Making a Transformation (MAT) Conference 2024

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

May 2024

Keynote 1: Updates in Methadone 2024: Increasing Access, Decreasing Stigma, and New Directions

Transforming California's Medications for Addiction Treatment System

Kimberly Sue, MD, PhD
Assistant Professor of Medicine and Public Health
Yale School of Medicine
Making A Transformation Conference
May 8, 2024

Start Code

2289

3

Disclosures

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Our Partners

These are the partners that we subcontract with for TA

CALIFORNIA OPIOID MAINTENANCE PROVIDERS

Aurrera HealthGroup

Mission driven. Forward thinking.

UCLA Integrated Substance Abuse Programs

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CALIFORNIA Hub & Spoke SYSTEM

AHP Advocates for Human Potential, Inc.

Disclosures

- I do not have any financial disclosures or other conflicts of interest to disclose.

It should be easier to access methadone treatment than fentanyl from a dealer

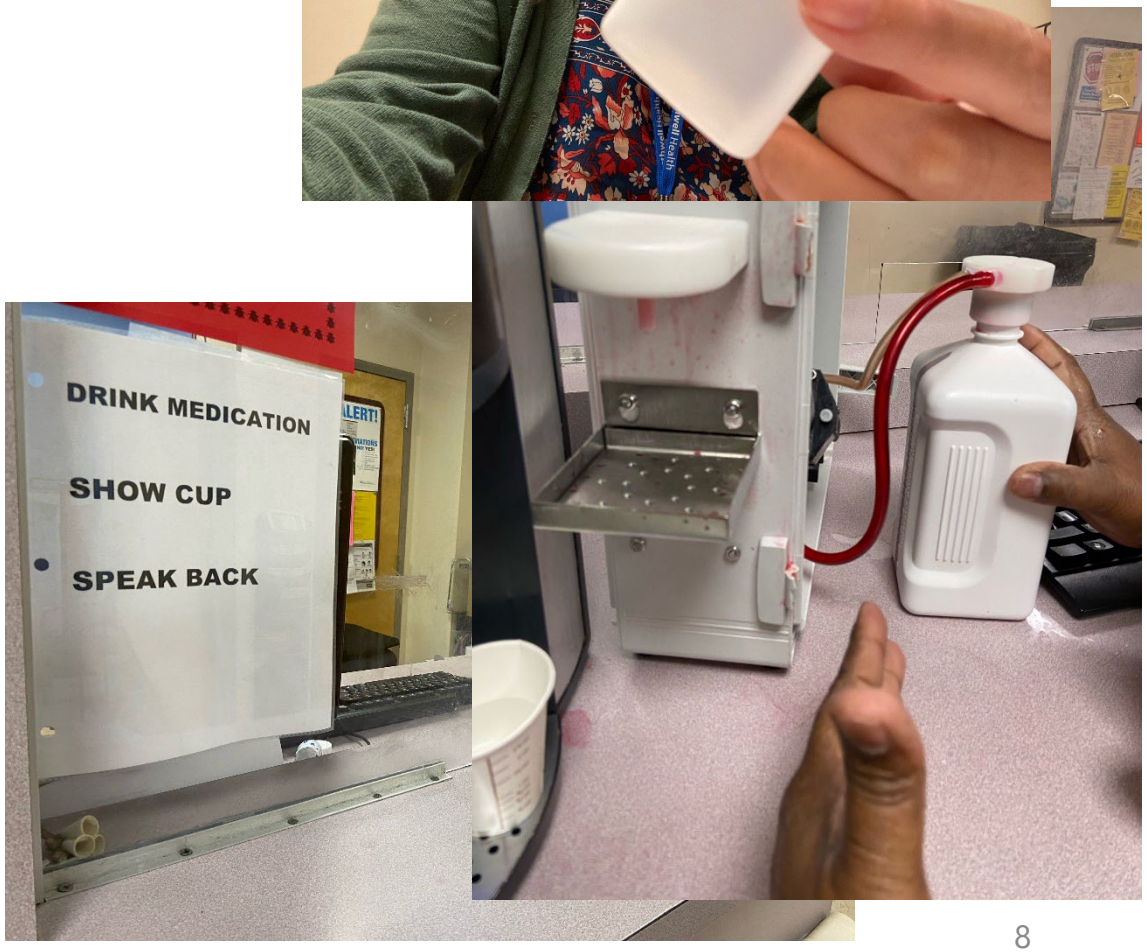
DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CALIFORNIA Hub & Spoke SYSTEM

AHP Advocates for Human Potential, Inc.

My Journey in Methadone

- "A pain medication": Methadone for chronic pain, primary care clinic, MGH Charlestown, MA
- Rikers Island KEEP program: 30 years of methadone provision in NYC jail
- Methadone during COVID: Canarsie, Brooklyn, OTP medical director
- Methadone + primary care at Apt Foundation, New Haven, CT



DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
CALIFORNIA Hub & Spoke SYSTEM
AHP Advocates for Human Potential, Inc.

Medication for Opioid Use Disorder: US Snapshot

- Estimated burden of OUD in the US: NSDUH 2021 estimate 2.0% of the population or 5.6 million people
- Past year OUD, 35.6% received any SUD tx and 22.3% MOUD (Jones 2023)
- Those less likely to receive MOUD were Black, women, unemployed, rural areas

~4,351,200 million people

with OUD did not access MOUD.

Jones CM, Han B, Baldwin GT, Einstein EB, Compton WM. Use of Medication for Opioid Use Disorder Among Adults With Past-Year Opioid Use Disorder in the US, 2021. *JAMA Netw Open.* 2023;6(8):e2327488. doi:10.1001/jamanetworkopen.2023.27488

Sociohistorical Perspectives on Methadone in the United States

Why does this history matter?

- Developed in WWII as alternative analgesic to morphine, studied at at Lexington "Narcotic Farm" for opioid withdrawal management 1946
- Marie Nyswander, Vincent Dole, Mary Jean Kreek: early research on methadone to treat heroin use disorder met with disapproval from Bureau of Narcotics, according to Don DesJarlais, tried to revoke Dole's license. 1965: Dole publishes on maintenance.
- Approved by FDA in 1972 for treating heroin addiction
- OTPs and methadone maintenance born of the US' inherent politics of medicine and clinical research; carcerality baked in

THE NEW YORK TIMES, SATURDAY, DECEMBER 16, 1972

F.D.A. Sets Severe Restrictions on Use of Methadone

By HAROLD M. SCHMECK Jr.
Special to The New York Times

WASHINGTON, Dec. 15—Severe restrictions on the use of methadone were made public today by the Food and Drug Administration in an effort to exert better control over this widely used substitute for heroin.

Under the new regulations, methadone maintenance programs are expected to expand substantially, but they will be much more tightly controlled. The prescribing of methadone to heroin addicts by individual doctors not involved in such programs will be virtually ruled out. Except in special and restricted cases, the drug will not be carried by pharmacies except those of hospitals.

The new regulations place tight restrictions on the types of patient able to get methadone and on their use of it.

Methadone is a synthetic chemical developed in Germany during World War II to cope with a shortage of morphine. In recent years it has been used widely in maintenance programs for heroin addicts because, when taken by mouth, it frees the patient of a craving for the other drug but does not produce the "high" the addict seeks.

However, methadone is also a narcotic and can produce the "high" when injected. Substantial quantities have been diverted into illicit channels in recent years.

The new regulations, most of which become effective in 90 days, are designed to allow expansion of methadone's legitimate uses, while curbing illicit traffic.

