Addiction Medicine for People at Risk for HIV in the Emergency Department

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Last Updated: January 17, 2024

Disclosures

National Institute of Drug Abuse (NIDA)

National Institute of Mental Health (NIMH)

Public Health—Seattle & King County (PHSKC)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Disclaimer

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Data Considerations

Data in this presentation offer a limited perspective of how systemic, social, and economic factors impact health. We recognize that racism, not race, creates and perpetuates health disparities.

To Learn More:
https://www.cdc.gov/minorityhealth/racism-disparities

Acknowledgment

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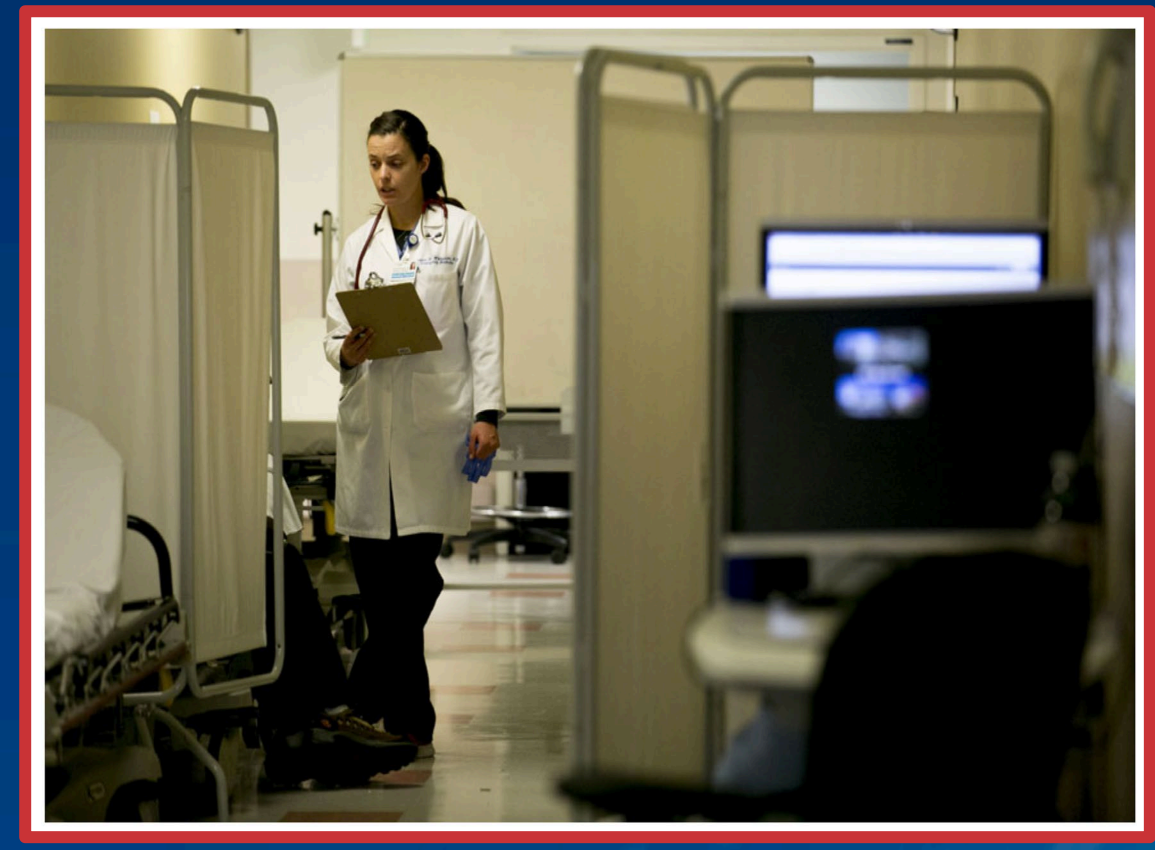
The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

Roadmap

- About us
- Epidemiology and temporal trends of addiction-related presentations to the emergency department (ED)
- Initiation of treatment for substance use disorders (SUD) in the ED
- Screening protocols for infectious diseases in people who use drugs presenting to the ED
- Future opportunities for integrating harm reduction for people at risk for HIV in the ED

