

Attention: Dr. Rahul Gupta (director of the Office of National Drug Control Policy.) 5/17/22

I am Dan Schneider RPh. And “The Pharmacist” of the Netflix docuseries viewed by over 200 million worldwide, and an advocate trying to reduce drug related deaths for over 20years. I am also the father who lost his 22-year-old son in a drug related murder 4/14/1999.

Recently, I watched “Dopesick” on Hulu and saw the dramatic benefits of MAT buprenorphine/suboxone in saving lives. Also, I discussed with Dr. Arun Gupta(related??) and read his book “The Preventable Epidemic”. My opinion is if we get MAT out to the millions with SUD fighting Dope sickness in the Fentanyl environment, we can have a Treatable Epidemic and save many lives. Also, more recently On ABC’s series “Poisoned America Fentanyl Crisis” with Bob Woodward we saw the medic that helped save Bob’s life become addicted to Fentanyl and find a way out of his lethal crisis by treatment with MAT.

I am building a National Coalition of Doctors, Pharmacist, Advocates, and leaders to advocate to greatly reduce restrictions on Buprenorphine/suboxone, remind Doctors it’s a treatment for addiction, remove their fears, maybe incentivize them to step up to help reduce the Opioid Epidemic and reduce overdose deaths. We can justify and need to make this available at low or no cost. We could use your help in this endeavor.

Perhaps a big part of the solution to reducing the ever-increasing number of overdose deaths is right in our backyard, so to speak. MAT is legal, safe, not much of a high, little chance of overdose, doesn’t entice new addictions, and can act as a safe drug for harm reduction. It is considered a treatment for the disease of opioid addictions, it reduces cravings, virtually eliminates withdrawals and can help reduce the need to go illegal much more lethal street drugs. Even when it is diverted it can save lives. It also can help many seek further treatment and recovery. As we get more success with this treatment, it may help reduce the stigma and lead to the disease of addiction to be viewed as a treatable healthcare issue. If enough gets out there it might even lower the demand on the street and disrupt the illicit market.

Now from Dr. Arun Gupta. -----CDC reported that 41.1 million are at risk for substance use disorder, and only 2.4 million are in treatment. The rest 39 million are wait-listed (with no access to care) and have very high mortality. Death rates have gone up 10-15% for 20 years starting 1999, but in the last 2 years, it has gone up 30-40%. Only 1% of providers, Doctors, NPs & PAs actively participate in providing care for 2.4 million that are in treatment. We have lost more than 1.000.000 young healthy Americans. The latest number of deaths recorded in 2021 is 107,000

Q1 Why the rest 99% of doctors do not want to engage in learning & practicing addiction medicine?

2: Why are there unnecessary limits regulations & oversight in addiction medicine, that do not exist in any other field of medicine?

3” Why is addiction medicine not taught in American Medical schools & residency programs even since 1999, when CDC first reported 16,000 deaths? Is still not a part of the Medical school curriculum even today.

