

**29th Annual National Conference  
December 2–3, 2020 | Virtual Experience  
Responses to Questions Submitted via Conference Platform**

**Escalation of the Drug Overdose Epidemic During COVID-19:  
Strategies to Remove Barriers to Evidence-Based Care  
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**Question one:**

**Many individuals turn from opioids to heroin. Is decriminalizing small amounts of heroin an effective way to help the epidemic?**

**Answer:**

*There are many complicated factors why someone might use heroin, and the data is not conclusive about the causation or correlation between opioid analgesic misuse and initiation of heroin or other illicit drugs. For example, even though the nation's physicians have decreased opioid prescribing nearly 40 percent over the past five years, data continues to show that several million Americans who need treatment for an opioid use disorder do not receive it, and data also shows that more Americans are initiating use of methamphetamine and cocaine as well as heroin without initial exposure to opioid analgesics.*

*As discussed during the webinar, the nation's opioid epidemic has become a more deadly and complicated drug overdose epidemic. With respect to decriminalization of illicit drugs, the AMA opposes legalization, but we acknowledge that efforts to address illicit drug use via supply reduction and enforcement have been ineffective. We need to expand the availability and reduce the cost of treatment programs for substance use disorders, lead a coordinated approach to adolescent drug education while simultaneously extending greater protection against discrimination in the employment and provision of services to people who use drugs and have a substance use disorder. This will require a long-term commitment to expanded research and data collection, evaluation of outcomes of current policies and broad recognition of the complexity of the problem of substance misuse. There is no one-size-fits-all solution to the drug overdose epidemic.*

**Question two:**

**What resources are available to those effected to find providers to assist with treatment of substance use disorders? This is especially a big issue in rural areas.**

**Answer:**

*Data shows that less than 20 percent of those with a substance use disorder receive treatment. This is true for patients in all regions, including urban and rural. Expanding access to evidence-based treatment for a substance use disorder will require health insurance companies to provide adequate networks of addiction medicine, psychiatry and mental health professionals who are in a patient's network and accepting new patients. It will require health insurers and pharmacy benefit management companies to remove barriers such as prior authorization that only serve to delay and deny care to patients seeking treatment. This includes the necessity to remove prior authorization for medications to help treat opioid use disorder and ensure those medications are on a formulary's lowest cost-sharing tier.*

*We also must continue to expand on promising telehealth capabilities that are helping connect more patients to care. A telehealth encounter cannot replace an in-person visit, but it can serve as an important adjunct to help alleviate the burden of travel for patients in some areas—both urban and rural. We also need state departments of insurance and attorneys general to enforce state mental health and substance use disorder parity laws. Network adequacy and parity laws are only as effective as they are enforced. We also urge the removal of the federal “x-waiver” requirement for physicians to prescribe buprenorphine for the treatment of opioid use disorder. This would help remove stigma, increase the number of physicians to treat patients with opioid use disorder and alleviate the burden patients face when trying to find a physician to help them.*