

WILL YOU SAVE ME? INJURY PREVENTION STRATEGIES TO PREVENT OPIOID OVERDOSE



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CE Earn Up to 7.5 Hours. See page 110.

My younger brother died of an unintentional overdose this year. He was in a room full of people who watched him slowly stop breathing. No one called for help. No ambulance or fire trucks were dispatched to the scene. No one administered naloxone. They simply moved him outside so people would not know where he overdosed and called his friends to come get him. He was 1 mile from the emergency department. By the time his friend arrived and drove him to the emergency department, he was in full cardiopulmonary arrest. After a couple of days of post-resuscitation care, my family made the heartbreaking decision to stop futile medical interventions. I climbed into his ICU bed, wrapped my arms around him, and played his favorite music while he died in my arms.

My brother was a kind, intelligent, generous, creative, funny, and loving man. He was deeply loved by his family and friends. My brother should still be alive, but no one acted to save him when he needed help. The purpose of this article is to discuss injury prevention strategies that can be applied by emergency health care professionals to prevent unintentional overdose in people with substance use disorder. My hope is that this information will save lives.

Opioid Overdose

Unintentional poisoning is the leading cause of injury or accident related deaths in the United States.¹ The Centers for Disease Control and Prevention estimated that in 2016, more than 63,000 deaths were caused by overdose in the United States.² The number of drug overdoses has increased significantly each year and has tripled since

1999.¹ In 2017, the predicted rate of overdose deaths in the United States increased to more than 72,000.³ That is almost 200 people who die of a drug overdose every day. The most common drugs involved in overdose deaths are heroin and nonmethadone opioid synthetics.^{4,5} According to the National Institute on Drug Abuse, the largest percentage of drug overdoses in the United States involved fentanyl and fentanyl analogs.⁴ The number of drug overdose deaths involving synthetic opioids, like fentanyl, doubled between 2015 and 2016.² This continuous upward trend in deaths related to unintentional drug overdoses demonstrates that current primary prevention strategies are not effective (Figures 1 and 2).

Injury Prevention Strategies

Prevention of death and disability related to substance use disorder must include a comprehensive approach that includes primary, secondary, and tertiary interventions. The primary focus for managing this public health epidemic has been on reducing the amount of opioid pain medication that is prescribed.⁶ This is an important strategy because the overprescribing of opioid pain medications has contributed to the steady increase in the number of Americans who have a substance use disorder (SUD). Although primary prevention is a critical step in the right direction, it does not adequately address the prevention of death in people who already have developed an SUD. Secondary prevention strategies are needed to identify and treat people with SUD, and tertiary prevention strategies are needed to prevent death and treat this disease.

Primary Prevention

Primary prevention is focused on reducing the incidence of injury and disease. In the case of SUD and overdose, the goal is to prevent people from developing this disease. A number of strategies can be applied in the emergency department, including reducing exposure to opioid pain medications when possible, using sound prescribing

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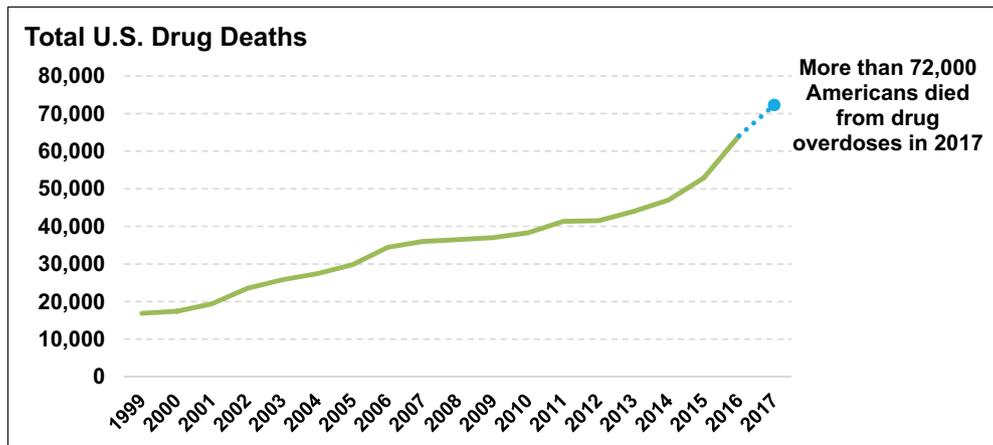


