Toolkit packed with evidence to help end drug-overdose epidemic

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The national toll from the worsening drug-overdose epidemic is now topping more than 100,000 deaths annually, but individual states have saved lives by removing barriers to evidence-based treatments for patients with substance-use disorders.

The AMA and Manatt Health have released the “State Toolkit to End the Nation’s Drug Overdose Epidemic: Leading-Edge Actions and Strategies to Remove Barriers to Evidence-based Patient Care” (PDF), which highlights state efforts and shows which approaches are having success and why. The toolkit can help state legislators, regulators and other officials take effective action to save lives.

“We have to focus on what is working, and states have become laboratories of public policy,” said Bobby Mukkamala, MD, chair of the AMA Substance Use and Pain Care Task Force.

“Overdoses are an epidemic within a COVID-19 pandemic, and the health care system is under considerable strain,” added Dr. Mukkamala, an otolaryngologist in Flint, Michigan, who also chairs the AMA Board of Trustees. “With money coming in from opioid-litigation settlements, there is an opportunity to expand policy options to help our patients.”

Read why this is a critical year to address the worsening drug-overdose crisis.

Dig into state-level specifics

The toolkit highlights how innovative state officials have implemented strategies to:

- Expand access to evidence-based treatments to help patients with a substance-use disorder (SUD).
- Ensure access to addiction medicine, psychiatry and other trained physicians.


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Enforce mental health and SUD parity laws.
Improve access to multidisciplinary, multimodal care for patients with pain.
Expand harm-reduction efforts.
Monitor and evaluate programs.
Identify what works and where.

The toolkit lists specific recommendations, identifies a state that has implemented a similar law or policy, and then explains how the strategy works.

For the recommendation to “expand access and coverage for medications to treat opioid-use disorder,” for example, the toolkit links to the New York state law. The statute “prohibits Medicaid, Medicaid managed care and commercial insurers in New York from requiring prior authorization for medication for the treatment of SUD, including all buprenorphine products, methadone, or long-acting, injectable naltrexone.”

Find out why insurer accountability on mental health parity is long overdue.

**Substance-use disorder “a treatable disease”**

During a webinar detailing how state policymakers can put the AMA-Manatt toolkit to use, Dr. Mukkamala voiced physicians’ exasperation at the needless suffering associated with the drug-overdose epidemic.

“In Flint, Michigan, I’m frustrated that members of my community continue to die of a treatable disease,” he said. “I'm frustrated, frankly, that the state policy and health insurer actions have failed to live up to the needs of our citizens.”

The new toolkit “provides all of the tools that policymakers need,” Dr. Mukkamala added. “It's up to the policymakers to provide the leadership to use them.”

Dr. Mukkamala also noted that, just as with the COVID-19 pandemic, the drug-overdose epidemic is revealing the nation’s underlying struggle to achieve health equity.

“The broken structural and racial inequities that have existed for years are getting bigger and deadlier,” he said. “This toolkit has the policies and practices to ensure that evidence-based care is accessible, and helps to reduce and hopefully end these racial, ethnic and gender inequities.”

Register here to view the webinar.
Treating patients’ pain

Opioid prescribing has fallen by more than 44% since 2012 and is at a near 20-year low, Dr. Mukkamala said. The recent rise in drug-overdose deaths has been driven by illicit fentanyl, methamphetamine, cocaine and counterfeit pills.

“As the drug-overdose epidemic has changed and worsened, patients with pain have suffered,” he said. “Policymakers and pundits have demonized opioid therapy, even though it has helped many lead normal lives.”

Patients’ pain needs treatment, but treatment “that doesn't rely on opioids is held behind barriers erected by insurance companies,” Dr. Mukkamala said.

The toolkit shows, for example, how Colorado requires health plans to provide affordable access to pharmacological and nonpharmacological alternatives to opioids for pain care at the lowest cost-sharing tier.

Read about how to get rid of market barriers to appropriate pain management.

Find state- and specialty-specific resources at the AMA’s End the Epidemic website, explore overdose-related data metrics on the AMA’s overdose data dashboard, and read about the inspiring physicians who are helping patients with SUDs or chronic pain.


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