

## TOO MANY LIVES LOST: LEARNING FROM GLOBAL LEADERS IN HARM REDUCTION AND TREATMENT

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### Background:

Drug overdose deaths have increased in many high-income countries during the COVID-19 pandemic, with much higher mortality rates in the U.S., Scotland, and Canada. Lessons can be learned from peer nations on how to increase access to treatment for drug use disorders and reduce the number of preventable deaths.

### Methods:

Using the most recent data available from the CDC, EMCDDA, and contacts and databases at international health and drug monitoring agencies, we created cross-national comparisons on drug overdose mortality rates and the percentage of higher-risk opioid use populations receiving medication-assisted treatment.

Countries included were Australia, Canada, Denmark, France, Germany, Netherlands, Norway, Portugal, Sweden, Switzerland, U.K. (England, Scotland, Wales), and the U.S.

### Results:

- The U.S. reported the highest unadjusted rate of overdose/drug-related deaths in 2020, 277 per million residents, followed by Scotland and Canada. Other countries were below 100 deaths per million residents.
- France (87%) and Norway (86%) report the highest rate of opioid-substitution treatment coverage, while the U.S. had the lowest rate at just 11%.
- Regarding policy, Portugal decriminalized the use of illicit drugs and uses local commissions to assess treatment need. In contrast, the U.S. criminalizes drug use and incarcerates people at a much higher rate, disproportionately impacting people of color.
- Countries like France and England have streamlined access to medication-assisted treatment, while the U.S. has strict regulatory guidelines making it difficult to receive a prescription.

### Conclusion:

Countries with the highest rate of overdose deaths have much to learn from peer countries. Recent local initiatives in the U.S. such as drug decriminalization and safe consumption sites have led to reductions in overdose deaths, reflecting some of the progress made in peer countries.

### Disclosure of Interest Statement:

*The authors note that there were no conflicts of interest in the creation of this publication.*