

Press Release

April 10, 2023

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SAFE Glen Cove Coalition: NIH Research Study Shows Buprenorphine Initiation in ER Safe For Fentanyl Users

Results from a multi-site clinical trial supported by the National Institutes of Health (NIH) showed that less than 1% of people with opioid use disorder whose drug use includes fentanyl experienced withdrawal when starting buprenorphine in the emergency department. The findings are strong evidence that buprenorphine, a medication approved by the U.S. Food and Drug Administration to treat opioid use disorder, can be safely started in the emergency department without triggering withdrawal, even for people who use stronger opioids. Clinician concern over this type of withdrawal can be a barrier to using this treatment. The study should help assuage concerns over precipitated withdrawal following buprenorphine treatment in the emergency department.

Precipitated withdrawal -induced by medications to treat opioid use disorder is a debilitating experience marked by rapid onset of symptoms such as aches, nausea and vomiting, diarrhea, and abdominal cramps that can occur within two hours after the first dose of buprenorphine. Although instances of buprenorphine-precipitated withdrawal have only been reported in relatively small case studies and anecdotal evidence, some clinicians and patients worry that the risk of experiencing precipitated withdrawal from buprenorphine might be increased among people who use fentanyl.. This has led some clinicians to prescribe buprenorphine at lower doses, especially for people using extremely potent illicit opioids such as fentanyl. Because initiating low-dose buprenorphine following initial cessation of illicit opioids can be less effective in relieving these symptoms, individuals may be more likely to resume use of illicit opioids.

There has been an urgent need to better understand how the prevalence of fentanyl in the drug supply affects the process of addiction treatment for people with opioid use disorder. The study addressed this question prospectively by analyzing data from 1,200 individuals at 28 U.S. emergency departments participating in an ongoing clinical trial. The trial is comparing the relative impact of a weekly extended-release buprenorphine injection versus daily administration of 8 to 16 mg buprenorphine as a tablet or film. Researchers found that despite high fentanyl use prevalence – about 70% – among 1,200 people with opioid use disorder, precipitated withdrawal occurred in nine out of the total 1,200 people, or 0.76%, and only 1% of those who had used

fentanyl. The rate of precipitated withdrawal was similar to that reported in people using heroin or prescription opioids without fentanyl.

The NIH advises clinicians to encourage patients with opioid use disorder to take buprenorphine if they need it as less than 23% of people with opioid use disorder are getting treated for it, and only a few medications for opioid use disorder that have been found to be very effective for opioid withdrawal to date.

These findings build upon existing evidence that administering buprenorphine in emergency departments helps people begin addiction treatment and that higher-dose buprenorphine is safe and well tolerated in people with opioid use disorder experiencing withdrawal symptoms. They also bolster support for expanding access to buprenorphine. Recent legislation removed barriers to access, including the elimination of the X-Waiver in December 2022, and policy efforts have been initiated that maintain COVID-19 era-initiated flexibilities related to prescribing buprenorphine via telehealth evaluations.

The emergency department is a crucial care setting for people with substance use disorders. This study provides further evidence that all emergency department physicians can and should be using buprenorphine to help individuals take the first steps into treatment and toward recovery.

The National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled, "Keeping Glen Cove SAFE," to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org.