FIGURE 1

Total US drug-related deaths. More than 72,000 Americans died from drug overdoses in 2017, including illicit drugs and prescription opioids—a 2-fold increase in a decade. From National Institute on Drug Abuse, National Institutes of Health. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>. Accessed November 9, 2018.

protocols, and educating patients and families about the risks and benefits of opioid pain medications. Emergency providers do not play a significant role in the overprescribing of opioid pain medication; however, there are opportunities to improve pain management while continuing to prevent medication misuse.⁷ Guidelines for opioid pain medication prescriptions include limiting the dose and quantity of opioids prescribed in the emergency department to no more than a 3-day supply and using a multimodal approach to pain management.^{6,8-10} Numerous resources exist for patient and family education. Resources including patient education pamphlets, educational posters, and tool kits are available from the American Colleges of Emergency Physicians Web page at <https://www.acep.org/by-medical-focus/mental-health-substance-abuse/opioids#sm.0001hx9cjoxtvx1zga2lawmvrq2> and the Emergency Nurses Association Web page at <https://www.ena.org/practice-resources/opioid-crisis>.

Secondary Prevention

The National Institute on Drug Abuse estimates that approximately 2 million people in the United States were diagnosed and treated for SUD¹¹ and more than 11 million people reported misusing prescription pain medicine in 2016.⁸ Current estimates indicate that more than 20 million Americans ages 12 years and older meet the criteria for an SUD diagnosis.¹² The goal of secondary prevention is to identify and treat people with SUD early in the course of the disease to minimize adverse health consequences.

Screening for substance use disorder by asking basic questions in a nonjudgmental manner about the use and misuse of medications may help emergency providers identify patients who require referral and treatment.¹² Prescription Drug Monitoring Programs should be used to evaluate if patients are being seen and treated by multiple providers or have multiple prescriptions for opioid pain medications.^{6,8} Additionally, providers can use urine drug screening to confirm patient reports about drug use. When a patient is identified as having an SUD, it is important that health care professionals provide education and referral for treatment. Simply discharging the patient without addressing the SUD is a missed opportunity to prevent injury and death.

Tertiary Prevention

Tertiary prevention strategies are needed to prevent death and serious psychosocial, physical, and mental health consequences. The focus of tertiary prevention is to provide treatment and rehabilitation after a patient has been identified as having an SUD. The goal is to minimize the harm caused by SUD and prevent death.⁶ Tertiary prevention strategies that can be applied in the emergency setting include referring patients with SUD or opioid use disorder for treatment, providing patient and family education about how to identify signs of an overdose, facilitating rapid access to naloxone, and educating the public about calling 911 when they identify a potential overdose situation.^{6,8}

Rapid access to naloxone saves lives. Naloxone does not have the potential for abuse and reverses the effects of

