

# WTF: Methadone

## What is the Future?

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Presented at the ASAM 53rd Annual Conference on  
Saturday, April 2, 2022



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# Disclosure Information

## WTF: Methadone - What is the Future?

Saturday, April 2, 2022, 1:30 PM – 2:30 PM

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Medical Director  
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Franklin County House of Corrections

Ⓜ No Disclosures



# Disclosure Information

- Ⓜ Presenter 1: Ruth A. Potee, MD, FASAM, Medical Director, Behavioral Health Network, Franklin County House of Corrections
- Ⓜ No Disclosures



# Learning Objectives

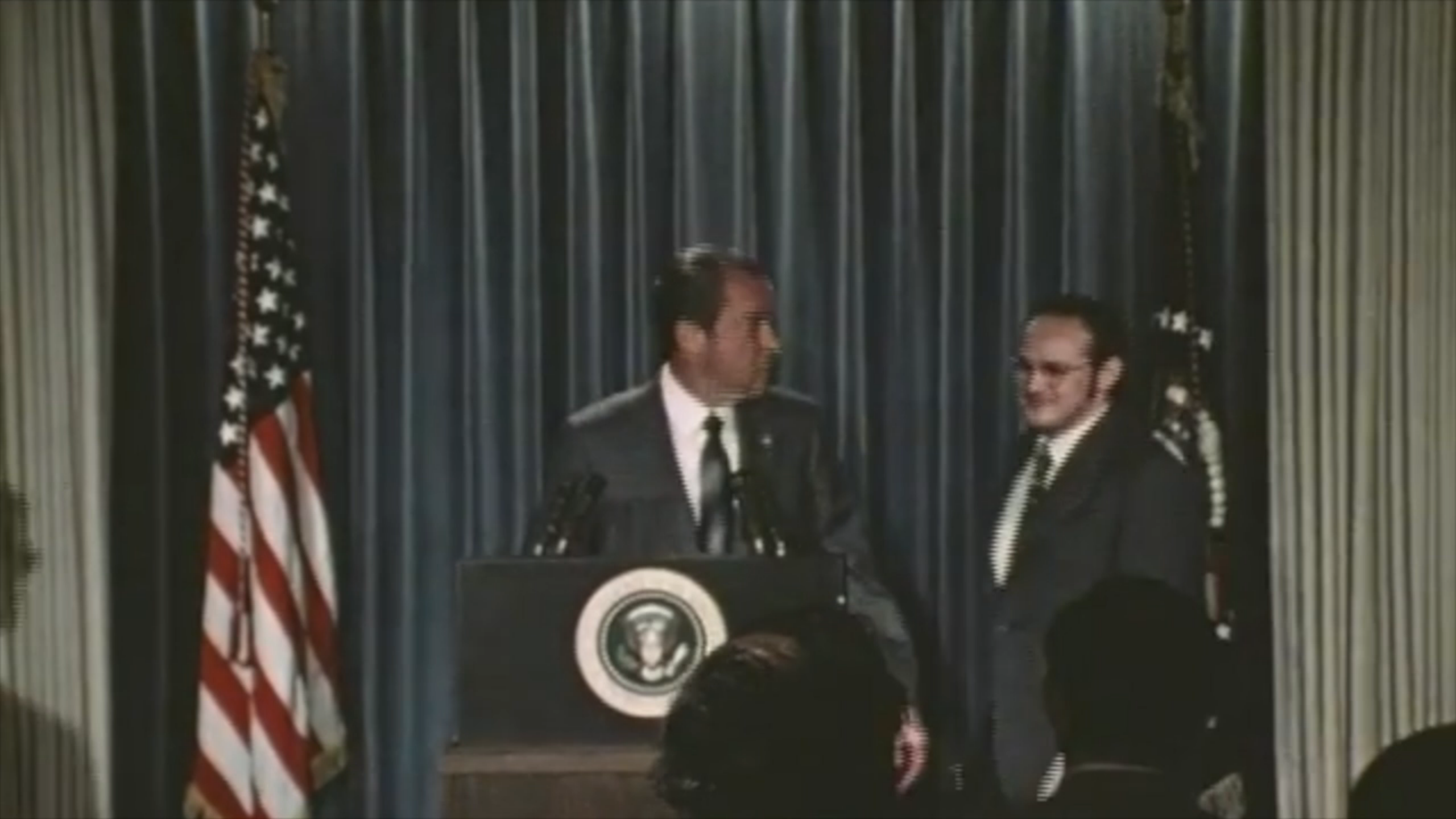
- Recognize some of the racial inequities in delivery of MOUD
- Summarize barriers to accessing methadone maintenance
- Demonstrate basic knowledge of 42 CFR 8.12 and the regulations governing methadone
- Propose changes to methadone delivery in your region or state to improve access and retention
- Describe historical and political events in the 1970s that created national drug policy

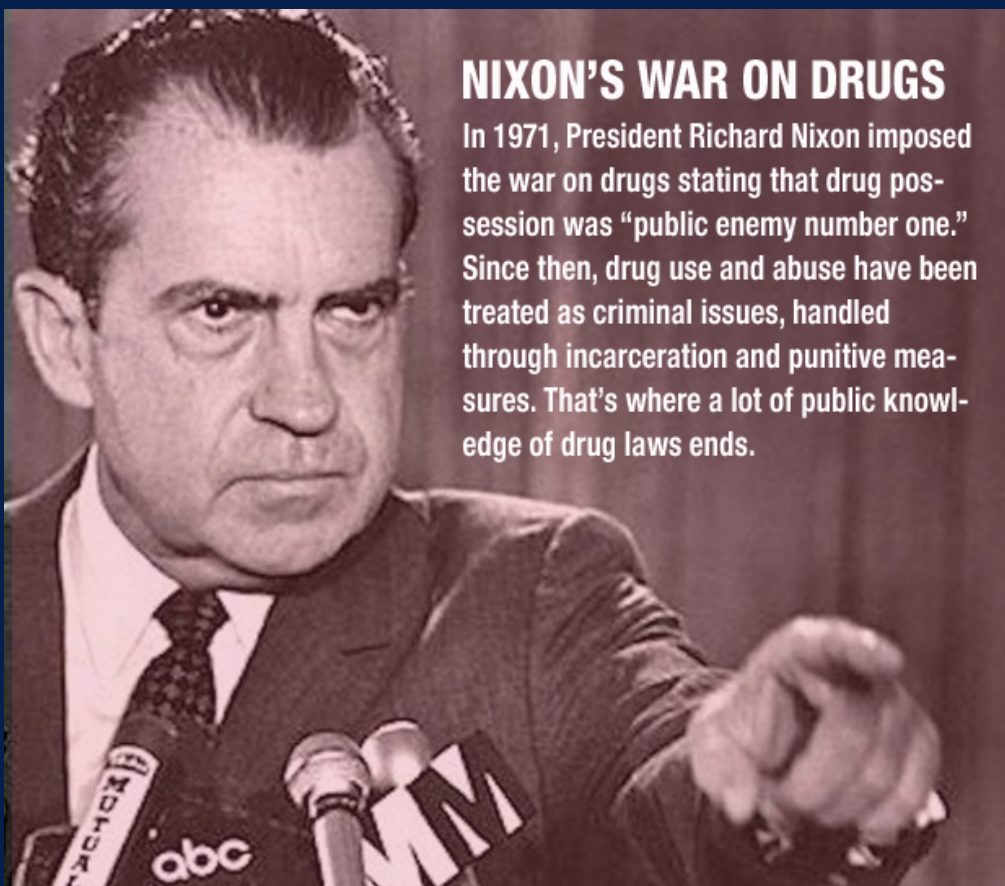
# PAUL EDWARD BOWMAN

**B**OWMAN, Paul Edward Jr. Age 58, passed away from a drug overdose on November 22, 2021.

Paul was born in Boston, MA, and grew up in Brockton, MA where he attended Cardinal Spellman High School and continued his education at Mitchell College in CT and UMASS in Boston. Paul lived most of his life in Quincy, MA.

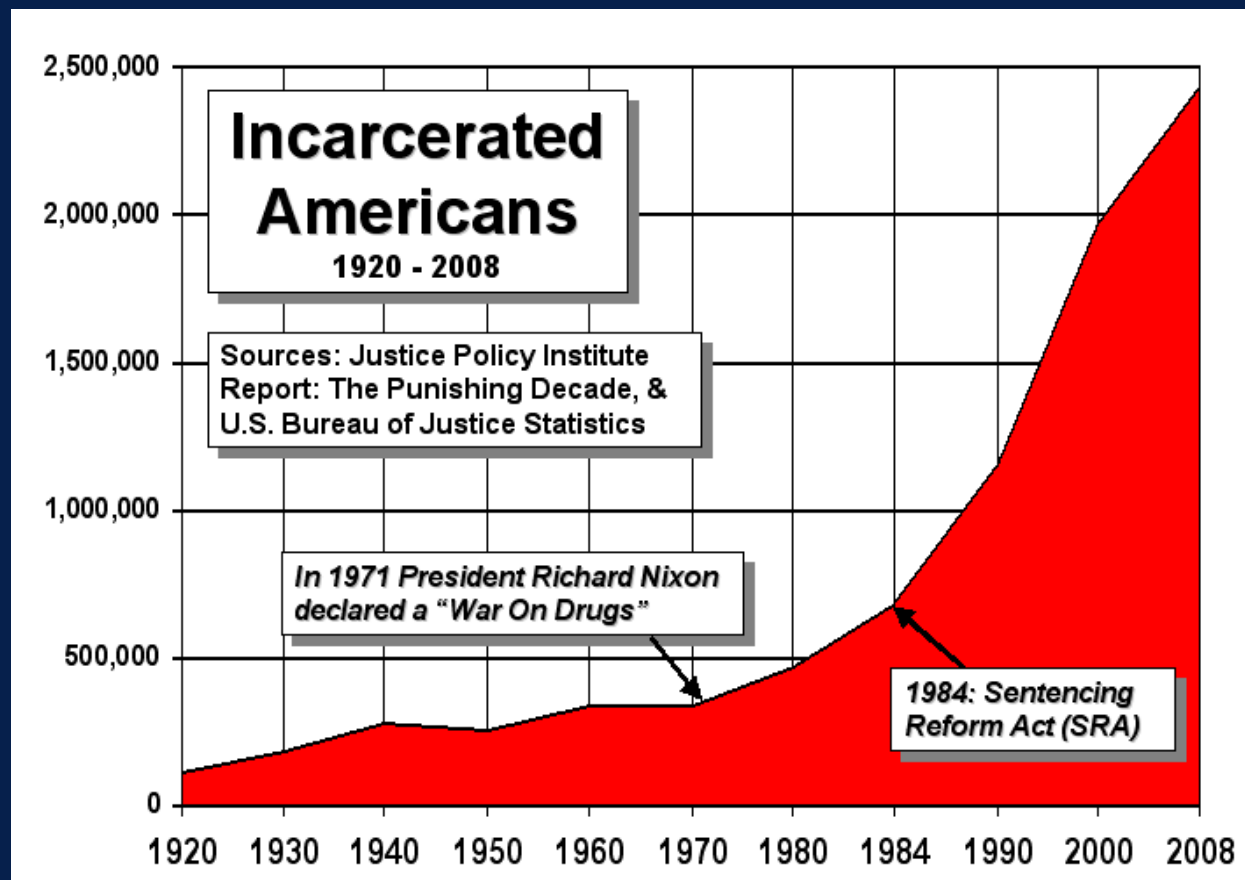
*This talk is dedicated to Paul Bowman who was a colleague and friend. He taught me to be outraged on behalf of our patients*





