



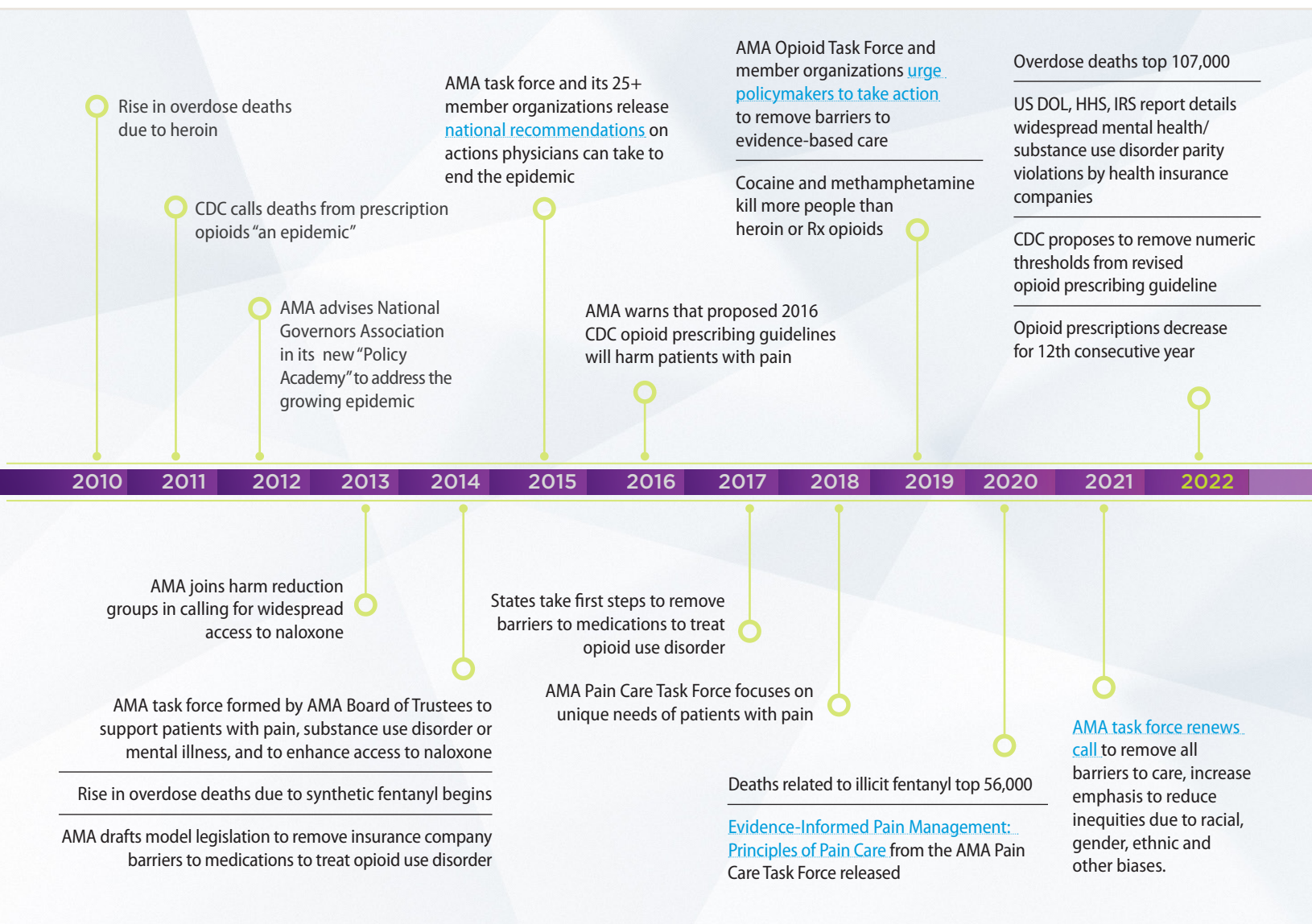
2022

OVERDOSE EPIDEMIC REPORT



**Physicians' actions to help end the nation's
drug-related overdose and death epidemic
—and what still needs to be done.**

Opioid prescribing continues downward trend while overdose and death related to illicitly manufactured fentanyl, methamphetamine and cocaine increase.



