

## America's drug overdose epidemic: Select 2020-2021 research

**\*Updated August 4, 2021**

Despite the continuing COVID-19 global pandemic and the nation's worsening drug overdose epidemic, the American Medical Association also has seen efforts in many states to increase access to evidence-based treatment. The AMA remains greatly concerned by [a continuing number of reports](#) from national, state and local media suggesting increases in opioid- and other drug-related mortality—particularly from illicitly manufactured fentanyl, fentanyl analogs, methamphetamine and cocaine. The AMA also continues to highlight [positive efforts being taken in states](#) to help increase access to evidence-based care for those with a substance use disorder, pain as well as efforts to increase access to harm reduction.

This issue brief is focused on providing a representative sample of the research published during the COVID-19 pandemic focused on substance use disorders, pain and harm reduction. It includes research from medical and scientific journals as well as advocacy organizations. Some of the materials require a subscription while most are publicly available. For context regarding AMA advocacy in support of evidence-based care for substance use disorders, pain and harm reduction, the following is a brief overview of AMA advocacy, resources and recommendations:

- Expand access to evidence-based treatment through additional steps to [reduce barriers](#) to medications to treat substance use disorders (SUDs), including medications to treat opioid use disorder (MOUD), and support for efforts to broaden access to a [wide range of harm reduction services](#), including naloxone, sterile needle and syringe exchange services, and drug checking supplies.
- Require all health insurance programs, including Medicare and Medicare Advantage, Medicaid, the plans offered on the federal and state health exchanges, and health benefit programs serving veterans, military members and families, federal employees, Native Americans, and others to [remove arbitrary restrictions](#) for patients who benefit from opioid therapy.
- Make use of [best practices that already exist](#)—i.e., critically review programs and initiatives that have been federally funded to identify those that have reduced drug-related harms and improved patient outcomes.
- Take steps to develop and support a national, standardized reporting system for key metrics related to drug use, including fatal and non-fatal overdose. Taken together, these elements 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.
- Enact new laws to ensure that monies from opioid-related litigation is focused on public health, treatment and prevention efforts. [Virginia](#) and [Kentucky](#) are leading examples.
- [Employers also can take specific actions](#) to help increase access to evidence-based care.

**Select 2020-2021 research, presentations and other resources  
(please see below)**

## Select 2020-2021 research, presentations and resources

[When Prescribing Isn't Enough — Pharmacy-Level Barriers to Buprenorphine Access.](#) **New England Journal of Medicine. August 20, 2020.**

[subscription required]

[Association of Dose Tapering With Overdose or Mental Health Crisis Among Patients Prescribed Long-term Opioids.](#) **JAMA Network. August 3, 2021.**

Researchers reviewed more than 113,000 claims in a retrospective study “to assess whether there are associations between opioid dose tapering and rates of overdose and mental health crisis among patients prescribed stable, long-term, higher-dose opioids.” Researchers found that “Among patients prescribed stable, long-term, higher-dose opioid therapy, tapering events were significantly associated with increased risk of overdose and mental health crisis.”

[Access to Medications for Opioid Use Disorder in U.S. Jails and Prisons: Litigation, Legislation, and Policies.](#) **O’Neill Institute. July 2021.**

“This 50-state snapshot presents current laws, policies, and court actions related to access to medications for opioid use disorder (MOUD) in correctional facilities in the U.S as of April 2021. Where available, this survey also includes examples of programs that are county- or facility-specific.”

[Emergency department visits related to opioid overdoses up significantly during COVID-19 pandemic.](#) **Mayo Clinic. July 26, 2021. News release.**

In a review of 25 emergency department (ED) visits across six states, researchers found that opioid-related overdoses rose by more than 10 percent in 2020. In contrast, overall ED visits decreased by 14 percent.

[EMERGENCY: Hospitals are Violating Federal Law by Denying Required Care for Substance Use Disorders in Emergency Departments.](#) **Legal Action Center, Bloomberg American Health Initiative. July 20, 2021.**

With more than 400 citations and an appendix of best practices from more than 15 states, this new Legal Action Center report provides an evidence-based, legal framework exploring the role that hospitals and emergency departments can play in the nation’s drug overdose epidemic. The report argues that hospitals may be in legal jeopardy if they do not provide substance use disorder screening and diagnosis, the offer to administer opioid agonist medications, and help facilitate referral to treatment. The failure to do so, argue the authors, is due to a variety of factors, including stigma and institutional inertia—and may “violate the Emergency Medical Treatment and Labor Act and federal civil rights laws prohibiting discrimination based on disability and race.”

[High-Dose Buprenorphine Induction in the Emergency Department for Treatment of Opioid Use Disorder.](#) **JAMA Network Open. July 15, 2021.**

Researchers reviewed 579 cases where more than 50 specifically trained clinicians at an Oakland, California safety-net hospital inducted patients with high-dose buprenorphine in the emergency department. Findings included “no documented episodes of respiratory depression or excessive sedation, and precipitated withdrawal was rare (0.8% of cases) and was not associated with dosing.” The researchers wrote that “These findings suggest that high-dose buprenorphine induction, adopted by

multiple clinicians in a single-site urban ED, was safe and well tolerated in patients with untreated OUD. Further prospective investigations conducted in multiple sites would enhance these findings.”

**[Pharmacy-related buprenorphine access barriers: An audit of pharmacies in counties with a high opioid overdose burden.](#)** *Drug and Alcohol Dependence.* July 1, 2021.

Using a “secret shopper” telephone survey of 921 chain and independent pharmacies, researchers found that 20 percent “would not dispense buprenorphine.” Restrictions were more common among independent pharmacies and in southern states.