## NIXON'S WAR ON DRUGS

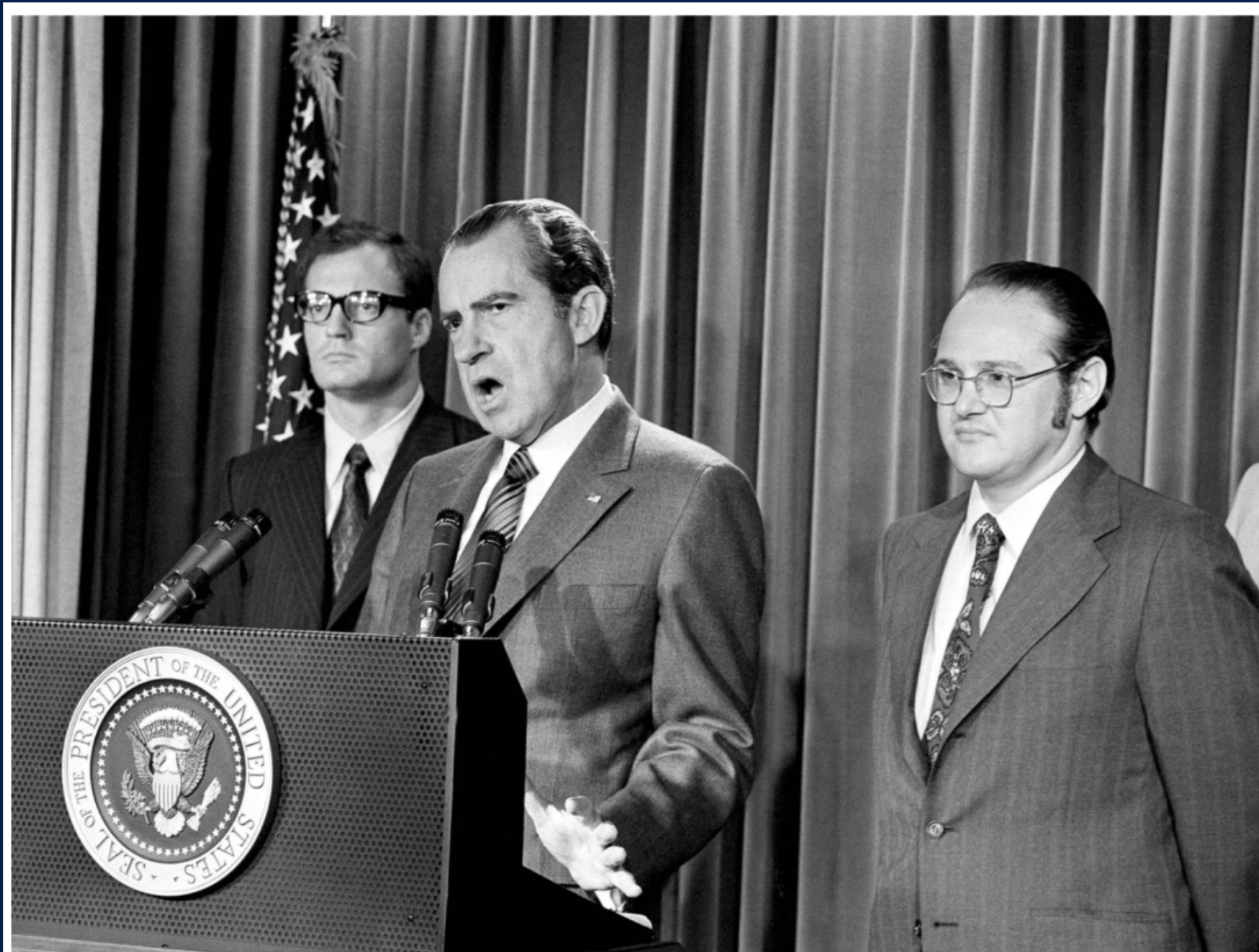
In 1971, President Richard Nixon imposed the war on drugs stating that drug possession was "public enemy number one." Since then, drug use and abuse have been treated as criminal issues, handled through incarceration and punitive measures. That's where a lot of public knowledge of drug laws ends.



Timeline of total number of inmates in U.S. prisons and jails. From 1920 to 2008. War on Drugs (1971). Sentencing Reform Act of 1984 (mandatory minimum sentencing). See also: Incarceration in the United States. Data sources: The Punishing Decade: Prison and Jail Estimates at the Millennium. [1] May 2000. Justice Policy Institute.

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President Richard Nixon explaining aspects of the special message sent to the Congress on June 17, 1971, asking for an extra \$155 million for a new program to combat the use of drugs. He labeled drug abuse "a national emergency."

Harvey Georges/AP





ELSEVIER

Drug and Alcohol Dependence 70 (2003) S3–S11

**DRUG and  
ALCOHOL  
DEPENDENCE**

[www.elsevier.com/locate/drugalcdep](http://www.elsevier.com/locate/drugalcdep)

## Review

# From morphine clinics to buprenorphine: regulating opioid agonist treatment of addiction in the United States

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<sup>b</sup> *Reckitt Benckiser Pharmaceuticals Inc., 10710 Midlothian Turnpike, Richmond, VA 23235, USA*

Received 19 December 2002; accepted 4 February 2003

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### Abstract

The practice of prescribing opioid drugs for opioid dependent patients in the U.S. has been subjected to special government scrutiny for almost 100 years. From 1920 until 1964, doctors who used opioids to treat addicts risked federal and/or state criminal prosecution. Although that period ended when oral methadone maintenance was established as legitimate medical practice, public concern about methadone diversion and accidental overdose fatalities, combined with political pressure from both hostile bureaucracies and groups committed to drug-free treatments, led to the development of unprecedented and detailed Food and Drug Administration (FDA) regulations that specified the manner in which methadone (and later, levo-alpha-acetyl methadol, or levomethadyl acetate, (LAAM)) could be provided. In 1974, Congress gave the Drug Enforcement Administration (DEA) additional oversight of methadone treatment programs. Efforts to liberalize the FDA regulations over the past 30 years have been resisted by both the DEA and existing treatment providers. Additional flexibility for clinicians may evolve from the most recent



About the Centennial

History

Discoveries Advancing  
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The Rockefeller  
University Hospital

Acknowledgments

## The First Pharmacological Treatment for Narcotic Addiction: Methadone Maintenance

Heroin abuse surged in the United States in the early 1960s, becoming a major public health problem. At the time, most people attributed addiction to a lack of willpower, or to antisocial or criminal behavior. The urgency of dealing with these issues came to the attention of Rockefeller researcher Vincent P. Dole (1913-2006) in 1962, when he was acting chairman of the Health Research Council of the City of New York's committee on unresolved health problems, which was grappling with the heroin problem in New York. Dole proposed that addiction was an illness, a "metabolic" disease with behavioral manifestations. He was so committed to understanding this problem that he changed the focus of his laboratory, where he had studied obesity and metabolism, to heroin addiction and new pharmacological approaches for chronic treatment.



Dole, Vincent; Nyswander, Marie; Kreek, Mary Jeanne.

In late 1963 Dole recruited two additional researchers to the project: clinical investigator Mary Jeanne Kreek and psychiatrist Marie Nyswander (1919-1986). In early 1964, this team began studies with heroin addicts at the Rockefeller Hospital which, within six months, established the mode of action and potential effectiveness for maintenance treatment of methadone, a synthetic drug that had been used for short-term detoxification in a few clinics. The researchers also contrasted methadone's effects to the action of short-acting opiates such as heroin and morphine.

Gerstein, D.R., Harwood, H.J. (Eds.), *Treating Drug Problems*, vol. 1. Institute of Medicine. National Academy Press, Washington, DC 1990.

Glasscote, R., Sussex, J.N., Jaffe, J.H., Ball, J., Brill, L. 1972. *The treatment of drug abuse-programs, problems, prospects*. Joint Information Service.

American Psychiatric Association, Washington, DC



## Selected Publications

Dole VP and Nyswander M. A medical treatment for diacetylmorphine (heroin) addiction. A clinical trial with methadone hydrochloride. *JAMA*, 1965, 193: 646-650

Dole VP, Nyswander ME, and Kreek MJ. Narcotic blockade: A medical technique for stopping heroin use by addicts. *Trans Assoc Am Phys*, 1966, 79: 122-136

Dole VP, Nyswander ME, and Kreek MJ. Narcotic blockade. *Arch Intern Med*, 1966, 118: 304-309

Dole VP, Nyswander ME, and Warner A. Successful treatment of 750 criminal addicts. *JAMA*, 1968, 206: 2708-2711

Dole VP. Methadone maintenance treatment for 25,000 addicts. *JAMA*, 1971, 215: 1131-1134

Kreek MJ, Dodes L, Kane S, Knobler J, and Martin R. Long-term methadone maintenance therapy: Effects on liver function. *Ann Intern Med*, 1972, 77: 598-602

Kreek MJ. Medical safety and side effects of methadone in tolerant individuals. *JAMA*, 1973, 223: 665-668

Kreek MJ. Plasma and urine levels of methadone: Comparison following four medication forms used in chronic maintenance treatment. *New York State J Med*, 1973, 73:

Dole VP and Kreek MJ. Methadone plasma level: Sustained by a reservoir of drug in tissue. *Proc Natl Acad Sci USA*, 1973, 70: 10

<http://www.pnas.org/content/70/1/10.full.pdf+html>

Dole VP. Implications of methadone maintenance for theories of narcotic addiction. *JAMA*, 1988, 260: 3025-3029

Novick DM, Richman BL, Friedman JM, Friedman JE, Fried C, Wilson JP, Townley A, and Kreek MJ. The medical status of methadone maintenance patients in treatment for 11-18 years. *Drug Alcohol Depend*, 1993, 33: 235-245

# Medications for Chronic Disease Management: How Effective Are They?

The screenshot shows the website 'the NNT' with a navigation bar including 'Home', 'Reviews', 'Learn More', and 'Contact Us'. The main heading is 'Blood Pressure Medicines for Five Years to Prevent Death, Heart Attacks, and Strokes' with a sub-heading '125 for prevented death'. Below this, it says 'In Summary, for those who took anti-hypertensives:'. There are two boxes: 'Benefits in NNT' and 'Harms in NNT'. The 'Benefits' box lists: '1 in 125 were helped (prevented death)', '1 in 67 were helped (prevented stroke)', and '1 in 100 were helped (prevented heart attack\*)'. The 'Harms' box lists: '1 in 10 were harmed (medication side effects, stopping the drug)'. On the right, there is a 'RELATED' section with links to 'Cardiac I', 'Cardiac I', 'Work', 'Cardiac I', 'More Stu', and 'Neurolog Work'.

NNT = Methadone  
1 in 40 (prevented death)

This study looked at data prior to 2012, well before fentanyl became the common illicit opiate.

