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SAFE Glen Cove Coalition: Opioid Epidemic: AMA Drug Policy Recommendations

According to the American Medical Association (AMA), America's drug-overdose epidemic is getting worse. Nearly 90,000 U.S. overdose deaths took place between September 2019 and September 2020, representing the highest figure since the late 1990s, based on provisional data from the Centers for Disease Control and Prevention (CDC). And while the physical isolation and financial insecurity caused by COVID-19 accounted for some of the increase, the trend predated the pandemic. U.S. drug policies just aren't keeping up with what's happening on the ground. The overdose epidemic is now largely driven by illicitly manufactured and adulterated fentanyl and fentanyl analogs. There has also been a sharp increase in deaths from methamphetamine and cocaine. Policies and actions need to focus on this new reality, not on limiting prescriptions for patients in pain who really need them.

At the annual Rx Drug Abuse & Heroin Summit, the AMA's president, Susan R. Bailey, MD, and director of science and drug policy, Amy B. Cadwallader, PhD, summarized the steps that must be taken at the policy level, in the community and in the exam room to reduce morbidity and mortality from drug overdoses.

The AMA is recommending the following to address the issue:

- Ensure policies support individualized patient care: Data and evidence-based care must guide treatment and policy decisions
- Reevaluate how opioid-use disorder treatments are prescribed
- Eliminate ineffective opioid prescribing restrictions. Many prescribing restrictions are arbitrary, not evidence-based or simply don't work, leaving patients with pain unable to access the care they need.
- Better enforce laws around coverage of mental health and substance use disorders. Numerous state and federal parity laws require insurers to provide mental health or substance-use disorder treatment benefits that are equal to medical care benefits, but only a few states have taken action to meaningfully enforce these laws.

- Expand harm-reduction policies. Boosting access to naloxone to reverse opioid overdoses is one example. Removing barriers to needle- and syringe-exchange programs is another evidence-based intervention to reduce harms.
- Extend telehealth flexibilities for prescribing buprenorphine for opioid-use disorder
- Collect better data, and do a better job of sharing it. The CDC tracks fatal overdoses nationwide, but there isn't a comparable source on nonfatal overdoses.
- Collaborate more broadly. To reach everyone who needs help, physicians need to work with stakeholders outside of medicine, including community activists and religious leaders.
- End the stigma. Patients may fear being judged or labeled when seeking medications to treat their pain, and physicians, likewise, can be afraid to suggest or prescribe opioid analgesics. And the same is true for medications to help treat opioid-use disorder.

The AMA believes that science, evidence, and compassion must continue to guide patient care and policy change as the nation's opioid epidemic evolves into a more dangerous and complicated illicit drug-overdose epidemic. Learn more at the AMA's End the Epidemic website. The American Medical Association is the largest association of physicians—both MDs and DOs—and medical students in the United States. Its mission is "to promote the art and science of medicine and the betterment of public health." For more information please visit www.amaassn.org.

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled. "Keeping Glen Cove SAFE," in order to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org.