

## REPORT OF THE BOARD OF TRUSTEES

B of T Report 9-I-19

Subject: Opioid Mitigation  
(Resolution 919-I-18)

Presented by: Jesse M. Ehrenfeld, MD, MPH, Chair

Referred to: Reference Committee B  
(, MD, Chair)

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### 1 INTRODUCTION

2 At the 2018 Interim Meeting, the House of Delegates referred Resolution 919-I-18, “Opioid  
3 Mitigation,” introduced by the Indiana Delegation, which asked:

4 That our American Medical Association review the following opioid mitigation strategies  
5 based on their effectiveness in Huntington, WV, and Clark County, IN, and provide  
6 feedback concerning their utility in dealing with opioids:

7 (1) The creation of an opioid overdose team that decreases the risk of future overdose  
8 and overdose death, increases access to opioid-related services and increases the  
9 likelihood that an individual will pursue drug rehabilitation.

10 (2) A needle exchange program that is open multiple days a week and is mobile offers  
11 not only a source for needles but also Narcan, other supplies, health care and  
12 information.

13 (3) The creation of a drug court that allows a judge to have greater flexibility in  
14 determining the legal consequences of an arrest for an opioid-related crime. It also  
15 allows for the judicial patience necessary to deal with the recidivism of this  
16 population.

17 (4) Offering more acute-care inpatient drug rehab beds, although those ready for  
18 treatment need to be willing to travel significant distances to get to a treatment bed.

19 (5) Make available Narcan intranasal spray OTC through pharmacies and the syringe  
20 exchange, overdose team, etc.

21 (6) Encourage prevention education in K-12 programs that uses multiple media with  
22 anti-drug messaging delivered in the school system but also in the home.

23 This report takes each element of Resolution 919-I-18 and discusses relevant information.  
24 Additional discussion of the programs in Huntington, West Virginia and Clark County, Indiana is  
25 provided, as well as the relationship between the programs and existing AMA policy, ongoing  
26 AMA advocacy and other activities. This report makes several recommendations.

1      DISCUSSION

2

3      At a threshold level, determining the “effectiveness” of any program, initiative, treatment or policy  
4      aimed at ending the nation’s opioid epidemic must focus on three main areas. First, does the  
5      program, initiative, treatment or policy result in improved care for patients with pain and/or  
6      evidence-based treatment for opioid use disorder? Second, does the program, initiative, treatment  
7      or policy increase access to evidence-based care for patients with pain and/or care for a person with  
8      pain or with a substance use disorder? And third, does the program, initiative, treatment or policy  
9      result in fewer people overdosing and dying?

10

11     This is not to suggest that these three areas are the only important metrics to consider, but they are  
12     three that are uniquely focused on improving patient outcomes and reversing the nation’s opioid-  
13     related death toll. Using these three metrics, however, provides a consistent lens through which an  
14     evaluation can be made. At the same time, it is challenging to suggest that the programs underway  
15     in Huntington, West Virginia and Clark County, Indiana can easily be replicated in other  
16     jurisdictions. This is due to a variety of factors including support from policymakers and the  
17     general public, availability of state and federal resources and the unique socioeconomic,  
18     demographic, racial and ethnic differences between communities. In other words, what works in  
19     one community may provide lessons, but it may not be easily transferable to another community.

20

21     The AMA commends the efforts of Clark County, Indiana and Huntington, West Virginia, for their  
22     efforts to enhance access to treatment for opioid use disorder and reduce opioid-related morbidity  
23     and mortality.

24

25     *Opioid overdose response teams*

26

27     The City of Huntington, West Virginia was awarded a \$2 million federal grant in January 2017 to  
28     support, among other things, a “Quick Response Team” (QRT) to help address the city’s opioid  
29     epidemic.<sup>1</sup> The QRT is a multidisciplinary team that includes representatives from law  
30     enforcement, a paramedic, a faith-based leader and a health care provider. After an individual  
31     experiences an overdose and lives, the QRT visits the individual at the person’s home. (Individuals  
32     also can be referred to the QRT without having to first experience an overdose.) According to news  
33     reports, the QRT provides non-judgmental information and assessment to provide referrals to  
34     treatment or other services. Data suggest that overdose has declined in Huntington, and the QRT is  
35     one of the reasons.<sup>2</sup> The use of QRTs is not unique to the City of Huntington, and in the  
36     communities where it has been used, the results appear positive.<sup>3</sup> One of the common features of  
37     the QRTs and similarly named efforts is that they are largely funded as grant or pilot programs. It is  
38     not clear whether the QRT model could be scaled to larger communities.

