



Voices Commitment Statement to the Action Collaborative on Countering the U.S. Opioid Epidemic

Voices for Non-Opioid Choices (“Voices”) and our member organizations are committed to addressing the U.S. opioid epidemic, including by stopping addiction before it starts. Members of *Voices* include leading representatives of patient and provider groups representing millions of individuals affected by the U.S. opioid epidemic.

One path to opioid addiction starts following a surgical procedure when a patient may be exposed to opioids for the first time.¹ In many instances and for many common procedures, these patients receive over 80 opioid pills to manage their pain.² To us, it is unsurprising to learn that, every year, approximately 3 million Americans become newly persistent opioid users following a surgical procedure and are still taking opioids three to six months later.³

Voices and our partners believe the status quo for treating these patients must change and that patients, caregivers, and families deserve choices in how they manage their pain, including non-opioid pharmacologic and non-pharmacologic options. This means that we must ensure that patients and providers have access to the waterfront of proven, effective, and safe non-opioid solutions.

One such way to accomplish this goal – and to address the broader opioid epidemic in the United States – would be to increase patient and provider access to multimodal approaches to pain management. These approaches utilize multiple non-opioid approaches to help patients manage their pain after surgery with a significantly reduced reliance on opioids. There are tremendous benefits of such approaches, including:

¹ Brummett C, Wale J, Goesling J, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. *JAMA Surg.* 2017;152(6):e170504. Doi:10.1001/jamasurg.2017.0504.

² Choices Matter: Exposing a Silent Gateway to Persistent Opioid Use. October 2018; Available at: https://www.planagainstpain.com/wp-content/uploads/2018/10/ChoicesMatter_Report_2018.pdf.

³ Ibid.

- Reducing opioid consumption by as much as 91 percent within 24 hours following a surgery,⁴
- Improving postsurgical patient outcomes,⁵ and
- Reducing overall health system costs by thousands of dollars for each patient treated with such approaches.⁶

Voices also firmly believes in the value of other medically-approved non-pharmacologic treatments provided by a wide-array of health care professionals for chronic and acute pain patients. Such options include peer support services, psychological services, chiropractic services, acupuncture, and therapeutic massage – all of which have been demonstrated to be effective in helping patients manage their pain and reducing rates of opioid use disorder in the United States.

Voices are our partners are committed to working with the Collaborative to addressing this complex problem. Together, we can make a difference.

⁴ Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local Infiltration Analgesia With Liposomal Bupivacaine Improves Pain Scores and Reduces Opioid Use After Total Knee Arthroplasty: Results of a Randomized Controlled Trial. *The Journal of Arthroplasty*. 2017.

⁵ As evidenced by patients being discharged more quickly following surgery and lower reported pain scores.

⁶ Wang MY, Chang HK, Grossman J. Reduced Acute Care Costs with the ERAS Minimally Invasive Transforaminal Lumbar Interbody Fusion Compared with Conventional Minimally Invasive Transforaminal Lumbar Interbody Fusion. *Neurosurgery*. 2017.