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Emergency Medicine Physician Practice and Perception of Opioid-Seeking Patients

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Introduction: Drug seeking is the fraudulent presentation of disease to obtain a legal drug, most often an opioid, for use other than intended by the physician, such as for recreation or sale. This problem is well known and widespread in emergency departments (ED). In 2005, 20% of the U.S. population misused opioid prescriptions. Currently, in terms of illegal drug use, opioid prescription misuse is second only to marijuana.

Objectives: 1) To determine if ED physicians believe a tool that accurately identifies opioid seekers would be helpful in the management of such patients. 2) To determine the practice and beliefs of ED physicians in regards to suspected opioid seekers.

Methods: A cross-sectional study using an anonymous, multiple-choice survey was created and sent to the faculty and residents of an urban, academic ED (Phase 1) and then to registered members of Arizona ACEP (Phase 2). Descriptive analyses were performed.

Results: N=40, 25 from the first and 15 from the second phase. Eighty-six percent of the survey responders felt that 6-15% of their patients were opioid seeking. Sixty-five percent of responders felt they were correct in identifying opioid seekers more than half the time, but a third of these providers still prescribed the opioid 61-100% of the time. The two factors that most strongly influenced the decision to prescribe opioids were fear of not treating real pain and worsening patient throughput. Eighty percent of responders felt that an accurate diagnostic tool for opioid seeking would be helpful in their practice.

Conclusions: Most physicians believe an accurate tool to diagnose drug seeking would be helpful. Physicians believe they can identify some, but not all, opioid seekers. Opioid seekers receive opioids even when the physician believes no medical condition exists that warrant them.