Whereas, The opioid epidemic has become a critical threat to public health in the U.S.\(^1\); and

Whereas, Only 10 percent of individuals in the U.S. with an opioid use disorder obtain treatment\(^1\); and

Whereas, Facilities that provide inpatient treatment for opioid use disorder usually do not use an evidence-based approach\(^2,3\) in that less than half of these facilities offer an FDA-approved medication for opioid use disorder; and

Whereas, The risk of a fatal overdose increases 25-fold in the month immediately after inpatient treatment of opioid use disorder without medication\(^4\), in part due to loss of opioid tolerance\(^5\); and

Whereas, Opioid overdose death is reduced by 50 percent by treatment with opioid agonist or partial agonist therapy (methadone or buprenorphine)\(^6\), which prevent loss of opioid tolerance; and

Whereas, Clinical guidelines indicate that the choice of treatment options should be a shared decision between the clinician and the patient\(^7\); and

Whereas, Our AMA has many policies regarding treatment of opioid use disorder, yet no policy addresses the central role that chemical dependency treatment programs play in treating opioid use disorder; therefore be it

References


\(^3\) “Where multiple modes of medication-assisted treatment are available,” Health Affairs Blog, January 9, 2018. DOI: 10.1377/hblog20180104.835958.


RESOLVED, That our American Medical Association advocate for legislation that eliminates barriers to, increases funding for, and requires access to opioid agonist or partial agonist therapy at all certified drug treatment facilities (New HOD Policy); and be it further

RESOLVED, That our AMA develop a public awareness campaign that medical treatment of opioid use disorder with agonist or partial agonist therapy is first-line treatment for this chronic disease. (Directive to Take Action)

Fiscal Note: Not yet determined

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