



POSITION STATEMENT

Opioid Epidemic

INTRODUCTION/BACKGROUND

Opioid use, misuse, and abuse have been on the rise over the past several decades, and increased scrutiny has been placed on the prescribing and use of opioids. Increased opioid usage has led to several unintended consequences for individual patients and society at large. Opioids use can lead to tolerance, addiction, and result in worse treatment outcomes (Morris & Mir, 2015). This phenomenon, now known as the opioid epidemic, has been wreaking havoc in the general healthcare population specifically the orthopaedics patients with acute and chronic pain from genetic, acquired, or traumatic musculoskeletal conditions.

The rise in opioid prescriptions began in the 1990's when pain was declared as the –fifth patient vital sign,¹ and today the U.S consumes an estimated 80% of the global opioid supply. Subsequently, the diversion of opioids for nontherapeutic use began to dramatically increase as well (Morris & Mir, 2015). Nearly thirty years later, opioid overdose is now the leading cause of accidental death in young adults. Opioids are associated with a higher risk of postoperative death, contribute to post-operative complications, and increase the risk of fall and fracture in the elderly (AAOS, 2015).

Nurses, especially those caring for patients who have either used, abused or are currently being prescribed opioids for chronic or acute musculoskeletal conditions from trauma or surgery, are in a unique position to directly impact the continued spread of the opioid epidemic.

POSITION

- Increase provider and patient education
- Utilize multimodal and alternative therapies
- Increase research investigating the opioid crisis
- Increase patient advocacy

RECOMMENDATIONS

Education of Healthcare Providers

Nurses and medical professionals, armed with the information can play an integral role in facilitating the proper use of opioids. Educating healthcare professionals about the opioid crisis is a primary prevention strategy to promote more responsible and effective opioid prescribing practices. Healthcare providers should maintain competence in opioid management, proper pain assessment, managing pain, and the safe use of opioids through continuing medical education courses (CMEs) so that they can stay abreast of new and developing information (CDC, 2018; Joint Commission, 2017).

To appropriately manage pain in a perioperative setting, healthcare providers must properly assess patients for the risks of opioid use, guide pain management, and address the



harmful effects of opioid misuse (Kee, Smith, & Barnes, 2016; CADCA, 2016). Prescription Drug Monitoring Programs (PDMPs) help governing bodies gather information about the opioid crisis and provides prescribers with additional clinical decision support (CDC, 2018), aids in decreasing the inappropriate prescribing and dispensing of opioids, and has been directly correlated with decreasing oxycodone-related deaths (Kee, Smith, & Barnes, 2016).

Education/Setting Expectations for Patients

Patient education is needed to understand the potential dangers associated with the misuse of opioids including more pain, addiction, and even death (AAOS, 2015). Healthcare providers have a responsibility to educate the public about safe pain management to shift the cultural expectations that have evolved.

Patient education should emphasize:

- The risks of addiction, opioid abuse, and overdosing
- The connection of opioid prescriptions to illicit drugs such as heroin
- Misuse and abuse lead to continued worsening pain, and can also result in the diversion of opioids and risking other lives (Kee, Smith, & Barnes, 2016).
- Patients should be counseled on setting reasonable and attainable pain goals and expectations (Morris & Mir, 2015).

There are many tools to assist in patient education. The (HHS) developed the Pathways to Safer Opioid Use which emphasizes the use of health literacy strategies when educating patients and their families so that they can better understand the medications they have been given, the risks of use and related adverse drug events. The Risk Evaluation and Mitigation Strategy (REMS) for Opioid Analgesics aids in the education and counseling of patients for the proper use and tapering of opioids as well as appropriate follow up (CADCA, 2016).

Multimodal and Alternate Therapies

The use of multimodal analgesia and an alternative method of pain control can be highly effective and can decrease the burdens of opioid use on patients and their families.

Multimodal analgesia is defined as using non-opioid medication as the foundation for pain control, usually two or more, and only adding opioids on a limited and as needed basis. The common medications used as a non-opioid foundation are non-opioid analgesics (e.g., acetaminophen), nonsteroidal anti-inflammatories (e.g., ibuprofen, indomethacin, ketorolac), local/regional anesthetics (e.g., surgical blocks, topical analgesics, iontophoresis), and psychotropics (e.g., duloxetine, amitriptyline).

Acute and chronic pain should be managed differently and should be individualized. Long-acting or extended-release opioids should be reserved for patients with chronic pain and should address the physical and psychosocial component of pain (NIH Pain Consortium, 2018).

Alternative therapies for pain management have been shown to be very beneficial (e.g., diet/nutrition, acupuncture, cryotherapy, massage, or osteopathic manipulation).

New approaches to pain control are critical in the battle against the opioid issue, and the use of multimodal analgesia and alternative therapies are an integral step in that direction.



Research

More than 11.5 million Americans, aged 12 or older, reported misusing prescription opioids in 2016 (CDC, 2018). With opioid misuse and abuse being responsible for nearly 115 deaths per day and on the rise evidenced-based research aimed at identifying key strategies for combating the opioid epidemic is paramount (NCSL, 2018).

Research is centered on five predominate themes:

1. Patient-focused – Identify and produce clinically relevant and useful tools to help evaluate pain.
2. Provider-focused - Identifies tools and programs to teach providers about pain management and safe prescribing today and in the future.
3. Safe prescribing – More information is needed on safe prescribing and standardization for acute and pediatric pain management.
4. Alternate pain management strategies - Research in alternate pharmacologic agents for treating pain is at an all-time high.
5. Outcomes evaluations - Outcomes research is necessary to evaluate the effectiveness of the tools and programs in use.

Advocacy

The single most significant congressional effort against a single drug crisis in history occurred this year with a total of \$10.7 billion appropriated at the federal level to combat the opioid crisis (Energy Commerce Committee, 2018). Legislative efforts develop programs that help battle the crisis from the inside with programs directed at treatment, education, and prevention. Further, legislative efforts focus at the state level have successfully put into place continuing education for prescribers, prescribing guidelines, prescription drug monitoring programs and safe disposal of controlled substances.

Advocacy plays an important role in ensuring that legislative bills are created and passed to meet the needs of the nation and the affected communities. We must refute inappropriate legislation as well as support legislation that advances the platform of providing successful pain management (acute and chronic) for all (adults and pediatrics) while protecting against opioid misuse and abuse. There is no simple answer to the opioid crisis in the nation however significant efforts are being made in the right direction.

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