**[Use of Medications for Treatment of Opioid Use Disorder Among US Medicaid Enrollees in 11 States, 2014-2018.](#)** *JAMA.* July 13, 2021.

Researchers reviewed access to medications to treat opioid use disorder and other related areas for more than one million Medicaid enrollees diagnosed with an opioid use disorder (OUD) in 11 state Medicaid programs. Findings included:

- “Between 49.8% and 52.2% of enrollees with OUD, depending on the year, had diagnoses of other substance use disorders, and 62.3% to 62.9% had diagnosed mental health conditions.”
- “Non-Hispanic Black enrollees had lower OUD medication use than White enrollees”
- “Pregnant women had higher use of OUD medications and medication continuity than did other eligibility groups.”

**[Moving Beyond the Barriers of Treating OUD - OB/GYN Focus.](#)** July 20, 2021, 5:30 pm - 8:30 pm ET.

The American Society of Addiction Medicine and American College of Obstetricians and Gynecologists are offering a “FREE interactive and engaging virtual-live course [that] addresses moving beyond common barriers that prevent DEA-waivered clinicians from successfully implementing office-based treatment for patients with opioid use disorder. This OB/GYN-focused course is made available in part through grant funding from the CDC and in partnership with ACOG.”

**[Consensus Recommendations on the Treatment of Opioid Use Disorder in the Emergency Department.](#)** *Annals of Emergency Medicine.* June 22, 2021.

An expert panel convened by the American College of Emergency Physicians (ACEP) recommend that emergency department (ED) clinicians “treat opioid withdrawal and offer buprenorphine with direct linkage to ongoing medication for opioid use disorder treatment for patients with untreated opioid use disorder.” The physicians’ consensus recommendations were reviewed and adopted by the ACEP Board of Directors earlier this year.

**[Emergency Department-initiated Buprenorphine and Referral to Follow-up Addiction Care: A Program Description.](#)** *Journal of Addiction Medicine.* June 17, 2021.

An evaluation of a Boston, Massachusetts emergency department found that “Initiating treatment for OUD in the ED was associated with increased engagement in outpatient addiction care.” Researchers found that of nearly 2,000 patients who “met criteria for OUD,” referrals to a bridge clinic occurred for 11 percent of patients, buprenorphine was initiated in the ED or given to patients for home induction for 8 percent of patients. The study also measured follow-up visits. Researchers also found that “Young, White, male patients were most likely to receive ED-OUD care,” compared to Black or Hispanic/Latinx patients.

**Colorado Department of Regulatory Agencies, Division of Insurance, 3 CCR 702-4, Life, Accident and Health, Regulation 4-2-75, Concerning Requirements For Reporting Medication-Assisted Treatment Coverage. Regulation Effective June 15, 2021.**

This new regulation is one of the nation’s most far-reaching efforts to meaningfully measure network adequacy of health insurers to provide access to mental health and substance use disorder care. The regulation applies to all carriers in the individual and small group and large group markets. Among the requirements, carriers will be required to provide the following information for each network regarding in network providers that are federally licensed to prescribe MAT for substance use disorders (SUD) and opioid use disorder (OUD), including buprenorphine.

1. The number of providers by type at the beginning of the calendar year;
2. The number of providers by type at the end of the calendar year;
3. The number of SUD and opioid treatment programs (OTPs);
4. The number of providers who are authorized to prescribe methadone for the treatment of OUD;
5. The number of providers in each county; and
6. The number of providers with a federal waiver to prescribe buprenorphine for the treatment of OUD.

Carriers also now will be required to provide “a detailed description of its efforts to ensure sufficient capacity for and access to MAT for SUD, including the following:

1. Policies and procedures to ensure enrollee access to OTPs, including any policies and procedures to assist with transportation, telehealth services, take-home dosing, and complementary behavioral health services;
2. The methodology or other formal processes used by the carrier and TPA, if applicable, to determine network sufficiency to ensure access to MAT for SUD and OUD, and process(es) undertaken if the carrier or TPA has found insufficiencies;
3. Policies and procedures regarding prior authorization requirements for MAT for SUD and OUD, including requirements for pregnant and parenting people as well as minors;
4. Coverage and utilization management for MAT prescriptions, including differences in coverage and utilization management provisions for different FDA-approved medications for the treatment of OUD;
5. Processes to recruit and retain providers to prescribe MAT for SUD and OUD, including care received in an OTP and office-based buprenorphine, to enrollees; and
6. The evidentiary or other standards and practices used to determine eligibility of providers who prescribe MAT for SUD and OUD to join the network.

**Opioid Overdoses from the Toxicology Investigators Consortium (ToxIC) Fentanyl Study Group. American College of Medical Toxicology and Center for Forensic Science Research and Education. Q2 2021.**

This report is a three-city review to “assess the role and prevalence of synthetic opioids and other drugs among suspected overdose events in the United States.” The findings compared to Q1 2021 include: “Fentanyl remains the most commonly encountered synthetic opioid in eastern Pennsylvania; the prevalence of para-fluorofentanyl is increasing; opioid and stimulant co-occurrence remained common and increased from 50% to 66%; and xylazine remained a primary adulterant of fentanyl.”

**Pharmacy-related buprenorphine access barriers: An audit of pharmacies in counties with a high opioid overdose burden. Drug and Alcohol Dependence. July 2021.**

Using a secret shopper approach to help identify whether pharmacies provide access to buprenorphine, researchers found that “one in five pharmacies indicated they would not dispense buprenorphine.” Among

the important findings, “Independent pharmacies and pharmacies in Southern states were significantly more likely to restrict buprenorphine.” More than 900 pharmacies were contacted in the study.

