Whereas, The ongoing opioid epidemic in the United States has been labeled a public health crisis by the President of the United States, with significant attendant financial costs to hospitals, health systems, insurers, communities, families, patients, and many others; and

Whereas, It has been alleged that the pharmaceutical industry has long promoted overuse of opioids through a wide range of tactics to misbrand and misrepresent the risk of addiction and abuse; and

Whereas, A new NPR/IPSOS poll found that 57% of Americans now say pharmaceutical companies should be held responsible for making the opioid crisis worse. An even larger majority of those polled (70%) said even after companies pay fines and penalties, they should be forced to publicly disclose details of the role they played in fueling the epidemic; and

Whereas, When “big tobacco” was shown to have known of and promoted harmful products, eventual legal action compelled large financial settlements to be distributed to those negatively impacted by their products; and

Whereas, Similar legal actions are now being pursued against pharmaceutical manufacturers around the nation to hold drug-makers accountable and to assist negatively impacted providers, patients and state and local governments; therefore be it

RESOLVED, That our American Medical Association advocate that the relevant pharmaceutical industry organizations be held financially responsible for the health care and other economic costs related to their unethical and deceptive misbranding, marketing, and advocacy of opioids.

(Directive to Take Action)

Fiscal Note: Not yet determined

Received: 04/29/19
RELEVANT AMA POLICY

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.
3. Our AMA will support the development and implementation of appropriate education programs for persons in recovery from opioid addiction and their friends/families that address how a return to opioid use after a period of abstinence can, due to reduced opioid tolerance, result in overdose and death.

Citation: Res. 526, A-06; Modified in lieu of Res. 503, A-12; Appended: Res. 909, I-12; Reaffirmed: BOT Rep. 22, A-16; Modified: Res. 511, A-18; Reaffirmed: Res. 235, I-18

Prescription Drug Monitoring to Prevent Abuse of Controlled Substances H-95.947
Our AMA:
(1) supports the refinement of state-based prescription drug monitoring programs and development and implementation of appropriate technology to allow for Health Insurance Portability and Accountability Act (HIPAA)-compliant sharing of information on prescriptions for controlled substances among states;
(2) policy is that the sharing of information on prescriptions for controlled substance with out-of-state entities should be subject to same criteria and penalties for unauthorized use as in-state entities;
(3) actively supports the funding of the National All Schedules Prescription Electronic Reporting Act of 2005 which would allow federally funded, interoperative, state based prescription drug monitoring programs as a tool for addressing patient misuse and diversion of controlled substances;
(4) encourages and supports the prompt development of, with appropriate privacy safeguards, treating physician’s real time access to their patient’s controlled substances prescriptions;
(5) advocates that any information obtained through these programs be used first for education of the specific physicians involved prior to any civil action against these physicians;
(6) will conduct a literature review of available data showing the outcomes of prescription drug monitoring programs (PDMP) on opioid-related mortality and other harms; improved pain care; and other measures to be determined in consultation with the AMA Task Force to Reduce Opioid Abuse;
(7) will advocate that U.S. Department of Veterans Affairs pharmacies report prescription information required by the state into the state PDMP;
(8) will advocate for physicians and other health care professionals employed by the VA to be eligible to register for and use the state PDMP in which they are practicing even if the physician or other health care professional is not licensed in the state; and
(9) will seek clarification from SAMHSA on whether opioid treatment programs and other substance use disorder treatment programs may share dispensing information with state-based PDMPs.

9.6.7 Direct-to-Consumer Advertisement of Prescription Drugs

Direct-to-consumer advertising may raise awareness about diseases and treatment and may help inform patients about the availability of new diagnostic tests, drugs, treatments, and devices. However, direct-to-consumer advertising also carries the risk of creating unrealistic expectations for patients and conflicts of interest for physicians, adversely affecting patients' health and safety, and compromising patient physician relationships.

In the context of direct-to-consumer advertising of prescription drugs, physicians individually should:

(a) Remain objective about advertised tests, drugs, treatments, and devices, avoiding bias for or against advertised products.
(b) Engage in dialogue with patients who request tests, drugs, treatments, or devices they have seen advertised to:
   (i) assess and enhance the patients understanding of the test, drug or device;
   (ii) educate patients about why an advertised test, drug, or device may not be suitable for them, including providing cost-effectiveness information about different options.
(c) Resist commercially induced pressure to prescribe tests, drugs, or devices that may not be indicated.
(d) Obtain informed consent before prescribing an advertised test, drug, or device, in keeping with professional standards.
(e) Deny requests for an inappropriate test, drug, or device.
(f) Consider reporting to the sponsoring manufacturer or appropriate authorities direct-to-consumer advertising that:
   (i) promotes false expectations;
   (ii) does not enhance consumer education;
   (iii) conveys unclear, inaccurate, or misleading health education messages;
   (iv) fails to refer patients to their physicians for additional information;
   (v) does not identify the target population at risk;
   (vi) encourages consumer self-diagnosis and treatment.

Collectively, physicians should:

(g) Encourage and engage in studies that examine the impact of direct-to-consumer advertising on patient health and medical care.
(h) Whenever possible, assist authorities to enforce existing law by reporting advertisements that do not:
   (i) provide a fair and balanced discussion of the use of the drug product for the disease, disorder, or condition;
   (ii) clearly explain warnings, precautions, and potential adverse reactions associated with the drug product;
   (iii) present summary information in language that can be understood by the consumer
   (iv) comply with applicable regulations;
   (v) provide collateral materials to educate both physicians and consumers.

AMA Principles of Medical Ethics: II,III

The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.

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