

RESOLUTION

Resolution: 601S.16

SUBJECT: Controlled Drug Disposal for Pharmacies

SUBMITTED BY: Richmond County Medical Society

REFERRED TO: Reference Committee S

1 Whereas, there are great reservoirs of unused drugs in medicine cabinets in the community; and

2
3 Whereas, the most common gateway drug of our most vulnerable are legal drugs sitting in these medicine
4 cabinets; and

5
6 Whereas, greater than 96 percent of opioid addicts take their first opioid before 21 years of age; and

7
8 Whereas, pharmacies would be the obvious convenient, safe location to dispose of these dangerous drugs;
9 now therefore be it

10
11 **RESOLVED, that the Medical Association of Georgia will work with the Georgia Board of**
12 **Pharmacy to reduce barriers for placing drug collection boxes for unwanted/unused medications in**
13 **retail pharmacies.**

###

AMA Policy

Medications Return Program H-135.925

1. Our AMA supports access to safe, convenient, and environmentally sound medication return for unwanted prescription medications
2. Our AMA supports such a medication disposal program be fully funded by the pharmaceutical industry, including costs for collection, transport and disposal of these materials as hazardous waste.
3. Our AMA supports changes in federal law or regulation that would allow a program for medication recycling and disposal to occur.

Proper Disposal of Unused Prescription and Over-the-Counter (OTC) Drugs H-135.936

1. Our AMA supports initiatives designed to promote and facilitate the safe and appropriate disposal of unused medications.
2. Our AMA will work with other national organizations and associations to inform, encourage, support and guide hospitals, clinics, retail pharmacies, and narcotic treatment programs in modifying their US Drug Enforcement Administration registrations to become authorized medication collectors and operate collection receptacles at their registered locations.
3. Our AMA will work with other appropriate organizations to develop a voluntary mechanism to accept non-controlled medication for appropriate disposal or recycling.

RESOLUTION

Resolution: 602S.16

SUBJECT: Substance Abuse Curriculum and CME Opportunities
SUBMITTED BY: Richmond County Medical Society
REFERRED TO: Reference Committee S

- 1 Whereas, there is a lack of medical training regarding the diagnosis of substance abuse in medical school
- 2 curriculum; and
- 3
- 4 Whereas, a substance abuse history is seldom included by practicing physicians in the patient’s medical
- 5 history; and
- 6
- 7 Whereas, tobacco, alcohol, opioid and other forms of legal and illegal drugs continue to damage lives and
- 8 cost society enormous amounts of money; now therefore be it
- 9
- 10 **RESOLVED, that the Medical Association of Georgia (MAG) policy is to make continuing**
- 11 **substance abuse education material readily available to its membership; and be it further**
- 12
- 13 **RESOLVED, that MAG policy is to support the inclusion of Screening, Brief Intervention, and**
- 14 **Referral to Treatment (SBIRT) diagnostic criteria into medical histories.**

#

AMA Policy

Establishing Essential Requirements for Medical Education in Substance Abuse H-295.922
AMA policy states that alcohol and other drug abuse education needs to be an integral part of medical education; and that the AMA supports the development of programs to train medical students in the identification, treatment, and prevention of alcoholism and other chemical dependencies. Our AMA: (1) asks all residency review committees to review their training requirements in the treatment and management of substance abuse and addiction and to make recommendations for strengthening this provision as needed; and (2) encourages the development of specialty-specific needs assessment to determine whether targeted educational activities in substance abuse would be useful in their overall program of continuing medical education.

Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction D-95.981

- 1. Our AMA:
 - a. will collaborate with relevant medical specialty societies to develop continuing medical education curricula aimed at reducing the epidemic of misuse of and addiction to prescription controlled substances, especially by youth;
 - b. encourages medical specialty societies to develop practice guidelines and performance measures that would increase the likelihood of safe and effective clinical use of prescription controlled substances, especially psychostimulants, benzodiazepines and benzodiazepines receptor agonists, and opioid analgesics;

- c. encourages physicians to become aware of resources on the nonmedical use of prescription controlled substances that can assist in actively engaging patients, and especially parents, on the benefits and risks of such treatment, and the need to safeguard and monitor prescriptions for controlled substances, with the intent of reducing access and diversion by family members and friends;
 - d. will consult with relevant agencies on potential strategies to actively involve physicians in being? a part of the solution? to the epidemic of unauthorized/nonmedical use of prescription controlled substances; and
 - e. supports research on: (i) firmly identifying sources of diverted prescription controlled substances so that solutions can be advanced; and (ii) issues relevant to the long-term use of prescription controlled substances.
2. Our AMA, in conjunction with other Federation members, key public and private stakeholders, and pharmaceutical manufacturers, will pursue and intensify collaborative efforts involving a public health approach in order to:
- a. reduce harm from the inappropriate use, misuse and diversion of controlled substances, including opioid analgesics and other potentially addictive medications;
 - b. increase awareness that substance use disorders are chronic diseases and must be treated accordingly; and
 - c. reduce the stigma associated with patients suffering from persistent pain and/or substance use disorders, including addiction.