Please comment. Dan Schneider RPh. Prayers dschneider@tofhope.com 504-430-3154

- First, thank you Christina Dent and End it for Good for your meetings educating about the failed war on drugs and excessive spending on Criminalization particularly of users. Also, for pointing out the traumatic and mostly negative effect of incarceration and the negative impact on job opportunities after. Thanks for pointing out that we need to focus on treating addiction as a healthcare issue and consider decriminalization of users to allow us to redirect spending to the treatment side. You also point out the need for harm reduction. I believe most on this post can agree with these points. However, you also advocate for legalization with regulation of, I guess most illicit drugs including the so-called hard drugs. I and most on this post, and the overwhelming majority of advocates, politicians and the public totally disagree with legalization. In reality Decriminalization is a hard push today. You also push the idea that prohibition always leads to more potent drugs and increasing negative consequences. Your current example is that the greater regulation of Rx Opioids led to heroin, now Fentanyl and more deaths.
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While it is true that Many Rx Opioid addicts did go to heroin, what is not stated is it was mostly the hardened addicts that did so and in particular those with little to no medical necessity as well as those who diverted Rx opioids to make income and supply their own addiction. We still dispense way more Rx Opioids than all other countries. Most patients with real medical issues who responsibly take them, still get their Rx Opioids and don't go to the street. Some because of the restrictions and efforts to alternative pain treatments, gave up opioids. Some went to Suboxone, I know because I encouraged many. My in the field results were approx. a 50% success rate. Free flowing Rx Opioids we all can agree led to the Opioid Epidemic and tremendous overdose deaths. Before restrictions many died by Overdose from them, not street drugs. It helped create addicts, many new addicts some because of minor pain, maybe temporary pain, some using doctors to get high. (it's hard to measure pain?) The free-flowing Rx Opioids created new addicts also thru diversion. Addicts, Addicts, Addicts. And even before restrictions on Rx Opioids some went to heroin because of price and maybe chasing a better high. In fact, Dr. Andrew Kolodny says the stats show that many addicted to Rx Opioids went to heroin before there was a tightening of the Rx Opioids.

So, what if they were not restricted. We can only speculate, but it's easy to envision many, many more addicts with serious addictions. It is true that per capita (number of addicts) deaths of serious addicts on heroin and now fentanyl are much greater. But what if we had 2 to 3 times as many addicts and increasing because of ease of access, how many Rx Overdoses would that have led to, and how many would have gone to heroin anyway and died.

I think its misleading to say that the increasing Overdose deaths are because we restricted the reason (free flowing Rx Opioids) for the number of addicts and the Origins of the Opioid Epidemic in the first Place.

Now, what can we do to Immediately start reducing overdose deaths. (285/day) over 100,000 a year.) We can all agree, Harm Reduction might help. Surely a safe legal supply of drugs could help. Some say let's free up Rx Opioids, maybe that can be harm reduction? But Rx Opioids can lead to many overdoses and it and causes a good high, can lead to more addicts, and if diverted can lead to more addicts and deaths.

Maybe a better answer is right in our backyard, it's legal, safe, not much of a high, little chance over overdose. It is considered a treatment for opioid addiction, and it can act a safe drug for harm reduction. It reduces cravings, and virtually eliminates withdrawals. It doesn't entice new addictions. Yes, it can be diverted mostly because it not easily available, but even then it is taken almost always to stop cravings and withdrawals as a safe drug to reduce going to illegal much more dangerous street drugs. It can be readily available at Pharmacies throughout the country.

Is this answer perfect, no, but it might be the best we got and we can put it into action relatively quick? If we can reduce its cost dramatically (maybe free), greatly eliminate restrictions, remind doctors it's a treatment for addiction, motivate, remove the fear, maybe incentivize Doctor to step in to reduce the Opioid Epidemic we have a good chance at making a serious reduction in overdoses, and it may lead some into further treatment and recovery. If we get more success with this treatment, it may help reduce the stigma and lead to the disease of addiction to be viewed as treatable healthcare issue. If enough gets out there it might even lower demand on the street and disrupt the illicit opioid market. See link provided.

Of course, long-term in-house treatment may be better, but few enter, and cost are mostly high, and there are availability issues. Please feel free to make comments, pro/cons other issues, etc.

We have some problems to overcome to provide MAT/Mostly Suboxone widespread. To many restrictions, to costly, not worth it to Doctors, Pharmacist have reservations and restrictions. We need your help to recruit others and push to use this in an attempt in a relative low-cost type of way to make a serious reduction in the overdose crisis.

I suggest we all read Dr. Arun Gupta's book *The Preventable Epidemic* for more info. on this topic.

I "The Pharmacist" Dan Schneider RPh. of the Netflix docuseries view by over 200 million have developed a growing National Coalition to advocate for a Federal Program for MAT (Medically Assisted Treatment -mostly buprenorphine and suboxone). Mainstreamed, readily available at no cost for a period of 12 mos. per patient.

