



X Waiver Mini-Course Expands Emergency Clinician Recognition and Treatment of Opioid Withdrawal, Study Finds

Important study findings recently published in the Journal of Medical Toxicology (JMT) dovetail with the new change in the Data 2000 ("X") Waiver process for prescribing buprenorphine. Findings demonstrate that a brief education session led clinicians to an increase in the recognition of opioid withdrawal and initiation of buprenorphine treatment for patients in the emergency department.

Phoenix, AZ, April 13, 2022 --“A Brief Educational Intervention to Increase ED Initiation of Buprenorphine for Opioid Use Disorder (OUD)” was a study funded by a grant to the [Medical Toxicology Foundation](#) (MTF) from the Independence Blue Cross Foundation (IBC) under the Supporting Treatment and Overdose Prevention (STOP) program. Findings from the study have been published in the [Journal of Medical Toxicology](#) (JMT), the official journal of the [American College of Medical Toxicology](#) (ACMT). Read the full article [here](#).

Buprenorphine is one of three evidence-based treatments for opioid use disorder and can be initiated by any clinician for the treatment of opioid withdrawal. However, treatment is often overlooked due to lack of knowledge about the pharmacology of buprenorphine, confusion over prescribing rules, and patient and provider readiness. Prior to April 2021 clinicians were required to complete an 8-hour training to obtain the “Data 2000 X Waiver” certification in order to be authorized to write a prescription for buprenorphine.

Despite the evidence in support of the use of buprenorphine in the treatment of Opioid Use Disorder (OUD), emergency department (ED)-initiated buprenorphine is still uncommon. Many emergency medicine (EM) clinicians lack training on how to manage acute opioid withdrawal or initiate treatment with buprenorphine. The purpose of the study, led by investigators at the Perelman School of Medicine at the University of Pennsylvania, was to develop a brief 30-minute buprenorphine training and assess the impact of the training and behavioral incentives to providers on subsequent buprenorphine initiation and knowledge retention.

This study consolidated the most relevant details of the mandatory 8-hour X waiver training to 30 minutes focusing on how to initiate buprenorphine to treat a patient with opioid withdrawal. Following the brief training, EM participants were randomized into two groups and followed for 90 days. One group received additional educational text messages and incentives to report when they had given buprenorphine for the first time. In the follow up period, 33% of clinicians recognized and treated opioid withdrawal with buprenorphine in at least one ED patient.

“Emergency medicine is on the front lines of the overdose crisis and should be part of the solution with initiation of buprenorphine,” said [Dr. Utsha Khatri](#), a co-investigator and first author of the study. “Lack of provider knowledge” can no longer be an excuse.”

The study's findings suggest that a more brief training may be sufficient for emergency clinicians to recognize and initiate buprenorphine for treatment of opioid withdrawal and is consistent with the trajectory of new guidelines allowing emergency physicians to prescribe the treatment to up to 30 patients without completing the previously required 8-hour training. This change potentially allows every emergency clinician to be capable of initiating treatment for patients experiencing withdrawal. However, a modicum of education about buprenorphine is still suggested by many experts to understand the basic physiology and mechanism of drug action.

"Lives will be saved," says [Dr. Jeanmarie Perrone](#), Professor of Emergency Medicine, Medical Toxicology and Addiction Medicine Initiatives, Director of the Center for Addiction Medicine and Policy University of Pennsylvania, and Principal Investigator for the project. "as we lower barriers to buprenorphine use." This brief training demonstrates feasibility of a concise approach to achieving clinician readiness to initiate buprenorphine, a critical, evidence-based medication intervention for life threatening opioid use disorder.

[The American College of Medical Toxicology \(ACMT\)](#) is a professional, nonprofit association of physicians with recognized expertise and board certification in medical toxicology. Our members specialize in the prevention, evaluation, treatment, and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. ACMT members work in clinical, academic, governmental, and public health settings, and provide poison control center leadership.

[About the Medical Toxicology Foundation \(MTF\)](#), a 501(c)(3) nonprofit organization, is the charitable arm connected to ACMT. The mission of the MTF is to advance research and education in the prevention and treatment of patients adversely impacted by drugs, chemicals and natural toxins. The MTF began operations in 2009 and provides research, education and practice grants and conference-related travel awards.