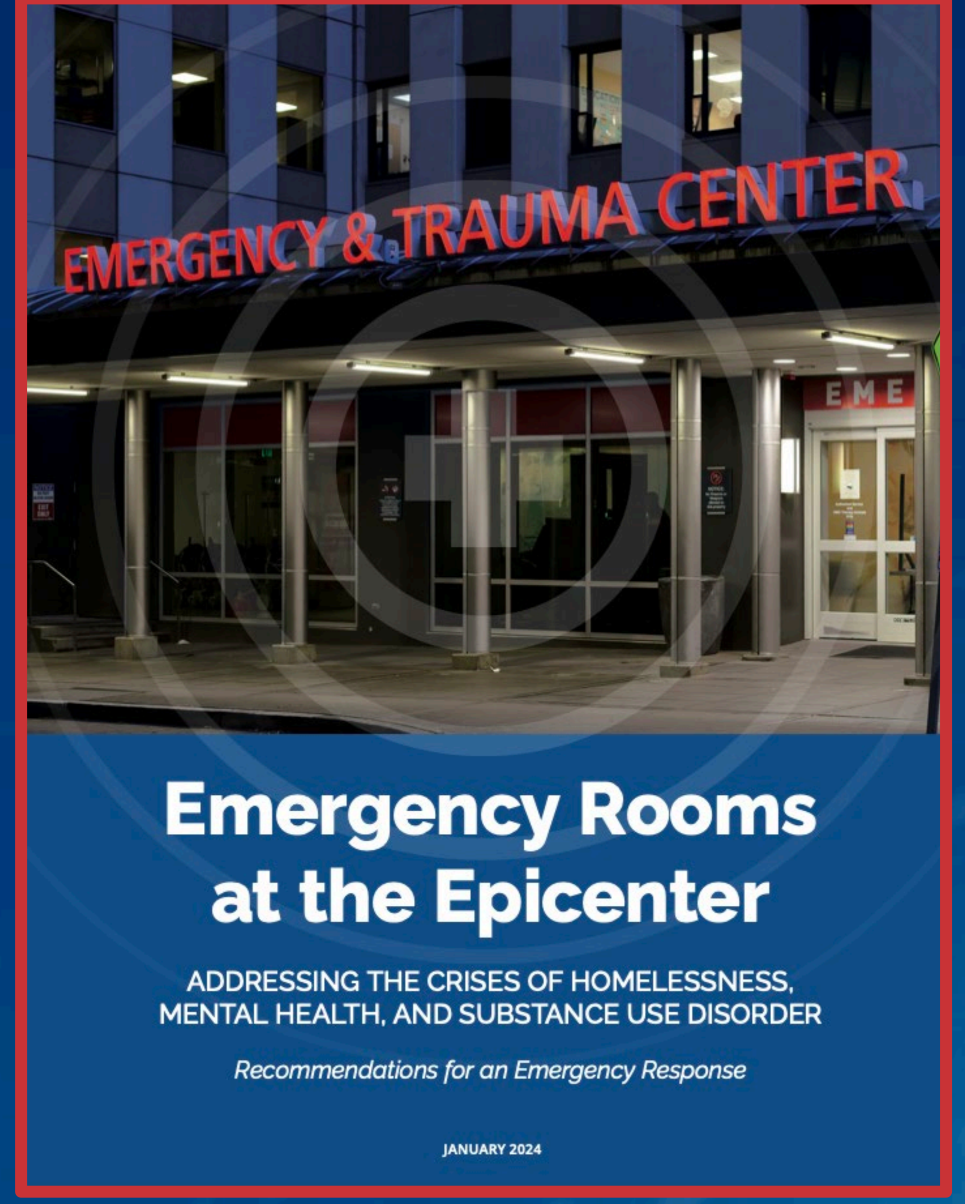
ABOUT US



CITY OF
FIRE DEPT.
SEATTLE

MWAETC

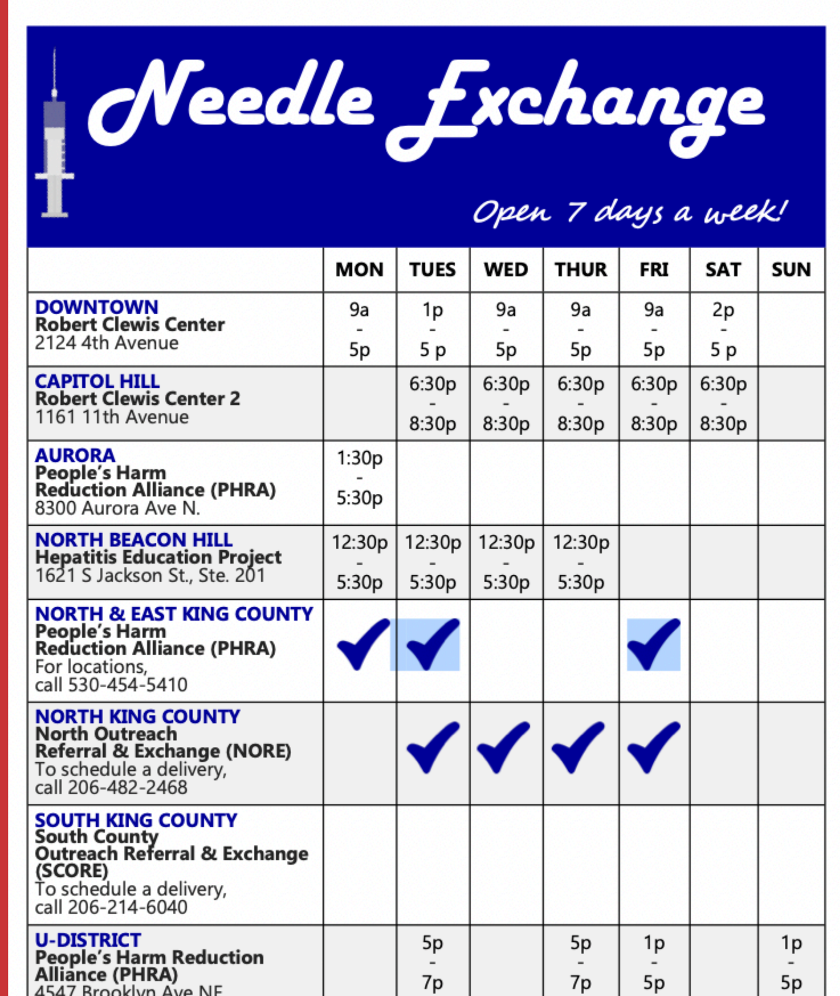
EPIDEMIOLOGY AND TEMPORAL TRENDS OF ADDICTION-RELATED PRESENTATIONS TO THE ED



"The ER is generally not the best place to treat and stabilize an individual who is homeless and suffering from a substance use disorder and/or a mental health crisis."

"In most of these crises, the ER is not the best place for an unhoused person who needs a prescription filled, someone who is experiencing a mental health crisis, or some individuals who have been revived from an overdose who do not need further medical care."

Challenge Seattle, https://challengeseattle.com/emergency-rooms-at-the-epicenter



Needle Exchange

Open 7 days a week!

	MON	TUES	WED	THUR	FRI	SAT	SUN
DOWNTOWN Robert Clewis Center 2124 4th Avenue	9a - 5p	1p - 5 p	9a - 5p	9a - 5p	9a - 5p	2p - 5 p	
CAPITOL HILL Robert Clewis Center 2 1161 11th Avenue		6:30p - 8:30p	6:30p - 8:30p	6:30p - 8:30p	6:30p - 8:30p	6:30p - 8:30p	
AURORA People's Harm Reduction Alliance (PHRA) 8300 Aurora Ave N.	1:30p - 5:30p						
NORTH BEACON HILL Hepatitis Education Project 1621 S Jackson St., Ste. 201	12:30p - 5:30p	12:30p - 5:30p	12:30p - 5:30p	12:30p - 5:30p			
NORTH & EAST KING COUNTY People's Harm Reduction Alliance (PHRA) For locations, call 530-454-5410	✓	✓			✓		
NORTH KING COUNTY North Outreach Referral & Exchange (NORE) To schedule a delivery, call 206-482-2468		✓	✓	✓	✓		
SOUTH KING COUNTY South County Outreach Referral & Exchange (SCORE) To schedule a delivery, call 206-214-6040							
U-DISTRICT People's Harm Reduction Alliance (PHRA) 4547 Brooklyn Ave NE		5p - 7p		5p - 7p	1p - 5p		1p - 5p

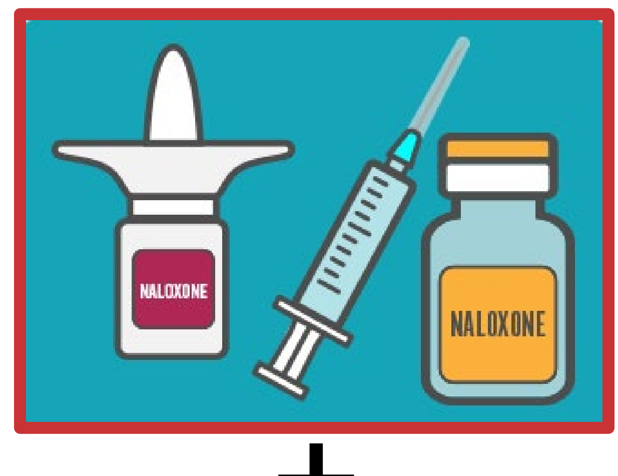
Patchwork of times and places

VERSUS

Anyone, Anything, Anytime, 24/7/365

PHSKC. https://cdn.kingcounty.gov/-/media/king-county/depts/dph/documents/health-safety/disease-illness/hiv-sti/harm-reduction/needle-exchange-schedule-2023.pdf?rev=37186fc86dfc4060856518adb6255b05&hash=6C9CB914DEB935647399772767F306F3

EMERGENCY
HARBORVIEW
MEDICAL
CENTER
UW Medicine
EMERGENCY
Main Hospital Entry
P1
Hospital
Garage
P2
NJB
Garage
P3
Patricia Steel
Garage



