

May 16, 2017

The Honorable Thomas Price, MD
Secretary, U.S. Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Price,

The undersigned organizations share your goal of putting an end to the addiction crisis that is ravaging our country. We appreciate and commend your commitment to marshalling the resources of the Department of Health and Human Services (HHS) to improve access to treatment and recovery support services; promote use of overdose-reversing medications; strengthen our understanding of the opioid misuse and overdose epidemic through better public health surveillance; provide support for cutting-edge research on pain and addiction; and advance better practices for pain management.

We agree with the approach you outlined at the National Rx Drug Abuse and Heroin Summit last month, namely, that “we must begin with a clear-eyed understanding of the problem of drug addiction and overdose in America today.” Moreover, we believe that efforts to address the epidemic must be informed by a clear-eyed understanding of the interventions that work to prevent and treat the disease of addiction and support persons in recovery.

Accordingly, we were very concerned to hear your comments in West Virginia that suggested some forms of medication for opioid use disorder are superior to others, and that some are just replacing one opioid with another. Decades of scientific research and clinical practice have shown that all three medications approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorder are safe, effective, and cost-effective, and all three help patients enter and sustain recovery and regain control of their lives. Since patients have varying needs, medications should be offered based on patients’ individual treatment needs and as part of a continuum of care including evidence-based recovery programs. Because addiction is a chronic brain disease, there is unfortunately no cure. Instead, the standard of care is to treat the disease with a combination of medication and evidence-based psychosocial interventions with the goal of helping patients improve their health and social functioning. Importantly, opioid agonist medication is the recommended treatment option for pregnant women, for whom antagonist medication is contraindicated.

We respectfully request the opportunity to meet with you to share our perspective on the opioid epidemic and our collective expertise as addiction treatment providers, social service providers, payers, criminal justice professionals, and persons in recovery. We bring insights from across the country and treatment continuum, and would be eager to share what we know about what works so that the Administration’s efforts to put an end to our addiction crisis are as effective and efficient as possible. Please contact Susan Awad, Director of Advocacy and Government Relations for the American Society of Addiction Medicine, at 301-547-4103 or sawad@asam.org to arrange the meeting.

Thank you so much for your consideration, and we look forward to meeting with you.

Sincerely,

The American Congress of Obstetricians and Gynecologists

The American Correctional Association

The American Medical Association

The American Psychiatric Association

The American Society of Addiction Medicine

The Association for Behavioral Health and Wellness

California Consortium of Addiction Programs and Professionals

CleanSlate Centers

Connecticut Certification Board

Drug Policy Alliance

Facing Addiction

Harm Reduction Coalition

HIV Medicine Association

IC&RC

Illinois Association for Behavioral Health

International Nurses Society on Addictions

National Association of Clinical Nurse Specialists

National Association of County and City Health Officials

National Association of Social Workers (NASW)

National Safety Council

National Health Care for the Homeless Council

Young People in Recovery

Valley Hope