

America's drug overdose epidemic: Select 2020 research

*Updated August 21, 2020

Overview and relationship to COVID-19

As the COVID-19 pandemic continues, there also continues to be research and other published information and commentary regarding the nation's drug overdose epidemic. The new information corroborates and further supports several key points that the AMA has made regarding what is needed to end the nation's drug overdose epidemic:

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

The AMA has developed [detailed policy recommendations concerning opioid use disorder, pain and harm reduction during the COVID-19 pandemic](#).

[The AMA also recently published its 2020 drug overdose report](#), which provides new data and other information showing how:

- The epidemic has grown more deadly;
- Large reductions in opioid supply and large increases in PDMP use have not ended the epidemic; and
- The increasingly complicated and more deadly nature of the epidemic requires meaningful action to remove barriers to evidence-based treatment for substance use disorders, pain and harm reduction.

*See below for select research and presentations published in 2021.

Select 2020 research and presentations:

[Overdose Education and Naloxone Distribution Within Syringe Service Programs — United States, 2019](#). U.S. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. August 21, 2020.

In addition to providing sterile needles and syringes to help reduce blood borne infections, syringe service programs (SSPs) distributed more than 700,000 doses of naloxone, including refills, during a 12-month study period that captured the responses of 263 SSPs nationwide. The study also found that more than 25 percent of respondent SSPs distributed naloxone to more than 1,000 persons in the past 12 months, and 29 percent of SSPs “*ran out of naloxone or needed to ration their naloxone in the preceding 3 months.*” *Naloxone distribution varied by region.*

[Public Safety Announcement: Surge in Overdose and Suicide Deaths Review. First 6 Months of 2020](#). DuPage County, Illinois. August 20, 2020.

DuPage County Coroner Richard Jorgensen, M.D. reported on overdose data for the first six months of 2020 compared to the same period in 2019. Dr. Jorgensen reported that “the number of overdose deaths have increased by 52% over the same period in 2019. The majority of this increase was during the “Shelter at Home” COVID-19 period. In Jan/ Feb the number of overdoses were less than 2019, so the large increase was more profound in looking at the next four months. There were 17 OD’s in the Pre-COVID time-frame compared to 15 in the same time frame of 2019. During the COVID quarantine there were 53 deaths (30 during the same time frame of 2019). The age ranges continue to represent a majority of 20- and 30-year old.”

[Medications for Opioid use Disorder Associated With Less Against Medical Advice Discharge Among Persons Who Inject Drugs Hospitalized With an Invasive Infection](#). Journal of Addiction Medicine. August 14, 2020.

In a study of “262 adults admitted with serious injection related infections and comorbid OUD, 138 received inpatient medications for opioid use disorder (MOUD).” The researchers found that “inpatient receipt of MOUD was associated with a decreased risk of “against medical advice” discharge.”

[Association of Pregnancy and Insurance Status With Treatment Access for Opioid Use Disorder](#). JAMA Open Network. August 14, 2020.

Using a “secret shopper” approach across 10 states, the authors found that “callers representing pregnant women were less likely than callers representing nonpregnant women to be granted an appointment with an opioid use disorder treatment clinician.” More than 28,000 calls were made during the study period. The authors compared access to buprenorphine-waivered clinicians and Opioid Treatment Programs for women with private insurance or Medicaid.

Among the findings:

- “With both buprenorphine-waivered prescribers and OTPs, insurance was associated with appointment access.”
- “Nonpregnant callers with Medicaid were less likely than nonpregnant callers with private insurance to be granted an appointment with buprenorphine-waivered prescribers.”
- For 26 percent of buprenorphine-waivered prescribers and 32 percent of OTPs, appointments were offered only when the caller said she could pay cash.

[Primary Care Providers And Specialists Deliver Comparable Buprenorphine Treatment Quality.](#)
Health Affairs. August 2020.