39

40     *Needle and syringe exchange programs*

41

42     The AMA has clear policy in support of the establishment of needle and syringe exchange  
43     programs, including encouraging state medical societies to support legislation and other efforts to  
44     provide injection drug users with needles and syringes without a prescription. This also includes  
45     protecting those who distribute needles and syringes from prosecution. The Clark County, Indiana  
46     Health Department correctly states “[p]ersons who inject drugs can substantially reduce their risk  
47     of getting and transmitting HIV, viral hepatitis and other blood borne infections by using a sterile  
48     needle and syringe for every injection.”<sup>4</sup> According to the National Institute on Drug Abuse  
49     (NIDA):

1 People who engage in drug use or high-risk behaviors associated with drug use put  
2 themselves at risk for contracting or transmitting viral infections such as human  
3 immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or  
4 hepatitis. This is because viruses spread through blood or other body fluids. It happens  
5 primarily in two ways: (1) when people inject drugs and share needles or other drug  
6 equipment and (2) when drugs impair judgment and people have unprotected sex with an  
7 infected partner. This can happen with both men and women.<sup>5</sup>

8  
9 NIDA also encourages use of the North American Syringe Exchange Network to help identify  
10 where needle and syringe exchange programs are available.<sup>6</sup> The Centers for Disease Control and  
11 Prevention (CDC) points to numerous benefits of needle and syringe service programs (SSP),  
12 including reducing the risk of infection, preventing outbreaks and preventing viral hepatitis, HIV,  
13 endocarditis and other infections. The CDC also notes that SSPs “serve as a bridge to other health  
14 services including, hepatitis C virus and HIV diagnosis and treatment and MAT for substance use.”  
15 In addition, according to the CDC, “people who inject drugs who regularly use an SSP are more  
16 than five times as likely to enter treatment for a substance use disorder and nearly three times as  
17 likely to report reducing or discontinuing injection as those who have never used an SSP. SSPs do  
18 not increase illegal drug use or crime.”<sup>7</sup>

19  
20 One of the issues that has arisen with needle and syringe exchange services is that while some  
21 states and municipalities may allow distribution of sterile needles and syringes, the law may be less  
22 clear about the harm reduction organization possessing used needles and syringes.<sup>8</sup> The AMA has  
23 model legislation promoting needle and syringe exchange, but it has not been updated since May  
24 2000, and would benefit from revisions to reflect current public health research and AMA policy.

25  
26 *Legal consequences for an opioid-related crime*

27  
28 The AMA Opioid Task Force (Task Force) recently issued a new recommendation that emphasizes  
29 that:

30  
31 all persons entering jails or prisons (both for men’s and women’s facilities), while  
32 incarcerated, and upon release, will benefit from enhanced opioid use disorder screening  
33 protocols to identify those persons arrested if they are currently on medication assisted  
34 treatment (MAT), or would like to begin treatment.

35  
36 Furthermore, the Task Force also “supports the use of evidence-based protocols for maintaining  
37 continuity of care for persons released from jail or prison, including—as necessary—enrollment in  
38 Medicaid, coordination with peer counseling or other services to ensure the person has linkages to  
39 treatment providers in the community, and other such services so as to maintain access to and a  
40 continuum of care to sustain and promote recovery.” Directly relevant to Resolution 919-I-18, the  
41 Task Force recommendation states, “[t]his recommendation also applies drug courts and other  
42 diversion services to support evidence-driven care for persons with an opioid use disorder.”<sup>9</sup>

43  
44 The Board strongly agrees with the need for the judicial system and correctional settings to view  
45 those with an opioid use disorder through a public health and medical lens. For example, AMA  
46 policy supports pregnant women who use drugs to receive treatment rather than be subject to  
47 criminal sanctions. Moreover, recent AMA advocacy has included strong support for increased  
48 access to MAT in jails and prisons<sup>10</sup> and the AMA was the lead amicus in a case supporting a  
49 person’s right to receive MAT in a correctional facility.<sup>11</sup> Thus, it is not just an “opioid-related  
50 crime” that should be part of this discussion, but protection for evidence-based medical treatment  
51 for those with an opioid use disorder.

