



P.O. Box 15473 ❖ Lenexa, Kansas 66285-5473 ❖ 913/895-4606 ❖ ASPMN@goAMP.com

Statement Regarding the Use of Opioids for Chronic Pain While Preventing Abuse and Diversion

Effective pain management is an important aspect of quality healthcare and it is widely accepted internationally that patients have a right to professional pain assessment and appropriate treatment. Health care practitioners must, therefore, continually balance the legitimate need for opioid analgesics with the serious problems of abuse, diversion, and potential overdoses. The American Society for Pain Management Nursing® (ASPMN®) acknowledges that the use of prescription pain medications has increased tremendously in the U.S. over the past 2 decades along with a rise in prescription drug misuse and abuse. Controversy over the use of opioids for chronic non-cancer pain has risen in both the public and political sectors citing an upsurge of drug overdoses, both intentional and unintentional, involving opioid analgesics.

In evaluating contributing factors to the alarming rise in opioid-related deaths, one significant factor cited is a change in the type of opioid prescriptions with increased use and injudicious dose escalations of medications such as fentanyl, hydromorphone, methadone, oxycodone, and oxymorphone. In particular, methadone retail sales have increased the most dramatically and have been involved in many hospitalizations for overdose and methadone related deaths. Methadone is known for its more complicated dosing parameters, which is often not well understood by many prescribers who are not pain specialists. Another often overlooked factor is that many opioid related deaths involve more than one drug- including alcohol. The most frequent drug type used in combination with methadone and other opioids was benzodiazepines (BZDs) – a sedative type drug, which in combination with an opioid can significantly add to the risk of overdose.

Chronic Pain as a Disease and Its Societal Impact

The high cost of unrelieved chronic pain is well documented. The Institute of Medicine (2011) report on pain estimates the financial burden as \$635 billion and clearly calls for the effective treatment of the 100 million Americans living with chronic pain.

Chronic Opioids as a Legitimate Prescription Treatment

While there is published research demonstrating the benefits and risks of opioids, most of the research extends over several months but not over years. These shorter time frames limit the generalizability of scientific evidence in addressing the balance of pain relief and potential harmful effects of chronic opioid therapy. There is, however, a consensus

among pain specialists in organizations such as the American Pain Society and the American Academy of Pain Medicine, that opioid treatment should be considered and trialed as a possible treatment option for patients with severe persistent pain, particularly for those who have failed non-opioid therapy. At the same time, the prudent prescriber must carefully consider emerging research identifying multiple risk factors contributing to adverse effects of long-term opioid use - such as escalating opioid doses, concurrent use of sedative medications (i.e. BZDs), coexisting mood disorders and psychiatric illness, a prior history of substance use disorder, and medical disorders such as obstructive sleep apnea (OSA).

Recommendations

To promote the responsible use of opioids and to avoid the needless suffering of millions living with persistent pain, over-simplified solutions to this complex problem must be rejected. Rather, judicious implementation of evidence-based recommendations must be adopted.

Highlights of these recommendations include:

1. Investigate patient history of medical, psychiatric and substance use disorders including records from other providers.
2. Refer to specialists promptly with high-risk conditions, including obesity, OSA, psychiatric and substance use disorders, and when higher opioid doses are required. (Some guidelines cite 90-100 mg morphine sulfate equivalents [Nuckols, Anderson, Popescu, Diamant, Doyle, Di Capua, & Chou, 2014])
3. Maximize the use of pain medications other than opioids.
4. Cautious use or avoidance of high-risk medications, such as benzodiazepines, when opioids are used.
5. Initiate opioid therapy as a trial with the understanding if it decreases pain and increases activity tolerance it may be maintained.
6. Use published clinical guidelines to identify and decrease risk of opioid misuse, such as Pain Management Universal Precautions which includes urine drug testing, use of state prescription monitoring websites and opioid treatment agreements. (Gourlay, Heit, & Almahrezi, 2005)
7. Promote government and society actions:
 - 7.1. Require comprehensive prescriber education on opioid pharmacology and management – including risks, benefits, and alternatives.
 - 7.2. Advocate for increased funding of research and access to care for pain management and mental health services – including substance use disorder.



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- 7.3. Develop safe, convenient and environmentally friendly medication disposal programs.
- 7.4. Expand Prescription Monitoring Program (PMP) features
 - 7.4.1. Support expanded access for all health professionals, licensed and unlicensed, to PMP websites.
 - 7.4.2. Support interstate/national sharing of information.
 - 7.4.3. Simplify and standardize state requirements for account registration.

As concern and controversy has arisen in professional, governmental and public arenas, it is important to recognize the complex problems embedded within the debate. ASPMN[®] promotes the pursuit of evidence-based responses to sustain effective pain management for millions of Americans living with chronic pain and public safety in delivering this care.