ColoradoMAT

How to Start a Buprenorphine Program in the ED

1. Talk with the hospital's pharmacy director to be sure that buprenorphine is on the hospital formulary and available in the ED.
2. Develop a connection with outpatient treatment facilities and providers who can receive patients referred from the ED. Treatment Locator or Rocky Mountain Crisis Partners (call **1-888-211-7766** and specify "opiate related call") can help find the closest treatment partners.
3. Train nurses, doctors and advance practice providers on assessing opioid withdrawal severity and administering buprenorphine. The Rocky Mountain Poison Center has trained clinicians ready to provide real-time guidance for assessing withdrawal and conducting buprenorphine inductions. Call **1-800-222-1222** and specify "ED buprenorphine induction support" to speak with a specialist at the poison center.
4. Agree upon an easy, real-time protocol for clinicians. ColoradoMAT's buprenorphine algorithm may serve this role or as a protocol that may be adapted for a hospital's purpose.
5. If possible, hire a recovery support specialist or substance use navigator to help patients transition to outpatient care. For hospitals without this capability, Rocky Mountain Crisis Partners offers free counseling and navigation to patients. Call **1-888-211-7766** and specify "opiate related call" to be connected with a specialist who will help connect patients with treatment providers.
6. Create patient discharge materials and education materials for patients.
7. Communicate these services to staff, patients, health care and community partners.

For resources and tools to help you with these steps visit www.coloradomat.org.

Will treatment with buprenorphine reduce mortality among patients with opioid addiction?

In a recent study of over 150,000 National Health Service patients treated for opioid dependence, followed for a total of 442,950 patient years, treatment of opioid dependence with buprenorphine was found to reduce risk for opioid overdose death by one-half versus patients with no treatment or psychosocial treatment only.[1]

In a study of 33,923 Medicaid patients diagnosed with opioid dependence in Massachusetts, mortality during the four-year study period (2003-2007) was double among patients receiving no treatment versus patients treated with buprenorphine. Additionally, patients treated with buprenorphine experienced a 75% reduced mortality versus patients treated with psychosocial interventions alone.[2]

Among the highest risk patients who inject heroin, treatment with methadone or buprenorphine for at least five cumulative years, is associated with a reduction in mortality from 25% at 25 years to 6%. The association between treatment and improved survival is likely multifactorial and mediated through reduced risk of HIV infection, improved social functioning, reduced criminality and establishing long-term contact with health professionals.[3, 4, 5, 6, 7, 8, 9, 10] Importantly, survival benefit is not affected by cessation of injection drug use.[11]

(continued)

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How to Start a Buprenorphine Program (continued)

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