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March 29, 2023

Rahul Gupta, MD, MPH, MBA  
Director, Office of National Drug Control Policy  
(ONDCP)  
Executive Office of the President  
1800 G Street, NW  
Washington, DC 20503

Re: ONDCP Request for Input on the 2024 National  
Drug Control Strategy

Dear Director Gupta,

On behalf of the American Society of Addiction Medicine (ASAM), a national specialty society representing more than 7,000 physicians and other clinicians who specialize in the prevention and treatment of addiction and co-occurring conditions, thank you for your invitation to provide comments to the biennial *National Drug Control Strategy*. The role of the ONDCP in coordinating federal addiction policy priorities is vital to America's investment in evidence-based strategies that build healthy, safe, and resilient communities, in which addiction care is available to all. Additionally, ASAM recognizes the vital role of the ONDCP in reducing the supply of illegal substances in our communities. ASAM commends the Biden-Harris Administration and the ONDCP for their leadership, determination, and collaboration with the addiction specialist professional community on comprehensive solutions to the addiction and overdose crisis, including the delivery of high-quality addiction prevention, treatment, recovery support, and harm reduction services to all who need them.

ASAM applauds the Biden-Harris Administration's major successes in achieving its foundational drug policy priorities for year one, not limited to the extraordinary accomplishments enacted in the



Consolidated Appropriations Act, 2023. Provisions that eliminated DATA 2000 waiver requirements will expand access to treatment with buprenorphine for opioid use disorder (OUD),<sup>1</sup> and inclusion of the Medication Access and Training Expansion Act will increase the capacity and competency of individual Drug Enforcement Administration (DEA) registered practitioners to treat and manage patients with substance use disorder (SUD) through evidence-based interventions.<sup>2</sup> In addition, the Substance Abuse and Mental Health Administration's (SAMHSA) proposed rule in December 2022 for medications for the treatment of OUD was unprecedented in the nation's history of treatment with methadone for OUD. If finalized, the proposal will help to improve the quality of patient-centered care at opioid treatment programs (OTPs), in part by allowing for greater clinical judgement and shared decision-making in patient care plans, where it previously was prescribed or limited by federal regulations.

ASAM recognizes the Administration has taken many more critical and important steps, including expanding access to naloxone<sup>3,4</sup> and other harm reduction interventions; expanding opportunities for behavioral health care coverage under Medicaid as individuals leave incarceration;<sup>5</sup> advocating for SUD treatment for pregnant and postpartum people;<sup>6</sup> investing in addiction care;<sup>7</sup> supporting training for fellows in addiction medicine and addiction psychiatry; and addressing addiction workforce shortages by supporting loan repayment programs for individuals providing addiction treatment in high need areas.<sup>8</sup> ASAM looks forward to the past year's triumphs galvanizing support for more large-scale investment and bold and evidence-based policymaking, which is necessary to meet individuals' changing and complex needs in relation to substance use and addiction, and mitigate the effects of our nation's enduring addiction and overdose crisis on communities across the United States. Given the enormity of the challenges faced, ASAM appreciates the opportunity to detail recommendations essential to achieving the Administration's outlined goals and objectives in the 2022 National Drug Control Strategy.<sup>9</sup>

Specifically, ASAM encourages the Administration to include support for the following actions in the 2024 Strategy:

- Eliminating criminal penalties for drug and drug paraphernalia possession for personal use as part of a carefully designed set of public health and legal reforms that include strategic, social investments to strengthen American communities and improve lives;
- Modernizing federal law governing treatment with methadone for OUD to allow board-certified physicians in addiction medicine or addiction psychiatry to prescribe methadone for OUD that can be picked up from pharmacies, subject to federal rules or guidance on supply of methadone for unsupervised use;
- Repealing Medicaid's inmate exclusion policy, which largely prohibits the spending of federal Medicaid dollars on health care for individuals who are incarcerated, thus severely limiting access to methadone and buprenorphine treatment for OUD in jails and prisons;
- Closing Medicare SUD treatment coverage gaps, including for residential SUD services that align with evidence-based program standards for SUD care, such as those found in *The ASAM Criteria*; and
- Sustaining increased funding levels for the Health Resources and Services Administration (HRSA)'s Addiction Medicine Fellowship (AMF) program and Substance Use Disorder



Treatment and Recovery Loan Repayment Program (STAR-LRP), to help address SUD workforce shortages.

