

# Physicians' progress toward ending the nation's drug overdose epidemic

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## 2021 Overdose Report

This is an executive summary of highlights from the 2021 report on physicians' actions to help end the nation's drug-related overdose and death epidemic—and what still needs to be done.

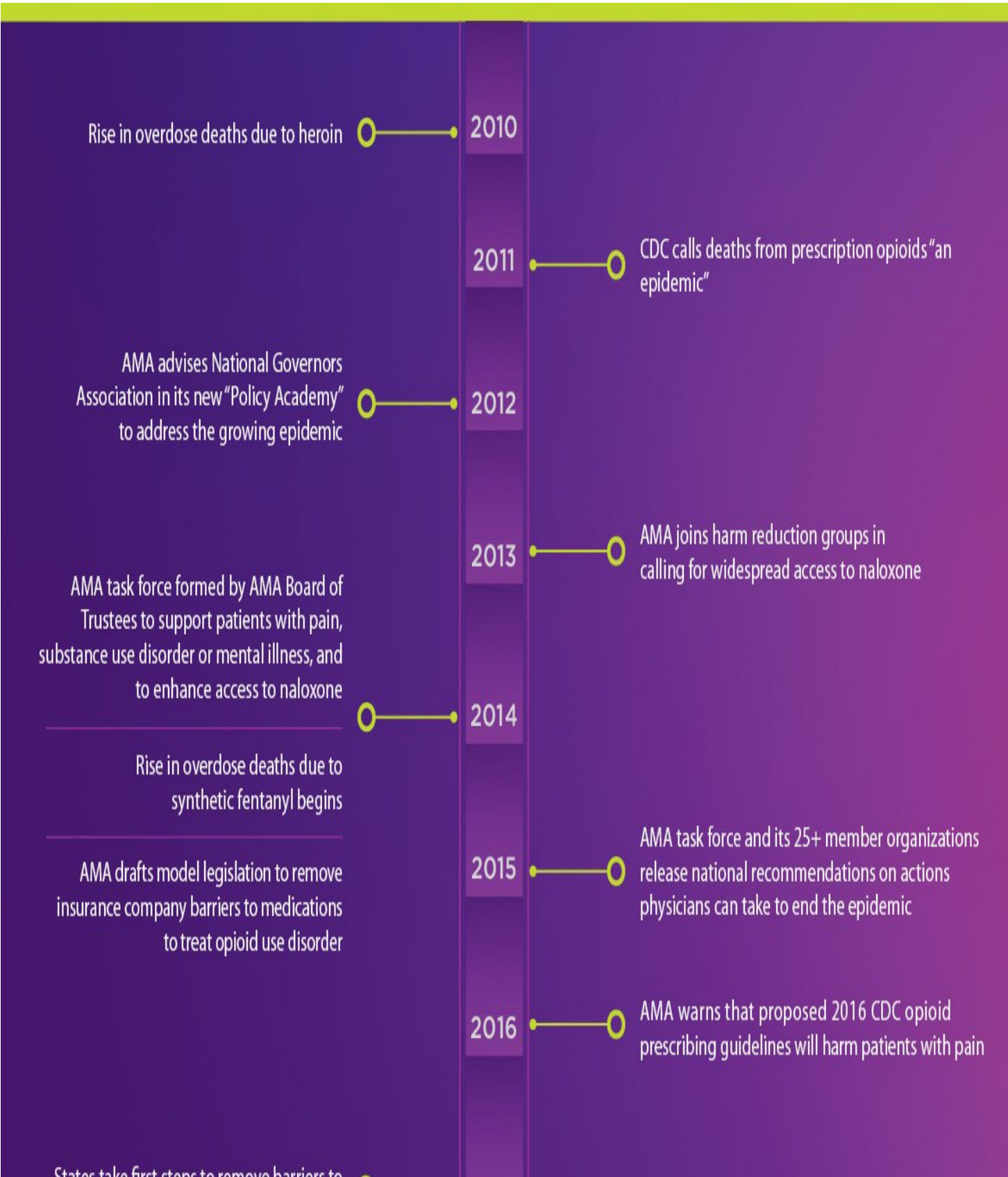
Opioid prescriptions decrease for 10th consecutive year, but deaths continue to increase. It's time to change course.

## A new, collective effort

The American Medical Association convened two task forces between 2014–2019 that have provided actionable and measurable recommendations and principles for physicians, state and federal policymakers, and other stakeholders to combat the nation's drug overdose and death epidemic.

In response, there has been measurable progress across multiple areas and policy changes led by medical society advocacy. Yet, the nation's drug-related overdose and death epidemic has evolved and worsened. As a result, the AMA has united the two task forces to launch a new, collective effort to directly address this changing epidemic: AMA Substance Use and Pain Care Task Force.

