

OPIATE SUBSTITUTION TREATMENT

Is there a fundamental right to opiate substitution treatment?

No. The Washington legislature has declared that there is no fundamental right to opiate substitution treatment.¹

Are clinical uses of opiate substitution drugs used in the treatment of opiate addiction regulated by the state?

Yes. Because opiate substitution drugs used in the treatment of opiate dependency are addictive and are Schedule II controlled drugs, the state has declared its authority, in cooperation with authorizing counties, to control and regulate carefully all clinical uses of opiate substitution drugs used in the treatment of opiate addiction.²

What factors are considered by the Department of Health in its certification of a proposed opiate substitution program?

The department will consult with the county and city legislative bodies in an area where a proposed treatment program may be located.³ Only the facilities that are in accordance with local land use regulations and permitting processes may be eligible for certification.⁴ Discrimination based on the corporate structure of the applicant is prohibited.⁵ The department will consider the size of the population and the need for a new facility, the availability of other certified programs, the transportation systems that would provide service to the program, and consider whether the applicant has previously demonstrated the ability to provide appropriate services to those using the program to meet the goals established by the legislature.⁶ At least one public hearing must be held before the certification process may be completed.⁷

Are there any restrictions on the caseloads of opiate substitution treatment programs?

Yes, an opiate substitution treatment program may not have a caseload in excess of 350 persons.⁸

Are there any reporting requirements applicable to certified substitution treatment programs?

Yes. As a condition of certification, opiate substitution treatment programs must submit an annual report to the Department of Health and the county legislative authority, including such data as the Department of Health specifies as necessary for outcome analysis.⁹

¹ RCW 70.96A.400.

² *Id.*

³ RCW 70.96A.401(1)(a).

⁴ RCW 70.96A.410(1)(b).

⁵ RCW 70.96A.410(c).

⁶ RCW 70.96A.410(d), (e), (f), (g), (h).

⁷ RCW 70.96A.410(i).

⁸ RCW 70.96A.410(e).

How does a physician apply for certification as a chemical dependency service provider?

A physician seeking certification to provide chemical dependency services must request an application packet of information on how to become a certified chemical dependency services provider from the Department of Social and Health Services.¹⁰ The physician must submit a completed application to DSHS.¹¹ Information required for the application depends on whether the physician is applying as a sole provider, partnership, limited liability corporation (LLC), or as a corporation.¹²

Are there any special requirements when providing opiate substitution treatment to pregnant women?

Yes. A pregnant woman must receive at least one-half hour of counseling and education, verbally and in writing, each month on:¹³

- Matters relating to pregnancy and street drugs;
- Pregnancy spacing and planning; and
- The effects of substitution treatment on the woman and fetus when opiate substitution treatment occurs during pregnancy.

In addition, the pregnant client must be educated as to the benefits and risks of opiate substitution treatment before such medication is administered.¹⁴ The health education information provided to pregnant clients must also include referral options for the addicted baby.¹⁵ An opiate substitution program may waive the requirement of a one year history of addiction for pregnant patients so long as the program physician certifies the pregnancy.¹⁶

⁹ RCW 70.96A.420(3).

¹⁰ WAC 388-805-015(1).

¹¹ WAC 388-805-015(2).

¹² *Id.*

¹³ RCW 70.96A.090(11), WAC 388-805-740(4).

¹⁴ RCW 70.96A.090(11)(b).

¹⁵ RCW 70.96A.090(11)(a).

¹⁶ WAC 388-805-300(7)(f).