

OUD Treatment without Red Tape: What We Learned During COVID-19

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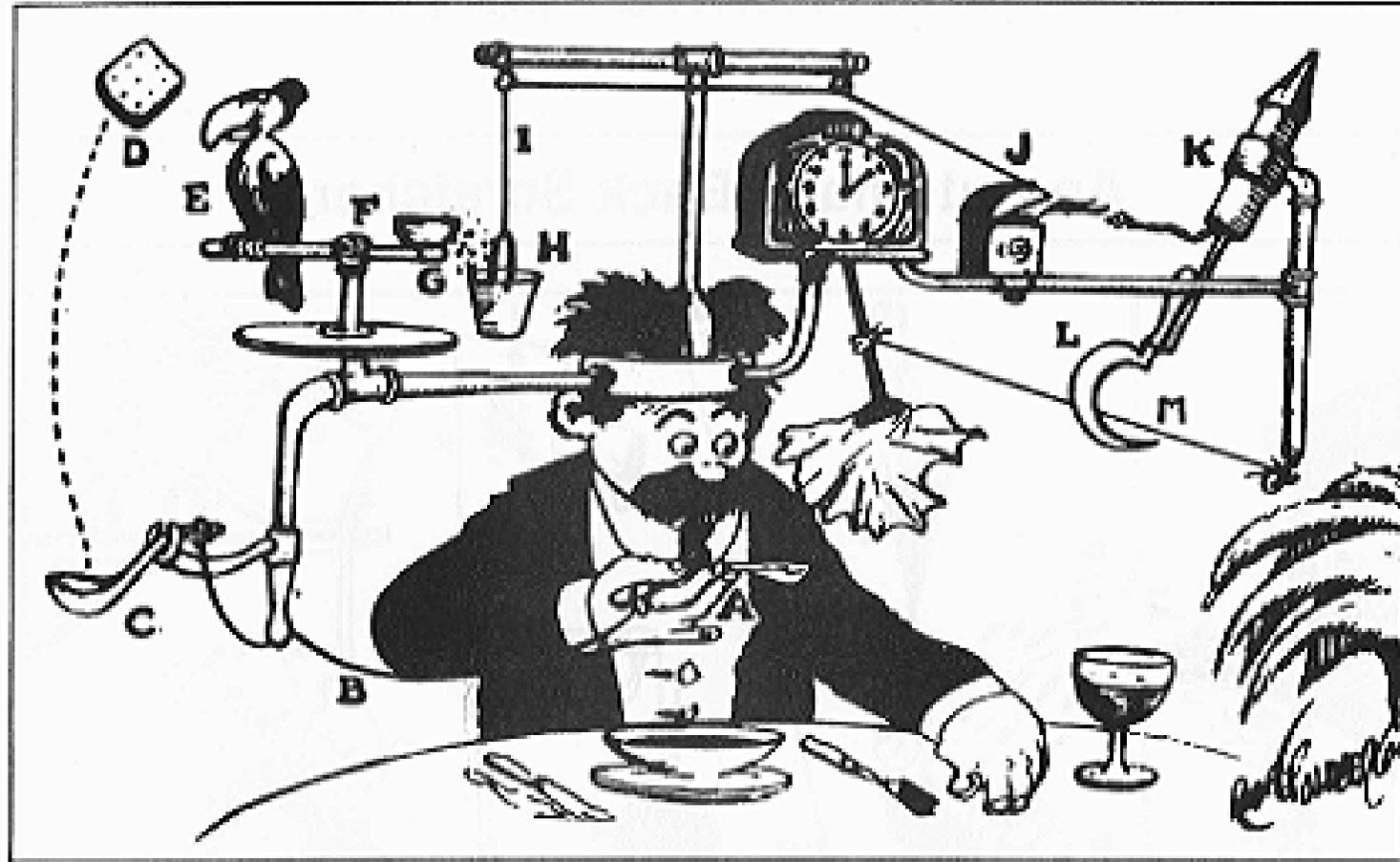
Disclosure Information