Alcohol and Substance Abuse Education of Medical Students and Residents H-295.988

In cooperation with other organizations, the AMA supports the education of medical students and residents in the prevention and treatment of alcoholism and substance abuse in our nation's youth.

The Status of Education in Substance Use Disorders in America's Medical Schools and Residency Programs D-295.946

Our AMA will:

- (1) advocate for in-depth qualitative studies to facilitate the preparation of physicians to care for patients with substance use disorders;
- (2) facilitate the identification, dissemination, and implementation of successful substance use disorder educational programs across the educational continuum;
- (3) encourage the Accreditation Council for Graduate Medical Education (ACGME) to include education about substance use disorders in their program accreditation requirements;
- (4) encourage the American Board of Medical Specialties (ABMS) to encourage its member boards to include substance use disorder questions in their certification process; and
- (5) through its Council on Medical Education, monitor and track implementation of the recommendations of the December 2006 House Office of National Drug Control Policy White House Leadership Conference on Medical Education in Substance Abuse report.

RESOLUTION

Resolution: 603S.16

SUBJECT: Expansion of Project DAN (Deaths Avoided by Naloxone)
SUBMITTED BY: Richmond County Medical Society
REFERRED TO: Reference Committee S

- 1 Whereas, Project DAN (Deaths Avoided by Naloxone) is an integral part of the MAG Foundation’s
2 ‘Think About It’ campaign; and
3
4 Whereas, Project DAN is designed to reduce incidents of overdose by equipping law enforcement officers
5 with the prescription drug Naloxone/Narcan and provide training for its use; and
6
7 Whereas, Project DAN is currently only available to the following 13 counties in northeast Georgia:
8 Banks, Barrow, Dawson, Forsyth, Habersham, Hall, Jackson, Lumpkin, Rabun, Stephens, Towns, Union
9 and White; now therefore be it
10
11 **RESOLVED, that the Medical Association of Georgia (MAG) will expand the scope of Project DAN**
12 **to make Naloxone/Narcan available to all remaining counties in Georgia; and be it further**
13
14 **RESOLVED, that MAG will seek funding to help agencies obtain this life-saving medication; and**
15 **be it further**
16
17 **RESOLVED, that MAG will facilitate the training of first responders in the use of this medication.**

#

AMA Policy

Increasing Availability of Naloxone H-95.932

1. Our AMA supports legislative and regulatory efforts that increase access to naloxone, including 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.

Prevention of Opioid Overdose D-95.987

1. Our AMA: (A) recognizes the great burden that opioid addiction and prescription drug abuse places on patients and society alike and reaffirms its support for the compassionate treatment of such patients; (B) urges that community-based programs offering naloxone and other opioid overdose prevention services continue to be implemented in order to further develop best practices in this area; and (C) encourages the education of health care workers and opioid users about the use of naloxone in preventing opioid 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 opioid overdose; and (B) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for opioid overdose.

RESOLUTION

Resolution: 604S.16

SUBJECT: Prescription Drug Abuse Education in Medical School
SUBMITTED BY: Hall County Medical Society
REFERRED TO: Reference Committee S

- 1 Whereas, opioid pain medications are commonly used in clinical practice and there continues to be much
2 debate about how to best prescribe and regulate these substances; and
3
4 Whereas, prescription drug abuse is an ongoing problem and methods of prevention are becoming more
5 prevalent in clinical practice, yet overdose deaths are still at an unacceptable level; and
6
7 Whereas, physician organizations believe mandatory continuing medical education (CME) for all
8 practicing physicians is unnecessary, but are making other efforts to address the issue; and
9
10 Whereas, multiple voluntary CME activities currently exist, including the University of Washington’s
11 COPE-REMS, sponsored by the FDA; and
12
13 Whereas, the state of Massachusetts, in conjunction with all four of its medical schools, has set precedent
14 by establishing Medical Education Core Competencies for the Prevention and Management of
15 Prescription Drug Misuse; now therefore be it
16
17 **RESOLVED, that the Medical Association of Georgia (MAG) supports the incorporation of**
18 **Prescription Drug Misuse education into medical school curriculums.**

#

References

CDC Guidelines:

- a) <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

AAFP:

- a) <http://www.aafp.org/news/opinion/20110824opioidsvoices.html>
b) <http://www.aafp.org/patient-care/public-health/pain-opioids.html>

University of Washington:

- a) <http://depts.washington.edu/uwc4c/news-events/university-of-washingtons-interactive-online-training-arms-physicians-with-knowledge-to-curb-prescription-drug-abuse/>

Massachusetts Curriculum:

- a) <http://www.mass.gov/eohhs/docs/dph/stop-addiction/governors-medical-education-working-group-core-competencies.pdf>

AMA Policy

Establishing Essential Requirements for Medical Education in Substance Abuse H-295.922

AMA policy states that alcohol and other drug abuse education needs to be an integral part of medical education; and that the AMA supports the development of programs to train medical students in the identification, treatment, and prevention of alcoholism and other chemical dependencies. Our AMA: (1) asks all residency review committees to review their training requirements in the treatment and management of substance abuse and addiction and to make recommendations for strengthening this provision as needed; and (2) encourages the development of specialty-specific needs assessment to determine whether targeted educational activities in substance abuse would be useful in their overall program of continuing medical education.

The Status of Education in Substance Use Disorders in America's Medical Schools and Residency Programs D-295.946

Our AMA will:

- (1) advocate for in-depth qualitative studies to facilitate the preparation of physicians to care for patients with substance use disorders;
- (2) facilitate the identification, dissemination, and implementation of successful substance use disorder educational programs across the educational continuum;
- (3) encourage the Accreditation Council for Graduate Medical Education (ACGME) to include education about substance use disorders in their program accreditation requirements;
- (4) encourage the American Board of Medical Specialties (ABMS) to encourage its member boards to include substance use disorder questions in their certification process; and
- (5) through its Council on Medical Education, monitor and track implementation of the recommendations of the December 2006 House Office of National Drug Control Policy White House Leadership Conference on Medical Education in Substance Abuse report.

RESOLUTION

Resolution: 605S.16

SUBJECT: Position on CDC Opioid Prescription Guidelines

SUBMITTED BY: P. Tennent Slack, M.D., Delegate

REFERRED TO: Reference Committee S

1 Whereas, deaths related to prescription opioids have become a major national problem; and
2
3 Whereas, said deaths are considered by many to be a physician-driven problem; and
4
5 Whereas, the Centers for Disease Control and Prevention (CDC) in March 2016 released guidelines
6 pertaining to the prescribing of opioid pain medications for patients 18 years and older in the primary care
7 setting; and
8
9 Whereas, said recommendations focus on the use of opioids to treat non-malignant, non-terminal, non-
10 palliative pain greater than three months in duration; and
11
12 Whereas, certain third-party payers are citing said CDC guidelines as a basis for restricting and/or
13 obstructing access to opioid therapy in non-terminal, non-palliative settings by multiple mechanisms
14 including a reduction in the number of days' supply per prescription and prior authorization requirements
15 for all long-acting opioid preparations; and
16
17 Whereas, the prescribing of opioids is fundamentally the practice of medicine; now therefore be it
18
19 **RESOLVED, that the Medical Association of Georgia (MAG) supports the current version of the**
20 **Centers for Disease Control and Prevention (CDC) Opioid Prescription Guidelines but, with the**
21 **following exception:**
22
23 **1. Primary care physicians may act outside of said guidelines if the physician deems it medically**
24 **appropriate; and be it further**
25
26 **RESOLVED, that MAG does not support the application of the CDC Opioid Prescription**
27 **Guidelines to specialties, which include, but are not limited to surgery and all its subspecialties,**
28 **pain medicine, oncology, and rheumatology, which deploy opioid therapy as part of their standard**
29 **daily medical practice; and be it further**
30 **RESOLVED, that MAG does not support the use of the CDC Opioid Prescription Guidelines by**
31 **third party payers as a basis for restricting or obstructing access to opioid therapy.**

###

RESOLUTION

Resolution: 606S.16

SUBJECT: Mandatory Opioid Prescribing CME

SUBMITTED BY: P. Tennent Slack, M.D., Delegate

REFERRED TO: Reference Committee S

1 Whereas, the annual number of prescription opioid-related overdose deaths has been labeled an epidemic
2 by the Centers for Disease Control and Prevention (CDC); and

3
4 Whereas, the number of annual prescription opioid overdose deaths have a strong correlation with the
5 annual number of opioid pills prescribed and dispensed; and

6
7 Whereas, physicians have a responsibility to prescribe opioids in a discriminating fashion; and

8
9 Whereas, legislation at both the national and state level is being considered that mandates continuing
10 medical education (CME) training for all physicians as it relates to the prescribing of opioids; now
11 therefore be it

12
13 **RESOLVED, that the Medical Association of Georgia (MAG) supports mandatory continuing**
14 **medical education (CME) training for all physicians as it pertains to the prescribing of opioids for**
15 **therapeutic purposes, provided said-CME training program is approved by MAG.**

