



2016 MEMBERSHIP ASSEMBLY

Lunch Time Discussion: Opioid Dependence and Associated Drug-Related Overdose and Deaths

Summary

At the 2016 ANA Membership Assembly, ANA staff facilitated a lunch time discussion where more than sixty members shared their experiences and further informed ANA staff about the role of nursing in combatting the opioid epidemic.

Opioid dependence and associated drug-related overdose and deaths are serious public health problems that are catalyzing lawmakers across the political spectrum to demand action. The data are staggering: Deaths from drug overdose have risen steadily and have become the leading cause of injury death in the United States. Registered nurses are on the front lines of addressing this problem, helping patients to understand the risks and benefits of pain treatment options, including ones that do not involve prescription pain medications. APRNs could significantly increase access to medication-assisted treatment (MAT) if certain restrictions were lifted. The U.S. Department of Health and Human Services (HHS) has identified the opioid abuse problem as a high priority and launched an initiative focused on three broad goals: 1) reducing opioid overdoses and overdose-related mortality; 2) decreasing the prevalence of opioid use disorder; and, 3.) advancing non-opioid pain management alternatives.

The Voice of Nursing

Many of the nurses were personally engaged in work that touched on opioid dependence, overdose and death, and several shared their personal exposure to the problem, including stories of family members that died of overdose or are currently dealing with dependence and addiction issues. Other nurse participants are actively involved in advocacy, working on the state attorney general taskforces focused on reducing opioid dependence in pregnant women and similar state and local initiatives.

The rich diversity of nursing practice was apparent. Educators spoke to the needs of students and faculty in understanding and addressing the epidemic. APRNs brought their perspective as prescribers. Staff nurses spoke about the impact of staffing and how nurses could better engage with physicians. Nurses view this problem in every health care setting from schools, where a nurse in a school for the homeless spoke about the many parents who are involved in drugs, to the NICU, caring for babies experiencing withdrawal.

Six themes emerged from the discussion.

THEME 1: Unique challenges need tailored intervention

Nurses' conversations highlighted one of the greatest difficulties of addressing this epidemic: the unique challenges presented by various groups such as veterans, geriatric patients and children/adolescents create the need for tailored intervention. It is not one epidemic, it is many.

- **Adolescents** present unique challenges, including the impact of opioids on the brain development of adolescents and young adults. Research shows that use in adolescence increases the odds of addiction by 33%.
- The overprescribing trend present in **the elderly** population combined with the wave of baby boomers is a major issue. Nurses want to work more closely with gerontologists to better address pain in the elderly. Medicare payment policies play a role, particularly 3rd party payment of alternative pain treatment modalities.
- The opioid needs of oncology and hospice patients need to be separate from this discussion.
- **Rural areas** present unique problems, i.e., practitioner access, geographic separation.
- **SUD among nurses and other healthcare providers** also need to be considered. Peer assistance programs are crucial but need financial support to assist recovering nurses and other providers. Using evidence based data, create new or improve existing peer assistance programs.
- **More research is needed** to better understand opioid prescribing in various patient populations.

THEME 2: We need to ramp up existing, evidence based solutions.

While unique challenges need tailored intervention, nurses recognize the value of existing programs. Many of these programs need to be expanded to meet current demands. Barriers, such as state limitations on what nurses and other health care providers can do to address opioid dependence and overdose (for example, easy, wide-spread access to naloxone, prescribing MAT) need to be addressed.