***Enact a Public Health Policy Portfolio Which Includes Eliminating Criminal Penalties for Drug and Drug Paraphernalia Possession for Personal Use***

As mentioned in the Administration’s 2022 National Drug Control Strategy, Black, Indigenous, and People of Color (BIPOC), as well as other people who have historically been minoritized, disproportionately bear the severe consequences stemming from arrest and incarceration for crimes related to substance use and possession, even though White individuals use drugs at similar rates.<sup>10</sup> Current laws and policies in the U.S. that criminalize and incarcerate people for simple drug and drug paraphernalia possession for personal use work against the provision of evidence-based treatment, exacerbate overdose deaths, and compound addiction related stigma, while public health approaches can provide education, treatment, and social services.<sup>11</sup>

Eliminating criminal penalties for drug and drug paraphernalia possession for personal use (with sales of drugs remaining illegal) is considered consistent with international drug treaty conventions, with certain limitations.<sup>12</sup> U.S. policymakers should invest in rigorous research efforts to evaluate alternative public health approaches to drug use, which focus on a variety of types of drug policies, laws, and law enforcement practices.<sup>13,14,15</sup> While doing so, however, the crisis facing America demonstrates that there is urgency with which U.S. policymakers should eliminate criminal penalties for drug and drug paraphernalia possession for personal use, as part of a set of public health and legal reforms that are designed to improve carefully selected outcomes.<sup>16</sup> In addition, to bolster uptake of harm reduction interventions, as part of this effort, criminal penalties for the manufacture and delivery of drug paraphernalia should also be eliminated.<sup>17</sup>

Importantly, these decriminalization reforms should be implemented concurrently with parallel policies and funding that expand access to evidence-based prevention, early intervention, treatment, recovery support, and harm reduction services. Furthermore, simultaneous investments should be made in policies and programs that help address the underlying structural and social determinants of addiction.<sup>18</sup> For example, U.S. policymakers should eliminate bans based on drug convictions and drug testing requirements in public assistance and educational financial aid programs, as well as eliminate evictions and housing bans based solely on non-violent, drug-related activities.<sup>19</sup> **ASAM requests that actions to decouple criminal penalties and drug and drug paraphernalia possession for personal use, which are implemented as part of a carefully designed set of public health and legal reforms that include strategic, social investments to strengthen American communities and improve lives, be included in the ONDCP’s 2024 Strategy.**

***Establish Universal Access to Addiction Medications, Including for Individuals Who Are Incarcerated***

Drug overdose deaths are the leading cause of accidental death in the U.S.,<sup>20</sup> despite that when individuals with OUD are treated with methadone or buprenorphine, they are up to 50 percent less likely to die.<sup>21</sup> When clinically appropriate for those who need them, universal access to such medications should be our nation’s standard of care. The National Drug Control Strategy in 2022



highlighted that “*whenever possible, inexpensive oral methadone and sublingual buprenorphine should be the backbone of our treatment system ... and selected far more often because of their relative safety, efficacy, and low cost.*”<sup>22</sup> ASAM additionally highlights that the Administration, by 2025, aims to achieve that all individuals incarcerated in federal prisons with a diagnosed OUD have access to medications for OUD, and that 50 percent of individuals incarcerated in state prisons and local jails with a diagnosed OUD have access to medications for OUD.