Sordo L, Barrio G, Bravo M J, Indave B I, Degenhardt L, Wiessing L et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies *BMJ* 2017; 357 :j1550 doi:10.1136/bmj.j1550

James McCormack, MD; Peer-Reviewed by Rita Redburg, MD and Barbara Roberts, MD, July 21, 2014, <https://www.thennt.com/nnt/anti-hypertensives-to-prevent-death-heart-attacks-and-strokes/>



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# Methadone

## 1967-1970 - Investigational New Drug

FDA doubted efficacy

Harry Anslinger Influence – Get Rid of the “Addict”

Push back from communities of color that this was Government mind-control

“Drug Free” treatment preference – 12 Step model

Clinics Profiteering – No Standards

Treatment of people with unclear OUD


Reports of unlimited quantities of methadone

Reports of children overdosing on methadone

Reports of diverted methadone



# Code of Federal Regulations

 Titles	Last Updated
<a href="#">Title 1 :: General Provisions</a>	May 01, 2018
<a href="#">Title 2 :: Grants and Agreements</a>	Jun 02, 2021
<a href="#">Title 3 :: The President</a>	Mar 16, 2015
<a href="#">Title 4 :: Accounts</a>	May 01, 2018
<a href="#">Title 5 :: Administrative Personnel</a>	Oct 07, 2021
<a href="#">Title 6 :: Domestic Security</a>	Oct 06, 2021
<a href="#">Title 7 :: Agriculture</a>	Oct 04, 2021
<a href="#">Title 8 :: Aliens and Nationality</a>	Oct 01, 2021
<a href="#">Title 9 :: Animals and Animal Products</a>	Sep 24, 2021
<a href="#">Title 10 :: Energy</a>	Oct 12, 2021
<a href="#">Title 11 :: Federal Elections</a>	Jan 11, 2021
<a href="#">Title 12 :: Banks and Banking</a>	Oct 01, 2021
<a href="#">Title 13 :: Business Credit and Assistance</a>	Sep 24, 2021
<a href="#">Title 14 :: Aeronautics and Space</a>	Oct 06, 2021
<a href="#">Title 15 :: Commerce and Foreign Trade</a>	Oct 08, 2021
<a href="#">Title 16 :: Commercial Practices</a>	Oct 05, 2021
<a href="#">Title 17 :: Commodity and Securities Exchanges</a>	Oct 07, 2021
<a href="#">Title 18 :: Conservation of Power and Water Resources</a>	Oct 12, 2021
<a href="#">Title 19 :: Customs Duties</a>	Sep 23, 2021
<a href="#">Title 20 :: Employees' Benefits</a>	Sep 30, 2021
<a href="#">Title 21 :: Food and Drugs</a>	Oct 08, 2021



CHAPTER I—PUBLIC HEALTH SERVICE,  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

EDITORIAL NOTE: Nomenclature changes to chapter I appear at 67 FR 36549, May 24, 2002.

SUBCHAPTER A—GENERAL PROVISIONS

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SUBCHAPTER B—PERSONNEL

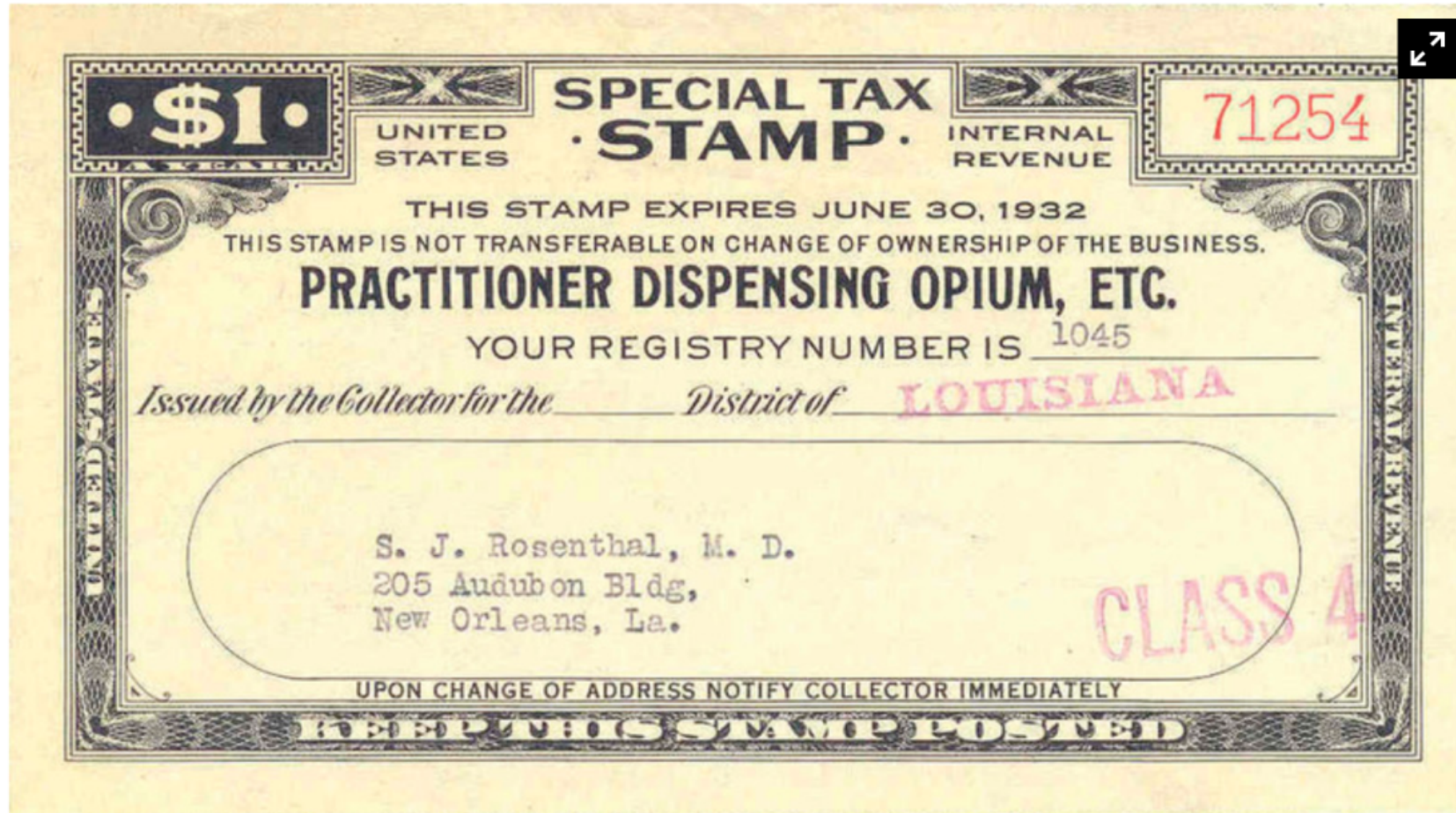
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22	Personnel other than commissioned officers .....	176
23	National Health Service Corps .....	177

Title 21 “Food and general

Title 42 “Public Health

ications in





The Harrison Narcotic Act required physicians to register and purchase an annual tax stamp. However, enforcement policies made it risky for them to regularly supply narcotics to addicts, giving the law its reputation as a prohibition measure.

Library of Congress.



# March 1973 Regulations

*Unprecedented  
Departure from  
Allowing  
Licensed  
Physicians to  
Use Judgement*

Age (18)

Length of Use (at least one year)

Maximum initial doses (30 mg)

Minimum amount of counselling must be made available

Specifics limitations on take home doses

Closed system: approved clinics and hospital pharmacies

4



# 42 CFR Chapter 1 Subpart C 8.11 – 8.15

Specific medication is named and doctors are told how much they can prescribe

*“For each new patient enrolled in a program, the initial dose of methadone shall not exceed 30 milligrams and the total dose for the first day shall not exceed 40 milligrams, unless the program physician documents in the patient’s record that 40 milligrams did not suppress opioid abstinence symptoms.”*

8 point criteria needs to be examined by the Medical Director before a decision is made for “unobserved doses” (take home bottles)

90 days = 1 THB

90-180 days = 2 THB

180 days – 270 days = 3 THB

270 days – 1 year = 1 week

After 1 year = 2 weeks

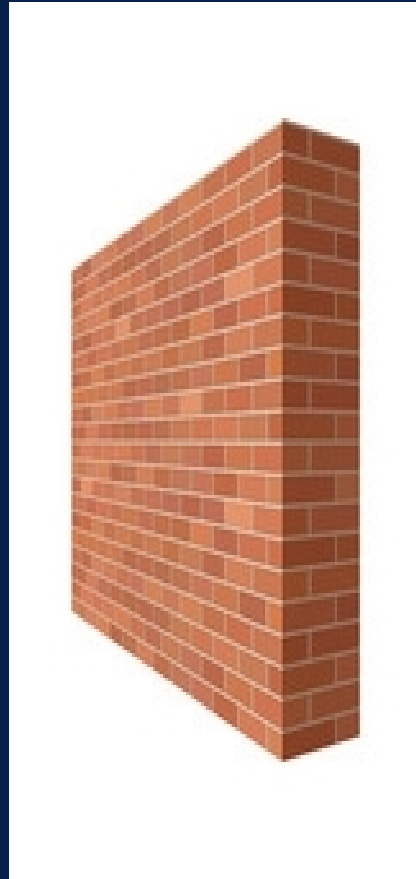
After 2 years = 4 weeks



# It is Not About the Drug: It is About the Medical Condition

## Opiate Use Disorder

- ✦ Federal and state oversight over every part of the treatment
- ✦ How to dose is written in federal law
- ✦ Can only be dosed by a regulated OTP
- ✦ Can not be managed by PCP or local pharmacy



## Chronic Pain

- ✦ No oversight over dosing
- ✦ Can be prescribed by any doctor
- ✦ Can be prescribed in any setting
- ✦ Dispensed in a bottle by a community pharmacy

