

# CHAT ABOUT MAT

## PRESCRIBER TESTIMONIAL: MAT IN EMERGENCY MEDICINE

EPISODE #7 WITH DR. JAIVA LARSEN

### COMMON PEARLS AND PITFALLS FROM EXPERIENCE IN AN EMERGENCY MEDICINE SETTING

Emergency Department (ED) clinicians have a unique position to intervene with people struggling with opioid use disorder (OUD). With ED visits for opioid overdoses continually on the rise, evidence shows that patients who received ED-initiated buprenorphine and a brief negotiation interview were twice as likely to be enrolled in OUD treatment 30 days post-discharge than with a referral only(1).

After receiving treatment for acute opioid withdrawal, patients may be more receptive to discussing substance use disorder treatment, and referral to a treatment center. Engage social services and/or a peer counselor to facilitate when available. Assistance is also available through the Arizona Opioid Assistance and Referral Line (888-688-4222).

For guidance on ED initiation of buprenorphine, clinical pearls and pitfalls, please refer to the guidelines referenced in this podcast episode by Dr. Larsen.

#### **MANAGEMENT OF OPIOID USE DISORDER IN THE EMERGENCY DEPARTMENT: A WHITE PAPER PREPARED FOR THE AMERICAN ACADEMY OF EMERGENCY MEDICINE**

#### **AMERICAN COLLEGE OF EMERGENCY PHYSICIANS' BUPRENORPHINE USE IN THE EMERGENCY DEPARTMENT TOOL**

1. D'Onofrio, G., O'Connor, P.G., Pantalon, M.V., Chawarski, M.C., Busch, S.H., Owens, P.H., Bernstein, S.L. and Fiellin, D.A., 2015. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. JAMA, 313(16), pp.1636-1644.

FOR MORE INFORMATION ABOUT MAT AND TREATMENT RESOURCES IN ARIZONA, YOU CAN CALL THE ARIZONA OPIOID ASSISTANCE AND REFERRAL LINE AT 888-688-4222 OR VISIT [SUBSTANCEABUSE.AZ.GOV](http://SUBSTANCEABUSE.AZ.GOV)



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