

America's opioid epidemic: Select 2020 research

*Updated June 18, 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 opioid 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 opioid 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 opioid 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](#). For additional recommendations for physicians and policymakers, please visit the [AMA opioid microsite](#).

Select 2020 research and presentations

[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.”

[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.

[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.