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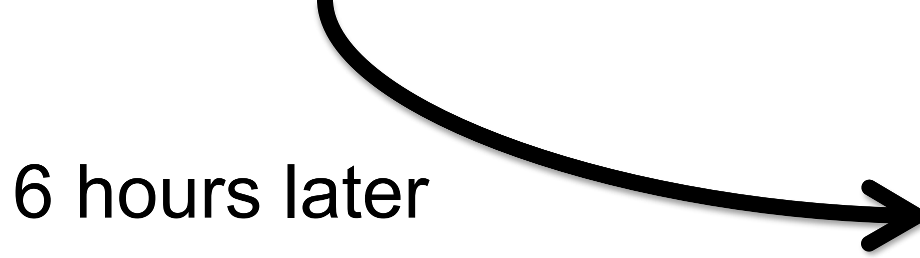
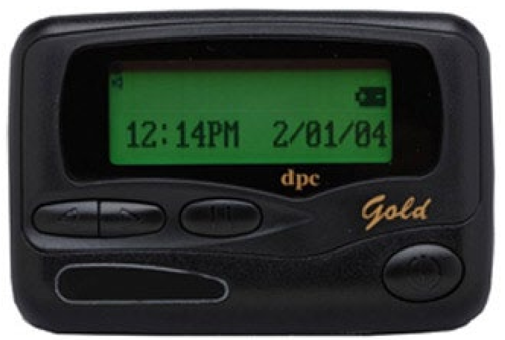


6 hours later



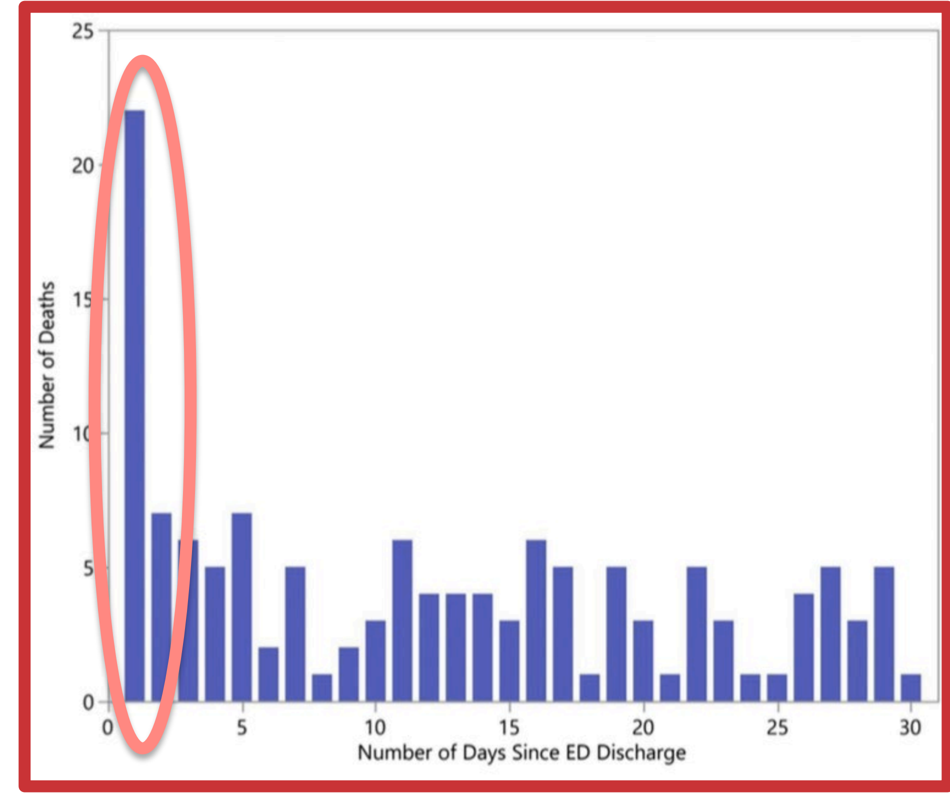
TOXICOLOGY/BRIEF RESEARCH REPORT

One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH*; Olesya Baker, PhD; Dana Bernson, MPH; Jeremiah D. Schuur, MD, MHS

5.5% for nonfatal opioid overdose

7% for ST-segment elevation myocardial infarction treated with percutaneous coronary intervention



The “sickest” patient might be in the “hallway”

Greg Gilbert, Seattle Times, 2022

National Prevalence of Alcohol and Other Substance Use Disorders Among Emergency Department Visits and Hospitalizations: NHAMCS 2014–2018

Original Research | Published: 13 September 2021

Volume 37, pages 2420–2428, (2022) Cite this article

Suen, L.W., Makam, A.N., Snyder, H.R. et al. National Prevalence of Alcohol and Other Substance Use Disorders Among Emergency Department Visits and Hospitalizations: NHAMCS 2014–2018. J GEN INTERN MED 37, 2420–2428 (2022).

Three Waves of the Rise in Opioid Overdose Deaths

Deaths per 100,000 population

17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

Any Opioid

Other Synthetic Opioids
(e.g., Tramadol or Fentanyl, prescribed or illicitly manufactured)

Heroin

Commonly Prescribed Opioids
(Natural & Semi-Synthetic Opioids and Methadone)

Wave 1: Rise in Prescription Opioid Overdose Deaths Started in 1999

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: National Vital Statistics System Mortality File.

NIDA, https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates

Drugs Involved in Confirmed Overdose Deaths

(Note: A decedent may be represented in multiple lines)

# of Deaths Involving Drug Type

1,000
800
600
400
200
0

2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

Drug Type

- Fentanyl
- Methamphetamine
- Heroin
- Rx Opioid
- Cocaine
- Benzodiazepine

PHSKC Overdose Data Dashboard, https://kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/overdose-prevention-response/data-dashboards

Drug & Alcohol Poisoning Deaths, King County

(Note: Bar chart can be viewed in terms of counts or rates; each decedent with an overdose death is represented once.)

Count ▾

Alcohol Poisoning
Other drug (no opioi...
Stimulant (no opioid)
Opioid and stimulant
Opioid (no stimulant)

Number of Deaths

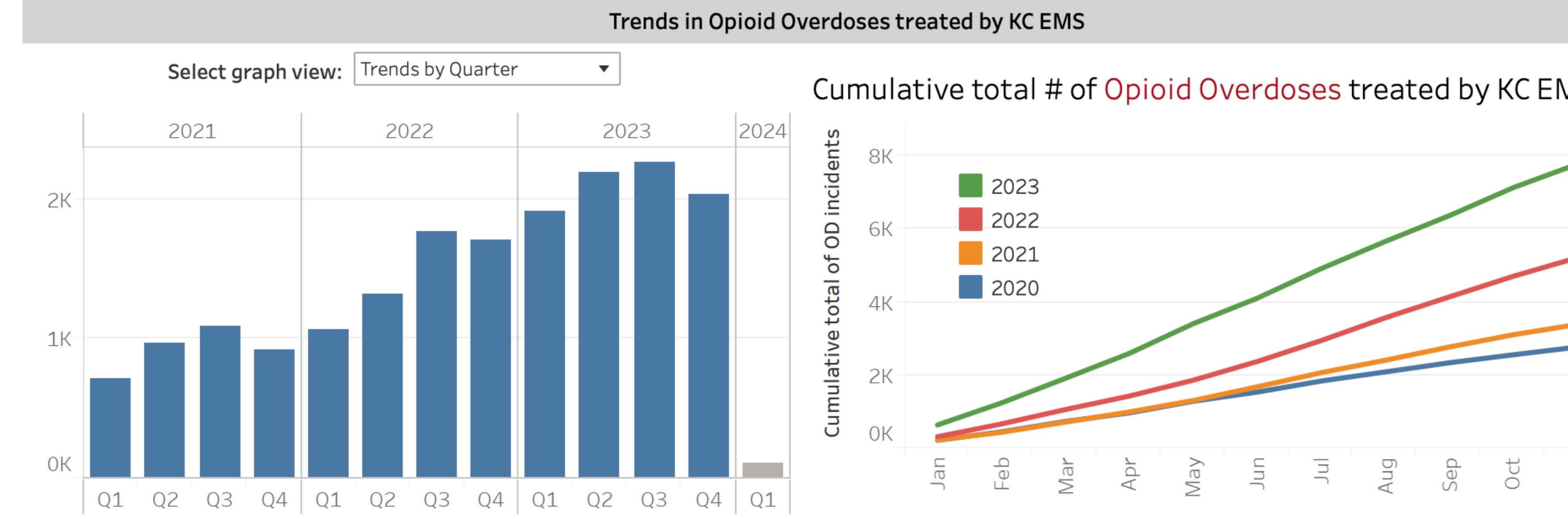
1000
500
0

318 326 324 342 369 404 424 509 708 1,001 1,299 22

2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024

Opioid= Fentanyl, Heroin, and/or Rx Opioids
Stimulant=Meth. and/or cocaine
*May also include sedating drugs and/or alcohol.

PHSKC Overdose Data Dashboard, https://kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/overdose-prevention-response/data-dashboards



PHSKC Overdose Data Dashboard, https://kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/overdose-prevention-response/data-dashboards

Encounters with EMS Prior to Fatal Overdose:
An Opportunity to Intervene?

Allison Rollins[1], Leslie Barnard[2], Mauricio Sadinle[3], Richard Harruff[2], Catherine Counts[1], Thomas Rea[1,4], Julia Hood[2,3]

[1]University of Washington School of Medicine
[2]Public Health: Seattle & King County
[3]University of Washington School of Public Health
[4]King County Emergency Medical Services

40% had at least 1 EMS encounter in the year prior to overdose

Nearly **90%** of all encounters received basic life support care only, and **19%** were not transported

(2020) Abstracts for the 2020 NAEMSP Scientific Assembly, Prehospital Emergency Care, 24:1, 100-156.

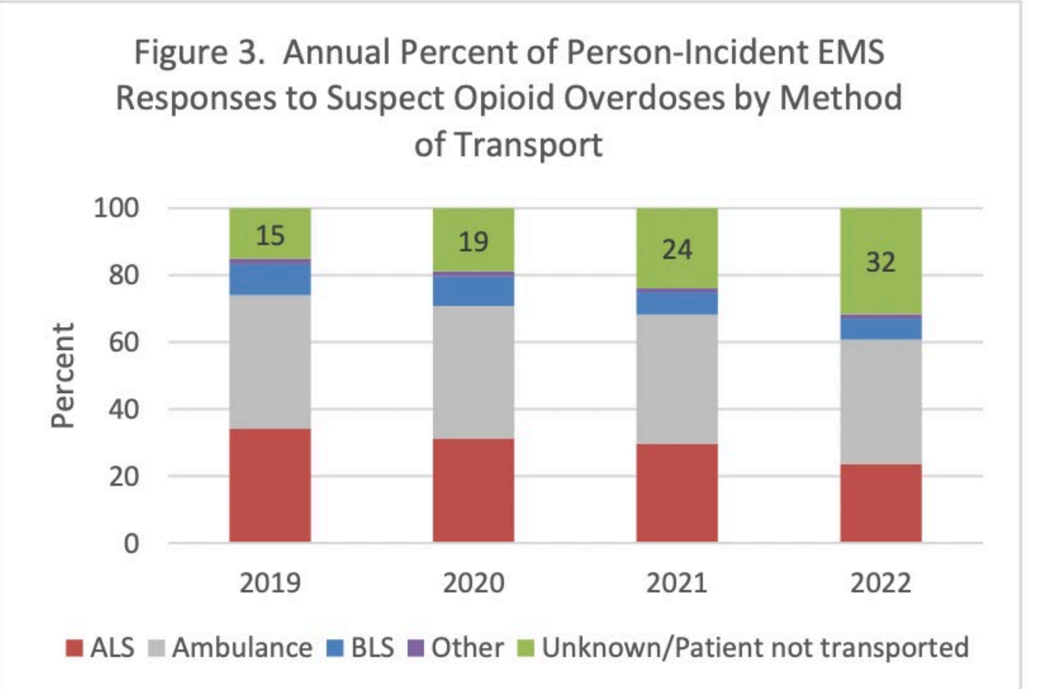
EMS Responses for Suspected Opioid Overdose

A Report from the King County EMS Regional QI Section

Prepared by Amy Poel, Jamie Emert, Tom Rea

January 2023

The proportion transported by ALS, BLS, and private ambulance has declined steadily over the past 4 years such that now **nearly a third of all patients** with suspected opioid overdose are no longer transferred to the ED.



Personal communication.

INITIATION OF TREATMENT FOR SUD IN THE ED

Opioid Use Disorder

Feel Really Good

Normal Range

Feel Really Bad

New Use

Disordered Use

Recovery with Meds

Center for Community-Engaged Drug Education, Epidemiology & Research (CEDEER), University of Washington Addictions, Drug & Alcohol Institute (ADAI). https://www.learnabouttreatment.org/treatment/medications-for-opioid-use-disorder/

OPIOID INDUCED EUPHORIA

0 5 10

TIME (HRS)

- heroin
- methadone
- buprenorphine
- naltrexone

We have **safe**, **effective**, and **evidence-based treatments** for substance use disorders, but **access** and **stigma** limit their use.

Buprenorphine and methadone reduce mortality by **50%**.

"You will do **harm** to people if you can't take care of [their] needs **fast** enough."

NIDA. https://irp.nida.nih.gov/wp-content/uploads/2019/12/NIDA-Medications-to-treat-opioid-use-disorder_2018.pdf

Original Investigation

Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence
A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;

Adult Patients with Opioid Use Disorder, Getting Discharged from the Emergency Department

Screening and Referral to Treatment

Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT + ED-initiation of buprenorphine

D'Onofrio G, O'Connor PG, Pantalon MV, Chawarski MC, Busch SH, Owens PH, Bernstein SL, Fiellin DA. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. JAMA. 2015 Apr 28;313(16):1636-44. doi: 10.1001/jama.2015.3474. PMID: 25919527; PMCID: PMC4527523.

J Am Coll Emerg Physicians Open. 2021 Apr; 2(2): e12408. Published online 2021 Mar 23.
doi: 10.1002/emp2.12408

PMCID: PMC7987236 | PMID: 33778807

Improving transitions of care for patients initiated on buprenorphine for opioid use disorder from the emergency departments in King County, Washington

Callan Elswick Fockele, MD, MS,[1] Herbert C. Duber, MD, MPH,[1] Brad Finegood, MA, LMHC,[2] Sophie C. Morse, BA, BS,[1] and Lauren K. Whiteside, MD[1]

Emergency Department

"This isn't my job"

Limited experience of success

Patient distrust

Few patients in acute withdrawal

Lack of x-waivered providers

No afterhours scheduling

No streamlined throughput

Environmental instability

Scope of Practice

Prescribing Capacity

Referral Incoordination

Loss to Follow-up

Skepticism of ED knowledge

"Clock is ticking"

No open communication

"Here's a handout"

High no show rate

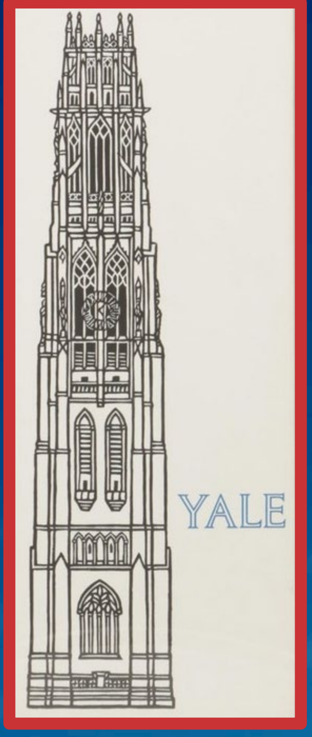
Unsustainable for clinics

Outpatient Clinics

Methadone And Buprenorphine Are Associated With Reduced Mortality After Nonfatal Opioid Overdose

What about other types of treatment?

