



BEHAVIOR AND STRESS MANAGEMENT CENTER, INC.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

ADDICTION MEDICINE

CHILD, ADOLESCENT, ADULT PSYCHIATRY

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The Liberalization of the use of Methadone and LAAM for the treatment of Opiate Dependence (OTP) is very much needed for the benefit of the Opiate Dependent individuals that live in their own household and are now attempting to continue a normal or as normal a life style, as possible while being treated efficiently for their illness.

There is a significant number of very qualified addictionists in all community areas due to the extensive training program that ASAM and other professional organizations have implemented for the past 3 years.

As the NRPM reflects in its new regulation proposal we need to consider all therapeutic interventions that are necessary for the benefit of the recovering individual as the primary goal of any valid recovery program. Therefore, the certification of various providers and auditing the documentation related to the treatment process and outcome, is a greatly needed change.

One issue that is not being mentioned very readily is that Methadone is a highly addictive, but safe medication, therefore less emphasis should be placed on whether one is attempting to detoxify a patient or maintain a given individual on a maintenance base treatment. The modern approach to treating addicts as well as any other type of compulsive addiction, is having those individuals not use their substance of choice or no addictive substance or substitute at all. Therefore, in my opinion an open ended maintenance program would only create a status quo and a Bureaucratic and chemical detractor toward achieving a holistic recovery and a non-drug based life style.

In my mind, all treatment outcomes should be geared towards the permanent detoxification, and the use of various modern treatment modalities such as Cognitive Behavior Therapy, EMDR and/or Hypnosis as the main substance of therapy.

Methodone and LAAM treatment are simply drug replacement therapy, there are not curative in itself for a given addict.

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In our research we have found that there are some socially, culturally and behaviorally impaired individuals that are going to abuse the system and eventually, are going to be incarcerated, due to various kinds of charges. Others have self defeating, or self destructive tendencies that are inherent to their addiction and will destroy themselves if proper psychological and psychiatric treatment is not utilized aggressively. The availability of Methadone or LAAM will certainly not prevent them from further social and psychological deterioration.

The other old concept is the fear of not having strict control and monitoring of patients that are using Methadone, and not to allow cross addiction with other substances, when in fact there is no worse addiction than the Heroin addiction. Any attempt to utilize other chemical will have lesser consequences, both physically and emotionally and should be viewed as a possible positive activity. The concurrent use of Methadone with other psychiatric drugs such as Haldol, Risperdal and all the new atypicals could be explored as a way of lessening the dosage, as well the need to use Methadone on a long term basis. Finally, the partial agonist and the combination of partial agonists with an Opiate blocking agent is the ideal theoretic paradigm for the treatment of the Opiate addiction.

One unsolved issue is the question of funding programs or grants for treating Opiate Dependence. There is a scarcity of local funding for this kind of treatment other than federally financed programs. Medicaid in most states would not pay for any kind of rehabilitation treatment of dependency and at this time in Virginia, they are even refusing to pay for detoxification of patients, even with dual diagnosis conditions.

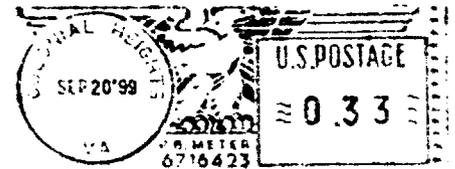
We thank you very much for sharing the new proposal with us. We will be very much interested in participating in a community based OTP.

Cordially,


N. A. Williams, M.D.
Board Certified Psychiatrist/Addictionist



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