

## Commitment Statement on Countering the U.S. Opioid Epidemic

On behalf of 53,000 members, the American Society of Anesthesiologists (ASA) is committed to addressing the opioid crisis. Physician anesthesiologists are medical doctors specializing in anesthesia, acute and chronic pain and critical care medicine, and they either directly provide or oversee nearly 90 percent of the anesthetics used in more than 100 million procedures performed every year in the United States. With extensive education and clinical training, these physician specialists are the experts in managing pain.

While many proposals to address the opioid crisis aim to provide greater access to treatment for opioid use disorder, the ASA is committed to providing solutions to **prevent** opioid misuse, abuse and diversion. As experts in pain medicine, physician anesthesiologists are uniquely suited to prevent opioid abuse and misuse by employing opioid-sparing techniques in the surgical setting. They understand the intricacies of intraoperative and post-surgical pain, as well as the alternative treatment options to best manage this pain.

The surgical setting can expose millions of patients to opioids. This initial exposure may lead to risk and potential addiction to opioids.

- Of the 51 million Americans who undergo inpatient surgery annually, many will receive opioids following their surgical experience
- Studies find that prescription of an opioid at discharge is an independent risk factor for chronic opioid use one year later.<sup>1</sup>
- Studies also show that more than 67% of patients report unused opioids after surgery, and that rates of safe storage and disposal of unused opioids are low.<sup>2</sup>

Because exposure to opioids during the surgical setting is so common, this is a critical opportunity for patient education, partnership, and prevention. It is essential that all aspects of the health delivery system be reviewed and challenged to improve pain management and limit the use of opioids. **Physician anesthesiologists are key leaders in postoperative non-opioid pain control and reducing opioid use during surgery.**

In preparing for surgery, physician anesthesiologists can work with surgeons to design pain control plans that use opioid-sparing techniques, such as regional anesthesia, and other analgesics as part of a multimodal approach to reduce the use of, and reliance on, opioids during the perioperative period and upon discharge. During surgery, regional anesthesia utilizes pain medication to numb a large part of the body using injections, including nerve blocks and epidurals. After surgery, opioid alternatives can be used to manage pain which include medications such as ibuprofen (Motrin®), acetaminophen (Tylenol®), and others. Opioid sparing techniques used to treat acute pain during and after surgery can decrease the risk of developing chronic pain and reliance on opioids.

The opioid sparing techniques that physician anesthesiologists use as part of their practice support collaboration between physicians, patients and families in developing realistic pain management expectations; educate and train health care providers and hospital personnel on non-opioid, multimodal pain management best practices; and educate the public on safe opioid storage and disposal.

The ASA is committed to working with the National Academy of Medicine and the other collaborative partners to not only address the opioid crisis but to ensure the surgical setting is considered a key opportunity for prevention.

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<sup>1</sup> Hah, Jennifer M.; Bateman, Brian T.; Ratliff, John; Curtin, Catherine; Sun, Eric. Chronic Opioid Use After Surgery. *Anesthesia & Analgesia* 2017; 125(5):1733–1740.

<sup>2</sup> Bicket MC, Long JJ, Pronovost PJ, Alexander GC, Wu CL. Prescription Opioid Analgesics Commonly Unused After Surgery A Systematic Review. *JAMA Surg.* 2017;152(11):1066–1071. doi:10.1001/jamasurg