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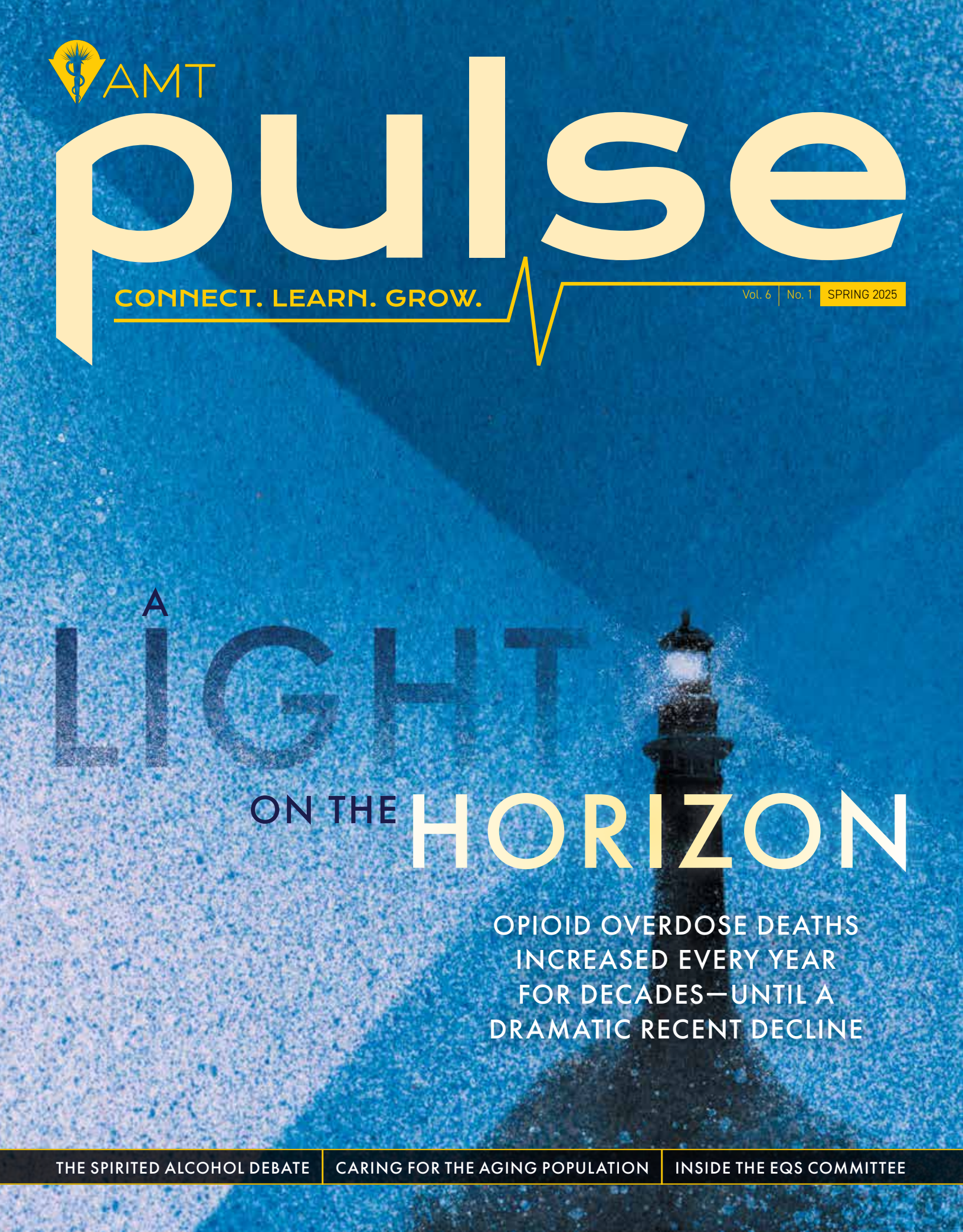

# A LIGHT ON THE HORIZON

## OPIOID OVERDOSE DEATHS INCREASED EVERY YEAR FOR DECADES—UNTIL A DRAMATIC RECENT DECLINE

# A LIGHT ON THE HORIZON

Opioid overdose deaths increased every year for decades—until a dramatic recent decline, owing to a combination of factors and interventions.

*By Novid Parsi*

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**For years, opioid-related overdose deaths in the United States followed an increasingly grim pattern—rising from about 8,000 in 1999 to over 81,800 in 2022**. But 2023 saw a notable shift: By December, overdose deaths from opioids fell nearly 20% from the previous year.

"After 25 years of misery, where virtually every single year was more depressing than the previous year, we finally had good news in 2023," says Keith Humphreys, PhD, professor of psychiatry and behavioral sciences, Stanford University.