The authors focus on care provided in North Carolina Medicaid from 2014 to 2017, measuring quality of care with respect to buprenorphine used to help treat opioid use disorder. The authors found that quality increased for patients treated by primary care physicians as well as specialists.

[OPIOID USE DISORDER: Treatment with Injectable and Implantable Buprenorphine: United States.](#)
Government Accountability Office. August 2020.

Among GAO’s findings was that the “use of injectable and implantable buprenorphine to treat OUD is relatively low compared to oral forms of buprenorphine. HHS has reported that about 7,250 prescriptions were issued for injectable and implantable buprenorphine in fiscal year 2019, compared to over 700,000 patients who received buprenorphine prescriptions for oral formulations to treat OUD or pain in that year.” GAO reported multiple potential reasons for the low use of injectable and implantable formulations, including prior authorization, cost, and provider education.

[American Society of Addiction Medicine Public Policy Statement on Treatment of Opioid Use Disorder in Correctional Settings.](#)
Issued July 15, 2020.

The American Society of Addiction Medicine (ASAM) is calling for increased support for policies that would expand access to evidence-based addiction treatment for Americans who are incarcerated to and face increased risk for death during detainment and upon release due to an untreated opioid use disorder. The recommendations cover 10 main areas, including access to evidence-based OUD treatment including all FDA-approved medications; increased screening for OUD; counseling and case management; use of telehealth services; Medicaid reforms; better coordination of care for those released; data collection and more.

[Fewer Patients Started on Medications for Opioid Use Disorder During COVID-19.](#)
EPIC Health Research Network. July 1, 2020.

“The number of patients receiving first-time prescriptions for Medications for Opioid Use Disorder decreased by over 30% in the spring of 2020 when compared to trends observed in EHR data from January 2017 to May 2020. This finding suggests that patients at risk for opioid use disorder (OUD) and overdose are increasingly vulnerable during the COVID-19 pandemic.”

[State Strategies to Support Access to Substance Use Disorder Treatment Services through the COVID-19 Pandemic.](#)
National Governors Association. July 8, 2020.

The NGA issue brief highlights policy and other options for states to take to increase access to care for those with a substance use disorder (SUD). The brief, “” provides examples of promising state efforts and challenges in several areas, including:

- The need to better understand and gather data on SUD provider access
- Funding opportunities for states
- How Medicaid can better support providers
- Reducing barriers to care for those with a substance use disorder

The brief emphasized that “As it becomes increasingly apparent that the medical, economic, and fiscal fallout from the pandemic may be felt for an extended period of time, the question arises of how states will support continued access in the longer term.”

[As opioids flooded tribal lands across the U.S., overdose deaths skyrocketed.](#) Washington Post. June 29, 2020.

Using federal data and interviews, the reporters found that “[a]t the height of the opioid epidemic, Native Americans overdosed and died at a rate that rivaled some of the hardest-hit regions in Appalachia. Nationwide, from 2006 to 2014, Native Americans were nearly 50 percent more likely to die of an opioid overdose than non-natives.” In parts of Oklahoma home to the Cherokee, Choctaw and Chickasaw nations, “the opioid death rate for Native Americans from 2006 to 2014 was more than three times higher than the nationwide rate for non-natives, the analysis of federal health data shows. And within the state, Native Americans were about 50 percent more likely to die than non-natives.”

[Treatment Of Opioid Use Disorder Among Commercially Insured US Adults, 2008–17.](#) Health Affairs. June 2020.

The authors use more than 12 million claims data to evaluate treatment for patients with opioid use disorder between 2008-2017. The review found, “The rate of diagnosed OUD nearly doubled during 2008–17, and the distribution has shifted toward older age groups; the likelihood that diagnosed patients will receive any treatment has declined, particularly among those ages forty-five and older, because of a reduction in the use of medication-assisted treatment (MAT) and despite clinical evidence demonstrating its efficacy; and treatment spending is lower for patients who choose MAT.”

