



SEP 9 2005

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

Dear Colleague:

On August 31, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) Division of Pharmacologic Therapies (DPT) issued guidance to the State Methadone Authorities (SMA) and Opioid Treatment Programs (OTP) in those states directly affected by Hurricane Katrina. That guidance can be found on our Web site, <http://www.DPT.SAMHSA.gov>. As the evacuation of residents from those states has now moved beyond the region to become a nationwide phenomenon, I am issuing this guidance to all OTPs and States to assist you in providing short and long-term emergency methadone and buprenorphine treatment services to populations affected by the disaster, including patients in OTPs and persons dependent on opioids, but not enrolled in addiction treatment.

As of this date, seven OTPs serving over 1,000 patients in the New Orleans, Louisiana area are closed. Many of these patients are being treated in nearby cities, e.g., Baton Rouge, Louisiana and Houston, Texas, and others are being seen in communities far from the State of Louisiana. Many of the patients from the affected area may come to you for medication or other services such as crisis counseling, housing or employment counseling. Some may be in your community for a brief period of time and others may want to relocate for a longer period of time. I know you will treat each person with dignity, respect and understanding for the loss and trauma they may be suffering now or in the future.

Guidance for Treating OTP Patients from the Impacted Areas

Every effort should be made to contact the person's home program. Enclosed is a list of OTPs in the State of Louisiana. You can also find information about the program from the CSAT OTP Directory on the Division of Pharmacologic Therapies Web site referenced above or at the SAMHSA Substance Abuse Treatment Facility Locator, <http://dasis3.samhsa.gov/>. If you are unable to contact the patient's home program, the following procedures should be combined with your existing emergency plans:

- 1) The emergency guest patient should show a valid picture identification which includes an address in close proximity to the area impacted by Hurricane Katrina.
- 2) The patient should show some type of proof that indicates he or she was receiving services from a clinic located in one of the affected areas, e.g., medication bottle, program identification card, receipt for payment of fees, etc. *In cases where the patient does not have any items of proof including a picture ID*, the physician should use his or her best medical judgment, combined with a stat drug test for the presence of methadone (lab test w/quick turn-around, dip stick, etc.).
- 3) An OTP may administer the amount of medication that the patient reports as his or her current dose; however, remind each patient that the dose that is reported will be verified with the home program as soon as possible. In cases where the reported dose appears questionable, it is best to use good medical judgment when determining the dose level.

- 4) Emergency guest patients should be medicated daily with take-home doses provided only for days that the program is closed (Sundays and holidays). If the patient's current take-home status can be verified, take-home doses may be provided in accordance with State and Federal regulations (42 CFR Part 8). In the case of a patient who is unable to travel to the program daily due to a medical or other hardship, take-home medication for unsupervised use may be considered via the SMA-168 Request for Exception process.
- 5) Documentation of guest patient services should be a priority for OTPs. Each guest patient should be assigned a clinic identification number and issued a temporary chart. Reasonable efforts should be made to periodically contact the patient's home program to verify patient information prior to dispensing medication. The results should be recorded in the temporary chart. The OTP should record the day, date and amount of medication administered to each patient along with any observations made by the staff. As time passes and affected OTPs reopen, some patients may elect to remain in treatment at your facility and change from guest to permanent status. Upon conclusion of the emergency treatment period, a summary of the total number of patient's treats, services rendered, and disposition of the patient's care should be compiled and reported to your SMA and to CSAT. Additional information may be forthcoming. Please do your best to accommodate them as their lives will still be in a state of flux.

Information About the Availability of Methadone and Buprenorphine Products

We are in communication with the Drug Enforcement Administration (DEA) regarding the availability of methadone and have been assured that they will be flexible with program to program transfers of medication due to shortages. We understand that Mallinckrodt Inc., Ceber Pharmaceuticals, Inc., and Vista Pharm have agreed to make methadone available to those programs serving the evacuees. For additional information please contact Mr. Robert Lesnick at Mallinckrodt, (847) 247-6230, Mr. Royce Watkins at Ceber (800) 211-0589, and Mr. John Freeman at Vista Pharm, (205) 981-1387. In addition, if you need information about Buprenorphine (Suboxone® and Subutex®) please contact Reckitt-Benckiser at (804) 379-1090.