The new regulations have been expected for several months. Dr. Robert G. Newman, director of New York City's methadone maintenance programs, said today he was not familiar with the details of the final version, but did not expect there would be much effect on legitimate methadone use in the city.

Dr. Newman, who is also Assistant Commissioner of Health for addiction programs, said the programs in New York were generally well operated and under close surveillance.

He said he believed they were largely free of the kinds of abuse reported from other cities, including Washington. There have been widespread reports here that some individual doctors have been dispensing the drug without proper supervision of the persons receiving it.

New York, which has an estimated 100,000 to 150,000 hard-core heroin addicts, keeps a weekly census of persons under treatment for addiction. The latest tally shows 30,315 patients in methadone maintenance programs, of whom 9,530 receive the drug through the Health Service Administration's 41 clinics. Roughly 20,000 are under treatment in various programs that do not use methadone.

A preliminary version of the Federal regulations made public today was made public here in April and has evoked a great deal of comment from doctors, industry representatives and others.

Numerous critics said the proposed regulations would be an unwarranted intrusion into medical practice and the doctor-patient relationship. Government spokesmen have replied that such intrusions have been kept to the absolute minimum required for the safe use of the drug.

The new regulations were published today in the Federal Register over the signature of Dr. Charles C. Edwards, Commissioner of Food and Drugs. In the 19-page document, Dr. Edwards said that maintenance programs had expanded greatly in recent years.

"This expansion has led in some cases to a growing problem of abuse and diversion," he observed. The new regulations provide the following:

¶The drug will not be available to persons under the age of 18 except in special circumstances.

¶A patient seeking admission to a maintenance program must be able to show he has been drug-dependent for at least two years.

¶All participation must be voluntary.

¶The drug will be administered only in liquid form, and the privilege of taking it home, rather than receiving the dose at a center, will be sharply restricted.

The drug is a powerful pain killer and will still be available to doctors to use in patients who demonstrably need it, but such doctors must get their prescriptions filled either through approved methadone programs or hospitals that maintain supplies of it.

The maintenance programs must be approved by state and Federal agencies.

In answer to a query today, the Bureau of Narcotics and Dangerous Drugs said there were an estimated 10,000 persons in the United States on federally sponsored methadone maintenance programs in October, 1971, and that the figure had risen to 20,000 in September, an estimated 34,000 were receiving methadone on doctors' prescriptions.

In remarks prepared for a news conference to be held next Monday, John E. Ingersoll, director of the bureau, said that the 34,000 represented an estimated 63 per cent of all known legitimate users.

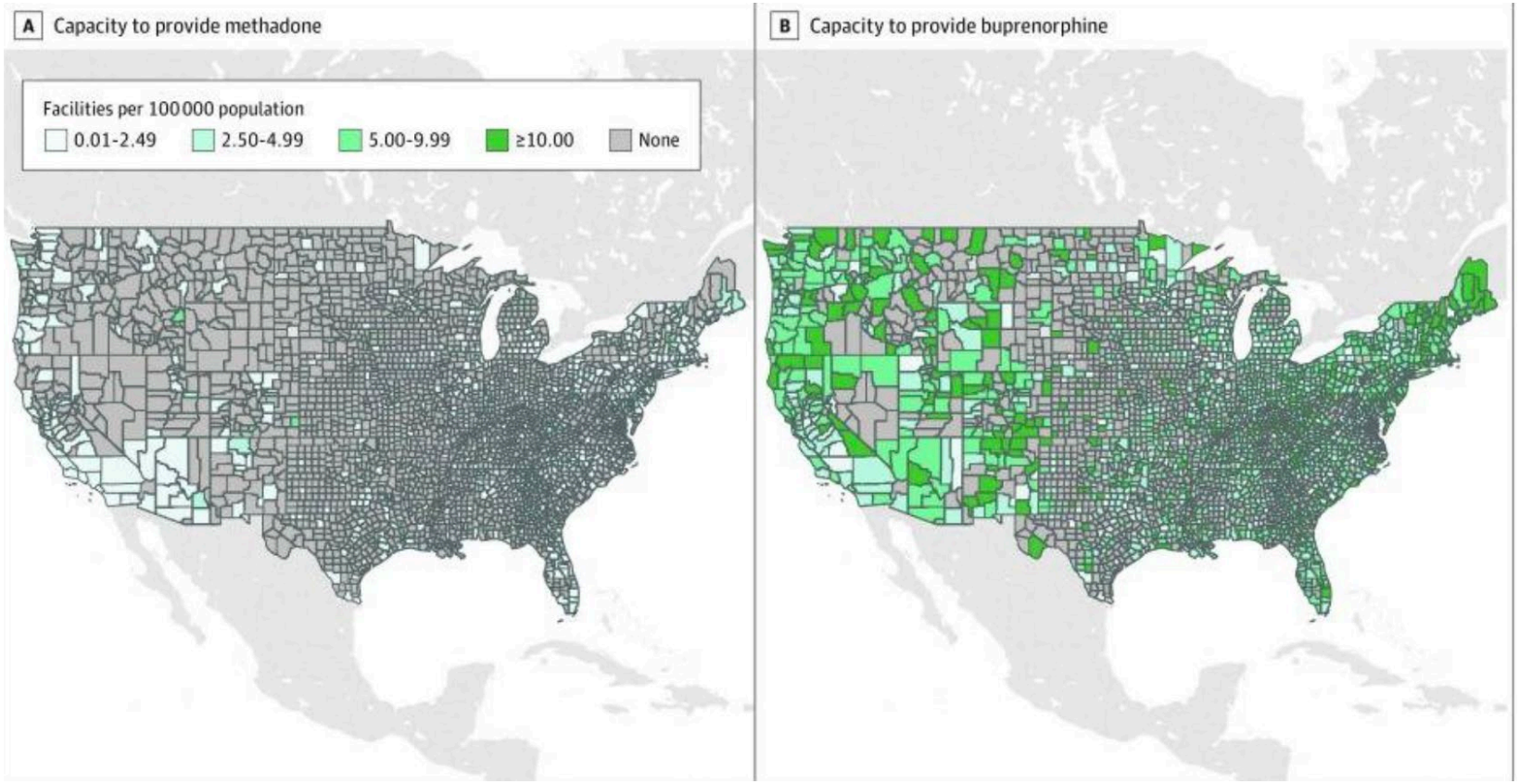
The White House's special action office for drug abuse prevention, headed by Dr. Jerome H. Jaffe, estimates that there are 500,000 to 600,000 users of heroin in the country today. Not all of them use the narcotic frequently enough to be classed as addicts, however.

A news conference to explain the new regulations is planned for next Monday by the three Government agencies involved —the F.D.A., the bureau and Dr. Jaffe's office.

There are believed to be 435 federally approved maintenance programs throughout the country using methadone to help heroin addicts. It is also used on a short-term basis to detoxify heroin addicts and is given to a few seriously ill patients who are in great pain.

Structural Racism and MOUD Access

- Black pts much less likely to access buprenorphine
- Methadone access higher in counties w/ Black and Hispanic patients, bupe access higher in counties w/ white residents
- White Out (Hansen, Netherland, Herzberg)



E

Goedel WC, Shapiro A, Cerdá M, Tsai JW, Hadland SE, Marshall BDL. Association of Racial/Ethnic Segregation With Treatment Capacity for Opioid Use Disorder in Counties in the United States. JAMA Netw Open. 2020 Apr 1;3(4):e203711. doi: 10.1001/jamanetworkopen.2020.3711. PMID: 32320038; PMCID: PMC7177200.