Brendan Saloner, PhD

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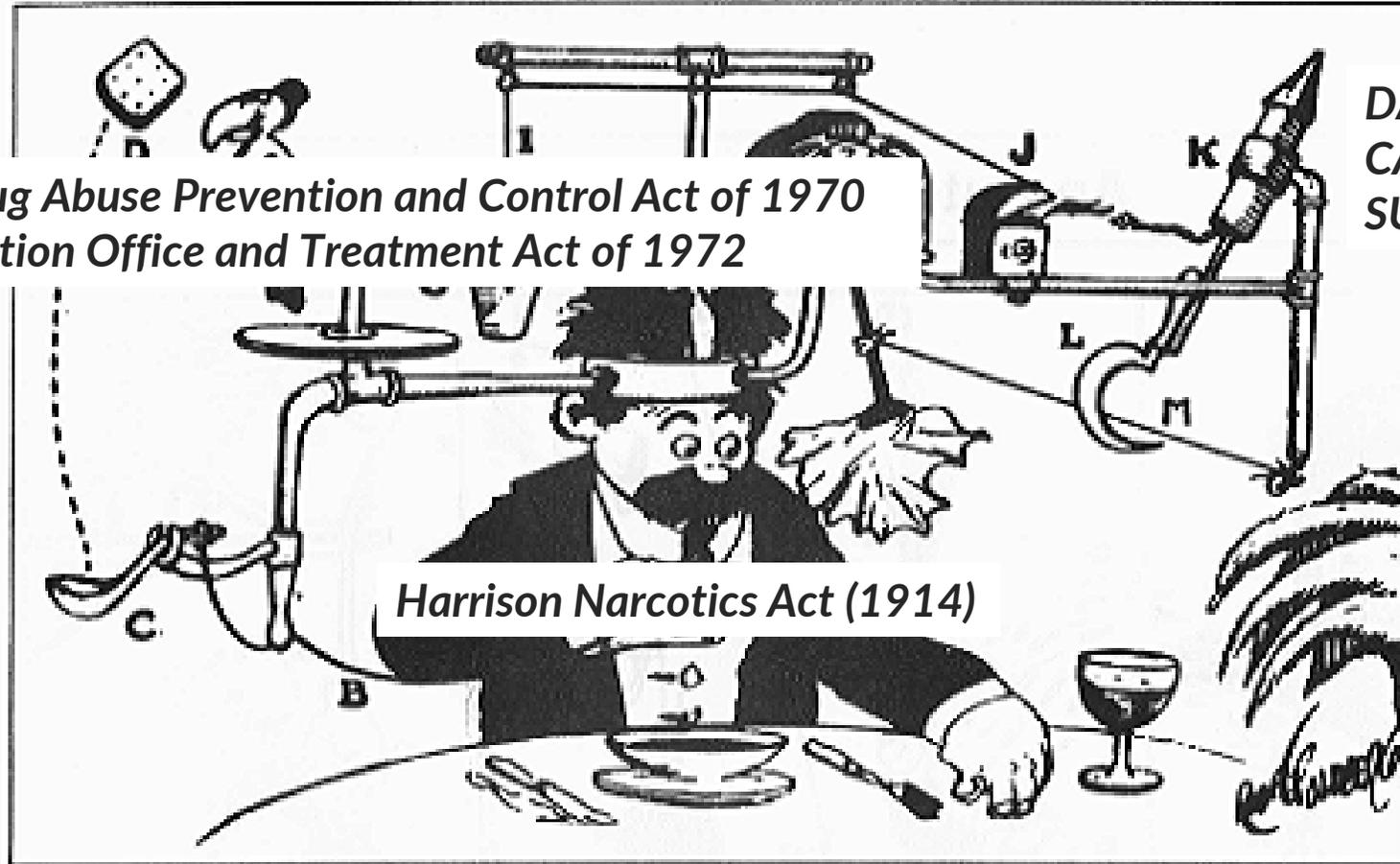
Medications for Opioid Use Disorder: Regulations



Medications for Opioid Use Disorder: Regulations

*Comprehensive Drug Abuse Prevention and Control Act of 1970
Drug Abuse Prevention Office and Treatment Act of 1972*

DATA 2000
CARA 2016
SUPPORT 2018



Harrison Narcotics Act (1914)

My argument in a nutshell...

- Many regulations for medications for opioid use disorder (MOUD) are cumbersome and impede patient care
- Many regulations can be dismantled or changed through existing rule-making authority
- COVID-19 flexibilities showed us that changes like extended take-homes help patients and can be done safely
- Now is the time to make these changes permanent!

Pre-covid Regulatory Barriers to MOUD

From the central place for most of my patients based on where they live in the zip code, it's a two-and-a-half-hour round trip to go to a methadone clinic so you can't work, you can't have a job. You can't go to school. You get your methadone and go home. You do that every day. Yeah, the system is broken.