**[New Poll: Most Americans Cite Affordability and Availability of In-Network Providers as Priorities and Barriers to Mental Health and Addiction Treatment.](#)** **Bipartisan Policy Center. May 24, 2021**

This new poll found that “A majority of Americans say the cost of a provider (58%) and whether the provider is in their insurance network (58%) are their top priorities when seeking treatment. However, they consider affordability (51%) and availability of providers taking new patients (41%) to be the two largest barriers to getting the help they need.” The use of telehealth services, impacts on urban and rural communities and patient preferences are among the areas discussed. [A panel discussion can be found here.](#) Panelists included Mary Giliberti, J.D., Executive Vice President of Policy, Mental Health America; Dr. Patrice Harris, Immediate Past President, American Medical Association; Dr. Parinda Khatri, Chief Clinical Officer, Cherokee Health Systems; and Matthew Schmidt, Chief Executive Officer, Health Ministries Clinic. The panel was moderated by Sheila Burke, Chair of Government Affairs and Public Policy, Baker Donelson Bearman & Berkowitz; Behavioral Health Integration Task Force Co-Chair, BPC. [Full survey results here.](#)

**[Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder.](#)** **U.S. Department of Health and Human Services. April 28, 2021.**

The Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder provides eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives, who are state licensed and registered by the DEA to prescribe controlled substances, an exemption from certain statutory certification requirements related to training, counseling and other ancillary services (*i.e.*, psychosocial services).

**[Decreasing Trends in Opioid Prescribing on Discharge to Hospice Care.](#)** **Journal of Pain and Symptom Management. April 10, 2021.**

Opioid prescribing to patients discharged to hospice care decreased from 91.2 percent in 2010 to less than 80 percent by the end of 2018, according to the study, which reviewed 2,648 discharges from a large academic medical center. “Our results quantify a decrease in opioids among patients who are often in pain and for whom the main goal is comfort and quality of life,” said one of the study authors in [an interview published by Addiction Professional.](#)

**[Patient outcomes following opioid dose reduction among patients with chronic opioid therapy.](#)** **Journal of the International Association for the Study of Pain. April 7, 2021.**

Patients with chronic pain who receive opioid therapy and have that therapy discontinued or reduced have a higher risk of suicide compared to patients whose dose remains stable or is increased. Researchers reviewed more than 14,500 Oregon Medicaid enrollees from 2014-2017 with chronic pain and who were receiving opioid therapy. Researchers also found that “Patients with an abrupt discontinuation were more likely to overdose on heroin (vs. prescription opioids) than patients in other groups.”

**[Promoting Equity in Access to Opioid Use Disorder Treatment and Supports: A Focus on Black Communities.](#)** **Foundation for Opioid Response Efforts. April 2021.**

This issue brief provides key data regarding racial differences in opioid-related overdose and treatment for opioid use disorder. Research presented shows inequities in treatment access for buprenorphine and methadone by race—*i.e.* white patients are much more likely to receive buprenorphine for the treatment

of opioid use disorder while Black patients are more common to receive methadone. The issue brief also describes promising new programs in several states to increase access to medications to help treat opioid use disorder in Black communities as well as harm reduction services. “We know that solutions to the nation’s opioid crisis will not be successful without explicitly addressing the racial disparities in our systems of prevention, treatment, and recovery,” said Karen Scott, M.D., M.P.H., FORE’s president.

**[Co-involvement of Opioids in Drug Overdose Deaths Involving Cocaine and Psychostimulants.](#)**  
**National Center for Health Statistics. April 2021.**

New analysis provides further evidence of a rapidly changing and increasingly deadly poly-substance drug overdose epidemic. Using data from the National Vital Statistics System, researchers found that “In 2019, three-quarters of the 15,883 drug overdose deaths involving cocaine also involved one or more opioids.” In addition, “53.5% of the 16,167 drug overdose deaths involving psychostimulants in 2019 also involved one or more opioids.” The data did not distinguish between type of opioid (e.g. prescription opioids, illicitly manufactured fentanyl, fentanyl analogs, heroin). The percentages of mortality also were found to vary by region.

**[Medicaid Expansion Increased Medications For Opioid Use Disorder Among Adults Referred By Criminal Justice Agencies.](#)** Health Affairs. April 2021. (subscription required)

Researchers found that “receipt of medications for OUD increased more for individuals referred by criminal justice agencies in states that expanded Medicaid compared with those in states that did not.”

“Medicaid expansion improves evidence-based treatment for individuals with criminal justice involvement and OUD, and should be prioritized by states that have not yet expanded Medicaid,” Utsha Khatri, MD, the study’s lead author said in an [interview](#). “However, additional policy changes, like unobstructed access to medications for OUD, are likely needed to reduce persistent treatment disparities.”

**[Prevalence of Substance Use Disorders by Time Since First Substance Use Among Young People in the US.](#)** JAMA Pediatrics. March 29, 2021.

New research shows that in the time after first trying cannabis or first misusing prescription drugs, the percentages of young people who develop the corresponding substance use disorder are higher among adolescents (ages 12-17) than young adults (ages 18-25). In addition, 30% of young adults develop a heroin use disorder and 25% develop a methamphetamine use disorder a year after first using heroin or methamphetamine. The study was led by researchers at the National Institute on Drug Abuse (NIDA) using 2015-2018 data from the National Surveys on Drug Use and Health.

“We know that young people are more vulnerable to developing substance use disorders, but knowledge is limited on how the prevalence of specific substance use disorders varies by time since first substance use or misuse among adolescents and young adults in the United States,” said Nora Volkow, M.D., NIDA Director and a lead author of the analysis. “Though not everyone who uses a drug will develop addiction, adolescents may develop addiction to substances faster than young adults. This study provides further evidence that delaying substance exposure until the brain is more fully developed may lower risk for developing a substance use disorder.”