1     *Sites of care for persons with a substance use disorder*

2  
3     One of the primary challenges in ending the nation's opioid epidemic remains the inability of most  
4     patients to obtain evidence-based care for a serious mental illness or substance use disorder. Of the  
5     nearly 57 million adults in the United States with a mental or substance use disorder, nearly  
6     40 million did not receive any treatment in the previous year, according to the 2017 National  
7     Survey on Drug Use and Health (NSDUH).<sup>12</sup> More than 92 percent of those 12 and older did not  
8     receive treatment for a substance use disorder, according to the NSDUH.<sup>13</sup>

9  
10    The fourth element of Resolution 919-I-18 raises multiple issues concerning sites of care, capacity  
11    of insurance networks, available addiction medicine and psychiatric care providers and related  
12    geographic realities of the availability of treatment providers. It would be challenging for any  
13    report to sufficiently address these complicated issues. In Huntington, West Virginia, securing  
14    enough local beds for acute or long-term care is an ongoing challenge.<sup>14</sup> In Clark County, Indiana,  
15    for example, local emergency departments work to either admit medically unstable patients for  
16    treatment, or a patient may be assessed to be cleared for outpatient management.

17  
18    Capacity to treat all patients who require it, however, is an issue that affects the nation. While  
19    network adequacy laws require a sufficient number of addiction medicine and psychiatric  
20    physicians in a patient's network, health insurance companies are falling far short of their  
21    obligation and enforcement of these requirements is lacking. Moreover, payers also are falling  
22    short of compliance with state and federal mental health and substance use disorder parity laws.<sup>15</sup>

23  
24    AMA advocacy in this regard has been substantial and multipronged—focusing on both increasing  
25    capacity and increasing payers' demand for mental health and substance use disorder providers.  
26    The AMA is working at the state and federal levels to strengthen network adequacy requirements  
27    and enforcement and promote meaningful oversight and enforcement of mental health and  
28    substance use disorder parity laws. AMA has partnered with the American Psychiatric Association,  
29    American Society of Addiction Medicine and many other organizations in the Federation to  
30    simultaneously address capacity and access and will continue to do so.

31  
32    *Naloxone has saved tens of thousands of lives*

33  
34    Naloxone is a lifesaving opioid antagonist that can reverse the effects of an opioid-related  
35    overdose. It has no potential for abuse. Naloxone is a 40-year old medication used mainly by first  
36    responders and medical staff. Due to its history of safe and effective use, states have enacted  
37    standing orders and other laws that permit anyone to obtain a naloxone prescription. The aim of  
38    such laws is to provide civilian bystanders who witness an overdose the ability to utilize the  
39    overdose reversing medication and save a life. Hundreds of towns and cities have seen the benefits  
40    of naloxone firsthand.

41  
42    A 2017 study found that of opioid overdoses, bystanders were present 40 percent of the time, but  
43    naloxone was rarely administered until first responders arrived.<sup>16</sup> Between 2012 to 2016, the rate of  
44    emergency medical services (EMS) administered naloxone events increased by 75.1 percent (from  
45    573.6 to 1004.4 administrations per 100,000 EMS events).<sup>17</sup> It is not known how often EMS or  
46    others administer multiple doses to a person experiencing an opioid-related overdose. Additionally,  
47    in 2018, the number of naloxone prescriptions reached a record high in the United States to more  
48    than 598,000 prescriptions, a 107 percent increase from 2017 and a 338 percent increase from  
49    2016.<sup>18</sup> While it has been documented that naloxone can save lives, it is unknown how often it is  
50    used by all stakeholders or the number of naloxone administrations that are saving lives.<sup>19</sup>

