



ASAM

The Voice of Addiction Medicine
American Society of Addiction Medicine

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American Society of Addiction Medicine urges an end to interference with physician-patient decisions on addiction medications

CHEVY CHASE, MD, APRIL 29, 2013 – The American Society of Addiction Medicine (ASAM) stated today that treatment decisions on the use of FDA-approved medications for addiction to opioids such as pain medicine and heroin should be made only by skilled physicians. Limits by governments and insurers on addiction medications can lead to patient relapse, crime, overdose and death, ASAM said in a major policy statement.

The action by the medical society of addiction specialist physicians is in response to the growing trend of state governments to place arbitrary limits contrary to medical necessity on FDA-approved addiction medications that treat opioid use disorders, including buprenorphine, buprenorphine/naloxone, extended-release injectable naltrexone and methadone. These actions by governments and some commercial payers reinforce stigmatization of the disease of addiction and prejudice against the use of addiction medications, which ASAM stated must be made available as needed by physicians treating opioid use disorder patients.

“State governments and insurers should not be involved in setting limits on types or duration of treatment for addiction,” said Stuart Gitlow, MD, ASAM President. “Governments and insurers would never interfere with physicians prescribing FDA-approved medications for any other chronic disease, such as diabetes or hypertension. Interfering with the treatment of addiction threatens the life and health of patients and disrupts families, workplaces and communities.”

ASAM’s [Public Policy Statement on Pharmacological Therapies for Opioid Use Disorder](#) stated that evidence-based treatment for opioid use disorders should be individually tailored, and usually requires chronic disease management that includes a combination of psychotherapeutic, psychosocial and pharmacological interventions. Decisions on which therapies will work best “should be made only by knowledgeable and skilled physicians, in whom patients have placed their trust and well-being,” the statement said.

Some people with opioid addiction can maintain long-term recovery through psychosocial treatment alone, but others cannot. For these people, research shows that FDA-approved addiction medications can significantly reduce death from overdose.

“Every effort should be made by the patient, the treatment provider, policy-makers and payers to maintain the optimal level of treatment for patients with an opioid use disorder, for the benefit of the patient, their family, the community and our society,” the ASAM statement said.

In addition, the statement said, arbitrary limits on the number of addiction patients who can be treated by a physician or the number and variety of therapies used by addiction medicine physicians should not be imposed by law or insurance practices. Currently, federal laws limit the number of opioid-dependent patients that physicians can treat with buprenorphine in an office-based setting.

“There’s no scientific basis for current limitations on addiction medications and specialist physicians who prescribe them,” Gitlow said. “These limits, and the public stigmatization of addiction medications that they arouse, are costing the lives of patients who relapse and overdose.”

ASAM recently launched a year-long project, Advancing Access to Addiction Medications, to analyze the effectiveness of medications used to treat opioid use disorder and to survey public and private payers to identify policies that limit patient access to these medications and policies that offer optimal medication benefits. The initiative will result in a major research and policy report, expected to be released this summer, which will provide the most extensive examination to date of the efficacy of opioid dependence pharmacotherapies and public policies regarding these medications. For more information about opioid dependence therapy and about this effort, please visit www.accesstoaddictionmedications.org.

The [American Society of Addiction Medicine](#) is a national medical specialty society of over 3,000 physicians. Its mission is to increase access to and improve the quality of addiction treatment, to educate physicians, and other health care providers and the public, to support research and prevention, to promote the appropriate role of the physician in the care of patients with addictive disorders, and to establish Addiction Medicine as a specialty recognized by professional organizations, governments, physicians, purchasers and consumers of health care services and the general public. ASAM was founded in 1954, and has had a seat in the American Medical Association House of Delegates since 1988.

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