



CT COLLEGE OF  
EMERGENCY PHYSICIANS

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Contact: Michele Sharp  
Director of Communications and Public Affairs  
(203) 294-7213  
[Sharp@chime.org](mailto:Sharp@chime.org)

## **Connecticut Adopts Opioid Prescribing Guidelines for Emergency Departments**

WALLINGFORD – The Connecticut Hospital Association (CHA), the Connecticut State Medical Society (CSMS), the Connecticut Chapter of the American College of Emergency Physicians (CCEP), and the Connecticut Department of Public Health (DPH) have endorsed a set of voluntary [guidelines](#) to help Emergency Department (ED) medical staff treat patients with chronic pain conditions who come to the ED. The guidelines are intended to be used as a tool to help reduce the inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions.

“Prescription painkiller and other opiate overdoses are a growing epidemic, and healthcare providers play an important role in addressing this public health crisis,” said DPH Commissioner Dr. Jewel Mullen. “These guidelines for responsible prescribing will help reduce the risk of opioid overuse that can lead to addiction and death in Connecticut communities.”

The project was initiated in 2012 by ED directors from hospitals across Connecticut who identified improper opioid use as a problem both nationally and in Connecticut.

Specifically:

- The use of prescription opioids to manage pain has increased 10-fold over the past 20 years in the United States.<sup>1</sup>
- At the same time, the number of overdose deaths involving opioids has risen, and is now greater than cocaine and heroin combined.<sup>2</sup>
- In Connecticut, residents are more likely to die from an unintentional drug overdose than a car accident.<sup>3</sup> The majority of these deaths are attributable to overdose of prescription opioid painkillers.<sup>4</sup>
- In 2014, there were nearly 1,900 Connecticut hospital ED visits related to opioid overdoses, which corresponded to a hospital ED utilization rate of 5.2 encounters per 10,000 individuals.<sup>5</sup>
- ED utilization for opioid overdoses increased in our state over the past four years. From 2011 through 2014, ED utilization for opioids increased by 50.8%.<sup>6</sup>

Pain is a major symptom of many patients who come to the ED, and a substantial percentage of all opioids prescribed, administered, or continued are provided through the ED. Opioids may be necessary for the relief of pain, but improper use poses a threat to the patient and to society.

The new guidelines reflect the fact that providers have a responsibility to diagnose and treat pain using sound clinical judgment, and such treatment may include the prescription of opioids. Providers also have a responsibility to minimize the potential for the abuse and diversion of opioids.

These guidelines are recommended as part of a broader statewide focus on opioid prescribing initiatives, and demonstrate the willingness of hospitals and physicians to engage in multi-sector collaboration with the Department of Public Health to reduce the misuse and abuse of opioids and other prescription drugs in Connecticut.

1. Okie, S. *A flood of opioids; a rising tide of deaths*, N Engl J Med. 2010; 363(21):1981-1985.
2. Paulozzi LJ, Jones CM, Mack KA, et al. Centers for Disease Control and Prevention. *Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008*. Morb Mortal Wkly Rep. 2011; 60:1487-1492.
3. Trust for America’s Health. *Prescription Drug Abuse: Strategies to Stop the Epidemic*. October 2013; cited in Act AIDS Connecticut Statewide Overdose Prevention Workgroup, Overdose Prevention Fact Sheet 2014, citing CDC 2010: 372 drug-induced deaths, does not include alcohol-induced deaths; also cited in *Healthy Connecticut 2020, State Health Improvement Plan*, published by the Connecticut Department of Public Health, 3/25/14, page 125.
4. Green TC, Grau LE, Carver HW, Kinzly M, Heimer R. *Epidemiological Trends and Geographic Patterns of Fatal Opioid Intoxications in Connecticut, USA: 1997-2007*. Drug and Alcohol Dependence. 2001; 115: 221-228.
5. *CHA Analysis of Trends in Opioid Overdose Hospital ED Utilization, FY 2011-2014*; December 2014; citing ChimeData Patient Encounter Data, ICD-9 Codes 965.01, 065.02 & 965.09; US 2010 US Census Population Data.
6. *Ibid.*

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#### **About CHA**

The Connecticut Hospital Association has been dedicated to serving Connecticut’s hospitals since 1919. Through state and federal advocacy, CHA represents the interests of Connecticut’s hospitals on key healthcare issues in the areas of quality and patient safety, access and coverage, workforce, community health, diversity, and hospital reimbursement.

#### **About the Connecticut State Medical Society**

Founded in 1792, the Connecticut State Medical Society (CSMS) proudly represents physicians and physicians in training across our state.

#### **About The Connecticut College of Emergency Physicians**

The Connecticut College of Emergency Physicians (CCEP) represents more than 450 emergency physicians and residents, staffing hospital Emergency Departments throughout the state. CCEP supports the availability of high-quality emergency medical services to all patients within the state of Connecticut and advocates for our members, our patients and our specialty. CCEP is focused on improving the practice of emergency medicine through outreach, education and research initiatives.