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Addiction Medicine

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April 27, 2020

Scott Brinks
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, Virginia 22152

RE: RIN 1117-AB43/Docket No. DEA-459 Registration Requirements for Narcotic Treatment Programs with Mobile Components

Dear Mr. Brinks,

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 6,200 physicians and associated health professionals who specialize in the prevention and treatment of addiction, I write to you today to voice our support for the Drug Enforcement Administration's (DEA) proposal to revise the existing regulations for narcotic treatment programs (NTPs) to allow a mobile component associated with the registered program to be considered a coincident activity. This proposal to waive the requirement for a separate registration for a mobile component will allow NTPs to expand their reach and deliver evidence-based treatment services for opioid use disorder (OUD) to patients who may not otherwise be able to access such services.

In 2018, an estimated 2 million people in the United States had an OUD, but less than 20% of them received specialty treatment for their life-threatening disease.ⁱ It is imperative that we act strategically and urgently to close this treatment gap.

NTPs can offer methadone treatment to patients with OUD. NTPs administer methadone to patients on a daily or other regular basis and provide federally mandated counseling services within a highly regulated clinical environment. In part due to the intensity of the regulatory requirements that NTPs must meet, there is insufficient NTP capacity to meet



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treatment need.ⁱⁱ NTPs are also not always geographically accessible to patients who need methadone treatment. A recent study found that patients in rural counties must drive longer distances to reach an NTP than patients in urban counties.ⁱⁱⁱ

By allowing mobile components of registered NTPs to be considered a coincident activity, this proposed rule would reduce the costs of expanding an NTP's geographic reach and increase access to treatment. It may be particularly valuable to those who cannot travel to an NTP due to incarceration; rather than arranging to transport patients from a correctional facility to the NTP, which can be logistically difficult, corrections officials may be able to work with a local NTP to bring a mobile component to the correctional facility for patients' daily medication administration. Bringing medication treatment to jails or prisons through a mobile NTP component could help close a critical treatment gap among a highly vulnerable population.

In closing, we urge DEA to finalize this rule as swiftly as possible. It is a common-sense and cost-saving way to improve public health amid our country's ongoing opioid-related addiction and overdose crisis. We look forward to continuing to work with DEA to expand access to evidence-based OUD treatment. If you have any questions or concerns, please contact Kelly Corredor, Vice President, Advocacy and Government Relations at kcorredor@asam.org or 301-547-4111.

Sincerely,

Paul Earley, MD, DFASAM
President, American Society of Addiction Medicine

ⁱ Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

ⁱⁱ Jones CM, Campopiano M, Baldwin G, and McCance-Katz E. National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. *American Journal of Public Health*. 2015;105(8):e55-e63. <https://doi.org/10.2105/AJPH.2015.302664>

ⁱⁱⁱ Joudrey PJ, Edelman EJ, and Wang EA. Drive Times to Opioid Treatment Programs in Urban and Rural Counties in 5 US States. *JAMA*, 2019; 322 (13): 1310 DOI: [10.1001/jama.2019.12562](https://doi.org/10.1001/jama.2019.12562)