Emergency department physician attitudes towards buprenorphine initiation in the ED

A qualitative study

BACKGROUND

- Emergency department (ED) visits related to opioid use have dramatically risen since the introduction of synthetic opioids into the illegal drug market.¹,²
- In the recent years, opioid agonist treatment (OAT) is an effective option for patients with opioid use disorders (OUDs) and can be administered by trained physicians alongside complementary interventions and referrals.³,⁴
- Buprenorphine, one type of OAT, can decrease withdrawal, craving, and opioid use in individuals with OUD.⁵

OBJECTIVE

To explore and describe the ED physician perspective on:
- Caring for patients with opioid use disorders in the ED
- Initiating buprenorphine/naloxone (Suboxone) in the ED
- Providing other interventions for patients with OUD in the ED

METHODS

- Study Design: Focused ethnography
- Recruitment: Purposive and snowball sampling techniques
  - CRISM ED Buprenorphine Working Group: Kathryn Dong, Aaron Orkin, Andrew Kestler, and Janusz Kaczorowski
  - National network of site leads (as identified by the Working Group) are provided study information to share with their roster of staff ED physicians
- ED physicians who are interested in the study
- Precipitated
- Participant #7 (BC)

ELIGIBILITY CRITERIA

- Actively working in an ED in Canada
- Practicing emergency medicine for at least one year
- Working an average of four shifts per month (or more) in the ED
- Reluctant or challenging patients
- Not a resident physician

PARTICIPANTS

- SAMPLE SIZE GOAL: 30 PARTICIPANTS
- CURRENT SAMPLE: 23 PARTICIPANTS
- 3 MALE, 1 FEMALE
- 8 URBAN, 2 RURAL EDs

PRELIMINARY RESULTS

SCREENING PROCESS

There were mixed opinions regarding implementing an official screening protocol to identify patients with OUD in the ED.

STIGMA

Almost all participants (so far) have acknowledged that stigma towards patients with OUDs is prevalent in the ED, primarily due to difficult situations they experienced in the past. Stigma was also noted to influence the way services were provided to patients with OUDs, as well as how they were treated when in the ED.

STARTING SUBOXONE

Most participants felt comfortable starting Suboxone in the ED if resources and supports were accessible.

APPROPRIATE SETTING

There was poor consensus among participants regarding whether the ED was an appropriate environment for Suboxone initiation.

BARRIERS TO STARTING SUBOXONE

- Lack of follow-up outpatient resources/clinics
- Inadequate time and space
- Reluctant or challenging patients
- Inadequate training

FACILITATORS TO STARTING SUBOXONE

- Additional education on ED Suboxone
- Multiple attempts at initiating Suboxone
- Educating patients on Suboxone
- Having an established referral process
- A safe space for patients to receive wraparound supports

REFERENCES

2. Canadian Institute for Health Information, Canadian Centre on Substance Abuse. Hospitalizations and Emergency Department Visits Due to Opioid Poisoning in Canada, 2016.