The American Medical Association Substance Use and Pain Care Task Force continues to advance evidence-based recommendations for policymakers and physicians to help end the nation's drug-related overdose and death epidemic. Physicians' positive actions, however, are limited by an insufficient focus on meaningful policy implementation and enforcement to support affordable, accessible, evidence-based care for patients with a substance use disorder, pain, or access to harm reduction services such as naloxone, syringe services programs and fentanyl test strips.

We urge all stakeholders to come together to help reverse this national epidemic.

“While the AMA is proud of the actions physicians have taken, we simultaneously understand that much more needs to be done. The AMA finds the increasing toll of drug-related overdose and death unacceptable, and the new mortality figures for youth and Black and Brown Americans is opening a new, frightening chapter of the epidemic.”

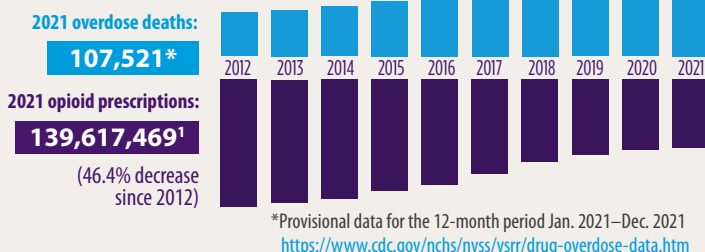
—**Bobby Mukkamala, MD**
Chair, AMA Substance Use and Pain Care Task Force

Key indicators in the nation's drug overdose epidemic

In the past decade, physicians and other health care professionals have reduced opioid prescribing in every state—by nearly 50% nationally. They have increased the use of state prescription drug monitoring programs (PDMPs) in every state—more than 1.1 billion queries of PDMPs in 2021. Buprenorphine dispensed for the treatment of opioid use disorder (OUD) more than doubled in the past 10 years, and naloxone dispensed has increased by nearly 800% since 2012.

Despite these positive efforts, drug-related overdose and death continue to increase, primarily due to illicitly manufactured fentanyl and fentanyl analogs.

Reductions in opioid prescribing have not led to reductions in drug-related mortality

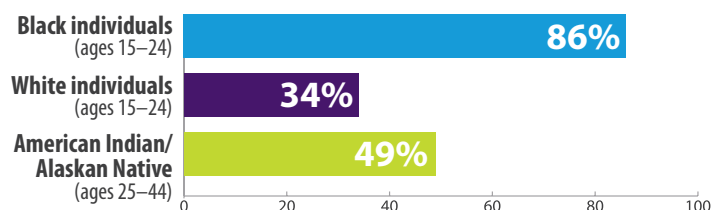


46.4% decrease in opioid prescriptions from 260.5M in 2012 to 139.6M in 2021¹

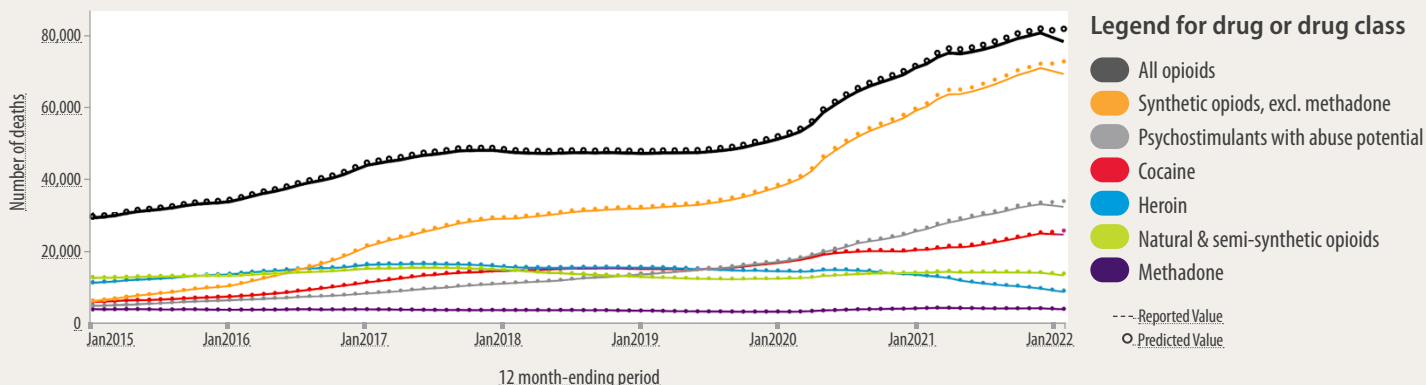
Increase in PDMP use and nearly **4B queries** since 2014²

