ED Initiated Buprenorphine & Referral to Treatment
A brief guide for ED Practitioners

Why the ED?
Because that’s where the patients are!
The opioid epidemic is strongly impacting EDs, with 2018 data from the CDC indicating that there has been a 30% increase in visits for opioid overdose from July 2016 – September 2017. Addiction is a chronic, relapsing disease, and a strongly stigmatized one. It is NOT a moral failing. People who present to the ED for other chronic disease like diabetes and asthma are stabilized with medications and handed off for outpatient care. Individuals with opioid use disorder (OUD) and do best with a similar treatment plan.

What is the evidence?
A 2015 study (JAMA) found that twice as many patients were in OUD treatment at 30 days (~80%) with ED-initiated buprenorphine & a brief negotiation interview (BNI) compared with referral only or a BNI + facilitated referral and used less illicit opioids in the last 7 days. What do I need to know about buprenorphine?
It is NOT simply replacing one drug for another
Buprenorphine treatment decreases withdrawal and craving. Patients who receive buprenorphine are less likely to OD, die, use illicit opioids, spread HCV or HIV and have fewer injection drug use complications and contacts with the criminal justice system.

Since 2002 ED physicians can administer buprenorphine in the ED for opioid withdrawal. Within 30-45 minutes patients will be much more comfortable. MDs, PAs and APRNs who complete the DATA 2000 waiver training, can prescribe buprenorphine with referral to ongoing treatment.

Buprenorphine is a partial agonist at the mu opioid receptor, where it has a very high affinity but low intrinsic activity. Its high affinity means it will out-compete and displace full opioid agonists. It is administered when the patient exhibits withdrawal symptoms (COWS ≥ 8). Its low intrinsic activity results in less euphoria and lower diversion potential.
Questions for identification of Opioid Use Disorder based on DSM-5

1. Have you found that when you started using, you ended up taking more than you intended to?
2. Have you wanted to stop or cut down on using opioids?
3. Have you spent a lot of time getting or using opioids?
4. Have you had a strong desire or urge to use opioids?
5. Have you missed work or school or often arrived late because you were intoxicated, high or recovering from the night before?
6. Has your use of opioids caused problems with other people such as with family members, friends or people at work?
7. Have you had to give up or spend less time working, enjoying hobbies, or being with others because of your drug use?
8. Have you ever gotten high before doing something that requires coordination or concentration like driving, boating, climbing a ladder, or operating heavy machinery?
9. Have you continued to use even though you knew that the drug caused you problems like making you depressed, anxious, agitated or irritable?
10. Have you found you needed to use much more drug to get the same effect that you did when you first started taking it?
11. When you reduced or stopped using, did you have withdrawal symptoms or felt sick when you cut down or stopped using?

Moderate Opioid Use Disorder: 4-5 symptoms, Severe Opioid Use Disorder: 6 or more symptoms

How to assess for OUD? (OUD confirmed)

Clinical Opioid Withdrawal Scale (COWS)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>1-2 times</th>
<th>3 or 4 times</th>
<th>Several per min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restlessness</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(4)</td>
</tr>
<tr>
<td>Anxiety or irritability</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(4)</td>
</tr>
<tr>
<td>Yawning</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(4)</td>
</tr>
<tr>
<td>Pupil Size</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(5)</td>
</tr>
<tr>
<td>Runny Nose or Tearing</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(4)</td>
</tr>
<tr>
<td>Tremor</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(4)</td>
</tr>
<tr>
<td>Sweating</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>Gooseblesh Skin</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>Bone or Joint pain</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(4)</td>
</tr>
<tr>
<td>Gl upset</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Notes:
*Clinical Opioid Withdrawal Scale (COWS) > 13 (Moderate-Severe) consider starting with 8 mg buprenorphine or buprenorphine/naloxone SL
** Patient remains in moderate withdrawal may consider adding additional 4mg and observation for 60 minutes

Warm hand-offs with specific time & date to opioid treatment providers/ programs within 24-72 hours whenever possible

All patients should be educated regarding dangers of benzodiazepine and alcohol co-use

Ancillary medication treatments with buprenorphine induction are not needed

Prescription 16mg dosing for each day until appointment for ongoing treatment

Consider return to the ED for 2 days of 16mg dosing (72-hour rule) Referral for ongoing treatment

All Patients Receive:
- Brief Intervention
- Overdose Education
- Naloxone Distribution

How to assess for withdrawal?

