

## OPIOID DRUG USE, MISUSE, AND ABUSE

The United States is in the middle of an epidemic of opioid drug use, misuse, and abuse. It is estimated that the U.S. consumes 80 percent of the global opioid supply. According to the U.S. Food and Drug Administration (FDA), more than 50 million Americans were prescribed some type of narcotic pain medication in 2011, which represents a nearly 100 percent increase in narcotic pain medication prescriptions since 2008.

The AAOS acknowledges this growing problem and believes that comprehensive reforms must be initiated with input and assistance from all stakeholders. To be successful, stakeholders need to work together to increase research funding for alternative pain management techniques; improve prescription monitoring; and create more effective education programs for clinicians and patients. For these reasons, the AAOS has been working on a number of initiatives – from public service announcements to a pain relief toolkit – that aim to limit the quantity of opioids on the market and to encourage its members to practice safe and effective pain management and treatment.

- The AAOS Pain Relief Toolkit: <https://www.aaos.org/Quality/PainReliefToolkit/>
- The AAOS PSA on Opioids: <https://orthoinfo.aaos.org/en/treatment/prescription-safety/>

### What Congress Should Do:

- Improve Care Coordination and Opioid Use Tracking: It should be possible for a surgeon and pharmacist to see all prescriptions filled in all states by a single patient. Opioid use is best coordinated through a single prescribing physician/surgeon/practice, especially when dealing with patients who have ongoing/chronic pain issues. Doctors in emergency departments or other consulting physicians can then contact that prescribing physician/surgeon/practice to determine if an exception is warranted.
  - The *MONITOR Act* would establish minimum standards that Prescription Drug Monitoring Programs (PDMPs) must meet to receive funding from the Account for State Response to the Opioid Crisis. The bill mandates that PMDPs must meet a uniform electronic format for reporting, increase sharing and disclosing of information, meet minimum standards for interoperability, and make information available to physicians on a timely basis.
- Increase E-Prescribing: AAOS strongly believes that electronic prescribing of medications promotes patient safety. E-prescriptions for all opioids would help not only appropriate use and patient convenience, but they would provide data in a format that could provide better surveillance of excessive, inappropriate, and non-therapeutic prescribing.
  - The *Every Prescription Conveyed Securely Act* would aid orthopaedic surgeons in addressing this issue by requiring electronic prescriptions for controlled substances under Medicare Part D, including oxycodone, fentanyl, morphine, and hydrocodone.
- Caution re: Prescription Limits: AAOS recommends against policies that interfere with the vital patient-physician relationship by applying blanket prescription limits to all procedures.
- Increase Access to Comprehensive, Multimodal Pain Management: An enhanced understanding of opioid analgesics and alternative, multimodal pain management techniques will lead to better patient outcomes. AAOS believes payers and employers need to improve access to these kinds of treatment for pain, as well as treatment for substance use disorders and access to naloxone.