- **Prescription Drug Monitoring Programs (PDMPs)**
Nurses recognize the importance of PDMPs and view their underutilization as a major problem. They stressed the need for PDMPs in all states, and increased utilization on an interstate basis.
- **Increase access to antagonists / rescue drugs**
Naloxone should be widely available not only for administration by nurses, but also police, fire and other first responders, parents, teachers, etc., and we need better data on the number of individuals saved by naloxone and overall societal impact of those saved lives.
We need to better understand first responders' and some providers' reticence to participate in treatment and/or rescue; liability and cost concerns were mentioned.
- **Medication Assisted Treatment (MAT):**
There is widespread appreciation for the value of MAT, but there is frustration with insufficient access to MAT programs for the growing number of patients who need them.
Nurses support the HHS proposed rule that would increase access to MAT, and legislation that would remove prescriptive barriers for those APRNs willing to treat.
For treatment to be successful there must be attention paid to programs that help people reintegrate back in to the community, particularly with jobs, housing and a new life.
- **Education** – more education is needed for:
 - Providers: Screening, Brief Intervention, and Referral to Treatment ([SBIRT](#)); pain management, including alternatives – this is a particular need in undergraduate nursing programs; opioid prescribing; and MAT
 - Public: pain management, particularly to understand, ask for and accept alternative pain management modalities; recognition of addiction; drug take-back programs
 - Employers - peer assistance programs

Nurses find education lacking across the board on appropriate pain management. “Regimens are not developed according to pain type; instead, cookie cutter, overreliance on opioids as first line prescription.”

THEME 3: Prevention, through appropriate identification and management of pain, including appropriate prescribing, is essential.

“More prevention”: Not surprisingly, nurses underscored the need for increased focus on *prevention*. Much of what nurses discussed is included in the [National Pain Strategy](#).

- **More mental health providers are needed to better explore underlying issues of pain and drug-seeking behavior**
 - Many nurses spoke of the high co-morbidity for addictions and mental health disorders.
 - Nurses are acutely aware of the relationship between physical and emotional pain and stress the need to explore *why* patients use opioids. One participant noted that when she asks patients why they engage in this behavior despite the severe consequences, a frequent response is that they “don’t want to feel.”
 - Nurses repeatedly stressed the lack of mental health providers.
- **Pain management:** Nursing and other health care providers need new ways to measure and assess pain.
 - Some nurses felt the “0-10” scale needs to be reassessed and retired; there was general agreement that nurses play a critical role in pain management.
 - Relying on pain scale is “no longer enough.” We must place greater emphasis on physical and functional status assessment; sedation scale and assessing level of agitation should also be relied on when considering prescribing opioids to patients.
 - A generation of nurses were made to think they were undertreating pain; pain came to be understood as “whatever the patient says it is, whenever the patient says it is. ” There was general agreement that this notion must be challenged in a way that does not diminish the patient’s understanding of pain but helps health care providers better understand the true nature and intensity of the pain.
 - Strategies to help patients manage pain needs to be in the curriculum of schools of nursing and schools of medicine. Patient centered care means not only that providers are more in-tune with their patients true level of pain, but that patients take an active role in the understanding and planning of their care..
 - Pain management specialists need to be engaged in the issue. Some nurses suggested that a prescription for more than 30 days should be managed by a specialist.
 - Patient education and awareness is essential to help define patient expectations and help patients manage pain, particularly understanding medications, how they work, and how best to take them.
 - There was concern expressed about poor regulation and suspect motivations of some pain management clinics, and a desire to see more focused regulation.
- **Prescribing:** Many nurses felt that “the first strategy needs to be on the prescribers,” and “include dentists and veterinarians.” Overdose and addiction are a consequence of prescribing and the access points need to be identified and addressed across all aspects of healthcare, whether human or animal.
 - Push to use [CDC Guidelines](#) for prescribing opioids.
 - Providers should be taught that opioids are not a first line choice for pain.
 - Renewal of prescribing authority should be tied to continuing education.
 - Do not prejudice, users may not look like what provider expects.

- Target and challenge select provider prescribing practices, identify providers who may be over-prescribing (One nurse shared an example of a physician who was responsible for prescribing 2/3 of all opioids in the county).
- Exercise caution and monitor approaches that focus on limiting number of days for a single script.
- In the spirit of the [OneHealth Initiative](#), incorporate monitoring systems to include dental & veterinary prescribers and consumers.
- Chronic pain is real; ensure as we move forward in the conversation, their needs of sufferers of chronic pain are not jeopardized in the name of “overprescribing.”

