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834. Disparities in Access to Naloxone and Buprenorphine in Emergency Department Patients With Opioid Overdose

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Background and Objectives: Racial/ethnic and sex disparities in access to naloxone and medications for opioid use disorder have been described in the outpatient setting. The prevalence of these disparities in the Emergency Department (ED) setting remains less clear. This study aims to examine disparities in access to naloxone, buprenorphine and outpatient follow-up linkage at discharge in a cohort of ED patients presenting with an opioid overdose.

Methods: This was a secondary analysis of a prospective multicenter consecutive cohort of ED patients age 18+ with opioid overdose presenting to 10 US sites within the Toxicology Investigators Consortium (ToxIC) from November 25, 2020 to December 19, 2022. The primary outcome was the proportion of patients receiving a naloxone or buprenorphine prescription at discharge as well as the proportion of patients receiving a referral to outpatient care. We tabulated descriptive statistics and subsequently employed chi-squared and multivariate logistic regression analysis to evaluate for differences by race, ethnicity and sex. The study received central IRB approval with waiver of consent.

Results: Of 900 included patients, 337 (37.4%) received a prescription for naloxone at discharge and 79 (8.8%) received a prescription for buprenorphine at discharge; 155 patients (17.2%) received a referral to an outpatient chemical dependency clinic. Access to naloxone at discharge varied significantly by patient race ($p < 0.01$) with black patients having significantly decreased odds of receiving a naloxone kit at discharge compared to white patients (aOR: 0.70, 0.50–0.98). There were no disparities by race, ethnicity or sex in access to buprenorphine or in rates of linkage to outpatient care.

Conclusion: We identified racial disparities in access to naloxone at discharge in ED patients with opioid overdose, with black patients having significantly decreased odds of receiving a naloxone kit. ED providers should be mindful of the potential for implicit bias in provision of naloxone to ED patients with opioid overdose and institutional educational efforts should be made to emphasize the universal need for provision of naloxone kits at discharge for patients presenting with opioid overdose. Future, larger studies are needed to more fully evaluate racial/ethnic and sex disparities in access to naloxone, buprenorphine, and outpatient linkage to care.