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Week 5

Opioid Crisis Response

"Treat the patient. Stop the supply. Do both."

1. The Problem

Approximately 70,000 Americans died of drug overdoses in 2025 — confirmed from CDC preliminary data published June 2026. This represents the third consecutive annual decline from the peak of approximately 110,000 in 2022, primarily due to expanded naloxone access and increased MAT utilization. Opioids were involved in approximately 44,500 of those deaths, with synthetic opioids — primarily illicitly manufactured fentanyl — accounting for the vast majority. The decline is encouraging and proves treatment works. Seventy thousand deaths per year is still a national emergency. While overdose deaths have been falling, a separate crisis has emerged: physicians are prescribing opioids for pain at dramatically reduced rates, but patients in legitimate pain have been caught in the crossfire — leaving millions without adequate pain management while doing little to address street fentanyl supply. The supply-side intervention that worked: fentanyl is manufactured in China and Mexico and enters the U.S. through the postal system and ports of entry. Tightening prescriptions did not reduce overdose deaths from 2012-2022 — they increased because demand shifted to street fentanyl. The demand-side intervention that works: medication-assisted treatment — buprenorphine and methadone — reduces opioid use disorder relapse rates by 50% and overdose mortality by 38% in treated patients. Source: RAND Corporation.

2. The Governing Principle

Treat the patient. Stop the supply. Do both. Medication-assisted treatment is the evidence-based standard of care for opioid use disorder. The federal government expands MAT access to 500,000 new slots. Physicians are freed from punitive prescribing restrictions that hurt legitimate pain patients without reducing fentanyl deaths. Fentanyl supply chain interdiction is resourced at the level the crisis requires. The governing metric: overdose deaths measurably declining from the 70,000 annual baseline, confirmed annually via CDC surveillance data.

3. The Specific Policy

MAT Expansion

- 500,000 new MAT treatment slots: Year 1 target 200,000 new slots operational, with priority in rural and underserved areas. Year 4 target 500,000. SAMHSA certified opioid treatment programs

expanded. Every rural health clinic in Week 10 includes MAT capability.

- **Prescribing reform — buprenorphine without waiver requirements:** any licensed physician, nurse practitioner, or physician assistant may prescribe buprenorphine for opioid use disorder without a special waiver, additional training requirement, or patient number cap. The waiver requirement was eliminated by the Mainstreaming Addiction Treatment Act — the platform fully funds the workforce expansion to match.
- **Pain patient protection:** the prescribing restriction pendulum has overcorrected. Patients with legitimate chronic pain conditions deserve treatment without their physicians fearing DEA investigation for appropriate prescribing. Federal guidelines restored to evidence-based standards — not enforcement-driven restriction.

Supply Interdiction

- **Fentanyl supply chain:** illicitly manufactured fentanyl enters primarily through mail and ports of entry, manufactured in China and Mexico. 100% scanning of international mail packages for fentanyl precursors and finished product. CBP detection equipment at all major ports of entry upgraded to current fentanyl analog detection capability.
- **Fentanyl precursor diplomacy:** direct diplomatic engagement with China to enforce existing precursor chemical export controls. The 2019 China scheduling of fentanyl analogs reduced some flows — the platform enforces compliance through trade leverage, not requests.

Naloxone Universal Availability

- **Naloxone over-the-counter at all pharmacies — federally subsidized:** FDA approved naloxone OTC in 2023. The platform fully funds free distribution through pharmacies, community organizations, first responders, and schools. Every first responder in America carries naloxone. Every school has it on campus.
- **Good Samaritan law expansion:** federal funding conditioned on states enacting Good Samaritan laws protecting people who call 911 for an overdose from prosecution for drug possession. Every life saved by a 911 call that was not made because of fear of prosecution is a failure of policy.

4. Estimated Cost

200,000 new MAT slots at \$5,000 per participant: \$1 billion in Year 1. Full 500,000 slots: \$2.5 billion per year. Addiction treatment licensing and enforcement: \$500 million per year. Federal patient advocate office: \$200 million per year. Naloxone universal availability: \$300 million per year. Total Year 1: approximately \$2-3 billion. RAND Corporation estimates every dollar invested in MAT returns \$4-7 in reduced crime, healthcare, and lost productivity costs. Overdose death baseline for measurement: 70,000 in 2025 per CDC preliminary data — down from 110,000 peak in 2022.

5. Year 1 Implementation and Measurable Result

Year 1 measurable result: 200,000 new MAT slots operational; naloxone federally subsidized OTC at all pharmacies; buprenorphine prescribing fully liberalized; fentanyl detection equipment upgraded at top 20 mail facilities and ports; annual overdose death count declining from 70,000 baseline. Source: CDC National Center for Health Statistics, preliminary 2025 overdose data.

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