



NACNS Position Statement

The Role of the Clinical Nurse Specialist in Addressing Opioid Prescribing and Pain Management Concerns Related to the National Opioid Crisis

The National Association of Clinical Nurse Specialists (NACNS) supports and advocates for the active involvement of the clinical nurse specialist (CNS) in all efforts to address the national opioid crisis. The CNS brings a unique health care policy and system's perspective to the implementation of public policy addressing the nation's opioid public health emergency as well as patient care in clinical settings.

Health Care Policy

Policymakers should affirmatively act to ensure access to clinical nurse specialist services in regulation and legislation related to pain management and/or opioid misuse and addiction treatment.

Health Care Systems

Within health care organizations, the clinical nurse specialist should be central to opioid safety initiatives. Further, NACNS calls for all clinical nurse specialists, regardless of setting or specialty, to draw on their expertise, skills and abilities to take a more significant role in discussions surrounding the opioid problem, at national, state, local and organizational levels.

Background

Use of opioids and opioid prescription rates have nearly quadrupled since 1999. At the same time, opioid-related emergency department visits increased in 49 states, from an 11 percent rise in Kansas to 106 percent in Ohio (Weiss et al., 2017). The evidence is mounting regarding the relationship between initial opioid prescription and likelihood of continued long-term use (Barnett, Olenski, & Jena, 2017). However, despite the increase in opioid prescribing, nearly 50 million adults in the U.S. continue to report significant pain. Research gaps persist related to the appropriate use of opioids for acute and chronic pain, as well as to the potential harm of short- or long-term opioid use. Opioids are not without risk; it is estimated that approximately 28 percent of those taking opioids misuse their prescriptions, and 11 percent of chronic pain patients have an addiction to opioids (Vowles et al., 2015).

Role of the CNS

The clinical nurse specialist is an advanced practice registered nurse whose graduate-level education and advanced training uniquely prepare them in acquiring the high-value knowledge and skills to help reduce inappropriate or unsafe opioid use while supporting effective, multi-modal pain management. Abating the societal devastation caused by opioid misuse and addiction requires a comprehensive, multifactorial approach that includes evidence-based pain management care, clinician education and systems-level changes to the current opioid-based pain management practice.

The CNS practice model is grounded in three areas of impact – care of the patient and family, clinical staff and organizations. The clinical nurse specialist's expertise is in the care of specific populations related to these three spheres of impact. The work across the CNS spheres produces individuals who can

effectively lead change in systems across the continuum of care. CNS leadership is critical to decreasing inappropriate use of opioids and in helping organizations examine pain management policies, regulations and education for the patient, family, health care provider staff and the public.

Within each area of impact, NACNS promotes the following actions:

Area of Impact: Organization

- Advocate for full practice authority including opioid prescribing for all advanced practice registered nurses. The CNS currently has prescriptive authority in 39 states.
- Develop guidelines and/or policies related to pain assessment, documentation and treatment that address challenges and needs of units, departments and/or populations within health care organizations.
- Incorporate evidence-based strategies that identify and address those at risk of opioid misuse or addiction.
- Evaluate interprofessional barriers in promoting substance misuse risk and treatment.
- Support interprofessional efforts to improve policies and practices related to multi-modal pain management.
- Develop educational opportunities for clinicians regarding pain management.
- Support organizational efforts to incorporate controlled-substance reporting system findings into opioid-based pain management practices to assess for actual or potential opioid misuse risk.
- Assess organizational barriers to develop strategies to ensure patients have adequate pain management across the health care continuum.
- Advocate for increased support and funding for pain management research.

Area of Impact: Clinical Staff

- Advance knowledge, practice and systems to improve the comprehensive assessment, documentation and communication of pain.
- Collaborate with educators and interdisciplinary professionals to create and provide education regarding safe and effective interventions that address acute and chronic pain, emphasizing the use of multi-modal therapies to improve function and reduce the risk of unwanted adverse effects.
- Advocate for full scope of practice for clinical nurse specialists and other advanced practice registered nurses in the assessment and management of acute and chronic pain.

