

America's Opioid Epidemic

Know the Facts



Connecting Physician Families for Healthier Communities

Frequently Asked Questions

1. How would a PTA state advocate align with an AMAA State Alliance?

We would matchup a state alliance member with the PTA advocate to discuss what is available in the state and how to access local resources. Work with the PTA to drive the program in their state.

Some ideas – small group discussions, organize a door hanger event along with the webinar. The door-hanger has much of the same information, organize volunteers and kids to do a neighborhood distribution. Kids go in partners.

Presentations at PTA Council meetings to get information to them and take it back to the individual schools. Fact sheet available for download.

2. Physicians are quick to prescribe meds, what if anything is being done with that?

In Kentucky there is a Bill restricting the number of days to prescribe to three days for acute pain. There is a provision for diagnosed chronic pain. It is all about changing attitudes.

Individual states would need to research what is going on in their state.

3. Teens can get prescribed pain medication for injuries – is there a minimum age.

There are recommendations for prescribing. Usually opioids are not prescribed for children. There are a lot of alternative options to opioids.

4. What is the Alliance availability?

With enough notice we would connect an Alliance member with the PTA. PTA has state Health Conference and again we could connect an Alliance member with the PTA member.

5. Why is it, prescribing is going down but deaths are going up.

Nationwide, general attitude around prescribing is getting better. The cost on the street is too high so they are moving into other illicit drugs, heroin, fentanyl laced heroin which is 100x more deadly than opioids.

6. Are there other approaches to pain management, other than a three day prescription?

Pain protocols are being developed that, if possible, do not include opioids. Physical therapy, acupuncture, massage are a few alternative treatments.

7. Some teens experiment with alcohol, marijuana, and opioids others don't. Are there characteristics identified as more prone to use?

Modeling behaviors at home, see parents taking meds, adverse childhood experience, self-medication.