**[Ingenuity and Resiliency of Syringe Service Programs on the Front Lines of the Opioid Overdose and COVID-19 Crises.](#)** Translational Research. March 18, 2021.

In response to the COVID-19 pandemic, syringe service programs (SSPs) developed new ways to ensure delivery of naloxone, sterile needle and syringe supplies, overdose education and help refer individuals to

start and continue evidence-based treatment. New qualitative findings from 18 SSPs nationwide show that, despite significant funding shortfalls and staffing challenges, “responding to the pandemic led to innovations in service delivery such as secondary and mail-based distribution, adoption of telemedicine for enrolling participants in medications for opioid use disorder (MOUD) and use of virtual training platforms for overdose prevention.” The researchers covered seven areas in interviews with the SSPs: “(1) shelter-in-place/stay-at-home orders in their locale; (2) changes in staffing; (3) changes in funding; (4) organizational adaptations; (5) changes in service provision for naloxone, MOUD, and other harm reduction services; (6) changes in local drug supply; and (7) provision of COVID-19 risk reduction information.”

The authors conclude that “SSPs have not only continued to operate but, by providing needs-based and mail-based distribution of naloxone and safe injection supplies and new linkages to MOUD at higher volume through telemedicine approaches, they have innovated at an accelerated pace.” Continuing these innovations, however, will require continued support and efforts to ensure state and federal policies fully support SSPs to “sustain the innovations achieved regarding the delivery of naloxone and MOUD.”

**[Combining behavioral harm-reduction treatment and extended-release naltrexone for people experiencing homelessness and alcohol use disorder in the USA: a randomised clinical trial.](#)** *The Lancet – Psychiatry*. March 10, 2021.

A study of the efficacy of harm reduction treatments combined with medication in Seattle found that, “[c]ompared with existing services, combined pharmacological and behavioural harm-reduction treatment resulted in decreased alcohol use and alcohol-related harm and improved physical health-related quality of life during the 12-week treatment period for people experiencing homelessness and alcohol use disorder.” Researchers also found that “[a]lthough not as consistent, there were also positive findings for behavioural harm-reduction treatment alone.”

**[Community Versus Hospital Opioid-Related Overdose Deaths in Illinois.](#)** *Public Health Reports*. March 8, 2021.

A detailed review of overdose deaths in Illinois found a large proportion of overdose deaths occur in homes, hotels and abandoned spaces. The study reviewed 2,833 opioid-involved overdose deaths in 34 counties in Illinois from the Statewide Unintentional Drug Overdose Reporting System (SUDORS) for 18 months in 2017-2018. Researchers also found that “Non-Hispanic Black people were more likely than non-Hispanic White people to die in a hospital.” In addition, people who died from suburban Cook County and other Chicago suburban counties “were significantly more likely to die in the hospital than decedents from Chicago or other Illinois counties.” Among the conclusions, the authors recommend that “Data on the demographic and geographic variation in overdose death rates can be used to guide the location of safe consumption sites in areas with the highest rates of opioid-related overdose deaths.” They further recommend that “In Illinois, safe consumption sites should be considered in areas where the highest community overdose mortality rates occur.” At the same time, the authors recognize that “To achieve the necessary legal and legislative reforms, epidemiologists and health care professionals will have to overcome substantial opposition from law enforcement and the public.”

**[Caring for the Physician Affected by Substance Use Disorder.](#)** *American Family Physician*. 2021 Mar 1;103(5):302-304.

In a “curbside consultation,” Ruchi Fitzgerald, MD, presents a case history of a physician patient with a substance use disorder (SUD)—stressing the evidence-base to provide care and importance of removing

the stigma of SUDs to encourage others to seek care if needed. The article highlights the positive role that primary care physicians and physician health programs can both play in supporting confidential care. Dr. Fitzgerald also addresses some of the myths of PHPs as well as identifies constructive ways to remove stigma within the medical community.

**[Access to treatment for pregnant incarcerated people with opioid use disorder: Perspectives from community opioid treatment providers.](#)** *Journal of Substance Abuse Treatment.* February 24, 2021. (subscription required)

Interviews with opioid treatment programs (OTP) found that “[e]ven if participants' clinics had arrangements to provide MOUD in a jail, most participants described significant barriers to continuity of care between jails and community providers as patients transition between jails and community settings.” Among the conclusions, the authors found that “OTPs perceive that pregnant people with OUD experience significant barriers to accessing treatment while incarcerated and in community settings due to discrimination, difficulties in continuity of care, and lack of treatment access while incarcerated.”

**[Guidelines for Patient-Centered Opioid Prescribing and Optimal FDA-Compliant Disposal of Excess Pills after Inpatient Operation: Prospective Clinical Trial.](#)** *Journal of the American College of Surgeons.* February 25, 2021.

More than 9 of 10 patients' pain medication needs were satisfied when surgeons based the patients' post-surgical discharge prescription on the amount of pain medication needed while in the hospital. The study reviewed 229 patients admitted for at least two days after a range of surgical procedures. According to the study design, “at discharge, patients received a prescription for both nonopioid analgesics and opioids based on their opioid usage the day before discharge: if 0 oral morphine milligram equivalents (MME) were used, then five 5-mg oxycodone pill-equivalents were prescribed; if 1 to 29 MME were used, then fifteen 5-mg oxycodone pill-equivalents were prescribed; if 30 or more MME were used, then thirty 5-mg oxycodone pill-equivalents were prescribed.” The researchers said that they “considered patients' opioid pain medication needs to be satisfied if no opioid refills were obtained.”

