4 ways Biden administration can help cut drug-overdose deaths

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A record number of lives were lost in the U.S. drug-overdose epidemic in 2020. The AMA has outlined four strategic actions the White House can take to help reverse this tragic trend.

International Overdose Awareness Day is Aug. 31, and the nation is becoming painfully aware of the overdose epidemic's evolving nature. Now being fueled largely by illicitly manufactured and adulterated fentanyl and fentanyl analogs—and exacerbated by the COVID-19 pandemic—the epidemic is believed to have taken the lives of 94,134 people in the U.S. for the 12-month period ending in January 2021, compared with 72,124 for the 12-month period ending January 2020.

The AMA has applauded the Biden administration's first-year drug policy priorities, which included increasing access to evidence-based treatment for patients with substance-use disorders (SUDs), enforcing mental health and substance-use insurance parity laws, advancing racial equity and enhancing harm-reduction efforts.

Now the AMA is urging the administration to turn these priorities into action and AMA Executive Vice President and CEO James L. Madara, MD, highlighted how to do so in a letter to Regina M. LaBelle, acting director of the Office of National Drug Control Policy.

Taking the essential steps outlined below, he wrote, "will help move the nation from a crisis framework to a more resilient public health framework, help reduce overdose and death, and improve patient outcomes."

**Remove barriers to medications to treat opioid-use disorder (MOUD) and harm reduction or the epidemic will continue to worsen.** Among "the most pervasive and unnecessary" barriers to MOUD is prior authorization, Dr. Madara wrote.

"When an individual is ready for treatment, and that treatment is delayed or denied, the results can be tragic," says the letter, which outlines advice on the administration's 2022 national drug-control
strategy.

The administration, Dr. Madara wrote, also should take action to remove prior authorization for MOUD from all federal programs.

The AMA also calls for:

- Continuing federal telemedicine flexibilities for at least the duration of the opioid public health emergency.
- Removing barriers to MOUD in jails and prisons.
- Ensuring that pregnant individuals are not punished for seeking or receiving SUD treatment.

**Support patients with pain by emphasizing individualized patient care decisions.** The U.S. faces an unprecedented, multifactorial and dangerous drug-overdose epidemic driven by illicitly manufactured fentanyl, fentanyl analogues and stimulants, and can no longer view climbing drug mortality rates "through a prescription opioid myopic lens,” Dr. Madara wrote.

Nevertheless, state legislators, health insurance companies, pharmacy chains and pharmacy benefit managers have severely restricted access to opioid therapy while doing very little to widen access to nonopioid alternatives.

The AMA also calls for:

- Prohibiting any health insurer contracted by the federal government from using a hard threshold for the prescribing of opioid analgesics.
- Ensuring that nonopioid pain care alternatives are available and affordable under all health insurance programs.
- Dismantling misguided policies created under the false belief that historically marginalized and minoritized patients experience less pain than patients who are white.

Learn more about why it's time to revamp CDC's problematic 2016 opioid Rx guideline.

**Evaluate programs that have been funded and build off those that work.** The AMA-Manatt Health national policy road map provides best practices to lower drug-related mortality and improve patient outcomes. The AMA, however, remains deeply concerned about the lack of standardized data collection and surveillance needed to evaluate policies and intervention outcomes.

The letter to Acting Director LaBelle calls for standardized state reporting on federally funded programs' impact on overdose prevention, removal of health inequities, as well as on access to treatment, evidence-based pain care and harm reduction.

**Build a data infrastructure that supports prevention and strategic intervention.** Improving the
collection and use of data is critical to combating the evolving drug overdose epidemic.

Efforts now rely too heavily on fatality data. "Early warning systems that further evidence-based prevention efforts, interventions and rapid access to treatment are strongly encouraged," Dr. Madara wrote.

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.