1.1B
61.5M

Drug-related mortality increases from 2019–2020³

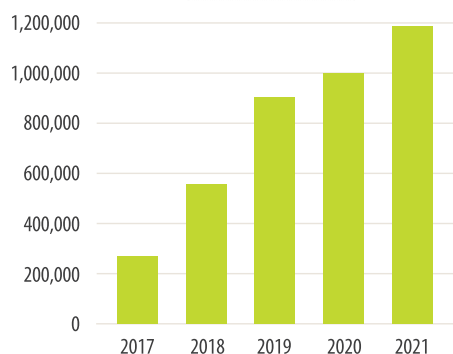


12 month-ending provisional number of drug overdose deaths by drug or drug class⁴



Naloxone prescriptions dispensed from retail pharmacies¹

United States 2017–2021



The AMA urges physicians to prescribe naloxone to patients at risk of overdose, and also advocates for naloxone to be available over-the-counter to make it readily accessible to everyone as an essential step to save lives from opioid-related overdose.

Harm reduction and other community-based organizations **distributed more than 3.7 million doses of naloxone between 2017–2020.**⁵

During the COVID-19 pandemic, the number of **individuals filling a naloxone prescription from retail pharmacies decreased more than 26%.**⁶

Read about reports in all 50 states: AMA issue brief⁷

US overdose deaths hit record 107,000 last year, CDC says

—Associated Press

Teenage Fentanyl Deaths Are Soaring, and Black Teens Are Hit Hardest

—Bloomberg

HHS needs to step up so CDC's new guidelines won't be a bridge to nowhere for most Americans living with chronic pain

—Stat News

Pregnant and Postpartum People Continue to Encounter Barriers to Opioid Use Disorder Treatment.

—Pew Charitable Trusts

Teen drug overdose deaths rose sharply in 2020, driven by fentanyl-laced pills

—NPR

It's about to get easier to access affordable naloxone

—Washington Post

Treatment for Opioid Addiction Often Brings Discrimination

—US News & World Report

Economic Toll Of Opioid Epidemic: \$1.3 Trillion A Year

—Forbes.com

DEA Safety Alert: Sharp increase in fake prescription pills containing fentanyl and meth. U.S. Drug Enforcement Administration warns that international and domestic criminal drug networks are flooding the United States with lethal counterfeit pills.

Department of Justice files suit against Pennsylvania court system for discriminating against people with opioid use disorder.

To save lives, overdose antidote should be sold over-the-counter, advocates argue

—NPR

Study: 1 in 5 Pharmacies Blocks Access to Addiction Treatment Buprenorphine

—Pharmacy Times

Price for drug that reverses opioid overdoses soars amid record deaths

—The Guardian

As drug overdoses soar, more providers embrace harm reduction

—Association of American Medical Colleges

As Overdoses Soar, More States Decriminalize Fentanyl Testing Strips

—Kaiser Health News

The Opioid Crackdown is Hurting People in Pain.

—Washington Monthly

What the Opioid Crisis Took From People in Pain.

