

# Multifactorial Approach to Opioid Abuse Within the Emergency Department.

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# Multifactorial Approach to Opioid Abuse Within the Emergency Department

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## Introduction

- In 2015, over 55,000 people died from drug overdoses with 33,000 of those deaths involving an opioid (20,101 from prescription pain relievers and 12,990 from heroin)<sup>1</sup>
- Addiction to opioid pain relievers have been fueling a massive rise in heroin use over the past several years and now opioid addiction is one of the largest public health threats in our country and our local communities<sup>2,3</sup>
- Emergency medicine physicians at certain facilities may have limited options for the treatment of opioid abuse or addiction for patients encountered, and they may not have institutionally based guidelines for opioid prescriptions

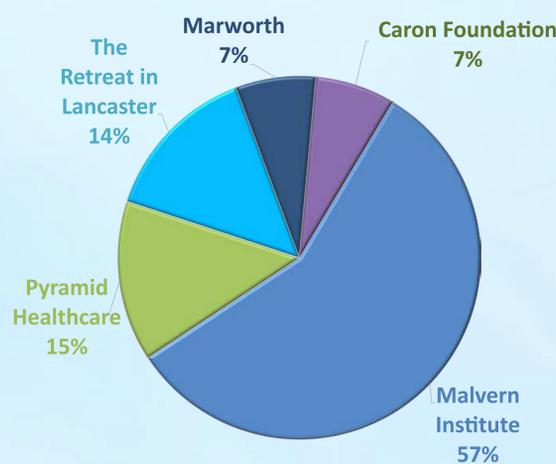
## Methods

- A three-aimed approach to curbing opioid abuse was developed at our facility that sought to accomplish the following:
  - Patient linkage to treatment through an **emergency department staffed addiction recovery liaison**
  - Improvement of opioid stewardship through **prescription guidelines**
  - Improving patient education of opioids by way of an **educational handout**.
- Data from the addiction recovery liaison was then collected and organized to demonstrate patient volume, treatment locations referred, and the number of patients who completed the opioid reversal training



## Results

- The addiction recovery liaison began work on 08OCT16, and until 27JAN17 worked 31 shifts for a total of 276 hours
  - **34** patients seen during a 3.5-month period, with an average number of 1.09 patients per shift
    - **23** different patients also met criteria for addiction recovery services during off-duty hours
  - **23.5% (8/34)** of patients seen also had family who participated in naloxone training and received an opioid overdose kit
  - **41% (14/34)** of patients encountered by the addiction recovery liaison were sent directly to treatment and their locations are shown below:



- The opioid prescribing guideline has been submitted this institution's Board of Directors of the Department of Emergency and Hospital Medicine and is currently pending a level 2 review
- The patient educational sheet is also currently under review by the Department of Education at our facility to ensure that the literacy level at or below an 8th-grade level and will be translated to Spanish

## Discussion

- The strong national and local surge in overdoses from illicit and prescription opioid use suggests that systems should be in place to help reduce the burden of drug abuse<sup>1,3</sup>
- The preliminary data of this study has shown that the limited use of a licensed social worker within the emergency department allowed for 41% of patients suffering from opioid abuse and/or addiction to go directly from our emergency department to a treatment facility
- Once further data is collected, we may see that the creation of departmental specific opioid prescribing guidelines may reduce undesirable practice variation, and may also increase patient safety by reducing the number of prescriptions of opioid medication and limit the co-prescribing of benzodiazepines and opioids

## Conclusions

- This project raises the concern for establishing an addiction recovery liaison within the emergency department. As further data is collected we may see:
  1. Increased direct referral to drug rehabilitation facilities
  2. Improved patient outcomes
  3. Decreased emergency department costs
  4. Additional families who receive naloxone training who may potentially provide life-saving care
- Our personalized departmental opioid prescribing guidelines and opioid educational material for patients in the emergency department is currently under review and will be implemented in the coming months
  - Once more data is gathered, we will determine if the newly instated opioid prescribing guidelines reduce undesirable practice variation and if opioid stewardship has improved

## REFERENCES

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