



January 25, 2018

Frances M. Harding
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
5600 Fishers Lane
Rockville, MD 20857

Dear Director Harding,

The American Nurses Association (ANA) is pleased to provide written comment to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention National Advisory Council (CSAP NAC) regarding the discussion of the substance use prevention workforce and opioid use prevention. ANA is the premier organization representing the interests of the nation's 3.6 million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include those practicing in the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹ ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

The opioid crisis, substance use disorder (SUD) and the nurse's role in addressing these issues has been a top priority for ANA and its practice teams for over two decades. For the majority of ANA's members, the complexity of opioid misuse will continue to be front and center as the nation grapples with changing the trajectory of this tragic epidemic. Today, over 91 Americans die every day from an opioid overdose.² According to 2014 data, an estimated 1.9 million people had an opioid use disorder related to prescription pain relievers and an estimated 586,000 had an opioid use disorder related to heroin use.³

Fueling the opioid crisis have been, in part, well-meaning attempts over time to control pain in America. Over 100 million adults living in the U.S. are suffering from common chronic pain conditions, including a reported 44 percent of U.S. soldiers who have returned from deployment.⁴ Chronic pain is complex and involves

¹ The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

² The Centers for Disease Control and Prevention. (2017, August 30). Opioid Overdose, *Understanding the epidemic*. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>

³ Substance Abuse and Mental Health Services Administration. (2015, October 27). Substance Use Disorders. In *Mental and Substance Use Disorders*. Retrieved from <http://www.samhsa.gov/disorders/substance-use>

⁴ Institute of Medicine. (2011). *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Retrieved from <https://www.nap.edu/catalog/13172/relieving-pain-in-america-a-blueprint-for-transforming-prevention-care>

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biological, psychological, and social factors. As such, there exist pain management strategies besides prescribing opioids to mitigate chronic pain conditions and prevent the worsening of the opioid epidemic.

ANA supports SAMSHA in its mission of promoting effective substance abuse prevention practices through innovative strategies and programs, as well as supporting increased education for the interdisciplinary healthcare team, removing barriers to effective pain and substance use disorder treatment, and encouraging proper storage and disposal of all medications.

ANA has previously lauded the vision outlined in the National Pain Strategy, specifically acknowledging the following points:

- Prevention, early recognition, and intervention of pain issues in the primary care setting;
- A patient-centered, interdisciplinary approach to pain management; and
- Support for pain self-management.

Removal of barriers to effective treatment and increasing treatment options

Barriers to effective pain management exist throughout the healthcare system. At the clinician level, education regarding best practices in pain prevention and treatment must be more comprehensive across disciplines, start much earlier in healthcare training, and be routinely reinforced. In addition, a more interdisciplinary approach to pain management across the continuum of care should be established. At the patient level, barriers include societal stigma to patients reporting pain, particularly if they do not respond readily to treatment. Additionally, insurers and third party payers add an additional level of barriers, including limited to no reimbursement for repeated pain management strategies, psychosocial care, rehabilitative care, and complementary and alternative medicine therapies.

ANA also encourages SAMHSA to support SUD treatment options for patients including:

- Individual and group counseling
- Inpatient and residential treatments
- Intensive outpatient treatment
- Recovery support services
- Use of FDA-approved medications available to treat opioid addiction
- Complementary and alternative medicine therapies

Proper Storage and Disposal

Policy recommendations must support RNs, the larger health care interdisciplinary team, and community stakeholders (e.g., pharmacies and police headquarters) to encourage proper storage and prompt disposal of opioids. Current guidelines from the U.S. Food and Drug Administration (FDA) instruct consumers of opioids and medications in general to keep medicines in a secured location out of reach and sight of children and pets.⁵ Moreover, when medicines are expired or unwanted, safe disposal is vital to reduce the chance that others may misuse the unneeded medicines; the FDA recommends take-back programs through groups such as the U.S. Drug Enforcement Administration, local law enforcement, or waste management.⁶

⁵ Food and Drug Administration (FDA). (2016, June 13). *Put Your Medicines Up and Away and Out of Sight*. Retrieved from: <https://www.cdc.gov/Features/MedicationStorage/>

⁶ FDA. (2018, January 11). *Disposal of Unused Medicines: What You Should Know*. Retrieved from: <https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>

We appreciate the opportunity to share our views with the Commission. If you have any questions, please contact Mary Beth Bresch White, Director, ANA Health Policy, at 301.628.5022 or marybreschwhite@ana.org.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl A. Peterson".

Cheryl Peterson, MSN, RN

Vice President for Nursing Programs

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Debbie Hatmaker, PhD, RN, FAAN, ANA Interim Chief Executive Officer