**SAMSHA/42 CFR 8.12**



**SOTA – State Rules**



**DEA**



**OTP – Methadone Clinics**



# State Opioid Treatment Authority – SOTA

<https://www.samhsa.gov/medication-assisted-treatment/sota>

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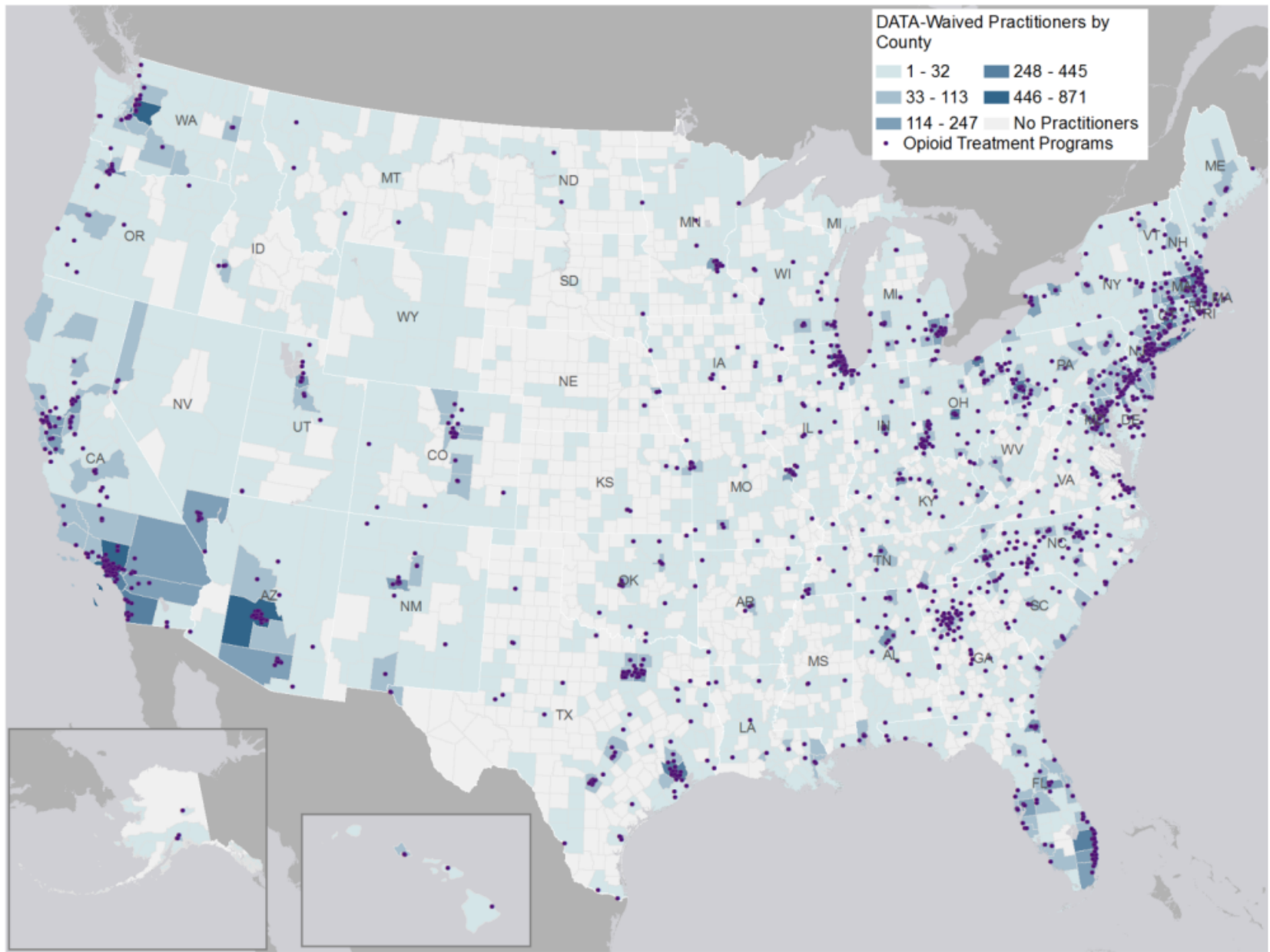
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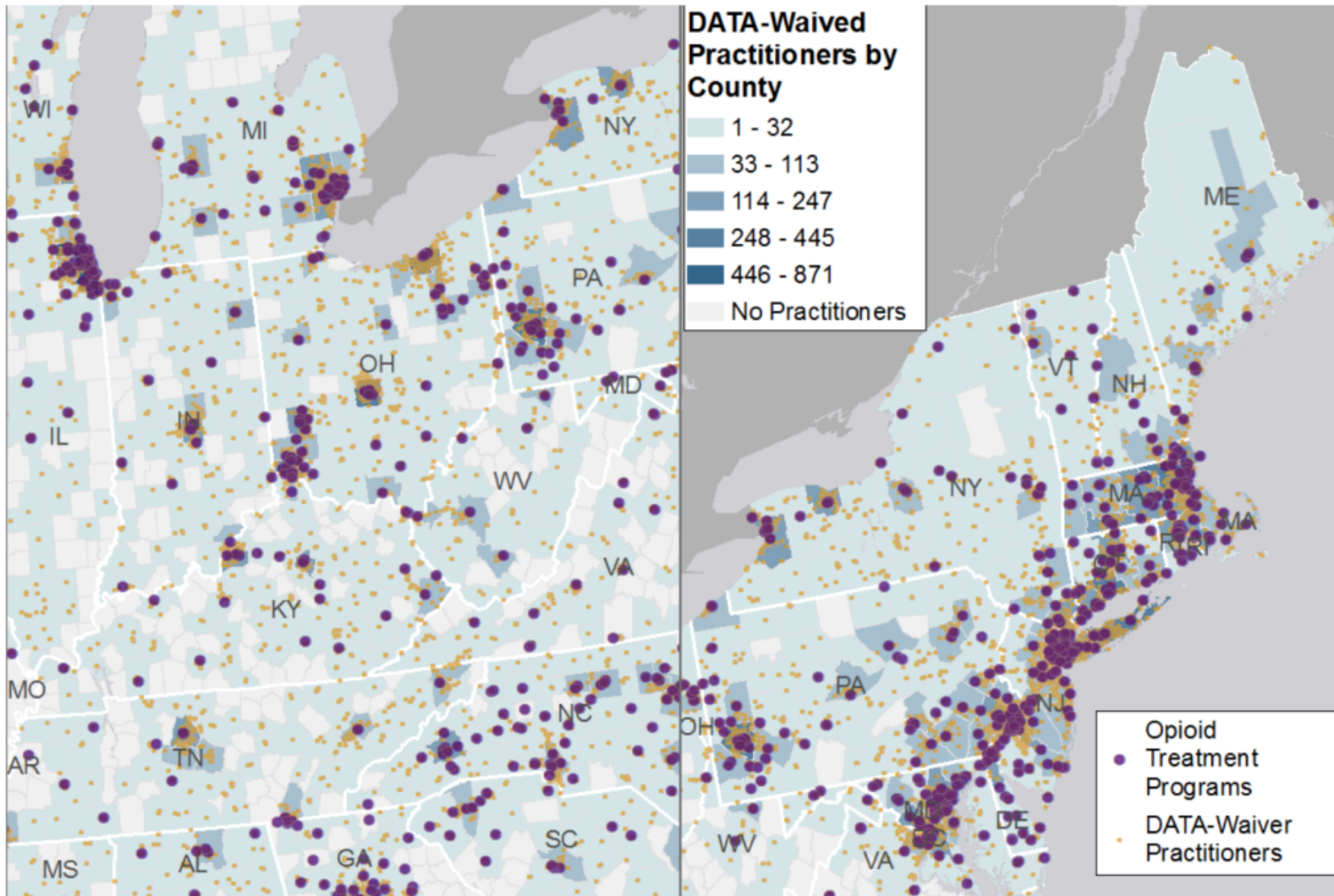
Figure 2. Location of Opioid Treatment Programs and DATA-Waived Practitioners by County in the United States



Source: CRS analysis using data from the Substance Abuse and Mental Health Services Administration as of May 9, 2019.



Figure 3. Location of Opioid Treatment Programs and DATA-Waived Practitioners by County in Selected Regions

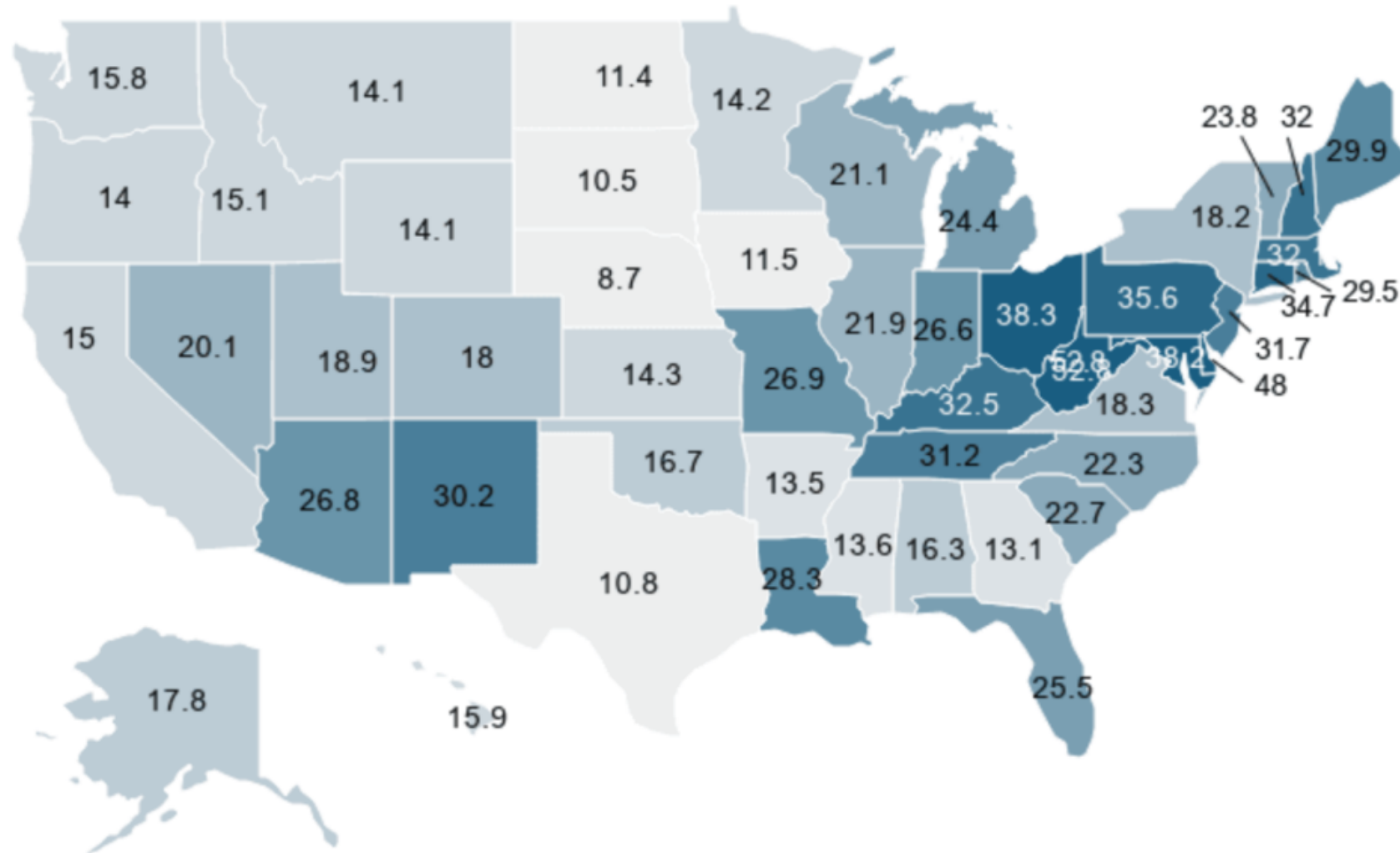


Source: CRS analysis using data from the Substance Abuse and Mental Health Services Administration as of May 9, 2019.

Notes: States in the Northeast region are displayed for greater visibility of the high number of OTPs within a relatively small geographic area. Parts of the Midwest, including Ohio, West Virginia, Kentucky, Indiana, western Pennsylvania, and eastern Illinois are displayed for greater visibility of areas disproportionately affected by the opioid crisis.



