

# ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

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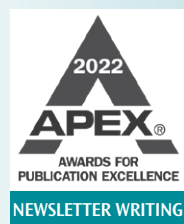
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**NASADAD** National Association of State Alcohol and Drug Abuse Directors  
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## DEA proposes limits on telehealth for buprenorphine

The public health emergency for COVID-19 will end in May, and with it all of the exemptions for methadone and buprenorphine. This is partly why the NPRM (Notice of Proposed Rulemaking) for methadone (<https://onlinelibrary.wiley.com/doi/10.1002/adaw.33643>) came out when it did, codifying many of the flexibilities for methadone that were in the public health emergency and adding to them. A big focus of these flexibilities is on telehealth. It's also why the Drug Enforcement Administration (DEA) issued its proposed rules this month.

But the DEA, instead of liberalizing access, has proposed making it more difficult for patients to access buprenorphine (and other controlled substances) by

### Bottom Line...

*Treatment providers are objecting to proposed federal restrictions on buprenorphine prescribing.*

telehealth. It has proposed that all new buprenorphine patients who receive prescriptions via telehealth be seen by the clinician within 30 days. In a second proposal, the DEA is requiring the same thing for all new controlled substances patients. The comment period for both proposals is brief: It ends March 31.

In addition, physicians who prescribe to patients they have never seen need to check the PDMP (prescription drug monitoring program) first, something

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## Report suggests stigmatizing views among health providers mar treatment

A new report suggests that environments that would be expected to be the most compassionate toward people who use drugs or are in recovery can often be the most stigmatizing. Based on an online survey conducted last June, the report states that only around 1 in 3 health care workers consider a person who

currently uses substances problematically as having a high chance of maintaining recovery.

Two individuals in long-term recovery who worked as subject matter experts for the report told *ADAW* that unless the health care community engages in a frank discussion about its treatment-impeding biases in working with this population, no new initiatives to improve access or quality of care will make a difference.

"If two of three providers didn't think you could get better, can you imagine if that was the case for cancer, and how that would affect treatment?" said Bill Stauffer, executive

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### Bottom Line...

*Even among a group of health care workers with a prominent substance use history of their own, many have doubts that patients who use substances problematically have a good chance of maintaining recovery.*

amount of time would be impossible for the available therapist to have provided in any 24 hours period, according to Cunha.

"Today's arrests serve as a strong reminder that we will not tolerate fraud schemes that target our federal health care programs, as alleged, nor will we accept anything less than high quality care for the people served by those programs," said Special Agent in Charge Phillip M. Coyne of the U.S. Department of Health and Human Services, Office of Inspector General. "Our agency's mission is to protect the well-being of the public and the integrity of the federal health care system, and we will hold accountable those who seek to exploit the opioid epidemic for personal gain."

"Today, we arrested and charged Michael Brier, Mi Ok Bruining, and Recovery Connections Centers of America, for a wide-ranging scheme in which they are accused of abusing our health care system, cheating taxpayers, and leveraging the opioid crisis to take advantage of those struggling with substance abuse so the company could rake in millions," said Joseph R. Bonavolonta, Special Agent in Charge of the FBI Boston Division. "The allegations set forth in this case represent one of the most brazen and egregious examples of health care fraud the FBI has seen here in Rhode Island in recent history, and make no mistake, it is not a victimless crime. Anytime the integrity of our federal health care programs is undermined, we all pay the price through the cost of higher

insurance premiums, greater out-of-pocket expenses, and co-pays, and even reduced or lost benefits."

Additionally, Cunha thanks the United States Department of Health and Human Services Centers for Disease Control and Prevention's Opioid Rapid Response Program, and their partners in Rhode Island Department of Behavioral Healthcare and Massachusetts Department of Public Health, for assisting patients who may be impacted by this law enforcement action. •

*Note:* RCCA is not to be confused with RCA (Recovery Centers of America), despite the similarity in name.



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#### STIGMA from page 1

director of the Pennsylvania Recovery Organizations Alliance, which co-produced the report.

Both Stauffer and Sean Fogler, M.D., co-founder of the public health consulting organization Elevyst and report co-producer, related their own stigmatizing experiences in the health care system. Stauffer said he once visited a dentist and told him of his 30 years in recovery, only to be perceived as dishonest and drug-seeking.

Fogler, a trained anesthesiologist, has firsthand experience with medical boards that he said sometimes appear to be doing all they can to keep someone like himself out of practice. "I'm healthier now than I ever was, but my license is suspended," he said.

Fogler also had personal contact with the criminal justice system, but said he actually believes that, in some respects, stigmatizing attitudes are worse in the health care arena. "In health care, you expect to receive compassionate care, not to be shamed, judged or dismissed," he said.

