



Center for Mental Health Services
Center for Substance Abuse
Prevention
Center for Substance Abuse
Treatment
Rockville MD 20857

MAY 01 2008

Mark W. Parrino, M.P.A.
President
American Association for the Treatment of Opioid Dependence, Inc.
225 Varick Street, 4th Floor
New York, New York 10014

Dear Mr. Parrino:

Thank you for your letter dated March 10, 2008, regarding our Dear Colleague letter dated January 24, 2008, on the Substance Abuse and Mental Health Services Administration's (SAMHSA) policy for unsupervised medication take-home doses when an opioid treatment program (OTP) is closed for business, including Sundays and Federal and state holidays. We have also received feedback from other stakeholders and State Methadone Authorities (SMAs) on this issue.

It was not SAMHSA's intention to suggest that OTPs must remain open seven days a week. SAMHSA's January 24, 2008 letter was intended to emphasize the importance of assessing patients for stability and responsibility prior to receiving unsupervised take-home doses, even for Sunday and Federal and state holiday closures. The letter followed reports from some State Authorities and OTPs that suggested that patients do not need to be assessed before providing Sunday and holiday take-home doses. This is not the case. Patient assessments help protect a patient and play an important role in providing quality treatment. SAMHSA's letter was issued to reiterate the importance of conducting assessments to determine the take-home dose eligibility of any patient.

While SAMHSA believed it was important to emphasize patient assessments for all take-home medications, the January Dear Colleague letter stopped short of advising OTPs to open seven days per week, as recommended by the Consensus Panel that developed TIP 43:

"To guard against the possibility of methadone-related respiratory depression, the consensus panel recommends the following diversion control policies for take-home medication:

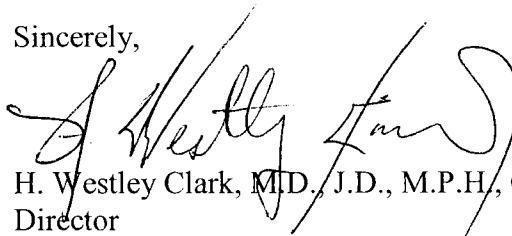
- Require patients to return all empty dose bottles on their next OTP visit after take-home dosing. Staff members who accept these bottles should inspect them to ensure that they are coming from the indicated patient during the appropriate period.

- Institute procedures for responding to patients who frequently fail to return or have unverified reasons for failing to return empty take-home bottles. Staff should consider discontinuing take-home medication for these patients.
- **Stay open 7 days a week for dispensing. In this way, take-home doses can be provided only to stable patients with a record of adherence to treatment, rather than to all patients regardless of their status with the program.”**

In sum, even though adherence to the 8-point criteria for assessments may not be required under 42 CFR 8.12(i)(1) for Sunday or holiday unsupervised use, a patient assessment to determine stability and responsibility is highly important and needed for the safety of the patient prior to determining take home dose eligibility. SAMHSA will release a Dear Colleague letter that will emphasize this message.

If you have any questions or concerns regarding this notice, please contact Jennifer Fan, Pharm.D., J.D., Public Health Advisor at Jennifer.fan@samhsa.hhs.gov or (240) 276-1759.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Westley Clark". The signature is fluid and cursive, with a large loop at the end.

H. Westley Clark, MD, J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment