Mike Bloomberg’s Opioids Policy

The opioid crisis is a full-blown national emergency — too many families have lost loved ones, or seen them spiral into addiction. According to the Centers for Disease Control and Prevention, 70,000 people died in the U.S. in 2017 from drug overdoses. More than 47,000 of those deaths involved opioids — more than from car crashes. Americans are dying from opioid overdose at the rate of 130 per day.

Yet the Trump administration and Congress are failing to provide the ideas and resources needed to address the crisis and the underlying economic problems that lead to opioid use disorder and “deaths of despair.” Too many people are unable to get the treatment they need. In 2016, fewer than 20% of people in the U.S. with a substance use disorder related to prescription opioids received specialty treatment.

Doctors know what works: medication-assisted treatment. Medication-assisted treatment decreases opioid use, opioid-related deaths, criminal activity and infectious-disease transmission. Drugs such as buprenorphine and methadone, along with counseling, effectively help treat opioid use disorder, but they are hard to come by: Too few doctors are licensed to prescribe buprenorphine; more than half of rural counties had no prescribers at all at the end of 2017. Methadone can be even harder to use: Patients have to go to special clinics daily to receive their treatment from a physician.

1. Get people the treatment they need.

This opioid crisis began when doctors started prescribing too many painkillers: At its peak, the U.S. opioid prescription rate reached 81.3 prescriptions per 100 people. But even though doctors can easily prescribe opioids, they cannot easily prescribe the treatments. They need to take special training to dispense buprenorphine and even then, can treat only a limited number of patients (30-275). Only a small fraction of doctors have the waivers required to prescribe buprenorphine. Methadone is available only through programs certified by the federal Substance Abuse and Mental Health Services Administration.

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1 Centers for Disease Control and Prevention, Drug Overdose Epidemic, accessed February 2020
3 Centers for Disease Control and Prevention, Drug Overdose Epidemic, accessed February 2020
4 National Institute on Drug Abuse, Medications to Treat Opioid Use Disorder, June 2018
5 National Institute on Drug Abuse, Effective Treatments for Opioid Addiction, November 2016
6 JAMA, Making Amends for the Opioid Epidemic, April 2019
7 The Journal of Rural Health, Geographic Distribution of Providers With a DEA Waiver to Prescribe Buprenorphine for the Treatment of Opioid Use Disorder: A 5-Year Update, June 2018
8 Substance Abuse and Mental Health Services Administration, Methadone, January 2020
9 Centers for Disease Control and Prevention, Changes in Opioid Prescribing Practices, accessed February 2020
10 Substance Abuse and Mental Health Services Administration, Apply for a Practitioner Waiver, December 2019
11 American Society of Addiction Medicine, Buprenorphine Waiver Management, accessed February 2020
12 Substance Abuse and Mental Health Services Administration, Practitioner and Program Data, accessed February 2020; Kaiser Family Foundation, Professionally Active Physicians, March 2019
13 Substance Abuse and Mental Health Services Administration, Methadone, January 2020
● **Enforce federal mental health parity laws.** Medications and evidence-based psychotherapies to treat depression, anxiety and addiction are available, and health-care providers have greater knowledge about mental health than ever before. Yet treatment is stigmatized\(^{14}\) and hard to access: either because of provider shortages\(^{15}\) or expensive out-of-pocket costs.\(^{16}\) In 2015, 65%\(^{17}\) of non-metropolitan counties had no psychiatrists. As president, Mike Bloomberg will enforce federal laws mandating insurance coverage for mental health and substance-use disorders. He will also change the rules to get people the medication-assisted treatment they need.

● **Meet them where they are.** Mike will ensure that clinicians provide medications to treat opioid use disorder and counseling when people enter hospitals or the criminal justice system. Hospitals and jails must be equipped to offer medications for opioid use disorder and treatment for people who suffer from addiction problems. (In 2014, fewer than 1 in 20 people\(^{18}\) referred to specialty treatment for opioid use disorder through the criminal justice system was given buprenorphine or methadone.)

2. **Hold pharmaceutical companies accountable.** Mike wants pharmaceutical companies to be held accountable for and to stop facilitating the overprescribing of opioids. To inform public policy decisions, Mike’s administration will gather better data on opioid misuse and overdose — working with states to develop national data standards — to get a clearer picture of the crisis and see which areas most need federal assistance. Finally, Mike will stop the importation and distribution of illicit fentanyl and heroin.

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\(^{14}\) Healthcare Management Forum, *Mental illness-related stigma in healthcare*, March 2017

\(^{15}\) American Journal of Preventive Medicine, *Geographic Variation in the Supply of Selected Behavioral Health Providers*, June 2018

\(^{16}\) National Council for Behavioral Health, *New Study Reveals Lack of Access as Root Cause for Mental Health Crisis in America*, October 2018

\(^{17}\) American Journal of Preventive Medicine, *Geographic Variation in the Supply of Selected Behavioral Health Providers*, June 2018

\(^{18}\) Health Affairs, *Only One in Twenty Justice-Referred Adults in Specialty Treatment for Opioid Use Receive Methadone or Buprenorphine*, December 2017