American Society of Regional Anesthesia and Pain Medicine’s Commitment Statement on Countering the U.S. Opioid Epidemic

The American Society of Regional Anesthesia and Pain Medicine (ASRA) is a professional membership association of more than 5,000 physicians, scientists, and other healthcare professionals, dedicated to advancing the science and practice of regional anesthesia and pain medicine throughout the entire continuum of pain from acute pain to perioperative care to transitional pain to chronic pain. It is our vision to relieve the global burden of pain.

ASRA accomplishes its mission through education, research, and advocacy. We are dedicated to providing high-quality education to members, partners, and patients about the latest evidence and best practices; advocating for the specialty in a multidisciplinary and collaborative manner; and funding research that further identifies safe and effective pain management options, tools, and techniques.

ASRA is committed to addressing the opioid epidemic to ensure safe and effective care for all patients. In November 2016, the ASRA Board approved its Official Statement on the Opioid Crisis, which can be found at this address: https://www.asra.com/news/131/asra-board-approves-official-position-st and is summarized below.

ASRA’s work in addressing the opioid crisis touches on at least three of the four focus areas of the Action Collaborative:

- **Health Professional Education and Training**

  ASRA’s two annual CME meetings, which provide education and hands-on training to physicians, PAs, nurse practitioners, nurses, and other healthcare providers, include a focus on opioids, their management, and alternatives. At the April 2019 meeting, attendees heard from Surgeon General VADM Jerome Adams, MD, MPH, on the government’s efforts to manage the opioid crisis with a clear call to action that physicians carry naloxone as well as share the “Five Ways to Prevent Opioid Misuse” postcard, which was distributed to all attendees and permanently resides on ASRA’s website. ASRA has reiterated this message in its quarterly electronic newsletter and other online materials. Examples include:

  - [Safe Opioid Storage, Tapering, and Disposal](#)
  - [Implementing Therapy With Opioids in Cancer Patients](#)
Multimodal Analgesia: Role of Non Opioid Analgesics

A Public Health Call to Action: What You Need to Do Now to Help End the Opioid Epidemic

ASRA also encourages members to share experiences to support each other in this fight. Examples include:

- Combating the Opioid Epidemic: The UT Southwestern and Parkland Health Care System Experience
- Pennsylvania Initiatives to Address Opioid Use Disorder
- Fighting the Opioid Epidemic in Our Community
- Transition Clinics in Pain Medicine

- Pain Management Guidelines and Evidence Standards
  As previously mentioned, ASRA published an Official Statement on the Opioid Crisis in November 2016. ASRA publishes advisories and guidelines on its website at https://www.asra.com/advisory-guidelines, which includes guidelines on the use of ketamine, an opioid alternative, and multidisciplinary management of postoperative pain incorporating opioid-sparing multimodal regimens. Additionally ASRA’s monthly peer-reviewed journal Regional Anesthesia and Pain Medicine publishes the latest research in the field.

- Research, Data, and Metrics Needs:
  ASRA makes available up to $240,000 in grant money each year for projects related to regional anesthesia and acute and chronic pain medicine. Examples of recently funded research include:

  2019 Graduate Student Award Recipient: Adlai Pappy, MD/MBA candidate, Emory University. “A Retrospective Survival Analysis of Checkpoint Inhibitor Treated Cancer Patients Having Received Opioids Concurrently.”

  2018 Early-Stage Investigator Award Recipient: Delara Brandal, MD, University of California, Los Angeles, “Development and Implementation of a Clinical Decision Support (CDS) Tool for Prescribing Opioids at Discharge from the Hospital: Impact on Chronic Opioid Use After Surgery”

ASRA supports the Action Collaborative on Countering the U.S. Opioid Epidemic’s commitment to sharing knowledge, aligning initiatives, and advancing collective, multi-sector solutions to address and one day end the opioid epidemic.
ASRA STATEMENT ON THE OPIOID CRISIS

(abbreviated statement; original statement may be downloaded at https://www.asra.com/news/131/asra-board-approves-official-position-st)

It has been estimated that treatment of pain costs the United States more than half a trillion dollars every year. The increase in the prevalence of pain has been associated with an increase in opioid prescriptions, opioid consumption, drug misuse, diversion, dependence, addiction, and opioid-related deaths.

The opioid crisis is believed to be the result of multiple contributing factors. These include (but are not limited to) pressure from governmental agencies on pain management and patient satisfaction, a lack of knowledge among health care providers regarding how to safely and effectively minimize the addiction potential of opioid medications, increased availability of opioids, and diversion of legitimate opioid prescriptions.

There is a parallel relationship between the availability of prescription opioids and their resulting diversion and abuse.

It is the position of the American Society of Regional Anesthesia and Pain Medicine (ASRA) that pain should be diagnosed and treated using a comprehensive, multidisciplinary, interdisciplinary approach.

Opioids are not the first-line therapy for chronic non-cancer pain conditions. A patient-centered approach is essential, and opioids, prescribed in reasonable dosages with continued surveillance for benefit, usage, and adverse effects (including aberrant behaviors) should be reserved for patients with intractable chronic pain that is not adequately controlled with non-opioid treatment options, including other pharmacological therapies and interventional pain procedures. An opioid exit strategy should be implemented to wean patients off opioids who do not experience an improvement in analgesia, psychosocial, and physical function.

Education, research, and advocacy are critical to accomplishing these goals.

- **Education:** Physicians and the public must be educated on multimodal approaches to pain management and safe use of opioids. Currently, the majority of opioid prescriptions are written by physicians without appropriate training in pain management, highlighting the need for education in opioid implementation of therapy, the use of adjuvants for the treatment of different pain conditions, diagnosis and treatment of short-term and long-term opioid side effects, patient monitoring and drug screening, management of individuals exhibiting aberrant opioid behaviors, and implementation of risk evaluation and mitigation strategies (REMS). ASRA also advocates that naloxone (Narcan®) should be made available to high-risk chronic pain patients and their family members. Patients and healthcare providers should be educated on the indications and appropriate use of naloxone to treat opioid overdose.
• **Research:** The promotion and support of research to demonstrate clinical therapeutic outcomes when using opioids in the management of chronic pain are critical. Research is needed to elucidate the factors leading to abuse, misuse, overdose, and aberrant behaviors.

• **Advocacy:** Advocating for legislative and regulatory policies to allow legitimate pain patients to access opioids while limiting inappropriate prescribing patterns and opioid abuse is essential. Key stakeholders must advocate for insurance coverage policies to allow access to, but not limited to, non-opioid pain therapies, including other adjuvant pharmacological therapies, physical therapy, and interventional pain management options.