

Your letterhead

To whom it may concern:

For the past 30 years I have been involved in the diagnosis and treatment of chemical dependence. This type of practice is now known as "addiction medicine" which is an emerging specialty of medicine. My practice is limited to addiction medicine and has been for 20 years. Most of my experience has been with opiate dependence but also includes alcohol, nicotine, cocaine, sedatives, and other drugs of abuse, alone, and more frequently in combinations of two or more drugs. My treatment experience includes pharmacologic modalities (methadone, naltrexone, and Antabuse) combined with 12-step, behavior modification, guided imagery, and individual and group counseling.

Addiction is now widely recognized as a disease. As a disease it is characterized as chronic, progressive, relapsing, incurable, and often, if untreated, fatal. It is a complex bio-medical psychosocial disease. Neuroscientists consider opiate addiction to be a *disease of the brain* based on neuro-biological changes that occur. Several modalities of treatment exist, none of which are effective in all cases, most of which are effective in some.

Methadone treatment is controlled and regulated by agencies in both Federal and State governments including the Drug Enforcement Administration. Methadone treatment is the most thoroughly evaluated of drug treatment modalities. Methadone treatment is an effective, legitimate, and safe treatment for opioid dependence. The majority of methadone maintained patients are capable of leading a normal life. I have treated about 5,000 individuals with addictive disease over the past 30 years and have found virtually all socioeconomic, ethnic, educational, professional, skill, and job levels represented. It is not possible to stereotype the opiate dependent person or the methadone maintained patient.

There is ample scientific evidence that the long-term administration of methadone in a properly adjusted dose to a tolerant individual results in absolutely no physical or psychological impairment of any kind that can be perceived by the patient, observed by a physician, or detected by a scientist. More specifically, there is no impairment of balance, coordination, mental abilities, eye-hand coordination, depth perception, psycho-motor function, or moral judgment.

In short, there is absolutely no medical, ethical, moral, or legal basis for discrimination against any person because of their disease or the treatment of that disease. In many ways the methadone maintained person can offer better assurances of on-going sobriety and abstinence than many other individuals that are not being supervised and monitored with regular random urine drug screens. We are always willing to provide those with a legitimate need to know (at the request of and with the permission of the patient) ongoing documentation of the patient's status in treatment, including results of urine drug screens as specified in the release of information.

If I or any of my staff can be of any assistance to you in your understanding of some of these important issues related to addictive disease and the opioid maintenance treatment modality, please feel free to call on me personally.

Sincerely,