1 AMA advocacy and partnership with harm reduction advocates and other stakeholders has resulted  
2 in every state enacting laws to increase availability of naloxone to patients, bystanders, first  
3 responders and others who may be in a position to help someone experiencing an overdose. AMA  
4 policy also supports standing orders, strong Good Samaritan protections, needle and syringe  
5 exchange and other harm reduction efforts. The AMA supports all forms of naloxone being made  
6 available—and does not endorse any specific brand or route of administration. Further, the AMA  
7 has called for naloxone manufacturers to submit applications for naloxone to receive over-the-  
8 counter status from the U.S. Food and Drug Administration. Moreover, the Task Force has been  
9 urging physicians to co-prescribe naloxone as one of its first recommendations in 2015<sup>20</sup>, and  
10 AMA leadership emphasizes this message in nearly every public speaking engagement. These  
11 efforts must continue.

12

13 *Education and prevention efforts for children and young adults*

14

15 In reviewing the effectiveness of programs that “[e]ncourage prevention education in K-12  
16 programs that uses multiple media with anti-drug messaging delivered in the school system but  
17 also in the home,” two main themes emerge. First, education programs in Huntington, West  
18 Virginia and Clark County, Indiana do not exist in a vacuum. That is, the youth-focused education  
19 programs are part of both county- and state-wide efforts to increase awareness of the dangers of  
20 drug use. Second, it is not clear whether the programs are having a targeted and beneficial effect on  
21 reducing youth drug use or mortality. The State of Indiana does, however, promote a wide range of  
22 resources for parents ranging from “What every parent needs to know about Indiana’s Opioid  
23 Epidemic” to “Indiana State Department of Health’s Tips on Substance Use During Pregnancy:  
24 How to Have a Healthier Baby” to a “National Institute of Health 2017 National Drug & Alcohol  
25 IQ Challenge.”<sup>21</sup> Huntington, West Virginia is also engaged in a wide number of areas ranging  
26 from programs aimed at high school and local college students, providing resources for parents,  
27 and working with multiple public health and law enforcement stakeholders.<sup>22</sup>

28

29 It is worth highlighting that AMA already has clear policy in support of a public health approach  
30 to: reduce harm from the inappropriate use, misuse and diversion of controlled substances,  
31 including opioid analgesics and other potentially addictive medications; increase awareness that  
32 substance use disorders are chronic diseases and must be treated accordingly; and reduce the  
33 stigma associated with patients suffering from persistent pain and/or substance use disorders,  
34 including addiction (Policy D-95.981, “Improving Medical Practice and Patient/Family Education  
35 to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction”).

36

37 **AMA POLICY**

38

39 Each of the areas covered in this report also has broad support in current AMA policy. This  
40 includes policy that “encourages all communities to establish needle exchange programs,” and  
41 supports “legislation providing funding for needle exchange programs for injecting drug users”  
42 (Policy H-95.958, “Syringe and Needle Exchange Programs”). Current policy (and AMA model  
43 state legislation) also includes “support and endorse policies and legislation that provide  
44 protections for callers or witnesses seeking medical help for overdose victims; and (2) will promote  
45 911 Good Samaritan policies through legislative or regulatory advocacy at the local, state, and  
46 national level” (Policy D-95.977, “911 Good Samaritan Laws”).

47

48 AMA also supports a public health—not criminal—approach to treatment for those who use illicit  
49 drugs or misuse prescription medication. This includes policy whereby “transplacental drug  
50 transfer should not be subject to criminal sanctions or civil liability” (Policy H-420.962, “Perinatal  
51 Addiction - Issues in Care and Prevention”). It also includes support for “the establishment of drug

1 courts as an effective method of intervention for individuals with addictive disease who are  
2 convicted of nonviolent crimes; and encourages legislators to establish drug courts at the state and  
3 local level in the United States" (Policy H-100.955, "Support for Drug Courts").

