

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 211
(I-22)

Introduced by: Resident and Fellow Section

Subject: Illicit Drug Use Harm Reduction Strategies

Referred to: Reference Committee B

- 1 Whereas, 2021 was the worst year on record for opioid overdoses in the US, with over 75,000
2 reported¹; and
3
4 Whereas, The involvement of synthetic opioids, including fentanyl, in drug overdoses across
5 America is rising drastically year after year, and was 11-fold higher in 2019 than 2013^{2,3}; and
6
7 Whereas, Fentanyl test strips are a point-of-care test that identifies fentanyl contamination in a
8 drug supply with a specificity of 87.5% and a sensitivity of 95.2%⁴; and
9
10 Whereas, Fentanyl test strips are readily available and as inexpensive as \$1 per test⁵; and
11
12 Whereas, In a survey of young adults who use drugs, 95% reported that they were willing to use
13 fentanyl test strips to identify fentanyl in their drug supply⁶; and
14
15 Whereas, A positive test with a fentanyl test strip has been shown to lead to modification of
16 behaviors in order to reduce risk of overdose^{7,8}; and
17
18 Whereas, Possession of fentanyl test strips is explicitly legal in only 22 states⁹; and
19
20 Whereas, Our AMA sent a federal correspondence denouncing laws that allow possessors of
21 fentanyl test strips to be subject to civil and/or criminal penalties; and
22
23 Whereas, Drug checking services can also serve as a point of contact with users of recreational
24 drugs for other harm reduction services and advice, and that accessibility to these resources
25 through drug checking services is overwhelmingly supported by the target market¹⁰; therefore
26 be it

1 RESOLVED, That our American Medical Association amend current policy D-95.987,
2 "Prevention of Drug-Related Overdose," by addition to read as follows:

3
4 4. Our AMA will advocate for and encourage state and county medical societies
5 to advocate for harm reduction policies that provide civil and criminal immunity
6 for the possession, distribution, and use of "drug paraphernalia" designed for
7 harm reduction from drug use, including but not limited to drug contamination
8 testing and injection drug preparation, use, and disposal supplies.

9
10 5. Our AMA will implement an education program for patients with substance use
11 disorder and their family/caregivers to increase understanding of the increased
12 risk of adverse outcomes associated with having a substance use disorder and a
13 serious respiratory illness such as COVID-19.

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15 6. Our AMA supports efforts to increase access to fentanyl test strips and other
16 drug checking supplies for purposes of harm reduction. (Modify Current HOD
17 Policy)

Fiscal Note: Not yet determined

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REFERENCES:

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7. Peiper NC, Clarke SD, Vincent LB, et al. Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States. *International Journal of Drug Policy.* 2019;63:122–128.
8. Oh H, Kim K, Miller D, et al. Fentanyl self-testing in a community-based sample of people who inject drugs, San Francisco. *International Journal of Drug Policy.* 2020;82:102787.
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RELEVANT AMA POLICY

Prevention of Drug-Related Overdose D-95.987

1. Our AMA: (a) recognizes the great burden that substance use disorders (SUDs) and drug-related overdoses and death places on patients and society alike and reaffirms its support for the compassionate treatment of patients with a SUD and people who use drugs; (b) urges that community-based programs offering naloxone and other opioid overdose and drug safety and prevention services continue to be implemented in order to further develop best practices in this area; (c) encourages the education of health care workers and people who use drugs about the use of naloxone and other harm reduction measures in preventing opioid and other drug-related 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 a drug-related overdose; and (b) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for a drug-related overdose.

3. Our AMA will support the development and implementation of appropriate education programs for persons receiving treatment for a SUD or in recovery from a SUD and their friends/families that address harm reduction measures.
 4. Our AMA will advocate for and encourage state and county medical societies to advocate for harm reduction policies that provide civil and criminal immunity for the use of "drug paraphernalia" designed for harm reduction from drug use, including but not limited to drug contamination testing and injection drug preparation, use, and disposal supplies.
 5. Our AMA will implement an education program for patients with substance use disorder and their family/caregivers to increase understanding of the increased risk of adverse outcomes associated with having a substance use disorder and a serious respiratory illness such as COVID-19.
- 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; Modified: Res. 506, I-21; Appended: Res. 513, A-22

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 organizations, 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 supports the widespread implementation of easily accessible Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage units that also include instructions) throughout the country following distribution and legislative edicts similar to those for Automated External Defibrillators.
9. Our AMA supports the legal access to and use of naloxone in all public spaces regardless of whether the individual holds a prescription.

Citation: BOT Rep. 22, A-16; Modified: Res. 231, A-17; Modified: Speakers Rep. 01, A-17; Appended: Res. 909, I-17; Reaffirmed: BOT Rep. 17, A-18; Modified: Res. 524, A-19; Reaffirmed: BOT 09, I-19; Reaffirmed: Res. 219, A-21

Pilot Implementation of Supervised Injection Facilities H-95.925

Our AMA supports the development and implementation of pilot supervised injection facilities (SIFs) in the United States that are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of SIFs in reducing harms and health care costs related to injection drug use.

Citation: Res. 513, A-17

Harmful Drug Use in the United States - Strategies for Prevention H-95.978

- Our AMA: (1) Urges the Substance Abuse and Mental Health Administration to support research into special risks and vulnerabilities, behavioral and biochemical assessments and intervention methodologies most useful in identifying persons at special risk and the behavioral and biochemical strategies that are most effective in ameliorating risk factors.
- (2) Urges the Center for Substance Abuse Prevention to continue to support community-based prevention strategies which include: (a) Special attention to children and adolescents, particularly in schools, beginning at the pre-kindergarten level. (b) Changes in the social climate (i.e., attitudes of community leaders and the public), to reflect support of harmful drug and alcohol use prevention and treatment, eliminating past imbalances in allocation of resources to supply and demand reduction. (c) Development of innovative programs that train and involve parents, educators, physicians, and other community leaders in "state of the art" prevention approaches and skills.
 - (3) Urges major media programming and advertising agencies to encourage the development of more accurate and prevention-oriented messages about the effects of harmful drug and alcohol use.

- (4) Supports the development of advanced educational programs to produce qualified prevention specialists, particularly those who relate well to the needs of economically disadvantaged, ethnic, racial, and other special populations.
- (5) Supports investigating the feasibility of developing a knowledge base of comprehensive, timely and accurate concepts and information as the "core curriculum" in support of prevention activities.
- (6) Urges federal, state, and local government agencies and private sector organizations to accelerate their collaborative efforts to develop a national consensus on prevention and eradication of harmful alcohol and drug use.

Citation: Res. 910, I-12

Reduction of Medical and Public Health Consequences of Drug Abuse: Update D-95.999

Our AMA encourages state medical societies to advocate for the expansion of and increased funding for needle and syringe-exchange programs and methadone maintenance and other opioid treatment services and programs in their states.

Citation: CSA Rep. 12, A-99; Modified and Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmed: CSAPH Rep. 01, A-19

DRAFT