One telling response in the report was that both health care

and non-health care respondents to the survey listed the general health care system (hospitals, emergency care) and the criminal justice system as the places they were least comfortable sending a person who is using drugs or in recovery to get help. Specialty addiction treatment programs, mutual aid groups and even harm reduction programs were seen more favorably as helpers, the report states.

#### Survey findings

Data collection company RIWI administered the 2022 online survey, which was completed by 838 health care workers and 2,502 individuals not in a health profession. Health care workers included doctors, nurses, pharmacists, social workers,

emergency medical services workers and other health professionals. The published survey results were not broken down by profession category because responses across the various roles in the industry turned out to be remarkably consistent, Fogler said.

The report, "Opportunities for Change: An Analysis of Drug Use and Recovery Stigma in the U.S. Healthcare System," states that stigmatizing attitudes had a widespread presence across the health care sector, despite the fact that 40% of the surveyed health care professionals reported either using drugs, having a substance use disorder (SUD) or being in recovery. For most survey responses, health professionals'

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responses were somewhere between the more stigmatizing views of overall respondents and the less stigmatizing attitudes of people identified as having an SUD.

Still, the overall numbers are disappointing in many respects. For example, 44% of health care workers classified a person who uses drugs problematically as slightly or highly untrustworthy. Fifty-four percent said they probably or definitely would not be willing to have that person as a neighbor, and 57% said they probably or definitely would not be willing to work on the same job as that person.

Is it any wonder, then, Fogler asked, that while regulatory bodies for lawyers seem to be effective in easing attorneys with substance use problems back into the profession, medical boards seem to brand recovering physicians as being too high-risk? “We need to bring people with lived experience into these systems,” he said.

Fogler said he does believe this most recent survey shows incremental progress when compared with past surveys of health care workers. One particularly heartening trend was the presence of greater compassion among those clinicians who reported more frequent contact with patients who use or are in recovery.

The question then becomes one of how to convince reluctant clinicians to work with this population. Sometimes the answer lies in a worker being able to overcome the biased attitude he/she sees among professional colleagues, Fogler said.

The survey offers some surprising results about the services that health care workers find most potentially effective. While 31% of respondents said naloxone distribution should be one of the harm reduction services made available in the places they receive care, and 29% supported overdose prevention sites, only 24% supported distribution of medication for opioid use disorder. “This aligns with our previous research that showed only 28% of Americans

## Coming up...

The 2023 **Rx and Illicit Drug Summit** will be held **April 10-13** in Atlanta, Georgia. For more information, go to <https://www.rx-summit.com/>

The 2023 **ASAM conference** will be held **April 13-16** in Washington, DC. For more information, go to <https://annualconference.asam.org/>

The 2023 **American Psychiatric Association conference** will be held **May 20-24** in San Francisco, California. For more information, go to <https://www.psychiatry.org/psychiatrists/meetings/annual-meeting>

The National Association of Addiction Treatment Providers (NAATP) **Annual Leadership Conference** will be held **May 21-23** in Washington, DC. For more information, go to <https://www.naatp.org/>

believe a person who takes medications for their addiction is always in recovery,” the report’s authors wrote.

They added, “Further complicating the issue, health care providers are also afraid of being labeled criminals over their prescribing patterns, especially in a regulatory environment that constantly hovers over the prescription of medications designed to treat, not exacerbate, substance use disorder.”

### Experts’ wish list

Asked what he would like to see done to improve the health care system’s treatment of people who use drugs or are in recovery, Stauffer said, “We need to start having broad and honest discussions in the health care system to normalize individuals seeking help. And we need to have accountability when people receive less than optimal care.”

Fogler lamented the “culture of silence” that predominates among health care workers who themselves are in recovery. Stauffer said

past surveys of recovery workers in Pennsylvania have indicated that many did not want their status known in their workplace.

He also criticized those who say there’s no time to integrate substance use-related topics into medical education, calling that “the worst excuse.”

The report states, “Having curricula challenge overly moralistic beliefs about substance misuse is vital, as is bringing people with lived experience into the educational sphere, including health care professionals who have used drugs or are in recovery from SUD.”

Stauffer and Fogler agreed that much more needs to be done to protect patients from discriminatory practices and breaches of confidentiality. Fogler said while it is fine in theory for the proponents of loosening confidentiality protections to say that addiction simply should be treated like any other disease, “the level of stigma just remains too high to roll all the protections back. •

## In case you haven’t heard...

There may be people who think NAMA Recovery, which represents patients in treatment for opioid use disorder, and ASAM, which represents physicians who, in this case, want to be able to prescribe methadone to patients, are odd bedfellows. NAMA Recovery president Zachary Talbott told *ADAW* last week that OTPs in the old school are “dinosaurs” and need to evolve. Well, they are evolving, and have wanted to evolve, for years, as AATOD’s Mark Parrino has struggled to get mobile vans and easier take-homes for patients. Even Talbott, who owns two OTPs, doesn’t deride them. He just wants more options for patients.