



**Strengthening partnerships to end the nation's opioid crisis
National Governors Association
Health and Human Services Committee
February 20, 2016**

Statement for the record

**Patrice A. Harris, MD, MA
Chair-elect
American Medical Association Board of Trustees**

Governor Baker, Governor Hassan – on behalf of the physician and student members of the American Medical Association, it is my privilege and honor to be here and share with you solutions for ending our nation's opioid epidemic.

My name is Dr. Patrice Harris. I am a practicing psychiatrist from Atlanta, Georgia, the chair-elect of the AMA Board of Trustees, and the Chair of the AMA Task Force to Reduce Opioid Abuse.

The AMA, the AMA Task Force to Reduce Opioid Abuse, America's physicians and medical societies across the nation unequivocally understand that this an urgent public health epidemic.

We believe it is our professional and ethical responsibility to help bring an end to this epidemic, which has claimed the lives of more than 250,000 Americans since 1999.

Tens of thousands of people are dying preventable deaths every year because of opioid misuse and overdose, including heroin. Our sons, daughters, husbands, wives, friends, neighbors. Our patients.

More than 78 every day.

This is not only tragic. This is unacceptable.

Together, we can and must end it.

The AMA understands the many causes of this epidemic, but let me focus on the ones where physicians can have the most immediate and meaningful impact.

Today, I will highlight five recommendations from the AMA Task Force to Reduce Opioid Abuse – a call to action, if you will – that the AMA President sent this week in a special email to hundreds of thousands of physicians, medical residents and students nationwide.

First – we want to urge every physician to register for and start using their state’s prescription drug monitoring program.

These tools may not be perfect but they can provide important information that can help physicians care for their patients.

The results of an AMA national survey, released on Thursday, found that nearly 90 percent of physicians said that PDMPs help them become more informed about their patients’ prescribing history – including whether that patient is receiving multiple prescriptions from multiple health care professionals.

Second – the AMA urges physicians nationwide to enhance our education and training around safe prescribing practices.

The Hippocratic Oath reads: “I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.”

If – in my clinical judgment – based on my education and training – I believe that a medication will not be helpful, I will tell my patient “no” – whether that medication is an opioid, an antidepressant or an antibiotic. Our prescribing decisions must be judicious, deliberative, and rooted in the art and science of medicine.

On our website, the AMA has gathered more than 100 state- and medical specialty-specific resources to provide physicians with a one-stop shop for the best and most up to date education on safe prescribing practices.

Let me be clear, however, that many patients do benefit from opioid therapy – for both acute and chronic pain. And when a physician determines that an opioid is called for, the AMA supports patients receiving the lowest effective dose for the shortest effective duration.

This national epidemic presents many challenges, which is why we need to work collaboratively to ensure that policies designed to help don’t unintentionally hurt.

The AMA understands that there are too many pills in the public’s hands. But if we enact policies that overly restrict access to necessary pain relief, we may be pushing people toward other, non-medical forms of pain relief.

We have to work together to strike the right balance.

Third – the AMA is urging every physician in the United States to co-prescribe naloxone to patients at risk for overdose.

Governor Baker, Governor Hassan – you, and many of the governors here today, are well-aware – of the tens of thousands of lives saved by naloxone.

For the past several years, the AMA has worked closely with state medical societies to successfully enact more than 20 new laws that provide greater access to naloxone.

There are few state legislative efforts that have had as much momentum as this issue, and we're proud of what we've accomplished. We strongly urge all governors in states without naloxone access and Good Samaritan laws to introduce and enact AMA model legislation that would help save lives from overdose.

Physicians also can do more.

If we see a patient at risk for overdose – we need to co-prescribe naloxone to that patient. Plain and simple.

The fourth and fifth recommendations focus on treatment and stigma.

I urge everyone here today to join us to speak out against stigma. Patients in pain – and patients with substance use disorders deserve care and compassion, not judgment. The AMA applauds your efforts to increase access to treatment in your states.

Patients in pain – and patients with a substance use disorder are our patients. They are not “fakers” or “junkies” or “addicts.” They are people who need our help.

Stigma dehumanizes and demeans. It does nothing to cure.

Administrative barriers also do not help us treat our patients.

It is distressing to me when I hear my colleagues say they couldn't get a patient's physical therapy approved, or that behavioral or cognitive therapy was denied, or other non-opioid therapies are subjected to yearly limits and other administrative barriers.

We need to work together to ensure that policies support optimal treatment and break down barriers to non-opioid and non-pharmacologic therapies.

We need to work together to support policies and changes in practice that will have a meaningful impact.

Let me close with just a few words about broad, national efforts.

Last October, I was proud to represent the AMA and stand with the President and Director Botticelli in West Virginia and commit to achieving several key goals to end this national epidemic:

To have a measureable impact on increasing the use of PDMPs, to enhance physician education, to increase access to and training for Medication Assisted Treatment for opioid use disorders, and increasing physician co-prescribing of naloxone.

We also strongly support increased funding for states to enhance their ability to provide overdose prevention and treatment options. This national epidemic needs more of this type of commitment.

But all of us know that money alone will not end this epidemic.

The nation's opioid epidemic is unacceptable.

Physicians must not only take responsibility – we welcome that responsibility, and we welcome your continued partnership in this effort.

Thank you.

###