Presented at the ACMT Annual Scientific Meeting 2024 – Washington DC

Published in J Med Tox 2024; 20:78-79.

170. Initial Buprenorphine and Naloxone Prescribing After Opioid Overdose: A Report From Ten Academic Hospital Systems

Joseph E Carpenter[1,2], Rachel Culbreth[3], Paul Wax[3], Kim Aldy[3,4], Jeffrey Brent[5], Sharan Campleman[3], Shao Li[3], Siri Shastry[6], Jonathan Berger[6], Alex Manini[6]

[1]Emory University School of Medicine, Atlanta, GA, USA.[2]Georgia Poison Center, Atlanta, GA, USA. [3]American College of Medical Toxicology, Phoenix, AZ, USA. [4]Baylor University Medical Center, Dallas, TX, USA. [5]University of Colorado School of Medicine, Aurora, CO, USA. [6]Icahn School of Medicine at Mount Sinai, New York, NY, USA

Background: Hospital encounters after opioid overdose rep- resent an opportunity to start medications for opioid use disorder (OUD) and prescribe naloxone. With widespread presence of fentanyl analogs in the drug supply, little is known about provision of buprenorphine and/or naloxone after opioid over- dose, particularly for unintentional opioid use.

Research Question: We aimed to identify differences in buprenorphine and naloxone prescribing after opioid over- dose in patients who did and did not report current opioid use.

Methods: The Toxicology Investigators Consortium Fentalog Study is an ongoing prospective multicenter cohort study consisting of 10 US hospitals. Patients are included if they present with suspected opioid overdose and have residual blood available for comprehensive drug testing. Clinical data is obtained via chart review. Chi-square tests were conducted for categorical variables, and regression analyses were con- ducted to determine the effects of race, ethnicity, and gender.

Results: Between September 2020 and October 2023, 1689 patients met inclusion criteria. Of these, 1377 reported cur- rent opioid use and 312 did not. Patients reporting current opioid use more frequently received buprenorphine (n = 128, 9.3%) than those that did not (n = 9, 2.9%, $p < 0.001$). There was no association between naloxone prescribing and self-reported current opioid use (41.5% vs. 41.7%, p = NS). Black patients had lower odds of receiving naloxone upon discharge (OR: 0.93; 95%CI: 0.87, 0.99), but no difference in buprenorphine prescriptions (OR: 1.02; 95% CI: 0.98, 1.05).

Conclusion: The overall frequency of buprenorphine prescriptions was low. There were racial disparities in naloxone prescribing. Clinicians must continue to address barriers to providing these medications post-overdose.