“Richard,” MD, buprenorphine provider

I need, I want to get off it [methadone]. It's like being in jail. Because you have to go every goddam day.

“Lisa,” currently on methadone

Methadone Regulations Constrain Access

- Travel distance is known to increase drop-out from programs
- Access is particularly patchy for patients leaving incarceration or following hospital stays
- Many patients would prefer to access methadone at other locations



Buprenorphine Regulations Limit the Size of the Prescriber Workforce

- A very small percentage of all clinicians possess the X-waiver
- This is true even after the education requirement was rescinded
- Concerns about controlled substance regulations are a pervasive barrier for clinicians who might otherwise prescribe buprenorphine

Enter the Pandemic

HEALTH

Methadone clinic lines and packed waiting rooms leave clients vulnerable to the coronavirus

By Alison Insinger April 9, 2020

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COVID PHE Regulatory Changes

Telehealth
expansion

Extended take-
home doses

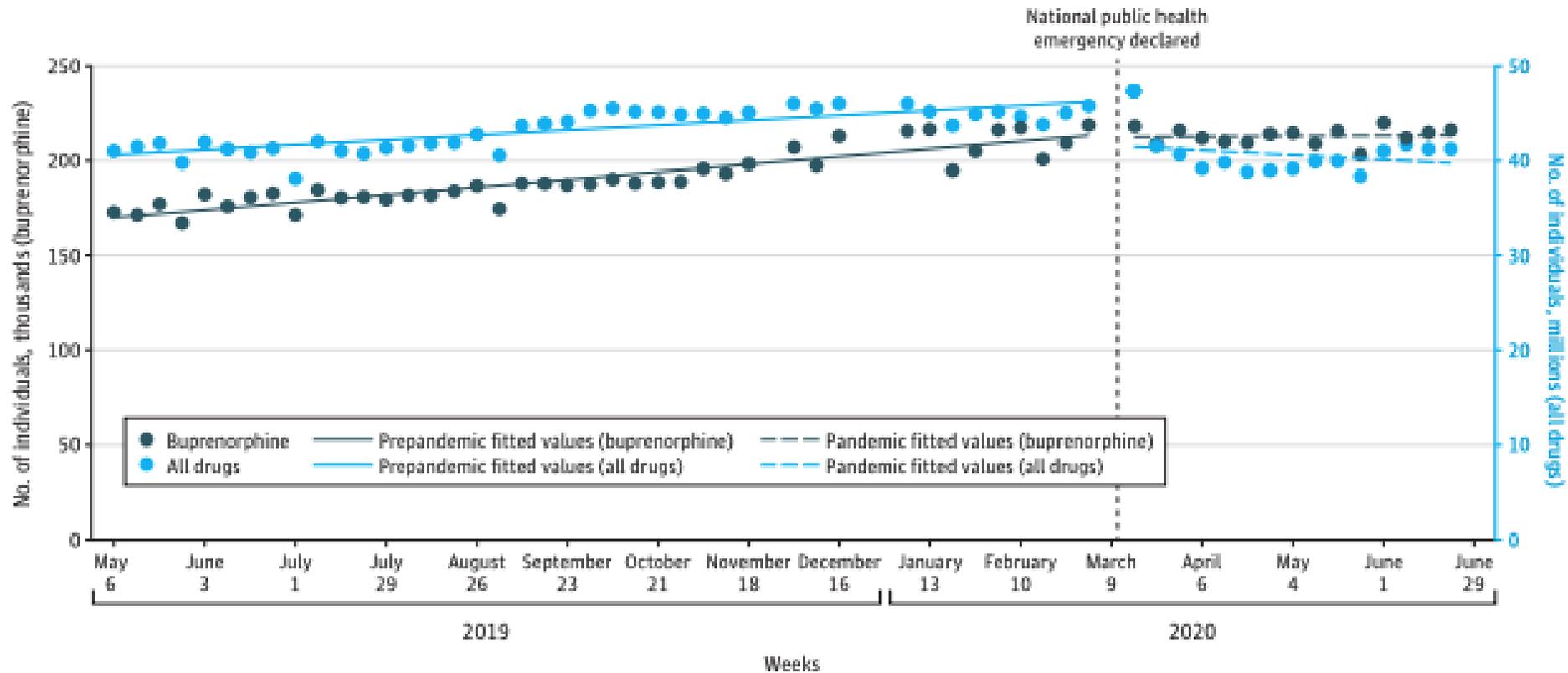
Mobile
methadone
expansion

Reduced
barriers around
medication
dispensing

Changing
reimbursement
structures

Buprenorphine Use During the Federal Public Health Emergency

A Buprenorphine vs any prescription



Innovative Solutions by Programs

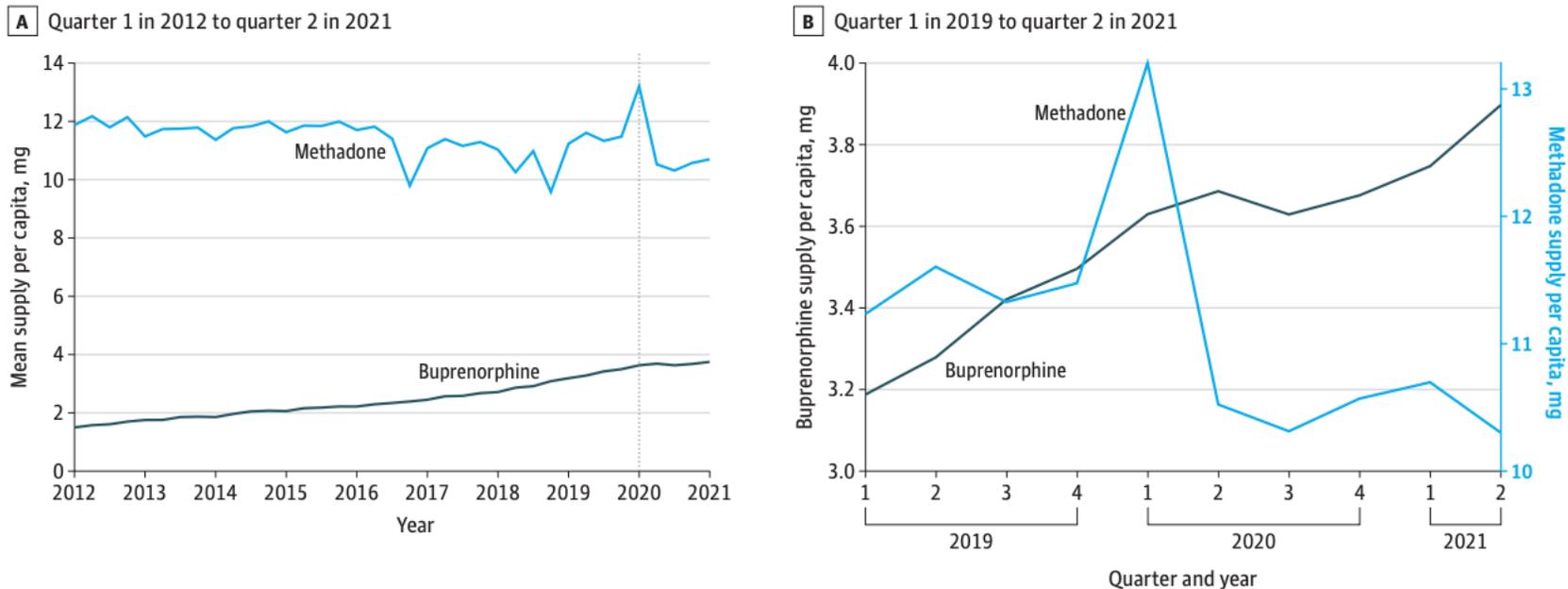
- Telemedicine
 - Phone booths/rooms/distribution
 - 24-hour free buprenorphine hotline
- Home delivery of services
- Makeshift services for people with unstable housing or no cellphones