**[Systematic Evaluation of State Policy Interventions Targeting the US Opioid Epidemic, 2007-2018.](#)** *JAMA Open Network.* February 12, 2021.

Researchers looked at data from 50 states that included claims data from 23 million enrollees in commercial health insurance plans between 2007-2018 to try and evaluate the effect(s) of six state level policies on drug overdose mortality. They conclude that “existing state policies were associated with reduced misuse of prescription opioids, they may have the unintended consequence of motivating those with opioid use disorders to access the illicit drug market, potentially increasing overdose mortality.” The policies reviewed were prescription drug monitoring program (PDMP) access, mandatory PDMP use, pain clinic laws, opioid prescribing limit laws, naloxone access laws, and Good Samaritan laws.

**[Increasing Access to Buprenorphine in Safety-Net Primary Care Clinics: The New York City Buprenorphine Nurse Care Manager Initiative.](#)** *American Journal of Public Health.* February 2021.

This physician-led, team-based care model has been successful in New York City to attract more than 100 new buprenorphine providers and using nurse care managers to help maintain connections with patients. Between 2016-2020, the model began treatment for more than 1,200 patients across 27 clinics. Data from study showed that the 74 percent of patients were on Medicaid, 42 percent “identified as Latinx or Hispanic,” and 21 percent identified as Black.

**[Legal interventions to Reduce Overdose Mortality: Naloxone Access Laws.](#) Network for Public Health Law. February 2021.**

This 50-state review provides comprehensive statutory detail regarding state-level naloxone access laws, including modifications to those laws. Information includes whether state laws provide “civil, criminal, and disciplinary immunity for medical professionals who prescribe or dispense naloxone, and whether it provides civil or criminal immunity for laypeople who administer it.” The research also provides details regarding statutory authority for distribution by non-profit organizations or needle and syringe exchange programs as well as standing order prescribing authorization and other provisions.

**[Medicare Coverage of Substance use Disorder Care: A Landscape Review of Benefit Coverage, Service Gaps and a Path to Reform.](#) Legal Action Center. February 1, 2021.**

In a review of Medicare coverage of SUD care, the report found that there are multiple barriers faced by patients enrolled in Medicare, including multiple billing issues facing facilities, providers and reimbursement for bundled services. The report also highlights that “[u]nlike most private and employer-based insurance and Medicaid plans, Medicare is not subject to the 2008 Mental Health Parity and Addiction Equity Act (Parity Act), which requires health plans that offer SUD and mental health benefits to provide coverage that is on par with the medical and surgical benefits they offer.”

**[Pain Patients Who Take Opioids Can’t Get in the Door at Half of Primary Care Clinics.](#) University of Michigan Health Lab. January 25, 2021.**

A secret shopper survey of more than 450 primary care clinics across nine states found that “many primary care clinics are resistant to accept new patients taking prescription opioids for chronic pain.” Callers provided two simulated patient scenarios: “Their previous physician had either (1) retired or (2) stopped prescribing opioids for unspecified reasons.” Among the findings:

- 193 clinics said their providers would not prescribe opioids in either scenario;
- 146 said their providers might prescribe in both; and
- 113 responded differently to each scenario. Clinics responding differently had greater odds (odds ratio = 1.83 confidence interval [1.23-2.76]) of willingness to prescribe when the previous doctor retired than when the doctor had stopped prescribing.

**[Telemedicine increases access to buprenorphine initiation during the COVID-19 pandemic.](#) Journal of Substance Abuse Treatment. January 15, 2021.**

A team of addiction medicine professionals provide their clinical experiences with telemedicine during the COVID-19 pandemic to help people who use drugs begin and continue treatment with buprenorphine. Among the cases presented that benefited were a woman released from prison who experienced a nonfatal overdose and was able to be quickly restarted on buprenorphine—and receive a naloxone prescription. The authors also discuss a partnership with a syringe services program via telemedicine that led to buprenorphine initiation for more than 30 patients who previously were on a waitlist to get an appointment with a physician. These experiences during the COVID-19 pandemic, according to the authors, demonstrate how “telemedicine for buprenorphine initiation is eliminating many traditional barriers to treatment, in particular for individuals leaving incarceration, and people who use drugs and access syringe service programs.”

**[Buprenorphine physician–pharmacist collaboration in the management of patients with opioid use disorder: results from a multisite study of the National Drug Abuse Treatment Clinical Trials Network.](#)** *Addiction*. January 11, 2021.

After being started and stabilized on buprenorphine therapy for opioid use disorder by an x-waivered physician, community pharmacists helped successfully maintain and monitor treatment with the physicians for 71 patients in this National Institute of Drug Abuse supported study. In the six-month study, researchers said that more than 95 percent of patients “adhered to the daily medication regimen,” and that “no opioid-related emergencies or hospitalizations were reported.”

**[Adaptations to substance use disorder monitoring by physician health programs in response to COVID-19.](#)** *Journal of Substance Abuse Treatment*. January 6, 2021

The authors provide important perspectives on how physician health programs (PHPs) have worked to maintain access to services during the COVID-19 pandemic. The authors discuss monitoring services, use of telehealth and other technologies, how PHPs have adapted, and how efforts have not resulted in increased incidence of relapse.

**[Overdose Deaths Accelerating During COVID-19.](#)** U.S. Centers for Disease Control and Prevention. December 17, 2020.

According to the CDC:

- “Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period”
- “While overdose deaths were already increasing in the months preceding the 2019 novel coronavirus disease (COVID-19) pandemic, the latest numbers suggest an acceleration of overdose deaths during the pandemic.”

