



NACNS Position Statement

Clinician Approach to Opioid Misuse and Addiction

Position

NACNS supports a balanced approach to the care of patients in pain; one that integrates clinician education, judicious use of opioid analgesics and evidence based non-pharmacological interventions. Current research demonstrates that the benefits of prescribing extended-release and long-acting (ER/LA) opioid analgesics, in certain patient populations based on evidence-based prescribing practices, continues to outweigh the risks of adverse outcomes (addiction, unintentional overdose, and death) resulting from inappropriate prescribing and misuse (i.e. taken in a different way or in a larger quantity than prescribed, or taken without a doctor's prescription).¹ NACNS supports clinician efforts to balance the use of opioids (short- and long-acting) with non-pharmacologic and non-opioid pharmacologic choices.

Discussion

In order to comprehensively understand the full range of options available to treat acute and chronic pain, providers need to follow the current research and clinical recommendations for treating patients with acute and chronic pain. It is critical that in addition to evidence-based clinical prescribing information, clinicians should pursue continuing education in addiction identification and treatment to fully understand the physiologic and psychological drivers of opioid addiction.² Science concludes that addiction is a disease, not a personal failing. Addiction to opioids is an immensely complicated clinical scenario that requires more than just "Saying No" to drugs. Clinicians must recognize the research and refer and/or treat patients based on current recommendations for opioid addiction.

Non-pharmacological interventions can provide beneficial effects on function and/or pain that may be seen after the completion of therapy.³ These interventions include exercise, multidisciplinary rehabilitation, acupuncture, and mind-body and mindfulness practices, and may improve function and pain across multiple chronic pain conditions. There is support for clinical strategies that focus on use of non-pharmacological therapies as preferred interventions for chronic pain. More research on sustainability of effects beyond the immediate post-treatment period is needed, particularly for conditions other than low back pain.^{3,4,5} Additionally, reimbursement of non-pharmacological interventions can be challenging. It is crucial to work with payers to improve coverage for these interventions to enhance safe, high-quality pain management for our patients.

It is imperative to understand the significance of pain as a prevalent health problem and to augment the information about chronic pain prevalence as outlined by the National Pain Strategy.⁶ It is essential for

clinicians to systemically assess risk factors for misuse and/or addiction. One particular risk factor is when patients consistently or frequently miss appointments.

Other commonly concerning behaviors include when patients:

- Demand increased doses (without corresponding pain),
- Behave aggressively or in an angry, rude, or threatening manner, and
- Signs of substance use disorders, such as for alcohol, methamphetamines, cocaine, benzodiazepines, or heroin.

Best practice at this time suggest that clinicians ought to integrate a systematic, patient-centered process that includes information-gathering, more frequent monitoring, a concerted effort at patient education, and a pointed review of the opioid treatment agreement.

Research has shown that the most effective opioid misuse disorder and addiction prevention programs are those that help individuals develop the intentions and skills to act in a healthy manner, and those that create an environment that supports healthy behaviors. Medication disposal is one potential drug misuse prevention strategy. Medication disposal programs are intended to reduce easy access to opioid analgesics and other misused prescription drugs for nonmedical use.

State Prescription Drug Monitoring Programs (PDMPs) are promising clinical tools to address prescription drug misuse and addiction. These programs are designed to monitor prescribing and dispensing of controlled substances and can provide a prescriber or pharmacist with critical information regarding a patient's prescription history. This information can have a direct impact on reducing a patient's risk for overdose and provide an opportunity to intervene with patients who are misusing medications.^{2,7}

More than 2 million Americans have an opioid use disorder, but less than 20 percent receive appropriate treatment for their disorder.³ Increasing access to substance use disorder treatment, including medication-assisted treatment with methadone, buprenorphine, and naltrexone, is essential to effectively address the prescription drug misuse problem. Individuals can safely take these medications as long as needed – a few months, one to five years, or for life. Studies have also shown that the most effective treatments are those that include comprehensive medical, social, psychological and rehabilitative services that address all the needs of the individual.^{2,5}

Overdoses due to opioids cause respiratory depression that can progress to cardiac arrest if untreated. In 2015, the number of drug overdose deaths involving prescription or illicit opioids exceeded 33,000, the highest number on record.⁴ Access to naloxone is crucial in reversing opioid induced respiratory depression and arrest. Educating individuals on overdose prevention, including how to recognize and respond to an overdose and how to obtain and administer an opioid overdose reversal medication should be prioritized.⁷ Community-based programs that provide naloxone and train at-risk individuals and their loved ones on overdose prevention have been implemented. More research is needed to determine the optimal dose for different routes of administration, optimal dosing strategies, and

appropriate training levels for emergency medical service personnel who are permitted to administer naloxone. States vary in their approach to provide naloxone access outside of the clinical setting so please refer to your state regulations and guidelines.^{4,5,7}

Research is needed to study new methods of pain assessment and targeted interventions to better manage pain. Additionally, future research should explore the similarities and differences in the types of pain, specific population groups, and the prevalence of addiction with opioid therapy.

References

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Approved by the NACNS Board of Directors

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