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Science Alone Is Not Enough

To the Editor:

We read with interest the article by Sarah Wakeman, MD, published in the ***American Journal of Medicine***.[1] The author comments on the harsh reality that despite evidence supporting the use of opioid agonist therapy, only 8% of intravenous drug users currently receive treatment. The author emphasizes that decades of research support opioid agonist therapy as a cornerstone of effective treatment, which is crucial in the fight to end the opioid epidemic. Wakeman further suggests that the main barrier in battling this epidemic is the lack of dissemination, understanding, and adoption of a science-based treatment strategy.[1]

Indeed, 11 randomized controlled trials have assessed the efficacy of methadone maintenance in treating opioid dependence in comparison with placebo or non-pharmacologic therapy and have demonstrated the effectiveness of methadone maintenance therapy in reducing illicit opioid use and increasing retention in treatment.[2] In prisons, where many individuals are dependent on opioids, the World Health Organization recommends the provision of buprenorphine or methadone maintenance as a best practice for opioid agonist therapy and opioid withdrawal. Accordingly, many nations, including Iran, Australia, Canada, and most of the European Union, have made methadone maintenance therapy available in correctional facilities.[2]

In a recent article by Milloy and Wood titled "Withdrawal from methadone in US prisons: cruel and unusual?" published in *The Lancet*,[3] the authors describe that in the United States, individuals with opioid dependence will often have their methadone discontinued on incarceration in most US correctional institutions. They further comment that in a nationally representative survey of 500 US prisons, only 12% reported that individuals who enter custody on a methadone treatment program are maintained in this program during their time of incarceration.[3] Obviously, it is not the lack of science; rather, there is an abundance of literature supporting the benefit and efficacy of opioid agonist therapy in treating opioid-dependent populations. What dictates the access to treatment for millions of Americans with substance use disorders is our failed national drug and healthcare policies.

Addiction is a complicated disease of an intricate and complex brain; ignoring this fact will only hamper our efforts to find effective solutions through a comprehensive and systematic understanding of the underlying phenomena.[4] We believe the problem of addiction will not be solved without all stakeholders, including government agencies, insurance payers, pharmaceutical manufacturers, state policymakers, and providers, working together to develop successful best practice strategies and systems to comprehensively and objectively tackle the problems of opioid epidemic, addiction, and inadequate treatment of chronic pain.

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