American Academy of Addiction Psychiatry

Translating Science. Transforming Lives.

OFFICE BASED OPIOID TREATMENT (OBOT)

Background

The Narcotics Addict Treatment Act of 1974 has limited treatment of opioid addicts primarily to regulated opiate agonist treatment programs. Nationally the current system can accommodate approximately 179,000 patients per year, far fewer than the estimated 810,000 Americans addicted to opiates. Recent initiatives by the National Institute on Drug Abuse and the Center for Substance Abuse Treatment have focused on the development of Office Based Opioid Treatment (OBOT) to make opiate agonist treatment more available to patients who are unable to access more traditional methadone/LAAM treatment programs. Such an initiative has the potential for significant public health benefit by improving quality of life and reducing the spread of infection in the untreated population of opiate addicts.

Position

1. While the goal of OBOT should eventually be to expand the treatment base to a wide variety of office-based physician practices, AAAP strongly suggests that this be a phased process. As a starting point, AAAP recommends that the OBOT initiative be recommended for physicians who are best prepared to deliver treatment to patients with addictive disorders and their associated comorbidities. These would be physicians who are certified by the American Board of Psychiatry and Neurology with subspecialty certification in Addiction Psychiatry, certified by the American Society of Addiction Medicine (ASAM), specialty board certified physicians of the American Osteopathic Association or physicians certified by some other appropriate and recognized addiction certification process that may emerge.

2. AAAP further recommends that addiction certified physicians interested in participating in OBOT be required to take additional training in OBOT treatment and regulatory practices applying to OBOT. Such training could take place in conjunction with the national annual meetings of AAAP, ASAM and the American Methadone Treatment Association, Inc. and other appropriate venues.

3. With regard to the patient population served by OBOT utilizing methadone and LAAM, AAAP supports a stepwise approach, beginning with patients who have already been stabilized in traditional methadone/LAAM programs (MTPs). Outcome assessments of working with these more stable patients should be conducted before considering utilizing office based methadone or LAAM treatment for patients earlier in the treatment process, who are perhaps less stable.

4. In contrast, buprenorphine/naloxone has less toxicity and less diversion potential than methadone or LAAM. AAAP additionally supports office based buprenorphine/naloxone treatment that will target new subsets of opiate addicts (i.e. those who do not have access to MTPs; those who choose not to be treated in MTPs; and those who may not be suited for MTPs).

5. AAAP strongly supports the view that physicians who provide OBOT must have access to appropriate levels of addiction treatment for patients including counseling and other ancillary services.

Approved by AAAP Board of Directors: May 1999

This statement by the American Academy of Addiction Psychiatry is not intended to serve as a standard of medical care or treatment, nor does it necessarily reflect the views of individual AAAP members. This statement is not intended for use in making judgments about appropriate methods of care, treatment, or procedures, medical malpractice, disability determination, competency, or any other medical or legal matters.