ANESTHESIOLOGY NEWS
Online First
MARCH 25, 2024

Decreased Opioid Prescribing Not a Silver Bullet for Reducing Overdose Deaths

Originally published by our sister publication *Specialty Pharmacy Continuum*

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Opioid prescribing has fallen by nearly 50% over the past 10 years. However, opioid-related overdose deaths continue to increase, fueled by polysubstance abuse, counterfeit fentanyl and xylazine in the drug supply, and drug policies that continue to treat addiction as a crime rather than an illness, according to a new report from the American Medical Association (AMA).



The AMA's "2023 Overdose Epidemic Report" outlines up-to-date strategies that public health officials, policymakers, physicians and pharmacists can implement to reduce opioid overdoses this year, including:

• increasing access to medications for opioid use disorder (MOUD);
• focusing on patient-centered, non-punitive approaches to treating OUD and other addictions;
• expanding addiction services independently or collaboratively via existing rules or passing new legislation; and
• supporting evidence-based interventions such as providing people with OUD housing and employment, in addition to MOUD.

Jeffrey Bratberg, PharmD, a clinical professor of pharmacy practice and clinical research at the University of Rhode Island College of Pharmacy, in Kingston, noted that the AMA report comes at a time when there has been both successes and failures in the fight against opioid addiction. He cited several positive developments in 2023, including public access to naloxone, which has "exploded" due to the widespread use of vending machines that dispense the opioid reversal agent.

In addition, several over-the-counter (OTC) naloxone products were FDA approved and released, "and community-based harm reduction organizations now have equitable, affordable and sustainable access to both prescription injectable and OTC intranasal naloxone," Dr. Bratberg said, echoing successes outlined in the report.

Despite these bright spots regarding naloxone and other emergency resuscitation tools for OUD, actually treating the disorder has been problematic, Dr. Bratberg noted. In the case of buprenorphine, an opioid alternative for patients with OUD, "there's been no significant uptick in prescribers."

Methadone, another MOUD, has its own set of challenges. Although federal legislation such as the Modernizing Opioid Treatment Access Act "is slowly moving through Congress to expand access to methadone for OUD in community pharmacies, more advocacy is needed," he said.

As for fentanyl interdiction and other supply-side interventions, "[they] likely result in worse outcomes," Dr. Bratberg said. That's why he advocates for more education to prevent the passage of "potentially harmful" interdiction bills such as the Stop Fentanyl at the Border Act. Introduced by Sen. Tammy Baldwin (D-Wis.), the bill seeks to increase staffing and technology to stop the flow of fentanyl coming across the border, which her office claims is the most common way criminals smuggle fentanyl into the United States.

Dr. Bratberg said pharmacists can employ the following additional strategies for addressing the evolving opioid crisis, many of which are supported by the AMA report:

• Establish partnerships with harm reduction organizations.
• Stock OTC naloxone without barriers.
• Document problems with buprenorphine stocking.
• Offer harm reduction services (e.g., selling fentanyl test strips and sterile syringes and having public syringe disposal on-site).
• Offer education on proper opioid use storage and disposal.
• Stock all formulations of buprenorphine tablets and strips.
• Establish/investigate ways to offer all injectable forms of MOUD.
• Offer telepharmacy and mail-order services, especially in rural and other growing pharmacy deserts.

Dr. Bratberg also stressed the need to address health inequities that contribute to the opioid crisis. Despite robust investigation into how OUD affects underrepresented and marginalized communities, he noted, members of these communities continue to experience higher rates of overdose deaths, reduced access to naloxone and treatment, and lower rates of treatment retention.

The AMA report proposes a solution to this inequality by advocating for the collection of "timely, adequate and standardized data to identify at-risk populations." The report also emphasized the need for more public health interventions "that directly address removing structural and racial inequities."

Dr. Bratberg reported no relevant financial disclosures.