



# New Jersey Society of Addiction Medicine

*A Chapter of American Society of Addiction Medicine*

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May 26, 2020

The Honorable Carol Murphy  
Deputy Majority Leader  
125 West State St.  
Trenton, NJ 08625-1101

The Honorable Ron Dancer  
Deputy Republican Leader  
125 West St.  
Trenton, NJ 08625-1101

Re: Comments on A4084

Dear Deputy Majority Leader Murphy and Deputy Republican Leader Dancer,

On behalf of the New Jersey Society of Addiction Medicine (NJSAM), the medical specialty society representing physicians and clinicians in New Jersey who specialize in the prevention and treatment of addiction, we would like to take this opportunity to provide comments on A4084, which would, among other things, clarify that the Department of Human Services has licensing and regulatory authority over residential aftercare facilities and that residential aftercare facilities are to be categorized into two, distinct classes: (1) residential aftercare facilities that provide housing and support to persons who are recovering from a substance use disorder (SUD) and have other documented, co-occurring mental health disorders, and (2) residential aftercare facilities that provide housing and support to persons who are recovering from a SUD, but who do not have any other documented co-occurring mental health disorders. The bill would also require that facilities treating individuals with SUD and co-occurring mental health disorders have a licensed mental health care professional on-site or on-call, at all times.

NJSAM appreciates your efforts to ensure that those suffering from SUD in New Jersey are supported throughout their recovery process. With this in mind, it is vitally important that legislation about SUD avoids the use of stigmatizing language. Stigma remains a significant barrier to treatment, with states around the country only recently beginning to address those suffering from addiction with treatment instead of punitive measures. Furthermore, stigmatizing attitudes and language can reduce willingness of individuals with SUD to seek treatment.<sup>i</sup> Usage of words such as “addict” or “alcoholic” can set back the progress of recent years by identifying those suffering from addiction solely by their disease. Thus, NJSAM respectfully requests that terms like “addict” and “alcoholic” be avoided and changed to a “person with a narcotic drug use disorder” or “person with an alcohol use disorder,” as applicable, throughout A4084.

In addition, NJSAM agrees with you that a safe, stable environment supportive of recovery is a key component of long-term disease management. As such, recovery housing can play an important role in enabling patients to maintain recovery. As recovery housing can have tremendous impact on the patient’s chances for maintaining recovery, it is important that their role and the services they provide are adequately transparent in the marketplace and that there is an adequate level of oversight. The Government Accountability Office (GAO) released a report entitled “Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding” which provides examples of how other states have provided oversight to recovery housing.<sup>ii</sup> You may want to consider other state precedents before passing any additional legislation in this area. Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA)

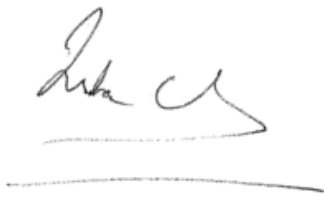
has recently issued a document on “Recovery Housing: Best Practices and Suggested Guidelines” which may provide some additional guidance, particularly with respect to SAMHSA’s definition of “recovery housing.”<sup>iii</sup>

As SAMHSA notes in its guidance document, it is important that legislation recognizes that many in recovery housing will also need access to outpatient treatment. Further, in its Public Policy Statement on the Role of Recovery in Addiction Care, the American Society of Addiction Medicine recommends that policymakers and others avoid usage of “completion of treatment” or cessation of professional services as the desired or measured outcome of addiction treatment; view addiction care as long-term and recovery as an ongoing process, and use language and terminology accordingly.<sup>iv</sup> Thus, references in the legislation defining “recovery” as something that occurs “after” treatment could be misconstrued. NJSAM respectfully recommends a definition of “recovery” that acknowledges that many people with SUD will engage in care that includes recovery housing while they are still engaged in outpatient treatment.<sup>v, vi</sup>

Finally, just like medical and clinical service providers for any other condition or disease, NJSAM recommends that any program that is providing or managing provision of clinical services for addiction treatment should be licensed by the state and the standards related to medical treatment should be developed by a national medical society, as is the case with other medical specialties. For example, *The ASAM Criteria* provides detailed descriptions of the treatment service characteristics that should be provided at each level of care, including: the delivery setting; staff; support systems; therapies; assessment and treatment planning; and documentation standards.

NJSAM shares the state of New Jersey’s goal of turning the corner on the addiction crisis in the state and we appreciate the opportunity to comment on this bill. Please do not hesitate to contact Dr. Indra Cidambi at (908) 432-1929 or at [iharibabuharibabu@yahoo.com](mailto:iharibabuharibabu@yahoo.com), if NJSAM can be of any service to you. We look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Indra Cidambi', with a horizontal line underneath it.

Indra Cidambi, MD, FASAM  
President, New Jersey Society of Addiction Medicine

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<sup>i</sup> National Institute on Drug Abuse. (2020). Words Matter: Terms to Use and Avoid When Talking About Addiction. Washington, DC: NIDA. Available at [https://www.asam.org/docs/default-source/default-document-library/nidamed\\_wordsmatter3\\_508.pdf?sfvrsn=5cf550c2\\_2](https://www.asam.org/docs/default-source/default-document-library/nidamed_wordsmatter3_508.pdf?sfvrsn=5cf550c2_2)

<sup>ii</sup> Government Accountability Office. (2018). Information on Recovery Housing Prevalence, Selected States’ Oversight, and Funding. Washington, DC: GAO. Available at <https://www.gao.gov/assets/700/690831.pdf>

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iii Substance Abuse and Mental Health Services Administration. (2018). Rockville, MD: SAMHSA. Available at <https://www.samhsa.gov/ebp-resource-center/recovery-housing-best-practices-suggested-guidelines>

iv American Society of Addiction Medicine. (2018). The Role of Recovery in Addiction Care. Rockville, MD: ASAM. Available at <https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2018/04/24/the-role-of-recovery-in-addiction-care>

v Ibid.

vi Substance Abuse and Mental Health Services Administration. (2018). Rockville, MD: SAMHSA. Available <https://www.samhsa.gov/ebp-resource-center/recovery-housing-best-practices-suggested-guidelines>