

## Strategies to Address the Opioid Epidemic in the United States

The American Society of Anesthesiologists® (ASA®) enthusiastically supports efforts to reduce the misuse, abuse, and diversion of prescription opioid medications that lead to unintended consequences, including death. A multipronged approach is essential to addressing this public health epidemic, which requires collaboration among multiple entities including federal and state policymakers and representatives from the judicial branch, physicians, pharmacy and other health care professionals, patients, educators, public health officials, manufacturers and distributors.

ASA commends Congress for passing the Comprehensive Addiction and Recovery Act (CARA) last Congress, which includes numerous grant programs and ASA-supported provisions to address the prescription opioid abuse epidemic. Also noteworthy, the 21st Century Cures Act dedicated funds to this problem and encouragingly, the Department of Health and Human Services (HHS) announced it will provide the first round of that funding through \$485 million in grants to help states and territories combat opioid addiction. Finally, legislation that will fund the government through September, the FY2017 Omnibus Appropriations bill, provides additional funds for the Substance Abuse and Mental Health Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC) to continue their work on addressing the opioid crisis.

ASA is pleased to see Congress's continued commitment to address the prescription opioid abuse epidemic, as well as the work by federal agencies to implement these programs. As federal and state governments and local communities continue to employ strategies aimed at solving this epidemic, ASA recommends greater focus on the following policies.

### **Increase patient access to multimodal and multidisciplinary pain management, including insurance coverage of non-opioid therapies and team-based care.**

- A comprehensive, patient-centered approach to pain management may also include interventional therapies (e.g. epidural steroid injections, radiofrequency ablation, and neuromodulation), which are key non-opioid therapies for the treatment of chronic pain and have been shown to reduce and eliminate pain, improve function, decrease reliance on opioids, and for some patients eliminate the need for surgery.

### **Enhance physician education on multimodal, multidisciplinary pain management, including safe and effective opioid prescribing.**

- Physicians should continue to enhance their knowledge of pain management through continuing medical education (CME), such as through the CME program offered through the Food and Drug Administration's (FDA's) Risk Evaluation and Mitigation Strategy on opioids.
- These educational offerings should include information on when primary care physicians should refer patients to pain medicine specialists for evaluation and to optimize care with multimodal and multidisciplinary evaluation and treatment approaches.

### **Encourage safe storage and disposal of opioid medications by increasing patient access to drug "take back" programs.**

- ASA strongly supports the education and awareness regarding the risks of prescription opioids if they are not taken as prescribed, as well as the steps needed to ensure safe storage and disposal of unwanted or unused medications.
- More than 70 percent of people misusing opioid analgesics are getting them from family and friends.
- The preferred method of disposal is through local take back or mail back programs, and medication drop boxes (located at police stations, DEA collection sites or pharmacies).
- While drug disposal and take back efforts are increasing, programs and disposal sites are still not widely-available. These take back programs, including drop boxes, should be available in every state and county in the U.S.

### **Support research for decreasing opioid use in the postoperative period.**

- Patients utilizing opioids prior to surgery present a challenge to the physician anesthesiologist in perioperative management. Preoperative opioid consumption has been associated with greater utilization of opioids in the postoperative time frame. Therefore, clinical trials are needed to determine best practices for treating this challenging patient population.
- In opioid-free surgeries, patients receive multimodal analgesia (pharmacological, non-pharmacological) and peripheral nerve blocks, as recommended by the ASA practice guidelines. These patients have been shown to consume less postoperative opioids, leading to quicker recovery times and decreased wound infection.
- Larger clinical trials need to be funded to demonstrate that combination non-opioid therapy with regional anesthesia and analgesia is superior.



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