CALIFORNIA ACEP
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# A TOOL FOR OPIOID USE DISORDERS IN THE ED: BUPRENORPHINE, SUBOXONE

## Who should be considered?

- Anyone with concerning opioid use
- Presenting with opioid OD, withdrawal, or otherwise struggling with opioid use
- Even if ambivalent about abstinence, a trial of Bup can provide relief from withdrawal and reduce use and the risk of associated harms
- Even brief exposure to Bup may facilitate future recovery with MAT

## What is buprenorphine/subutex?

- Sched III partial opioid agonist
- High affinity that blocks other opioids
- Doesn't induce respiratory depression or a high

## What is Suboxone?

- Suboxone = Bup + naloxone (antagonist)
- Naloxone is not absorbed SL , only IV/IM
- Equivalent dosing/effectiveness vs Bup

## Reasons to use buprenorphine:

- 10% risk of death a year after non-fatal OD
- Bup lowers mortality 7-fold
- Bup is effective in sustaining recovery and reducing morbidity of opioid use disorder

## Can I legally provide buprenorphine? Yes!

- Can be ADMINISTERED for addiction by any DEA licensed provider for 72 hours
- Can be PRESCRIBED for addiction only "DEA-X" through a DATA waiver training
- Any provider with a DEA license can prescribe Bup for acute or chronic pain

## When to use caution or refer?

- Long-acting opioids (methadone, oxycontin, and IM heroin) have a high risk of precipitated withdrawal
- Use of benzos, EtOH, and other sedatives has higher risk of overdose due to synergy
- Metabolism is slower in liver failure

## STARTING BUPRENORPHINE IS EASY – BUT IT REQUIRES SOME CAUTION

- Risk of **precipitated withdrawal:** opioid-dependent patients with opioids actively in their system
- Bup is a high-affinity, partial agonist. It displaces full agonists from the opioid receptor, immediately decreasing receptor stimulation and inducing severe withdrawal symptoms
- Precipitated withdrawal is avoided by starting only when in withdrawal, then it provides relief
- Avoid an M&M! Don't give Bup if: **M**ild withdrawal, **M**ethadone, or **M**ind altered patients

## GAUGING OPIOID WITHDRAWAL

Significant = at least 3 of these symptoms:

- **Joint and body aches**
- **Chills and sweats**
- **Goose pimples**
- **Anxious and irritable**
- **Shaking, tremors, twitch**


## EASY PROTOCOL FOR BUPRENORPHINE INDUCTION:

### COWS of >7 (MD-Calc: COWS score, opiate withdrawal)

- Wait 12 hours after short acting opioids: **heroin, IR morphine/hydrocodone/oxycodone**
- Wait 16-24 hours after long acting opioids: **Oxycontin, MSContin (sustained release)**
- Methadone is unpredictable – **at least 48 hrs & COWS of 10 or more. When in doubt, just wait.**

### How to give Bup in the ED?

- **4-8 mg tablet (Suboxone or Bup). OK to re-dose up to 32mg, until symptoms resolve. If it is swallowed, very little Bup gets absorbed, so absorb completely sublingually.**
- No observation is required. OK to discharge after administration.
- **OK to administer in low-acuity, "fast-track" type areas of the ED.**