It was recommended by Regina Labelle last yrs acting director of The Office of National drug Control Policy (ONDCP) that we start a pilot program as an example to The President and the Congress to see the cost, means of paying, and effect on The Opioid Epidemic, reducing overdoses, and overdose deaths on our community.

I have chosen St. Bernard to be first. St. Bernard Leads. I do have St. Tammany and Jefferson interested, but have chosen St. Bernard.

We are reaching out to Governor John Bel Edwards who has expressed to me an interest in MAT and attempts to save lives.

We are requesting a meeting of all stakeholders concerning this Project.

Recently had the following Discussion with Dr. Rahul Gupta's (-the current director of the ONDCP-spoken of as the drug Czar) office after we sent a letter which is attached. Also attached id further augments/discussion of the merits of MAT.

To Dr. Rahul Gupta and the Powers that be. (Current Drug Czar.)
5/31/22

What if only 1% of Doctors treated high Blood pressure or diabetes or even Covid? These are diseases or conditions that in many cases lifestyle led to or worsened these conditions. The estimate of Doctors treating the disease/condition of OUD (addiction) with MAT is approx. 1%

SAMHSA Estimates put the number of people with OUD at approx. 2,700,000? Using that figure and the latest 12 mo. figure on overdose deaths of 108,000+ of which approx. 70% are Opioid related deaths equals 75,600 deaths who most all suffer from OUD. That's a mortality annual rate of 2.8%. Most of these deaths occur between the ages of 15-54. Many of these people could have had many more life years left if they had been treated with MAT. This age group works, pays taxes and raises children. It is estimated that about 20% of those with OUD are in treatment. This situation is known as the Opioid Epidemic.

We also have had another simultaneous Covid Epidemic or Pandemic since Jan. 2020. When looking at the **covid deaths** from Jan 2020 thru 5/21/22 the CDC finds that **between the age of 15-54, 108,476 died**. During the same 2yr 5 mo. period, with the same age group of the **Opioid Epidemic we had 165,174 Opioid related deaths**. All calculations come from CDC stats and we can provide details. Also, the **Mortality rate for those with Covid, by many sources, is estimated at 1.2% vs the 2.8% of those with OUD**.

We applaud our government's reaction and efforts to reduce Covid Mortality and feel that the rate for Covid would have been much higher if not for its efforts and resources provided. Such as paying, for vaccines, in many cases paying to administer them, paying for ads to vaccinate, in many cases paying for doctors, hospitals, ER, EMT's to assist and treat those with Covid. This came at tremendous cost mostly because we had to direct resources at all those (300 million+) in our country. Prayerfully it seems that the Covid crisis is subsiding. Unfortunately, **The Opioid Epidemic/Crisis is not subsiding** and seems to only have never-ending increases in deaths. Why??

Not so much why, but **what can we do to try to reduce OUD deaths**. We have 100's of thousands of Doctors and Many thousands of Pharmacies and we have safe and legal drugs to treat OUD. Yet 1% of Doctors use them? Only 20% of those with OUD are in treatment??!! Why not more MAT. Details are in Dr. Arun Gupta's Book "The Preventable Epidemic" We could Rename it the Treatable Epidemic.

We also appreciate the current efforts by President Biden and our congressional leaders to direct more resources and funding (including some efforts to facilitate MAT) in an attempt to reduce this addiction/overdose crisis. However, **we do not see the focus on MAT and adequate funding to actually cause a significant reduction in Opioid deaths any time soon**. As a start we support H.R. 1384, S.445 Mainstreaming MAT bill, which has great bipartisan support.

However; What would it cost us to greatly reduce restrictions on MAT? Today it's easier to get Oxycontin then it is to get suboxone. What would it cost us to motivate and incentivize more Doctors to treat those with OUD? WE are dealing with approx. 3 million with OUD. What do we have to do and what would it cost to encourage those with OUD to try MAT? The cost should be small compared to that spent on Covid. What might be the **expected goal** and hopefully the results?

