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CALIFORNIA ASSOCIATION OF NURSE ANESTHESIOLOGY

CRNAs: Key Players in Addressing California's Opioid Crisis

Historically, ~12% of patients develop opioid use disorder (OUD) after surgery, creating an urgent need for safer strategies. With advanced training in anesthesia, pain management, and patient assessment, CRNAs are uniquely positioned to help **reduce or eliminate the need for opioids**, and provide treatment for those living with OUD.



Opioid-free pain management



Regional anesthesia



Nerve blocks



Epidural / spinal anesthesia



Ultrasound-guided techniques

How CRNAs make a difference

CRNAs **expand access** to care in rural & underserved regions, integrate **multi-modal pain management** strategies, & ensure **patient safety** through continuous assessment and monitoring.

CRNAs & Medication Assisted Treatment

Medication-Assisted Treatment (MAT) combines FDA-approved medications with counseling and behavioral health care to **reduce overdose risks**, improve retention in treatment, & enhance the chances of **long-term recovery**.

CRNAs can expand access to MAT, which is critically needed in California, particularly in underserved areas where opioid use disorder rates are high and health care workforce shortages persist.

Opioid-free Pain Management

Opioid-free pain management & regional anesthesia reduce opioid use by targeting pain through non-opioid methods such as nerve blocks and alternative therapies like acupuncture.



Reduced opioid dependence



Faster recovery



Improved pain control



Fewer side effects

Using innovative pain management techniques, CRNAs help ensure **patients are less likely to develop opioid use disorder**, experience **quicker recovery times** and **less postoperative pain**, better and longer-lasting **pain relief**, and **fewer systemic side effects** than opioids.



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Pain Management In Practice

Regional anesthesia and multi-modal strategies, such as **Transitional Pain Services** (TPS), focus on reducing opioid use and overdose risks by:

- Early identification of at-risk patients
- Regional anesthesia and nerve blocks offered to all suitable patients
- Perioperative interventions to minimize opioid exposure
- Proactive monitoring to address post-surgical pain early



Julia Harris, MSN, CRNA, FAANA (left) & Andy Baum, MSN, CRNA, at the 2025 Opioid Epidemic Symposium.

CRNAs help reduce opioid exposure, improve recovery, and ensure effective, long-lasting pain management by integrating innovative & evidence-based strategies:

- **Regional anesthesia & nerve blocks**
 - Anesthesia technique numbing a specific area of the body by injecting anesthetic near a group of nerves (i.e. epidurals & spinal blocks).
- **Ultrasound-guided techniques**
 - Perineural hydrodissection is an alternative to open surgery, injecting fluid around a nerve to treat nerve entrapment (common in carpal tunnel surgeries).
- **Anti-convulsants & anti-depressants**
 - Proven to be effective when treating neuropathic pain, chronic headaches, etc.
- **Beta-blockers & GLP-1s**
 - New research finds they provide pain relief & reduce pain behaviors.
- **Regenerative medicine**
 - Platelet-rich plasma (PRP), stem cells & prolotherapy stimulate the body's natural healing process to repair damaged tissues and alleviate pain in joints.

Looking Ahead:

- Insurance coverage must expand for non-opioid pain treatments (i.e. PRP, stem cell therapy).
- Hospitals and surgical centers should integrate opioid-free pain management options.
- Early intervention is needed for injuries like rib fractures and conditions like shingles.
- Comprehensive pain management teams (including psychiatry & physical therapy) should be standard.

2025 Opioid Epidemic Symposium



"My wife began her career as an ICU nurse... Opioids have many beneficial uses, but they can easily be abused... I think the most important thing people can do is educate neighbors, educate young people."

Senator Tom Umberg



"My son broke his wrist playing lacrosse and needed surgery. Having heard countless stories from parents about how their children got addicted after surgery, the first question I asked was, '**Can he please have a regional?**' And he did! He walked away with a nerve block, and I'm thankful he was able to have a very different pain management experience."

**Assemblymember Mia Bonta,
Chair of Assembly Health
Committee**