

Improving Access to Addiction Treatment

Every day, emergency physicians see the devastating effects of the opioid epidemic on the communities they serve—one of the most lethal public health crises for Americans. And the COVID-19 pandemic has only exacerbated the problem.

Individuals with opioid use disorders (OUD) often seek care in the emergency department (ED), and one of the most effective means emergency physicians have to aid these patients is by using buprenorphine as part of a medication-assisted treatment (MAT) protocol. As one of three drugs approved by the U.S. Food & Drug Administration (FDA) for the treatment of opioid dependence, buprenorphine is a very safe and efficacious medication. Strong enough to reduce withdrawal symptoms and cravings but not enough to cause euphoria, it can allow individuals with OUD to more effectively engage in treatment as they pursue recovery.

Buprenorphine is not a cure, but it is a very effective tool. Buprenorphine cuts the risk of overdose death in [half](#). Initiating MAT such as buprenorphine in the ED helps individuals [stay in treatment longer, as well as reduces illicit opioid use and infectious disease transmission](#), when compared to treatment started after patients are discharged from the ED. In all, research suggests that the sooner we can start patients on the right path and keep them engaged in treatment, the more successful their recovery can be.

Despite its safety and effectiveness, there are currently significant barriers to buprenorphine's use, the greatest of which is the “X-waiver” requirement mandated by the *Drug Addiction Treatment Act (DATA)* of 2000. The X-waiver process necessitated the completion of between eight to 24 hours of additional training (which is not required for any other prescribed medication), and the registration process with the U.S. Drug Enforcement Administration (DEA) for this special waiver can take up to several months. These federal restrictions unfortunately perpetuate the stigma that remains associated with these treatments and lead most health care providers to not to prescribe buprenorphine to patients with OUDs. **As a result, the treatment of OUD remains unnecessarily isolated from normal health care delivery.**

Although the Biden Administration issued practice guidelines in April to loosen some federal restrictions on prescribing medications to patients with OUD, it noted that several remaining restrictions require an act of Congress to be removed, [including elimination of the X-waiver requirement](#).

Mainstreaming Addiction Treatment (MAT) Act

The bipartisan, bicameral “Mainstreaming Addiction Treatment (MAT) Act” ([H.R. 1384/S. 445](#)) removes the requirement that a health care practitioner must apply for a separate waiver through the DEA to dispense certain narcotic drugs (including buprenorphine) in Schedule III, IV, and V of the Controlled Substances Act for maintenance or detoxification treatment. [Supported by 120 organizations](#), including ACEP, this bill essentially removes federal barriers to prescribing buprenorphine and treats it just like any other essential medication. The bill allows all health care practitioners with a standard controlled medication license to prescribe buprenorphine for OUD. The legislation also establishes a national education campaign to educate practitioners about the elimination of the separate DEA registration requirement, encourages them to integrate substance use treatment into their practices, and informs them of the publicly available educational resources and training modules that can assist practitioners in treating patients with a substance use disorder.

While ACEP acknowledges there is more to treating OUD than simply prescribing a medication, facilitating access to buprenorphine and decreasing the stigma associated with OUD treatment are critical steps forward.

OUD by the Numbers

- In 2020, more than [93,000 people died of a drug overdose](#) in the U.S., which is the highest number of overdose deaths ever recorded in a 12-month period.
- Close to 75 percent of those drug overdose deaths [involved an opioid](#).
- Overdose deaths [increased nationally by nearly 30 percent](#) from 2019 to 2020.

MAT by the Numbers

- Patients started on buprenorphine in the ED are twice as likely to remain in treatment for OUD.
- After France made buprenorphine available without a specialized waiver, [OUD deaths declined by 79 percent](#) over a four-year period.

The Truth about Diversion

- According to federal officials, including the DEA, [the primary reason for buprenorphine diversion today is lack of access to treatment](#), and that **expanding access to buprenorphine will likely reduce diversion**.
- Rates of diversion decline as more people with OUD can access buprenorphine.