

AMA Task Force to Reduce Opioid Abuse Overview

More than 25 state, specialty and other health care associations were invited by the American Medical Association (AMA) Board of Trustees in late 2014 to participate in an effort to reduce the nation's burden from the inappropriate prescribing of opioids, and the growing crisis of heroin overdose and death. The Task Force is chaired by AMA Chair-elect, Patrice A. Harris, MD, and is comprised of physician leaders and staff from across the nation.

Each society recognizes that to truly reverse this public health epidemic, physicians must be the ones to develop and implement specific recommendations designed to have a measurable impact on ensuring effective pain management practices and the evidence-based prescribing of opioids, promoting appropriate referrals and access to care for patients with substance use disorders, and taking necessary steps needed to reduce opioid-related harm.

Over the course of several in-person meetings and national conference calls, the Task Force agreed to work together to ensure that physicians take the lead in training and educating themselves first and foremost, their colleagues and others to ensure evidence-based care and reduce inappropriate prescribing.

The Task Force recognizes that numerous state and federal officials have urged physicians and other health care professionals to show the necessary leadership. The Task Force believes that physicians have the responsibility to confront the nation's opioid epidemic.

The goals of the task force are clear:

- **Increase physicians' use of effective PDMPs.** The Task Force will provide guidance to policymakers and key stakeholders about what makes a PDMP most effective – and work to ensure that physicians and other health care professionals more routinely access PDMPs and understand the most effective ways to use them. *This includes state and federal advocacy to help ensure full funding and modernization of state-based PDMPs.*
- **Enhance physicians' education on effective, evidence-based prescribing.** The Task Force will do what is necessary to educate physicians and communicate across states and the nation about opioid safety, including that physicians and other health care professionals must take steps to ensure that – if they prescribe opioids – they have the education and training to do so safely and appropriately. The Task Force will develop an online resource that incorporates the best education and training resources from all Task Force members and others so that any physician in the United States can use this resource to access and enhance their education and help ensure patient safety.

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- **Reduce the stigma of pain and promote comprehensive assessment and treatment.**

The Task Force will take efforts to reshape the current national dialogue on opioid analgesics. The current environment leaves many patients with pain who might benefit from opioids afraid of becoming “an addict” and many physicians afraid to prescribe opioids, even when their use is effective and appropriate. At the other end of the spectrum, but equally problematic, is that the current dialogue may lead to patient expectations of these drugs as “painkillers” and encourage over-reliance on opioids as the sole treatment for pain. The task force will seek to place increased emphasis – for patients and physicians and the general public – on appropriate pain care, which may not include opioids for many patients with persistent pain through educational outreach efforts. The Task Force will also emphasize prevention and early intervention; that is, appropriate multidisciplinary treatment of acute pain so that it does not become persistent chronic pain.

- **Reduce the stigma of substance use disorder and enhance access to treatment.** The Task Force also will work to make clear – to all stakeholders, including physicians – that substance use disorders are medical conditions that can be successfully treated. This will include supporting advocacy efforts and working with insurers to expand coverage of the full range of psychological, rehabilitative, pharmacologic, interventional, and complementary/alternative treatments that may be needed for comprehensive treatment and long-term management to promote a healthy, productive life. This also may include helping physicians learn how to better identify patients at risk for developing a substance use disorder/opioid use disorder and implement appropriate monitoring strategies, and when such disorders are present, to identify the most appropriate treatment options, including the need to assess chronic pain patients for possible co-occurring psychiatric disorders. The Task Force also shall work to make clear, through educational outreach—to all stakeholders, including physicians, patients, and the public—that substance use disorders are medical conditions that can be effectively treated.

- **Expand access to naloxone in the community and through co-prescribing.** In light of multiple new state laws increasing access to naloxone and providing Good Samaritan protections in statute, the Task Force sees a clear role for further advocacy to increase access to naloxone, as well as educating physicians about best practices for the prescribing of naloxone. The Task Force also will advocate to SAMHSA and other relevant federal agencies for specific budget allocations to increase access to naloxone through state block grant programs and other state-based initiatives. At the state level, Task Force education efforts will focus on multiple settings, including Workers Compensation, the justice system, emergency settings, and primary care. The Task Force will further seek to identify opportunities to advocate for state-based legislation that increases access to naloxone and strengthens Good Samaritan protections.

Note: While the above issues generally apply to all patients and physicians, the Task Force also is committed to developing additional, targeted goals to address special issues related to women, children and adolescents. These include treatment and prevention of opioid-exposed pregnancies; appropriate screening and treatment for neonatal abstinence syndrome; recognizing the unique risks and distinct epidemiology of opioid use disorders among youth; and other goals focused on prevention of substance use by children and adolescents.

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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
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

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EZM:15-0398:7/15