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Emergency Department Prescription Opioids as an Initial Exposure Preceding Addiction. *Ann Emerg Med* doi: 10.1016/j.annemergmed.2015.11.033

Background: The use of opioids has increased dramatically over the last 15 years and consequences of its chronic use and abuse are seen in our ED's every day. Nearly 16 million people within the US admit to nonmedical use of opioids. By 2008, drug overdoses accounted for more deaths than MVCs and overdose from opioids alone was greater than those caused by cocaine and heroin combined. Studies now show that one out of every six patients discharged from the ED receives a prescription for opioids. We have to consider as emergency medical providers, *are we adding to the problem? Is our prescription of short-term opioids responsible in any way for the abuse, dependence, overdoses, and deaths that we see nearly every day in our EDs?* This paper set out to explore the relationship between prescription of a legitimate opiate and non-medical use of opioids. They assessed what their first exposure to opioids was and how often it was a prescription from the emergency department.

Methods:

This study was an investigator-administered survey study that used a convenience sample to gather patients presenting to an urban academic teaching hospital. They identified patients who self-reported heroin or non-medical prescription opioid abuse by their presenting complaint (ie heroin withdrawal, overdose, abscess), by staff referral, or by simply asking patients about their drug abuse/use. Excluded patients included those unwilling to consent, those in police custody, and those who did not complete surveys. The primary outcome measure was the number of subjects who reported their first exposure to opioids to be from a legitimate prescription and of these, what proportions were from an ED provider. Secondary measures included those with regular use or substance disorder from non-opioid substances before their first opioid exposure, the source of opioids, and the time from first exposure to regular nonmedical use of opioids.

Results: The study received surveys from 59 individuals. Of these 59, 35 (59%; 95% confidence interval [CI] 47% to 71%) stated that their first exposure to opioids was by a legitimate prescription and of those 35, 10 (29%; 95% CI 16% to 45%) received the prescription of the emergency department. Furthermore, 11 of 35 individuals (31%; 95% CI 18% to 48%) reported that emergency department providers were a source of opioids for regular non-medical use after initial exposure. Of the 35 individuals first exposed to opioids via a medical prescription, 28 (80%; 95% CI 65% to 91%) reported prior substance abuse other than opioids. Only 31 of the 35 patients reported when they actually started regular non-medical use of opioids, the average of these 31 patients was six months to regular use, 12 months to regular use to get high, and 24 months until they were using non-opioids to avoid withdrawal. More than a third (11/35) patients started non-medical use of opioids within two months of first exposure via a legitimate prescription.

Limitations: This study had several limitations; most notably, it was a small study as it was designed to be a preliminary survey. Given the study's small sample size, it likely lacks external validity. Furthermore, the survey used in the study was not validated. Also, the study assumes honesty of the participant and an association with first exposure of opioid and misuse/dependence but certainly many variables play a role in the misuse of opioids.

Bottom Line: Prescriptions of opioids by emergency room healthcare providers may contribute to the misuse, dependence, and abuse of opioids. Although there are many other factors leading to abuse, as a medical society, we must take ownership in the part we play with opioid addiction and further study the risks of our practices.
