

Study finds emergency departments may help address opioid overdose, education

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Emergency departments (ED) provide a promising venue to address opioid deaths with education on both overdose prevention and appropriate actions in a witnessed overdose. In addition, ED's have the potential to equip patients with nasal naloxone rescue kits as part of this effort.

These findings are from a study published in the *Western Journal of Emergency Medicine*, and is the first study to demonstrate the feasibility of ED-based [opioid overdose](#) prevention education and [naloxone](#) distribution to trained laypersons, [patients](#) and their social network.

In the United States, deaths from prescription [opioid overdose](#) increased from 4,041 in 1999 to 16,651 in 2010. In 2011, an estimated 420,040 ED visits were related to overdose of prescription opioids and 258,482 heroin overdoses.

Since 1993, Boston Medical Center's (BMC) Project ASSERT has offered alcohol and drug use screening, brief intervention and referral to treatment to patients treated for intoxication in the ED. In 2009, Project ASSERT, with support from Boston Public Health Commission and Massachusetts Department of Public Health, also began offering overdose prevention education and naloxone rescue kits to emergency department patients at risk for opioid overdose.

In order to evaluate the feasibility of this program and describe the overdose risk knowledge, opioid use, and overdose response actions

among patients receiving overdose prevention education, researchers from Boston University School of Medicine (BUSM) and BMC conducted a telephone survey of Project ASSERT patients between January 2011 and February 2012. Of the 415 patients who received overdose education during this time, 51 patients were surveyed. Of these 51 patients, 73 percent had received a naloxone rescue kit either in the emergency department or elsewhere, such as a detox facility, and approximately one third of the reported opioid use in the last 30 days.

In addition, more than half had reported witnessing an overdose and calling 911 for help. Among those with naloxone rescue kits, about one-third administered naloxone during the rescue.

"This study confirms that the [emergency department](#) provides a promising opportunity for opioid overdose harm reduction measures through overdose education and naloxone rescue kit distribution," explained lead author Kristin Dwyer, MD, emergency physician at BMC. "Our program reached a high-risk population that commonly witnessed overdoses, called for help and used naloxone to rescue people, when available," she added.

Although the study was retrospective with a low response rate, the researchers believe this study provides useful information for planning larger studies and programs to further evaluate implementation, benefits and harms of overdose prevention efforts in EDs.

More information: *Western Journal of Emergency Medicine*, escholarship.org/uc/item/3kk3k7jk#page-1

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