



# NORTH DAKOTA FACT SHEET: OPIOIDS

**87% of people in North Dakota suffering from drug dependence or abuse go untreated.<sup>i</sup>**

**North Dakota had 77 drug related overdose deaths in 2016.<sup>ii</sup>**

## **AAFP on Prescription Drug Abuse**

The opioid crisis is one of the top public health challenges of today. The American Academy of Family Physicians (AAFP) supports efforts to limit unnecessary opioid prescriptions but also understands the need for these treatments as part of a comprehensive chronic pain management regimen. Family physicians play a vital role in balancing patients' pain management needs with the risks of drug misuse and abuse. We believe that family physicians are essential to providing patients with safe, effective, and accessible pain management therapies while also safeguarding their patients against opioid abuse.

## **Addressing the Opioid Epidemic**

Policies implemented by the Administration, Congress, state legislators and regulators are starting to curb the epidemic. Efforts to address opioid use disorder (OUD) and overdose must be built on the scientific evidence that a substance use disorder (SUD) is a chronic disease of the brain that can be effectively treated. In June 2018, the AAFP joined with five other organizations representing front-line physicians in support of a joint set of principles on opioids. We believe new legislation and regulatory approaches must:

### **Align and Improve Financing Incentives to Ensure Access to Evidence-based OUD Treatment**

In 2017, North Dakota Medicaid covered two of the three medication-assisted treatment (MAT) drugs – specifically buprenorphine and naltrexone. 17% of total buprenorphine spending was financed by Medicaid in 2016.<sup>vii</sup>

### **Reduce the Administrative Burden Associated with Providing Patients Effective Treatment**

A nationwide 10-city survey found that 40% of patients with private health insurance are forced to go through burdensome prior authorization before being able to receive medication-assisted treatment (MAT).<sup>viii</sup>

### **Incentivize More Providers to Treat SUD**

As of June 2018, there are three opioid treatment programs<sup>ix</sup> and 45 authorized buprenorphine treatment practitioners<sup>x</sup> in North Dakota.

## **Physicians in North Dakota Are a Part of the Solution**

- North Dakota has 631 AAFP members who are committed to ending the opioid epidemic.<sup>iii</sup>
- In North Dakota, there was a 21.4% decrease in opioid prescriptions from 2013-2017.<sup>iv</sup>
- In North Dakota, there were 227,534 total prescription drug monitoring program queries in 2017.<sup>v</sup>
- In 2017, more than 549,766 physicians<sup>vi</sup> and other health professionals across the nation completed continuing medical education (CME) trainings and accessed other education resources offered by the AAFP, AMA, state and specialty societies.

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## Advance Research to Support Prevention and Treatment of Substance Use Disorders

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The National Institutes of Health currently does not have opioid research projects in North Dakota for FY 17-18.<sup>xi</sup>

## Ensure a Public Health Approach to SUDs by Addressing Childhood Stress, Access to Naloxone, and Fair and Appropriate Treatment for Individuals in the Criminal Justice System and Pregnant Women

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Nationwide, naloxone prescriptions more than doubled in 2017, from approximately 3,500 to 8,000 naloxone prescriptions dispensed per week.<sup>xii</sup>

## Address the Maternal-child Health Impact of the Opioid Crisis

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1,070 North Dakota children were placed in foster care in 2016. 13% were infants and in 35% of these placements, parental substance use was a factor.<sup>xiii</sup>

## Reduce Stigma Related to Substance Use Disorders

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A study found that the American public holds significantly more negative attitudes toward persons with drug addiction compared with persons with mental illness. For example, 90% of people were unwilling to have a person with a drug addiction marry into their family and 78% were unwilling to work closely with them on a job.<sup>xiv</sup>

## Continue to Provide Comprehensive Pain Management for Patients

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Common chronic pain conditions affect at least 116 million U.S. adults at a cost of \$560-635 billion annually in direct medical treatment costs and lost productivity.<sup>xv</sup> Chronic pain arises from a complex web of heterogeneous illnesses and injuries, and affects a patient physically, psychologically, and emotionally. Frequently, chronic pain is associated with undue social and functional consequences, leading to lost productivity, reduced quality of life, and social stigma. Not surprisingly, addressing chronic pain requires a comprehensive approach, with an emphasis on safe and compassionate patient-centered care. Chronic pain usually cannot be managed by prescription therapy alone.

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<sup>i</sup> AAP. America's Opioid Crisis: The Unseen Impact on Children. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/Opioid-Factsheets.aspx>

<sup>ii</sup> CDC. (December 2017). CDC Drug Overdose Death Data. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>iii</sup> AAFP. (April 2018). American Academy of Family Physicians: Member County by Chapter and Type.

<sup>iv</sup> AMA. Enhancing physician education. Retrieved from <https://www.end-opioid-epidemic.org/education/>

<sup>v</sup> Ibid.

<sup>vi</sup> Ibid.

<sup>vii</sup> KFF. (February 2018). Medicaid's Role in Addressing the Opioid Epidemic. Retrieved from <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>

<sup>viii</sup> Urban Institute. (June 2016). Coverage of Substance-Use Disorder Treatments in Marketplace Plans in Six Cities. Retrieved from [www.urban.org/sites/default/files/publication/81856/2000838-Coverage-of-Substance-Use-Disorder-Treatments-in-Marketplace-Plans-in-Six-Cities.pdf](http://www.urban.org/sites/default/files/publication/81856/2000838-Coverage-of-Substance-Use-Disorder-Treatments-in-Marketplace-Plans-in-Six-Cities.pdf).

<sup>ix</sup> SAMHSA. Opioid Treatment Program Directory. Retrieved from <https://dpt2.samhsa.gov/treatment/directory.aspx>

<sup>x</sup> SAMHSA. Buprenorphine Treatment Practitioner Locator. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

<sup>xi</sup> NIH. Research Portfolio Online Reporting Tools (Report). Retrieved from [https://projectreporter.nih.gov/reporter\\_chartResults.cfm?summ=1&icde=39981916&pChartType=bar&atab=](https://projectreporter.nih.gov/reporter_chartResults.cfm?summ=1&icde=39981916&pChartType=bar&atab=)

<sup>xii</sup> AMA. Naloxone. Retrieved from <https://www.end-opioid-epidemic.org/naloxone/>

<sup>xiii</sup> AAP. America's Opioid Crisis: The Unseen Impact on Children. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/Opioid-Factsheets.aspx>

<sup>xiv</sup> NCBI. (October 2014). Stigma, Discrimination, Treatment Effectiveness and Policy Support: Comparing Public Views about Drug Addiction with Mental Illness. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4285770/>

<sup>xv</sup> NCBI. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK92510/>