Physicians’ progress toward ending the nation’s drug overdose and death epidemic
The nation's continuing increase in drug overdoses is fueling the evolution of a more dangerous and complicated epidemic.

In 2014, the American Medical Association convened the AMA Opioid Task Force—more than 25 national, specialty and state medical associations committed to providing evidence-based recommendations and leadership to help end the opioid epidemic.

To date, the task force’s recommendations have led to significant progress:

- **37.1% decrease in opioid prescriptions** from 244.5M in 2014 to 153.7M in 2019
- **64.4% increase in the use of state prescription drug monitoring programs** in the past year—to 739M queries in 2019
- **1M+ naloxone prescriptions in 2019**—up from 6,588 in 2015
- **Hundreds of thousands of physicians accessing continuing medical education and other courses on substance use disorders, treating and managing pain, and more**
- **85,000+ physicians and health care professionals** certified to prescribe buprenorphine in-office—an increase of nearly 50,000 since 2017

Despite these efforts, illicitly manufactured fentanyl, fentanyl analogues and stimulants (e.g. methamphetamine, cocaine) are now killing more Americans than ever. The use of these illicit drugs has surged and their overdose rate increased by 10.1% and 10.8%, respectively.

Reference: CDC WONDER
There are hopeful signs that overdoses related to prescription opioids are decreasing slightly. However, the number of drug overdoses will continue to rise unless more is done to help the more than 2 million Americans with an untreated substance use disorder.

Research shows that people who have had at least one overdose are more likely to have another.⁵ Removing the barriers for patients to receive evidence-based treatment is a critical first step to helping end the epidemic.

This transformation has rapidly changed the opioid epidemic into a more complicated drug overdose epidemic.

Change in non-fatal drug overdoses (January 2019–January 2020)

Reference: CDC’s Drug Overdose Surveillance and Epidemiology (DOSE) System
Policymakers need to act to remove barriers to evidence-based care for patients with pain and those with a substance use disorder or the epidemic will continue to worsen.

Health insurance companies continue to delay and deny access to non-opioid pain care and evidence-based treatment for opioid use disorder, while pharmacy chains, pharmacy benefit managers and state laws continue to inappropriately use arbitrary guidelines to restrict access to legitimate medication that some patients need to help manage their pain.

- **92%** of pain medicine specialists said that they have been required to submit a prior authorization request for non-opioid pain care. Physicians and their staff spend hours per day on such requests.⁶

- **72%** of pain medicine specialists said that they—or their patients—have been required to reduce the quantity or dose of medication they have prescribed.⁷

Mental health and substance use disorder parity laws require health insurers to provide the same level of benefits for mental health and substance use disorder treatment and services that they do for medical/surgical care. However, only a few states (e.g., Arizona, California, Colorado, Delaware, Illinois, Massachusetts, Pennsylvania, Rhode Island) have taken meaningful action to enact or enforce those laws.

In 2019, the AMA partnered with Manatt Health to publish a state policy roadmap to provide tangible actions for policymakers to take meaningful action on parity and other areas necessary to end the epidemic.
Treating the nation’s drug overdose epidemic demands a far more proactive and coordinated approach focused on evidence-based, public health solutions.

To date, efforts to combat the epidemic have largely fallen into a reactionary “crisis framework,” which has created too many one-size-fits-all strategies that are less than effective. Going forward, physicians, public health officials, policymakers and health insurance companies must work together to create an integrated, sustainable, predictable and resilient public health system.

Improving the collection and use of data is critical to evolving the nation’s efforts to combat the epidemic. For example, currently, overdose-related data collection practices are not consistent across the United States. Modernizing and adapting data collection will allow stakeholders to develop more effective solutions tailored to the needs of individuals and their community.

Policies and treatments must consider that patients are not identical. They must account for drug type, gender, race, age and social determinants of health.

The nature of the epidemic and its evolution are not the same across the country. They are not even the same within a state. Their solutions must be equally as varied.
Remove prior authorization, step therapy and other inappropriate administrative burdens or barriers that delay or deny care for FDA-approved medications used as part of medication-assisted treatment for opioid use disorder.

Support assessment, referral and treatment for co-occurring mental health disorders as well as enforce meaningful oversight and enforcement of state and federal mental health and substance use disorder parity laws, including requiring health insurance companies to demonstrate parity compliance at the time of their rate and form filing.

Remove administrative and other barriers to comprehensive, multi-modal, multidisciplinary pain care and rehabilitation programs.

Support maternal and child health by increasing access to evidence-based treatment, preserving families and ensuring that policies are non-punitive.

Support increased efforts to expand sterile needle and syringe services programs as well as reforms in the civil and criminal justice system that help ensure access to high quality, evidence-based care for opioid use disorder, including medication-assisted treatment.

Implement systems to accurately track overdose and mortality trends to provide equitable public health interventions that include comprehensive, disaggregated, racial and ethnic data collection related to testing, hospitalization and mortality associated with opioids and other substances.

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.

Physicians’ progress alone will not end the epidemic. Policymakers, health insurance companies, pharmacy chains and others must move beyond words; they must take meaningful action to remove barriers to evidence-based care. We all need to work together, but the status quo is killing far too many of our loved ones and wreaking havoc in our communities.

–Patrice A. Harris, MD, MA
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More stakeholders must come together and work collaboratively to act on these recommendations.
References

1 IQVIA Xponent market research services. ©IQVIA 2020. All rights reserved.

2 Emergent Biosolutions; Xponent IQVIA. Data received June 8, 2020. On file with author.


6 American Board of Pain Medicine, “Second Annual Survey of Pain Medicine Specialists Highlights Continued Plight of Patients with Pain, And Barriers To Providing Multidisciplinary, Non-Opioid Care.” Available at http://abpm.org/component/content/article/296

7 Id.


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