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Methadone Reform: Prioritization and Concrete Actions

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The Addiction and Public Policy Initiative

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Advancing a public health approach to substance use disorders through legal and policy strategies that promote evidence based treatment and support recovery.



“Nothing about us without us”

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Reform efforts must incorporate the perspective of methadone patients and people with opioid use disorder in an intentional way

Include all voices - Not just “stable” patients
Every stage in the planning process



Develop a Clear and Long-Term Vision

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What do we want methadone access in our system to look like in 10 years?

President's Mandate: Universal Access to MOUD by 2025

We can't be afraid to be bold.



1. Re-conceptualize OTPs as a stand-alone treatment model by 2025
2. Focus on Medicaid
3. Guidance, operational support and technical assistance to states and providers.
4. Prioritize federal civil rights enforcement on ensuring compliance with the ADA



Where to start?

1. Keep flexibilities offered during COVID
2. Start with two main barriers to access: (a) daily dose requirement & (b) rigid counseling requirement
3. Expand authority for otherwise authorized and registered prescribers to dispense at a remote location
4. Focus on Highest Risk populations
 1. New framework methadone in jails and prisons
 2. Targeted approach for pregnant & postpartum persons

Rapid Research

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There is a need for rapid research and **CONNECTING THAT RESEARCH TO POLICY** quickly and in a nimble way. Examples:

- Apply research conducted during COVID to policy reform
- Targeted research to address illicitly manufactured fentanyl, which is almost 100% of the supply in some states and growing.
- Population-specific best practices



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