



The Maryland State Medical Society

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AMA REPORT: DISTURBING TRENDS ON OVERDOSE DEATHS REQUIRES SPECIFIC ACTIONS, ALL-HANDS APPROACH

BALTIMORE, September 9, 2022 – With [a report](#) issued today detailing the horrific toll of the nation’s overdose and death epidemic, the American Medical Association (AMA) calls for an all-hands approach -- policymakers, public health experts, educators, faith leaders, and employers – to help save lives.

While physicians and other health care professionals have reduced opioid prescribing in every state—by nearly 50% nationally – that by itself cannot reverse the trend of drug-related overdose deaths. In fact, for the first time, in 2021 drug-related overdose deaths exceeded 100,000—primarily due to illicitly manufactured fentanyl, methamphetamine and cocaine. Overdose deaths are amplified by underlying social needs including housing and transportation.

“No community has been – or will be – spared the pain of this epidemic. The spiking mortality numbers – with young people and Black and Brown Americans dying at the fastest growing rates - add yet another urgent call to remove health inequities from the nation’s health care system. We know policymakers have not exhausted all remedies. Until we have, we must keep advocating for humane, evidence-based responses,” said Bobby Mukkamala, M.D., chair of the [AMA Substance Use and Pain Care Task Force](#).

In Maryland, opioid prescriptions have decreased by 45.9 per cent between 2012-2021; prescription drug monitoring programs were used more than 18 million times in 2021; and there have been strong increases in naloxone prescriptions and prescriptions for medications to treat opioid use disorder. Drug-related mortality, however, continues to increase in Maryland. “Combating the opioid epidemic should be the leading public health priority as we recover from the COVID-19 pandemic,” said MedChi CEO Gene Ransom. “This AMA report underscores the need for physicians and the medical society to help the state implement resources and support systems to address this growing crisis.”

- Policymakers, health insurance plans, national pharmacy chains and other stakeholders to change their focus and remove barriers – such as prior authorization -- to evidence-based care. States should require health insurance companies and other payers to make non-opioid pain care alternatives more accessible and affordable.
- Medical and other health care professional licensing boards to help patients with pain by reviewing and rescinding arbitrary restrictions on opioid therapy—as now recommended by the Centers for Disease Control and Prevention.
- State officials to remove punitive policies against pregnant individuals and parents who have a substance use disorder. State departments of corrections and private jails and prisons need to ensure that all individuals with an opioid use disorder or mental illness receive

evidence-based care while incarcerated -- and are linked to care upon release. This includes ensuring access to medications for opioid use disorder (MOUD).

- Employers to review their health insurance and benefits plans to ensure employees and their families have access to pain specialists and affordable access to comprehensive pain care, physicians who provide MOUD, and psychiatrists in the employer’s network.
- Public health officials to help control infectious disease spread through supporting comprehensive syringe services programs, reduce overdose through widespread, community-level distribution of naloxone and fentanyl test strips and pilot projects in support of overdose prevention centers.
- Faith leaders to help destigmatize substance used disorders and harm reduction by educating their members and holding overdose awareness events.

“What is becoming painfully evident is that there are limits to what physicians can do. We have dramatically increased training and changed our prescribing habits, reducing the number of opioids prescribed while increasing access to naloxone, buprenorphine and methadone. But illicitly manufactured fentanyl is supercharging this epidemic. We need help from leaders across sectors to combat this public health crisis,” said Dr. Mukkamala.

The use of prescription drug monitoring programs (PDMPs) also continued its upward trajectory with physicians and other health care professions surpassing the 1 billion mark for the first time. PDMPs are electronic databases that track controlled substance prescriptions and help identify patients with uncoordinated care who might be receiving multiple prescriptions from multiple prescribers.

Read the report [here](#), including state-by-state data for opioid prescriptions, MOUD, naloxone and PDMP use.

Year	Drug-related overdose deaths	Opioid prescriptions dispensed from retail pharmacies	Prescription drug monitoring program queries
2012	41,502	260,464,735	
2013	43,982	251,770,763	
2014	47,055	244,484,091	61,462,376
2015	52,404	227,807,356	86,096,259
2016	63,632	215,998,653	136,643,036
2017	70,237	192,696,190	295,347,288
2018	67,367	168,858,135	449,497,610
2019	70,630	153,966,961	744,943,531
2020	91,799	143,389,354	908,269,727
2021	107,270	139,617,469	1,131,828,211

About MedChi

MedChi, The Maryland State Medical Society, is a non-profit membership association of Maryland physicians. It is the largest physician organization in Maryland. The mission of MedChi is to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health of Maryland. For more information, please visit www.medchi.org.