



Office of Addiction Services and Supports

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Narcotic medications for the treatment of a substance use disorder are currently very stringently regulated at the federal level. This framework limits the administration or dispensing of narcotic medications to treat substance use disorders to entities that have obtained a state-and-federally-overseen Opioid Treatment Program (OTP) license.

This structure significantly limited access to medications, leading to the passage of the Drug Addiction Treatment Act (DATA) of 2000 (DATA 2000). This provided an alternative mechanism for those serving individuals with substance use disorders to prescribe buprenorphine for addiction treatment in certain circumstances by obtaining a waiver from federal requirements to obtain an OTP license. Under this waiver, practitioners must obtain 8 or 24 hours of education as determined by their license and are subject to patient limits based upon length of time as a DATA 2000 waived practitioner. For prescribers that are waived to prescribe for up to 275 patients, additional practice requirements apply. Further information can be found on the Substance Abuse and Mental Health Services Administration site: <https://www.samhsa.gov/medication-assisted-treatment>.

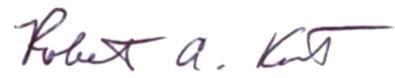
There are some circumstances where a practitioner can provide an individual with a narcotic medication for treatment of addiction even where the practitioner does not have an OTP license or a DATA 2000 waiver. Those exceptions are as follows:

1. A physician who does not hold a license to operate an OTP or have a DATA 2000 waiver can administer a narcotic drug to a person with a substance use disorder to relieve acute withdrawal symptoms while a referral is being arranged provided that:
 - a. only one day's medication is administered to the person at one time; and
 - b. the treatment is carried out for no more than three consecutive days.
2. A physician or authorized hospital staff can administer or dispense narcotic drugs in a hospital to maintain or detoxify a person who is in the hospital for medical or surgical treatment of a condition other than their substance use disorder, when treatment of the substance use disorder with a narcotic drug would benefit the treatment of the medical or surgical condition.

Any prescriber that may interact with individuals who are diagnosed with or appear to have a substance use disorder should be mindful of these exceptions when developing a plan of care for a particular patient.



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