Expectations



Reality

High dose start

Acute withdrawal → 16 mg → 16 mg

Low dose start

0.5 mg x 2 → 1 mg x 2 → 1 mg x 3 → 2 mg x 2 → 2 mg x 3 → 4 mg x 3 → 8 mg x 2

Rapid long-acting injectable start

No allergy → Sublocade vs. Brixadi

PREHOSPITAL EMERGENCY CARE
2021, VOL. 25, NO. 2, 289-293
https://doi-org.offcampus.lib.washington.edu/10.1080/10903127.2020.1747579

Buprenorphine Field Initiation of ReScue Treatment by Emergency Medical Services (Bupe FIRST EMS): A Case Series

Gerard G. Carroll, MD FAAEM EMT-P, Deena D. Wasserman, MD FAWM, Aman A. Shah, MD, Matthew S. Salzman, MD, Kaitlan E. Baston, MD MSc DFASAM, Rick A. Rohrbach, BSN CFRN CCRN-K MICP, Iris L. Jones, MA LPC, LCADC, and Rachel Haroz, MD, FAACT

PREHOSPITAL EMERGENCY CARE
2021, VOL. JUST-ACCEPTED, NO. JUST-ACCEPTED, 1-6
https://doi-org.offcampus.lib.washington.edu/10.1080/10903127.2021.1977440

Prehospital Initiation of Buprenorphine Treatment for Opioid Use Disorder by Paramedics

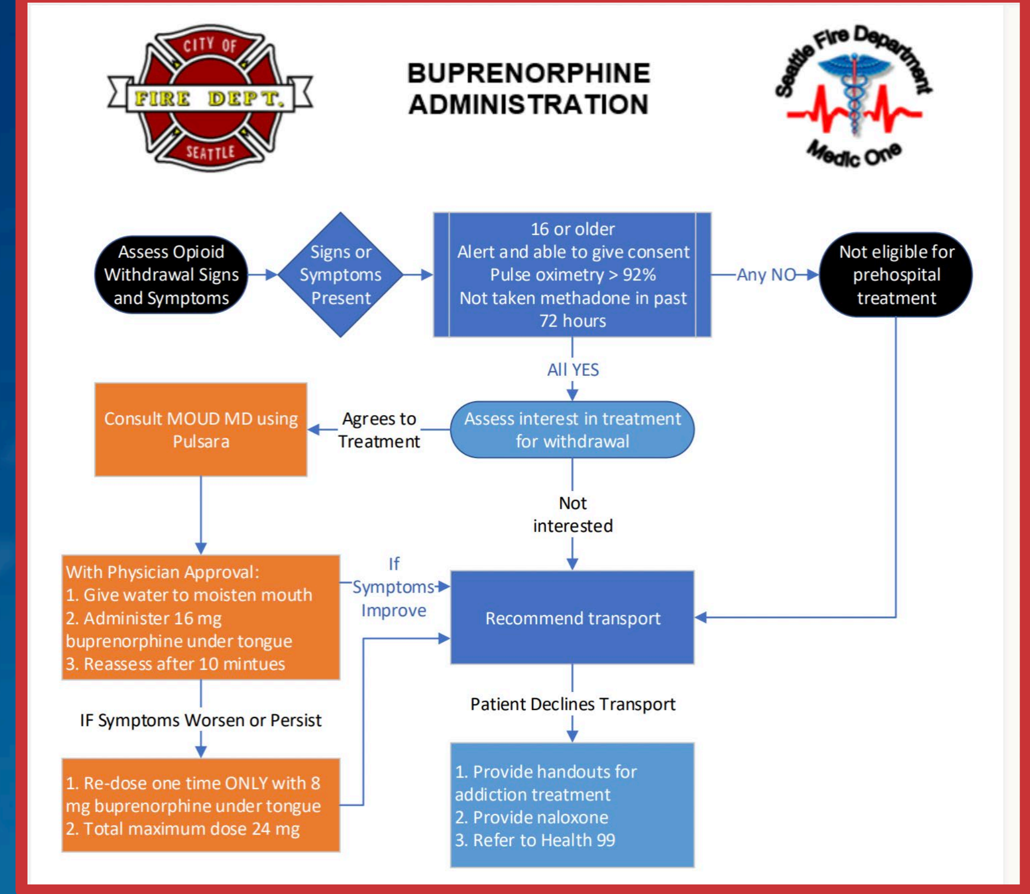
H. Gene Hern, MD, MS[a], David Goldstein, MD[b], M Kalmin, PhD[c], S Kidane, MD[b], S Shoptaw, PhD[c], Ori Tzvieli, MD[d], and Andrew A Herring, MD[a]

[a] Alameda Health System, Highland Hospital, Emergency Medicine, Oakland, CA; [b] Emergency Medical Services, Contra Costa County, California; [c] UCLA Center for Behavioral and Addiction Medicine, Los Angeles, CA; [d] Public Health Agency, Contra Costa County, California

EMERGENCY MEDICAL SERVICES/ORIGINAL RESEARCH

Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services

Gerard Carroll, MD*; Keisha T. Solomon, PhD; Jessica Heil, MS; Brendan Saloner, PhD; Elizabeth A. Stuart, PhD; Esita Y. Patel, PhD; Noah Greifer, PhD; Matthew Salzman, MD; Emily Murphy, MD; Kaitlan Baston, MD; Rachel Haroz, MD

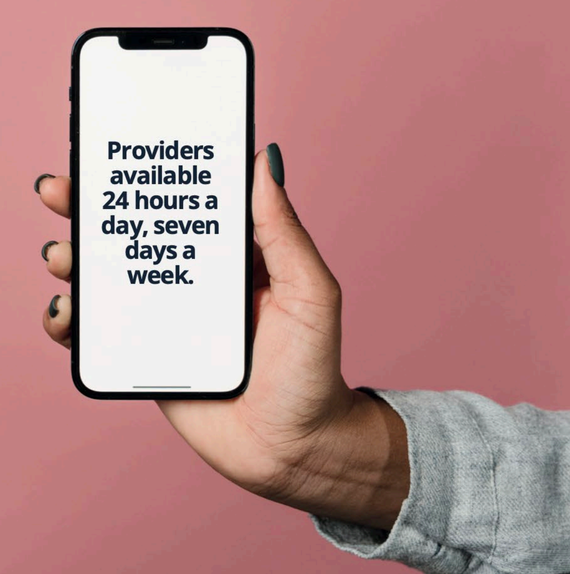


Carroll GG, Wasserman DD, Shah AA, Salzman MS, Baston KE, Rohrbach RA, Jones IL, Haroz R. Buprenorphine Field Initiation of ReScue Treatment by Emergency Medical Services (Bupe FIRST EMS): A Case Series. Prehosp Emerg Care. 2021 Mar-Apr;25(2):289-293.
Hern HG, Goldstein D, Kalmin M, Kidane S, Shoptaw S, Tzvieli O, Herring AA. Prehospital Initiation of Buprenorphine Treatment for Opioid Use Disorder by Paramedics. Prehosp Emerg Care. 2022 Nov-Dec;26(6):811-817.
Carroll G, Solomon KT, Heil J, Saloner B, Stuart EA, Patel EY, Greifer N, Salzman M, Murphy E, Baston K, Haroz R. Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services. Ann Emerg Med. 2023 Feb;81(2):165-175.

24/7 ON DEMAND BUPE

It's easier than ever to get started on medication to treat opioid use disorder.

Call 206-289-0287 for a prescription.



Prescriptions are available for people located in King County.

Section of Population Health

UW Medicine
DEPARTMENT OF EMERGENCY MEDICINE

> Acad Emerg Med. 2022 Aug;29(8):928-943. doi: 10.1111/acem.14507. Epub 2022 May 16.

"Just give them a choice": Patients' perspectives on starting medications for opioid use disorder in the ED

Elizabeth M Schoenfeld[1,2], Lauren M Westafer[1,2], Samantha A Beck[3], Benjamin G Potee[3], Sravanthi Vysetty[4], Caty Simon[5,6], Jillian M Tozloski[1], Abigail L Girardin[1], William E Soares[1,2]

Case Reports > J Addict Med. 2023 May-Jun;17(3):367-370. doi: 10.1097/ADM.0000000000001109. Epub 2022 Dec 23.

Methadone Induction for a Patient With Precipitated Withdrawal in the Emergency Department: A Case Report

Benjamin Church[1], Ryan Clark, William Mohn, Ruth Potee, Peter Friedmann, William E Soares 3rd

Confirm and continue methadone dose

40mg → 10 mg q3h (total max 60 mg)

"72-hour rule" + OTP referral

Schoenfeld EM, Westafer LM, Beck SA, Potee BG, Vysetty S, Simon C, Tozloski JM, Girardin AL, Soares WE. "Just give them a choice": Patients' perspectives on starting medications for opioid use disorder in the ED. Acad Emerg Med. 2022 Aug;29(8):928-943.
Church B, Clark R, Mohn W, Potee R, Friedmann P, Soares WE 3rd. Methadone Induction for a Patient With Precipitated Withdrawal in the Emergency Department: A Case Report. J Addict Med. 2023 May-Jun 01;17(3):367-370.

Comparative Study > Ann Emerg Med. 2021 Dec;78(6):752-758.
doi: 10.1016/j.annemergmed.2021.05.013. Epub 2021 Aug 2.

Implementation of Oral and Extended-Release Naltrexone for the Treatment of Emergency Department Patients With Moderate to Severe Alcohol Use Disorder: Feasibility and Initial Outcomes

Erik S Anderson [1], Mac Chamberlin [2], Marisa Zuluaga [2], Monish Ullal [3], Kathryn Hawk [4], Ryan McCormack [5], Gail D'Onofrio [4], Andrew A Herring [6]

Naltrexone

PO 25 mg x 3 days → 50mg
IM 380mg

Multicenter Study > Ann Emerg Med. 2023 Apr;81(4):440-449.
doi: 10.1016/j.annemergmed.2022.08.453. Epub 2022 Oct 31.

Extended-Release Naltrexone and Case Management for Treatment of Alcohol Use Disorder in the Emergency Department

Charles E Murphy 4th [1], Zlatan Coralic [2], Ralph C Wang [3], Juan Carlos C Montoy [3], Bianca Ramirez [3], Maria C Raven [4]

Gabapentin

600mg QHS → BID → TID

WITHDRAWAL TREATMENT REGIMENS

	Diazepam based^	Gabapentin based
Day 1	10mg q6hrs*	300mg q6hrs*
Day 2	10mg TID	300mg TID
Day 3	10mg BID	300mg BID
Day 4	10mg once	300mg once
Additional PRNs	5 x 10mg pills	5 x 300mg pills

^Can substitute chlordiazepoxide 50mg for diazepam 10mg
*If >10 drinks per day double dose on first day (Dr Holt Expert opinion)

THE CURB SIDERS ADDICTION MEDICINE

Anderson ES, Chamberlin M, Zuluaga M, Ullal M, Hawk K, McCormack R, D'Onofrio G, Herring AA. Implementation of Oral and Extended-Release Naltrexone for the Treatment of Emergency Department Patients With Moderate to Severe Alcohol Use Disorder: Feasibility and Initial Outcomes. Ann Emerg Med. 2021 Dec;78(6):752-758
Murphy CE 4th, Coralic Z, Wang RC, Montoy JCC, Ramirez B, Raven MC. Extended-Release Naltrexone and Case Management for Treatment of Alcohol Use Disorder in the Emergency Department. Ann Emerg Med. 2023 Apr;81(4):440-449. doi: 10.1016/j.annemergmed.2022.08.453. Epub 2022 Oct 31. PMID: 36328851.
Curbsiders Addiction Medicine. https://thecurbsiders.com/addiction-medicine-podcast/2-get-in-the-spirit-of-ambulatory-alcohol-withdrawal

Review > Prev Chronic Dis. 2017 Oct 5:14:E89. doi: 10.5888/pcd14.160434.

Emergency Department-Initiated Tobacco Control: Update of a Systematic Review and Meta-Analysis of Randomized Controlled Trials

Christina Lemhoefer [1], Gwen Lisa Rabe [2], Jürgen Wellmann [3], Steven L Bernstein [4], Ka Wai Cheung [5], William J McCarthy [6], Susanne Vahr Lauridsen [7], Claudia Spies [1], Bruno Neuner [8]

Randomized Controlled Trial > Ann Emerg Med. 2015 Aug;66(2):140-7. doi: 10.1016/j.annemergmed.2015.03.030. Epub 2015 Apr 24.

Successful Tobacco Dependence Treatment in Low-Income Emergency Department Patients: A Randomized Trial

Steven L Bernstein [1], Gail D'Onofrio [2], June Rosner [2], Stephanie O'Malley [3], Robert Makuch [4], Susan Busch [4], Michael V Pantalon [2], Benjamin Toll [5]

Tobacco Use Disorder Treatment Equation

Controller Medication

varenicline (1st line), buproprion, or nicotine patches

[sometimes more than one is appropriate!]

Short-acting NRT

for **cravings** as needed

gum, lozenges, nasal sprayor inhaler

Lemhoefer C, Rabe GL, Wellmann J, Bernstein SL, Cheung KW, McCarthy WJ, Lauridsen SV, Spies C, Neuner B. Emergency Department-Initiated Tobacco Control: Update of a Systematic Review and Meta-Analysis of Randomized Controlled Trials. Prev Chronic Dis. 2017 Oct 5;14:E89.
Bernstein SL, D'Onofrio G, Rosner J, O'Malley S, Makuch R, Busch S, Pantalon MV, Toll B. Successful Tobacco Dependence Treatment in Low-Income Emergency Department Patients: A Randomized Trial. Ann Emerg Med. 2015 Aug;66(2):140-7.
Curbsiders Addiction Medicine. https://thecurbsiders.com/addiction-medicine-podcast/11-smoking-cessation-its-not-a-drag

Starting in early 2024, ScalaNW will help health care practitioners improve care for patients who use opioids and other substances.

Our site will give on-shift clinicians support to treat patients effectively, including a direct link to evidence-based clinical support, help scheduling follow-up appointments, and 24/7 consultations in partnership with trained physicians and psychiatrists.

Off-shift clinicians will have access to resources and information they need to better understand drug use, reduce stigma, provide evidence-based care, and take ownership of treating opioid use disorder (OUD) effectively.

Have questions or want to get in touch? Send us an email.

ScalaNW. https://www.scalanw.org

SCREENING PROTOCOLS FOR INFECTIOUS DISEASES IN PEOPLE WHO USE DRUGS PRESENTING TO THE ED

Hepatitis A
HEALTH WARNING

www.kingcounty.gov/hepA

3 THINGS TO KNOW ABOUT HEP A

- Hepatitis A (hep A) is a virus that spreads easily. Many people don't know they have hep A so they spread it without knowing.
- Hep A can cause severe liver disease that can last for months. On rare occasions, it can lead to liver failure and death.
- A hepatitis A vaccine can prevent you from getting infected.

HEP A SPREADS EASILY

The hep A virus is in the feces (poop) of someone with hep A. If they haven't washed their hands after using the toilet, tiny bits of feces can get on things they touch. Hep A spreads from:

Touching objects or eating food that someone with hep A handled

Having sex with someone who has hep A

Sharing needles, pipes, or other items to take drugs

HOW CAN YOU PREVENT HEP A?

Get the hep A vaccine. You can get hep A shots from your doctor or clinic. Most pharmacies offer the hep A shots if you have an insurance card.

POLICY STATEMENT

Approved April 2021

Screening for Disease and Risk Factors in the Emergency Department

Originally approved April 2021

The emergency department (ED) is a common, and often essential, access point to the health care system. In some cases, particularly among underserved communities with limited access to routine outpatient services, ED visits represent a potential opportunity to perform disease and risk factor screening.

Public health order set → vaccinate any ED patient → targeting those with unstable housing, men who have sex with men, and people who inject drugs

Although it is a two-dose series, a single dose is > 90% effective in preventing disease.

PHSKC. https://kingcounty.gov/en/legacy/depts/health/communicable-diseases/disease-control/hepatitis-a
American College of Emergency Physicians (ACEP). https://www.acep.org/siteassets/new-pdfs/policy-statements/screening-for-disease-and-risk-factors-in-the-emergency-department.pdf

FOCUS project

ED screening for HIV and HCV + linkage to care

- Provider education, order set, BPA, and email feedback/reminders → 6.9% for HIV (↑ 530%) and 10.4% for HCV (↑ 1,300%)
- 151 individuals with HIV → 96% linked to care (mostly PHSKC)
- 1,032 individuals with active HCV → 35-30% linked to care (FOCUS)

Gilead. https://www.gilead.com/purpose/advancing-global-health/hcv-elimination

Syphilis: An Accelerating Epidemic

Incidence of all-stage syphilis among cisgender women, King County, Washington 2007-2022

Rate per 100,000 women

45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0

2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

Year

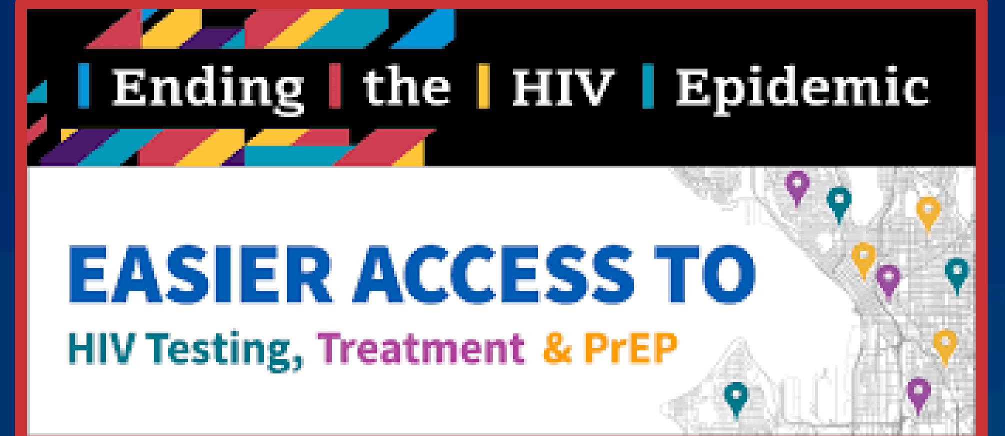
Public health order set → HMC rapid syphilis screen (~90 minutes)

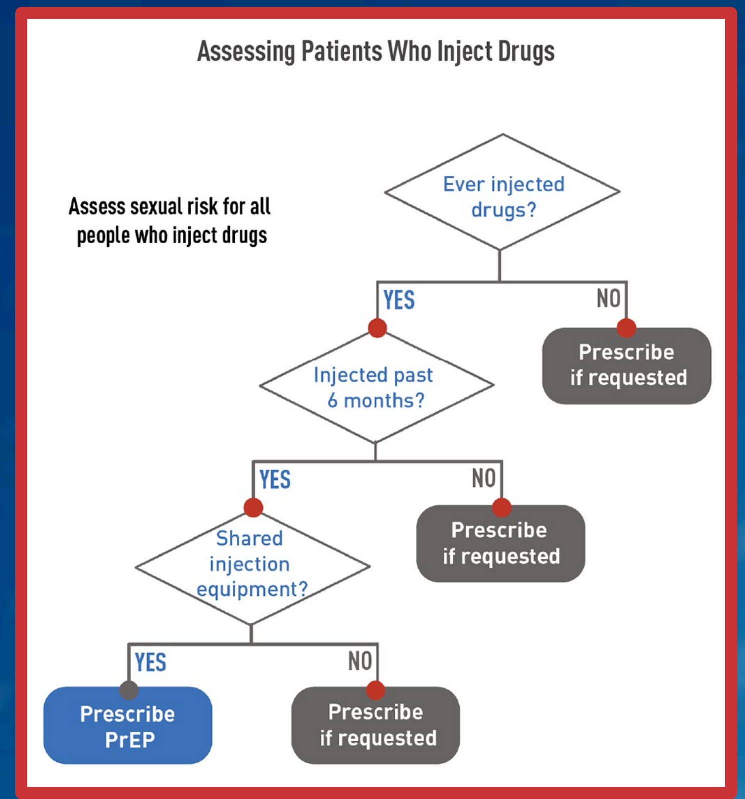
PHSKC recommend screening all sexually active individuals < 45 old if haven't been tested since 2021 (especially pregnant folks and men who have sex with men)

Low threshold to treat if + rapid screen or signs/symptoms

PHSKC. https://kingcounty.gov/en/legacy/depts/health/communicable-diseases/hiv-std/patients/epidemiology/syphilis

FUTURE OPPORTUNITIES FOR INTEGRATING HARM REDUCTION FOR PEOPLE AT RISK FOR HIV IN THE ED





Home > Journal of Community Health > Article

A Systematic Review of HIV Pre-exposure Prophylaxis (PrEP) Implementation in U.S. Emergency Departments: Patient Screening, Prescribing, and Linkage to Care

Review | Open access | Published: 21 December 2023

(2023) Cite this article

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Kristopher J. Jackson, Pooja Chitle, Sandra I. McCoy & Douglas A.E. White

- July 2012 - October 2022
- Screening processes to identify PrEP-eligible patients (*n* = 17)
- PrEP prescribing (n = 2) and/or linkage to PrEP care (*n* = 8)

PHSKC. https://kingcounty.gov/en/legacy/depts/health/communicable-diseases/hiv-std/patients/ending-hiv-epidemic/easy-access
CDC. https://www.cdc.gov/hiv/clinicians/prevention/prescribe-prep.html
Jackson KJ, Chitle P, McCoy SI, White DAE. A Systematic Review of HIV Pre-exposure Prophylaxis (PrEP) Implementation in U.S. Emergency Departments: Patient Screening, Prescribing, and Linkage to Care. J Community Health. 2023 Dec 21.