4  
5 AMA has extensive policy in support of widespread access to naloxone, including support for  
6 "legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone,  
7 including but not limited to collaborative practice agreements with pharmacists and standing orders  
8 for pharmacies and, where permitted by law, community-based organizations, law enforcement  
9 agencies, correctional settings, schools, and other locations that do not restrict the route of  
10 administration for naloxone delivery" (Policy H-95.932, "Increasing Availability of Naloxone").

11  
12 Current AMA policy also broadly covers parity issues, including support for "health care reform  
13 that meets the needs of all Americans including people with mental illness and substance  
14 use/addiction disorders and will advocate for the inclusion of full parity for the treatment of mental  
15 illness and substance use/addiction disorders in all national health care reform legislation."  
16 (Policy H-165.888, "Evaluating Health System Reform Proposals") (Also see Policy D-180.998,  
17 "Insurance Parity for Mental Health and Psychiatry," Policy H-185.974, "Parity for Mental Illness,  
18 Alcoholism, and Related Disorders in Medical Benefits Programs.")

19  
20 RECOMMENDATIONS

21  
22 The Board recommends that the following recommendation be adopted in lieu of Resolution  
23 919-I-18, and that the remainder of the report be filed.

24  
25 1. That our American Medical Association (AMA) encourage relevant federal agencies to  
26 evaluate and report on outcomes and best practices related to federal grants awarded for the  
27 creation of Quick Response Teams and other innovative local strategies to address the opioid  
28 epidemic, and that the AMA share that information with the Federation; (Directive to Take  
29 Action)

30  
31 2. That our AMA update model state legislation regarding needle and syringe exchange to state  
32 and specialty medical societies; (Directive to Take Action)

33  
34 3. That our AMA amend Policy H-100.955, "Support for Drug Courts;"

35  
36 Our AMA: (1) supports the establishment of drug courts as an effective method of intervention  
37 for individuals with addictive disease who are convicted of nonviolent crimes; and (2)  
38 encourages legislators to establish drug courts at the state and local level in the United States;  
39 and (3) encourages drug courts to rely upon evidence-based models of care for those who the  
40 judge or court determine would benefit from intervention rather than incarceration. (Modify  
41 Current HOD Policy)

42  
43 4. That our AMA urge state and federal policymakers to enforce applicable mental health and  
44 substance use disorder parity laws; (Directive to Take Action)

45  
46 5. That our AMA reaffirm Policy H-95.932, "Increasing Availability of Naloxone;" and  
47 (Reaffirm HOD Policy)

48  
49 6. That our AMA reaffirm Policy D-95.981, "Improving Medical Practice and Patient/Family  
50 Education to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction."  
51 (Reaffirm HOD Policy)

## REFERENCES

<sup>1</sup> "City of Huntington Awarded Federal Grants to Combat Opioid Epidemic." January 25, 2017. Available at <http://www.cityofhuntington.com/news/view/city-of-huntington-awarded-federal-grants-to-combat-opioid-epidemic>

<sup>2</sup> See, for example, Nash, Bishop, "Quick response Teams taking personal approach to overdoses." The Herald-Dispatch, March 14, 2018. Available at [https://www.herald-dispatch.com/news/quick-response-teams-taking-personal-approach-to-overdoses/article\\_ca3665f1-58dd-547f-b0be-6b771b2f8d8e.html](https://www.herald-dispatch.com/news/quick-response-teams-taking-personal-approach-to-overdoses/article_ca3665f1-58dd-547f-b0be-6b771b2f8d8e.html)

<sup>3</sup> Quick Response Teams that appear to function in makeup and approach similar to that operated by the City of Huntington also are working in Cuyahoga Falls, Ohio; Cape Fear, North Carolina; and other cities and towns.

<sup>4</sup> Clark County, Indiana, Department of Health. <https://www.clarkhealth.net/index.php/addiction/syringe-exchange>

<sup>5</sup> Drug Use and Viral Infections, National Institute on Drug Abuse. June 2019. Available at <https://www.drugabuse.gov/publications/drugfacts/drug-use-viral-infections-hiv-hepatitis>

<sup>6</sup> North American Syringe Exchange Network, <https://nasen.org/>

<sup>7</sup> U.S. Centers for Disease Control and Prevention, "Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs)." Last accessed July 25, 2019. Available at <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>

<sup>8</sup> See, for example, Thometz, Kristen, "Illinois Bill Seeks to Legalize Syringe Exchanges Statewide," WTTW, May 17, 2019. Available at <https://news.wttw.com/2019/05/17/illinois-bill-seeks-legalize-syringe-exchanges>.

