



# Claims vs. Program Reality

For over 50 years, Opioid Treatment Programs (OTPs) have been the gold standard for treating opioid use disorder (OUD). They are the only treatment model subject to rigorous government oversight, and they are required by law to provide the full range of evidence-based medication-assisted treatment (MAT) services to patients.

Yet, there is a growing misconception that the evidence-based OTP wraparound services are unnecessary and all that people seeking recovery need is simply a pill. This is untrue and dangerous for people with active addiction.

## ACCESS TO CARE

### Claims

OTPs are inaccessible for Americans in rural and underserved communities.

Any licensed physicians should be able to prescribe methadone.

Allowing pharmacies to dispense methadone will increase patient access.

### Program Realities

Today, nearly 87% of all U.S. adults live within 30 miles of an OTP facility<sup>1</sup> and the MAT provided by OTP's is covered by Medicare and many commercial insurance payers.

Physicians have dedicated their life's work to taking care of others. But not all licensed physicians are trained in addiction treatment, nor do they understand the complexities of treating OUD. Few office-based providers have the resources and infrastructure needed to ensure OUD patients are taking the drug as directed and receiving the counseling and therapy necessary for recovery.

Expanding access to methadone without robust diversion control mechanisms, necessary oversight, and clinical accountability is dangerous for patients and communities. A recent study found that when methadone is picked up at a pharmacy, patients demonstrated a one-year retention rate of just 11.9%, compared to a 57% retention rate for patients getting medication from a clinic<sup>2</sup>.

<sup>1</sup> <https://dpt2.samhsa.gov/treatment/>

<sup>2</sup> <https://pubmed.ncbi.nlm.nih.gov/30064001/>

## QUALITY OF CARE

### Claims

OTPs are an antiquated and overly regulated approach to treating OUD.

Mandatory toxicology tests are an unnecessary obstacle for patients with OUD.

Behavioral counseling and psychosocial supports should not be a necessary part of opioid addiction treatment

Medication-assisted treatment is just swapping out one drug with a different drug.

OTPs stigmatize OUD patients seeking treatment by requiring daily visits to receive medication.

### Program Realities

The OTP evidence-based approach with multidisciplinary provider teams creating personalized care plans with wrap-around services has been proven as the most effective treatment for recovery.

Toxicology tests are an important part of the recovery process and ensure patients are adhering to their highly personalized treatment plan. These tests also help prevent the diversion of a powerful narcotic into the community and help identify other substance use comorbidities that may prevent the patient from achieving a successful recovery.

Patients with OUD often have co-occurring mental and behavioral health disorders. Prescribing medication to treat OUD without taking into account the patient's mental and behavioral health does not set the patient on the path for successful long-term recovery.

Like any chronic condition, OUD requires long-term treatment that includes medication, lifestyle changes, and comprehensive plans to guide clinical decision-making. When used as directed, MAT drugs allow the patient to function and succeed in recovery.

OTP facilities prioritize treating the whole of the patient, which requires regular face-to-face interactions with OTP providers. OTPs provide a full range of Medication-Assisted Treatment (MAT) services through interdisciplinary teams made up of addiction specialists, behavioral and mental health specialists, and social workers – all with the experience, knowledge, and bandwidth to create highly personalized care plans and guide clinical decision making.