The opioid use disorder (OUD) impact may have reached its zenith in 2019, causing two broad negative effects. The first is the loss of life, and life quality, secondary to overdose and heroin addiction — a scourge that warrants immediate and strong national response. The second is the insidious fear of OUD, which has manifested as provider unwillingness to treat pain in the emergency department (ED). First-year emergency medicine residents in 1999 had few qualms about prescribing 30 Percocet for back pain. First-year residents in 2019 seem hesitant to give narcotic pain relief in the ED to patients with long bone fractures or biliary colic. By law, many states now force prescribers to take two to three hours of continuing medical education instructing them how to reduce the risk of OUD, ostensibly by reducing opioid prescribing. With the constant emphasis on reduction of narcotic usage, the work by Daoust et al in this month’s AEM provides data that could be interpreted as trend-bending. The authors performed a three-month follow up of a convenience sample of 524 patients who were prescribed opioids in a Canadian ED. The goal was to determine whether these patients were still using opioids and if so, why. The first line of the discussion summarizes the main findings: “…9% of patients discharged from the ED with an acute pain condition still consumed opioids 3 months later and 91% of them did so to manage pain (72% initial pain, 19% new pain). Furthermore, of the whole cohort, less than 1% consumed opioids for other reasons than pain, suggesting misuse.” This Pick of the Month (POTM) emphasizes that painful conditions that prompt opiate prescriptions are often prolonged, and patients usually use opioids on a prolonged basis to medicate pain, not to get high. The clear and present applied implication for research from Daoust et al is the need to test non-narcotic methods to treat acute pain. The more theoretical research implication is the need to better understand the neurobiology that drives the conversion of acute to chronic pain.

Best wishes,
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