WHEREAS, the rate of overdose deaths involving opioids in the United States increased two hundred percent between 2000 and 2014;¹ and

WHEREAS, nineteen states experienced a statistically significant increase in opioid-related deaths between 2014 and 2015;¹ and

WHEREAS, there is a scarcity of data regarding non-fatal overdoses that would be beneficial when implementing real-time, community-specific opioid overdose prevention programs;² and

WHEREAS, one shared purpose for the introduction of overdose reporting policies in several states was to allow for real-time monitoring of areas most at-risk, resulting in immediate response through preventative measures (such as Naloxone distribution) to those areas with rises in overdose rates;³,⁴,⁵,⁶,⁷ and

WHEREAS, overdose monitoring enables a state’s Department of Health to better understand risk factors for death among those with similar exposures or evaluate the potential benefits of programs put in place to respond to the epidemic;⁵ and

WHEREAS, it is imperative that health departments and other relevant stakeholders are provided with accurate, timely, and actionable information on drug-related overdose;⁸ therefore be it

RESOLVED, that our American Medical Association support non-fatal and fatal opioid overdose reporting to the appropriate agencies. (New HOD Policy)

Fiscal Note: not yet determined

Date Received: 04/26/18

RELEVANT AMA POLICY

**Increasing Availability of Naloxone H-95.932**

1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community based organization, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery.
2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone.
3. Our AMA encourages physicians to co-prescribe naloxone to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients.
4. Our AMA encourages private and public payers to include all forms of naloxone on their preferred drug lists and formularies with minimal or no cost sharing.
5. Our AMA supports liability protections for physicians and other health care professionals and others who are authorized to prescribe, dispense and/or administer naloxone pursuant to state law.
6. Our AMA supports efforts to encourage individuals who are authorized to administer naloxone to receive appropriate education to enable them to do so effectively.
7. Our AMA encourages manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone with the Food and Drug Administration.
8. Our AMA urges the Food and Drug Administration to study the practicality and utility of Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage units that also include instructions).


**Prevention of Opioid Overdose D-95.987**

1. Our AMA: (A) recognizes the great burden that opioid addiction and prescription drug abuse places on patients and society alike and reaffirms its support for the compassionate treatment of such patients; (B) urges that community-based programs offering naloxone and other opioid overdose prevention services continue to be implemented in order to further develop best practices in this area; and (C) encourages the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities; and (D) will continue to monitor the progress of such initiatives and respond as appropriate.
2. Our AMA will: (A) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose; and (B) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for opioid overdose.

Citation: Res. 526, A-06; Modified in lieu of Res. 503, A-12; Appended: Res. 909, I-12; Reaffirmed: BOT Rep. 22, A-16;