PLEASE NOTE: THIS RESOLUTION WILL BE DEBATED AT THE CORD 2018 REPRESENTATIVE COUNCIL MEETING. RESOLUTIONS ARE NOT OFFICIAL UNTIL ADOPTED BY THE REPRESENTATIVE COUNCIL AND THE BOARD OF DIRECTORS (AS APPLICABLE).



RESOLUTION: # S'18-1

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SUBMITTED BY: Petrina Craine, M.D.

SUBJECT: Opioid Harm Reduction

Whereas, Deaths from drug overdoses have become a leading cause of mortality in the United States, with prescription opioid overdoses accounting for more deaths than the combined effect of other drugs, including cocaine, heroin, and other psychostimulants, and

Whereas, Emergency medicine physicians prescribe opioids at among the lowest rates of all specialties and have further reduced the amount of opioid prescriptions by more than every other specialty, and

Whereas, The number of visits to emergency departments (ED) for nonmedical use of prescription opioids has increased as well as consequences related to opioid use including ED visits for bloodborne pathogens and criminal activity, and

Whereas, There has been an increasing public focus on medical and public health providers to utilize multiple strategies to address opioid overdose, which has reached crisis levels, and

Whereas, There are numerous studies that have demonstrated cost-effective and successful interventions to reduce harm from opioid use, such as clean syringe access, supervised safe injection programs, medically assisted treatment with medications such as buprenorphine, and community distribution of naloxone, and

Whereas, Several emergency department programs have already begun to employ proven strategies to address opioid use in their patient populations, and

Resolved, that EMRA

- believes that practitioners of emergency medicine can play a leading role in reducing opioid abuse and death
- should support research efforts geared toward opioid harm reduction
- should encourage training for residents regarding safe and appropriate use of opioids
- should support streamlining requirements for buprenorphine prescribing in the emergency department
- should support adoption of proven strategies in opioid harm reduction including enhanced public distribution of naloxone and increased patient awareness and access to syringe exchange programs
- advocate for similar policies to be held and updated by the American College of Emergency Physicians.

References

- 33 Armour S. "Opioid Crisis Gets Washington's Attention." The Wall Street Journal.8 March 2018. Web. Accessed 8
- 34 March 2018. https://www.wsj.com/articles/opioid-crisis-gets-washingtons-attention-1520514001
- 35 Hawk KF, Vaca FE, D'Onofrio G. Reducing Fatal Opioid Overdose: Prevention, Treatment and Harm Reduction
- 36 Strategies . The Yale Journal of Biology and Medicine.2015;88(3):235-245.

Page 2 37 38 Jordan AE, Jarlais DD, Hagan H. Prescription opioid misuse and its relation to injection drug use and hepatitis C virus 39 infection: protocol for a systematic review and meta-analysis. Systematic Reviews. 2014;3:95. 40 Levy B, Paulozzi L, Mack KA, Jones CM. Trends in Opioid Analgesic-Prescribing Rates by Specialty, U.S., 2007-41 42 2012.Am J Prev Med. 2015;49(3):409-13. 43 44 Pollack HA, Khoshnood K, Blankenship KM, Altice FL. The Impact of Needle Exchange-based Health Services on 45 Emergency Department Use. Journal of General Internal Medicine. 2002;17(5):341-348. 46 47 Samuels EA, Dwyer K, Mello MJ, Baird J, Kellogg A, Bernstein E. Emergency Department-based Opioid Harm Reduction: Moving Physicians From Willing to Doing. Society of Academic Emergency Medicine. 2016; 23 (4):455-48 49 465. 50 51 **EMRA Policy:** None 52 53 Financial Note: None

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