



**ASAM** American Society of  
Addiction Medicine

**FOR IMMEDIATE RELEASE**

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**ASAM Offers Policy Solutions to Achieve ONDCP’s Goals of  
Expanding Access to Addiction Treatment and Disrupting the Illicit  
Drug Supply Chain from “Tooth to Tail”**

*ASAM also calls for a cautious and compassionate criminal justice approach to prevent  
overcriminalization of Americans with SUD*

**Rockville, MD** – In response to the release of the White House Office of National Drug Control Policy’s (ONDCP) [Statement of Drug Policy Priorities](#), Brian Hurley, MD, MBA, FAPA, DFASAM, president of the American Society of Addiction Medicine (ASAM), issued the following statement:

“ASAM is pleased to see the Trump Administration prioritize efforts to make evidence-based substance use disorder (SUD) treatment readily available, which will save lives and undercut demand for the illicit drug supply. To those ends, there are several policy solutions that the Administration and Congress can pursue to expand access to addiction medications, including for opioid use disorder (OUD), and to further integrate mental health, primary care, and addiction services nationwide.

First, in compliance with President Trump’s DOGE Deregulatory Initiative, the Drug Enforcement Administration (DEA) [can modify a regulation](#) that keeps methadone for the treatment of OUD restricted to a single type of federally defined program. Unfortunately, those programs are often siloed from the rest of patients’ medical care - not due to any shortcomings on the part of those programs, but because of antiquated rules that have been allowed to persist for far too long. By permitting qualified practitioners to prescribe methadone for OUD in collaboration with pharmacies, we can safely broaden access to this lifesaving treatment. One key benefit is that the Department of Health and Human Services (HHS) could more effectively leverage the existing infrastructure of Federally Qualified Health Centers (FQHCs) and Certified Community Behavioral Health Clinics

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(CCBHCs) to integrate primary, behavioral, and addiction care - including methadone treatment for OUD - for those who need it.

Second, to make addiction treatment more accessible, it must also be made more affordable. Congress can do its part by [closing a dangerous gap in Medicare coverage for 24-hour residential addiction treatment](#) that meets [nationally recognized standards](#). However, lawmakers must also be willing to protect Medicaid Expansion for Americans with addiction; it not only helps states pay for evidence-based addiction treatment across the full continuum of care, but [also undermines the drug cartels' business](#) model by reducing demand for illicit opioids.

Finally, though we deeply understand the immense pain and heartache of losing a loved one to addiction or overdose, justice should be swift, certain, and fair - not always the harshest punishment available. Criminal legal interventions can play an important role when certain laws are violated, but they must not be unwisely used at the expense of those suffering with addiction. Some individuals may share or sell drugs during the course of their illness, without control over those drugs' lethality. When incarceration is warranted, law enforcement must also have the ability to offer evidence-based addiction care to foster hope "behind the walls." Congress can support them by passing the [Due Process Continuity of Care Act](#) and the [Reentry Act](#).

ASAM stands ready to work with policymakers on these and other targeted policy solutions to help more people with SUD access the lifesaving care they need and deserve."

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### **About the American Society of Addiction Medicine**

The American Society of Addiction Medicine (ASAM), founded in 1954, is a professional medical society representing over 8,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. For more information, visit [www.ASAM.org](http://www.ASAM.org).