

Increase Coverage and Access to Addiction and Overdose Treatment

Prescription drug abuse and addiction is a complex problem with no single solution. According to the National Institute on Drug Abuse, addiction is a brain disease in which some individuals “are more vulnerable than others to becoming addicted, depending on the interplay between genetic makeup, age of exposure to drugs and other environmental influences. While a person initially chooses to take drugs, over time the effects of prolonged exposure on brain functioning compromise that ability to choose, and seeking and consuming the drug become compulsive, often eluding a person’s self-control or willpower.”ⁱ

Drug abuse and addiction also can increase a person’s risk for a variety of other mental and physical illnesses related to a drug-abusing lifestyle or the toxic effects of the drugs themselves and can interfere with a person’s ability to function and their relationship with their family and other loved ones, the workplace and the broader community. These many complex dimensions highlight the need for a comprehensive treatment approach that recognizes the need for long-term or repeated episodes of care to achieve sustained abstinence and recovery.

The Pharmaceutical Research and Manufacturers of America (PhRMA) and its members are committed to supporting the appropriate use of prescription medicines and working with others to collectively address this complex public health challenge. PhRMA and its members support a comprehensive approach to treating those with addiction, including those with opioid use disorders, that includes expanding treatment capacity, expanding coverage and access to a range of both inpatient and outpatient treatment options and recovery services and increasing awareness and training of prescribers and first responders regarding assisting those in cases of potential opioid overdose. Counseling and other behavioral therapies are the most commonly used forms of treatment. Medications to treat addiction (e.g., buprenorphine, methadone and naltrexone) can play an important role when combined with other inpatient and outpatient treatment options such as behavioral therapy.

A comprehensive approach to treatment is needed that ensures adequate treatment capacity, the development of a robust treatment plan, coverage and access to needed treatment and recovery options and identification and dissemination of best practices related to various forms of treatment, including education and training related to overdose reversal agents. We support public policies to:

- *Increase coverage and access to the full range of treatment and recovery services needed for those with a substance abuse problem.* In addition to addressing gaps in treatment capacity, meaning those in need of treatment are unable to access needed treatment or may face waiting lists to obtain needed services, challenges related to coverage and access need to be addressed. For example, among the challenges identified by patient advocates are determinations around

how “medical necessity” is determined, as well as number of eligible days of treatment covered. Patient advocates have expressed concern that narrow criteria can result in delays or denials in needed treatment by insurers.

- *Expand access to overdose reversal agents (e.g., naloxone).* Overdose deaths involving prescription opioids have quadrupled since 1999, according to the U.S. Centers for Disease Control and Prevention.ⁱⁱ Public policies are needed to:
 - *Expand the scope of first responders* to include law enforcement, family members and friends, as well as expand training for first responders on signs of potential opioid overdose, the use of overdose reversal agents to reverse overdose effects and the need to seek immediate assistance for those in need of medical treatment.
 - *Assess whether and under what circumstances civil immunity should be extended* to a person for aiding those at peril who are otherwise incapacitated, on a voluntary basis in an emergency, by administering an opioid reversal agent.
- *Expand access to medications to treat addiction (e.g., buprenorphine).* Increasing the current patient limit for qualified physicians who prescribe buprenorphine to treat opioid use disorders is an important step in expanding access to this evidence-based treatment while also preventing diversion.
- *Support efforts to identify and disseminate* best practices in training, education and treatment across inpatient and outpatient treatment options, medication assisted treatment for addiction and opioid reversal agents.

ⁱ NIDA. Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Available at: <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface>

ⁱⁱ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>. Frenk SM, et al. Prescription opioid analgesic use among adults: United States, 1999–2012. NCHS data brief, no 189. Hyattsville, MD: National Center for Health Statistics. 2015.