

As COVID-19 surges, AMA sounds alarm on nation's overdose epidemic

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The U.S. is seeing its worst COVID-19 surge of the year. Yet as the number of new cases, hospitalizations and deaths all rise, the country continues to deal with a concurrent epidemic affecting Americans: A drug overdose epidemic driven by illicit fentanyl, methamphetamine and cocaine.

AMA Immediate Past President Patrice A. Harris, MD, MA, recently joined the National Association of Attorneys General to discuss the overdose epidemic as part of the National Attorneys General Training & Research Institute webinar, "COVID-19 and Its Impacts on Substance Abuse."

"It is imperative that we continue to talk about other health issues that are impacting our nation," Dr. Harris said. "We are appropriately focused on COVID, it is still top of mind for most people, and it's understandable that we can lose focus on other issues ... but we still have to make sure we are focused on the overdose epidemic that we continue to experience in this country."

The AMA believes that science, evidence, and compassion must continue to guide patient care and policy change as the nation's opioid epidemic evolves into a more dangerous and complicated illicit drug overdose epidemic. Learn more at the AMA's End the Epidemic website.

A rise in drug-related overdose deaths

There has been a 37% decrease in opioid prescriptions since 2014, and yet the number of drug-related overdose deaths has continued to spike, fueled by a dramatic increase in fatalities involving illicit opioids, such as illicitly manufactured fentanyl and heroin, as well as illicit stimulants like methamphetamine and cocaine.

This differentiation is essential to understand, because the policy interventions that attempt to reduce prescription opioid-related overdose and death are different in many ways from policy interventions necessary to reduce illicit drug-related overdose and death.

Dr. Harris said that she welcomed the partnership of state attorneys general and said they can play a key role in working alongside physicians, governors and state legislatures to help remove barriers to evidence-based care.

This action is more important than ever as the nation continues to deal with the impact of COVID-19. As the pandemic wears on, more Americans are anxious, overstressed, isolated, concerned about their financial situation and potentially losing their job. Each of those are risk factors for people who already have a substance-use disorder.

More than 19,000 people died of a drug overdose in the first three months of 2020, nearly 3,000 more than the same time period in 2019, according to preliminary data from the Centers for Disease Control and Prevention. If that rate stays constant or worsens, the U.S. will be on track for an all-time high number of overdose-related deaths in a calendar year.

To that point, more than 40 states show increasing concerns about how the overdose epidemic may become worse. The federal government eased regulations that now make it easier for physicians to treat patients with substance use disorder during the pandemic, although it is unclear whether all states have taken advantage of those policies. For example:

- The Drug Enforcement Administration (DEA) issued guidance that allows practitioners to prescribe buprenorphine to new patients with opioid use disorder following a telephone evaluation. This allows patients and physicians to stay distanced during the pandemic while still providing patients with a necessary tool to offset their substance use disorder.
- A Substance Abuse and Mental Health Services Administration (SAMHSA) policy allows patients to obtain up to 28 days of take-home medication, so long as they are stable. With social distancing recommendations and inconsistent public transportation availability, this policy assists patients that might not be able to visit an opioid treatment program on a daily basis.

A number of states have already taken steps to try and offset the high overdose numbers. Maine, for example, removed a one-to-one exchange that led to increased access to sterile products. Behavioral health parity agreements now exist in Massachusetts with five major insurers in the state that will improve care for more than a million residents. New York also has taken steps to ensure compliance with state parity laws.

More than two dozen states have removed prior authorization requirements for medications to help treat opioid-use disorder or passed mental health parity legislation since 2018.

There is not a one-size-fits-all approach to solving the epidemic, Dr. Harris told the attorneys general. The key comes down to partnership and collaboration.



“There is no panacea, no magic wand approach to address the opioid and overdose epidemic,” she said. “Unless and until policymakers and all the stakeholders focus on meaningful enforcement and implementation of laws and policies that support evidence-based care, we will not make progress.”

Learn more out about AMA's COVID-19 policy recommendations for OUDs, pain care and harm reduction.