<sup>9</sup> AMA Opioid Task Force Recommendations for Policymakers. May 30, 2019. Available at <https://www.end-opioid-epidemic.org/recommendations-for-policymakers/>

<sup>10</sup> AMA and Vermont Medical Society joint letter to the Vermont Legislature. "American Medical Association and Vermont Medical Society strong support for Senate Bill 166, An act relating to the provision of medication-assisted treatment for inmates," February 21, 2018. Available at <https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2018-2-21-AMA-VMS-Letter-in-support-of-VT-SB-166-FINAL.pdf>

<sup>11</sup> *Smith v. Aroostook County*, 19-1340P (1st Cir. 2019). See order at [https://www.aclumaine.org/sites/default/files/field\\_documentssmith\\_aroostook\\_order.pdf](https://www.aclumaine.org/sites/default/files/field_documentssmith_aroostook_order.pdf)

<sup>12</sup> 2017 National Survey on Drug Use and Health (NSDUH). U.S. Substance Abuse and Mental Health Services Administration. Report available at <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>

<sup>13</sup> "The National Survey on Drug Use and Health: 2017." Elinore F. McCance-Katz MD, PhD, Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Presentation available at <https://www.samhsa.gov/sites/default/files/nsduh-ppt-09-2018.pdf>

<sup>14</sup> See, for example, Joseph, Andrew, "26 overdoses in just hours: Inside a community on the front lines of the opioid epidemic." STAT. August 22, 2016. Available at <https://www.statnews.com/2016/08/22/heroin-huntington-west-virginia-overdoses/>

<sup>15</sup> See, for example, Milliman Research Report, "Addiction and mental health vs. physical health: Analyzing disparities in network use and provider reimbursement rates," December 2017. Available at <https://www.milliman.com/uploadedFiles/insight/2017/NQTLDisparityAnalysis.pdf>

<sup>16</sup> Mattson C, O'Donnell J, Kariisa M, Seth P, Scholl L, Gladden R. Opportunities to Prevent Overdose Deaths Involving Prescription and Illicit Opioids, 11 States, July 2016-June 2017. *MMWR Morb Mortal Wkly Rep.* 2018;67:945-951.

<sup>17</sup> Cash RE, Kinsman J, Crowe RP, Rivard MK, Faul M, Panchal AR. Naloxone Administration Frequency During Emergency Medical Service Events - United States, 2012-2016. *MMWR Morb Mortal Wkly Rep.* 2018;67(31):850-853.

<sup>18</sup> American Medical Association. AMA Opioid Task Force 2019 Progress Report. 2019; <https://www.end-opioid-epidemic.org/wp-content/uploads/2019/06/AMA-Opioid-Task-Force-2019-Progress-Report-web-1.pdf>. Accessed July 1, 2019.

<sup>19</sup> Office of U.S. Surgeon General. U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose. 2018; <https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html>.

<sup>20</sup> See, “Help save lives: Co-prescribe naloxone to patients at risk of overdose,” AMA Opioid Task Force recommendation. Available at <https://www.end-opioid-epidemic.org/wp-content/uploads/2017/08/AMA-Opioid-Task-Force-naloxone-one-pager-updated-August-2017-FINAL-1.pdf>

<sup>21</sup> Information for Parents, Indiana State Department of Health. Available at  
<https://www.in.gov/isdh/27372.htm>

<sup>22</sup> See, for example, the plan discussed by the City of Huntington, West Virginia, available at  
[http://www.cityofhuntington.com/assets/pdf/MODCP\\_two\\_year\\_plan\\_May\\_2017.pdf](http://www.cityofhuntington.com/assets/pdf/MODCP_two_year_plan_May_2017.pdf)