[Opioid Crisis and Racial/Ethnic Minorities Webinar Series.](#) U.S. Health and Human Services Office of Minority Health. June 2020.

A multi-webinar series that addresses topics, including “CLAS Treatment in Communities of Color: Role of Provider to Improve Quality of Care for OUD”; “Closing the Gap in Communities of Color: Role of Providers in Medication-Assisted Treatment for OUD”; and “Advocating for Prevention in Communities of Color: The Role of Providers Amid the Opioid Crisis”

[PROJECTED DEATHS OF DESPAIR from COVID-19.](#) Petterson, Steve et al. “Projected Deaths of Despair During the Coronavirus Recession,” Well Being Trust. May 8, 2020.

The authors provide predictions on “deaths of despair” based on “three assumptions during COVID-19: economic recovery, relationship between deaths of despair and unemployment, and geography.” The authors predict additional deaths could range from 27,644 to 154,037. The authors provide state and county data, including breakdowns by race and age, but caution that their data are only predictions and that policy interventions, including emphasizing science-based solutions and support for increased mental health services, can play a positive role.

[Illicit opioid use following changes in opioids prescribed for chronic non-cancer pain.](#) PLOS ONE. May 4, 2020.

In a retrospective study of more than 600 patients in San Francisco receiving opioid pain relievers (OPR) for chronic, non-cancer pain, the researchers found that “[l]oss of access to prescribed OPRs was associated with more frequent use of non-prescribed opioids and heroin, and increased OPR dose was associated with more frequent heroin use. In addition to being cautious with increasing OPR dose, health care providers should consider the potential unintended consequences of stopping OPR therapy when developing opioid prescribing guidelines and managing practice.”

[Spotlight on Legislation Limiting the Use of Prior Authorization for Substance Use Disorder Services and Medications](#). Legal Action Center and Center on Addiction. May 2020.

The “Spotlight on Prior Authorization” examines state statutory standards that limit the use of prior authorization in both public and private insurance. As of April 20, 2020, 21 states and the District of Columbia have enacted laws that limit public and/or private insurers from imposing prior authorization requirements on a SUD service or medication. Since 2019 alone, 15 jurisdictions enacted such laws. The report says that the “state laws establish a patchwork of standards that do not protect all patients. Some regulate prior authorization for just opioid use disorder treatments, some remove prior authorization for “at least one” opioid use medication, others for all FDA-approved SUD medications.”

[Spotlight on Network Adequacy Standards for Substance Use Disorder and Mental Health Services](#). Legal Action Center and Center on Addiction. May 2020.

The “Spotlight on Network Adequacy” describes the federal and state regulatory framework for defining and monitoring network adequacy for public and private health plans and offers recommendations to improve and enforce network adequacy standards. The Spotlight includes a 50-state survey of quantitative metrics adopted for state-regulated private health plans and offers a “parity assessment” of those state MH and SUD provider metrics.

[Development and Preliminary Findings of the NYC Health+Hospitals Virtual Buprenorphine Clinic](#). Providers Clinical Support System. May 11, 2020.

Discussion and findings from implementation of a virtual buprenorphine clinic in a busy New York City hospital system. The effort has included close coordination across multiple departments and identifying roles for medical students and addiction medicine and psychiatry fellows. There is strong use of increased DEA and SAMHSA flexibility for televisits, including audio-only. Among the demographics, 22 percent of those treated have been released from prison/jail in the past month; 20 percent are homeless; and 22 percent do not own a mobile phone. Nearly 80 percent of those treated remain in active enrollment post-induction.

[To Protect Palliative Care Patients During the COVID-19 Pandemic, Allow More Flexibility to Prescribe Controlled Substances by Phone](#). Health Affairs. April 26, 2020.

Commentary from prominent palliative care providers regarding the challenges faced by palliative care patients during the COVID-19 pandemic; and providing recommendations to help enhance access to care for palliative care patients.

