Whereas, The opioid epidemic has become a critical threat to public health in the U.S.1; and
Whereas, Hospitalizations have been rapidly increasing for opioid overdose and for infectious complications of injection drug use such as hepatitis C, HIV and deep-tissue bacterial infections, reaching 1.27 million emergency room and inpatient stays in 20142; and
Whereas, Inpatient costs among those with opioid use disorder almost quadrupled to $15 billion between 2002 and 20123; and
Whereas, There is a high risk of repeated hospitalization4 and overdose death following hospitalization due to loss of opioid tolerance5, and hospitals rarely address the underlying chronic disease of opioid use disorder6,7; and
Whereas, Medications approved by the Food and Drug Administration for treating opioid use disorder (buprenorphine, methadone and naltrexone) reduce illicit opioid use1; opioid agonist therapy (buprenorphine or methadone) reduces opioid overdose death by 50 percent6 in part by preventing loss of opioid tolerance; and buprenorphine provides further protection because of its high receptor affinity and ceiling effect on respiratory depression8; and

References
Whereas, Initiation of buprenorphine in the emergency department and inpatient setting and linkage to ongoing comprehensive treatment as an outpatient is an effective means for engaging patients and reducing illicit opioid use; and

Whereas, Our AMA has many policies regarding treatment of opioid use disorder, yet no policy addresses the central role that hospitals should play in treating opioid use disorder as a chronic disease; therefore be it

RESOLVED, That our American Medical Association’s Opioid Task Force work together with the American Hospital Association and other relevant organizations to develop recommendations and an implementation plan to encourage hospitals to treat opioid use disorder as a chronic disease, including identifying patients with this condition; providing opioid agonist or partial agonist therapy in inpatient, obstetric and emergency department settings; establishing appropriate discharge plans; and participating in community-wide systems of care for patients affected by this chronic disease (Directive to Take Action); and be it further

RESOLVED, That our AMA’s Opioid Task Force collaborate with relevant organizations to seek federal funding to assist hospitals and their communities to coordinate care for patients with the chronic disease of opioid use disorder. (Directive to Take Action)

Fiscal Note: Not yet determined

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