What if we could **cut Mortality in ½ down to 1.35%? Approx. Reduction of the 75,600 Opioid deaths to 37,800 or 37,800 lives saved** and becoming functioning, tax paying people, caring for their children. This should easily be cost effective. **What would it take to accomplish this reduction in OUD deaths? Is this doable? We believe yes, but we need focus and resources much like the Covid Response.**

We would need a mini-Vaccine like campaign with some ads promoting MAT. We would need to get at least 2 to 3 times the current number of Doctors involved, hopefully more. We would have to pay or subsidize all involved Doctors per patient treated. We would have to reduce restrictions and get the DEA to ease their negative pressure on Doctors who treat OUD. We would have to pay for or subsidize MAT drugs so as to make this treatment available at no cost to encourage those with OUD to choose treatment. Illicit Drug Dealers can't beat Zero Cost!!

We also must make aware those with OUD considering Poisonous illicit drugs to stop withdrawals that they have readily available legal safe drugs that can stop withdrawals and reduce cravings.

We must keep in mind that providing **MAT (Mostly buprenorphine/suboxone) is not only a treatment but they are also safe, legal Harm Reduction drugs** in the era of illicit Fentanyl (and which it is in almost all illicit street drugs). We should be more tolerant of possible diversion of programed MAT drugs, because again they can save lives by giving those having withdrawals a safe drug. (**OD prevention**/as in a long-acting Naloxone.) For many it's treatment, but for some it may be a safe drug that can buy time and possible future treatment. For some it may also lead to more sophisticated in-patient and long-term treatments with abstinence as a goal. With widespread MAT we should also see the **added benefit of reduced illicit drug seeking crime and possibly a disruption in the demand and supply of the illicit drugs**. We also agree with the May 2021 Pew paper on MAT, but want to go a step further. Can provide.

The OUD Epidemic has affected all races, all socioeconomic levels of our society and because of this we finally have widespread recognition of the crisis and compassion from a majority of Americans on this issue. We now know that literally it can happen to anyone. There will be widespread support from the public and a widespread bipartisan support for such **a plan of action** if we can show both, **a cost-effective plan to finally actually reduce overdose deaths, addiction and drug related crime. Such a plan would not only save lives but would be a political victory for those leaders that supported and helped implemented it.**

We (our growing Coalition Doctors, Pharmacist, law enforcement, those involved in the Anti-Addiction advocacy, many non-profits, Like Fed UP, Partnership to end Addiction, Shatterproof, Mom's Dads, Grandparents and concern citizens, etc.) **believe reducing overdose deaths with MAT (mostly buprenorphine/suboxone) is doable and is the best means to do so in a relatively short time. Everything is mostly in place. Let's just do this.**

To Dr. Rahul Gupta and our leaders, **What can we all do to help make this happen?**

Comments, Suggestions, questions pros, cons appreciated.

Sincerely,

Written by Dan Schneider RPh. dschneider@tofhope.com 504-430-3154

Some supporters of MAT and Members of our Coalition. Dan Schneider RPh. "The Pharmacist" of the Netflix Docuseries viewed over 200 million time along with Danny Strong and Beth Macy of the award-winning Hulu Docuseries "Dopesick" also view by millions, Dr. Arun Gupta 15+ yrs. addiction DR. and author of "The Preventable Epidemic", Tom Coderre of SAMSHA. David Muench of Partnership to end Addiction, Dr. Andrew Kolodny of brandeis edu., Dr. Daniel Ciccarone of UCSF edu. Dr. Kimberly Blake, Dr. George Singletary of Tulane edu., Dr. Kenison Roy of Tulane edu., Dr. Gerry Cvitanovich- coroner of Jefferson parish, la., Emily Walden and Dr. Daniel Busch of Fed Up, and David Morgan Pharmacist, to name a few. Also Ryan Hampton(Author) and Lt. Gov. Billy Nungesser

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