



Bup-nal (Suboxone®) Initiation in Emergency Departments

Responding to critical health needs: Evidence-based strategies to reduce opioid-related deaths

Our challenge	Results to date	
<p>746 deaths in Alberta in 2018 from apparent accidental opioid overdoses¹</p> <hr/> <p>1 in 10 Albertans who died from accidental opioid poisoning had visited an emergency room for substance use in the last 30 days</p> <hr/> <p>65% increase in emergency department (ED) visits related to opioid use²</p>	<p><i>Implementation of a province-wide strategy is underway</i></p> <hr/> <p>19 EDs and urgent care centers have adopted these practices²</p> <p>+ 31 are in planning stages</p> <div style="border: 1px solid #f0e68c; border-radius: 15px; padding: 10px; text-align: center; margin-top: 10px;"> <p>Goal: Adopt at all 103 EDs and 6 urgent care centers in next 12 months</p> </div>	<p>Patients in this difficult-to-engage population are getting help. Of those discharged on Suboxone®:</p> <p>44% attend their first community clinic appointment³</p> <p>58% continue to fill their prescriptions 30 days later⁴</p> <hr/> <p><i>Improving outcomes and access to community services</i></p>

What was the issue?

Opioid use disorder is a major public health crisis affecting a growing number of Albertans. This chronic, life-threatening, and relapsing disease is strongly stigmatized. It affects people of any age, gender, ethnicity and socio-economic status. On average, these highly addictive substances, when used inappropriately, claim the lives of nearly two Albertans a day.¹ People who live with opioid use disorder experience intense cravings and withdrawal symptoms, and often feel powerless to stop using.

In the past five years, opioid-related visits to Alberta emergency departments (EDs) and urgent care centers have increased dramatically. However, until recently, no integrated or consistent approach existed to help patients coming to EDs or urgent care centers with opioid-related concerns.

What we did to address it

The Emergency SCN brought together a team of health partners and patient advocates to review the latest evidence regarding medication-assisted treatment for people with opioid use disorder. The group included addiction and mental health professionals, a patient with lived experience, AHS operations, emergency physicians, nurses and frontline staff, pharmacists, community agencies, Alberta Health and others.

Research from the Yale School of Medicine has shown positive results when prescribing buprenorphine/naloxone ('bup-nal'; trade name Suboxone[®]) in EDs to eligible patients with opioid use disorder and directly referring them to addiction treatment.^{5,6,7} Bup-nal is the recommended first-line treatment for opioid use disorder by the Canadian Research Initiative in Substance Misuse.⁷ Bup-nal assists in curbing cravings and reduces withdrawal symptoms. This helps people feel normal and use opioids less often and in smaller amounts. Once on a stable dose, some people will stop taking opioids altogether.

The SCN worked with health partners across the province to test and implement a province-wide strategy to:

- (i) appropriately screen patients for opioid use disorder in EDs;
- (ii) initiate treatment (bup-nal) for eligible patients while in the ED;
- and (iii) rapidly connect them to a community clinic,

primary care provider, or outpatient addictions program for follow-up and ongoing care. The program began in May 2018 and is now available at 19 EDs and urgent care centers across Alberta.

How this work is making a difference

This program recognizes the unique opportunity that emergency physicians, nurses, and staff have to identify patients with opioid use disorder. By improving access to medication and community services, care providers are helping improve health outcomes, reduce stigma, and better support patients with opioid use disorder. As Dr. Marshall Ross, an emergency physician at one of the pilot sites in Calgary, explains, "We are now doing more than just treating the complications of opioid use disorder. This program is helping patients treat their underlying problem and get on the road to recovery."

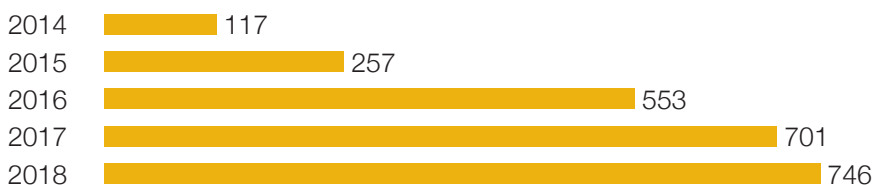
The project is ongoing, so long-term outcomes have not yet been evaluated. Early results are promising and the team is cautiously optimistic that the program will have an impact and improve outcomes for this complex group of patients. Patients value having access to compassionate, evidence-based treatment in the ED and assistance as they navigate their care journey. Being connected to a community clinic for ongoing care helps them feel supported, more hopeful and better able to regain control of their lives.

What's next?

Support for this work has been strong from EDs and urgent care centers across Alberta. Today, the SCN is working with 50 sites with that number expected to grow quickly. Our goal is to implement the program in all EDs and urgent care centers in the province over the next 12 months.

In rural areas, health partners are also working with virtual care and primary care physicians to adapt these approaches for regions with small EDs and fewer community treatment clinics. A pilot project is underway that provides virtual support and supervised consumption services via telehealth. Our hope is that this model of care will help prevent overdose deaths for people in rural and suburban areas.

Opioid deaths including fentanyl, in Alberta



To learn more, visit www.ahs.ca/escn