



CLAAD

Center for Lawful Access
and Abuse Deterrence

**Comment Before the Psychopharmacological Drugs Advisory Committee and the Drug
Safety and Risk Management Advisory Committee on Behalf of
The Center for Lawful Access and Abuse Deterrence**

October 31, 2017

Good afternoon. I will be reading testimony on behalf of the not-for-profit, Center for Lawful Access and Abuse Deterrence (CLAAD).

CLAAD is a tax-exempt, not-for-profit organization working to improve public health and safety. We advance smart solutions to the nation's drug overdose epidemic, recognizing that all such efforts must revolve around access to individualized health care.

Thank you for the opportunity to provide input on the proposed buprenorphine one-month injection for the treatment of moderate to severe opioid dependence.

The one-month buprenorphine injections' novel delivery system offers several benefits to patients and addresses an important public health need.

First, the injection supports medication adherence over a one-month treatment period, providing clinicians with confidence that the primary dose is administered according to the treatment plan.

Second, the one-month buprenorphine injection can help individuals who cannot routinely visit opioid treatment programs, addiction treatment providers, or pharmacies for geographical or other practical reasons. The injection offers patients an opportunity to access necessary treatment without additional burdens so that they may focus on the psychosocial and other vital aspects of their long-term recovery.

Third, given that the buprenorphine injection would not be dispensed to patients for self-administration, and is distributed through a closed distribution system, it is not susceptible to post dispensing diversion.

Finally, the studies demonstrated that the monthly injection helps individuals with moderate-to-severe opioid dependence receive the necessary treatment without the need for supplemental buprenorphine. Access to treatment with the monthly injection ultimately means that there will be less oral buprenorphine available in the home for diversion, misuse, abuse, or pediatric exposure.

In conclusion, the one-month buprenorphine injection stands to further advance the national priority of reducing the drug overdose epidemic by improving treatment adherence, increasing access to high-quality medication-assisted treatment, and offering delivery systems that pose lower risks of diversion, misuse, and pediatric exposure.

Thank you again for this opportunity. If CLAAD can be of any further assistance, please contact us.

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