In the U.S., there are less than 2,000 OTPs and over 61,000 community pharmacies, approximately one OTP for every 32 pharmacies.<sup>23, 24</sup> Federal law that governs methadone treatment for OUD has largely remained unchanged for almost 50 years, and the law predates the establishment and recognition by the American Board of Medical Specialties of the medical subspecialties, addiction medicine and addiction psychiatry.<sup>25</sup> Doctors who hold board certification in such subspecialties are some of the foremost experts in the comprehensive treatment of individuals with addiction. **Therefore, ASAM recommends that the Administration call for Congressional passage of S. 644 /H.R. 1359 – Modernizing Opioid Treatment Access Act (M-OTAA), which would allow board-certified physicians in addiction medicine or addiction psychiatry to prescribe methadone for OUD treatment that can be picked up at pharmacies, subject to SAMHSA’s rules/guidance on supply of methadone for unsupervised use, in the ONDCP’s 2024 Strategy.**

Though individuals with SUD are overrepresented in U.S. jails and prisons, very few continue OUD treatment with methadone or buprenorphine, for those who receive these medications prior to incarceration, and even fewer jails and prisons initiate individuals’ OUD treatment with these medications during incarceration. As previously noted, incarceration affects BIPOC at significantly higher rates, who face significantly higher risk of dangerous withdrawal, and overdose and death. Current law prevents states from spending federal Medicaid dollars on health care for individuals who are incarcerated. **Although ASAM is optimistic that more Medicaid waivers will be approved to provide pre- and post-release services and care for such individuals returning home, ASAM recommends that the Administration call for Congressional action to repeal Medicaid’s inmate exclusion policy in the ONDCP’s 2024 Strategy.**

### ***Ensure Medicare’s Appropriate Coverage of Effective Addiction Care, Including Closing Medicare’s Residential SUD Coverage Gap***

SUD is increasingly on the rise among older adults, and it is generally recognized as a disability under the Americans with Disabilities Act.<sup>26</sup> Medicare, the federal insurance program for individuals aged 65 (or over) and who are younger with disabilities, still falls far behind SUD benefit coverage standards found in private insurances and Medicaid. While Medicare itself is often the standard setter for other payers, Medicare is not subject to the 2008 Mental Health Parity and Addiction Equity Act (Parity Act). Further, Medicare does not cover or reimburse for important, intermediate levels of addiction treatment that are essential to treating individuals with a chronic disease, including non-hospital, residential addiction treatment.<sup>27</sup> These gaps in Medicare benefit coverage should be addressed, so that the coverage and delivery of such services align with evidence-based standards for SUD care, such as *The ASAM Criteria*.<sup>28</sup> Medicare coverage and utilization management should allow for appropriate chronic disease management and not provide coverage or affirmative utilization decisions only for acute



interventions. **ASAM recommends that the Administration call for Congressional action to close Medicare SUD coverage gaps, including for residential SUD services that align with evidence-based program standards for SUD care, such as those found in *The ASAM Criteria*, in the ONDCP's 2024 Strategy.**

### ***Strengthen the Addiction Care Workforce***

Over a third of Americans live in areas with behavioral health workforce shortages.<sup>29</sup> Staffing shortages are predicted to continue to hamper the addiction care workforce, as is a lack of diversity among practitioners, especially among addiction specialist professionals.<sup>30</sup> One of the most serious shortfalls is evident in addiction medicine fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) that provide advanced training opportunities to a wide range of specialists. As of March 2023, there were only 96 ACGME-accredited addiction medicine fellowship programs in the nation.<sup>31</sup> ASAM agrees with the *Stanford-Lancet Commission on the North American Opioid Crisis*, which recommended that the number of such fellowships be expanded to meet the tremendous need for addiction treatment.<sup>32</sup> **ASAM recommends that the Administration support sustained, increased funding levels for HRSA's Addiction Medicine Fellowship Program in the ONDCP's 2024 Strategy.**

