



## **21. Role of Osteopathic Emergency Physicians In Safe Opioid Prescribing**

The American College of Osteopathic Emergency Physicians (ACOEP) recognizes the role the emergency physician plays in both appropriate prescribing of opioid pain medications for emergent conditions as well as treating the complications of opioid misuse.

First opioid pain medications are an important tool to alleviate moderate to severe pain when non-opioid medications do not control the pain. We also treat many patients who have chronic pain with exacerbations. We commonly deal with people whose sole purpose is to obtain opioids by fraud for diversion or abuse.

We regularly care for those with psychosocial complications of misuse, including overdose, trauma from violence, mental health problems, infectious complications, and withdrawal syndromes which have a large social and financial burden on society.

There is currently a national epidemic of opioid overdose deaths that affect people from all walks of life, with wide age variability, and in both urban and rural areas. Statistics on this problem are sobering.

- Drug overdose is the leading cause of accidental death in the US, with 46,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin<sup>i</sup> in 2014
- Four in five new heroin users started out misusing prescription painkillers. As a consequence, the rate of heroin overdose deaths nearly quadrupled from 2000 to 2013. During this 14-year period, the rate of heroin overdose showed an average increase of 6% per year from 2000 to 2010, followed by a larger average increase of 37% per year from 2010 to 2013.<sup>ii</sup>

## **ACOEP recommends the following:**

### **Prevention**

1. Include education on opioid prescribing best practices in graduate medical education in osteopathic medicine.
2. Encourage use of standardized opioid prescription instructions in the emergency department, with cautions on side effects, adverse reactions and abuse and dependency risks.
3. Encourage departmental best practices on non-opioid pain relief and non-pharmacologic pain relief methods (splinting, positioning, cold therapy).
4. Educate on the proper storage and disposal of unused opioid medications.
5. Educate on addiction potential with every opioid prescription given in the emergency department either by standard instructions or verbal communication, preferably both.
6. Support enhanced labelling of opioid medications on dispensing of the medication.
7. Support pharmaceutical industry focus on abuse deterrent formulations of opioid medications.

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<sup>i</sup> Center for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality File. (2015). Number and Age-adjusted Rates of Drug-poisoning Deaths Involving Opioid Analgesics and Heroin: United States, 2000-2014. Atlanta, GA: Center for Disease Control and Prevention. Available at [http://www.cdcgov/nchs/data/health\\_policy/AADR - drug\\_poisoning\\_involving\\_OA\\_Heroin\\_US\\_2000 -2014.pdf](http://www.cdcgov/nchs/data/health_policy/AADR - drug_poisoning_involving_OA_Heroin_US_2000 -2014.pdf)

<sup>ii</sup> Hedegaard MD MSPH, Chen MSi PhD, Warner PhD. Drug-Poisoning Deaths Involving Heroin: United States, 2000-2013. National Center for Health Statistics Data Bref. 2015:190:1-8.

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