—The New York Times

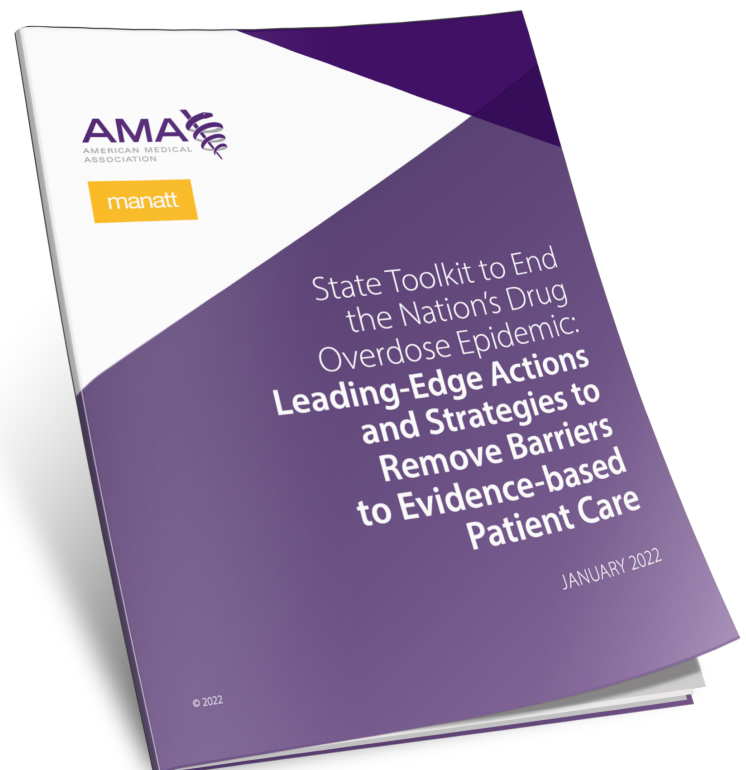
Read about reports in all 50 states: AMA issue brief
[Nation's drug-related overdose and death epidemic continues to worsen](#)

Stakeholders need to work together to develop comprehensive, state and community-based solutions and action-oriented efforts to improve outcomes and save lives.

Ending the nation's drug-related overdose and death epidemic—as well as improving care for patients with pain, mental illness or substance use disorder (SUD), and increasing access to harm reduction services—requires partnership, collaboration, and commitment.

Select 2021–2022 AMA Advocacy efforts

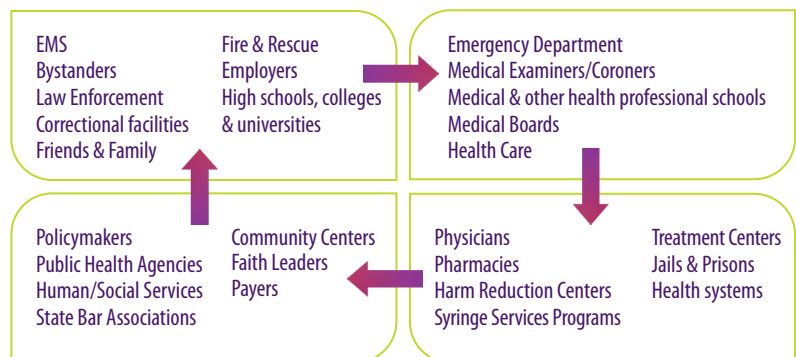
- Partnered with state and specialty societies to help enact several dozen laws and regulations to increase access to medications to treat opioid use disorder, meaningfully enforce mental health and SUD parity laws, decriminalize drug checking supplies and remove barriers to evidence-based care for patients with pain, as well as [supported the Rhode Island Medical Society](#) in its campaign to enact the nation's first harm reduction center pilot program.⁸
- Supported efforts with the American Society of Addiction Medicine, the American Association for the Treatment of Opioid Dependence and other key stakeholders to increase access to care for patients with an opioid use disorder.
- Urging the Centers for Disease Control and Prevention to finalize its 2022 proposed revisions to its 2016 opioid prescribing guideline and support compassionate, individualized care for patients with pain.⁹
- Collaboration with the Johns Hopkins School of Public Health and more than 50 national stakeholders has led to several dozen states enacting laws directing opioid-litigation funds to be used mainly for public health uses.¹⁰
- Worked with state medical societies, the American Psychiatric Association, The Kennedy Forum and other leading organizations to help enact and strengthen mental health and substance use disorder parity laws.¹¹
- Published a national policy toolkit with Manatt Health to provide specific regulations, statutes, and other policies that are helping increase access to care and improving outcomes. The toolkit is designed for policymakers and public health officials to use and implement.¹²
- Supported federal efforts and state action to adopt telehealth flexibilities for audio-visual and audio-only prescribing and treatment with buprenorphine for opioid use disorder.¹³
- Helped several states enact new laws to decriminalize drug checking supplies such as fentanyl test strips.¹⁴
- Worked with numerous maternal and child health stakeholders to draft new model state legislation to help remove structural inequities in care for pregnant individuals with a substance use disorder, newborns and families.
- Urged the FDA and the nation's naloxone manufacturers to remove the “behind-the-counter” status of naloxone to make it available over the counter without a prescription.¹⁵
- Conducted analysis with the nonpartisan and objective research organization NORC at the University of Chicago to identify the gaps in states' overdose reporting systems.



