

INTRODUCTION

The opioid epidemic started in the late 1990s when pharmaceutical companies told health care providers patients would not get addicted to opioid pain relievers (US Department of Health and Human Services [HHS], 2021).

Health care providers prescribed opioids more freely due to the pharmaceutical companies' reassurance of their safety (HHS, 2021).

Due to opioids being prescribed at liberty, those using them were given the opportunity to misuse and overuse them, leading to various problems which resulted in the opioid crisis we are in today (HHS, 2021).

SIGNIFICANCE

- "Opioid overdoses accounted for more than 42,000 deaths in 2016, more than any previous year on record. An estimated 40% of opioid overdose deaths involved a prescription opioid." (HHS, 2021, para. 2)
- Almost 50,000 people have overdosed and died from opioid related causes in 2019 alone (NIH, 2021).
- Pennsylvania attributed to almost 70% of the total deaths in the United States caused by opioid induced overdoses in 2018 (NIH, 2021).
- According to the US Department of Health and Human Services (2021), 1.6 million people reported having an opioid use disorder.



(Frigo, 2020)

POSITION STATEMENT

Opioids should be prescribed with an interdisciplinary approach alongside nurses in combination with non-opioid analgesics and non-pharmacological treatments.

SUPPORT FOR POSITION

- Opioids can be a great drug when used in the proper context with a safe regime per client.
- According to Bricket et al. (2019), the framework of prescribing opioids to surgical outpatients consists of three main participants:
 - The patient and family/caregiver
 - The perioperative team:
 - Nurse, surgeon, anesthesiology, other associates
 - The pharmacist (pp. 1405-1406)
- Along with the participants, Bricket et al. (2019) states there are also three types of pain treatment:
 - Nonpharmacologic
 - Nonopioid analgesics
 - Opioid analgesics (pp. 1406-1407)
- "The concept of multimodal analgesia, defined as applying drugs with diverse mechanisms to relieve pain, remains a well-established principle of perioperative pain management because it reduces the reliance on opioids, decreases the risk of adverse effects, and maximizes pain relief." (Bicket et al., 2019, p. 1404)

IMPLICATIONS FOR PRACTICE

- Nurses play a vital role in patient education. Therefore, nurses need to be up to date with current recommendations of pain management.
- Nurses can use their assessment skills to monitor for signs and symptoms of opioid abuse and intoxication (Brown, 2019).
- Common signs of opioid intoxication include:
 - Scratching, constricted pupils, reduced respiratory rate, head nodding and drooping eyelids (Brown, 2019).
- Nursing assessments should include direct questioning about a patient's use of opioids such as frequency and dosage. It is the nurse's job to properly document assessment and relay information concerning opioid misuse to the patient's interdisciplinary team (Brown, 2019).
- The CDC recommends nonsteroidal anti-inflammatory drugs for acute mild pain. Moderate acute pain can be treated with opioid agonists in conjunction with nonsteroidal anti-inflammatory drugs. Severe acute pain may be treated with higher potency opioid agonists such as morphine and fentanyl (Brown, 2019).
- According to the CDC, treatment for chronic nonmalignant pain should include non-opioid pharmacologic therapies along with non-pharmacologic treatments. Physical therapy, massage therapy, and psychosocial therapies are examples of nonpharmacologic treatments (Brown, 2019).

CONCLUSION

The opioid epidemic is one of the most important health care concerns to date. It is a heavy and costly burden to the patient and health care system.

Health care providers need to reformulate a better framework for the process of prescribing opioids.

Nurses are educators and need to be fully informed on the standard recommendations for these highly addictive drugs. It is within their scope of practice to use their assessment skills to determine signs and symptoms of opioid intoxication.

Interdisciplinary teams can utilize the tools and technology health care now has to assess risk versus benefit when prescribing these high potency drugs.

The use of non-opioid pharmacologic treatments with non-pharmacologic treatments can be beneficial and reduce the need for opioid analgesics.

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