Still, overdose deaths remain higher than pre-Covid levels—with roughly 105,000 drug overdose deaths overall in 2023. "There are still too many people dying of a preventable cause," says Elizabeth Salisbury-Afshar, MD, MPH, associate professor of family medicine and community health, the University of Wisconsin.

But the reduction in mortality likely will be "even more significant in 2024" when that year's data becomes available, Salisbury-Afshar says. There's no single catalyst for this improvement, according to addiction medicine and public health experts. However, a combination of factors are at play, including the migration of fentanyl, changing drug supply, the rise of naloxone and improved access to care.

**"IT'S NOT ONE DRUG ISSUE NATIONWIDE. OUR OVERDOSE PROBLEM IN THE UNITED STATES REALLY VARIES ... FROM STATE TO STATE."**

**–Regina Labelle, JD,** professor of addiction policy, Georgetown University

## The Migration of Fentanyl

Three distinct waves have driven overdose deaths over the last 25 years, according to the Centers for Disease Control and Prevention:

- First wave (starting in the 1990s): increased opioid prescriptions and subsequent deaths
- Second wave (starting in 2010): rapid increase in heroin overdoses
- Third wave (starting in 2013): rapid increase in synthetic opioids, particularly involving fentanyl and fentanyl analogs. Fentanyl is similar to morphine but up to 100 times more potent.

Researchers are now highlighting a fourth wave, marked by polysubstance use of opioids along with other drugs such as cocaine and methamphetamine. Efforts to combat this fourth wave are still underway, and, like other opioid trends, will vary from region to region.

"It's not one drug issue nationwide. Our overdose problem in the United States really varies from region to region and state to state," says Regina Labelle, JD, professor of addiction policy, Georgetown University.

About a decade ago, fentanyl supplanted heroin and became popular first in the eastern U.S., including parts of Appalachia and New England. In these areas, buyers and sellers did not yet know the drug, and the most vulnerable users died. Other users then became more familiar with taking the drug and its dangers—and a fear of fentanyl took hold, so fewer young people started using it.

Eastern states have had the highest rates of overdose deaths—and the steepest declines. As fentanyl has moved from east to west, midwestern states such as Minnesota, Missouri and Ohio also have seen overdose deaths drop. But with more fentanyl now in the West, states such as Alaska, Oregon, Nevada and Washington have continued to see overdose fatalities rise.

## The Changing Drug Supply

In some areas, illicit opioids have become less potent and less lethal. "The drug supply has changed and become less deadly in the last couple of years, at least in some parts of the country," says Rachel Winograd, PhD, associate professor of psychological science, the University of Missouri-St. Louis, and director of addiction science, Missouri Institute of Mental Health.

This shift has been credited to a couple of factors: a decrease in fentanyl in the general drug supply and in individual doses, and an increased use of other drugs, such as xylazine.

Xylazine, or tranq, is a synthetic drug used as a sedative in veterinary medicine. With fentanyl, the highs are fast, and the peaks and valleys come in quick succession. Xylazine is being added to stretch out the highs. As a result, people use fentanyl fewer times in a given day, so they have less risk of overdosing.

However, "xylazine is not without its own horrific consequences," Winograd says. Xylazine can leave people unconscious for hours or, worse, cause flesh-eating wounds that go down to the bone, sometimes resulting in amputations.

## The Rise of Naloxone

While not a treatment for substance use disorder, naloxone rapidly reverses an overdose. Any layperson can administer the over-the-counter medication, which can be inhaled or injected.

A lot of governmental focus and funds have gone toward expanding naloxone access. In some places, naloxone now can be obtained for free in vending machines.

"We have seen a huge uptick in the distribution and purchase of naloxone over the last few years, catalyzed by massive increases in federal funding for the overdose crisis, as well as pharmaceutical settlement money," Winograd says. "Naloxone is reaching people—and predominantly people who are in a position to save someone's life in the moment."

## A Return to Pre-Covid Levels

In 2020, the first year of the Covid-19 pandemic, overdose deaths skyrocketed by 30%—"which I've never seen in

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## WHAT HEALTHCARE PROVIDERS CAN DO

Allied health professionals can have a profound impact on the healthcare experiences of people with substance use disorder. Here are some helpful guidelines:

**Understand that addiction is your concern—even if it isn't your specialty.**

Regardless of your healthcare field or role, addiction affects many patients and their health concerns, everything from physical injuries to cardiac events. "No matter what type of clinical environment someone is working in, it's highly likely they will meet patients who struggle with addictions," Salisbury-Afshar says.

**Choose your words carefully.**

Words such as "abuse" and "abuser" have incredibly negative connotations. They also imply culpability, suggesting the individual should be blamed and punished.

Instead of words like "abuser" or "addict," use more medically appropriate terms like "person who uses drugs" or "person with substance use disorder."