#

AMA Policy

Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction D-95.981

1. Our AMA:

a. will collaborate with relevant medical specialty societies to develop continuing medical education curricula aimed at reducing the epidemic of misuse of and addiction to prescription controlled substances, especially by youth;

b. encourages medical specialty societies to develop practice guidelines and performance measures that would increase the likelihood of safe and effective clinical use of prescription controlled substances, especially psychostimulants, benzodiazepines and benzodiazepines receptor agonists, and opioid analgesics;

c. encourages physicians to become aware of resources on the nonmedical use of prescription controlled substances that can assist in actively engaging patients, and especially parents, on the benefits and risks of such treatment, and the need to safeguard and monitor prescriptions for controlled substances, with the intent of reducing access and diversion by family members and friends;

d. will consult with relevant agencies on potential strategies to actively involve physicians in being a part of the solution to the epidemic of unauthorized/nonmedical use of prescription controlled substances; and
e. supports research on: (i) firmly identifying sources of diverted prescription controlled substances so that solutions can be advanced; and (ii) issues relevant to the long-term use of prescription controlled substances.

2. Our AMA, in conjunction with other Federation members, key public and private stakeholders, and pharmaceutical manufacturers, will pursue and intensify collaborative efforts involving a public health approach in order to:

- a. reduce harm from the inappropriate use, misuse and diversion of controlled substances, including opioid analgesics and other potentially addictive medications;
 - b. increase awareness that substance use disorders are chronic diseases and must be treated accordingly;
- and
- c. reduce the stigma associated with patients suffering from persistent pain and/or substance use disorders, including addiction.

RESOLUTION

Resolution: 607S.16

SUBJECT: Over-the-Counter Naloxone
SUBMITTED BY: Hall County Medical Society
REFERRED TO: Reference Committee S

- 1 Whereas, Georgia continues to experience high rates of prescription and non-prescription opioid overdose
- 2 deaths; and
- 3
- 4 Whereas, the administration of intranasal naloxone by non-medical personnel is now allowed under
- 5 Georgia law to reverse opioid overdose; and
- 6
- 7 Whereas, said administration has been shown to be safe and highly effective in numerous cases in
- 8 Georgia and across the U.S.; and
- 9
- 10 Whereas, there are increasing calls from various advocacy groups and medical organizations to routinely
- 11 co-prescribe naloxone when opioids are prescribed; and
- 12
- 13 Whereas, many physicians in Georgia are unaware that current state law allows for the use of intranasal
- 14 naloxone; and
- 15
- 16 Whereas, the state pharmacy association is in support of making intranasal naloxone available over-the-
- 17 counter at pharmacies; now therefore be it
- 18
- 19 **RESOLVED, that the Medical Association of Georgia supports over-the-counter dispensing of**
- 20 **intranasal naloxone for use in a manner consistent with state law.**

#

AMA Policy

Increasing Availability of Naloxone H-95.932

1. Our AMA supports legislative and regulatory efforts that increase access to naloxone, including 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.

RESOLUTION

Resolution: 608S.16

SUBJECT: Hepatitis C Reduction
SUBMITTED BY: Whitfield-Murray Medical Society
REFERRED TO: Reference Committee S

1 Whereas, there were 11,229 reported cases of Hepatitis C Virus (HCV) in 2014; and

2
3 Whereas, there were 13,970 reported HCV cases in 2015; and

4
5 Whereas, there were 1,250 reported HCV cases of individuals ages 30 years and younger in 2015; and

6
7 Whereas, Georgia has had a 123 percent increase in HCV cases in children ages 36 months and younger;
8 now therefore be it

9
10 **RESOLVED, that the Medical Association of Georgia (MAG) encourages policymakers to take the**
11 **following actions:**

12
13 **(1) Pursue an approach to the drug abuse problem, which would focus on preventing the initiation**
14 **of drug use, aiding those who wish to cease drug use, and diminishing the adverse consequences**
15 **of drug use;**

16
17 **(2) Recognize the importance of screening for alcohol and other drug use in a variety of settings,**
18 **and broaden the concept of addiction treatment to embrace a continuum of modalities and**
19 **goals, including appropriate measures of harm reduction, which can be made available and**
20 **accessible to enhance positive treatment outcomes for patients and society;**

21
22 **(3) Encourage the expansion of opioid maintenance programs so that opioid maintenance therapy**
23 **can be available for any individual who applies and for whom the treatment is suitable,**
24 **allowing for training to be available so that an adequate number of physicians are prepared to**
25 **provide treatment;**

26
27 **(4) Encourage the extensive application of needle and syringe exchange and distribution programs**
28 **and the modification of restrictive laws and regulations concerning the sale and possession of**
29 **needles and syringes to maximize the availability of sterile syringes and needles, while ensuring**
30 **continued reimbursement for medically necessary needles and syringes; and be it further**

31
32 **RESOLVED, that MAG strongly supports the ability of physicians to prescribe syringes and**
33 **needles to patients with injection drug addiction in conjunction with addiction counseling in order**
34 **to help prevent the transmission of contagious diseases.**

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