# Overdose Deaths per 100,000 Residents



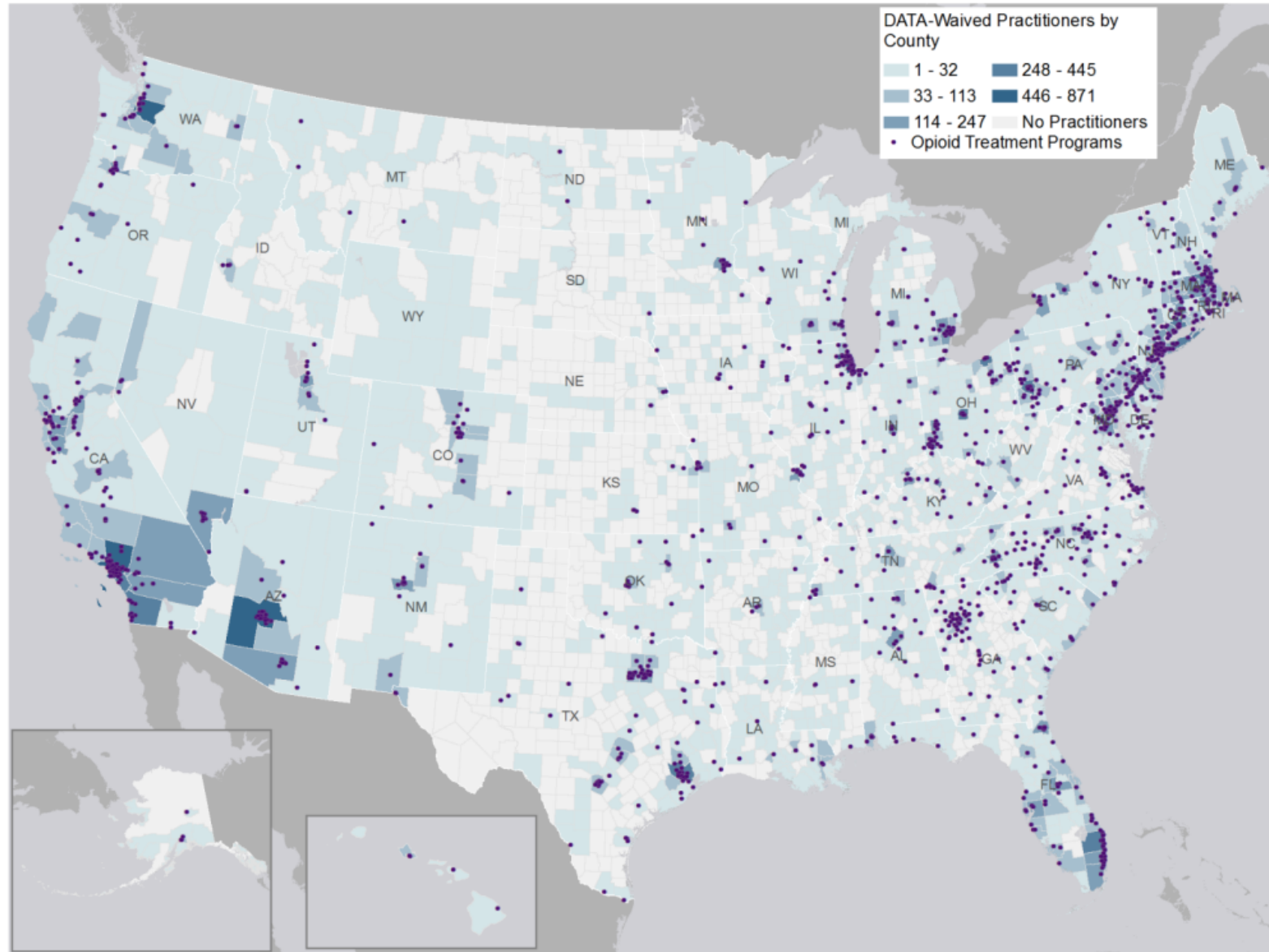
National Center for Drug Abuse Statistics, <https://drugabusestatistics.org/drug-overdose-deaths/> 2020 Data

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**Figure 2. Location of Opioid Treatment Programs and DATA-Waived Practitioners by County in the United States**



5

**Source:** CRS analysis using data from the Substance Abuse and Mental Health Services Administration as of May 9, 2019.



## Opioid Treatment Progr

Select to view the opioid treatment programs in

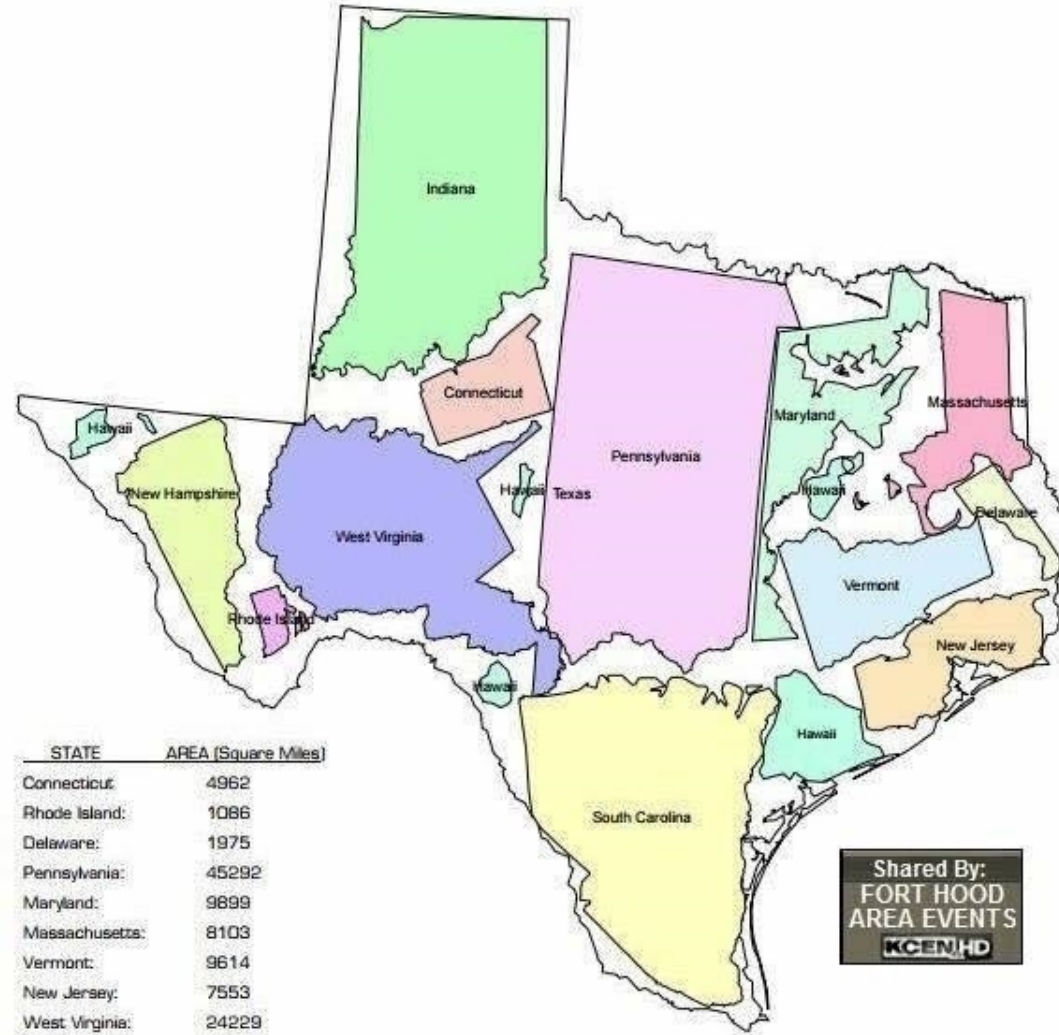
Massachusetts ▼

Opioid treatment programs in Massachusetts: 9

1 2 3 4

Program Name	Street	City
Community Health Care, Inc.	23 North Main Street	Attleboro
Column Health Attleboro OTP	7 Railroad Avenue	Attleboro
Clearbrook Treatment Center Massachusetts, LLC	83 Hospital Road	Baldwin

Just How Big is TEXAS ?



STATE	AREA (Square Miles)
Connecticut:	4962
Rhode Island:	1086
Delaware:	1975
Pennsylvania:	45292
Maryland:	9899
Massachusetts:	8103
Vermont:	9614
New Jersey:	7553
West Virginia:	24229
Indiana:	36183
Hawaii:	6429
New Hampshire:	9266
South Carolina:	30941
<b>TOTAL:</b>	<b>195,532 sqmi</b>
<b>TEXAS:</b>	<b>264,778 sqmi</b>

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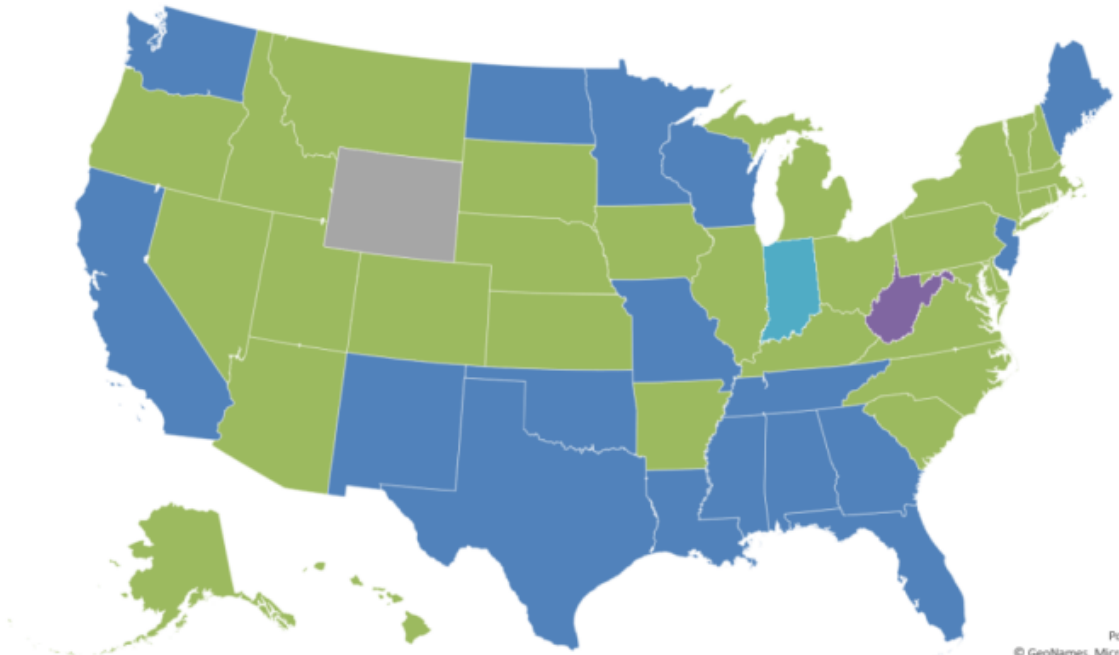
# Restrictions on new OTPs

Key finding:

20 states restrict the operation of new OTPs in some way

References: P.J. Joudrey, E.J. Edelman, and E.A. Wang, "Drive Times to Opioid Treatment Programs in Urban and Rural Counties in 5 U.S. States," *JAMA* 322, no. 13 (2019): 1310-12, <https://doi.org/10.1001/jama.2019.12562>. B. Connolly, "How Indiana Is Working to Improve Access to Opioid Treatment Programs across the State," The Pew Charitable Trusts, accessed Oct. 19, 2021, <https://www.pewtrusts.org/en/research-and-analysis/articles/2021/07/07/how-indiana-is-working-to-improve-access-to-opioid-treatment-programs-across-the-state>.