- But critically, policy changes depended on supportive state regulations



Methadone at OTPS was Slower to Adapt During the Public Health Emergency

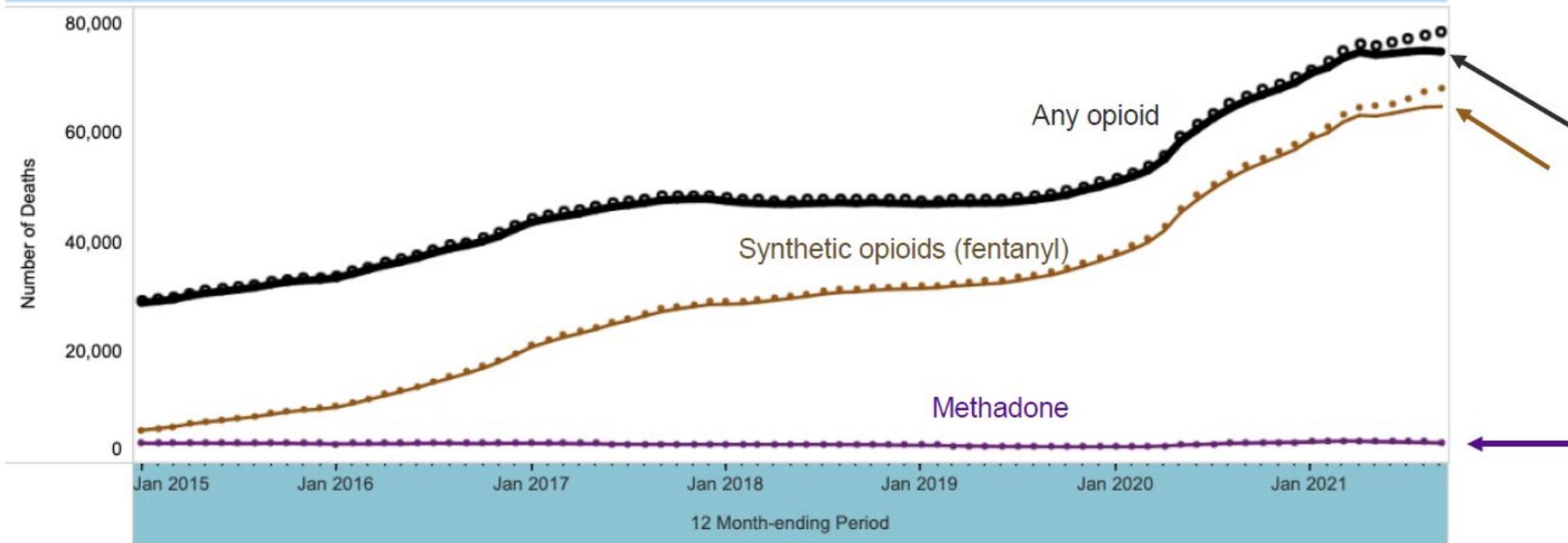
Figure 1. Mean Per Capita Supply of Buprenorphine and Methadone During the Study Period



Data are from ARCOS (Automated Reports and Consolidated Ordering System). The vertical dashed line indicates the outbreak of COVID-19 in the US.

No Discernable Changes in Methadone Overdoses During Pandemic

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Patient Testimonials

*Greater autonomy
and normalcy.*

“I feel a little more independent. I feel when I do get a job it will be a lot easier. I just enjoy being able to be more like a normal person, just having my medication at home.”

“I told the clinic I was having trouble with take-homes, so they stopped giving them to me. I like it better because going to the clinic gets me up and ready for the day.”

*Individualized care is key;
more frequent contact
beneficial for some.*

*Supported
patient
treatment goals.*

“Take homes is a blessing because I wasn’t off heroin before COVID. I wasn’t getting to the clinic every day; now I’m able to get there so it’s helped a lot to get stable, stabilized and get off of the drugs.”

Provider Testimonials

Positive about extending take-home eligibility.

“Patients we never would have put on once a month or twice a month have done really well with this.”

“Due to telephonic services our utilization is through the roof. Individuals absolutely love it. We’ve never had our show rate be as high as it now.”

Telehealth increased engagement and satisfaction.

Some patients miss daily contact with staff.

Some of them miss coming in all the time. Sometimes we’re the only nice people they see all day.

Federal Methadone Regulations: More Discretion than You Might Think

- Federal agencies (DEA and SAMHSA) can amend several regulations under the existing statutes
- This includes the flexibilities created during the public health emergency
 - Extended take-homes
 - Requirement around urine drug testing and counseling

Scope for Further Regulatory Changes

- Similarly, federal flexibilities around buprenorphine can be expanded beyond the public health emergency using administrative action
- Using and expanding new options: 2021 DEA rule related to mobile methadone
- New Narcotic Treatment Guidelines offering potential flexibility to correctional facilities



Congress Can Also Take Actions

- Pass the **MAT** and **MAT Acts** to finally eliminate the X-waiver and make addiction medicine training a requirement of controlled substance prescribing
- **Opioid Treatment Access Act** (Markey and Paul co-sponsors) would allow pharmacies to dispense methadone for the first time



Congress Can Also Take Actions

- We now have perhaps the greatest **window of opportunity** to re-think controlled substance treatment since 1970s
- **Looming deadline:** phase out of the federal public health emergency provisions
- Don't make perfect the enemy of the good? Incremental reforms can still make a big difference

An End to the Self-Wiping Napkin



Thank You!

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