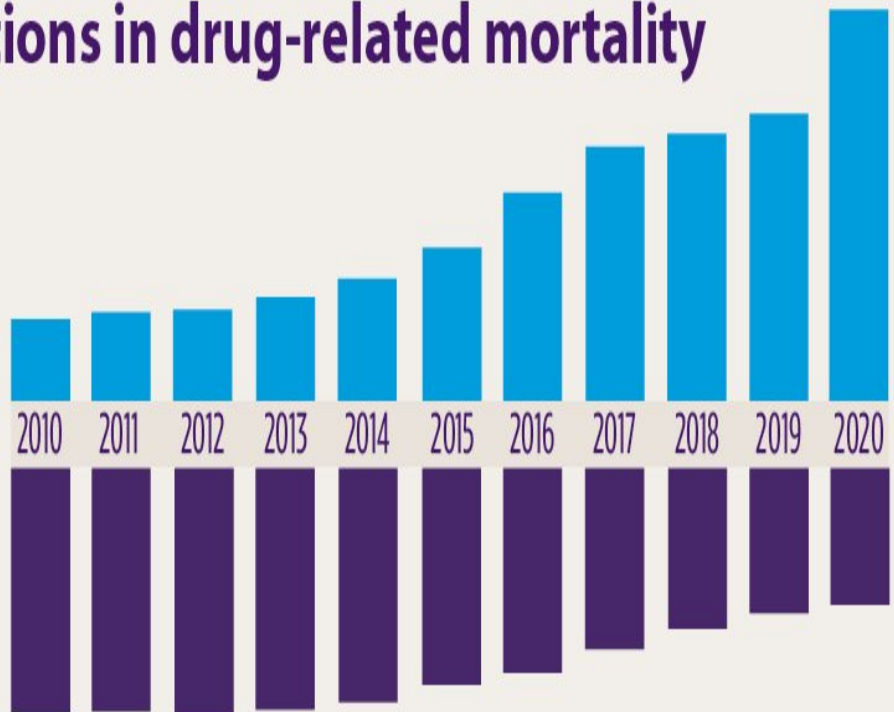




## Reductions in opioid prescribing have not led to reductions in drug-related mortality

**Overdose deaths:**  
94,134\*

**Opioid prescriptions:**  
143,390,951<sup>1</sup>  
(44.4% decrease since 2011)



\*Provisional data for the 12-month period Jan. 2020–Jan. 2021

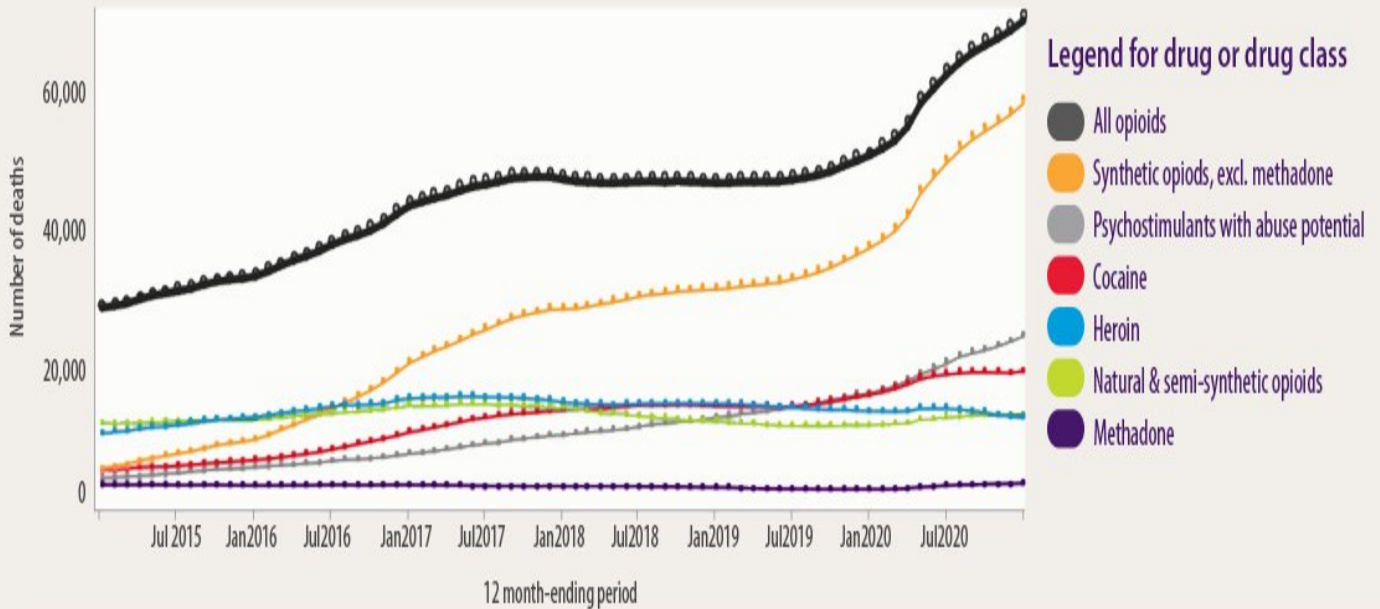
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Physicians and other health care professionals have reduced opioid prescribing in every state for 10 consecutive years. They have increased the use of state prescription drug monitoring programs (PDMPs) in every state for the past five years. Despite these efforts, drug-related mortality continues to rise.

