

National Alliance for Medication Assisted Recovery, Inc.
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Affiliated Groups and Chapters

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International

Australian IV League, HOPE (Bulgaria)
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Brugerforeningen (Denmark), ACCES (France)
Inner Voice of Drug Users (India)
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Landelijk Steunpunt Druggebruikers (Netherlands)
LIBERATION (Poland), INTEGRATION (Romania)
Svenska BrukarForeningen (Sweden)
Assoc. Substitution Therapy Receivers in Ukraine
Methadone Alliance (UK), National Users Network (UK)

Projects

Medication Assisted Recovery Support Project (MARS)
Stop Stigma Now

April 11, 2016

The Substance Abuse and Mental Health Services
Administration (SAMHSA)
U.S. Department of Health and Human Services
Attn: SAMHSA 4162-20
5600 Fishers Lane
Room 13N02B
Rockville, MD 20857

RE: Proposed Rule - 42 CFR Part 2 - Confidentiality of Alcohol
and Drug Abuse Patient Records Regulations (SAMHSA-
4162-20) (Published Federal Register 2-9-2016: p 6987 -
7024)

To Whom It May Concern:

Since its beginning methadone treatment has been demonstrated to be the most effective treatment for narcotic addiction, resulting in the termination of heroin use and of criminal behavior. In spite of this success, methadone treatment is often disparaged as a "substitute drug" by those who ignore the positive benefits that it has clearly brought to society. These attitudes negatively impact on opiate treatment programs in a variety of ways, but it is the methadone patients themselves who are particularly stigmatized and harmed. With the introduction of buprenorphine it was hoped that the public would gain a greater understanding of opiate addiction and treatment. However, this has not occurred and rather than improving the situation buprenorphine patients experience the same discrimination and stigma as patients receiving methadone. The atmosphere will not change as long as there is no organization or formal mechanism for patients receiving Medication Assisted Treatment (MAT i.e. methadone and buprenorphine) to voice their own needs and to form a strong unified public presence on their own behalf. The National Alliance for Medication Assisted Recovery (NAMA Recovery) is an organization of methadone and buprenorphine patients,

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Together, we can make a difference.

healthcare professionals, friends, and associates working together for greater public understanding and acceptance of MAT. NAMA Recovery has 25 chapters across the United States and 15 international affiliate chapters from England to Denmark and India to Australia, providing information, education and advocacy support to patients receiving MAT. As the premier national advocacy organization for MAT patients NAMA Recovery will actively respond to the issues that affect the daily lives of MAT patients and work towards the day when they can take pride in their accomplishments.

The NPRM for 42 CFR Part 2 recognizes that the regulation was enacted out of great concern about the potential abuse that disclosure of substance use information can create for persons in treatment and that the release of substance use information can cause individuals with substance use disorders to not seek needed treatment. When confidentiality is not maintained, the trust of the patients will be lost and many will not remain in treatment while those who do continue in treatment will have lost the trust in the clinic and the staff which is indispensable to successful patient treatment.

While NAMA-R recognizes that SAMHSA is attempting to create an appropriate balance between preserving the confidentiality rights of substance use disorder patients and the sharing of electronic health information we believe that currently there are not enough technologic safe guards in place. In addition the fines for any violation of the NPRM like the current rule are very low and would be meaningless to many institutions.

Health information technology offers a greater opportunity to promote the health of individuals and the health of community. However, sacrificing the wellbeing of a person seeking help for a substance use disorder in the name of convenience or administrative efficiency is not a constructive way to achieve it for either the person or their community when individuals avoid treatment for fear of retribution and discrimination.

NAMA-R recommends that changes in 42 CFR Part 2 be temporarily set aside until the technology is available to protect persons with a substance use disorder.

Thank you for your consideration.

Sincerely,

Joycelyn Woods

Joycelyn Woods, M.A., CMA
Executive Director