POLICY STATEMENT

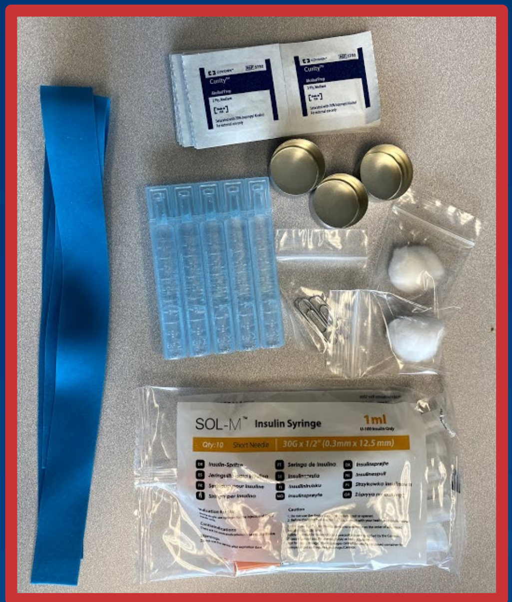
American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

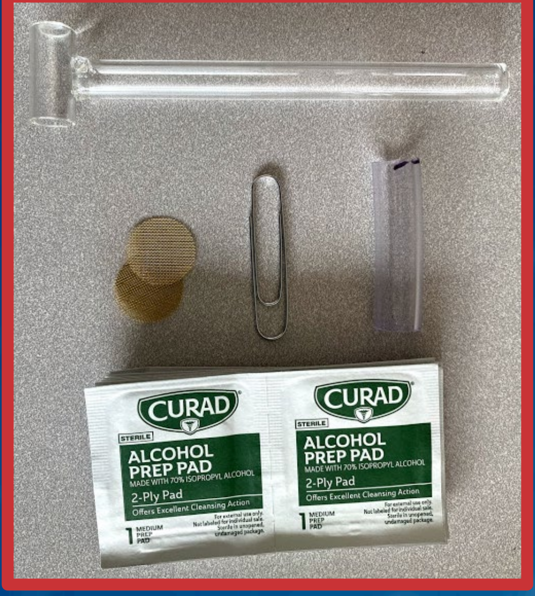
Overdose Prevention Centers

Approved October 2023

Originally approved October 2023

The American College of Emergency Physicians (ACEP) supports local, state, and federal efforts to legalize, fund, research, and evaluate overdose prevention centers (OPCs).





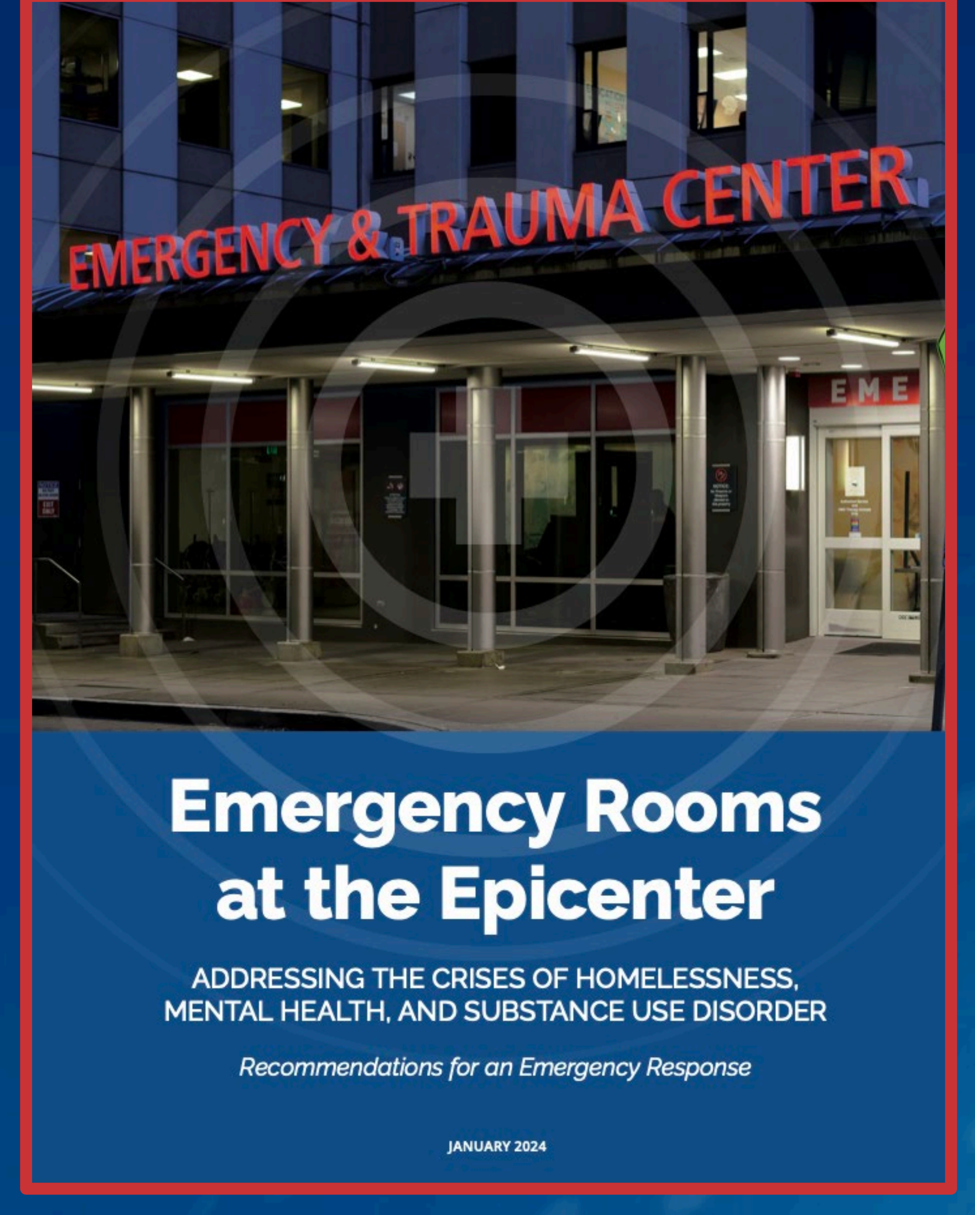
Boston Medical Center
Policy and Procedure Manual

Page: 1

Policy #:	26.85.000
Issued:	February, 2023
Reviewed/ Revised:	
Section:	Emergency Department

Decreasing Risk and Stigma Among Patients Who Use Drugs: Safer Use Supplies in the Emergency Department

American College of Emergency Physicians (ACEP). https://www.acep.org/patient-care/policy-statements/overdose-prevention-centers
BTNX. https://www.btnx.com/files/Fentanyl_Test_Strips_Instructions.pdf
Boston Medical Center. Personal Communication.



Recommendations:

(1) Street medicine teams
(2) 24/7 low-barrier stabilization sites
(3) Mobile behavioral health teams to respond to overdose
(4) Authorization of field-initiation of buprenorphine by EMTs and paramedics
(5) Real-time data sharing across emergency response
(6) Peer navigator workforce

+++ Provide evidence-based addiction care in the ED +++

Challenge Seattle, https://challengeseattle.com/emergency-rooms-at-the-epicenter

Questions?

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