



Physicians' progress toward ending the nation's opioid epidemic

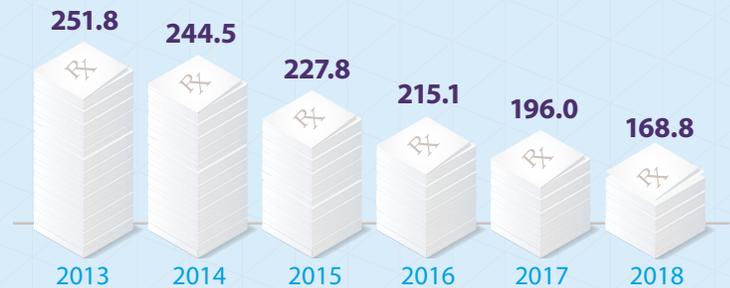
OPIOID PRESCRIPTIONS DECREASED 33 PERCENT SINCE 2013.

Between 2013 and 2018, the number of opioid prescriptions decreased by more than **80 million** — a **33 percent decrease** nationally. **Every state** has seen a decrease in opioid prescriptions over the last five years.¹

The nation saw a **12.4 percent decrease** — more than **20 million** fewer prescriptions — between 2017 and 2018 alone.



Total opioid prescriptions
(in millions)



Sources: Xponent, IQIVA

THE NEED TO RESTORE BALANCE

The AMA Opioid Task Force continues to urge physicians to make judicious and informed prescribing decisions to reduce the risk of opioid-related harms, but acknowledges that for some patients, opioid therapy, including when prescribed at doses greater than recommended by some entities, may be medically necessary and appropriate.

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Various health insurance plans, retail pharmacies, and local and state governments are implementing the CDC [Opioid Prescribing] Guideline as policy, limiting the number of days a patient can receive prescription opioids even when the seriousness of the injury or surgery may require opioids for adequate pain management for a longer period. A more even-handed approach would balance addressing opioid overuse with the need to protect the patient-provider relationship by preserving access to medically necessary drug regimens and reducing the potential for unintended consequences.

U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations.

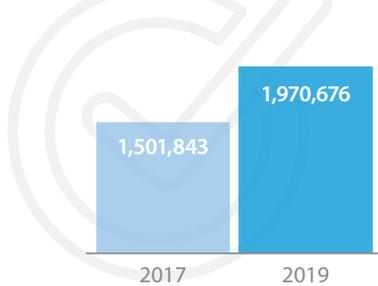
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1. Xponent, IQIVA, Danbury, CT, Accessed May 2019

AMERICA'S PHYSICIANS ARE USING STATE PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs) MORE THAN EVER.

WE URGE STATES TO TAKE ACTION TO IMPROVE INTEGRATION WITH ELECTRONIC HEALTH RECORDS AND DAILY WORKFLOW AT THE POINT OF CARE.

Total # of physicians registered to use state PDMPs



STATE PDMPs USED MORE THAN



460
MILLION
TIMES IN 2018

▶ Today, nearly **2 million** physicians and other health care professionals are registered to use state-based PDMPs — a **290 percent increase** from 2014.²

▶ Physicians and other health care professionals made more than **460 million** PDMP queries in 2018 — a **56 percent increase** from 2017 and a **651 percent increase** from 2014.³

THE AMA OPIOID TASK FORCE ENCOURAGES ALL PHYSICIANS TO ENHANCE THEIR EDUCATION.

In 2018, more than

700,000
PHYSICIANS



and other health care professionals completed continuing medical education trainings and accessed other educational resources provided by the AMA, and state and specialty medical societies. These materials included opioid prescribing, pain management, screening for substance use disorders, and related areas.⁴



2. Based on an AMA survey and responses from 49 state PDMP administrators. Figures will be adjusted as new information becomes available.

3. Based on an AMA survey and responses from 49 state PDMP administrators. Figures will be adjusted as new information becomes available.

4. Based on AMA survey and responses from 51 state and specialty society representatives.

THE AMA OPIOID TASK FORCE URGES EXPANDED ACCESS TO NALOXONE.

Access to naloxone has saved tens of thousands of lives, but we can do even more. The AMA Opioid Task Force encourages co-prescribing naloxone to patients at risk of overdose.

In 2018, the number of naloxone prescriptions reached a record high in the United States to more than **598,000** prescriptions, a **107 percent increase** from 2017 and a **338 percent increase** from 2016.⁵