**44.4%** decrease  
in opioid prescriptions  
from 257.9M in 2011 to  
143.4M in 2020

- | 1,382 percent increase in the use of state PDMPs since 2014, with nearly 910 million queries in 2020.
- | 106,000+ physicians and health care professionals certified to prescribe buprenorphine in-office—a nearly 70,000 increase since 2017.
- | Prescriptions for buprenorphine and naloxone have increased only marginally in the past three years despite rising mortality.
- | Harm reduction and other community-based organizations distributed more than 3.7 million doses of naloxone between 2017–2020.
- | During the COVID-19 pandemic, the number of individuals filling a naloxone prescription from retail pharmacies decreased more than 26%.

## 12 month-ending provisional number of drug overdose deaths by drug or drug class



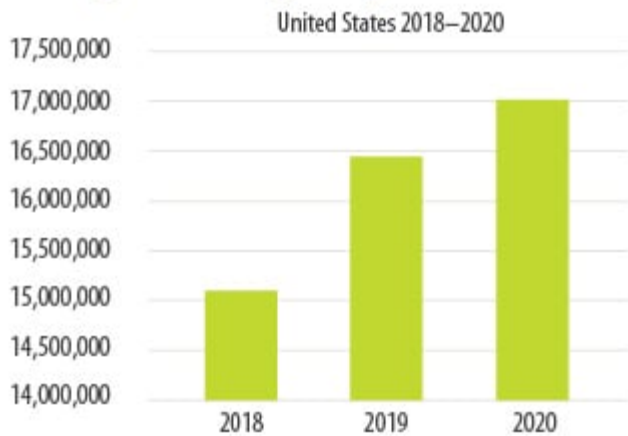
## The COVID-19 pandemic has exacerbated the nation's drug overdose and death epidemic

Every state has reported increases in overdoses during the COVID-19 pandemic. It has affected patients with pain and substance use disorders (SUDs), as well as patients who use harm reduction services. Structural racism and health inequities have made the pandemic even worse for minoritized individuals.

## Improving outcomes

Stakeholders need to work together to develop comprehensive, state- and community-based solutions and action-oriented efforts to improve outcomes and save lives.

## Prescriptions for buprenorphine and naloxone<sup>4</sup>



The AMA strongly believes that ending the nation's drug-related overdose and death epidemic—as well as improving care for patients with pain, mental illness or SUD—requires partnership, collaboration and commitment to individualized patient care decision-making to implement impactful changes, including:

- | Urging states to adopt federal telehealth flexibilities to allow for the induction of buprenorphine at home.
- | Decriminalizing drug checking supplies.
- | Ensuring opioid litigation funds are used only for public health purposes.
- | Urging the Centers for Disease Control and Prevention (CDC) to rescind the arbitrary thresholds in its 2016 opioid prescribing guideline and to restore compassionate care for patients with pain.
- | Removing structural inequities in care provided to historically marginalized and minoritized communities.

## Key collaborative AMA efforts in 2020–2021

- | Collaboration with the Johns Hopkins School of Public Health and more than 50 national stakeholders has led to over a dozen states enacting laws directing opioid-litigation funds to be used mainly for public health uses.
- | Published a national roadmap with Manatt Health to provide tangible actions for policymakers and public health officials to increase access to evidence-based care.
- | Worked with the Milken Institute and the Drug Enforcement Administration (PDF) to promote evidence-based recommendations to help employers increase access to care for pain,

SUDs and harm reduction services.

