



SB 520 Behavioral Health Programs - Opioid Treatment Services - Limitation on Licenses
Senate Finance Committee February 18, 2020

OPPOSE

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

The effort to impose arbitrary limits on the number of opioid treatment programs in each jurisdiction appears to be the result of misunderstanding the importance of treatment for this disorder, and the role of Opioid Treatment Programs (OTPs).

A relatively small proportion of people with opioid use disorders (OUD), especially those less severely affected, are able to recover without medications. Most people with OUD are much more likely to recover with a combination of medication-assisted treatment, usually methadone or buprenorphine, together with individual and/or group counseling.

Many people with OUD are successfully treated with buprenorphine delivered through Office-Based Opioid Treatment (OBOT). However, it is not unusual for some people to respond to treatment at an OTP with methadone when they have not responded to buprenorphine via OBOT.

People with opioid use disorder (OUD) are subjected to judgment, misunderstanding, and stigma due to having substance use disorder itself, more stigma when treated with medication, and still more when on a particular type of medication, namely methadone.

OTPs provide an indispensable evidence-based service by treating people with OUD using counseling, case management, referrals for mental and somatic health care, help with housing and employment, along with medication-assisted treatment with methadone or buprenorphine. Without these treatments, many or most clients would be at risk for overdose death, contracting or spreading infectious disease, being involved in crime to support their addiction, and other negative outcomes.

One would never deprive people of access to needed treatment for other health conditions by imposing an arbitrary limit on, e.g., medical offices.

Limiting access to medication-assisted treatment at OTPs is likely to increase overdose deaths, as well as rates of active opioid addiction with all of the attendant harm to patients, families, and communities.
