and provides technical assistance and consultation to ASAM State Chapters that want to help ensure their states prioritize public health and safety with any cannabis policy changes.

### RECENT STATE CHAPTER ADVOCACY SUCCESSES

- In 2018, the Maryland-DC Society of Addiction Medicine submitted a letter to the Maryland General Assembly that successfully halted the inclusion of OUD as a qualifying condition for the state's medical cannabis program.
- In 2019, the Rhode Island Society of Addiction Medicine successfully petitioned the Department of Health to abstain from adding OUD to the list of qualifying conditions for the state's medical cannabis program.

### EXAMPLES OF RELATED STATE CHAPTER ADVOCACY

- Play a key role in state-level conversations about cannabis policy by providing guidance to lawmakers on the science and treatment of addiction.
- Advocate for policies that prohibit the sale of cannabis products to minors, prohibit marketing to youth, and require warning labels on cannabis products.
- Caution against the inclusion of OUD as a qualifying condition for state medical cannabis programs. In states that allow cannabis use for medical purposes, require that physicians authorized to write cannabis permits also be certified to provide buprenorphine treatment.
- Support the decriminalization of cannabis by advocating for policies that reduce penalties for personal use and possession to civil offenses linked to contingencies, such as mandated referral to clinical assessment.



## B. INCREASE ENFORCEMENT OF MENTAL HEALTH AND ADDICTION PARITY

State Chapter advocacy complements ASAM's federal advocacy to ensure mental health and addiction treatment services are covered on par with medical and surgical services by both public and private payers and are not subject to arbitrary limits or unfair utilization controls. For example, a robust body of research shows that medications for addiction treatment, such as buprenorphine, naltrexone, and methadone, are highly effective for the treatment of OUD. However, utilization management techniques – such as prior authorization – restrict patient access to these life-saving treatments. A delay of just one day is enough time for a patient to relapse, overdose, or suffer other consequences that can adversely affect their treatment outcome.



### RECENT STATE CHAPTER ADVOCACY SUCCESSSES

- In 2017, advocacy by the Maryland-DC Society of Addiction Medicine was instrumental to the passage of the first-in-the-nation law removing prior authorization on medications for addiction treatment.
- In 2018, Illinois passed legislation to create the strongest state mental health parity law in the nation. The law prohibits prior authorization and step therapy requirements for FDA-approved medications to treat SUD and requires health benefit plans to base all medical necessity determinations for SUD treatment on the most recent version of *The ASAM Criteria*.
- In 2019, advocacy from the Colorado Society of Addiction Medicine played a key role in the passage of a bill that included all elements of the American Psychiatric Association's model parity bill, including insurance reporting requirements, insurance department enforcement mechanisms, and removal of prior authorization and step therapy requirements for medications for addiction treatment.

■ *A robust body of research shows that medications for addiction treatment, such as buprenorphine, naltrexone, and methadone, are highly effective for the treatment of OUD. However, utilization management techniques – such as prior authorization – restrict patient access to these life-saving treatments.*

### EXAMPLES OF RELATED STATE CHAPTER ADVOCACY

- Build on the momentum of the mental health parity movement by advancing the American Psychiatric Association's state model parity bill, engaging with state insurance regulators, and joining coalitions with patient advocates to advance shared goals.
- Advocate for legislation that requires payers to make medical necessity determinations using the most recent version of *The ASAM Criteria*.

## C. REDUCE HARMS RELATED TO DRUG USE AND PUNITIVE DRUG POLICIES

ASAM State Chapters frequently advocate for policies that minimize the health harms of drug use such as the transmission of infectious disease, as well as the negative health effects of punitive drug policies. For example, many ASAM State Chapters have advocated for the expansion of needle and syringe exchange programs that serve as a point of contact to bring individuals with addiction into treatment.

**Needle and syringe exchange programs [have been shown](#) to help reduce the deaths associated with infectious diseases like Hepatitis C, [which is related to injection drug use in approximately 80% of cases](#). According to the North American Syringe Exchange Network, [there are at least 375 syringe exchange programs across the country](#).**

In addition, ASAM supports State Chapter advocacy efforts for wider access to naloxone to prevent or reverse respiratory arrest in the case of opioid overdose. At the federal level, ASAM has encouraged the FDA to approve an over-the-counter naloxone product through a process that demonstrates consumers understand the new label and can administer the medication.

