ASRA STATEMENT ON THE OPIOID CRISIS

Approved by the ASRA Board of Directors, November 16, 2016

According to the Institute of Medicine’s 2011 report “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research,” treatment of pain costs the United States more than half a trillion dollars every year.

The increase in the prevalence of pain has been associated with an increase in opioid prescriptions, opioid consumption, drug misuse, diversion, dependence, addiction, and opioid-related deaths.

The current opioid crisis is believed to be the result of multiple contributing factors. These include (but are not limited to) pressure from governmental agencies on pain management and patient satisfaction, a lack of knowledge among health care providers regarding how to safely and effectively minimize the addiction potential of opioid medications, increased availability of opioids, and diversion of legitimate opioid prescriptions.

There is a parallel relationship between the availability of prescription opioids and their resulting diversion and abuse.

It is the position of the American Society of Regional Anesthesia and Pain Medicine (ASRA) that pain should be diagnosed and treated using a comprehensive, multidisciplinary, interdisciplinary approach.

Opioids are not the first-line therapy for chronic non-cancer pain conditions. A patient-centered approach is essential, and opioids, prescribed in reasonable dosages with continued surveillance for benefit, usage, and adverse effects (including aberrant behaviors) should be reserved for patients with intractable chronic pain that is not adequately controlled with non-opioid treatment options, including other pharmacological therapies and interventional pain procedures. An opioid exit strategy should be implemented to wean patients off opioids who do not experience an improvement in analgesia, psychosocial, and physical function.

Education, research, and advocacy are critical to accomplishing these goals.

- **Education**: Physicians and the public must be educated on multimodal approaches to pain management and safe use of opioids. Currently, the majority of opioid prescriptions are written by physicians without appropriate training in pain management, highlighting the need for education in opioid implementation of therapy, the use of adjuvants for the treatment of different pain conditions, diagnosis and treatment of short-term and long-term opioid side effects, patient monitoring and drug screening, management of individuals exhibiting aberrant opioid behaviors, and implementation of risk evaluation and mitigation strategies (REMS). ASRA also advocates that naloxone (Narcan®) should
be made available to high-risk chronic pain patients and their family members. Patients and healthcare providers should be educated on the indications and appropriate use of naloxone to treat opioid overdose.

- **Research:** The promotion and support of research to demonstrate clinical therapeutic outcomes when using opioids in the management of chronic pain are critical. Research is needed to elucidate the factors leading to abuse, misuse, overdose, and aberrant behaviors.

- **Advocacy:** Advocating for legislative and regulatory policies to allow legitimate pain patients to access opioids while limiting inappropriate prescribing patterns and opioid abuse is essential. Key stakeholders must advocate for insurance coverage policies to allow access to, but not limited to, non-opioid pain therapies, including other adjuvant pharmacological therapies, physical therapy, and interventional pain management options.

**Bibliography**


