



## **NACNS Position Statement**

### **The Opioid Crisis – A Universal Health Care Concern**

#### **Position**

In light of the critical nature of the national opioid public health emergency<sup>1</sup>, the National Association of Clinical Nurse Specialists (NACNS) advocates for funding and national support for thoughtful, varied and individualized approaches to acute and chronic pain management using a combination of opioid and non-opioid pain medications as well as non-pharmacologic interventions. In addition, NACNS believes that pain management should be focused on the strategic and judicious use of opioid medications.<sup>2</sup> NACNS encourages policy makers, health care providers and members of the public to begin to view opioids as a tool to alleviate specific types of pain in specific situations, but not demonize its use or the patients who require these medications to alleviate specific types of pain. To this end, NACNS calls for more research on the appropriate use of opioids, as well as the use of non-opioid pain medications, pain assessment instruments/tools that focus on improved functionality and interventions to alleviate pain.<sup>3</sup>

Efforts to address the growing concerns surrounding the misuse of opioids have the potential to overshadow the need for compassionate, individualized pain management. This presents an ethical dilemma as nurses struggle to reduce pain and suffering while balancing the potential dangers of opioids to both individuals and society. The opioid crisis highlights the complexities of pain management, especially in vulnerable pain populations, such as older adults, pregnant women or those with chronic diseases, including mental illnesses and substance use disorders.<sup>4,5</sup> NACNS supports the removal of barriers to accessing safe, effective pain management for these populations. More research on non-opioid pain management and opioid use is critical. Additionally, NACNS calls for increased education related to pain, pain management, and the use of opioids for all health care staff.

#### **Background**

Use of opioids and opioid prescription rates have nearly quadrupled since 1999.<sup>6</sup> At the same time, opioid-related emergency department (ED) visits increased, suggesting a worsening in the U.S. opioid overdose problem. Overall, ED visits (reported by 52 jurisdictions in 45 states) for suspected opioid overdoses increased 30 percent in the U.S. from July 2016 through September 2017.<sup>7</sup> The evidence is mounting regarding the relationship between initial opioid prescription and likelihood of continued long-term use.<sup>8</sup> However, despite the increase in opioid prescribing, nearly 50 million adults in the U.S. continue to report significant pain.<sup>9</sup> 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.<sup>10</sup>

## References

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