People with SUD may avoid healthcare systems because they fear stigmatization and discrimination, or they may be treated poorly or discriminated against when they do receive care. These issues are exacerbated by the shortage of trained and educated addiction specialist providers, which also limits access to care. The Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR-LRP) within HRSA is exclusive to the SUD workforce. First funded in FY20, the STAR-LRP program helps individuals who pursue full-time SUD treatment jobs in high-need geographic areas repay their student loans. Thus far, demand for it has been overwhelming: in FY21, 3,184 people applied for the program, but HRSA only had enough funding to serve 8% or 255 of them, at an average award amount (\$103,603) that was less than half of the maximum allowed (\$250,000). **To increase access to high-quality addiction care, ASAM recommends that the Administration support sustained, increased funding levels for, and reauthorization of, HRSA's STAR-LRP in the ONDCP's 2024 Strategy.**

ASAM looks forward to continuing to work with the Administration to promote policies that (1) eliminate criminal penalties for drug and drug paraphernalia possession for personal use, invest in addiction care services, and make strategic, social investments in American communities; (2) establish universal access to addiction medications, including for individuals who are incarcerated; (3) ensure appropriate SUD benefit coverage in Medicare for addiction treatment, including residential SUD services that align with evidence-based program standards for SUD care, such as those found in *The ASAM Criteria*; and (4) strengthen the addiction care workforce.



We again thank you for the opportunity to share ASAM's input on the Administration's 2024 National Drug Control Strategy. If you have any questions or concerns, please contact Kelly Corredor, ASAM's Chief Advocacy Officer, at [kcorredor@asam.org](mailto:kcorredor@asam.org).

Sincerely,

William F. Haning, III, MD, DLFAPA, DFASAM  
President, American Society of Addiction Medicine



