

# Nation's drug overdose epidemic requires new policy focus

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## Andis Robeznieks

Senior News Writer

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The nation's focus is understandably set on the deadly COVID-19 pandemic, yet nearly 72,000 Americans died from an unintentional drug overdose last year. A new report from the AMA Opioid Task Force details actions physicians have taken, recognizes the evolving nature of the overdose epidemic, and identifies barriers that continue to stymie progress.

"Health insurance companies continue to delay and deny access to non-opioid pain care and evidence-based treatment for opioid-use disorder (OUD), while pharmacy chains, pharmacy benefit managers and state laws continue to inappropriately use arbitrary guidelines to restrict access to legitimate medication that some patients need to help manage their pain," the report states.

The AMA Opioid Task Force 2020 report highlights how, even as physicians write fewer prescriptions for opioid analgesics, the nation still faces an overdose epidemic that is increasingly fueled by illicitly manufactured fentanyl and fentanyl analogues, psychostimulants such as methamphetamine, heroin, cocaine and drug combinations.

"The nation needs to confront the fact that the nation's drug overdose epidemic is now being driven predominantly by highly potent illicit fentanyl, heroin, methamphetamine and cocaine, although mortality involving prescription opioids remains a top concern," said AMA Opioid Task Force Chair Patrice A. Harris, MD, MA, who also is the AMA's immediate past president.

## Statistics show epidemic's evolution

The report provides grim statistics detailing how the epidemic evolved between 2015 and 2019.

According to the report, deaths involving:

- Illicitly manufactured fentanyl and fentanyl analogs jumped 510% from 5,766 to 35,171.
- Stimulants such as methamphetamine rose 258% from 4,402 to 15,770.

- Cocaine climbed 181% from 5,496 to 15,465.
- Heroin grew 30.5% from 10,788 to 14,080.

From a high of 15,003 deaths for a 12-month total ending in July 2017, deaths involving prescription opioids fell 21.4% to 11,797 at the end of 2019, according to the Centers for Disease Control and Prevention.

“If it wasn’t for naloxone, there likely would be tens of thousands additional deaths,” said Dr. Harris, who has chaired the AMA Opioid Task Force since its inception.

Resources and news regarding AMA advocacy efforts for addressing the overdose epidemic during the COVID-19 pandemic are available on the newly updated AMA End the Epidemic microsite.

The report identifies these persistent barriers that block patients’ access to evidence-based care:

**Prior Authorization.** Despite medical society and patient advocacy, only 21 states and the District of Columbia have enacted laws limiting public and private insurers from imposing prior authorization requirements on services or medication for substance-use disorders (SUDs). In fact, the report cites a survey from the American Board of Pain Medicine that found 92% of pain medicine physicians said they have been required to submit a prior authorization for non-opioid pain care

**Parity law noncompliance.** Even fewer states have taken meaningful action to enforce mental health and SUD parity laws.

**Barriers to comprehensive, multi-modal, multidisciplinary pain care and rehabilitation programs.** Access to prescription opioid analgesics have decreased in every state, and none have taken meaningful action to require health insurers to increase access to non-opioid pain care or to remove arbitrary restrictions on access to opioid therapy.

## Crisis framework

A major problem continues to be that efforts to end the epidemic have largely fallen into a reactionary “crisis framework” that results in the creation of ineffective one-size-fits-all strategies, especially with data collection.

Current overdose data collection is inconsistent across the nation; it is difficult to understand and fix what is not appropriately measured. Implementation of systems to track overdose and mortality trends is necessary in order to identify equitable public health interventions that include comprehensive, disaggregated, racial and ethnic data collection related to testing, hospitalization, and mortality associated with opioids and other substances.

“Going forward, physicians, public health officials, policymakers and health insurance companies must work together to create an integrated, sustainable, predictable and resilient public health system,” the report states.

Dr. Harris agreed.

“It is far past time for policymakers, health insurers, pharmacy chains and pharmacy benefit managers to remove all barriers to evidence-based care for patients with pain and those with an SUD,” she said.

## **AMA advocacy achieves results**

During a recent episode of the “AMA COVID-19 Update” discussing the pandemic’s impact on the overdose epidemic, Dr. Harris repeated her call for stakeholders to work together as the isolation and financial uncertainty created by the pandemic puts patients at risk for relapse.

“It is so important that we continue to work together to increase access to treatment for opioid-use disorder, that we increase access to naloxone and also harm-reduction programs such as syringe-exchange programs,” she said, adding that AMA advocacy with the federal government has achieved results.

“The key issue here is eliminating treatment barriers, and one thing that has been allowed is the increase of take-home medicine of methadone,” Dr. Harris said.

The AMA has encouraged physicians to consider co-prescribing naloxone when prescribing opioids to ensure patients have ready access to the lifesaving medication. Just recently, the U.S. Food and Drug Administration ordered that labeling for opioid medications include a recommendation that health care professionals discuss naloxone and consider prescribing it to patients with an increased risk of overdose.

Dr. Harris described the requirement “as a starting point for discussion between patients and physicians.”

“The AMA has encouraged physicians to prescribe naloxone to patients at risk of overdose as part of a proactive and coordinated public health approach to opioid-related overdoses,” she said. “With



overdoses increasing, the more harm-reduction strategies we can employ, and the increased access patients have to naloxone, the better.”

Read how to reignite the fight against the nation’s opioid epidemic.