- | Partnered with state and specialty societies to help enact several dozen laws and regulations to increase access to medications to treat opioid use disorder, meaningfully enforce mental health and SUD parity laws, decriminalize drug checking supplies and remove barriers to evidence-based care for patients with pain, as well as supported the Rhode Island Medical Society in its campaign to enact the nation's first harm reduction center pilot program.
- | Supported efforts with the American Society of Addiction Medicine, the American Association for the Treatment of Opioid Dependence and other key stakeholders to increase access to care for patients with an opioid use disorder.
- | Conducted analysis with the nonpartisan and objective research organization NORC at the University of Chicago to identify the gaps in states' overdose reporting systems.
- | Advocated and provided support for the National Association of Insurance Commissioners (PDF) to meaningfully address health inequities in its work to advance mental health and SUD parity.
- | Joined with medical societies and patient advocates in Oklahoma and Colorado to enact legislation to support individualized patient care decisions for patients with pain, including opioid therapy and non-opioid pain care.

Physicians are ready to work with all stakeholders to develop and implement collaborative, evidence-based solutions to reduce mortality and improve outcomes.

- | Public health officials can help control infectious disease spread through supporting comprehensive needle and syringe exchange services.
- | Medical and other health care professional licensing boards can help patients with pain by reviewing and rescinding arbitrary restrictions on opioid therapy.
- | Policymakers can help increase access to evidence-based SUD care by removing administrative barriers—such as prior authorization—for medications to treat opioid use disorder.
- | State officials can demonstrate leadership and support families by removing punitive policies against pregnant, peripartum and parenting individuals who have SUD.
- | Faith leaders can help destigmatize SUDs and harm reduction by educating parishioners and holding overdose awareness events.

"To make meaningful progress towards ending this epidemic, a broad-based public health approach is required. This approach must balance patients' needs for comprehensive pain management services, including access to non-opioid pain care as well as opioid analgesics when clinically appropriate, with efforts to promote appropriate prescribing, reduce diversion and misuse, promote an understanding that substance use disorders are



chronic conditions that respond well to evidence-based treatment, and expand access to treatment for individuals with substance use disorders."

—Gerald E. Harmon, MD, AMA President

## **Proactive and coordinated approach needed**

Treating the nation's drug overdose and death epidemic demands a far more proactive and coordinated approach focused on evidence-based, public health solutions.

Evidence and data are essential to helping patients with pain, increasing treatment for SUDs, reducing stigma and preventing overdose and death.

## **Remove barriers and increase patients' access to evidence-based care**

The AMA urges policymakers and other stakeholders to take meaningful action to remove barriers and increase patients' access to evidence-based care to save lives and help end the epidemic.

1. Remove barriers to evidence-based care for patients with SUD. This includes removing prior authorization and step therapy for medications to treat opioid use disorder (MOUD), continuing federal flexibilities for take-home medication for opioid treatment programs and continuing telehealth options for patients to begin MOUD.
2. Remove barriers to MOUD and treatment for SUDs and co-occurring mental illness in the nation's jails and prisons. There is no legal, medical, or policy reason to deny access to MOUD or mental health care for justice involved persons.
3. Take immediate steps to protect families by focusing on increasing access to evidence-based care rather than using punishment and the threat of family separation for persons who are peripartum and parenting.
4. Support patients with pain by rescinding arbitrary laws and policies focused on restricting access to multidisciplinary, multimodal pain care; require health insurance companies to make non-opioid pain care alternatives more accessible and affordable, emphasizing social determinants of health.
5. State insurance commissioners, attorneys general and the U.S. Department of Labor must increase efforts to review health insurers' policies on a regular basis to ensure they comply with the Mental Health Parity and Addiction Equity Act—and hold them accountable if not.
6. Support increased efforts to expand sterile needle and syringe exchange services programs, decriminalize drug checking supplies (e.g., fentanyl test strips) and urge manufacturers to make

naloxone available over the counter.

7. Develop and implement systems to collect timely, adequate and standardized data to identify at-risk populations, fully understand polysubstance drug use, and implement public health interventions that directly address removing structural and racial inequities.

“Policymakers and other stakeholders have a choice of whether to pursue evidence-based strategies to support patients' access to lifesaving and life-affirming care. Every effort must be made to remove barriers for patients with substance use disorders, mental illness and patients with pain. More of our loved ones will suffer and die if these barriers remain.”

—Bobby Mukkamala, MD, chair, AMA Task Force to End the Epidemic

## Additional data

| [View the 2011-2020 state-by-state opioid prescribing data \(PDF\)](#)

| [View the 2014-2020 state-by-state PDMP data \(PDF\)](#)

## AMA Substance Use and Pain Care Task Force recommendations

Learn more about the AMA Substance Use and Pain Care Task Force's recommendations to help physicians to take action on evidence-based interventions.

Download the 2021 overdose epidemic report (PDF) on physicians' actions and what still needs to be done.