- Certificate of need
- Cap and certificate of need
- N/A
- No restrictions
- Moratorium and certificate of need



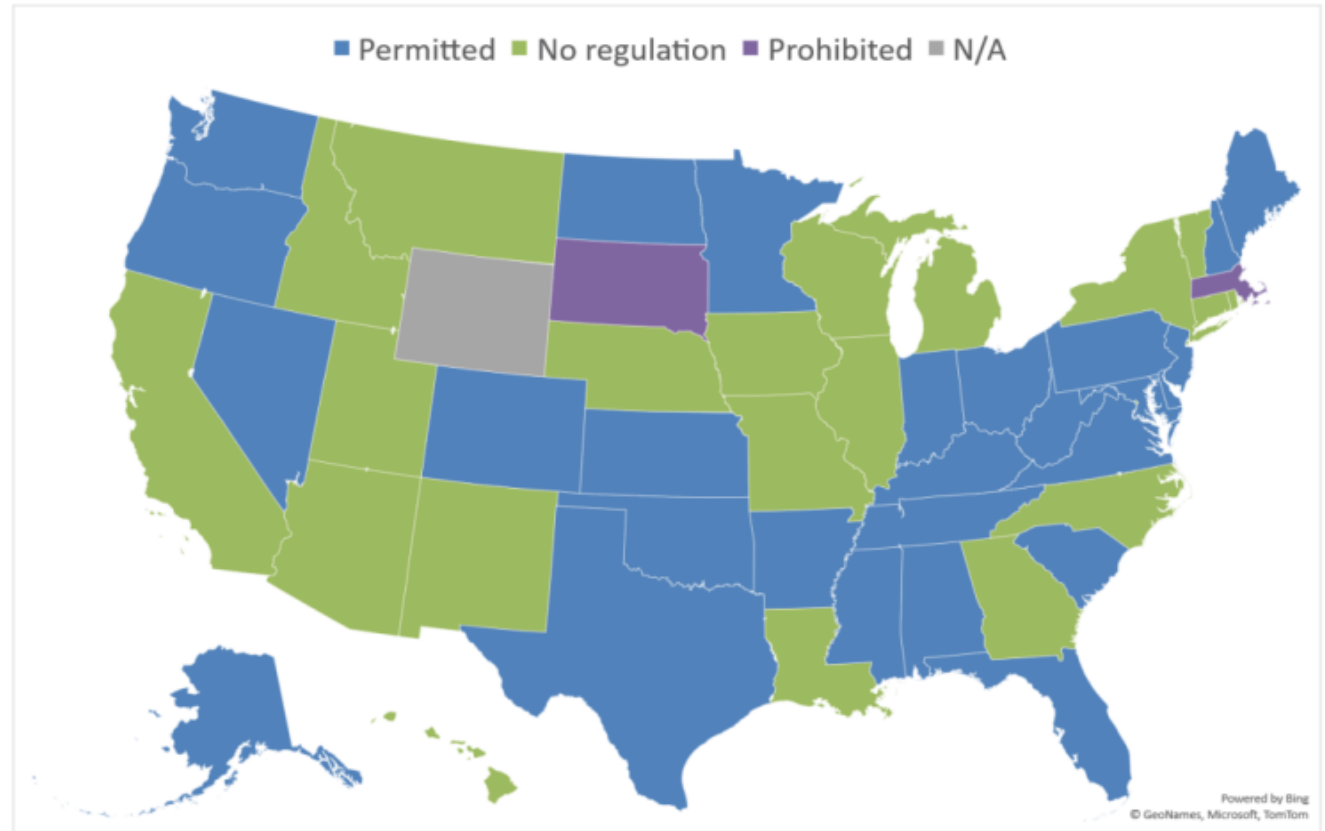
# Administrative Discharge

## Key findings:

Only 2 states— Massachusetts and South Dakota—prohibit administrative discharge for illicit drug use

References: Substance Abuse and Mental Health Services Administration, “Medications for Opioid Use Disorder: Treatment Improvement Protocol (Tip) Series 63” (2020), [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP20-02-01-006.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-006.pdf).

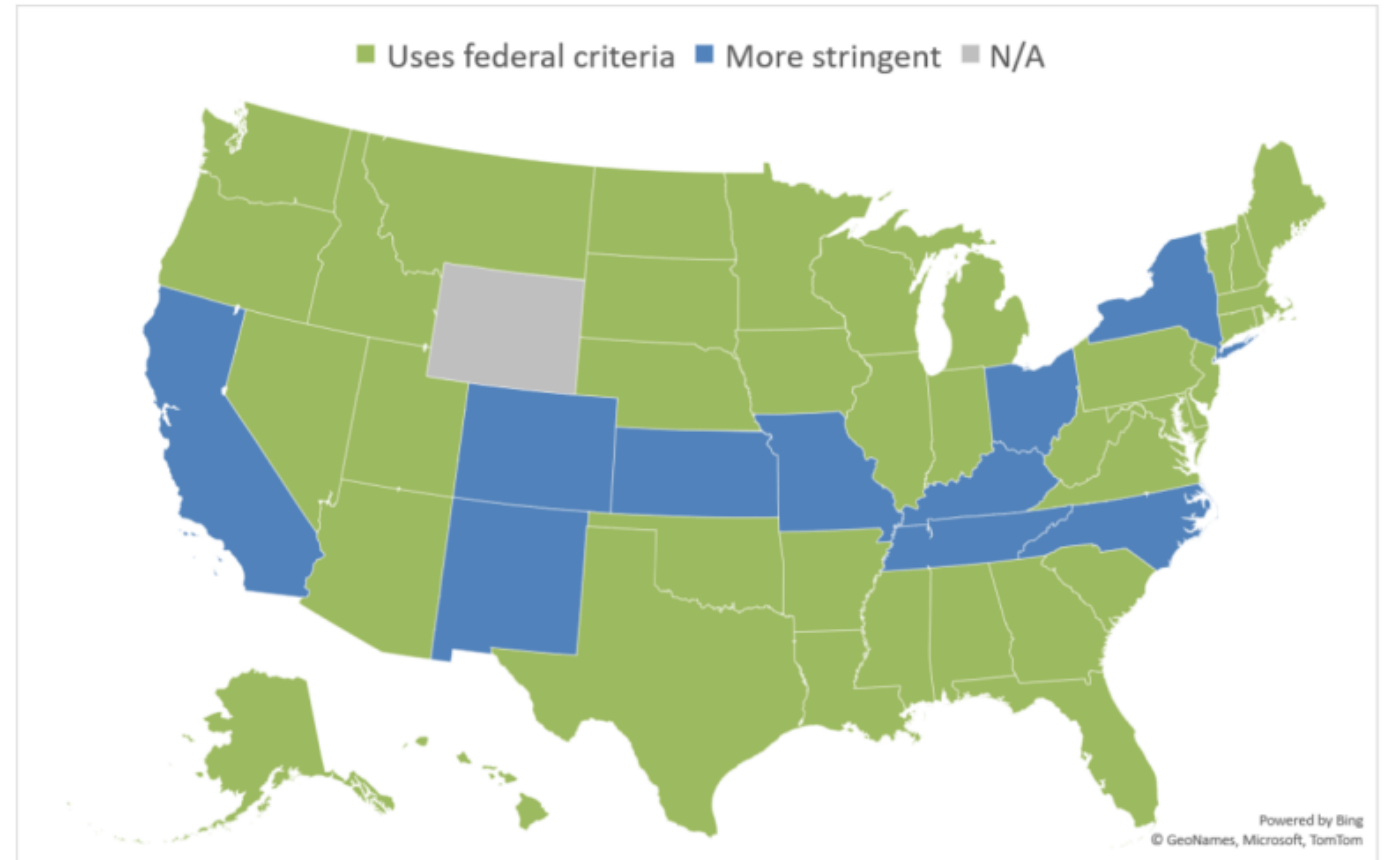
W.L. White et al., “It’s Time to Stop Kicking People out of Addiction Treatment,” *Counselor* 6, no. 2 (2005): 12, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6338434/>.



# Stability criteria

Key finding:

10 states have take-home stability criteria more stringent than federal rules



Reference: Cal. Code Regs. tit. 9, § 10370

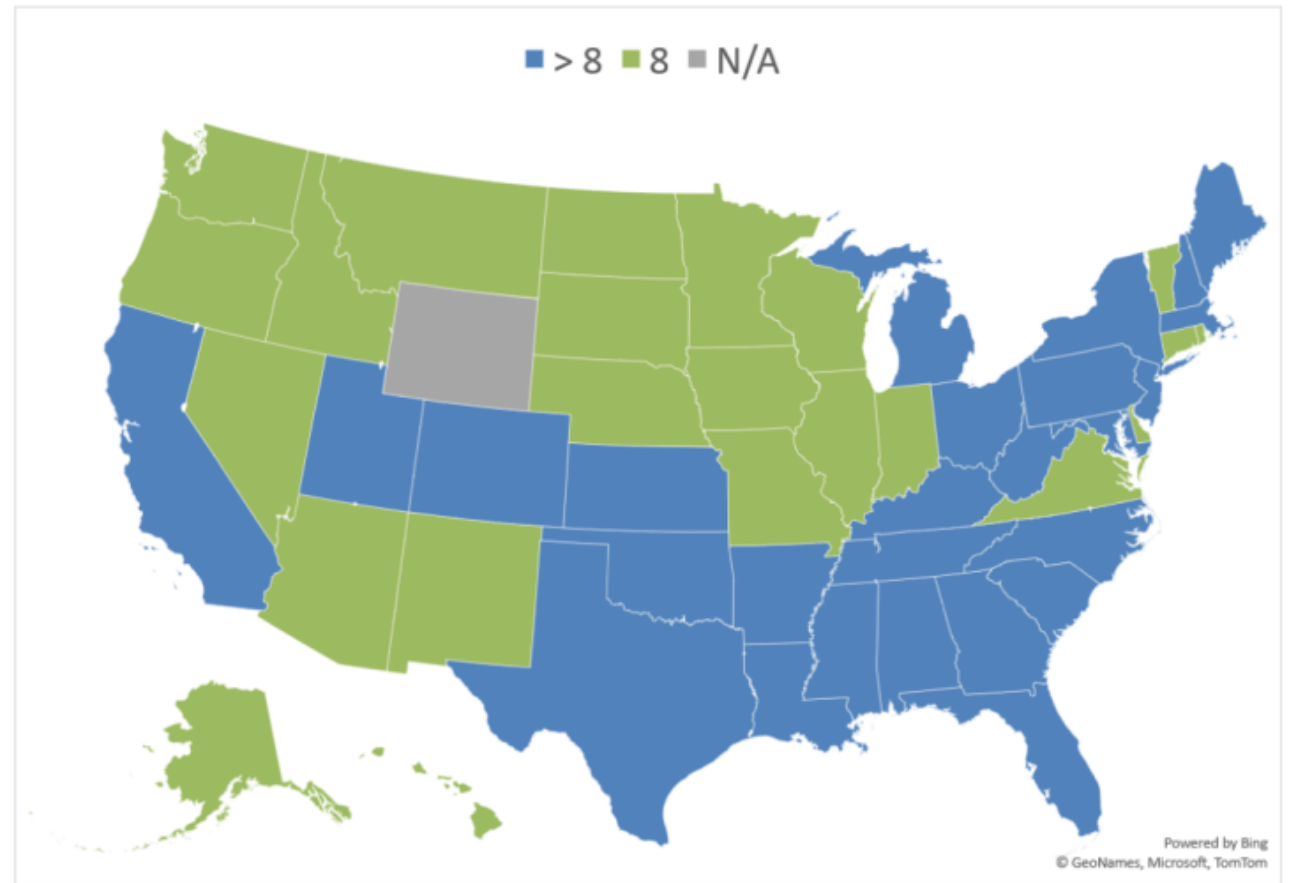
# Urine drug screens

Key finding:

26 states require more than 8 urine drugs screens per year

References: G. Joseph et al., "Reimagining Patient-Centered Care in Opioid Treatment Programs: Lessons from the Bronx During Covid-19," *Journal of Substance Abuse Treatment* 122 (2021): 108219-19, <https://pubmed.ncbi.nlm.nih.gov/33353790>.

