



Marshaling Clinician Leadership to Counter the Opioid Epidemic

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Epidemic: The growing and unprecedented opioid epidemic is a critical issue for public health and medical care throughout the country. Provisional estimates suggest that nearly 65,000 Americans died from a drug overdose in 2016, a 21% increase from the previous year and at a level higher than that which occurred during the peak years for deaths from HIV infection and automobile fatalities. Nearly two-thirds of all recent drug deaths were attributable to opioid use, including about 20,000 deaths in 2015 due to prescription pain relievers and another 13,000 deaths from heroin. Opioid addiction and overdoses have devastated families and communities, overwhelming emergency rooms and drug addiction treatment facilities, and leaving many without needed care.

Clinician Opportunities: Prescription opioids—oxycodone, hydrocodone, fentanyl, meperidine, and others—are involved in at least half of deaths by opioid overdose. The opioid epidemic has sparked deep concern among leaders in the health care sector. The need is clear for clinicians, as the “gatekeepers” of opioid prescriptions, and as the front line in facilitating access to treatment for addiction, to work together with state and community leaders to reduce the impact of opioid misuse on American communities.

In this special publication from the National Academy of Medicine, developed in support of a National Governors Association resolution calling for progress in addressing opioid prescribing practices, a group of experts and field leaders explore clinicians’ roles in addressing opioid misuse and addiction. This contribution is informed by, and builds on, initiatives and guidelines that have been stewarded by various stakeholder organizations providing leadership in addressing these issues. In the midst of evolving understanding of and experience in pain management and substance abuse, the authors offer to clinicians a set of axioms applicable both to responsible, appropriate opioid prescribing practices, and to recognition and treatment of substance use disorder. Also underscored are actions that clinicians can take to improve their skills and effectiveness in the face of the growing need, including leadership engagement to ensure that communities have the resources and tools that clinicians require to fulfill their responsibilities.

Key Messages for Clinicians

Prioritize non-opioid strategies for chronic pain management

Therapies that do not involve opioids are preferred for chronic pain, except in cases of active cancer or end-of-life care. Opioids should only be added to multi-modal pain management plans for patients that are expected to experience benefits that outweigh the serious risks. Noting the risk-benefit balance of any pain management strategy, clinicians should prioritize one or more non-opioid options as first line treatments. Non-pharmacological treatments and non-opioid analgesics should be explored because, when used in concert, they can offer better pain relief and recovery outcomes, while conferring little or no risk of addiction, overdose, and death.

Follow five basic axioms of responsible opioid prescribing

Understand and tailor treatment to your patient. Thoroughly understanding your patient’s needs and circumstances is especially critical in pain management. Opioid prescriptions should be tailored to each patient, should only be used when there is good reason to think that the benefit will outweigh any potential risk, and should always reflect the available evidence.

Employ precautionary protocols. Routine precautionary protocols for treatment with opioids include: obtaining a thorough, targeted medical history; checking the state prescription drug monitoring programs (PDMPs) database; relying on urine drug screens, as indicated; and thoroughly discussing with patients the nature, expected course, risks, and management of the medication; starting slow, initiating opioid therapy at the lowest possible dose and duration levels to alleviate pain.

Actively manage and monitor treatment. Treatment merely begins with the prescription and the requisite protocols and counseling. Clinicians then must follow through with: active monitoring of the therapeutic course; tracking against an agreed-upon exit strategy for when and how to taper medications; assessing for signs of dependence or withdrawal; and linking to experienced addiction management, as needed.

Know your team and community resources. Prepare for the probability that you will at some point encounter patients with opioid use disorder. With the complex aspects to their management, a team-based, intensively patient-centered approach will generally need skills and experience from elsewhere in the community. This requires both building an in-practice team orientation, and, especially in challenging, underserved communities, developing contingency alternatives for treatment referral.

Ensure access to treatment services. Clinician action and leadership is core to a community's success in building the needed access to treatment for misuse and addiction. At the practice level, this means educating themselves and their staff—and their patients—on the costs and benefits of relevant medications, and on the availability of treatment opportunities. At the community level, this means working to ensure the availability of the capacity for successful hand-off and follow-up.

Promote policies that facilitate action on the evidence

In order to consistently offer patient-centered, evidence-based, responsible opioid therapy, sustained clinician leadership and advocacy is required to build and maintain the necessary support systems at the state, local, and federal levels for initiatives that further improve data, update education and training, provide widespread access to medication-assisted treatment modalities, and improve payment strategies to support recommended multi-modal, team-based care.

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