Data from the CDC’s National Center for Health Statistics’ [Provisional Drug Overdose Death Counts](#) point to the greatest increases and numbers of overdose involving illicitly manufactured fentanyl, fentanyl analogs, methamphetamine and cocaine.

**[Prescription Opioid Trends in the United States Measuring And Understanding Progress In The Opioid Crisis.](#)** IQVIA Institute for Human Data Science. December 16, 2020.

Data included in the publication includes key findings showing:

- Total national prescription opioid use has declined to 60% of the peak volume in 2011 after another year of double-digit decline expected in 2020.
- During the COVID-19 pandemic, as many as 44% fewer patients started new opioid therapy while MAT was less impacted.
- Total opioid prescribing declined 16% at the peak of shutdowns in late April, with significant variations across key specialties.
- Use of medication-assisted treatment, which was disrupted in 2020 due to COVID-19, remains highly variable across states.

**[A Cross-Sector Approach to Removing Legal and Policy Barriers to Opioid Agonist Treatment.](#) The Network for Public Health Law in collaboration with the Drug Policy Alliance. December 2020.**

According to the authors, “this document highlights various policy and legal barriers” in accessing buprenorphine and methadone for the treatment of opioid use disorder. The paper identifies eight areas that are not always discussed together but have important cross-sectional relationships. Discussion and recommendations address issues specific to:

- Health Care System;
- Criminal Legal System;
- Family Law;
- Housing;
- Zoning;
- Transportation;
- Education & Youth; and
- Employment.

The authors also acknowledge the importance of addressing stigma, social determinants of health and other issues that do not fit neatly into one of the above categories.

**[Find Harm Reduction Resources Near You.](#) National Harm Reduction Center. December 2020.**

This national resource can help physicians, patients and all those interested in supporting access to harm reduction services find naloxone and sterile needle and syringe services. The interactive nature of the resources allows users to locate services in their state.

**[Spotlight on Mental Health and Substance Use Disorder Parity Compliance Standards An Analysis of State Compliance Reporting Requirements](#) and [Spotlight on Medical Necessity Criteria for Substance Use Disorders.](#) Legal Action Center and Partnership to End Addiction. December 2020.**

These two new resources are the latest to provide comprehensive 50-state research and analysis and recommendations for state policymakers. The Spotlight on Mental Health and Substance Use Disorder Parity Compliance Standards examines state statutory standards requiring state-regulated private health plans to submit information and data that will allow regulators to conduct a parity analysis and requirements for state departments of insurance to report on their enforcement activities. Key findings include:

- As of July 2020, 15 states and the District of Columbia have enacted laws requiring health plans to submit compliance reports and/or quantitative data on the development and application of non-quantitative treatment limitations (NQTs) and quantitative data that identifies disparities in plans’ operations.

- As of July 2020, 16 states and the District of Columbia have enacted legislation requiring State Insurance Departments to report on their enforcement activities to their state legislatures.
- At least 30 states include some level of Parity Act compliance review as part of the insurers' form submissions.

***The Spotlight on Medical Necessity Criteria for Substance Use Disorder Treatment*** reviews state requirements for public and private health plans to use specific criteria for medical necessity determinations for substance use disorder benefits and, in some cases, level of care assessment tools when applying the medical necessity criteria. Key findings include:

- As of October 1, 2020, 15 states require state-regulated commercial health plans to use specific criteria or level of care assessment tools to determine medical necessity for SUD treatment: California; Colorado; Connecticut; Delaware; Illinois; Maryland; New Hampshire; New Jersey; New York; North Carolina; Rhode Island; Tennessee; Texas; Washington; and West Virginia.
- As of October 1, 2020, 24 states require Medicaid plans to use specific medical necessity criteria or level of care assessment tools to determine medical necessity for SUD treatment: Alaska; California; Delaware; Idaho; Indiana; Kansas; Kentucky; Louisiana; Maryland; Michigan; Minnesota; New Hampshire; New Jersey; New Mexico; New York; North Carolina; Ohio; Pennsylvania; Utah; Vermont; Virginia; Washington; West Virginia; and Wisconsin.

**[Overdose-Related Cardiac Arrests Observed by Emergency Medical Services During the US COVID-19 Epidemic.](#) JAMA Psychiatry. December 3, 2020.**

Researchers used a federal database that represented nearly 26 million times emergency medical services were used and found overdose-related cardiac arrests “rose sharply” in April and continued above baseline levels for several months.

**[Reimagining patient-centered care in opioid treatment programs: Lessons from the Bronx during COVID-19.](#) Journal of Substance Abuse Treatment. December 2, 2020.**

In the wake of the COVID pandemic, there were no deaths and only six non-fatal overdoses among more than 3,600 patients in a Bronx, New York, Opioid Treatment Program (OTP) that increased take-home dosing and relaxed multiple requirements for patients to receive medication. Twenty patients died of causes related to COVID-19.

The study highlighted that “within two weeks, we reduced the proportion of patients with 5–6 OTP visits per week from 47.2% to 9.4%,” and the OTP “shifted focus from toxicology tests to other patient-centered measures, such as engagement in care and patient goals.” The authors make several recommendations, including “that OTPs rely less on toxicology testing and more on the other patient-centered measures to guide decisions about distribution of take-home doses

of MOUD. To minimize financial risk to OTPs and facilitate their transition to a more flexible model of care, we advocate for the reassessment of OTP reimbursement models.”

