AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 908
(I-19)

Introduced by: Medical Student Section

Subject: Request for Benzodiazepine-Specific Prescribing Guidelines for Physicians

Referred to: Reference Committee K
(_____, Chair)

Whereas, Benzodiazepines are highly addictive and may cause physical dependence[1]; and

Whereas, From 1999-2016 there has been an almost eightfold rise in mortality rates from benzodiazepine overdoses[2]; and

Whereas, Benzodiazepine overdose rates increased 830% in women aged 30-64 from 1999 to 2017[3]; and

Whereas, The use of benzodiazepines has almost doubled in ambulatory care visits from 2003-2015[4]; and

Whereas, The FDA requires black boxed warnings for the co-prescription of benzodiazepines, opioid analgesics, and opioid-containing cough products[5]; and

Whereas, The rate of co-prescribing benzodiazepines and opioids quadrupled from 2003-2015[4]; and

Whereas, The rate of co-prescribing benzodiazepines and other sedative medications more than doubled from 2003 to 2015[4]; and

Whereas, Some states and cities, such as Texas, Pennsylvania, and New York City, have established guidelines for prescribing benzodiazepines[6-8]; and

Whereas, Some national medical associations, such as the American Family Physician, have various articles about guidelines[9]; and

Whereas, The select state and national medical associations that do have guidelines lack consistency and completeness[10]; and

Whereas, No national guidelines exist to unify overall benzodiazepine prescription guidelines; and

Whereas, The passage of CDC guidelines on opioid prescribing in March 2016 marked a steeper decline in the rate of overall opioid prescriptions[11]; and

Whereas, While the CDC has guidelines for opioid prescriptions it currently does not have any guidelines for benzodiazepine prescriptions[12]; therefore be it

RESOLVED, That our American Medical Association support the creation of national benzodiazepine-specific prescribing guidelines for physicians. (New HOD Policy)

Fiscal Note:

Received: 08/28/19

References:
1. Soyka, M. Treatment of Benzodiazepine Dependence. N Engl J Med. 2017; 376:1147-1157.
2. Overdose Death Rates. NIH. Jan 2019.
3. VanHouten, J. et al. Drug Overdose Deaths Among Women Aged 30-64 United States 1999-2017. CDC MMWR. Jan 2019; 68(1);1-5.
4. Agarwal S; Landon, B. Patterns in Outpatient Benzodiazepine Prescribing in the United states. JAMA Netw Open. 2019; 2(1):e187399.
5. FDA requires strong warnings for opioid analgesics, prescription opioid cough products, and benzodiazepine labeling related to serious risks and death from combined use. FDA. 2016 Aug.
6. Abel, J. Advanced Practice Registered Nurses With Prescriptive Authority. Texas Board of Nursing. 2018; 222.10.
7. Levine, R. et al. Safe Prescribing of Benzodiazepines For Acute Treatment of Anxiety and Insomnia. Commonwealth of Pennsylvania. 2016.
8. Judicious Prescribing of Benzodiazepines. The New York City Department of Health and Mental Hygiene. 2016; 35(2);13-20.
9. Locke, A. et al. Diagnosis and Management of Generalized Anxiety Disorder and Panic Disorder in Adults. Am Fam Physician. 2015; 1;91(9):617-624.
10. Dell'Osso, B. et al. Bridging the Gap Between Education and Appropriate Use of Benzodiazepines in Psychiatric Clinical Practice. Neuropsychiatr Dis Treat. 2015; 11:1885-1909.
11. Bohnert, A.S.B. et al. Opioid Prescribing in the United States Before and After the Centers for Disease Control and Prevention's 2016 Opioid Guideline. Ann Intern Med. 2018; 169(6):367-375. CDC.