Assess for opioid type and last use

Patients taking methadone may have withdrawal reactions to buprenorphine up to 72 hours after last use. Consider consultation before starting buprenorphine in these patients

Dosing: None in ED

Waivered provider able to prescribe buprenorphine?

Unobserved buprenorphine induction and referral for ongoing treatment

Observe for 45-60 min No adverse reaction

Dosing: 4-8mg SL*

COWS

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

Ongoing treatment

Referral for ongoing treatment

YES

NO
How do I motivate ED patients with OUD to accept treatment?

**Step 1. Raise the Subject/Establish Rapport**
- Introduce yourself
- Raise the subject of opioid use
- Ask permission to discuss OUD
- Assess patients subjective level of physical discomfort (i.e., withdrawal)

**Step 2. Provide Feedback**
- Review patients drug use and patterns
- Ask the patient about and discuss drug use and its negative consequences
- Make a connection (if possible) between drug use and ED visit or any medical issues
- Provide feedback on OUD diagnosis and treatment options (e.g., buprenorphine or other options, such as methadone maintenance, intensive outpatient programs) and/or harm reduction strategies.

**Step 3. Enhance Motivation**
- Assess readiness to change whichever of the above 3 target behaviors the patient chooses (i.e., Buprenorphine, other treatment or harm reduction)
- Enhance Motivation
  - Ask a series of open-ended questions designed to evoke “Change Talk” (or motivational statements) about their target behavior.
  - Reflect or reiterate the patient’s motivational statements regarding entering treatment.

**Step 4. Negotiate & Advise**
- Negotiate goal regarding the target behavior
- Give advice
- Complete a referral/treatment or goal agreement, and secure and provide the actual referral for treatment (buprenorphine or other)


How do I obtain a DATA 2000 waiver?

**SAMHSA DATA 2000 waiver training for providers**
Available at: [https://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training](https://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training)

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**Table: Medication Formulations for OUD**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Route of Administration</th>
<th>Available strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Buprenorphine/Naloxone</strong></td>
<td>Sublingual film</td>
<td>2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, 12 mg/3 mg</td>
</tr>
<tr>
<td><strong>Suboxone</strong></td>
<td>Sublingual film</td>
<td>2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, 12 mg/3 mg</td>
</tr>
<tr>
<td>- Buprenorphine hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Naloxone hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bunavail</strong></td>
<td>Buccal film</td>
<td>2.1 mg/0.3 mg, 4.2 mg/0.7 mg, 6.3 mg/1 mg</td>
</tr>
<tr>
<td>- Buprenorphine hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Naloxone hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Zubsolv</strong></td>
<td>Sublingual tablet</td>
<td>0.7 mg/0.18 mg, 1.4 mg/0.36 mg, 2.9 mg/0.71 mg, 5.7 mg/1.4 mg, 8.6 mg/2.1 mg, 11.4 mg/2.9 mg</td>
</tr>
<tr>
<td>- Buprenorphine hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Naloxone hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic combination product</strong></td>
<td>Sublingual tablet</td>
<td>2 mg/0.5 mg, 8 mg/2 mg</td>
</tr>
<tr>
<td>- Buprenorphine hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Naloxone hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Buprenorphine Alone</strong></td>
<td>Sublingual tablet</td>
<td>2 mg</td>
</tr>
<tr>
<td>- Buprenorphine hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Naloxone hydrochloride</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**References:**

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**Educational Resources:**
- SAMHSA Treatment Improvement Protocol - TIP63: Medications for Opioid Use Disorders – Resources Related to Medications for Opioid Use Disorder. [https://store.samhsa.gov/product/TIP63-Medications-for-Opioid-Use-Disorders-Sources-Related-to-Medications-for-Opioid-Use-Disease/SMA18-5063PT5](https://store.samhsa.gov/product/TIP63-Medications-for-Opioid-Use-Disorders-Sources-Related-to-Medications-for-Opioid-Use-Disease/SMA18-5063PT5)
- Provider’s Clinical Support System for Medication-Assisted Treatment (PCSS-MAT) is a national training and clinical support system. The goal is to provide the most effective evidenced-based clinical practices in the prevention, identification, and treatment of opioid use disorders. [https://pcssnow.org/education-training/](https://pcssnow.org/education-training/)

Yale SBIRT website: [https://medicine.yale.edu/sbirt/](https://medicine.yale.edu/sbirt/)