Multifactorial Approach to Opioid Abuse Within the Emergency Department

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**Problem Statement**

The aim of this study is to assess providers’ (i.e., attending physicians, resident physicians, and advanced practice clinicians) awareness and perception of the opioid and controlled substance prescribing policy in the emergency department via an online survey.

**Methods**

Survey was drafted independently based on the goal of assessing providers’ awareness and perception of the policy in both qualitative and descriptive fashions. This involved creating closed-ended questions (e.g., Are you aware of the policy?) and open-ended questions (e.g., Please comment on the policy below). The draft was reviewed by several peers to evaluate the questions for accuracy and validity. The final draft was sent to emergency department leadership for feedback, and a revised version was emailed to all emergency department providers. Results were collected over a 30-day period.

**Results**

There were 61 survey responses. Attending physicians, resident physicians, and advanced practice clinicians (APCs) comprised 43%, 49%, and 18% of total responses, respectively. Overall, 45% of responders utilized the prescribing policy in their practice, while 55% had little to no awareness of the policy. 49% of participants stated that the policy has changed their prescribing practice, and 23% had referred to the policy within the last 30 days. A majority of responders (85%) felt a patient educational handout would help to communicate the risk of opioids with their patients, and 25% of participants had given naloxone prescriptions and/or take-home kits within the last 30 days.

**Introduction**

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**Conclusions and Future Implications**

The first phase of implementation exceeded expectations, with the policy impacting approximately half of providers. However, there is significant room for improvement, especially with respect to direct referral and overall awareness of the policy. The majority of providers view an educational handout favorably, which supports future adoption of such a handout, while a minority of practitioners have made use of naloxone prescriptions and/or take-home kits. This study should be repeated after further education of the policy is conducted in order to assess for increased adoption and utilization, as well as to monitor use of naloxone prescriptions/kits in the emergency setting.