



Summary of Policy and Advocacy Resources

Effective Date: 11/30/16

Title/Date	Agency	Summary	Information Use
Access to Medications Talking Points	American Society of Addiction Medicine (ASAM)	Provides key information about issues surrounding the opioid epidemic to be used when advocating for access to medications to treat opioid addiction. Discusses fatalities associated with the opioid epidemic, clinical effectiveness of medications, costs benefits of medications, and barriers to access when treating opioid addiction with medications. (4 pages; 2 pages of talking points)	Grant applications, talking points for public relations, education of key stakeholders
Medications for the Treatment of Opioid Use Disorder: Public/Private Policies	American Society of Addiction Medicine (ASAM)	Discusses the American Society of Addiction Medicine 2013 survey which found that restrictions on access to medications are acting as barriers for the treatment of opioid use disorder. Specifically, dosage/duration limits, prior authorization, prescription limitations, lack of coverage, and utilization management policies are identified as barriers to access for the treatment of opioid use disorder with medications. Advocates for the lifting of restrictions. (2 pages)	Provides arguments for combatting policies that either have no supporting evidence or are in contradiction to the evidence. Could be used by individuals advocating for changes at the state level or with insurance providers in states that impose the barriers covered in the paper.
Proven Clinical and Cost Effectiveness of Medications to Treat Opioid Use Disorder	American Society of Addiction Medicine (ASAM)	Discusses the clinical effectiveness and financial benefits of Methadone, Buprenorphine, and Naltrexone for the treatment of opioid use disorder. Despite the cost-effectiveness and clinical effectiveness, medications are underutilized for treatment of opioid use disorder. Advocates for better training and policies for the treatment of opioid use disorder with medication to reduce fatalities and costs. (2 pages)	Quantifies criminal justice costs, workplace costs, and healthcare costs of opioid misuse; provides succinct bullet-pointed summary of research findings that can be easily used in grants, talking points, and presentations.
Public Policy Statement on Pharmacological Therapies for Opioid Use Disorder	American Society of Addiction Medicine (ASAM)	Provides background information about addiction involving opioids and recommendations for the treatment of opioid addiction. Recommendations include reducing barriers to access, multidimensional assessment and treatment through a collaboration between patient and treatment provider, pharmacological therapy viewed as a viable option, and development of pharmacological guidelines based on research and defined by best practices. (3 pages)	Could be used by individuals advocating with local, state, federal, or third party stakeholders (e.g., insurance) to implement policies based on evidence and to reduce barriers to access when the policies responsible for reduced access are not grounded in science.

Public Policy Statement on Methadone Treatment of Addiction	American Society of Addiction Medicine (ASAM)	Discusses ASAM support for issues involving Methadone treatment of addiction. ASAM supports Methadone treatment as a long-term modality, multidimensional approach to treatment, removal of barriers to access, its importance for special populations, use in correctional settings, training of providers of Methadone, support for research, precautions against misuse, guidelines that are evidence based. (4 pages)	Can cite this leading medical authority on the need for and effectiveness of long-term methadone treatment and the need for individualization of MAT for individual patients by medically trained staff. Supports arguments against arbitrary, predetermined caps on treatment.
Public Policy Statement on Office-based Opioid Treatment (OBOT)	American Society of Addiction Medicine	Discusses background of Methadone maintenance treatment and how it has been underutilized in the United States. Provides definitions and summaries of Opioid Treatment Programs (OTPs) and Office-Based Opioid Agonist Treatment (OBOT). Differentiates among treatment components, treatment structure, and treatment intensity and discusses examples of when to “step up” to OTP or “step down” to OBOT. Rationale for expanding Office-Based Opioid is provided along with ASAM policy recommendations. (7 pages)	While focus is on provision of care in non-corrections environments, the document may serve as a useful resource for conceptualizing and planning for a continuum of care.
Legality of Denying Access to Medication Assisted Treatment In the Criminal Justice System	Legal Action Center	Document examines the prevalence of opiate addiction, consequences of opioid addiction, and barriers to access to medication assisted treatment in the criminal justice system. Discusses the lack of MAT in the criminal justice system and the potential legal consequences of denying access to MAT. Anti-discrimination laws and constitutional violations are discussed. Advocates against policies which act to deny access to medication assisted treatment in the criminal justice system. (25 pages)	Useful for aligning medication assisted treatment policies with federal anti-discrimination laws and the United States Constitution.
The Cost of Effectiveness of Medication-Assisted Treatment for Opiate Addiction (2008)	National Conference of State Legislatures	Provides information about the characteristics of medications used to treat addiction. Discusses the cost effectiveness of medication-assisted treatment for opioid addiction, although this is limited to methadone and buprenorphine due to the date of publication. Discusses the implications for policy makers as well as contextualizes the term “cost-effective” depending on various stakeholder perspectives – patients, payers, providers, and health systems. (7 pages)	Useful for providing multiple ways to view/assess/discuss the cost-effectiveness of treatment interventions that could be useful in advocacy work. The primary limitation is that the literature it reviews on medication effectiveness is dated due to the publication date of the document.
Policies to Support a Better Treatment For Heroin and Prescription	RAND	Advocates for increased access to buprenorphine for the treatment of opioid addiction. Discusses background of buprenorphine and how state policies have evolved. Advocates for policies that would increase the number of waived physicians and supporting the ability to treat more patients. Improving the ability to treat more patients includes increased training, providing resources, removing barriers, and providing clinical guidelines. (4 pages)	Outlines correlates of expanded supply of waived physicians. Could provide guidance to organizations or jurisdictions seeking to expand the supply of waived physicians.
What Works and What Does Not? Benefit-Cost Findings from WSIPP (2015)	Washington State Institute for Public Policy	Provides results of a cost-benefit analysis across the intervention categories of juvenile justice, adult criminal justice, child welfare, pre-K to 12 education, children’s mental health, and substance abuse treatment (to include methadone maintenance treatment and buprenorphine treatment). The results are summarized in table format and include the benefit to cost ratio as well as the predicted chance that benefits will exceed costs. (14 pages)	Provides easy-to-understand metrics for demonstrating the fiscal benefit of many evidence-based interventions used in justice and behavioral health systems, to include addiction medications.