[Opioid Use Disorder Treatment in Jails and Prisons; Medication provided to incarcerated populations saves lives](#). Pew Charitable Trusts. April 23, 2020.

Research study that provides an overview of the benefits of medications to treat opioid use disorder (OUD), provides case studies for the Pennsylvania and Vermont Departments of Corrections as well as efforts in Denver and Middlesex County, Massachusetts. The report also recommends that “policymakers should earmark funding to ensure that:

- Jails and prisons can screen anyone incarcerated for OUD and provide MOUD and counseling.
- Jails and prisons have adequate data infrastructure and personnel to track MOUD treatment outcomes.

- Medicaid agencies, state substance use and mental health agencies, and other state and local entities work together to ensure seamless connections to community-based OUD treatment and other services.

Association of Racial/Ethnic Segregation With Treatment Capacity for Opioid Use Disorder in Counties in the United States. JAMA Open Network. April 22, 2020.

New research finds “that the racial/ethnic composition of a community was associated with which medications residents would likely be able to access when seeking treatment for opioid use disorder. Reforms to existing regulations governing the provisions of these medications are needed to ensure that both medications are equally accessible to all.”

Vulnerable Populations: Weathering the Pandemic Storm. American Journal of Preventive Medicine. April 21, 2020.

As policymakers continue to work, “[p]lanning should incorporate dedicated efforts, funding, and policies/guidelines specific to individuals who experience homelessness, are incarcerated, or are coping with substance use disorders both because these populations deserve care and services, and because not doing so poses great risk to the broader community.”

Association of Formulary Prior Authorization Policies with Buprenorphine-Naloxone Prescriptions and Hospital and Emergency Department Use Among Medicare Beneficiaries. JAMA Open Network. April 20, 2020.

The study looked at nearly 950,000 Medicare beneficiaries between 2012-2017.

Key findings:

- Removal of prior authorization was associated with an increase of 17.9 prescriptions filled for buprenorphine-naloxone per plan per year, which is a doubling of the number of prescriptions, on average.
- Each prescription filled was associated with statistically significant decreases in adverse health care outcomes: substance use disorder–related inpatient admissions and substance use disorder–related emergency department visits decreased
- The removal of prior authorization was associated with 5.7 fewer inpatient admissions per plan per year, 2.0 fewer SUD-related inpatient admissions per plan per year, 12.6 fewer ED visits per plan per year, 1.4 fewer SUD-related ED visits per plan per year, a \$48.7 increase in prescription drug expenditures per plan per year, and a \$479.2 decrease in total nondrug health care expenditures per plan per year. These changes represent an approximately 24% decrease in inpatient admissions, an approximately 28% decrease in SUD-related inpatient admissions, a 36% decrease in ED visits, and a 29% decrease in SUD-related ED visits.

The Opioid Crisis and the Black/African American Population: An Urgent Issue. U.S. Substance Abuse and Mental Health Services Administration. March 2020.

This issue brief presents recent data on prevalence of opioid misuse and death rates in the Black/AA population; contextual factors & challenges to prevention & treatment; innovative outreach & engagement strategies to connect people to evidence-based treatment; and the importance of community voice.

OPIOID USE DISORDER: Barriers to Medicaid Beneficiaries' Access to Treatment Medications.
GAO. January 24, 2020.

Medication-assisted treatment (MAT)—which combines behavioral therapy and the use of certain medications, such as buprenorphine—has been shown to be effective at reducing the misuse of or addiction to opioids and increasing treatment retention. The federal government has identified expanding access to MAT as important for reducing opioid use disorders and overdoses and has taken action to increase access. However, GAO found that some state and federal policies can restrict Medicaid beneficiaries' access to MAT medications. Some of these policies, and three selected states' and the District of Columbia's efforts to address potential access barriers, include the following:

- MAT medication coverage.
- Prior authorization requirements.
- Distribution methods.
- Federal waiver for prescribing buprenorphine.