

Opioid Drug Use, Misuse, and Abuse

As the House and the Senate continue to move forward on their respective opioid-related packages, the AAOE encourages Congress to keep the following AAOE priorities and positions in mind:

AAOE Positions on Opioid Initiatives:

- **Increase E-Prescribing:** Electronic prescribing of medications promotes patient safety. E-prescriptions for all controlled substances would help not only appropriate use and patient convenience, but they would provide data in a format better for surveillance of excessive, inappropriate, and non-therapeutic prescribing.
- **Caution re: Prescription Limits:** National standards without the requisite evidence could inappropriately limit patients' access to necessary pain management. Policies that interfere with the vital patient-physician relationship by applying blanket prescription limits to all procedures are inappropriate and should be avoided.
- **Improve Care Coordination:** 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 so that other consulting physicians can then contact that prescribing physician/surgeon/practice to determine if an exception is warranted.
- **Increase Access to Comprehensive, Multimodal Pain Management:** We must remove bundled cost conflicts that foster an environment where it is more convenient to prescribe post-operative opioids over other evidence-based treatments with a safer risk profile.
- **Novel Pain Management Therapy Research:** Available therapies alone will not solve the opioid problem, and therefore, AAOE supports additional research and increased funding for other non-narcotic and/or non-pharmaceutical (including nutritional) alternatives for pain management.
- **Prescriber Education:** Continuing Medical Education on opioid safety and optimal pain management strategies will help physicians reduce inappropriate opioid use, while still providing high quality musculoskeletal care. Individual medical professional organizations are best situated to provide relevant and meaningful education to its members and patients, in order to avoid adding another requirement that may do little to enhance patient care.
- **Mandatory Pharmacy Lock-In:** Opioid use is best coordinated with a limited number of prescribers and dispensers, especially for patients dealing with ongoing/chronic pain issues. However, the appropriate number of prescribers will vary from patient to patient, and putting too strict a limit on prescribers/pharmacies could inadvertently and inappropriately limit a patient's access.
- **Storage and Disposal:** Better means of disposing unused opioid analgesics is a critical way to reduce opioid diversion, misuse, and abuse and strongly supports a combination of patient education, chemical means to inactivate medications, and incentivizing drug take-back locations to significantly reduce the chances of opioid diversion and addiction.