Doctors make progress on opioids, call on policymakers to do more

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The number and strength of opioids prescribed by physicians has fallen for the fifth year in a row. That is one of many key measures headed in the right direction, as featured in the AMA Opioid Task Force’s 2019 report on the progress made in ending the opioid epidemic.

Here are the AMA Opioid Task Force report’s highlights.

Between 2013 and 2018, the number of opioid prescriptions fell by more than 80 million—a 33% drop nationally. And prescription opioid total morphine milligram equivalents have fallen 43% since 2011, dropping by 17.1% in 2018 alone. Every state has seen a decrease in opioid prescriptions over the last five years.

Between 2017 and 2018 alone, the nation saw a 12.4% drop in opioid prescriptions. That’s 20 million fewer prescriptions.

Meanwhile, America’s physicians are using state prescription drug-monitoring programs (PDMPs) more than ever. More than 460 million queries were made in 2018, more than triple the 136 million queries in 2016.

Prescriptions for the life-saving opioid overdose antidote naloxone rose from 136,395 in 2016 to nearly 600,000 in 2018.

Also, more than 700,000 physicians and other health professionals completed continuing medical education trainings and accessed other Federation of Medicine education resources in 2017.

You can find educational offerings geared to your state or medical specialty at the AMA’s End the Epidemic website.

The number of physicians certified to provide buprenorphine in-office also continues to rise. More
than 66,000 physicians are now certified, a rise of more than 28,000 physicians and other providers since 2016.

**Time to get rid of barriers to treatment**

Despite the progress documented in the task force report, the Centers for Disease Control and Prevention estimates that more than 130 Americans die after overdosing on opioids, mostly heroin and illicitly distributed versions of fentanyl.

“We need help from policymakers to ensure that more people have access to treatment. Physicians are responding to the epidemic and we are seeing results,” said AMA President-elect Patrice A. Harris, MD, who also is chair of the task force. “But we cannot enforce parity laws, or eliminate administrative barriers without the help of state and federal authorities, and that’s what is limiting treatment now.”

That is why the Opioid Task Force recently released these new recommendations:

- Remove prior authorization, step therapy and other inappropriate administrative burdens or barriers that delay or deny care for FDA-approved medications used as part of medication-assisted treatment for opioid use disorder.
- Support assessment, referral and treatment for co-occurring mental health disorders as well as enforce state and federal laws that require insurance parity for mental health and substance-use disorders.
- Remove administrative and other barriers to comprehensive, multimodal, multidisciplinary pain care and rehabilitation programs.
- Support maternal and child health by increasing access to evidence-based treatment, preserving families, and ensuring that policies are nonpunitive.
- Support reforms in the civil and criminal justice system that help ensure access to high quality, evidence-based care for opioid use disorder, including medication-assisted treatment.

Twenty states and the District of Columbia are lauded in the report for taking critical steps since 2017 to remove barriers to medication-assisted treatment, expand access to naloxone, or make it easier for patients to receive nonopioid pain management.

The new guidance from the AMA-convened task force joins the group’s 2015 recommendations to:

- Support physicians’ use of effective PDMPs.
- Enhance education on effective, evidence-based prescribing and treatment.
- Support access to comprehensive, affordable, compassionate treatment.
Put an end to stigma.
Expand access to naloxone in the community and through co-prescribing.
Encourage safe storage and disposal of prescription medication.

The AMA also has released state-based spotlights on best efforts and next steps on the opioid epidemic in North Carolina, Mississippi, Colorado and Pennsylvania.