From: **Racial and Ethnic Disparities in Buprenorphine Treatment Duration in the US**

JAMA Psychiatry. 2023;80(1):93-95. doi:10.1001/jamapsychiatry.2022.3673

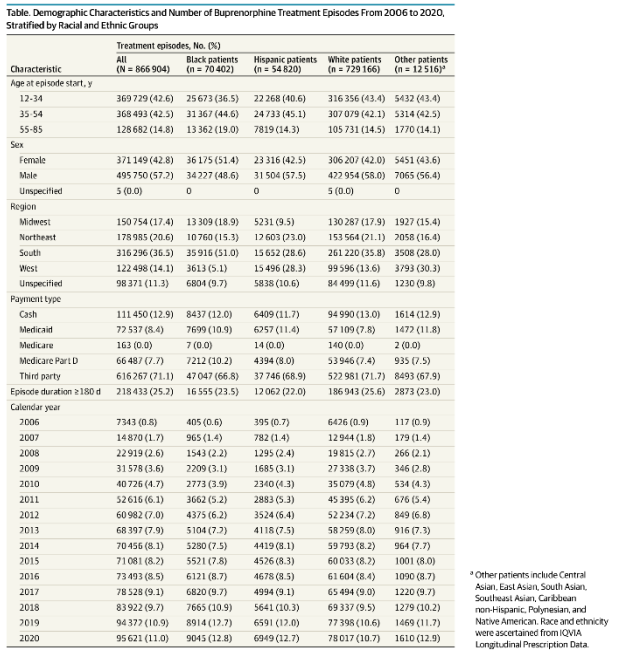


Table. Demographic Characteristics and Number of Buprenorphine Treatment Episodes From 2006 to 2020, Stratified by Racial and Ethnic Groups

Characteristic	Treatment episodes, No. (%)				
	All (N = 866 904)	Black patients (n = 70 402)	Hispanic patients (n = 54 820)	White patients (n = 729 166)	Other patients (n = 12 516)[a]
Age at episode start, y					
12-34	369 729 (42.6)	25 673 (36.5)	22 268 (40.6)	316 356 (43.4)	5432 (43.4)
35-54	368 493 (42.5)	31 367 (44.6)	24 733 (45.1)	307 079 (42.1)	5314 (42.5)
55-85	128 682 (14.8)	13 362 (19.0)	7819 (14.3)	105 731 (14.5)	1770 (14.1)
Sex					
Female	371 149 (42.8)	36 175 (51.4)	23 316 (42.5)	306 207 (42.0)	5451 (43.6)
Male	495 750 (57.2)	34 227 (48.6)	31 504 (57.5)	422 954 (58.0)	7065 (56.4)
Unspecified	5 (0.0)	0	0	5 (0.0)	0
Region					
Midwest	150 754 (17.4)	13 309 (18.9)	5231 (9.5)	130 287 (17.9)	1927 (15.4)
Northeast	178 985 (20.6)	10 760 (15.3)	12 603 (23.0)	153 564 (21.1)	2058 (16.4)
South	316 296 (36.5)	35 916 (51.0)	15 652 (28.6)	261 220 (35.8)	3508 (28.0)
West	122 498 (14.1)	3613 (5.1)	15 496 (28.3)	99 596 (13.6)	3793 (30.3)
Unspecified	98 371 (11.3)	6804 (9.7)	5838 (10.6)	84 499 (11.6)	1230 (9.8)
Payment type					
Cash	111 450 (12.9)	8437 (12.0)	6409 (11.7)	94 990 (13.0)	1614 (12.9)
Medicaid	72 537 (8.4)	7699 (10.9)	6257 (11.4)	57 109 (7.8)	1472 (11.8)
Medicare	163 (0.0)	7 (0.0)	14 (0.0)	140 (0.0)	2 (0.0)
Medicare Part D	66 487 (7.7)	7212 (10.2)	4394 (8.0)	53 946 (7.4)	935 (7.5)
Third party	616 267 (71.1)	47 047 (66.8)	37 746 (68.9)	522 981 (71.7)	8493 (67.9)
Episode duration ≥180 d	218 433 (25.2)	16 555 (23.5)	12 062 (22.0)	186 943 (25.6)	2873 (23.0)
Calendar year					
2006	7343 (0.8)	405 (0.6)	395 (0.7)	6426 (0.9)	117 (0.9)
2007	14 870 (1.7)	965 (1.4)	782 (1.4)	12 944 (1.8)	179 (1.4)
2008	22 919 (2.6)	1543 (2.2)	1295 (2.4)	19 815 (2.7)	266 (2.1)
2009	31 578 (3.6)	2209 (3.1)	1685 (3.1)	27 338 (3.7)	346 (2.8)
2010	40 726 (4.7)	2773 (3.9)	2340 (4.3)	35 079 (4.8)	534 (4.3)
2011	52 616 (6.1)	3662 (5.2)	2883 (5.3)	45 395 (6.2)	676 (5.4)
2012	60 982 (7.0)	4375 (6.2)	3524 (6.4)	52 234 (7.2)	849 (6.8)
2013	68 397 (7.9)	5104 (7.2)	4118 (7.5)	58 259 (8.0)	916 (7.3)
2014	70 456 (8.1)	5280 (7.5)	4419 (8.1)	59 793 (8.2)	964 (7.7)
2015	71 081 (8.2)	5521 (7.8)	4526 (8.3)	60 033 (8.2)	1001 (8.0)
2016	73 493 (8.5)	6121 (8.7)	4678 (8.5)	61 604 (8.4)	1090 (8.7)
2017	78 528 (9.1)	6820 (9.7)	4994 (9.1)	65 494 (9.0)	1220 (9.7)
2018	83 922 (9.7)	7665 (10.9)	5641 (10.3)	69 337 (9.5)	1279 (10.2)
2019	94 372 (10.9)	8914 (12.7)	6591 (12.0)	77 398 (10.6)	1469 (11.7)
2020	95 621 (11.0)	9045 (12.8)	6949 (12.7)	78 017 (10.7)	1610 (12.9)

[a] Other patients include Central Asian, East Asian, South Asian, Southeast Asian, Caribbean non-Hispanic, Polynesian, and Native American. Race and ethnicity were ascertained from IQVIA Longitudinal Prescription Data.

