inside	the	facility.	Therefore,	addicts	undergoing	treatment	must	visit	the	facility	every	day	
(Roberts,	2009).	It	takes	about	a	year	on	methadone	for	patients	to	be	free	of	their	opioid	
addiction.	Most	addicts	will	not	successfully	complete	treatment	the	first	time	and	often	end	up	
returning	for	multiple	rounds	of	treatment	(Roberts,	2009).		
The	location	of	methadone	treatment	facilities	has	long	been	a	topic	of	debate	due	to	
their	presence	as	a	hub	for	addicted	individuals	(Keiger,	2016).	Individuals	seeking	to	remove	
treatment	facilities	from	their	community	cite	evidence	of	increased	crime	and	questionable	
activity	in	the	vicinity	of	methadone	treatment	facilities	(Keiger,	2016).	Disturbances	to	the	
community	by	patrons	of	a	treatment	facility	affect	the	community’s	well-being	and	would	be	
therefore	be	considered	a	non-pecuniary	externality.		
The	government	should	intervene	and	rectify	situations	where	non-pecuniary	
externalities	exist.	This	paper	will	explore	the	effectiveness	of	the	methods	proposed	by	the	bill	
to	address	these	externalities.	First,	the	effect	of	limitations	on	treatment	facility	location	will	
be	addressed.	Second,	the	extent	of	externalities	related	to	treatment	facilities	will	be	
examined.	Finally,	the	new	framework	for	the	issuance	and	revocation	of	a	treatment	facility	
license	will	be	reviewed.		
Opioid	users	tend	to	be	concentrated	geographically	in	areas	where	drugs	are	most	
readily	available	(Brownstein,	Green,	Cassidy,	&	Butler,	2010).	Take	Craig,	Colorado	as	an	
example.	In	2006,	High	Country	Medical	opened	in	the	town.	The	clinic	had	a	liberal	attitude	
toward	prescription	pain	medications	and	helped	kick	off	the	city’s	drug	problem	by	issuing	
numerous	prescriptions	(Blankenbuehler,	2017).

High	Country	Medical	is	gone	now,	but	the	drug	addicts	are	not.	Craig	is	a	town	that	
would	benefit	tremendously	from	a	treatment	facility	(Blankenbuehler,	2017).	But,	if	this	law	
were	implemented	it	would	make	it	nearly	impossible	to	establish	a	treatment	center	in	Craig.	
The	town’s	numerous	schools,	parks,	and	child	care	facilities	are	distributed	evenly	enough	that	
a	treatment	facility	could	not	be	establish	anywhere	in	the	city	(“Google	Maps,”	n.d.).	Many	
rural	Colorado	cities	would	face	the	same	challenge.	Patients	seeking	care	would	be	required	to	
come	to	a	larger	city	like	Denver	or	Colorado	Springs	simply	to	receive	care.	
It	is	important	that	treatment	facilities	have	the	flexibility	to	be	located	where	they	are	
needed	most.	Restricting	the	locations	of	methadone	treatment	facilities	to	the	point	that	a	
facility	cannot	be	established	in	a	town	does	the	public	and	users	seeking	help	a	disservice.	By	
restricting	the	location	of	facilities,	fewer	individuals	will	be	able	to	access	the	care	they	need.	
This	will	only	contribute	to	the	drug	problem.	
	 The	location	restriction	created	by	the	bill	seeks	to	eliminate	an	externality	by	limiting	
the	contact	methadone	treatment	facility	patients	can	have	on	some	community	facilities	like	
schools,	child	care	centers,	and	parks.	The	presence	of	an	externality	in	this	case	hinges	on	the	
assumption	that	treatment	facility	patrons	cause	a	reduction	in	the	well-being	of	community	
members	who	live	and	work	nearby.	There	is	little	evidence	to	suggest	that	it	does.	
	 A	2016	study	from	the	Johns	Hopkins	School	of	Public	Health	evaluated	data	related	to	
crime	around	methadone	treatment	facilities	(Furr-Holden	et	al.,	2016).	They	compared	this	
data	to	crime	data	from	similar	liquor	and	convenience	stores.	The	researchers	found	violent	
crime	occurred	25%	more	frequently	around	liquor	and	corner	stores	as	compared	to	
methadone	treatment	centers	(Furr-Holden	et	al.,	2016).	They	also	found	that	liquor	and

conveni ence stores were more often the target of robbery then were

The extraordinarily vague language used in the bill makes

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