

May 15, 2017

The Honorable Tom Price, MD
Secretary
The U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Price,

During your recent visit to West Virginia you spoke with compassion about the need to address the drug epidemic that claimed the lives of over 800 West Virginians in 2016. We applaud your willingness to listen to the experiences of people affected by the epidemic. However, we write to express our grave concern about statements you made regarding medication-assisted treatment. Media sources reported that you characterized these treatments as "just substituting one opioid for another." The perception that persons receiving long-term therapy with medications – especially with buprenorphine and methadone – are not actually in recovery is widespread but grossly inaccurate. You spoke about the need to enable people with opioid use disorder to become "productive members of society and realize their dreams," but these medications are precisely what enable people to regain their lives.

We urge you to set the record straight: medication-assisted treatments meet the highest standard of clinical evidence for safety and efficacy. Indeed, the substantial body of research evidence supporting these treatments is summarized in guidance from within your own agency, including the [Substance Abuse and Mental Health Services Administration](#), [the US Surgeon General](#), the [National Institute on Drug Abuse](#), and the [Centers for Disease Control and Prevention](#). To briefly summarize, buprenorphine and methadone have been demonstrated to be highly effective in managing the core symptoms of opioid use disorder, reducing the risk of relapse and fatal overdose, and encouraging long-term recovery. [Local jurisdictions](#) such as Baltimore City have been implementing these evidence-based methods and have saved thousands of lives. As a national authority, your words carry great significance for treatment providers, for people seeking treatment, and for their families. Myths about medications are likely to reduce help-seeking and reinforce very damaging stigma, ultimately leading to avoidable harms.

An alternative path has been laid out by recent bipartisan legislation. The Comprehensive Addiction and Recovery Act of 2016 and the 21st Century Cures Act of 2017 create a framework for states to begin expanding medication-assisted treatments. Thanks to the Cures Act, \$1 billion in much needed federal aid is being allocated to states with a goal that 80% of these funds will be spent on treatments, and with strong incentives for medication-assisted treatments to be offered in state programs. The goal of realizing better care for people with opioid use disorder can be built upon by following several critical public health principles:

- *Invest in the capacity of the treatment system:* Many people are dying on wait lists for opioid treatment programs. We need more clinics that prescribe methadone and more physicians prescribing buprenorphine. The Administration can commit to doubling the number of patients receiving medication-assisted treatments in the next two years.

- *Ensure that treatment remains affordable for individuals with opioid use disorder:* Medication treatment is a highly cost-effective tool for managing opioid use disorder, yet many patients are unable to afford these treatments. Medicaid expansion under the Affordable Care Act has been vitally important in helping to reduce financial burdens for treatment programs for low-income individuals.
- *Reduce the stigma of opioid use disorders and their treatments:* As a society, we can only make progress on the opioid epidemic if we start recognizing the dignity of people with opioid use disorders and stop criminalizing substance use problems. Medication-assisted treatments are not a crutch, they are legitimate treatments and should be described in language that emphasizes their role in long-term symptom management.
- *Commit to scientific principles of harm reduction:* Treatment does not stand on its own, but is rather a piece of a larger strategy to reduce the devastating harms of opioid use and disorder. There are a number of evidence-based interventions that reduce the morbidities and mortality associated with drug use such as syringe exchange and naloxone distribution, the medication that reverses opioid overdose. In all of these efforts, law enforcement is a valuable partner in working with some of the most vulnerable populations with opioid use disorder.

As public health and medical researchers and practitioners, we are committed to stemming the tide of the opioid epidemic. We can make a difference if we work together and follow the scientific evidence, and we hope that you and the Trump Administration will join us in this endeavor.

Sincerely,

Academic Faculty and Senior Researchers (Pages 3-27)

Students, Residents, and Fellows (Pages 28-31)

Practitioners, Clinicians, and Others (Pages 32-41)

The opinions expressed herein are those of the listed signatories and do not necessarily reflect the views of The Johns Hopkins University or other academic or research institutions.

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