Physicians urge all stakeholders to partner with organized medicine to help implement collaborative, evidence-based solutions to reduce mortality and improve patient outcomes.

- Policymakers can help increase access to evidence-based SUD care by removing administrative and other barriers—such as prior authorization and the federal "x-waiver"—for medications to treat opioid use disorder (MOUD), including dosage caps on buprenorphine.
- State officials can demonstrate leadership and support families by removing punitive policies against pregnant, peripartum, postpartum and parenting individuals who have an SUD. This includes ensuring state policies have clear distinctions that a report of a substance-exposed newborn shall not automatically be construed as a report of abuse or neglect.
- State departments of corrections and private jails and prisons need to ensure that all individuals with an OUD or mental illness are screened upon entry, receive MOUD while incarcerated, and linked to care upon release. These elements are among those protected by the U.S. Constitution and federal law.¹⁶
- Faith leaders can help destigmatize SUDs and harm reduction by educating parishioners and holding overdose awareness events.
- Medical and other health care professional licensing boards can help patients with pain by reviewing and rescinding arbitrary restrictions on opioid therapy—as now recommended by the CDC.
- Employers are encouraged to review their health insurance and benefits plans to ensure employees and their families have access to pain specialists and affordable access to comprehensive, multimodal pain care; physicians who provide MOUD; and psychiatrists who are in the employer's network.
- Public health officials, colleges, universities, and other educational settings can reduce harms and help control infectious disease spread through supporting comprehensive needle and syringe exchange services, as well as supporting widespread, community-level distribution of naloxone and fentanyl test strips.

Stakeholders should also address underlying social needs that amplify overdose deaths such as housing and transportation. All stakeholders have a role to play in removing barriers for individuals with a substance use disorder, patients with pain, and to increase access to comprehensive harm reduction efforts.



