



Sample Treatment Provider Letter Supporting Medication-Assisted Treatment

INTRODUCTION

- This letter is a template for treatment providers to use when courts or other criminal justice and child welfare agencies require patients to stop using medications such as methadone, buprenorphine-naloxone (Suboxone), or injectable naltrexone (Vivitrol), against physician advice.
- **Do not send this letter “as is.”** It must be customized and the brackets, headings, and cover sheet removed. A Word version is available at lac.org/MAT-advocacy. **Send on official letterhead.**
- **Details are key!!** Courts needs to be convinced why medication is necessary and that the provider has made a thoughtful, clinical determination.
- **Points to include:**
 - Diagnosis and prescribed treatment, including not only the medication but counseling and other supportive services.
 - Clinical criteria for determination that MAT was appropriate.
 - How long the client has been in treatment.
 - How the treatment plan and progress are regularly evaluated, including type and frequency of drug testing.
 - Client’s progress in treatment.
 - Title and credentials of the physician/practitioner writing the letter.
 - Basic medical and scientific basis of opioid addiction and MAT.
 - Risks of tapering off MAT and a medical recommendation that the client should continue on MAT with the reasons for such decision.
 - If there are concerns about your client’s dosage, address how MAT dosing works. Sometimes decision makers perceive some doses as “high” or needing to go down.
 - If your client is a pregnant woman or the mother of a baby born with withdrawal symptoms (Neonatal Abstinence Syndrome), explain that MAT is the medical standard for opioid addicted pregnant women and how MAT can stabilize and protect pregnancies. Additional resources are at advocatesforpregnantwomen.org/issues/pregnancy_and_drug_use_the_facts/.

Sample letter is on next page.

SAMPLE TREATMENT PROVIDER LETTER

[Date]

[Your name/address]

[Name/address of person you are writing to]

Re: [patient's name]

To Whom It May Concern:

[Patient's name] is a patient at [program name]. I am [title and treating relationship] and am [qualifications/credentials]. [Patient] began treatment here on [date] after being diagnosed with [addiction and mental health issues]. After meeting with [Patient], and considering all appropriate treatment, I prescribed [MAT medication]. *[Elaborate on clinical criteria you used to determine that MAT was appropriate.]* I strongly recommend [patient's] continued use of [medication].

[Patient]'s treatment plan also requires: *[List all that apply and any other requirements; note whether you have referred patient elsewhere for such services. The goal is to demonstrate that treatment is comprehensive and not just medication: Attend medical appointments, receive a mental health assessment and appropriate treatment, provide random urine screens, complete individual/group counseling]*.

[Patient] is evaluated through drug tests and *[include other evaluation mechanisms, including how program decides how long to keep patients on addiction medication]*.

[Describe treatment plan and patient's compliance and progress. State whether you have discussed tapering and your medical recommendation regarding tapering.]

Use of [medication name] does not "substitute one addiction for another." [Medication name] is an FDA-approved medication used in combination with behavioral therapies to treat addiction. Medication-assisted treatment (MAT) stabilizes brain chemistry, blocks the euphoric effects of opioids, and stops cravings so patients can focus on counseling, behavioral therapies and recovery.

Length of time in MAT is a clinical decision. Studies show that longer-term MAT participation increases abstinence from illicit opioid use. The evidence is clear that prohibiting MAT increases the risk of relapse and life-threatening overdose.

In sum, my medical recommendation is that [Patient] continue taking [name of medication]. Stopping this medication puts [him/her] at significantly greater risk of relapse and *[list potential medical complications]*.

Respectfully,

[Name/Title/Credential]