

Addiction Medicine: **Standardize It.**



- Lack of standardization in addiction prevention and treatment has undermined our national response to the addiction and overdose crisis.
- Currently, only a fraction of healthcare providers receives evidence-based education and training on addiction.
- Newly introduced legislation would ensure all prescribers of controlled medications receive some education in evidence-based addiction prevention and treatment.

Stigma and lack of understanding about addiction – including within the medical community – have prevented far too many Americans from accessing evidence-based care for this chronic, treatable disease. To address these challenges, we must better equip medical professionals across the healthcare continuum to recognize and treat addiction – and that starts with standardizing and mainstreaming access to addiction treatment medications and training on how to integrate them into medical practice.

According to a recent Shatterproof survey, only 1 in 4 surveyed providers had received training on addiction during their medical education.

The lack of adequate training in the treatment of addiction is particularly acute among prescribers of controlled DEA medications, who are often the first practitioners to interact with and potentially provide effective interventions for individuals with substance use disorder (SUD).

How Members of Congress Can Help:



Co-sponsor the **Medication Access and Training Expansion (MATE) Act**, legislation designed to ensure all DEA controlled medication prescribers have a baseline knowledge of how to prevent, identify, treat, and manage patients with SUD.

The MATE Act will:

- Require all DEA controlled medication prescribers to receive one-time training on treating and managing patients with SUD, unless such a prescriber is otherwise qualified.
- Allow accredited medical schools and residency programs, physician assistant schools, and schools of advanced practice nursing to fulfill the training requirement through comprehensive curriculum that meets the standards laid out in statute, without having to coordinate the development of such education with an outside medical society or state licensing body. This will help normalize addiction medicine education across professional schools and phase out the need for these future practitioners to take a separate, federally mandated addiction training course.
- Satisfy the DATA 2000 X-waiver training requirement to prescribe addiction medications, like buprenorphine, as long as a separate DATA 2000 X-waiver is required by law.



ASAM American Society of
Addiction Medicine