RELEVANT AMA POLICY

Informing the Public & Physicians about Health Risks of Sedative Hypnotics, Especially Rohypnol H-515.968
The AMA re-emphasizes to physicians and public health officials the fact that Rohypnol (a benzodiazepine), other benzodiazepines, and other sedatives and hypnotics carry the risk of misuse, morbidity and mortality. The AMA supports public education and public health initiatives regarding the dangers of the use of sedatives and hypnotics in sexual abuse and rape, especially when mixed with ethanol ingestion.
Citation: Sub. Res. 408, I-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmed: CSAPH Rep. 01, A-17

Benzodiazepine Education H-100.976
Our AMA encourages physicians interested in the addictive nature of benzodiazepines and their rational use to seek information from appropriate sources.
Citation: (CSA Rep. E, A-92; Amended: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)

Inappropriate Use of CDC Guidelines for Prescribing Opioids D-120.932
1. Our AMA applauds the Centers for Disease Control and Prevention (CDC) for its efforts to prevent the incidence of new cases of opioid misuse, addiction, and overdose deaths.
2. Our AMA will actively continue to communicate and engage with the nation's largest pharmacy chains, pharmacy benefit managers, National Association of Insurance Commissioners, Federation of State Medical Boards, and National Association of Boards of Pharmacy in opposition to communications being sent to physicians that include a blanket proscription against filing prescriptions for opioids that exceed numerical thresholds without taking into account the diagnosis and previous response to treatment for a patient and any clinical nuances that would support such prescribing as falling within standards of good quality patient care. A report is due back to the House of Delegates at the 2019 Annual Meeting.
3. Our AMA affirms that some patients with acute or chronic pain can benefit from taking opioid pain medications at doses greater than generally recommended in the CDC Guideline for

Prescribing Opioids for Chronic Pain and that such care may be medically necessary and appropriate.
4. Our AMA will advocate against misapplication of the CDC Guideline for Prescribing Opioids by pharmacists, health insurers, pharmacy benefit managers, legislatures, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia.
5. Our AMA will advocate that no entity should use MME (morphine milligram equivalents) thresholds as anything more than guidance, and physicians should not be subject to professional discipline, loss of board certification, loss of clinical privileges, criminal prosecution, civil liability, or other penalties or practice limitations solely for prescribing opioids at a quantitative level above the MME thresholds found in the CDC Guideline for Prescribing Opioids.
6. Our AMA: (a) supports balanced opioid-sparing policies that are not based on hard thresholds, but on patient individuality, and help ensure safe prescribing practices, minimize workflow disruption, and ensure patients have access to their medications in a timely manner, without additional, cumbersome documentation requirements; (b) opposes the use of "high prescriber" lists used by national pharmacy chains, pharmacy benefit management companies or health insurance companies when those lists do not provide due process and are used to blacklist physicians from writing prescriptions for controlled substances and preventing patients from having the prescription filled at their pharmacy of choice; and (c) will incorporate into its advocacy that clinical practice guidelines specific to cancer treatment, palliative care, and end of life be utilized in lieu of the CDC's Guideline for Prescribing Opioids for Chronic Pain as per the CDC's clarifying recommendation.
Citation: Res. 235, I-18; Appended: BOT Rep. 22, A-19

A More Uniform Approach to Assessing and Treating Patients for Controlled Substances for Pain Relief D-120.947
1. Our AMA will consult with relevant Federation partners and consider developing by consensus a set of best practices to help inform the appropriate clinical use of opioid analgesics, including risk assessment and monitoring for substance use disorders, in the management of persistent pain.
2. Our AMA will urge the Centers for Disease Control and Prevention to take the lead in promoting a standard approach to documenting and assessing unintentional poisonings and deaths involving prescription opioids, including obtaining more complete information on other contributing factors in such individuals, in order to develop the most appropriate solutions to prevent these incidents.
3. Our AMA will work diligently with the Centers for Disease Control and Prevention and other regulatory agencies to provide increased leeway in the interpretation of the new guidelines for appropriate prescription of opioid medications in long-term care facilities and in the care of patients with cancer and cancer-related pain, in much the same way as is being done for hospice and palliative care.
Citation: BOT Rep. 3, I-13; Appended: Res. 522, A-16; Modified: Res. 918, I-16; Reaffirmed in lieu of: Res. 803, I-16; Reaffirmation: A-19