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- <sup>1</sup> See SUD Treatment Principle 2: Improving Treatment Quality Including Payment Reform, A) Provide technical assistance and support to Congress to remove outdated requirements that limit access to MOUD.
- <sup>2</sup> See SUD treatment Principle 2: Improving Treatment Quality Including Payment Reform, B) Explore linkages to training on controlled substance prescribing to DEA registration or another prescriber requirement.
- <sup>3</sup> Facher, Lev. "FDA Advisers Recommend Approval of Over-the-Counter Naloxone to Fight Opioid Overdose." STAT (blog), February 15, 2023. <https://www.statnews.com/2023/02/15/naloxone-otc-opioisa-fda-panel-recommends/>.
- <sup>4</sup> Food and Drug Administration. "Exemption and Exclusion From Certain Requirements of the Drug Supply Chain Security Act for the Distribution of FDA-Approved Naloxone Products During the Opioid Public Health Emergency," 2022.
- <sup>5</sup> "HHS Approves California's Medicaid and Children's Health Insurance Plan (CHIP) Demonstration Authority to Support Care for Justice-Involved People | CMS." Accessed March 19, 2023. <https://www.cms.gov/newsroom/press-releases/hhs-approves-californias-medicaid-and-childrens-health-insurance-plan-chip-demonstration-authority>.
- <sup>6</sup> The White House. "ONDCP Releases Report on Substance Use Disorder Treatment During Pregnancy | ONDCP," October 21, 2022. <https://www.whitehouse.gov/ondcp/briefing-room/2022/10/21/ondcp-releases-report-on-substance-use-disorder-treatment-during-pregnancy/>.
- <sup>7</sup> American Society of Addiction Medicine. "ASAM Applauds Biden Administration for Making Major Investments in Addiction Care and Facilitating Greater Naloxone Access." Accessed March 19, 2023. <https://www.asam.org/news/detail/2022/09/23/asam-applauds-biden-administration-for-making-major-investments-in-addiction-care-and-facilitating-greater-naloxone-access>.
- <sup>8</sup> "House Appropriations Committee Approves Fiscal Year 2023 Labor, Health and Human Services, Education, and Related Agencies Bill," June 2022. <https://www.asam.org/news/detail/2022/06/30/house-appropriations-committee-approves-fiscal-year-2023-labor-health-and-human-services-education-and-related-agencies-bill>.
- <sup>9</sup> ASAM highlights the Administration's aim of achieving the following objectives by 2025: 1) Increasing to 100% the number of individuals incarcerated in federal prisons with a diagnosed OUD given access to medication for OUD, and increasing by 50% the number of individuals incarcerated in state prisons and local jails with a diagnosed OUD given access to medication for OUD; 2) Reducing by 10% past 30-day alcohol use, and reducing by 15% past 30-day use of any vaping among individuals aged 12-17; 3) Reducing by 13% the number of drug overdose deaths; 4) Reducing by 25% the number of individuals that meet criteria for cocaine, opioid, or methamphetamine use disorder; 5) Increasing by 100% the number of individuals admitted to treatment that are at most risk of overdose death; 6) Reducing by 70% the number of individuals in the projected shortfall of qualified behavioral health providers, including addiction professionals.
- <sup>10</sup> Csete J, Kamarulzaman A, Kazatchkine M, et al. Public health and international drug policy. *The Lancet*. 2016;387(10026):1427-1480. doi:10.1016/S0140-6736(16)00619-X
- <sup>11</sup> Yeppez E, Medicine RDEY is EE for, Journals LS, et al. Addiction Should Be Treated, not Penalized: An interview with Nora D. Volkow. *On Health*. Published August 25, 2021. Accessed November 11, 2022. <https://blogs.biomedcentral.com/on-health/2021/08/25/addiction-should-be-treated-not-penalized-an-interview-with-nora-d-volkow/>
- <sup>12</sup> "INCB President's Statement at the Opening of the Sixty-Sixth Session of the Commission on Narcotic Drugs." Accessed March 20, 2023. <https://www.incb.org/incb/en/news/speeches/2023/incb-presidents-statement-at-the-opening-of-the-sixty-sixth-session-of-the-commission-on-narcotic-drugs.html>.
- <sup>13</sup> Kleiman M, Caulkins JP, Hawken A, Kilmer B. Eight Questions for Drug Policy Research. *Issues in Science and Technology*. Published July 1, 2012. Accessed November 7, 2022. <https://issues.org/kleiman-drug-policy-research-questions/>
- <sup>14</sup> Yeppez E, Medicine RDEY is EE for, Journals LS, et al. Addiction Should Be Treated, not Penalized: An interview with Nora D. Volkow. *On Health*. Published August 25, 2021. Accessed November 11, 2022. <https://blogs.biomedcentral.com/on-health/2021/08/25/addiction-should-be-treated-not-penalized-an-interview-with-nora-d-volkow/>
- <sup>15</sup> Scheim AI, Maghsoudi N, Marshall Z, Churchill S, Ziegler C, Werb D. Impact evaluations of drug decriminalisation and legal regulation on drug use, health and social harms: a systematic review. *BMJ Open*. 2020;10(9):e035148. doi:10.1136/bmjopen-2019-035148
- <sup>16</sup> Stevens A, Hughes CE, Hulme S, Cassidy R. Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession. *European Journal of Criminology*. 2022;19(1):29-54. doi:10.1177/1477370819887514
- <sup>17</sup> American Society of Addiction Medicine. "Racial Justice Beyond Health Care: Addressing the Broader Structural Issues at the Intersection of Racism, Drug Use, and Addiction." Default, February 9, 2023. <https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2023/02/09/racial->



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<sup>18</sup> The AIR Center for Addiction Research and Effective Solutions. "AIR CARES Webinar Series: Social Determinants of Addiction." American Institutes for Research, 2022. <https://www.air.org/webinar-series-social-determinants-addiction>.

<sup>19</sup> American Society of Addiction Medicine. "Racial Justice Beyond Health Care: Addressing the Broader Structural Issues at the Intersection of Racism, Drug Use, and Addiction." Default, February 9, 2023. <https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2023/02/09/racial-justice-beyond-health-care-addressing-the-broader-structural-issues-at-the-intersection-of-racism-drug-use-and-addiction>.

