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Addiction Medicine

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April 4, 2018

The Honorable Shelley Moore Capito	The Honorable Margaret Hassan
U.S. Senate	U.S. Senate
172 Russell Senate Office Building	330 Hart Senate Office Building
Washington, DC 20510	Washington, DC 20510

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Re: The Comprehensive Opioid Recovery Centers Act (S. 2589)

Dear Senators Capito and Hassan,

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On behalf of the American Society of Addiction Medicine (ASAM), the nation's oldest and largest medical specialty society representing more than 5,100 physicians and allied health professionals who specialize in the prevention and treatment of addiction, I am writing to extend ASAM's support for your bill, S. 2589, the Comprehensive Opioid Recovery Centers Act.

The cost of substance misuse, and untreated and ineffectively treated addiction in the United States is staggering, both in economic terms and in terms of human lives lost. During the twelve-month period ending January 2017, the Centers for Disease Control and Prevention estimates there were approximately 64,000 drug overdose deaths.ⁱ Recently, the White House Council of Economic Advisers announced that the cost of the opioid crisis, alone, approached \$504 billion in 2015.ⁱⁱ And while opioid-related overdose deaths may dominate national headlines, the associated costs are a fraction of the total societal cost of substance misuse and addiction. These costs, however, could be dramatically reduced by utilizing effective substance misuse prevention practices and programs and by addressing untreated, and ineffectively treated, addiction in this country.

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Given these alarming statistics, we appreciate your leadership in introducing this important legislation aimed at addressing our country's crisis of addiction involving opioid use. The creation of competitive grants to operate Comprehensive Opioid Recovery Centers that will provide a full range of treatment and recovery services, such as medication assisted treatment, recovery housing, job training and supported reintegration into the workforce, counseling, and community-based and peer recovery support services, is an important step in filling the gap in wrap-around care and services.

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While it is critical to take this step toward accomplishing the two-fold objective of increasing access to treatment and ensuring that the treatment is comprehensive and offers a full continuum of clinical, vocational, and educational services to meet the needs of patients, there remain many unaddressed factors in this country that contribute to the low utilization of addiction treatment medications and the substantial treatment gap. Combating these issues will require a comprehensive approach to strengthening prevention, treatment, and recovery services for patients with addiction. Therefore, ASAM continues to encourage Congress to pass measures to address larger systemic issues such as inadequate provider reimbursement overall for the treatment of substance use disorder by both public and private payers, the bifurcation of medical and behavioral health insurance benefits, and a shortage of well-trained physicians and other clinicians to treat addiction involving opioid use.

Thank you for your continued leadership. We look forward to working with you to advance S. 2589 and help lay the foundation for a future in which long-term remission and recovery from addiction are not only possible, but probable.

Sincerely,

A handwritten signature in black ink that reads "Kelly J. Clark". The signature is written in a cursive, flowing style.

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

ⁱ Provisional Counts of Drug Overdose Deaths, as of 8/6/2017;

https://www.cdc.gov/nchs/data/health_policy/monthly-drug-overdose-death-estimates.pdf

ⁱⁱ The Council of Economic Advisers. November 2017. "The Underestimated Cost of the Opioid Crisis"

<https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf>.