Whereas, States have some ability to approve and regulate methadone clinics. In Indiana, the federal government has ultimate control of methadone clinics location, size and operations; and

Whereas, Some federal methadone clinic policies contrast with the policies desired by the state. The best example of this is the rule that does not require participants of methadone clinics to be reported in the state controlled substances database. Therefore, some individuals have gone to two methadone clinics at the same time. They would take one clinic’s medication and sell the other’s take home medication. Another example relates to past issues with drug rehab and counseling at Indiana methadone clinics. In some cases, it was quite minimal with majority of the visits dedicated to the transaction of selling an opioid and collecting payment. Additionally, larger clinics don’t necessarily offer benefit to patients with size increasing the possibility of logistical problems and possibly making the visit process less personable and less therapeutic. Clark County Indiana is home to the largest methadone clinic in the country with over 1,600 active clients; and

Whereas, State control of the methadone clinics would allow local decisions about size, location, and operational rules and regulations; and

Whereas, Many recommendations have been made by the states over the years related to improving methadone clinic operations, and yet many of these have not been adopted by federal regulators; and

Whereas, A segment of the opioid-addicted population will never be able to be opioid abstinent. It is therefore acknowledged that methadone clinics provide a valuable service to opioid-addicted individuals; therefore be it

RESOLVED, That our American Medical Association support complete state control of all aspects of methadone clinic approval and operations; and, if deemed necessary, this control could be granted on a state by state basis. (Directive to Take Action)

Fiscal Note: Not yet determined

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