**Lead with concern, not judgment.**

People with substance use disorder experience so much stigma and shame. Healthcare providers should not compound the problem. Always treat patients who have substance use disorder with respect and dignity. Otherwise, they might avoid the healthcare system altogether.

"People in the throes of addiction get shame and judgment from all directions, including from themselves," Winograd says. "It's our duty not to contribute to that shame or judgment and instead to treat people with love, care and dignity."

Even a provider's tone, facial expression or body language can speak volumes. "People who are addicted to opioids become experts at reading other people's approval or disapproval of them," Humphreys says.

Take a harm-reduction mindset that meets people where they are, not where you want them to be. It's about saying, "I don't need you to stop using for me to start helping," Winograd says.

**Consider how you phrase intake questions.**

When you ask patients about their drug use, your phrasing matters. A leading question such as, "You don't use drugs, right?" lets patients know that the "correct" answer is "no."

Instead, ask more open-ended questions about drug use. "Convey a willingness to let the person say what they want to say, without judgment," Humphreys says.

"These questions matter because they can help identify people who might be in risky situations, so we can offer better interventions earlier," Salisbury-Afshar says.

**Let patients with substance use disorder know your physician colleagues can prescribe medications that can help.**

Some drug users resist taking medications such as buprenorphine and methadone. Ask what keeps them from taking these meds so you can help break down the barriers. Let them know that taking medication is a lifesaving choice.

"So many people despair about addiction, so it's worth knowing that the FDA approved these medications, and they're safe and help a lot of people," Humphreys says.

**Offer hope—something that people with substance use disorder are sorely lacking.**

We're all constantly surrounded by media attention on the overdose crisis. Let patients know that about 21 million Americans who have had serious problems with drugs or alcohol are in recovery.

"There's reason for hope," Humphreys says.

my life, and I've been doing this for a very long time," Humphreys says. The situation grew worse the following year, when fatal overdoses increased by 15%.

"You can understand why: Everything about Covid was terrible from a drug viewpoint," Humphreys says. People experienced intense loneliness, despair, fear and bereavement—all while their social support structures had been stripped away.

It's possible, Humphrey says, that the recent decline could signal a return to a pre-pandemic environment.

## Expanding Treatment Access

When treating opioid use disorder, there's good news and not-so-good news.

First, the not-so-good news: There hasn't been a new medication approved for the treatment of opioid addiction in over two decades, when the Federal Drug Administration (FDA) approved buprenorphine in 2002.

The good news: While the number of addiction medications hasn't increased, efforts to bolster access to them have grown. "There have been big federal and state-level pushes to increase access to and availability of methadone and buprenorphine," Winograd says. Yet, she cautions, "The extent to which those pushes have led to tangible increases in access is unclear."

Still, various developments have made treatments "probably as accessible as they've ever been in the country," Humphreys says. For instance, federal regulations require private insurance plans to cover the three FDA-approved medications for opioid use disorder: buprenorphine, methadone and naltrexone. Through Medicaid expansion, the federal government has provided states with funds to expand the treatment of substance use disorder, and some states have used opioid settlement money from pharma companies to offer treatment.

That being said, "We haven't seen huge increases in the number of people being treated, so it's unlikely that treatment alone is really leading to this reduction [in overdose deaths]," Salisbury-Afshar says.

For one thing, it isn't easy to access these medications. To get methadone, for instance, someone has to go to a federally certified opioid treatment program, which has strict patient reporting and testing requirements. Buprenorphine is more accessible and doesn't require visits to special clinics but is not frequently prescribed. Patients have to stop using opioids altogether before they can start using naltrexone.

But the medications are effective: When people can access and take buprenorphine or methadone, death can be reduced by as much as 50%, Salisbury-Afshar says. "Buprenorphine and methadone are extremely effective for treating opioid use disorder when people can and want to access it, but we still have a lot of improvement in terms of getting people access."

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### RACIAL INEQUITY

As the overdose crisis has affected regions differently, it also has had varying impacts on racial and ethnic groups.

Early on in the U.S. opioid crisis, rural White people and Indigenous people had the worst mortality rates. In the aughts, national attention focused on the prescription opioid crisis among rural White people, and addiction medications and harm reduction strategies reached them quickly and effectively, Winograd notes.

While overdose deaths among White Americans have decreased, overdose deaths among Black and Indigenous Americans have increased.

The overdose crisis has played out differently along racial lines in part because of larger healthcare inequities, experts note. For instance, Black and Indigenous Americans are less likely to receive opioid medications or naloxone.

"There's not a real difference in rates of drug use by race, but there is a real difference in who experiences the worst consequences of that drug use, whether it's arrest, incarceration or overdose death. And we've absolutely seen that with Black Americans," Winograd says.

LaBelle adds, "All the same reasons for increased mortality in certain racial groups are also evident in overdose deaths."



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