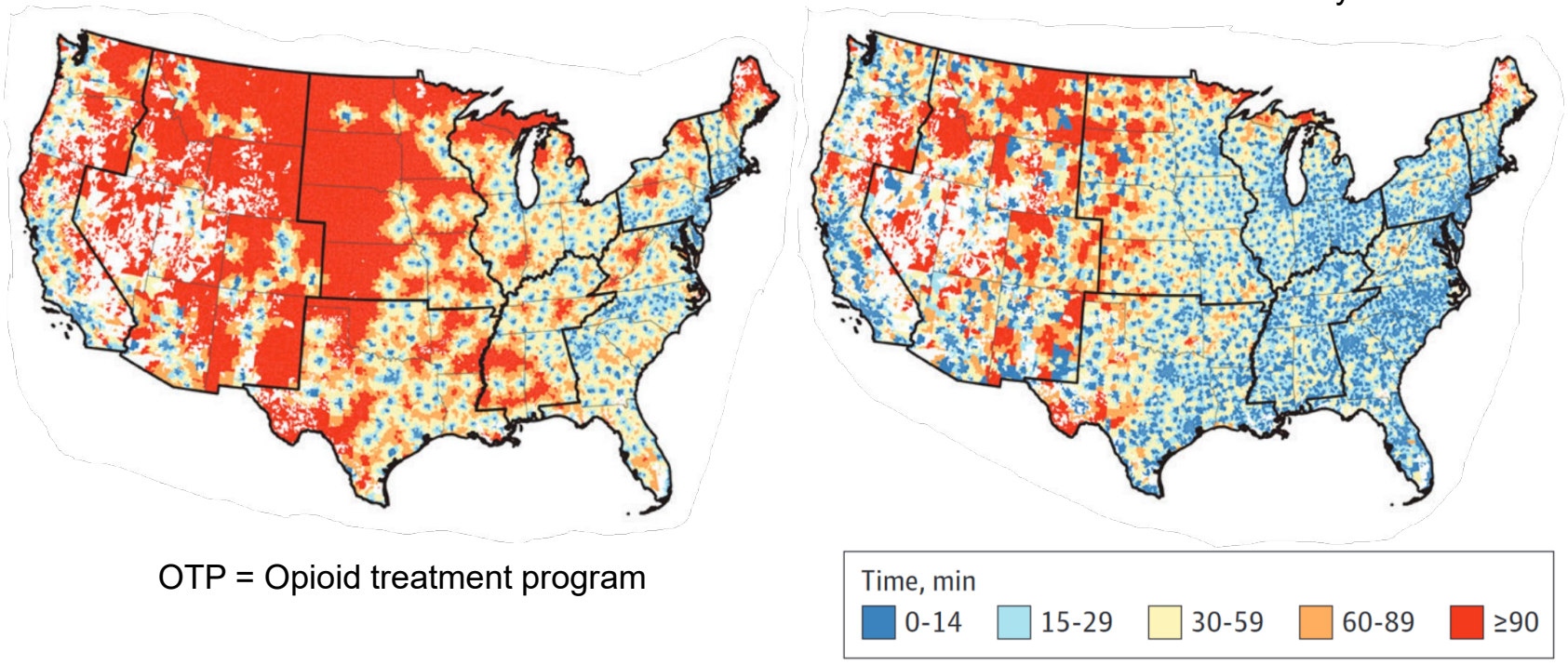
Table Title:

Demographic Characteristics and Number of Buprenorphine Treatment Episodes From 2006 to 2020, Stratified by Racial and Ethnic Groups[a] Other patients include Central Asian, East Asian, South Asian, Southeast Asian, Caribbean non-Hispanic, Polynesian, and Native American. Race and ethnicity were ascertained from IQVIA Longitudinal Prescription Data.

Methadone Access in the US

A. Drive time to nearest OTP

B. Drive time to nearest dialysis center



OTP = Opioid treatment program

Joudrey et al JAMA Network Open 2022

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
CALIFORNIA Hub & Spoke SYSTEM
AHP Advocates for Human Potential, Inc.

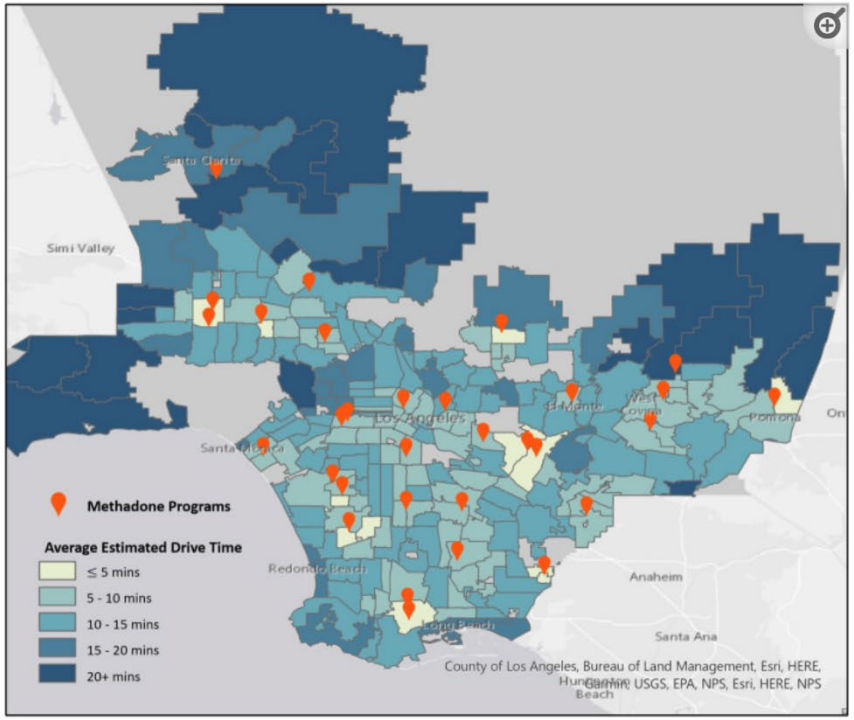
OTPs: A Litany of Problems

- Drive/travel time
- No flexibility with take-homes
- Punishment with dose or insufficient dose to blockade; punishment for polysubstance use
- Not therapeutic whole person care
- Harassment and stigma from staff/guards/admins/HCWs
- Inflexible hours
- Frequent urine toxicology
- Counseling requirements
- Lev Facher *Stat News* "War on Recovery"
- National Survivors Union: "A culture of cruelty"

Drive Time to OTPs and Outcomes: Los Angeles Case Study

- Discharge data analysis of 22,587 OUD treatment episodes in LA
- On average, 10.88% of episodes resulted in completion of treatment goals. The completion rate of counseling episodes was 23.6% whereas the completion rate for methadone was notable lower, at 8.1%
- Findings show an average driving time of 11.32 min and an average distance of 11.18 km
- Found that an EDT of 10 to 20 min was associated with a 33% (CI = 12.2, 40.1%) drop in the odds of completing a methadone episode compared to an episode where the client had an EDT of less than 10 min.

Fig. 1



Average Estimated Drive Time to Reach Methadone Programs in Los Angeles by ZIP Code. A combination of GIS and Google Maps API was used to calculate the average time (in minutes) it would take for clients from Los Angeles County ZIP code in the study sample to drive to the methadone programs they attended. For robustness, only ZIP codes with at least 10 episodes are shown

Alibrahim A, Marsh JC, Amaro H, Kong Y, Khachikian T, Guerrero E. Disparities in expected driving time to opioid treatment and treatment completion: findings from an exploratory study. BMC Health Serv Res. 2022 Apr 11;22(1):478. doi: 10.1186/s12913-022-07886-7. Erratum in: BMC Health Serv Res. 2022 May 9;22(1):620. PMID: 35410215; PMCID: PMC8996398.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES · CALIFORNIA Hub & Spoke SYSTEM · AHP Advocates for Human Potential, Inc.