Finally, ASAM supports State Chapter advocacy efforts to advance policies that expand access to evidence-based addiction treatment for people who are incarcerated, as well as policies that reduce harm to mothers and their children by taking a non-punitive, public health approach to drug use by pregnant women.



### RECENT STATE CHAPTER ADVOCACY SUCCESSSES

- In 2019, the Minnesota Society of Addiction Medicine partnered with Minnesota Doctors for Health Equity, the Minnesota Medical Association, and the Minnesota Chapter of the American College of Physicians to eliminate non-evidence-based sobriety requirements for accessing hepatitis C treatment in the state's Medicaid program.
- In 2019, the Northern New England Society of Addiction Medicine opposed a bill in Maine that would criminalize the transfer of a substance through breast milk from a mother to her child, which would deter postpartum patients from seeking needed care out of fear of incarceration.

## EXAMPLES OF RELATED STATE CHAPTER ADVOCACY

- Improve patient access to needle and syringe exchange programs to minimize harm from the injection of illicit drugs.
- Expand access to naloxone across the continuum of addiction treatment – for example, permitting administration in schools, jails, and other facilities.
- Reduce maternal and fetal harm through advocacy for the repeal of laws that impose punitive measures for maternal substance use rather than promoting effective prenatal health care services.
- Consistent with recent court decisions, reduce barriers to treatment in jails and prisons and require correctional facilities to provide substance use screening, assessment, and access to medications for addiction treatment in order to promote recovery and reduce overdose deaths.
- Advocate for new and expanded partnerships between departments of corrections and community treatment providers to coordinate to ensure uninterrupted patient care upon release from correctional facilities and re-entry into the community.

## V. PRACTICE MANAGEMENT & REGULATORY AFFAIRS WORK

ASAM's practice management and federal regulatory efforts focus on policies by federal regulatory agencies, payers, and purchasers of health care goods and services that impact addiction prevention, treatment, and recovery. Additionally, these efforts support the standardization of individualized addiction treatment services by monitoring and developing industry-leading practice management resources for ASAM members.



### RECENT SUCCESSES

- In 2018, ASAM and the American Medical Association (AMA) jointly released the Patient-Centered Opioid Addiction Treatment (P-COAT) Alternative Payment Model, which is designed to increase the provision of office-based treatment of OUD by providing adequate financial support to successfully treat patients and broaden the coordinated delivery of medical, psychological, and social support services.
- In 2019, ASAM successfully advocated for the creation of a new addiction medicine taxonomy code to capture the distinctive nature of addiction medicine when physicians list their specialty on National Provider Identification applications and insurer claim remittance forms.
- In 2019, ASAM advocated for, and the Centers for Medicare and Medicaid Services (CMS) finalized, Medicare payment rates for opioid treatment programs (OTPs) that align with other outpatient treatment reimbursement rates.

## PRIORITIES MOVING FORWARD

- Develop a toolkit in 2020 on utilization management for medications for addiction treatment, as part of the SAMHSA-funded Providers Clinical Support System.
- Explore developing a comprehensive strategy to secure Current Procedural Terminology Codes (CPT Codes) specific to addiction medicine.
- Develop resources to help members understand changes in telemedicine regulations that impact addiction medicine to facilitate greater use of telemedicine in members' practices.
- Monitor patient barriers to medications for addiction treatment by collecting data on the incidence of prior authorization delays, insurance denials, and pharmacy refusals to fill prescriptions.
- Guide public and private payer implementation of alternative payment models, including P-COAT.
- Monitor and provide guidance to members on state and federal efforts to regulate office-based opioid treatment.
- Evaluate implementation and uptake of OTP services in Medicare to provide guidance to CMS on areas for improvement and to expand access to care.

## VI. OTHER ADVOCACY ISSUES

### A. EVIDENCE-BASED PREVENTION AND ADDICTION RESEARCH AT THE FEDERAL LEVEL

ASAM is committed to increasing access to and improving the quality of evidence-based addiction prevention services. Although most people in the United States who use substances do not have addiction, any substance use can lead to negative health consequences for individuals and their communities. This is particularly true for youth. ASAM supports a wide variety of measures to prevent substance-related problems, understanding that carefully planned prevention measures can reduce the initiation of substance use.