C. Strike and C. Rufo, "Embarrassing, Degrading, or Beneficial: Patient and Staff Perspectives on Urine Drug Testing in Methadone Maintenance Treatment," *Journal of Substance Use* 15, no. 5 (2010): 303-12.



**SAMSHA/42 CFR 8.12**



**SOTA – State Rules**



**DEA**



**OTP – Methadone Clinics**





The Methadone clinic inside St. Bernard Hospital. Miles Bryan / WBEZ



**SAMSHA/42 CFR 8.12**



**SOTA – State Rules**



**DEA**



**OTP – Methadone Clinics**

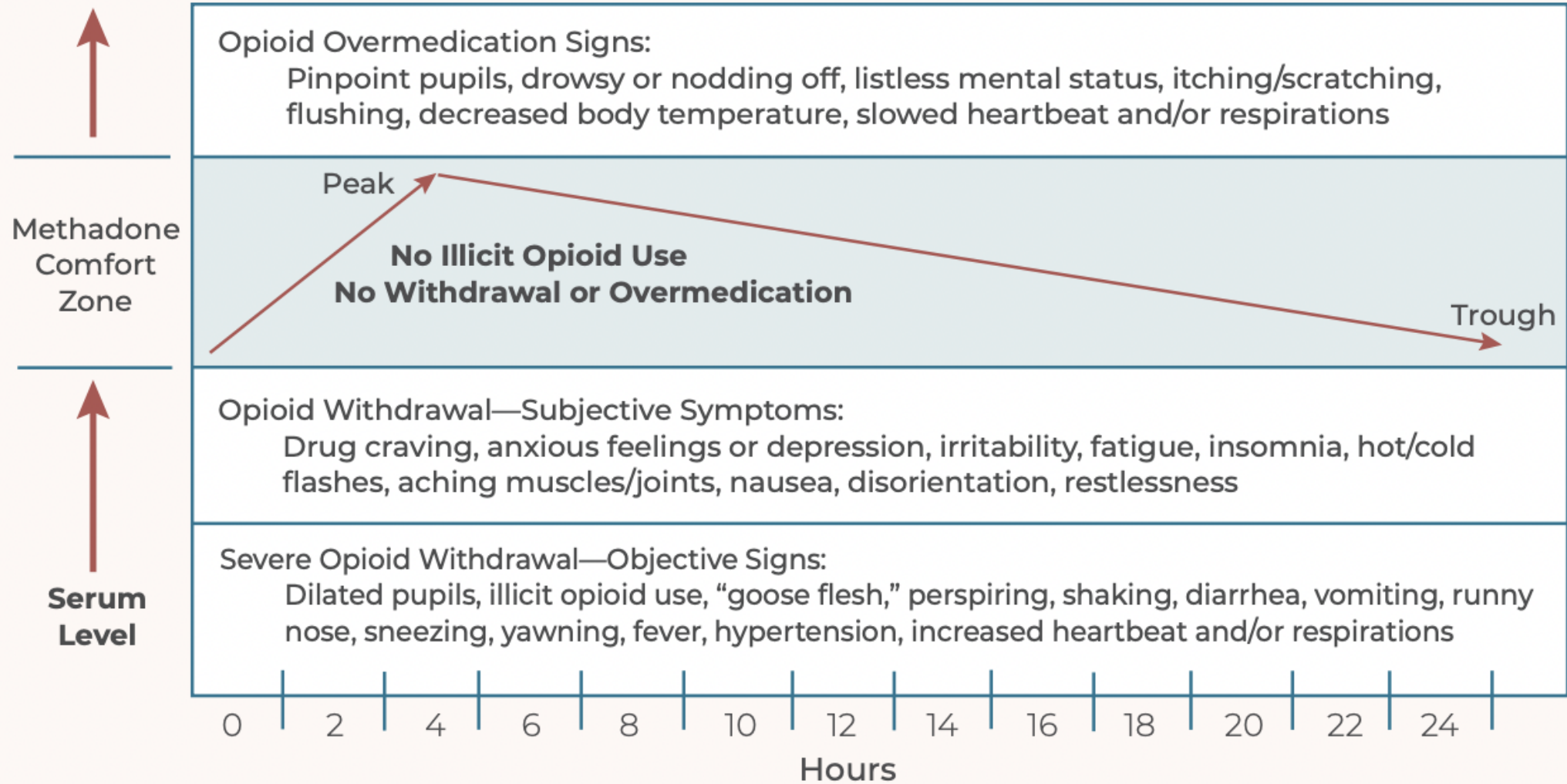






§ 8.12 42 CFR Ch. I (10–1–17 Edition) (2) Initial medical examination services. OTPs shall require each patient to undergo a complete, fully documented physical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, before admission to the OTP. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission.

# EXHIBIT 3B.4. Using Signs and Symptoms To Determine Optimal Methadone Level





**\*Nature of Request:**

- Temporary take-home medication
- Temporary change in protocol
- Detoxification exception

Other

**Decrease regular attendance to:**

(Check all days that apply)

- S 
  M 
  T 
  W 
  Th 
  F 
  S

**Beginning date:**

(mm/dd/yyyy)

If **new** attendance is less than once per week, please enter the schedule:

**Dates of Exception:**

From

To

Number of doses needed:

**\* Justification:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Family Emergency            | <input type="checkbox"/> Incarceration             | <input type="checkbox"/> Funeral                 |
| <input type="checkbox"/> Vacation                    | <input type="checkbox"/> Transportation Hardship** | <input type="checkbox"/> Step/Level Change       |
| <input type="checkbox"/> Employment**                | <input type="checkbox"/> Medical**                 | <input type="checkbox"/> Long Term Care Facility |
| <input type="checkbox"/> Other Residential Treatment | <input type="checkbox"/> Homebound                 | <input type="checkbox"/> Split Dose**            |
| <input type="checkbox"/> Weather Crisis              | <input type="checkbox"/> Other**                   |  |

Brief explanation ( \*\*= explanation is required):

[Sources](#) | [Help](#)

[it](#)

[. a](#)

[Go To Next Section](#)

**Regulation Requirements**

**For Take-home Medication:\***

Has the patient been informed of the dangers of children ingesting methadone?

- Yes  No  N/A

**For Multiple Detoxification Admissions:\***

Did the physician justify more than 2 detoxification episodes per year and assess the patient for other forms of treatment (include dates of detoxification episodes) as required by 42 CFR §8.12(e)(4)?

- Yes  No  N/A

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SAMHSA is a



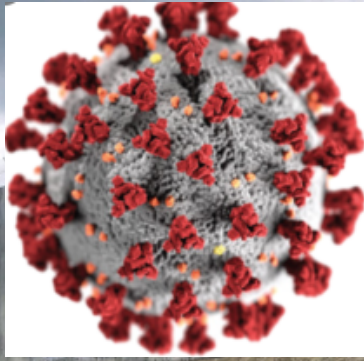
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## SAMSHA/42 CFR 8.12



## SOTA – State Rules

## DEA

## OTP – Methadone Clinics



Substance Abuse and  
Services Admini

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3/16/2020 (Updated 3/19/20

## Opioid Treatment

SAMHSA recognizes the ev

SAMHSA affirms its commit  
expanding our previous guic

### FOR ALL STATES

The state may request blank  
doses of the patient's medic

The state may request up to  
OTP believes can safely ha

(i) During the first 90 days of treat-  
ment, the take-home supply (beyond  
that of paragraph (i)(1) of this section)  
is limited to a single dose each week  
and the patient shall ingest all other  
doses under appropriate supervision as  
provided for under the regulations in  
this subpart.

(ii) In the second 90 days of treat-  
ment, the take-home supply (beyond  
that of paragraph (i)(1) of this section)  
are two doses per week.

(iii) In the third 90 days of treatment,  
the take-home supply (beyond that of  
paragraph (i)(1) of this section) are  
three doses per week.

(iv) In the remaining months of the  
first year, a patient may be given a  
maximum 6-day supply of take-home  
medication.

(v) After 1 year of continuous treat-  
ment, a patient may be given a max-  
imum 2-week supply of take-home  
medication.

(vi) After 2 years of continuous treat-  
ment, a patient may be given a max-  
imum one-month supply of take-home  
medication, but must make monthly  
visits.



ds OTPs continue to face.

re. As such, we are

3 days of Take-Home

are less stable but who the



## Methadone Take-Home Flexibilities Extension Guidance

On March 16, 2020, SAMHSA issued an exemption to Opioid Treatment Programs (OTPs) whereby a state could request “a blanket exception for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient’s medication for opioid use disorder.” States could also “request up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.” Almost two years since this exemption was granted, states, OTPs, and other stakeholders report that it has resulted in increased treatment engagement, improved patient satisfaction with care, and few incidents of misuse or medication diversion<sup>1</sup>. There is sufficient evidence to conclude that this exemption has enhanced and encouraged use of OTP services.

Therefore, SAMHSA is pre-emptively granting OTPs an exemption, effective upon the expiration of the COVID-19 Public Health Emergency, and subject to the conditions identified below, from the unsupervised take-home medication requirements of 42 C.F.R. § 8.12(i) that are necessary to (1) dispense up to 28 days of take-home doses of opioid use disorder medication to stable patients if the OTP believes the patient can safely handle this amount of take-home medication and (2) dispense up to 14 days of take-home doses of opioid use disorder medication to less stable patients if the OTP believes the patient can safely handle this amount of take-home medication. SAMHSA is also considering mechanisms to make this flexibility permanent.



**SAMSHA/42 CFR 8.12**



**SOTA – State Rules**



**DEA**



**OTP – Methadone Clinics**



## 2. Methadone dosing and titration

- (a) The clinician should attempt to reach an optimal dose of methadone safely and quickly.
- (b) Starting methadone at 30mg (i.e., the higher end of initial dosing guidelines) is recommended.
- (c) The starting dose of methadone can be increased by 10–15mg every three to five days. Within this range, faster titration (i.e., 15mg rather than 10mg) is recommended for those who are not at high risk for methadone toxicity (e.g., not concurrently using high doses of benzodiazepines or alcohol), while slower titration is recommended for patients at higher risk of toxicity (e.g., older age, sedating medications or alcohol, patients new to methadone). Patients who have recently been on methadone dosing at higher doses (i.e., in the previous week) can be considered for more rapid dose increases based on their tolerance. Once a dose of 75–80mg is reached, the dose can then be increased by 10mg every five to seven days.

