

The pandemic's not over, and the overdose epidemic is getting worse

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Nearly 72,000 Americans died from a drug-related overdose last year and reports from more than 40 states show increasing concerns about the overdose epidemic may become worse.

New research, however, supports and reinforces necessary steps the AMA believes that must be taken to end the overdose epidemic.

These include:

- Patients are undeniably harmed by health insurance companies that use prior authorization (PA), have inadequate networks and pose other barriers to treatment for opioid-use disorder (OUD).
- Policies that restrict prescribing of controlled substances may unintentionally harm patients with pain.
- Incarcerated persons need much greater access to evidence-based medications in jails and prisons to treat addiction.
- Harm-reduction strategies, including sterile needle exchange, are necessary to help protect against the spread of infectious disease.
- The drug overdose epidemic is not monolithic. Solutions must consider the unique experiences of individual communities and racial, ethnic, gender and other demographic profiles.

Selections from this growing body of evidence has been compiled in a research brief from the AMA Advocacy Resource Center.

The brief builds upon the AMA Opioid Task Force 2020 progress report, which documents how the overdose epidemic is becoming more deadly, continues despite large reductions in the opioid supply, is growing more complicated and requires removing barriers to evidence-based treatment for substance-use disorder (SUD), pain and harm reduction.

Learn more about why the nation's drug overdose epidemic requires a new policy focus.

Patients caught between pandemic, epidemic

The research highlights the multiple and varied aspects of the overdose epidemic. For example, a recent study highlights the intersection of the COVID-19 pandemic and the overdose epidemic. It found that, compared with white patients, Blacks diagnosed with COVID-19 and substance-use disorder had higher mortality and hospitalization rates.

This finding is evidence that SUD should be a condition that raises the risk for COVID-19, “a comorbidity that has particularly deleterious effects to African Americans,” according to the study, “COVID-19 risk and outcomes in patients with substance-use disorders: analyses from electronic health records in the United States,” published in *Molecular Psychology*.

The brief also follows up on an earlier bulletin from Richard Jorgensen, MD, coroner for DuPage County, Illinois, a suburban community west of Chicago.

Dr. Jorgensen issued a public safety announcement in May after the county had two straight days where it recorded three fatal overdoses. “That’s unheard of in this area,” he said at the time.

The research brief summarizes a similar announcement Dr. Jorgensen released in August comparing the county’s overdose deaths in the first six months of 2020 to the same period last year. The number grew 52%, to 70 from 46. He also recorded that there were 17 overdose deaths before pandemic isolation and 54 since.

“Almost every case of overdose revealed that the deceased person had a history of mental health issues, depression, personal, financial or marital problems, previous drug dependence or rehabilitation or were living alone,” Dr. Jorgensen wrote. “It is suggested by these findings that the most vulnerable in our society are being affected negatively by the COVID-19 shutdown and response to isolation and lack of treatment availability.”

Removing prior auth for SUD

The AMA research brief highlights a study that shows growing agreement with the AMA's call to remove prior authorization requirements for SUD treatment. Since 2019, 15 jurisdictions have enacted laws limiting public and private payer use of prior authorization for SUD treatment, according to "Spotlight on Legislation the Use of Prior Authorization for Substance-Use Disorder Services and Medications," produced by the Legal Action Center and Partnership to End Addiction.

The report notes that, as April 20, a total of 21 states and the District of Columbia have enacted similar laws—but the degree to which they limit PA varies resulting in a "patchwork of standards that do not protect all patients."

A *JAMA Open Network* study highlighted in the brief provides evidence of the benefits of removing barriers to treatment. Researchers with RTI International studied records of nearly 950,000 Medicare beneficiaries with a diagnosed OUD or filled a prescription for OUD medication and found that use of buprenorphine-naloxone grew when prior authorization was removed. Higher rates of buprenorphine-naloxone use were also associated with lower emergency department visits and hospitalizations.

Find out about what AMA's COVID-19 policy recommendations for OUDs, pain care and harm reduction. Discover what the AMA is doing to combat the overdose epidemic at the AMA Opioid Task Force's End the Epidemic website.