Opiates in the ER

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Trends

- 141.4 million ER visits in 2012, the a large percentage for painful complaints.
- Back pain was the fifth leading complaint
- CDC estimates in 2006 the percentage of adults over 20 who used a prescription opiate was 6.9%. In 2012 it was 37%
- Prescription opiates are a gateway drug. 4 out of 5 heroin users report they used prescription opiates first
- Opiates/heroin accounted for 2/3 of overdose deaths in 2014

Some History

- In 2001 the Joint Commission mandated that hospitals focus on the treatment and monitoring of pain as a fifth vital sign.
- The studies this was based on have in part been discredited. We now know that every opiate carries the risk of addiction.
- Physical addiction can occur with 5 days of prescription opiate use.
- A single use of a potent prescription opiate can cause psychologic addiction in some patients.
- Now we are dealing with increasingly potent and harder to detect opiates. It's the fentanyl revolution…

Who is at risk for opiate misuse?

- ALL ER patients!
- Young age less than 40 years
- Psychiatric history/medications
- Substance abuse history
- Poly provider/Poly hospital
- Uses other peoples medications
- Lost prescriptions
- Complaints without objective findings
- Allergies to other analgesics
- Daily alcohol use. Or any benzodiazepine use.

Specific Challenges for ER Docs

- Patient population
- Multiple providers with differing prescribing patterns
- No follow up
- Financial incentive for prescribing opiates
- Too little time for investigation of patient background (calling pcp, prescription drug monitoring website, other ER's)

Early models for control

- New York
  - Use only short acting, preferably low potency opiates for no more than 2-3 days
  - A clear statement that pain is not an emergency under EMTALA
  - Access the state controlled substance information for every patient who receives an opiate
  - Address chronic or recurrent pain with non-opiates, nonpharmacologic therapy and referral
  - Do not prescribe opiates to people taking benzodiazepines
  - Do not refill prescriptions
  - Provide info to patients regarding opiate risks

Early models for control

- Ontario
  - Similar to New York
  - Additionally no opiates for those with daily alcohol use or mental illness
  - No Oxycodone, it has a highly euphoric effect
  - Set expectations, pain will likely not be completely resolved, this is unrealistic. Opiates cause real harm.