California OTP Regulations >> Fed Regs

Figure 1

19 States and the District of Columbia Impose Barriers on Opening New OTPs

Restrictions on new OTPs as of June 1, 2021

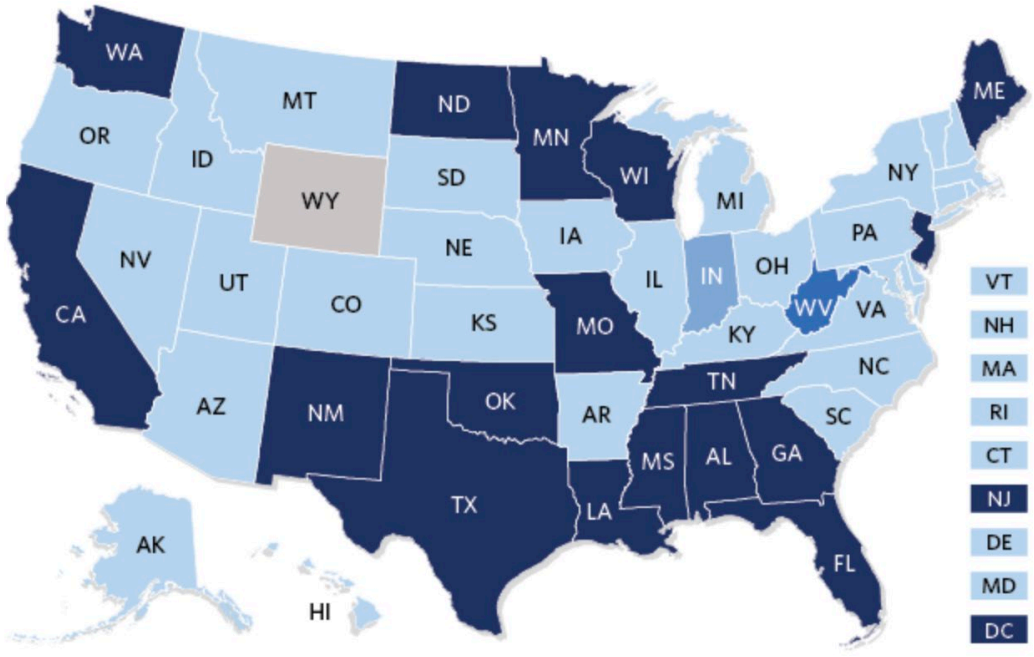
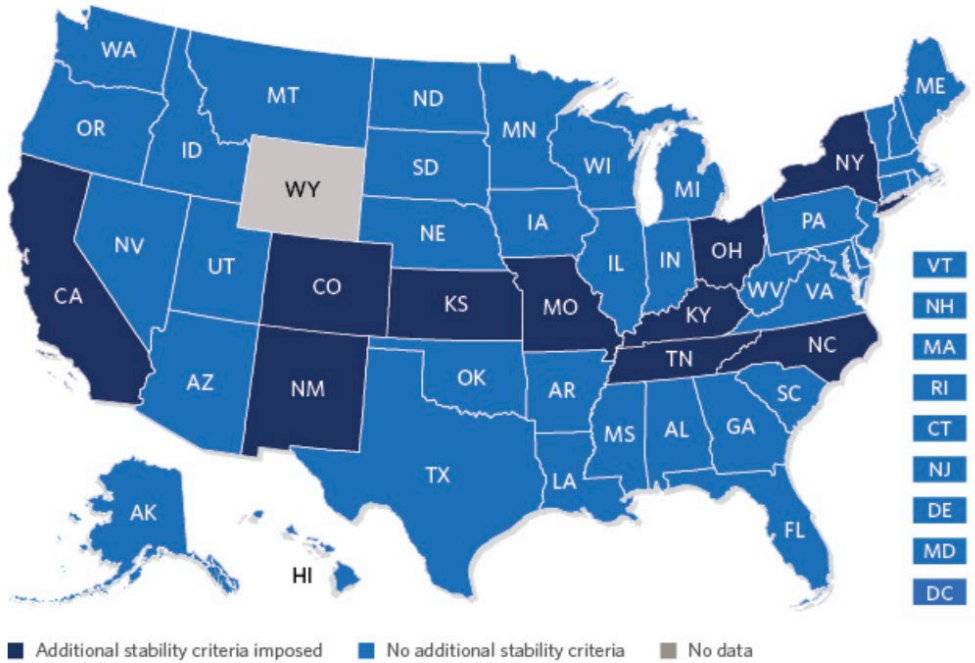


Figure 10

State Stability Requirements Make It Harder to Obtain Take-Home Medication

States with a definition of stability beyond what is described in federal rules as of June 1, 2021



Note: Wyoming has no data because the state has no OTPs or related regulations.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CALIFORNIA Hub & Spoke SYSTEM

AHP Advocates for Human Potential, Inc.

[Overview of Opioid Treatment Program Regulations by State]

Love people on methadone

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CALIFORNIA Hub & Spoke SYSTEM

AHP Advocates for Human Potential, Inc.

SAMHSA Final Rule Updates 2024

Overall moving to promote use of clinical judgment and patient-centered care

- **Stigma**
  1. Removes stigmatizing language “abuse” “detoxification” “MAT”, etc.
- **Telehealth**
  1. Allows OTPs to initiate buprenorphine treatment via audio-visual or audio only
  2. Allows OTPs to initiate methadone treatment via audio-visual only or audio-only if in the presence of a licensed controlled-substances practitioner (with dosing at OTP)
- **Eligibility**
  1. Removes 1-year minimum diagnosis of OUD criteria to expand to any mod/severe OUD, OUD remission, or risk of recurrence/overdose, and removes 1-year history of OUD for individuals leaving corrections, pregnant, or previously enrolled
  2. Removes requirement of 2 failed attempts at detox for minors <18 to enter OTP

Summary by Noa Krawczyk

SAMHSA Final Rule Updates 2024

- **Interim Treatment**
  1. Definition expanded from 120 to 180 days, and gives priority to pregnant individuals
  2. Expands the circumstances in which a patient may obtain treatment at another OTP to include instances when there is an inability to access care at the OTP of record.
- **Non-OTP methadone administration**
  1. Correctional settings can be designated LTC facility if registered as a hospital with DEA ”Certification as an OTP under this part is not required for the initiation or continuity of medication treatment or withdrawal management of a patient who is admitted to a hospital, long-term care facility, or correctional facility, that is registered with the Drug Enforcement Administration as a hospital/clinic, for the treatment of medical conditions other than OUD, and who requires treatment of OUD with methadone during their stay, when such treatment is permitted under applicable Federal law.”
  2. Lowering Barriers

- **Lowering barriers**

1. Does not make medication continuity contingent upon involvement in counseling services but fosters greater shared decision-making. Also expands definition of counseling to include harm reduction, psychoeducational services, and recovery-oriented services.
2. Facilitates initial screening to allow for medication to commence at time of intake
3. Serology optional: “Patient’s refusal to undergo lab testing should not preclude them from access to treatment, provided such refusal does not have the potential to negatively impact treatment with medications”.

SAMHSA Final Rule Updates 2024

- **Accreditation**
  1. Changes around OTP accreditation procedures as well as compliance oversight for Accreditation Bodies state and federal
  2. Expanded definition of practitioner to “a health care professional who is appropriately licensed by a State to prescribe and/or dispense medications for opioid use disorders and, as a result, is authorized to practice within an OTP”
- **Drug testing**
  1. Still require minimum 8 random tests per year, criteria around take homes do not explicitly mention drug testing
- **Take homes:**
  1. Patients new to tx can receive up to max 7 days of take-home doses during the first 14 days of treatment, up to max 14 take home doses from 15 days of treatment, and up to max 28 take-home doses from 31 days in treatment (OTPs must maintain procedures to protect take-homes from theft and diversion, and patient education on safe transport/storage)
  2. The following criteria are listed as guiding but ultimately rely on determinations by “an appropriately licensed OTP medical practitioner or the medical director”
     1. Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely;
     2. Regularity of attendance for supervised medication administration;
     3. Absence of serious behavioral problems that endanger the patient, the public or others;
     4. Absence of known recent diversion activity;
     5. Whether take-home medication can be safely transported and stored; and
     6. Any other criteria that the medical director or medical practitioner considers relevant to the patient’s safety and the public’s health.