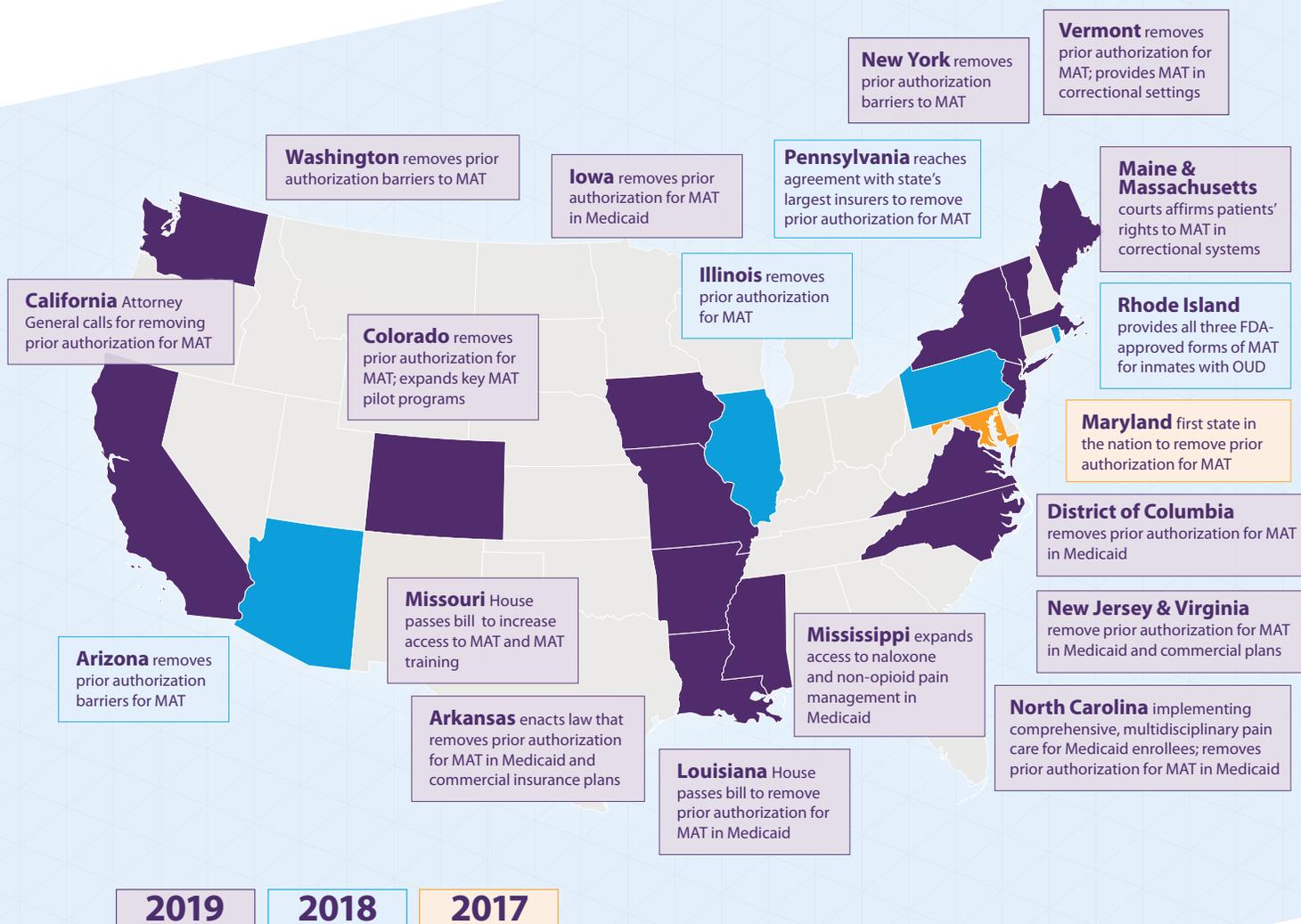


WE NEED TO CLOSE THE TREATMENT GAP.

More than **66,000** physicians and other health care professionals now have a federal waiver to prescribe buprenorphine in-office for the treatment of opioid use disorder — an increase of more than 28,000 since 2016.

We must continue to work to remove stigma, reduce barriers to evidence-based care and close the gap between the number of patients who need treatment and the number who are receiving it.

STATES TAKING ACTION TO END THE OPIOID EPIDEMIC



Who's Next?

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We are at a crossroads in our nation's efforts to end the opioid epidemic. It is time to end delays and barriers to medication-assisted treatment (MAT)—evidence-based care proven to save lives; time for payers, PBMs and pharmacy chains to reevaluate and revise policies that restrict opioid therapy to patients based on arbitrary thresholds; and time to commit to helping all patients access evidence-based care for pain and substance use disorders. Physicians must continue to demonstrate leadership, but unless and until these actions occur, the progress we are making will not stop patients from dying.

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— Patrice A. Harris, MD, MA, Chair,
AMA Opioid Task Force

WE ALL HAVE TO WORK TOGETHER TO END THE EPIDEMIC.

THE AMA OPIOID TASK FORCE RECOMMENDS THE FOLLOWING:

- 1** Remove inappropriate administrative burdens or barriers that delay or deny care for FDA-approved medications used as part of medication-assisted treatment (MAT) for opioid use disorder (OUD).
- 2** Support assessment, referral, and treatment for co-occurring mental disorders as well as enforce meaningful oversight and enforcement of state and federal mental health and substance use disorder parity laws.
- 3** Remove administrative and other barriers to comprehensive, multimodal, multidisciplinary pain care and rehabilitation programs.
- 4** Support maternal and child health by increasing access to evidence-based treatment, preserving families, and ensuring that policies are non-punitive.
- 5** Support reforms in the civil and criminal justice system that help ensure access to high-quality, evidence-based care for opioid use disorder, including MAT.