**[Chronic pain and high-impact chronic pain among U.S. adults, 2019.](#) National Center for Health Statistics. November 2020.**

Data is from the NCHS National Health Information Survey, which interviewed nearly 32,000 adults found that:

- In 2019, 20.4% of adults had chronic pain and 7.4% of adults had chronic pain that frequently limited life or work activities (referred to as high impact chronic pain) in the past 3 months.
- Chronic pain and high-impact chronic pain both increased with age and were highest among adults aged 65 and over.
- Non-Hispanic white adults (23.6%) were more likely to have chronic pain compared with non-Hispanic black (19.3%), Hispanic (13.0%), and non-Hispanic Asian (6.8%) adults.
- The percentage of adults with chronic pain and high-impact chronic pain increased as place of residence became more rural.

**[Chronic Noncancer Pain Management and Systemic Racism: Time to Move Toward Equal Care Standards.](#) Editorial. The Journal of Pain Research. November 2020.**

In a wide-ranging editorial, the authors detail the extensive history and evidence detailing the pervasive nature of bias, racism and structural inequity faced by Black, Indigenous and People of Color (BIPOC) with respect to pain care across multiple settings. Among the recommendations to address the longstanding problems, the authors call for “taking steps to incorporate BIPOC voices in policy decisions, increasing the number of BIPOC professionals in leadership and health equity roles, and providing more opportunities for BIPOC individuals to enter health and medical professions, in particular Black, Indigenous and Latinx individuals focused on pain management practices.”

**[Expanded Access to Naloxone Can Curb Opioid Overdose Deaths.](#) Issue Brief from The Pew Charitable Trusts. October 2020.**

The issue brief provides wide-ranging information, including state-specific examples and evidence, laws and policies to increase access to naloxone to patients and third-parties; law enforcement; community distribution; mandates for prescribing and solutions to reduce costs.

**[First glance: COVID-19 Buprenorphine Provider Survey Report.](#) American Academy of Addiction Psychiatry. October 15, 2020.**

New data from a survey launched by the American Academy of Addiction Psychiatry (AAAP) in collaboration with a wide cross-section of medical, academic and healthcare organizations found that more than 80 percent of surveyed X-waivered physicians, physician assistants and nurse practitioners who treat patients with opioid use disorder (OUD) want virtual visits and other telehealth options to continue after the COVID-19 public health emergency.

Additional findings included:

- 78 percent of respondents said that the COVID pandemic has caused them to put on hold or reduce in-person visits
- 75 percent of physicians and other healthcare professionals have used virtual visits to help maintain medication to treat OUD; 48 percent have used telehealth to initiate medication to help treat OUD
- 76 percent of providers perceived that their patients were satisfied with virtual visits to maintain medications for opioid use disorder; 58 percent of respondents perceived that their patients were satisfied with virtual visits for behavioral health and counseling services

**[Response to the Colorado Division of Insurance re: House Bill 20-1085.](#) American Medical Association, Colorado Medical Society, Colorado Pain Society, Manatt Health. September 30, 2020.**

In an actuarial analysis of Colorado HB 20-1085 AMA, the CMS, CPS and Manatt Health found that cost-effective, evidence-based alternatives to opioids (ALTOs) for patients with pain not only provide clear health benefits for patients, but they also would save money on other health services. The analysis reinforces the need for a multimodal approach to treatment of pain that requires a critical review of administrative and other health benefit barriers, exclusions and exceptions to coverage that both inhibit the use of ALTOs and fail to address the needs of patients with acute or chronic pain. HB 20-1085, which was passed by the legislature but vetoed by the governor, would have provided for: up to six physical therapy, occupational therapy, acupuncture and chiropractic visits, respectively, with cost-sharing no greater than that charged for non-preventive primary care visits, as nonpharmacological alternatives to opioid treatment; eliminating prior authorization (PA) for nonpharmacological treatments; coverage for at least one “atypical opioid” at the lower cost tier, without step therapy or PA; and no step therapy for the prescription and use of any additional atypical opioids for the treatment of acute or chronic pain.

**[Nonfatal Opioid Overdoses at an Urban Emergency Department During the COVID-19 Pandemic.](#) JAMA Network. September 18, 2020.**

In a snapshot of the COVID-19’s pandemic effects on opioid-related overdose, researchers found—at one emergency department in Virginia—that “a greater number of visits for opioid overdoses was observed in the first 4 months of the COVID-19 pandemic, and Black patients made up a relatively larger proportion of opioid overdose visits compared with the previous year.” The authors acknowledged the small study sample and other potential limitations, but said that “These findings demonstrate additional evidence of racial/ethnic disparities in health that have been magnified during the COVID-19 pandemic.” In addition, less than 60 percent of patients received a naloxone prescription at discharge.

**[The COVID-19 Pandemic and the Opioid Overdose Epidemic: A Perfect Storm for Workers?](#) NIOSH Science Blog. September 14, 2020.**

The authors provide a wide-ranging set of analyses, links to existing research and provide recommendations regarding how the COVID-19 pandemic has exposed existing problems in the nation's ability to effectively treat opioid use disorder. This includes the effects of health disparities and the "interlinked" nature of public health crises.

**[COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States](#)**. *Molecular Psychiatry*. September 14, 2020.

The authors, including Nora D. Volkow, M.D., Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health, performed a retrospective study of more than 73 million patients, of whom 12,030 had a COVID-19 diagnosis, and found that compared to Caucasian patients, African Americans diagnosed with COVID-19 and a substance use disorder (SUD) had greater mortality and hospitalization rates. "individuals with [a substance use disorder], particularly recent OUD, were at increased risk for COVID-19 and these effects were exacerbated in African Americans compared to Caucasians. The authors make several observations, including:

- "our findings at a macroscopic level provide evidence that SUD should be considered a condition that increases risk for COVID-19, a comorbidity that has particularly deleterious effects to African Americans."
- "when vaccine or other treatments become available, this has implication for deciding who is at greater risk."
- "our findings also underscore the importance of providing support for the treatment and recovery of individuals with SUD as part of the strategy to control the COVID pandemic."