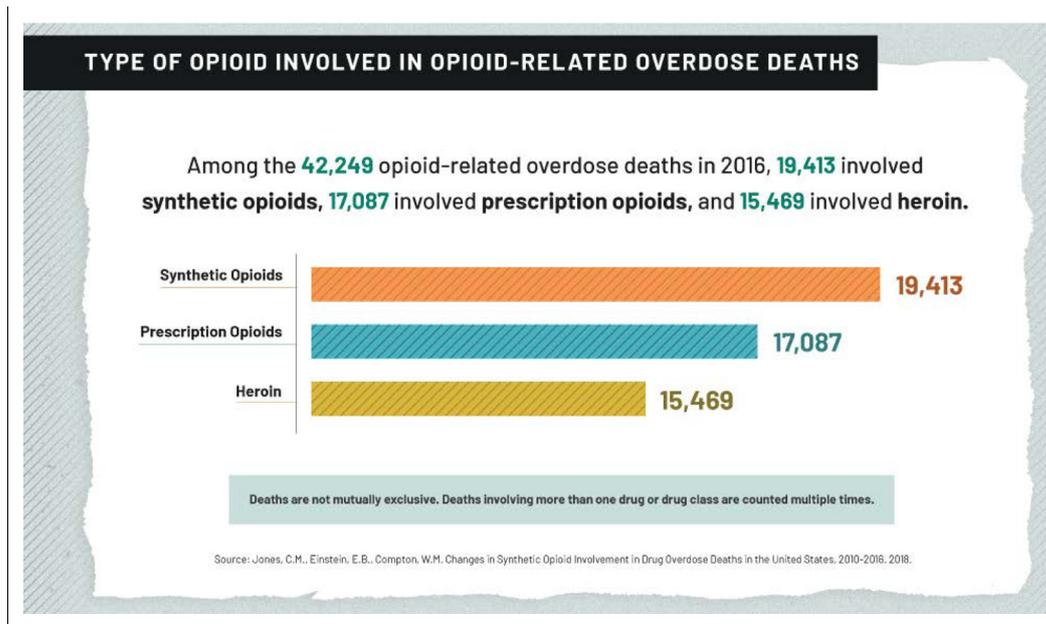


FIGURE 2

Type of opioids involved in overdose deaths.

opioids, but it must be administered quickly when an overdose occurs. The Centers for Disease Control and Prevention recommended that naloxone be prescribed to any patient who is at increased risk for overdose, including people who take high doses of opioid medications or take a combination of sedating medications, have a history of overdose, and patients who are diagnosed with SUD or opioid use disorder.¹³⁻¹⁵ Another method for ensuring rapid access to naloxone is the use of community-based naloxone distribution programs.^{6,8,15} Many states have adopted legislation that allows people without medical licenses to distribute naloxone in community settings. In some cases, the law allows third-party prescriptions to be written for people who are likely to be present when an overdose occurs.¹⁶

Emergency nurses and their colleagues should support the adoption of overdose Good Samaritan laws that provide protection from arrest or prosecution for individuals who report an overdose.^{6,8,13,17} Most states have passed some form of an overdose Good Samaritan law to address the reality that people who are present during an overdose may be afraid to call for help because of legal ramifications, including potential arrest. Emergency professionals should be knowledgeable about the provisions of these laws and provide education for the public to minimize the fear associated with calling 911 in an overdose situation. Emergency nurses can educate the

public on how to call for help. The Substance Abuse and Mental Health Services Administration recommends that the public be coached to call 911 and simply report that “someone is not breathing.”

Implications for Emergency Nurses

Emergency departments are the health care safety net for people in the United States, particularly vulnerable populations who have limited access to primary care services and substance abuse treatment. People with SUD are frequently seen in the emergency setting.¹² This provides emergency nurses with the opportunity to intervene and implement injury prevention strategies including screening, education, and referral for treatment. Emergency nurses can also be instrumental in advocating for laws and community initiatives that support harm-reduction strategies like Good Samaritan laws and community-based naloxone programs.

Conclusion

An integral part of being an emergency nurse is the commitment to ethical, safe, quality care. Provision 1 of the Nursing Code of Ethics: Provisions and Interpretative Statements for Emergency Nurses stated that the emergency nurse

“provides equitable care free from bias and judgment.”¹⁸ Emergency nurses should examine implicit biases and assumptions about patients who have SUD. It is critical that emergency nurses recognize SUD as a disease and provide compassionate and equitable care for patients who need help overcoming illness. Rather than identifying a patient as a “frequent flyer” or “drug seeker,” emergency nurses should seek to understand SUD and develop prevention strategies to reduce the risk of overdose in their communities. The question is not can you save me, but will you save me?

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