Summary by Noa Krawczyk

Changes in Dosing SAMHSA Final Rule 2024

Dosing

1. Allows greater flexibility for split dosing, including in take homes and without additional documentation needed
2. Allows for higher induction doses of methadone, but requires rationale to be documented in patient's record "For each new patient enrolled in an OTP, the initial dose of methadone shall be individually determined and shall include consideration of the type(s) of opioid(s) involved in the patient's opioid use disorder, other medications or substances being taken, medical history, and severity of opioid withdrawal. The total dose for the first day should not exceed 50 milligrams unless the OTP practitioner, licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense MOUD, finds sufficient medical rationale, including but not limited to if the patient is transferring from another OTP on a higher dose that has been verified, and documents in the patient's record that a higher dose was clinically indicated.

How Can Change Happen?

- Movement building and community mobilization
- Education, enforcement, accreditation levers, payers
- Work with and action at state level
- There is a huge treatment gap need. Building more flexible and lower barrier OTPs can help more patients stay in treatment for longer
- MOTA-A bill to allow addiction medicine physicians to prescribe, pts to pick up at pharmacies, not OTPs

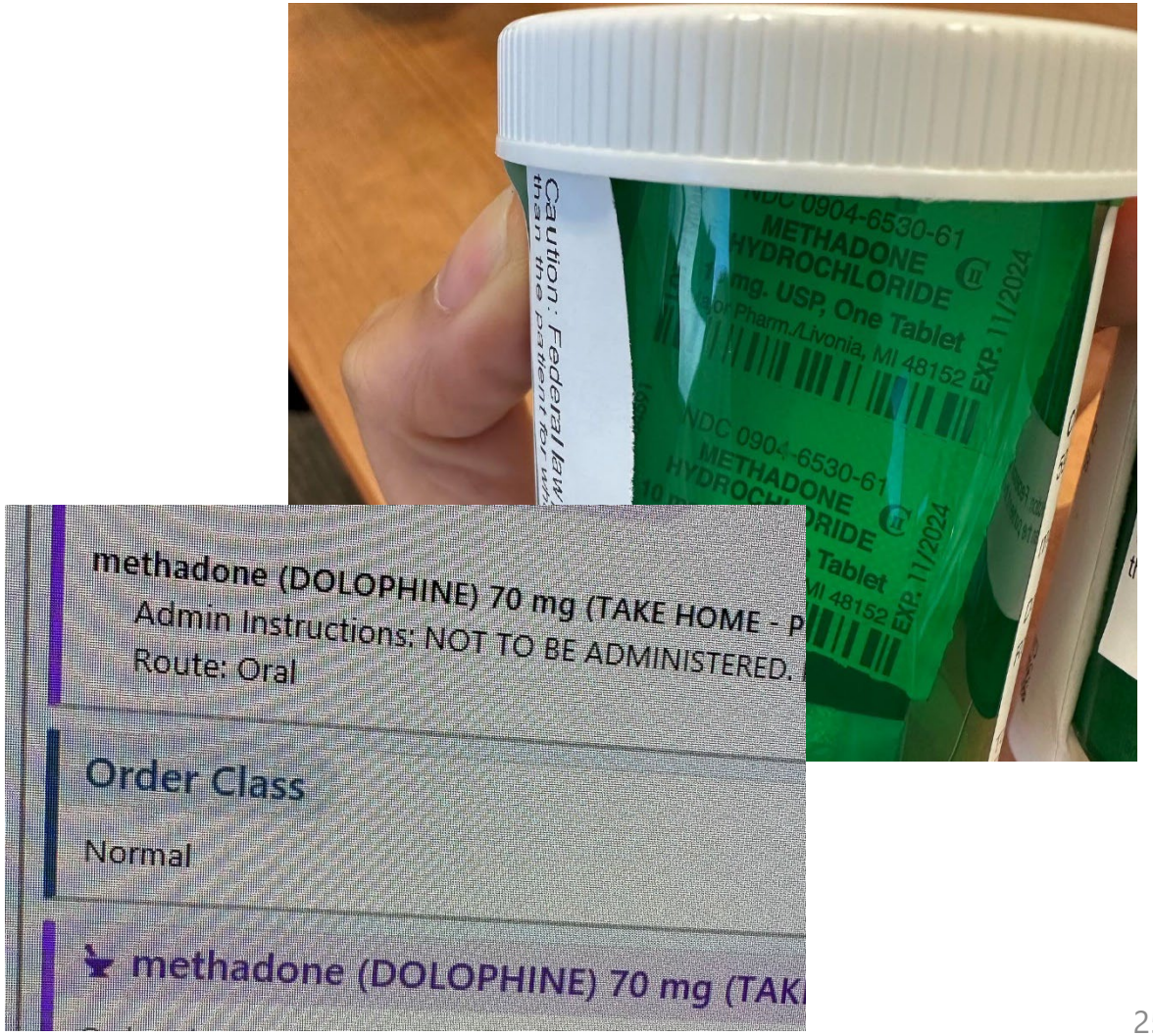
DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
CALIFORNIA Hub & Spoke SYSTEM
AHP Advocates for Human Potential, Inc.

Methadone Treatment Working Group Recommendations (Liberating Methadone Conference, NYU, Fall 2023)