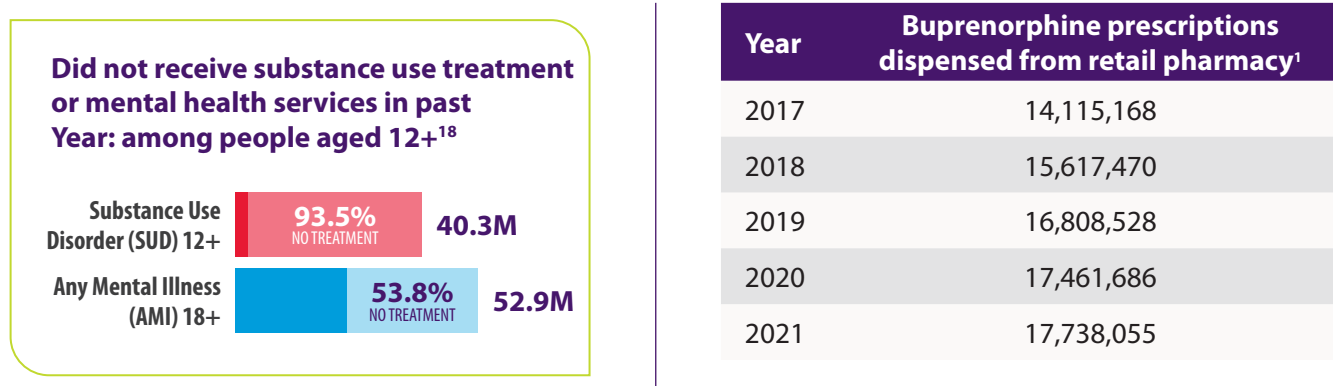
“To improve patient outcomes and stop people from dying of a drug-related overdose, the nation’s policymakers, payers, physicians and other stakeholders must work together to remove all barriers to evidence-based care. Preventable deaths and other harms continue because of multiple, overlapping public health and public policy half-measures. We all must commit to meaningful enforcement of mental health and substance use disorder parity laws, removal of inappropriate and misapplied prescribing restrictions harming patients with pain, and make increased strides to support harm reduction initiatives in every state.”

—**Jack Resneck Jr., MD**
AMA president

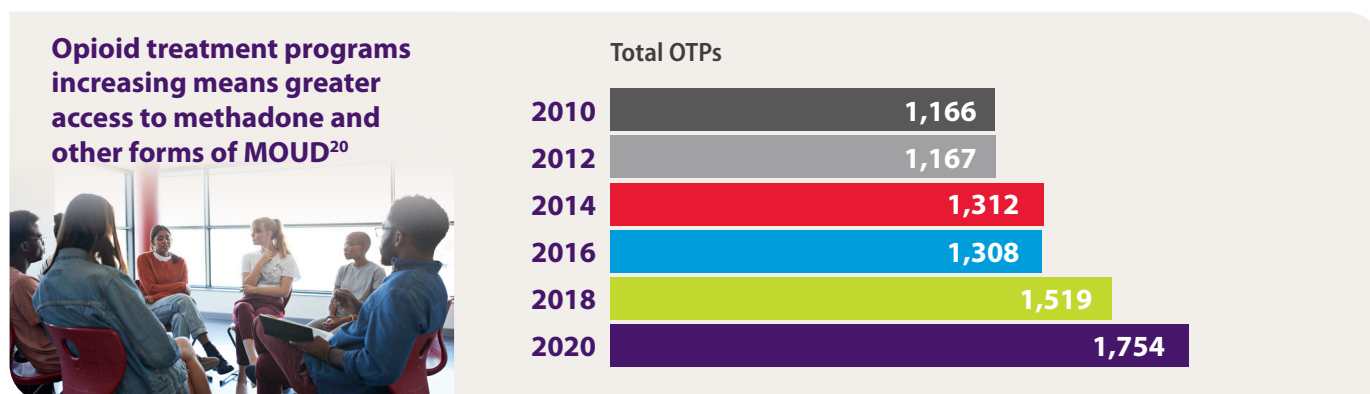
Ending the nation's drug-related overdose and death epidemic means increasing access to medications to treat opioid use disorder and evidence-based harm reduction initiatives.

Increasing access to syringe services programs is essential to limiting the spread of blood-borne infectious disease.

Medications to treat opioid use disorder are the gold standard,¹⁷ but too few individuals receive it.



In the United States in 2020 an estimated 2.7 million people aged 12 or older had an opioid use disorder (OUD) in the past 12 months,¹⁷ but far too few individuals with an OUD receive any treatment.¹⁹



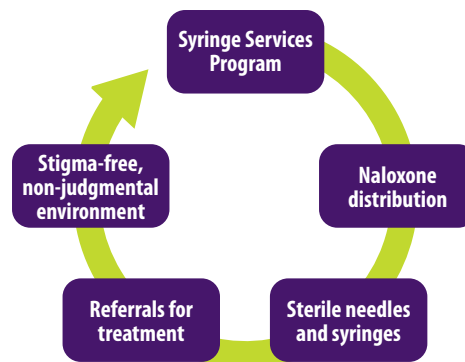
Actions needed: Remove prior authorization for MOUD; remove the federal "x-waiver" to prescribe buprenorphine in-office to treat OUD; incorporate SUD training in the nation's undergraduate and graduate medical education programs; continue COVID telehealth flexibilities to allow for buprenorphine prescribing via audio-only and audio-visual technology as well as take-home flexibilities for opioid treatment programs.

