

FIGHTING THE OPIOID CRISIS



WITH EVIDENCE-BASED SOLUTIONS

The opioid epidemic is one of the leading public health crises in the United States. From 1999-2018, more than **232,000** Americans died from opioid overdoses, and in 2018 alone, opioid deaths were estimated at **67,367**.

Not only is the loss of human life from opioid use disorder (OUD) staggering, but the costs to society are tremendous: according to the Society of Actuaries, the opioid epidemic cost American taxpayers \$631 billion between 2015-2018. The opioid crisis is particularly shocking because OUD is treatable with cost-effective medications. But a variety of barriers to evidence-based services remain, including a lack of access to quality treatment, restrictive insurance policies, and public policies that criminalize addiction.

\$631B

Estimated cost of the opioid epidemic between 2015-2018¹

18%

of people with opioid use disorder receive medication²

18%

of people with opioid use disorder go untreated³

To save lives, we must treat opioid use disorder as a public health issue, not a criminal justice problem—and that means focusing on scaling evidence-based treatments and harm reduction strategies.

THE CHALLENGES

- **Lack of access to medications for opioid use disorder.** Substandard payer policies and stringent laws and regulations for OUD medications—while designed to prevent diversion and unintended consequences—make life-saving treatment harder to get. A recent study of 40,885 individuals with OUD found that only 12.5% of them had received methadone and buprenorphine, the most effective forms of treatment. In a 2018 survey, forty percent of U.S. counties did not have a single healthcare provider licensed to prescribe buprenorphine. Tragically, medications for opioid use disorder are often more challenging to access than opioids themselves.

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- **Lack of access to harm reduction interventions.** Many countries have recognized the efficacy of harm reduction approaches in addressing substance use disorders (SUD) and saving lives. In the United States, however, deeply-rooted stigma and a variety of policy barriers (e.g., naloxone distribution policies, laws that criminalize syringe access, and drug paraphernalia laws) have severely restricted access to and adoption of interventions that work. These barriers to harm reduction services have contributed to skyrocketing overdose rates.
 - **Proliferation of non-science-based care.** Too many providers offer treatment that does not align with addiction science—for example, detox-only programs and facilities that fail to provide access to OUD medications. Other providers are predatory, engaging in deceptive marketing and paying kickbacks to lure vulnerable individuals into ineffective treatments. Stronger quality assurance policies are needed to ensure that when patients are ready to begin treatment, the services they receive will help, not harm them.
 - **The criminalization and stigmatizing of substance use disorders.** Substance use disorders are treatable chronic medical conditions. However, U.S. policies have historically treated them as criminal issues. Criminalizing substance use disorder drives up mass incarceration, often disproportionality impacting communities of color, while failing to address—and even worsening—the country’s root public health problems.

OUR APPROACH

- **Identify and scale policies that expand access to evidence-based care.** Reforming the policies that govern access to medication-assisted treatment (MAT) can expand access to life-saving medication and care and the potential to improve treatment initiation and retention. Policy change is also needed to expand access to effective harm reduction interventions, such as naloxone access and syringe service sites. We support reform efforts that ensure that U.S. policies support access to these interventions that work.
- **Strengthen accountability and quality assurance in the SUD treatment system.** Licensing and accrediting bodies and payers should make sure treatment providers are meeting scientific standards for quality care. And states should increase their enforcement efforts to shut down predatory treatment providers. We invest in research, policy development, and advocacy to move regulators, payers, and law enforcement to action on this issue.

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1. <https://www.soa.org/globalassets/assets/files/resources/research-report/2019/econ-impact-non-medical-opioid-use.pdf>
 2. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFWRPFWHTML/2019NSDUHFWR1PDFW090120.pdf>
 3. <https://www.nih.gov/news-events/news-releases/10-percent-us-adults-have-drug-use-disorder-some-point-their-lives>
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