**Introduction and Objectives**

**Why is this topic important?**
Opioid overdoses and misuse continue to persist in this country. Emergency departments (ED) are adopting buprenorphine induction protocols in efforts to combat the opioid epidemic in the frontlines.

**What does this review attempt to show?**
This clinical review serves to summarize evidence for buprenorphine induction in the ED has demonstrated efficacy in improving patient engagement and 30-day retention in substance treatment programs. Transitions of care vary equally including the use of “hub and spoke” and “warm hand-offs” as models.

**What are the key findings?**
Buprenorphine induction in the ED has demonstrated efficacy in improving patient engagement and 30-day retention in substance treatment programs. Transitions of care vary equally including the use of “hub and spoke” and “warm hand-offs” as models. Provider inexperience, discomfort, and limited time in ED are major barriers to buprenorphine implementation.

**How is patient care impacted?**
By synthesizing current literature into a comprehensive review, we hope to increase the implementation of buprenorphine inductions in EDs across the country. This review will serve as a clinical guide for best practices. We hope this effort leads to the expansion of quality addiction care for patients seeking help for their opioid misuse.

**Methods and Materials**
A search of the Pubmed, Psychinfo, and Embase databases was conducted to identify articles related to OUD treatment in the emergency department using a combination of terms ‘buprenorphine’ and ‘emergency service, hospital’. Study quality was assessed using the Cochrane risk of bias for randomized controlled trials and the Newcastle-Ottawa scale for cohort studies (5, 6).

**FAQ**
- **Reviewed articles**
  Out of 818 academic products identified through an initial database search, 25 were applicable to this narrative review. These studies included 14 peer-reviewed manuscripts and 11 scientific abstracts. Figure 1 illustrates the article selection process (7). Of the 14 manuscripts, two were randomized controlled trials and seven were cohort studies.

**Barriers to implementation of buprenorphine induction programs in EDs**
Physician barriers to providing induction centered around a lack of clinical familiarity prescribing buprenorphine, concerns about legal regulations, and the impact on ED length of stay and patient flow as well as potential misuse and diversion (20-25). Patients’ reluctance centered around acceptance of treatment due to fear of stigmatization and general mistrust in the health system (23, 26).

**Conclusions**
Buprenorphine is a safe and effective treatment for patients with OUD in the ED. Studies demonstrate improved rates of outpatient follow-up and decreased illicit substance use among patients receiving buprenorphine induction versus alternative care. Barriers that were found by physicians and health systems when implementing ED induction protocols include: ambiguous presentations of opioid withdrawal, impact on length of ED stay, and safety treatment of highly co-morbid patients. Patients with substance abuse will continue to present to emergency medical services. The capacity to provide ED-based buprenorphine induction programs represents an important advancement in the care of these patients, and one that may hold lessons for the treatment of other substance use disorders.

**Disclosures**
We have no disclosures to make.

**Acknowledgments**
We would like to thank Dr. Simpson and the Department of Psychiatry for this opportunity.