



Substance Abuse and Mental Health
Services Administration

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April 24, 2026

Dear Colleague:

On January 29, 2026, President Trump signed an Executive Order on the [Great American Recovery Initiative](#) which lays out a vision for a national effort to prioritize addiction treatment and recovery. SAMHSA remains committed to expanding access to comprehensive, evidence-based treatment, including the use of medications, and recovery support services as keys to our collective success. But we are equally committed to ensuring that medications are part of the pathway to long-term recovery and sobriety, self-sufficiency, and thriving, not as a default sentence to life-long medication use.

The U.S. Food and Drug Administration has approved three medications for the treatment of opioid use disorder – methadone, buprenorphine, and naltrexone. Use of these medications is commonly referred to as Medication-Assisted Treatment (MAT) or medications for opioid use disorder (MOUD). These medications have become a core part of the evidence-based treatment of opioid use disorder based on research demonstrating their effectiveness in reducing opioid use, overdose deaths¹, recidivism, and improving multiple recovery outcomes.²

At the same time, research consistently demonstrates that individuals with opioid use disorder have high rates of co-occurring substance use and mental illness,^{3,4} and there is growing recognition that medications alone cannot address the legal, housing, family functioning, and other challenges that people with substance use disorders commonly face. Thus, it is essential that medications are provided as part of a comprehensive approach to treating an individual's behavioral, physical, and social needs.

Currently there is limited research on the optimal length of addiction treatment,⁵ but research has shown that arbitrary maximum time limits or abrupt discontinuation of treatment can result in

¹ To date, studies have not shown that naltrexone is associated with a reduced risk for fatal overdose.

² National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder. Michelle Mancher, Alan I. Leshner, editors Medications for Opioid Use Disorder Save Lives. 2019

³ Jones CM, McCance-Katz EF. Co-occurring substance use and mental disorders among adults with opioid use disorder. *Drug Alcohol Depend.* 2019 Apr 1;197:78-82. doi: 10.1016/j.drugalcdep.2018.12.030

⁴ Jones CM, Shoff C, Blanco C, Losby JL, et al. Association of receipt of opioid use disorder-related telehealth services and medications for opioid use disorder with fatal drug overdoses among Medicare beneficiaries before and during the COVID-19 pandemic. *JAMA Psychiatry.* 2023;80(5):508-514.

⁵ ASAM National Practice Guideline for Treatment of Opioid Use Disorder, 2020 Focused Updated. https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/guidelines/npg-jam-supplement.pdf?sfvrsn=a00a52c2_4

poor outcomes for patients^{6,7} and may jeopardize an individual's chance of overcoming addiction and living a drug free life. Yet, clinical experience shows that while some patients with opioid use disorder may require long-term treatment with medications, others may benefit from a shorter course of treatment and consider tapering and medication discontinuation when other social and recovery supports are in place. These options should be available to all patients. Life-long medication treatment should be an option when clinically indicated, but not the default for all patients. As with the treatment of any chronic medical condition, clinicians and patients should work together to regularly assess progress toward treatment goals and the role medications play in ongoing recovery based on the patient's individual circumstances.

To ensure the clinically appropriate use of medications in the treatment of opioid use disorder and that SAMHSA funding and training and technical assistance are advancing holistic care models that address the complex psychosocial needs of individuals with opioid use disorder, rather than medication-only models, this Dear Colleague letter outlines core clinical tenets and provides new language that will be included in updated terms and conditions for current grantees and new FY2026 funding announcements for all relevant treatment services and training and technical assistance funding announcements.

- SAMHSA funding should be used to provide comprehensive treatment and recovery support services rather than medication-only models for opioid use disorder. Services should include medications, where clinically indicated, in conjunction with psychosocial and other treatment and recovery support services. Funding can also be used to support individualized tapering and discontinuation of medications when clinically indicated.
 - Upon achieving stability in treatment and building sufficient recovery support, *and at least annually*, clinicians should engage in a discussion with patients to assess treatment and recovery goals and the continued use of medications. Continuation should be evaluated on an individual basis, taking into consideration progress toward treatment goals, stability in treatment, recovery capital, and patient preference.
 - When a shared decision to discontinue medication is made, discontinuation should be a gradual process with intensified support and monitoring to guard against resumption of drug use and done in the context of ongoing comprehensive care.
- SAMHSA funding should be used to provide training to clinicians and other behavioral health providers on the clinically appropriate use of medications in the treatment of substance use disorders, including options for safe tapering and discontinuation when clinically indicated, and regular, at least annual, reviews for continuing treatment. This training should include strategies to support shared decision-making by ensuring patients are fully informed of the risks and benefits of medication treatment initiation, continuation, and discontinuation.

⁶ Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63 Publication No. PEP21-02-01-002. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2021. <https://library.samhsa.gov/sites/default/files/pep21-02-01-002.pdf>

⁷ Ibid 5

Training must ensure providers educate patients about and facilitate access to comprehensive substance use treatment and recovery support services.

- Training should include tools to support the development of individualized comprehensive treatment plans with patients that include consideration of medication treatment duration, and tapering and discontinuation, as clinically indicated based on the patient's individual circumstances, recovery, and preferences.

Thank you for all that you do every day to improve the lives of individuals, families, and communities across our Nation.

Sincerely,

/Christopher Carroll/

Christopher Carroll, MSc.
Principal Deputy Assistant Secretary
Substance Abuse and Mental Health Services Administration