**[American Association for the Treatment of Opioid Dependence Board of Directors State Chapter Responses Regarding COVID-19](#)**. August 31, 2020.

This report covers responses from Opioid Treatment Programs across 19 states. The survey responses found that "the emergency use of telehealth and telephonic services for wrap-around clinical care were generally well received but not for everyone." In addition, respondents said that "Medicare representatives provided early flexibility in allowing OTPs to provide up to 28-day supplies of take-home medication through reimbursement." However, "[f]or the most part, state Medicaid programs did not demonstrate such flexibility." The survey also found that "OTPs had major financial difficulties and the impact is still being assessed."

**[Nonfatal Drug and Polydrug Overdoses Treated in Emergency Departments — 29 States, 2018–2019](#)**. U.S. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. August 28, 2020.

The authors provide important data regarding nonfatal drug overdoses, including prevalence of polypharmacy drug use involved in overdose.

**[Therapies Offered at Residential Addiction Treatment Programs in the United States.](#)**

**JAMA. August 25, 2020.**

In a research letter examining the availability of access to medications to help treat opioid use disorder, the authors found that only 29 percent of treatment programs offered and would support continuation of opioid agonist treatment (OAT). Nearly 40 percent “did not offer OAT or were unclear about whether OAT was available,” and more than 20 percent “actively discouraged callers from using OAT.” The authors noted that state licensure and accreditation standards “did not ensure availability of OAT or low use of anti-OAT language.” In an understatement, the authors said that “these findings raise concerns about the quality of care offered by residential programs.”

**[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 olds.”

**[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.

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

According to SAMHSA, “Attention to this epidemic has focused primarily on White suburban and rural communities. Less attention has focused on Black/African American\* communities which are similarly experiencing dramatic increases in opioid misuse and overdose deaths. The rate of increase of Black/African American drug overdose deaths between 2015-2016 was 40 percent compared to the overall population increase at 21 percent. This exceeded all other racial and ethnic population groups in the U.S.<sup>5</sup> From 2011-2016, compared to all other populations, Black/African Americans had the highest increase in overdose death rate for opioid deaths involving synthetic opioids like fentanyl and fentanyl analogs.” The issue brief provides

additional data and policy recommendations as well as examples of promising strategies to engage communities and increase access to treatment and reduce stigma.

**[The Opioid Crisis And The Hispanic/Latino Population: An Urgent Issue.](#)** Substance Abuse and Mental Health Services Administration Office of Behavioral Health Equity. July 2020.

This issue brief highlights the need for greater community supports and data that the opioid misuse rate among Hispanic/Latinos is similar to the national population rate, about 4 percent. In 2018, 1.7 million Hispanic/Latinos and 10.3 million people nationally, aged 12 and older, were estimated to have engaged in opioid misuse in the past year. Opioid and other substance use and misuse among Hispanic/Latino youth. National data from multiple sources specific to high school aged youth indicate that Hispanic youth are using drugs at rates that are equivalent or higher compared to their racial/ethnic peers. In 2017, the CDC YRBS reported that high school Hispanic youth had the highest prevalence of select illicit drug use (16.1 percent) and prescription opioid misuse (15.1 percent) compared to the total high school youth population (14.0 percent for both) and other race/ethnicities. Similarly, NIDA’s 2018 MTF indicates that in general, Hispanic eighth graders had the highest levels of substance misuse across all substances compared to Whites and African Americans. In general, a higher percentage of Hispanic eighth and tenth grade youth reported opioid (heroin and prescription) misuse in the past year than Whites and African Americans. The report also provided qualitative information regarding “a gap in knowledge about treatment options for OUD,” including concern about lack of knowledge and stigma about medications to help treat opioid use disorder.

**[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.

**[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.”

**[Collision of the COVID-19 and Addiction Epidemics](#). *Annals of Internal Medicine*. July 7, 2020.**

A short, but very thoughtful discussion of the physical and mental health and other societal effects of the COVID-19 pandemic on those with a substance use disorder.

**[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.”

**[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”

**[Mortality Following Nonfatal Opioid and Sedative/Hypnotic Drug Overdose.](#) *American Journal of Preventive Medicine.* May 7, 2020.**

As reported by [Psychiatric News](#), “emergency department patients who survive an opioid overdose are 100 times more likely to die of an unintentional overdose and 18 times more likely to die of suicide within a year than patients who visit the emergency department for other reasons.” The study analyzed data from 647,000 California emergency department patients from 2009-2011.

**[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.

**The Impact of COVID-19 on Syringe Services Programs in the United States. AIDS and Behavior. April 24, 2020**

“Among the 173 SSPs that responded to the [North American Syringe Exchange Network] survey, 43% reported a decrease in availability of services due to COVID-19. Many programs reported that these decreased services included medication for opioid use disorder and testing and treatment services for HIV, hepatitis C virus (HCV), and sexually transmitted infections. One-quarter (25%) of responding SSPs reported that one or more of their sites had closed due to COVID-19.”

**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 are able to 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.

**CHRONIC PAIN & COVID-19. US Pain Foundation. April 15, 2020.**

More than 77 percent of respondents said that the COVID-19 pandemic has caused barriers to treatment, according to a survey from the U.S. Pain Foundation. The survey of 664 individuals also found that nearly two-thirds of respondents said “they were experiencing increased pain.”

**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.