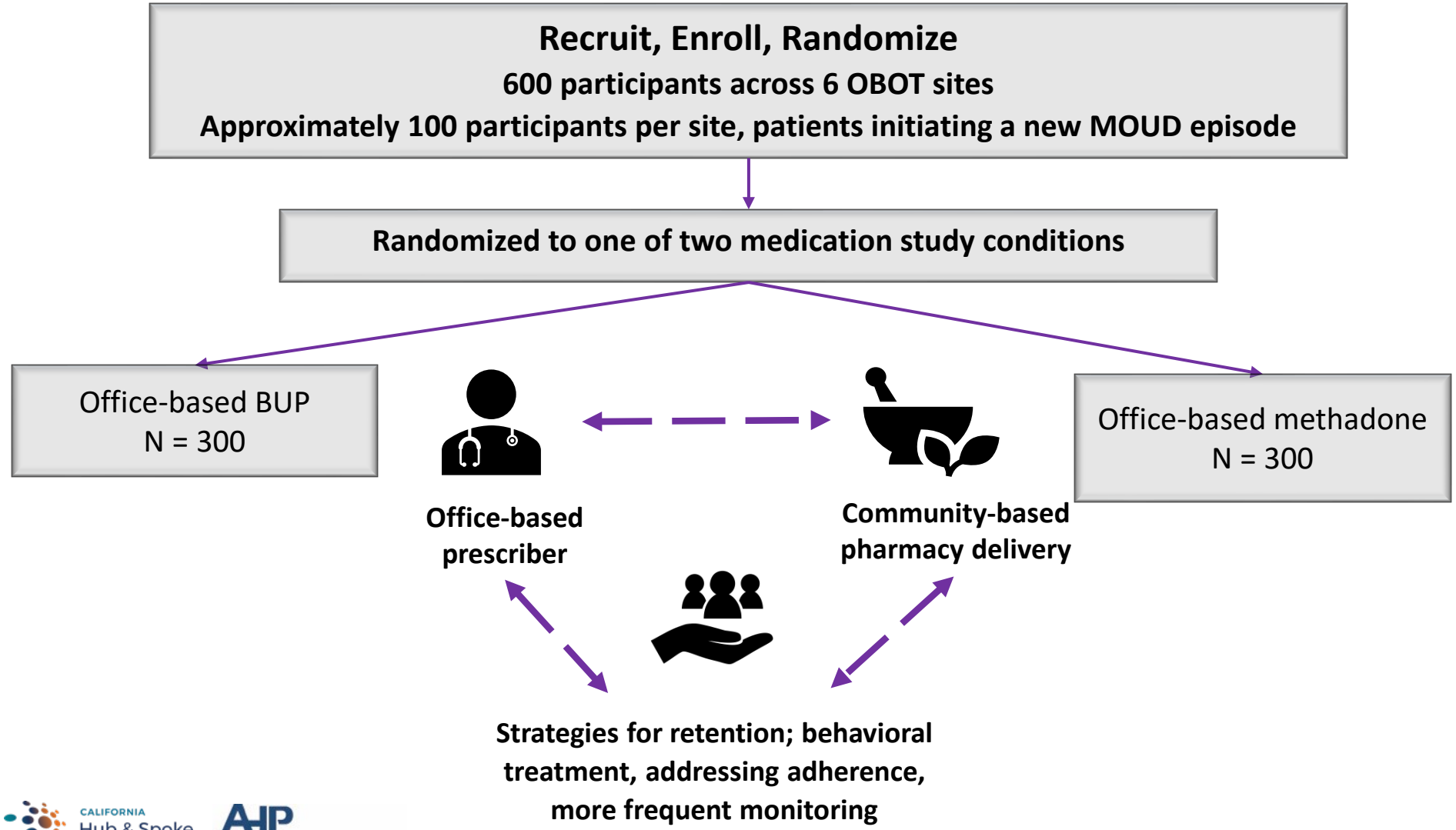
1. **Centering Living and Lived Experience in Policy and Practice**
2. **Shifting Public Thinking and Normalizing Methadone as Standard Healthcare**
3. **Improving Practices within Opioid Treatment Programs including Grounding in Person-centeredness**
4. **Creating Alternatives to the OTP System**
5. **Increasing Accountability In and Through Research, Data Collection, Reporting, and Monitoring**

Methadone 72 Hour Rule

- Methadone for OUD administered by non-OTP provider to treat opioid withdrawal for up to 72 hours while arranging ongoing care/linkage to OTP
- Currently not permitted in CA



Methadone in Primary Care?
CTN 0131 Office based methadone vs bupe to address retention for MOUD treatment



DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
CALIFORNIA Hub & Spoke SYSTEM
AHP Advocates for Human Potential, Inc.

Slide courtesy of Paul Joudrey

International Methadone Models

- Canada
- Australia
- UK

Overview of Methadone Delivery in Australia, Canada, the U.K., and the U.S.

	Allows prescribing outside of specialty treatment settings	Requires specialized training to prescribe	Allows pharmacy dispensing	Limits on take-home doses
Australia	Yes	Yes, training varies by state	Yes	Federal guidelines discourage more than four take-home doses per week. States set specific policies.
Canada	Yes	Yes, training varies by province	Yes	Rules vary by province.
United Kingdom	Yes	No	Yes	Limited to seven doses (a one-week supply) at a time.
United States	No	N/A*	No	Under current rules, the phased schedule increases from one per week in the first 90 days of treatment to a potential maximum of one month after two years' treatment. Recently proposed rules would allow up to 28 doses for clinically stable patients after just one month in treatment.

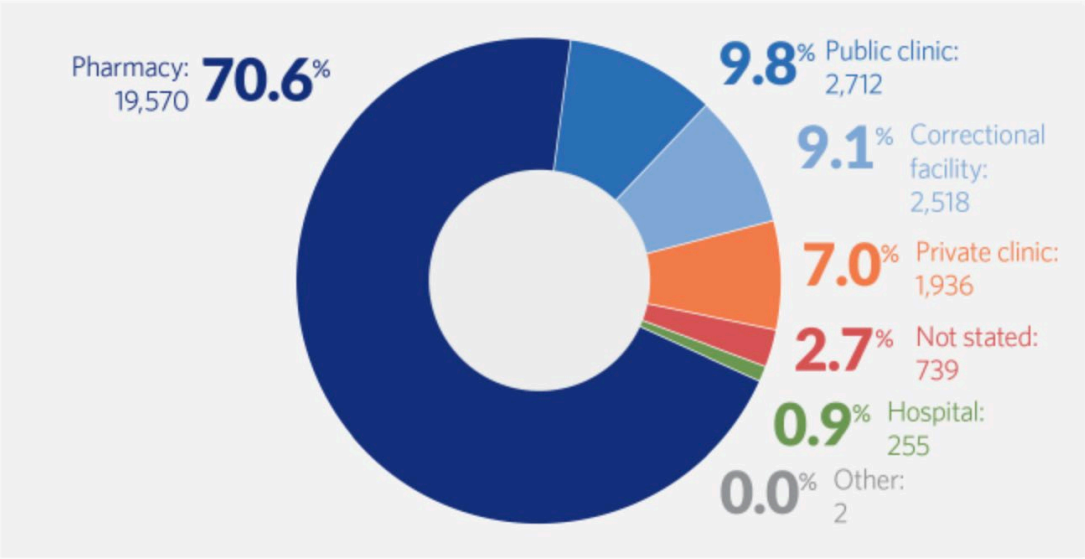
Pew Charitable Trusts 2023 **"How Can Patients Access Methadone in Other Countries?"**

International Models

Figure 1:

Most of the 47,500 Methadone Patients in Australia Receive the Medication at a Pharmacy

Patients served at various dosing points on a snapshot day in 2021



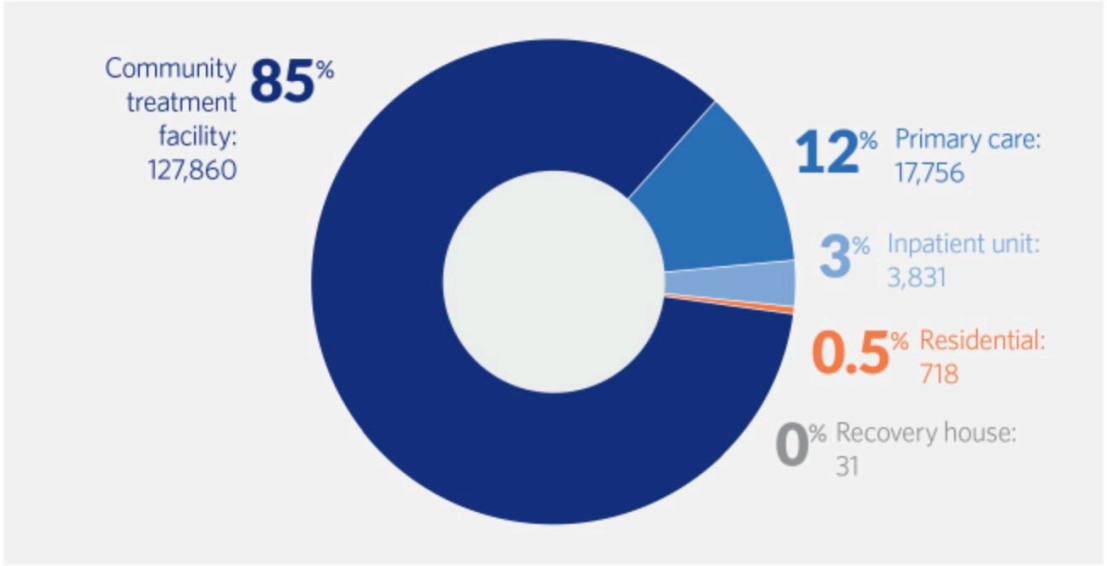
Notes: Data for 2021 excludes Queensland. Each state and territory reports data for a single "snapshot day," usually in June, although the exact date varies across jurisdictions.

