

## In Reference to “Improving the Safety of Opioid Use for Acute Noncancer Pain in Hospitalized Adults: A Consensus Statement from the Society of Hospital Medicine”

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We read with great interest the consensus statement on improving the safety of opioid use for acute noncancer pain by Herzig et al.<sup>1</sup> We strongly support the recommendations outlined in the document.

However, we would like to advocate for an additional recommendation that was considered but not included by the authors. Given the proven benefit—with minimal risk—in providing naloxone to patients and family members, we encourage naloxone prescriptions at discharge for all patients at risk for opioid overdose independent of therapy duration.<sup>2</sup> Even opioid-naïve patients who are prescribed opioids at hospital discharge have a significantly higher risk for chronic opioid use.<sup>3</sup>

We support extrapolating recommendations from the Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration to prescribe naloxone to all patients at discharge who are at risk for an opioid overdose, including those with a history of overdose or substance use disorder as well as those receiving a prescription of  $\geq 50$  mg morphine equivalents

per day or who use opioids and benzodiazepines.<sup>4,5</sup>

Given the current barriers to healthcare access, prescribing naloxone at discharge may be a rare opportunity to provide a potential life-saving intervention to prevent a fatal opioid overdose.

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