Whereas, Opioids are attributed to over 47,000 overdose deaths in 2017 according to the Centers for Disease Control and Prevention; and

Whereas, Approximately 130 Americans die every day from an opioid overdose, culminating in nearly 48,000 drug overdose deaths involving an opioid in 2017; and

Whereas, Being the primary source of legally prescribed controlled substances, it is the responsibility of physicians to learn safe, optimal prescribing practices for opioids; and

Whereas, Health professionals, attendings and residents included, often lack the confidence and preparation to approach complex patients who are taking opioids for chronic pain; and

Whereas, It has been shown that some medical school curricula may not adequately spend substantial time covering addiction medicine, or lack emphasis on the complexity of opioid substance use disorder; and

Whereas, There is no current standardized curriculum regarding addiction and drug overdose patient care for Medical Schools; and

Whereas, Prior training initiatives in Medical Schools regarding substance abuse disorders have correlated with significant improvements in students’ attitudes, beliefs in role responsibility, and confidence in skills during preclinical years; and

Whereas, The Association of American Medical Colleges created a statement that 74 medical schools signed in order to demonstrate their willingness toward better incorporating opioid-related topics in their training of medical students; and

Whereas, There have been successful implementation of interprofessional education workshops in medical schools that simulate the complex issues of substance use disorder while highlighting the importance of collaborative teamwork; and

Whereas, An eight-hour medication-assisted treatment (MAT) waiver training for medical students is offered by the Providers Clinical Support System, a program funded by the Substance Abuse and Mental Health Services Administration; and

Whereas, Medical schools can partner with the American Society of Addiction Medicine to implement an eight-hour MAT waiver training course for medical students; and
Whereas, The usage of simulated patients and Objective Structured Clinical Exam (OSCE) has shown to increase interviewing and intervention skills, and improve assessment and management skills regarding alcohol and illicit drug abuse; and

Whereas, Studies have shown that up to 50 percent of primary care physicians did not address patients substance abuse, with 40 percent of physicians missed diagnosing a substance use disorder; and

Whereas, Only three percent of primary care physicians in rural areas have received waivers to prescribe buprenorphine to treat opioid use disorder; therefore be it

RESOLVED, That our American Medical Association work with the Liaison Committee on Medical Education to include formalized opioid and related substance use disorder training using an evidence-based multidisciplinary approach in the curriculum of accredited medical schools. (New HOD Policy)

Fiscal Note: Modest - between $1,000 - $5,000.

Received: 05/09/19

References:
10. An interprofessional education workshop to develop health professional student opioid misuse knowledge, attitudes, and skills. 10.106/j.japh.2016.12.069
RELEVANT AMA POLICY

Education and Awareness of Opioid Pain Management Treatments, Including Responsible Use of Methadone D-120.985
1. Our AMA will incorporate into its web site a directory consolidating available information on the safe and effective use of opioid analgesics in clinical practice.
2. Our AMA, in collaboration with Federation partners, will collate and disseminate available educational and training resources on the use of methadone for pain management.
3. Our AMA will work in conjunction with the Association of American Medical Colleges, American Osteopathic Association, Commission on Osteopathic College Accreditation, Accreditation Council for Graduate Medical Education, and other interested professional organizations to develop opioid education resources for medical students, physicians in training, and practicing physicians.

Improving Residency Training in the Treatment of Opioid Dependence H-310.906
Our AMA: (1) encourages the expansion of residency and fellowship training opportunities to provide clinical experience in the treatment of opioid use disorders, under the supervision of an appropriately trained physician; and (2) supports additional funding to overcome the financial barriers that exist for trainees seeking clinical experience in the treatment of opioid use disorders.

Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction D-95.981
1. Our AMA: (a) will collaborate with relevant medical specialty societies to develop continuing medical education curricula aimed at reducing the epidemic of misuse of and addiction to prescription controlled substances, especially by youth; (b) encourages medical specialty societies to develop practice guidelines and performance measures that would increase the likelihood of safe and effective clinical use of prescription controlled substances, especially psychostimulants, benzodiazepines and benzodiazepines receptor agonists, and opioid analgesics; (c) encourages physicians to become aware of resources on the nonmedical use of prescription controlled substances that can assist in actively engaging patients, and especially parents, on the benefits and risks of such treatment, and the need to safeguard and monitor prescriptions for controlled substances, with the intent of reducing access and diversion by family members and friends; (d) will consult with relevant agencies on potential strategies to actively involve physicians in being a part of the solution to the epidemic of unauthorized/nonmedical use of prescription controlled substances; and (e) supports research on: (i) firmly identifying sources of diverted prescription controlled substances so that solutions can be advanced; and (ii) issues relevant to the long-term use of prescription controlled substances.
2. Our AMA, in conjunction with other Federation members, key public and private stakeholders, and pharmaceutical manufacturers, will pursue and intensify collaborative efforts involving a public health approach in order to: (a) reduce harm from the inappropriate use, misuse and diversion of controlled substances, including opioid analgesics and other potentially addictive medications; (b) increase awareness that substance use disorders are chronic diseases and must be treated accordingly; and (c) reduce the stigma associated with patients suffering from persistent pain and/or substance use disorders, including addiction.

Promotion of Better Pain Care D-160.981
1. Our AMA: (a) will express its strong commitment to better access and delivery of quality pain care through the promotion of enhanced research, education and clinical practice in the field of pain medicine; and (b) encourages relevant specialties to collaborate in studying the following: (i) the scope of practice and body of knowledge encompassed by the field of pain medicine; (ii) the adequacy of undergraduate,
graduate and postgraduate education in the principles and practice of the field of pain medicine, considering the current and anticipated medical need for the delivery of quality pain care; (iii) appropriate training and credentialing criteria for this multidisciplinary field of medical practice; and (iv) convening a meeting of interested parties to review all pertinent matters scientific and socioeconomic.

2. Our AMA encourages relevant stakeholders to research the overall effects of opioid production cuts.
3. Our AMA strongly urges the US Drug Enforcement Administration to base any future reductions in aggregate production quotas for opioids on actual data from multiple sources, including prescribing data, and to proactively monitor opioid quotas and supply to prevent any shortages that might develop and to take immediate action to correct any shortages.
4. Our AMA encourages the US Drug Enforcement Administration to be more transparent when developing medication production guidelines.
5. Our AMA and the physician community reaffirm their commitment to delivering compassionate and ethical pain management, promoting safe opioid prescribing, reducing opioid-related harm and the diversion of controlled substances, improving access to treatment for substance use disorders, and fostering a public health based-approach to addressing opioid-related morbidity and mortality.

Citation: Res. 321, A-08; Appended: Res. 522, A-10; Reaffirmed in lieu of Res. 518, A-12; Reaffirmed: BOT Rep. 19, A-16; Reaffirmed in lieu of Res. 117, A-16; Appended: Res. 927, I-16; Appended: Res. 526, A-17; Modified: BOT Action in response to referred for decision Res. 927, I-16; Reaffirmed: Res. 235, I-18; Reaffirmed in lieu of: Res. 228, I-18