Syringe services programs provide comprehensive services to reduce harms, save lives.

The nation's drug-related overdose and death epidemic has led to increased concern about the spread of infectious diseases such as hepatitis B virus and hepatitis C, human immunodeficiency virus (HIV), and bacteria that cause heart and other infections.²¹

Why should physicians and policymakers support increased access to SSPs?

Syringe Services Programs (SSPs) are associated with an estimated 50% reduction in HIV and HCV incidence.²² When combined with MOUD, HCV and HIV transmission is reduced by more than two-thirds.^{23,24} SSPs can help serve as a bridge to other health services, including HCV and HIV testing and treatment and MOUD.



Access to SSPs means access to naloxone.

In addition to providing sterile needles and syringes to help reduce blood borne infections, 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.²⁵

Data gaps limit ability to pursue evidence-based, public health outcomes.

Current data available to states and others remain incomplete, not standardized for comparison and often years in arrears. While metrics are generally available for drug-related overdoses, data for non-fatal overdoses and other key indicators are not widely collected or standardized across states and communities. Improving standardization, quality and timeliness of data collection and analyses will help advance local prevention, treatment and harm reduction efforts as well as broader public policy initiatives to improve outcomes and reduce overdose and death.²⁶

“Despite the availability of accurate diagnostic tests and an effective cure, approximately 2.2 million civilian, noninstitutionalized adults had hepatitis C virus (HCV) infection in the United States during January 2017–March 2020, and incidence continues to rise, particularly among younger adults and in association with injection drug use. Untreated, hepatitis C can lead to advanced liver disease, liver cancer, and death.”²⁷

–CDC MMWR

Actions needed: Remove barriers to syringe services programs such as 1:1 needle exchange requirements and zoning restrictions; support increased funding for SSPs, pilot programs for overdose prevention sites.

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.

- 1 Remove barriers to evidence-based care for patients with an SUD. This includes removing prior authorization, step therapy and dosage caps for MOUD, removing the federal "x-waiver" to prescribe buprenorphine in-office to treat OUD, continuing federal flexibilities for take-home medication for opioid treatment programs and continuing audio-visual and audio-only telehealth options for patients to begin MOUD.
- 2 Remove barriers to MOUD and treatment for SUDs and co-occurring mental illness in the nation's jails and prisons or under judicial supervision. There is no legal, medical, or policy reason to deny access to MOUD or mental health care for justice-involved persons.
- 3 Take immediate steps to protect families by focusing on increasing access to evidence-based care rather than using punishment and the threat of family separation for persons with an SUD who are pregnant, peripartum, postpartum and parenting.
- 4 Support patients with pain by rescinding arbitrary laws and policies focused on restricting access to multidisciplinary, multimodal pain care; require health insurance companies and other payers to make non-opioid pain care alternatives more accessible and affordable, emphasizing social determinants of health, including transportation, housing, employment and other factors.
- 5 State insurance commissioners, attorneys general and the U.S. Department of Labor must increase efforts to review health insurers' policies on a regular basis to ensure they comply with the Mental Health Parity and Addiction Equity Act—and hold them accountable if not.
- 6 Support increased efforts to expand sterile needle and syringe exchange services programs, decriminalize drug checking supplies (e.g., fentanyl test strips) and urge manufacturers to make naloxone available over the counter.
- 7 Develop and implement systems to collect timely, adequate and standardized data to identify at-risk populations, fully understand polysubstance drug use, and implement public health interventions that directly address removing structural and racial inequities.



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