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Title: Initiating Opioid Dependence Treatment in the Emergency Department

Introduced by: Firas Askar for the Medical Student Section

Original Authors: Aileen Haque, Irvin Lien, and Nicole Schnabel

Referred to: Reference Committee A

House Action: **DISAPPROVED**

Whereas, total opioid-related overdose deaths have increased by 19.1 percent from 2013 to 2015 in the United States, and

Whereas, in Michigan, the total opioid-related overdose deaths have increased by 19.6 percent from 2013 to 2015, and

Whereas, there has been a national increase in opioid-related overdose deaths despite the decreased rate of prescriptions for opioids by 11 percent from 2013 to 2015, and

Whereas, legislation passed in Michigan in December 2017 mandates physicians who treat patients for an opioid-related overdose are required to provide information to the patient on "substance use disorder services," and

Whereas, three interventions for opioid dependence include: screening and referral to treatment; screening, brief intervention, and facilitated referral to community-based treatment services; and screening, brief intervention, emergency department-initiated treatment with buprenorphine/naloxone, and referral to primary care for ten-week follow-up, and

Whereas, studies done by the American Society of Addiction Medicine showed that buprenorphine administration has been found to alleviate opioid withdrawal symptoms with the subsequent taper being accomplished on an outpatient basis, and

Whereas, a meta-analysis done in 2009 by the Cochrane Central Register of Controlled Trials found that a greater proportion of patients treated with buprenorphine (61 percent) completed supervised medical withdrawal compared with patients treated with methadone (52 percent), and

Whereas, the emergency department is suggested to be the ideal location to address opioid addiction due to high prevalence of patients seen for overdose and patients who are uninsured, and

Whereas, a study done in an urban hospital emergency department from 2009-2013 showed that among opioid-dependent patients, emergency department-initiated buprenorphine treatment versus brief intervention and referral significantly increased engagement in addiction treatment, reduced self-reported illicit opioid use, and decreased use of inpatient addiction treatment services, and

Whereas, emergency department-initiated buprenorphine was associated with 74 percent increased engagement compared to 53 percent with referral and 47 percent with brief intervention in addiction treatment and reduced illicit opioid use during the 2-month interval when buprenorphine was continued in primary care; therefore be it

53 RESOLVED: That MSMS recognizes the importance of the initiation of buprenorphine
54 treatment in the emergency department with follow-up treatment with a primary care physician and
55 will work with appropriate stakeholders to promote the implementation of such programs in the
56 emergency department.
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59 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy: None

Sources:

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4. D'Onofrio, G. et al. Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence. *JAMA*. 2015; 313(16):1636-1644.
5. Sevarino, K. et al. Opioid Withdrawal: Clinical Manifestations, course, assessment, and diagnosis. UpToDate. Jan 2018.
6. Gowing, L. et al. Buprenorphine for the management of opioid withdrawal. *The Cochrane database of Systemic Reviews*. 2009; 8(3).
7. Luty, J. et al. Is Methadone too dangerous for opiate addiction? *The British Medical Journal*. 2005; 331(7529):1352-1353.
8. Axeen, S. et al. Emergency Department Contribution to the Prescription Opioid Epidemic. *Annals of Emergency Medicine*. 2018; Epub ahead of print.
9. D'Onofrio, G. et al. Emergency Department-Initiated Buprenorphine for Opioid Dependence with Continuation in Primary Care: Outcomes During and After Intervention. *Journal of General Internal Medicine*. 2017; 21(6):660-666.