<sup>20</sup> Schiller, Elizabeth Y., Amandeep Goyal, and Oren J. Mechanic. "Opioid Overdose." In StatPearls. Treasure Island (FL): StatPearls Publishing, 2022. <http://www.ncbi.nlm.nih.gov/books/NBK470415/>.

<sup>21</sup> National Academies of Sciences, Engineering, Health and Medicine Division, Board on Health Sciences Policy, Committee on Medication-Assisted Treatment for Opioid Use Disorder, Michelle Mancher, and Alan I. Leshner. The Effectiveness of Medication-Based Treatment for Opioid Use Disorder. Medications for Opioid Use Disorder Save Lives. National Academies Press (US), 2019. <https://www.ncbi.nlm.nih.gov/books/NBK541393/>.

<sup>22</sup> The White House. "FACT SHEET: White House Releases 2022 National Drug Control Strategy That Outlines Comprehensive Path Forward to Address Addiction and the Overdose Epidemic." The White House, April 21, 2022. <https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/21/fact-sheet-white-house-releases-2022-national-drug-control-strategy-that-outlines-comprehensive-path-forward-to-address-addiction-and-the-overdose-epidemic/>.

<sup>23</sup> Substance Abuse and Mental Health Administration. "Medications for the Treatment of Opioid Use Disorder." Federal Register, December 16, 2022. <https://www.federalregister.gov/documents/2022/12/16/2022-27193/medications-for-the-treatment-of-opioid-use-disorder>.

<sup>24</sup> Berenbrok, Lucas A., Shangbin Tang, Nico Gabriel, Jingchuan Guo, Nasser Sharareh, Nimish Patel, Sean Dickson, and Inmaculada Hernandez. "Access to Community Pharmacies: A Nationwide Geographic Information Systems Cross-Sectional Analysis." *Journal of the American Pharmacists Association* 62, no. 6 (November 1, 2022): 1816-1822.e2. <https://doi.org/10.1016/j.japh.2022.07.003>.

<sup>25</sup> Nunes, Edward V., Kevin Kunz, Marc Galanter, and Patrick G. O'Connor. "Addiction Psychiatry and Addiction Medicine: The Evolution of Addiction Physician Specialists." *The American Journal on Addictions* 29, no. 5 (2020): 390-400. <https://doi.org/10.1111/ajad.13068>.

<sup>26</sup> "The ADA, Addiction, and Recovery | ADA National Network." Accessed March 20, 2023. <https://adata.org/factsheet/ada-addiction-and-recovery>.

<sup>27</sup> Weber, Ellen, and Deborah Steinberg. "Legal Action Center | Medicare Coverage of Substance Use Disorder...." Legal Action Center, February 1, 2021. <https://www.lac.org/resource/medicare-coverage-of-substance-use-disorder-care-a-landscape-review-of-benefit-coverage-service-gaps-and-a-path-to-reform>.

<sup>28</sup> American Society of Addiction Medicine. "ASAM Criteria." Accessed March 19, 2023. <https://www.asam.org/asam-criteria>.

<sup>29</sup> Plescia, Marissa. "How SAMHSA Is Tackling the Mental Health Workforce Shortage." *MedCity News* (blog), March 15, 2023. <https://medcitynews.com/2023/03/how-samhsa-is-tackling-the-mental-health-workforce-shortage/>.

<sup>30</sup> Jordan, Ayana, and Oluwole Jegede. "Building Outreach and Diversity in the Field of Addictions." *The American Journal on Addictions* 29, no. 5 (September 2020): 413-17. <https://doi.org/10.1111/ajad.13097>.

<sup>31</sup> American College of Academic Addiction Medicine. <https://www.acaam.org/fellowship-training>

<sup>32</sup> Humphreys, K., Shover, C.L., Andrews, C.M. et al. Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission. *The Lancet Commissions*. (2022) <http://www.thelancetpress.com/embargo/OpioidCommission.pdf>