AMA

AMA Substance Use and Pain Care Task Force recommendations

About the AMA Substance Use and Pain Care Task Force

The American Medical Association (AMA) convened more than 25 national, specialty and state medical societies in two task force efforts between 2014-2019 to provide specific guidance to end the nation's drug-related overdose and death epidemic and focus on the unique needs of patients with pain. The AMA task forces released recommendations urging physicians to take action to improve opioid prescribing practices, help prevent opioid use disorder and provide evidence-based, compassionate care for patients in pain.

The recommendations also focused on the need for physicians to become trained to better identify and treat opioid use disorder (OUD), prescribe naloxone to mitigate the risk of an opioid-related overdose to a patient (or for a family member or friend at risk of an opioid-related overdose) and take other actions to improve patient outcomes and reduce stigma for patients with pain and those with an OUD.

Both AMA task forces have worked to provide actionable and measurable recommendations and principles for physicians, state and federal policymakers and other stakeholders. In response to those recommendations, there has been measurable progress across multiple domains, policy changes led by medical society advocacy, and yet, the nation's drug-related overdose and death epidemic has become worse.

As a result, the AMA has united the two task forces into a new effort to directly address the changing drug overdose epidemic, and focus on removing racial, gender, sexual orientation and other health-related inequities and provide updated recommendations to physicians, policymakers and other stakeholders.

Recommendations

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Physicians must continue to lead, and policymakers must base further action on evidence-based interventions. The task force’s five recommendations build on previous work and are as follows:

Recommendation 1: Collect better data

Support patients with pain, mental illness or a substance use disorder (SUD) by building an evidence-based, sustainable and resilient infrastructure and health care workforce rather than continuing a crisis-driven approach that has led to multiple unintended negative consequences, including one-size-fits-all strategies, continued stigma and widespread gaps in evidence-based treatment and prevention efforts. A renewed effort must be made to identify and support primary, secondary and tertiary SUD prevention efforts for children, adolescents and adults.

This includes increased efforts to implement evidence-based strategies to address restrictions on care, overdose events and other harms experienced by patients with pain, mental illness or a SUD. Particular emphasis must be placed on collecting adequate, standardized data to eliminate inequities for historically marginalized and minoritized populations. Additional work must be done to address the increased complexity of access and treatment to SUD care as a result of the nation’s growing polysubstance use, overdose and death epidemic.

Recommendation 2: Remove treatment barriers

Remove barriers to evidence-based treatment for SUDs, co-occurring mental illness and pain. These include improved enforcement of laws and policies to ensure access to medication-based treatment for opioid use disorder (MOUD), including buprenorphine, methadone, extended-release naltrexone therapies and co-occurring mental illness. Particular emphasis must be placed on ensuring protections for justice-involved individuals and for youth, peripartum, pregnant, postpartum and parenting individuals.

This includes working to keep families together safely and eliminating health inequities that disproportionately harm marginalized and minoritized communities.

Recommendation 3: Support individualized patient care

Support coverage for, access to, and payment of comprehensive, multi-disciplinary, multi-modal evidence-based treatment for patients with pain, a substance use disorder or mental illness. Additionally, coverage, access and payment should directly address racial, gender, sexual orientation, ethnic and economic inequities as well as social determinants of health. Particular emphasis must be placed on individualized patient care decisions, protecting patients with pain, a substance use disorder or mental illness from continued stigma and addressing a lack of access to evidence-based care or accepted best practices.

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Recommendation 4: Support comprehensive public health and harm reduction strategies

Broaden public health and harm reduction strategies to save lives from overdose, limit the spread of infectious disease, eliminate stigma and reduce harms for people who use drugs and other substances. Particular emphasis must be based on evidence-based strategies, including naloxone, sterile needle and syringe services programs, and integrating the perspectives of the recovery community and people who use drugs for nonmedical use in the development and delivery of those strategies.

Recommendation 5: Improve multi-sector collaboration

Improve stakeholder and multi-sector collaboration in an effort to ensure that the patients, policymakers, employers and communities benefit from evidence-based decisions. Policymakers should review laws and other policies to determine if they have had unintended consequences. Particular emphasis must be placed on efforts to ensure representation by marginalized and minoritized communities at every step in the clinical, policy and administrative processes.

This also includes continuing efforts to build the workforce and enhance education and training with respect to pain, mental illness and SUDs for all health care professionals.

Member organizations in the AMA Substance Use and Pain Care Task Force

- American Medical Association
- American Osteopathic Association
- American Academy of Addiction Psychiatry
- American Academy of Family Physicians
- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- 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

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- American College of Obstetricians and Gynecologists American Psychiatric Association
- American Society of Addiction Medicine
- American Society of Anesthesiologists
- American Society of Clinical Oncology
- Arkansas Medical Society
- California Medical Association
- Colorado Medical Society
- Maine 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

Overdose Epidemic Report

Learn more about the 2021 report on physicians' actions to help end the nation's drug-related overdose and death epidemic—and what still needs to be done.

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988 Suicide & Crisis Lifeline

With an increased number of people reporting worsening mental health in recent years, it is imperative that people are aware of the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) telephone program.

People experiencing a suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress can call, chat or text 988, and speak to trained crisis counselors. The national hotline is available 24 hours a day, 7 days a week.

The previous National Suicide Prevention Lifeline phone number (1-800-273-8255) will continue to be operational and route calls to 988 indefinitely.

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