Source: Australian Institute of Health and Welfare, National Opioid Pharmacotherapy Statistics Annual Data collection, https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioid-pharmacotherapy-statistics/contents/about

Figure 1

Most MOUD in England Is Prescribed in Community Addiction Treatment Settings

Treatment data from April 1, 2020–March 31, 2021



Note: Data includes prescriptions for all forms of MOUD: methadone, buprenorphine, and naltrexone.

Source: UK Office for Health Improvement and Disparities, "Substance Misuse Treatment for Adults: Statistics 2020 to 2021," Table 9.1, https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021

Stigma Associated with Methadone Treatment/OTP System

TO: President Donald Trump, The North Carolina State House, The North Carolina State Senate, Governor Roy Cooper, The United States House of Representatives, and The United States Senate

Shut Down Methadone Clinics

Campaign created by
crystal west

Methadone clinics are allowing the government to legally dose heroine addicts, and allow them to drive away under the influence! On top of dosing patients with legalized narcotics, they don't lower the dosage to help them get clean; they UP the dosages each week!

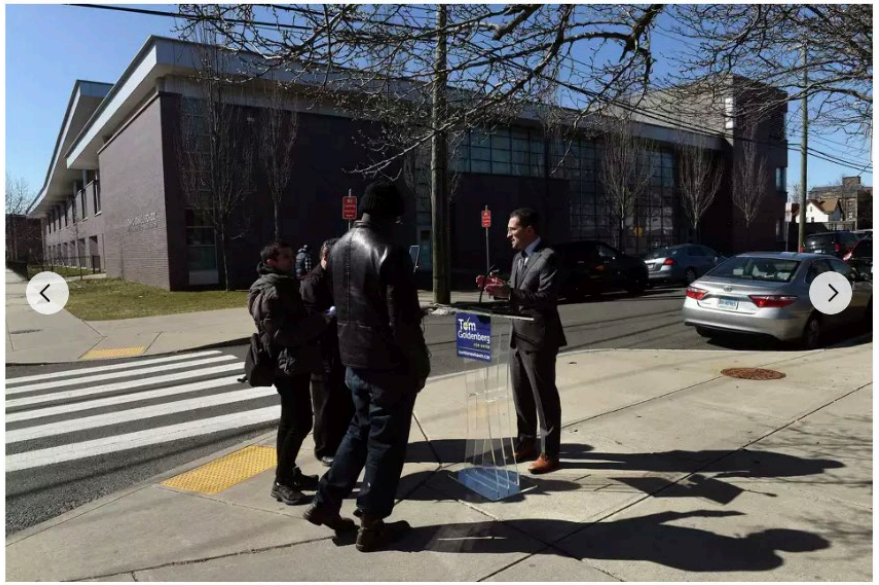
Why is this important?

I am a recovering heroine addic,t as is my husband. We run 2 addictions recovery ministries. We see 30 out of 50 people walk through our doors weekly. The majority of them hate that they ever got on methadone because now it is in their bones and are deathly sick when they try to come off. The clinic gets $80 to $100 per week per client that walks through their doors! Not only that but as soon as these addicts get their dose, they meet their dealer within 5 miles of the clinic to get the ultimate high! Our lives, our children's lives, and these addicts lives are all at risk. Please help me get these clinics out of our cities.

Stigma: New Haven, CT case study

New Haven mayoral hopeful calls for clos
Congress Avenue methadone clinic

By **Mark Zaretsky**
March 7, 2023

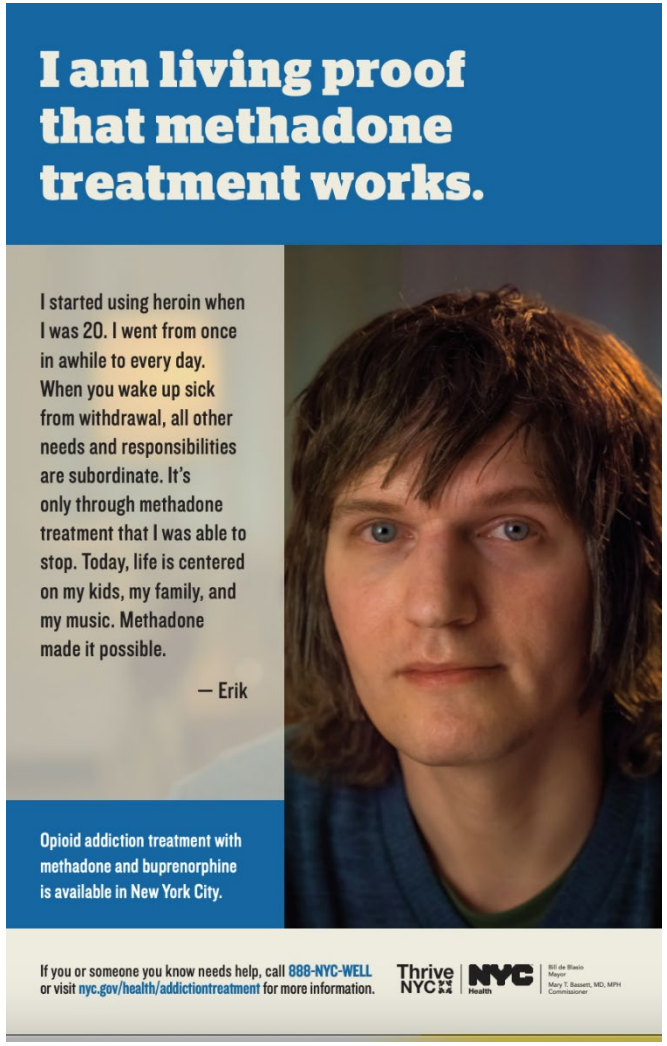


Tom Goldenberg holds a news conference on Congress Avenue in New Haven between an APT Foundation methadone clinic and the John C. Daniels School of International Communication Tuesday.
Arnold Gold/Hearst Connecticut Media

APT patient Jeffrey Culp: "What happens to the people where this place saved their lives?"

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
CALIFORNIA Hub & Spoke SYSTEM
AHP Advocates for Human Potential, Inc.

Methadone Saved My Life: Sample public health campaign



DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CALIFORNIA Hub & Sp SYSTEM

Advocates for Human Potential, Inc.

What More Can We Do?

- Yes In My Backyard
- Better methadone research
- Advocacy
- National Coalition to Liberate Methadone
- Work with patients in OTPS/ppl with lived and living experience, “Naturally Noncompliant” podcast

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
CALIFORNIA Hub & Spoke SYSTEM
AHP Advocates for Human Potential, Inc.

People on methadone are essential voices to inform the changes we need

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CALIFORNIA Hub & Spoke SYSTEM

AHP Advocates for Human Potential, Inc.

Questions? Email Kimberly.sue@yale.edu
@DrKimSue