Area of Impact: Patient and Family

- Integrate motivational interviewing techniques to determine treatment priorities.
- Educate patients and families related to multi-modal pain management strategies, expectation management and appropriate use of medications.
- Encourage medication-assisted treatment programs.
- Discuss the importance of proper medication disposal options.

Since the Centers for Disease Control and Prevention released its recommendation for opioid use in chronic pain (Dowell et al., 2016), there has been a wealth of attention on the topics of misuse and addiction, but far less concentration on the effective management of acute or chronic pain with opioid alternatives. The CNS can facilitate the many, much-needed efforts to address the opioid public health emergency in a comprehensive manner, maintaining the patient's health and safety as a core principle. Reducing the suffering and devastation from opioids should not come at the expense of increased harm and suffering from unmanaged acute or chronic pain.

References/Resources

American Academy of Family Physicians (AAFP). (2017). AAFP Chronic Pain Management Toolkit. Retrieved from <http://www.aafp.org/patient-care/public-health/pain-opioids/cpm-toolkit.html>

American Hospital Association. (2017). Stem the tide: Addressing the opioid epidemic (Toolkit). Retrieved from <http://www.aha.org/content/17/opioid-toolkit.pdf>

Barnett, M.L., Olenski, A.R., Jena, A.B. (2017). Opioid-prescribing patterns of emergency physicians and risk of long-term use. *NEJM*, 367(7), 663-673. Retrieved from <https://www.nejm.org/doi/full/10.1056/NEJMs1610524>

Centers for Disease Control and Prevention, (2017). Prescribing data. United States Department of Health and Human Services. Retrieved from <https://www.cdc.gov/drugoverdose/data/prescribing.html>

Dowell, D., Haegerich, T.M., Chou, R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49. Retrieved from <http://dx.doi.org/10.15585/mmwr.rr6501e1>

Hedegaard, H., Warner, M., Miniño, A.M. Drug overdose deaths in the United States, 1999–2016. NCHS data brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

The Office of the Surgeon General of the United States. *Turn the Tide Rx: Treatment Options – Assessing Patients and Pain Treatment Toolbox* Webpage. (2018 May 15). Retrieved from <http://turnthetiderx.org/treatment/#>

Rudd, R.A., Aleshire, N., Zibbell, J.E., Gladden, R.M. Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. Centers for Disease Control. *MMWR Morb Mortal Wkly Rep*. 2016 Jan 1;64(50-51):1378-82. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w

U.S. Department of Health and Human Services. *Opioids: The Prescription Drug & Heroin Overdose Epidemic – Health Professionals Resources* Webpage. (2018 May 15). Retrieved from <https://www.hhs.gov/opioids/index.html>

U.S. Substance Abuse and Mental Health Services Administration. *Opioid Use Disorders and Medication-Assisted Treatment – A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers*. (2018 May 15). Retrieved from <https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx>

U.S. Substance Abuse and Mental Health Services Administration. *Opioid Overdose Prevention Toolkit - Updated 2016*. (2018 May 15). Retrieved from <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>

Veterans Health Administration (VHA). (2018 May 15). VHA Pain Management. Retrieved from <https://www.va.gov/PAINMANAGEMENT/Resources.asp>

Vowles, K.E., McEntee, M.L., Julnes, P.S., Frohe, T., Ney, J.P., van der Goes, D.N. Rates of opioid misuse, abuse, and addiction in chronic pain: A systematic review and data synthesis. *Pain*. 2015;156:569–576. Retrieved from <https://doi.org/10.1097/01.j.pain.0000460357.01998.f1>

Weber, C., (2015). *NIH Study Shows Prevalence of Chronic or Severe Pain in U.S. Adults*. American Pain Society. Retrieved from <http://americanpainsociety.org/about-us/press-room/nih-study-shows-prevalence-of-chronic-or-severe-pain-in-u-s-adults>

Weiss, A.J., Elixhauser, A., Barrett, M.L., Steiner, C.A., Bailey, M.K., O'Malley, L. (2017). Opioid-Related Inpatient Stays and Emergency Department Visits by State, 2009-2014. *HCUP Statistical Brief #219. December 2016*. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>

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