ASAM advocates for a robust research agenda informed by patient experience and clinical needs. Specific research priorities include effective prevention programs and pharmacological and non-pharmacological treatments for addiction and improved medical treatments for stimulant use disorder. ASAM also advocates for expanded research into the neurobiology of recovery, with knowledge acquired through such research being able to inform potential new targets for treatment interventions. In 2018, ASAM advocated for, and Congress passed, legislation that allows the National Institutes of Health (NIH) to use funds for cutting-edge research projects that respond to public health threats, such as the opioid overdose crisis, and discovering new, non-addictive medications for pain management.



## PRIORITIES MOVING FORWARD

- Increased taxes on legally available substances with addictive potential such as alcohol, cannabis, and nicotine, to reduce alcohol consumption, underage and binge use, and related problems.
- Robust federal funding for addiction-related research conducted through NIH and Centers for Disease Control and Prevention. This includes epidemiology research, genetic research, health services research, prevention research, and research into the natural history of recovery.
- Federal legislation that encourages rigorous basic science and clinical research on cannabis and its component and derivative compounds, expands sources of research-grade cannabis, and promotes the production of FDA-approved drugs derived from CBD or other cannabis compounds.

## B. FEDERAL TOBACCO POLICIES THAT PROTECT PUBLIC HEALTH AND SAFETY

In 2019, ASAM advocated to raise the minimum age of sale for tobacco products from 18 to 21 which is now federal law. Additionally, ASAM continues to advocate for more in-depth research to better understand the potential benefits and risks associated with e-cigarette use, or vaping. Experts continue to debate the potential effectiveness of e-cigarettes as a harm reduction tool and for smoking cessation, as well as the potential harms caused by increased youth e-cigarette use. The evidence on the benefits of e-cigarettes for smoking reduction or cessation is not yet established, and the long-term harms associated with e-cigarettes are not fully understood. Moreover, vaping unregulated e-liquids containing THC has led to lung injuries and deaths among some who use e-cigarettes, further complicating the risk-benefit calculus underlying the government's potential policy response.



## PRIORITIES MOVING FORWARD

- Continued research on the potential risks and long-term harms associated with e-cigarettes, as well as the potential benefits of e-cigarettes as a harm reduction tool and for smoking cessation.
- Federal legislation that curtails the use of flavored tobacco products by prohibiting flavors in e-cigarettes unless a flavor helps current tobacco users stop smoking; will not lead non-tobacco users to start; and does not increase risk of harm from using the product; and, by prohibiting flavors in other tobacco products, including menthol, mint and fruit flavors in cigarettes.
- Federal legislation that prohibits online sales of tobacco products, including e-cigarettes, and extends current FDA cigarette and smokeless tobacco marketing restrictions to all tobacco products, including e-cigarettes and replacement fluids for e-cigarettes

## VII. CONCLUSION

The cost of unhealthy substance use and untreated or ineffectively treated addiction in the United States is staggering, both in economic terms and in human lives lost. While substance-related overdose deaths may dominate national headlines, the human toll and associated costs are a fraction of the total societal burden of substance misuse and addiction. This burden, however, could be dramatically reduced by implementing evidence-based addiction prevention, treatment, and harm reduction practices and programs across the country.



To succeed, we will need bold, swift, and comprehensive action. This means prioritizing systemic changes to the nation's addiction treatment infrastructure. The field of addiction medicine has been severely underfunded over all of its decades-long history and has lacked parity with the rest of the medical field, including parity in treatment and parity in professional education. It will take substantial, long-term investments to strengthen and train the addiction treatment workforce and better integrate federal grants with mainstream medicine.

Federal and state administrative, legislative, and regulatory bodies have the power—and responsibility—to establish and enforce policies that create bold, systemic change. In doing so, we can save hundreds of thousands of lives, billions of taxpayer dollars, and an incalculable amount of human suffering.

To learn more about ASAM's Public Policy Coordinating Council and advocacy committees, [click here](#). To contact the Advocacy Department at the American Society of Addiction Medicine, please [email advocacy@asam.org](mailto:advocacy@asam.org).

ADOPTED BY THE ASAM BOARD OF DIRECTORS ON JANUARY 23, 2020.



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[#TREATADDICTIONSAVELIVES](#)