THEME 4: More work needs to be done in advancing *non-opioid* pain management alternatives.

Nurses clearly recognize and value the importance of minimizing the use of opioids by increasing the use of alternatives, but see that employing alternatives “is not being done.” Nurses spoke about the role they can play to shift focus to alternative pain management and non-opioid prescribing.

- “There is an expectation that ‘medication will make it all better’ must be overcome.”
- We need a greater emphasis on seeking alternatives including physical and occupational therapy, acupuncture, mindfulness, holistic approaches, nerve ablation, yoga, TENS units. In the case of acute pain needs, some settings have also used nitrous oxide.
- We need to address pain management as a cultural issue. “Why as a society is it acceptable behavior for people to numb themselves out of pain?”
- Multiple barriers to non-drug therapies include: Lack of insurance coverage, high out of pocket expenses; Pharmaceutical ads; Resistance from Big Pharma; “Many patients have the mindset that following a health care provider visit, they will leave with a prescription
- Strategies must include: public education that begins in childhood - including prevention and self-concept; increase follow-up care; Better funding
- Nurses spoke of state taxes such as those imposed on alcohol which support treatment, and suggest that there is a role for Pharma, perhaps investing a penny/milligram for each opioid manufactured/sold to pay for education, treatment, etc.

THEME 5: Addiction is a chronic disease; not a moral failure

Nurses are at the forefront of changing “the culture of shame” and “the mentality of drug addiction from a personal failing to that of a chronic disease.”

- The stigma of mental health presents challenges and acts as a barrier to address the issues.
- Discrimination is widespread, on the part of healthcare providers, public, policymakers and employers.
- Nurses should champion education of healthcare professionals and consumers as to the biological/neurological basis of addiction and need for addiction management at some level throughout one’s life.
- This takes time: “addiction is not resolved in 28 days.”
- Education should include bias training as part of overall education development; bias, consciously or unconsciously impacts how we perceive those with addictions.
- Management of addiction often must include underlying mental health issues, including [PTSD](#), and treating loss of hope and disenfranchisement

THEME 6: Successfully addressing this epidemic requires advocacy, collaboration, and adequate resources.

Nurses, as advocates for patients who often have no voice, are ready to ramp up their engagement.

- **Advocacy and collaboration:**
 - “Stop jailing.”
 - Challenge laws such as those that allow a pregnant addict to be charged with reckless endangerment-fear of jail and losing custody of child
 - Nurses need to connect with federal, state and local officials who are engaged in the issue. Seek to participate in advisory councils or other opportunities to engage.
 - Collaborate with health care providers, firefighters, EMTs, police, schools, faith-based communities
 - Nursing needs to be active in the political process. Legislators need to know what works, what doesn't, what barriers do patients and providers face, and what must be changed to make progress against this crisis.
 - Equity: “people of color receive less pain meds and the pharmacy in their neighborhood doesn't even carry the pain meds they need.”
 - Seek and support legislative champions of evidenced based pain management.
- **Funding, payment, reimbursement:**
 - Investment in public health is necessary in order to increase access to valuable treatment services.
 - Identify viable reimbursement models - including legislation requiring reimbursement for initial treatment.
 - Seek and support reimbursement for alternative pain management strategies and work with insurers to reduce co-pays or adjust for fewer days prescription.
 - “It is imperative to pressure 3rd party providers to support treatment as they would for a patient with HIV, diabetes, or congestive heart failure.
- **Nurses see a link between the opioid epidemic and [staffing](#): many solutions involve time and follow up.**
 - Staffing levels impact the ability to better manage pain without medications.
 - Interventions that help manage expectations for pain and recovery - perioperative education, discharge planning and post op phone calls - are critical. “Those conversations require time.”

This summary reflects discussion and recommendations of the ANA Membership Assembly Lunch Time Discussion. ANA's official policy priorities are contained in our [Issue Brief](#), The Opioid Epidemic: Addressing the Growing Drug Overdose Problem.

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