

CAP of Downers Grove

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10/8/99

FDA Dockets Management Branch (HFA-305)

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RE: New Federal Regulations Proposal for MMT

Having attended the JCAHO Opioid Agonist Treatment Accreditation Training recently, it is my opinion MMT patients will not receive better treatment if the JCAHO model for accreditation was required for MMT programs. It has been my experience, and it is clearly supported in the research, that the single most important issue in successful MMT is adequate dosing. Staffs' attitudes and counselors' time utilization are my other major concerns with MMT.

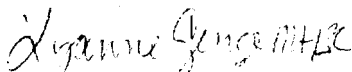
Adequate dosing was addressed by JCAHO, but not given the appropriate emphasis. Since MMT is a medical solution to a medical problem, educating doctors about methadone and adequate dosing should be required if MMT is to be even more effective than it is currently.

What I see as the second most important issue in MMT is staff behavior toward patients. All patients, in all areas of the healthcare field should be treated with respect, *including MMT patients*. This is basic practice in other areas of the healthcare field. I mention it here because this is, sadly, not routine in the substance abuse field. Disrespect, punitive behavior and demeaning practices toward patients should not be tolerated in MMT to the degree that they exist. I do not think that anything presented by JCAHO adequately addressed this issue. It appears that JCAHO is neither aware of what incompetence passes for treatment, nor what good treatment might be in MMT. When an appropriate credentialing body is founded it should emphasize what constitutes appropriate and professional care for opioid dependent patients. Using standards that fit areas of the healthcare field, which are neither stigmatized nor adequately funded, will not suffice.

Another concern is the amount of time counselors will be spending doing the paperwork required to meet JCAHO's standards. Although JCAHO's intent is good, the reality is that the mountain of paperwork and other non-patient related tasks that they impose means less time available for counselor/patient contact.

In conclusion, in my opinion, the JCAHO model for accreditation should not be considered as a standard for MMTPs. Now is the time to search for a better approach toward improving MMT and making it more available, professional and inexpensive.

Sincerely,

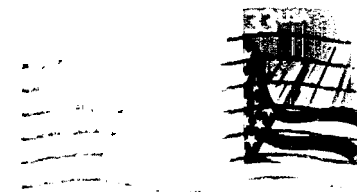


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