Epidemiology and Policy Updates

Opioid Epidemiology Update

Higher Fentanyl Overdose Risk Found in Resource-Deprived Neighborhoods

Fentanyl-involved overdoses are concentrated in resource-deprived neighborhoods, according to a study on the geographic distribution of fentanyl-involved overdoses in Cook County, Illinois. For every unit increase in neighborhood deprivation, there was an 11.4% increase in fentanyl-involved overdose risk. According to the authors, these findings support the hypothesis of an evolving bifurcated drug market, where fentanyl and fentanyl-adulterated drugs, which are theoretically cheaper to produce, are targeted to areas where people are unable to afford fentanyl-free drugs. Findings also indicated that fentanyl-involved overdose risk was significantly higher for men, Blacks, Latinos/as, and younger individuals. The authors conclude that “further inquiry into specific, modifiable aspects of neighborhood deprivation that can be used to create actionable policy and interventions for harm reduction and overdose prevention is warranted.”

Data on fentanyl-involved and non-fentanyl fatal overdoses were collected from the Cook County Medical Examiner’s Office from August 1, 2014 to August 15, 2018. Data on neighborhood demographic variables were collected from 5-year American Community Survey (ACS) estimates. Neighborhood deprivation scores were calculated based on the percentages of (1) adults aged 25 years or older with a college degree, (2) owner-occupied housing, (3) households with incomes below the federal poverty threshold, and (4) female-headed households with children.


Opioid Policy Updates

Researchers Advocate for Improved Data Systems Linkage at U.S. and State Senates

Dr. Bradley Stein, director of the Opioid Policy Tools and Information Center at RAND Corporation, testified before the U.S. Senate Committee on the Judiciary to advocate for an integrated systems-based approach to the opioid crisis. By linking and sharing data across health, social service, and corrections agencies, Dr. Stein argued states could react to changes in the opioid crisis more quickly and target resources to at-risk individuals more efficiently. He cited Pennsylvania, Maryland and Massachusetts as pertinent examples, and suggested that, with increased federal resources and guidance on best practices, states that lack the necessary tools and expertise to
develop an integrated systems-based approach could begin developing such data systems and improving their regional responses.

Magdalena Cerdá, director of the Center for Opioid Epidemiology & Policy at NYU Langone Health, testified in front of the New York State Joint Senate Task Force on Opioids, Addiction and Overdose Prevention. The public hearing examined current approaches and new strategies in New York’s response to substance use disorders, with a particular emphasis on addressing the opioid overdose epidemic. Dr. Cerdá emphasized the importance of data-driven approaches to creating and evaluating policies—stressing the need to make data more accessible so that researchers and policymakers can quickly assess what works and target resources more effectively. She also advocated for the enactment of the New York State Opioid Data Sharing Plan, a policy strategy to create, manage, share, link and use data across multiple health, social service, and criminal justice agencies, to address the opioid overdose crisis in New York.


Governor Cuomo Announces Plans to Ban Fentanyl Analogs and Expand Access to Medication Assisted Treatment

Governor Andrew M. Cuomo recently announced plans to ban fentanyl analogs and to expand access to medication assisted treatment for opioid use disorder in the second proposal of his 2020 State of the State agenda. Selling fentanyl analogs is currently not illegal in New York State, since they aren’t listed in the state’s controlled substances schedule. Advancing legislation to ban fentanyl analogs will allow law enforcement to prosecute the manufacturing, sale, and distribution of these drugs and will enable the State Health Commissioner to add any new analogs to the state’s list of controlled substances. Governor Cuomo also unveiled plans to expand programs that improve access to medication assisted treatment in a variety of settings, including emergency departments, remote communities, and correctional facilities.

Medicaid Expansion Associated with Fewer Total Opioid Overdose Deaths

Medicaid expansion was associated with reductions in total opioid overdose deaths, according to a study on the association between Medicaid expansion under the Affordable Care Act and fatal opioid overdoses at the county level. Compared with counties in states that didn’t expand Medicaid, counties within expansion states had a 6% decreased rate of total opioid overdose deaths, an 11% decreased rate of heroin overdose deaths, and a 10% decreased rate of overdose deaths involving synthetic opioids other than methadone. Expansion was also associated with an 11% increased rate of methadone-involved overdose deaths. The authors suggest that the association between Medicaid expansion and reduced total opioid overdose deaths is partially due to increased access to mental health and substance use disorder services, thus supporting the adoption and maintenance of
health coverage expansion as an effective tool for reducing opioid overdose deaths. The authors also encourage further investigation into the association between Medicaid expansion and methadone use, especially among beneficiaries who use methadone to treat pain rather than opioid use disorder.

### Estimated Associations of 1-Year Lagged Medicaid Expansion with Relative Rates of Opioid Overdose Deaths Overall and by Class of Opioid

<table>
<thead>
<tr>
<th>Opioid</th>
<th>Relative Rate (95% CrI)</th>
<th>Lower Risk of Overdose Mortality</th>
<th>Higher Risk of Overdose Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any</td>
<td>0.94 (0.91-0.98)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural and semisynthetic opioids</td>
<td>1.03 (0.98-1.08)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>1.11 (1.04-1.19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>0.89 (0.84-0.94)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthetic opioids other than methadone</td>
<td>0.90 (0.84-0.96)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medicaid expansion was associated with a lower risk of overdose mortality for all opioids, heroin, and synthetic opioids other than methadone as well as a higher risk of overdose mortality for methadone. An association between Medicaid expansion and risk of overdose mortality for natural and semisynthetic opioids was not well supported (CrI indicates credible interval).

Data on annual opioid overdose deaths for 3109 counties in 49 states and the District of Columbia were collected from the restricted-use version of the National Vital Statistics System multiple-cause-of-death files from January 1, 2001 to December 31, 2017. Data on state Medicaid expansion status were collected from the Kaiser Family Foundation. State adoption of Medicaid expansion was measured as the proportion of each calendar year that a given state had Medicaid expansion in effect.