

AMA Opioid Task Force

Background

More than 25 national, state, specialty and other health care associations were convened by the American Medical Association (AMA) in 2014 to participate in an effort to reduce the nation's burden from opioid-related misuse, overdose and death—and identify key areas where physicians could have a meaningful impact. The Task Force recognized the need for increased physician leadership, a greater emphasis on overdose prevention and treatment, and the need to coordinate and amplify the efforts and best practices already occurring across the country. Much more work remains to reverse the nation's opioid epidemic, and the AMA Opioid Task Force is committed to doing what is necessary to end the epidemic.

Task Force 2015 recommendations

- **Support physicians' use of effective PDMPs.** When PDMPs are user-friendly and provide relevant, up-to-date information, physicians will use them. Many states have upgraded these databases to contain real-time information, allow delegate access, and some have begun to be integrated into electronic health records. More states are providing the necessary funding to more fully modernize their PDMPs and enable interstate data sharing. These advances are among the reasons that PDMP utilization continues to increase. The Task Force urges all states to continue to invest in and improve these important tools.
- **Enhance education on effective, evidence-based prescribing and treatment.** The Task Force continues to strongly urge physicians to enhance their education and training about effective pain management and treatment for substance use disorders. The Task Force has collected more than 400 state- and specialty-specific resources to ensure physicians can access education that is meaningful and relevant to their patients and their practice. This emphasis, which began prior to recent state legislative and federal efforts to restrict opioid prescribing or mandate specific education or training, have led to:
 - > More than 600,000 physicians completing courses on opioid prescribing, pain management, addiction and related areas in 2018.
 - > More than 66,000 physicians currently waived to provide office-based medication-assisted treatment for opioid use disorder.
 - > From 2013-2018, opioid prescriptions decreased nationally by 33 percent—every state in the nation saw a decrease.
- **Support access to comprehensive, affordable, compassionate treatment.** The Task Force supports a comprehensive, multidisciplinary, multimodal approach to pain management. Similarly, the Task Force emphasizes that patients with a substance use disorder must have comprehensive access to treatment, including appropriate mental and behavioral health care when needed. This means that payers and employers need to improve access to non-opioid and non-pharmacologic treatment for pain, as well as medication assisted treatment for substance use disorders.

- **Put an end to stigma.** Patients with chronic pain and patients with a substance use disorder deserve comprehensive care and compassion—not judgment.
- **Expand access to naloxone in the community and through co-prescribing.** Due in large part to medical society advocacy, nearly every state in the country has increased access to naloxone. Now, the Task Force urges physicians to co-prescribe naloxone to patients at risk of overdose when clinically indicated. Use of naloxone by first responders has saved tens of thousands of lives. Statewide standing orders have the potential to save thousands more.
- **Encourage safe storage and disposal of prescription medication** The Task Force urges physicians to take three simple steps when prescribing medication 1. Talk to your patients and educate them about safe use of prescription opioids. 2. Remind your patients that medications should be stored out of reach of children, and in a safe place—preferably locked. 3. Talk to your patients about the most appropriate way to dispose of expired, unwanted and unused medications.

Broaden the discussion. The Task Force also understands that unique policies and interventions may be needed for special issues related to women, children, the elderly and adolescents. These include treatment and prevention of opioid-exposed pregnancies; diagnosis and treatment of neonatal abstinence syndrome; recognizing the unique risks and distinct epidemiology of opioid use disorders among the elderly and youth; and focusing on prevention of substance use by children and adolescents, as well as the unique issues faced by older adults. Reversing the nation's opioid epidemic not only requires a public health approach—the Task Force urges vigilance as new policies are put in place so that we can ensure all patients receive the highest level of appropriate, comprehensive and comprehensive care.

MEMBERS OF THE TASK FORCE

American Academy of Addiction Psychiatry
 American Academy of Family Physicians
 American Academy of Hospice and Palliative Medicine
 American Academy of Orthopaedic Surgeons
 American Academy of Pain Medicine
 American Academy of Pediatrics
 American Academy of Physical Medicine and Rehabilitation
 American Association of Neurological Surgeons and
 Congress of Neurological Surgeons
 American College of Emergency Physicians
 American College of Occupational and
 Environmental Medicine
 American College of Physicians
 American Congress of Obstetricians and Gynecologists
 American Dental Association

American Medical Association
 American Osteopathic Association
 American Psychiatric Association
 American Society of Addiction Medicine
 American Society of Anesthesiologists
 Arkansas Medical Society
 California Medical Association
 Massachusetts Medical Society
 Medical Society of the State of New York
 New Mexico Medical Society
 Ohio State Medical Association
 Oregon Medical Association
 Utah Medical Association