**AMA report shows national progress toward reversing opioid epidemic**

***Urges further policy changes to remove barriers to care for pain and substance use disorders***

CHICAGO – The American Medical Association (AMA) issued a new report today [INSERT HYPERLINK] documenting how physician leadership is advancing the fight against the opioid epidemic.

The report, which is being released as the U.S. Department of Health and Human Services Pain Management Best Practices Inter-Agency Task Force meets for the first time, found a decrease in opioid prescribing and increases in the use of state prescription drug monitoring programs (PDMPs), number of physicians trained and certified to treat patients with an opioid use disorder, and in access to naloxone.

“While this progress report shows physician leadership and action to help reverse the epidemic, such progress is tempered by the fact that every day, [more than 115 people](https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis) in the United States die from an opioid-related overdose,” said Patrice A. Harris, MD, MA, Chair AMA Opioid Task Force. “What is needed now is a concerted effort to greatly expand access to high quality care for pain and for substance use disorders. Unless and until we do that, this epidemic will not end.”

[INSERT STATE/SPECIALTY SOCIETY LEADERSHIP QUOTE HERE]

The report found:

* **Opioid prescribing decreases for fifth year in a row.** Physicians have decreased opioid prescriptions nationwide for the fifth year in a row. Between 2013 and 2017, the number of opioid prescriptions decreased by more than 55 million — a 22.2 percent decrease nationally. Decreases occurred in every state, including a [INSERT STATE DECREASE] here in [INSERT STATE].
* **PDMP registration and use continues to increase.** In 2017, health care professionals nationwide accessed state databases more than 300.4 million times – a 121-percent increase from 2016. States with and without mandates to use the PDMP saw large increases. [INSERT STATE INCREASE] here in [INSERT STATE].
* **Physicians enhancing their education.** In 2017, nearly 550,000 physicians and other health care professionals took continuing medical education classes and other education and training in pain management, substance use disorders and related areas. Many of these resources are offered by the AMA, state, and specialty societies, and more than 350 of these resources can be found on the AMA opioid microsite, [www.end-opioid-epidemic.org](http://www.end-opioid-epidemic.org). More than [INSERT STATE/SPECIALTY DATA HERE] physicians and other health care professionals used resources provided by the [INSERT STATE/SPECIALTY SOCIETY HERE].
* **Access to naloxone rising.** Naloxone prescriptions more than doubled in 2017, from approximately 3,500 to 8,000 naloxone prescriptions dispensed weekly. So far in 2018, that upward trend has continued; as of April, 11,600 naloxone prescriptions are dispensed weekly - the highest rate on record.
* **Treatment capacity increasing.** As of May this year, there were more than 50,000 physicians certified to provide buprenorphine in office for the treatment of opioid use disorders across all 50 states — a 42.4-percent increase in the past 12 months.

“We encourage policymakers to take a hard look at why patients continue to encounter barriers to accessing high quality care for pain and for substance use disorders,” said Dr. Harris. “This report underscores that while progress is being made in some areas, our patients need help to overcome barriers to multimodal, multidisciplinary pain care, including non-opioid pain care, as well as relief from harmful policies such as prior authorization and step therapy that delay and deny evidence-based care for opioid use disorder.”

To further address the opioid epidemic, the AMA and the [INSERT STATE/SPECIALTY SOCIETY HERE] urges policymakers and insurers to remove barriers to care for pain and substance use disorders. These steps include:

* All public and private payers should ensure that their formularies include all FDA-approved forms of medication assisted treatment (MAT) and remove administrative barriers to treatment, including prior authorization.
* Policymakers and regulators should increase oversight and enforcement of parity laws for mental health and substance use disorders to ensure patients receive the care that they need.
* All public and private payers—as well as pharmacy benefit management companies—must ensure that patients have access to affordable, non-opioid pain care.
* We can all help put an end to stigma. Patients with pain or substance use disorders deserve the same care and compassion as any other patient with a chronic medical condition.

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