Opioid Dependent Evacuees Not Currently In Treatment

There are individuals dependent on opioids, including but not limited to heroin, who may constitute an influx of persons seeking help as a result of the disruption in supply of street drugs. OTPs can admit, treat and dose these patients under existing guidelines and regulations. Patients new to medication assisted treatment may be appropriate for initiation on Buprenorphine products. CSAT can facilitate the Drug Enforcement Administration (DEA) registration of the OTP to use Buprenorphine and Reckitt-Benckiser can ship the medication directly to the program. Contact Mr. Nick Reuter for assistance at (240) 276-2716.

Evacuees Treated by Pain Clinics

Several OTPs have reported being contacted by evacuees who were being treated by a physician with methadone for pain in a clinic or other setting and are now out of medication. The first response should be to refer the patient to a local physician, particularly a pain management specialist. Additionally, the CSAT accreditation guidelines (available at www.dpt.samhsa.gov) provide the following guidance:

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- ~ Patients are generally not admitted to OTPs to receive opioids only for pain.
- ~ Patients with a chronic pain disorder **and** physical dependence are managed by multidisciplinary teams that include pain and addiction medicine specialists. The site of such treatment may be either in a medical clinic or in an OTP, depending on patient need and the best utilization of available resources.
- ~ Similarly, addiction patients maintained on methadone/buprenorphine are not prohibited from receiving needed pain treatment including, when appropriate, adequate doses of opioid analgesics.
- ~ Patients who are diagnosed with physical dependence and a pain disorder are not prohibited from receiving methadone/buprenorphine therapy for either maintenance or withdrawal in an OTP if such setting provides expertise or is the only source of treatment.

Should there be any questions or issues not covered in this Guidance Memorandum, please contact Mr. Nick Reuter or Mr. Todd Rosendale of CSAT's Division of Pharmacologic Therapies (DPT) at (240) 276-2700.

I have enclosed a list of the OTPs in Louisiana and their operational status regarding patient care services. As conditions change, updated information will be circulated.

Sincerely,

Charles G. Curie, M.A., A.C.S.W.
Administrator

Enclosure

Opioid Treatment Programs in Louisiana

Telephone service is unavailable in many areas. Cell phone service is spotty as well. All addresses of the OTPs can be found at <http://www.dpt.samhsa.gov> under "Directory". The operational status of any program is subject to change.

- ~ DRD New Orleans Medical Clinic. All necessary identification and dosing information relative to patients of the DRD New Orleans Medical Clinic can be ascertained by calling (800) 447-8801 and asking for Janet or Laura.
- ~ The Veterans Affairs Medical Center in New Orleans has an emergency agreement with the Houston Veterans Administration Hospital Outpatient Drug Treatment Program on Holcombe Blvd., Houston, Texas and has all of the necessary patient information to continue treatment. Call: (713) 791-1414 Ext. 3384 for treatment or patient information. Although they only treat veterans, they will assist in the referral of evacuees to local programs in close proximity to the Houston location or elsewhere.
- ~ Lake Charles Substance Abuse Clinic is currently open and treating patients.
(337) 433-8281
- ~ Baton Rouge Treatment Center is currently open and treating patients.
(225) 932-9867
- ~ Choices of Louisiana, LaPlace is currently open and treating patients.
(225) 715-2961
- ~ Center for Behavioral Health, Shreveport is currently open and treating patients.
(318) 425-3400
- ~ Choices of Louisiana, Alexandria is currently open and treating patients.
(318) 792-6520
- ~ Opiate Replacement Therapy Center of America, Breaux Bridge, La. is currently open and treating patients.
(337) 332-4878
- ~ Desire Narcotics Rehabilitation Center, New Orleans is **CLOSED**.
(504) 583-2428
- ~ Oscar E. Carter Jr. Memorial Rehabilitation Center, New Orleans is **CLOSED**.
(504) 949-2767
- ~ Metropolitan Treatment Center, New Orleans is **CLOSED**.
(504) 486-6277
- ~ New Orleans Narcotic Treatment Clinic at West Bank is **CLOSED**.
(504) 347-1120
- ~ New Orleans Center for Addictive Disorders, New Orleans is **CLOSED**.
(504) 568-7953