**Jennifer Wyman MD FCFP DABAM MPH**

**SAMSHA/42 CFR 8.12**



**SOTA – State Rules**



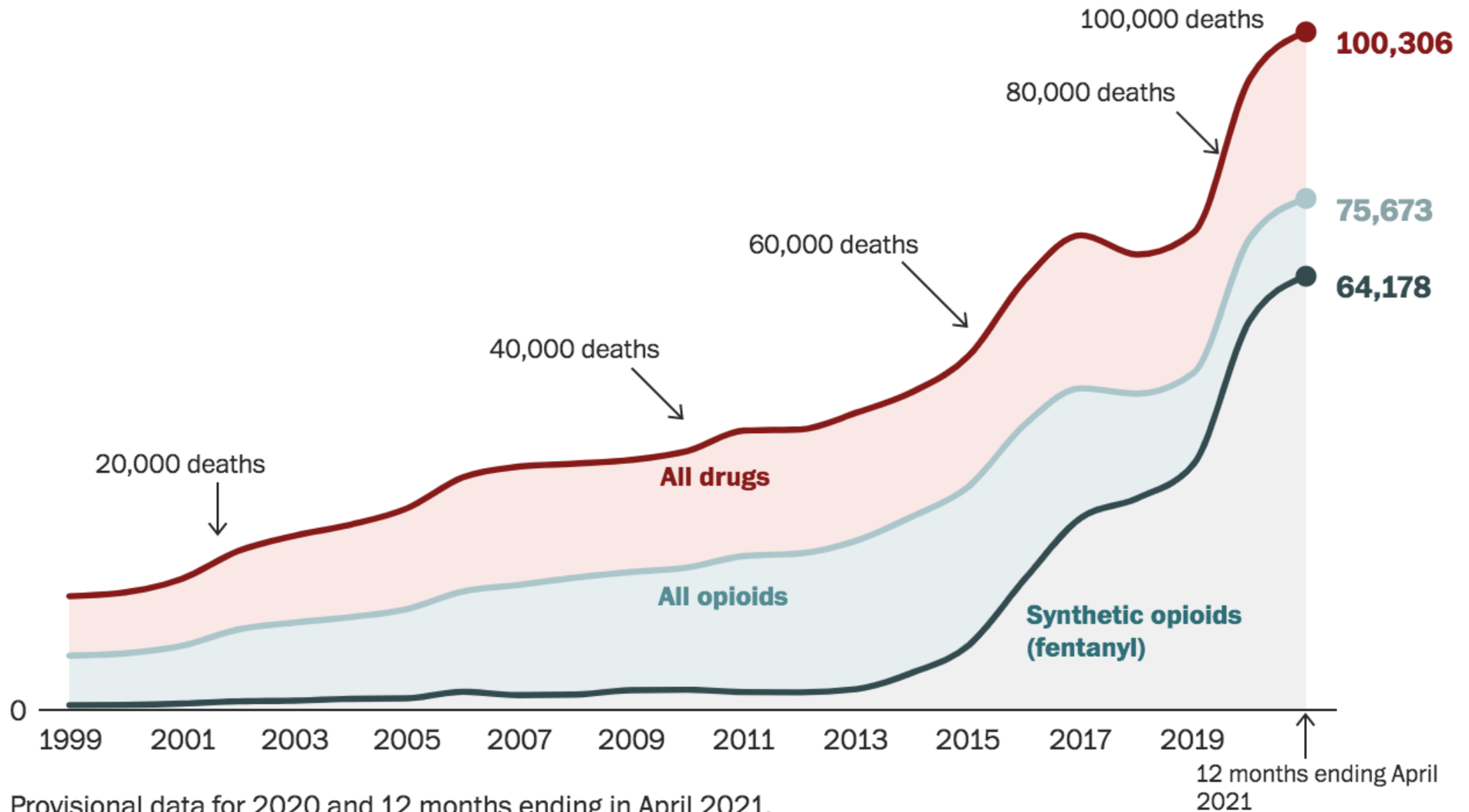
**DEA**



**OTP – Methadone Clinics**



# U.S. drug overdose deaths per year



Provisional data for 2020 and 12 months ending in April 2021.

Source: [Centers for Disease Control and Prevention, National Center for Health Statistics](#)

DAN KEATING / THE WASHINGTON POST

The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.

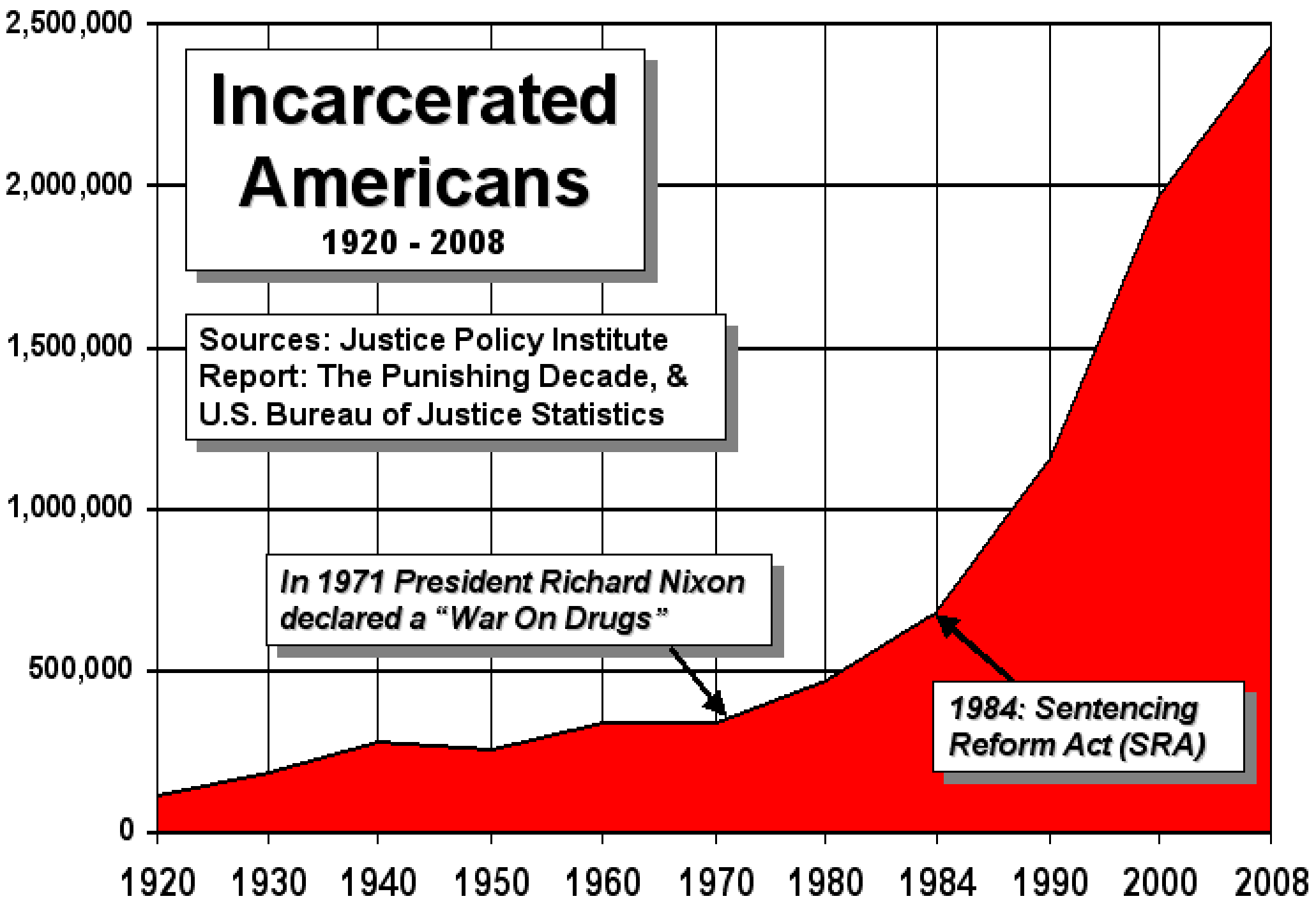
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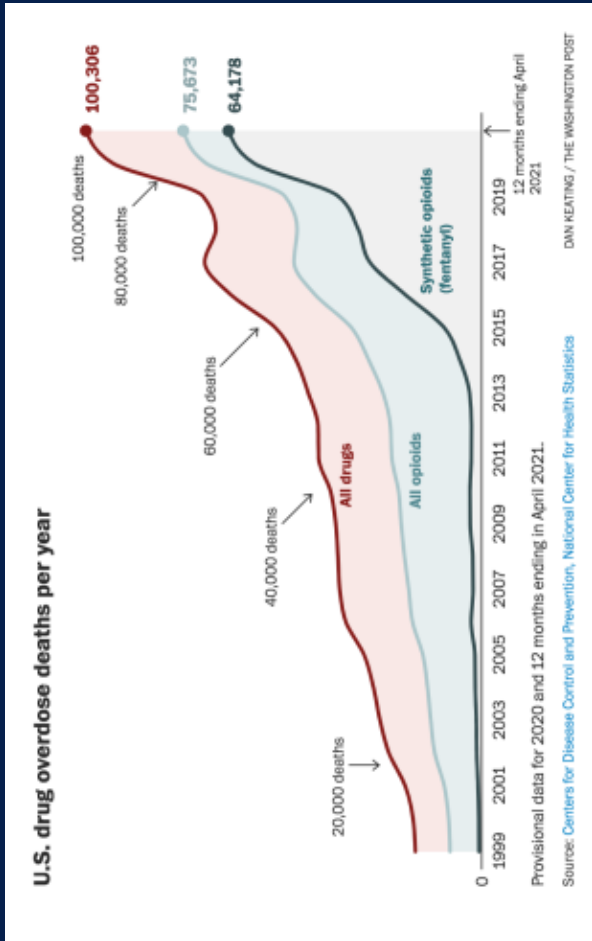
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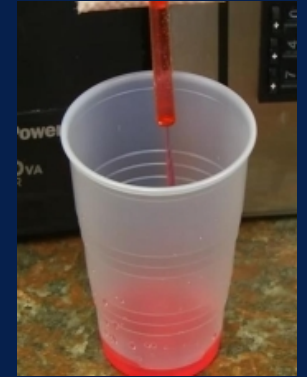




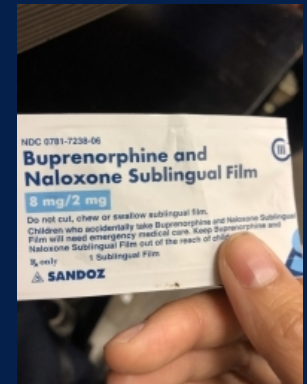


<20% of Patients with OUD get Treatment with MOUD

### Methadone



### Buprenorphine



Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. #ASAMAnnual2022



# What Needs To Happen The Big Change

## CHAPTER I—PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

EDITORIAL NOTE: Nomenclature changes to chapter I appear at 67 FR 36549, May 24, 2002.

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# Smaller Changes While We Are Waiting

- ☀️ Influence your SOTA to decrease regulatory burden
- ☀️ If you are working at a methadone clinic, influence your clinic and your agency to practice individualized care, EMB, and have more of a harm reduction model
- ☀️ Apply for Exceptions to help your patients
- ☀️ Build relationship with local OTP for warm hand offs from hospital, withdrawal management programs, EDs
- ☀️ Evaluate OTPs using patient outcome measures to improve quality
- ☀️ Jails should be treated like hospitals in delivering OTP treatment

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