Site code:_____ Date: _____(yyyy/mm/dd)

Emergency physician attitudes and practices on prescribing buprenorphine / naloxone

The opioid crisis is one of the most significant public health problems of this generation. While there are a great many factors that contribute to this public health emergency, there are a number of steps physicians working in emergency departments can take to assist patients with opioid use disorder.

Buprenorphine/naloxone (Suboxone) can be initiated in the emergency department and improves addiction follow-up care. It decreases overdose and all-cause mortality. This survey seeks to better understand attitudes and prescribing practices related to emergency department initiation.

Because questions below have been adapted from different validated surveys, they contain scales with differing numeric values. In the questionnaire below, BNX refers to buprenorphine/naloxone.

Section 1. Demographic Information

Item 1. Which gender do you identify with?

☐ Male ☐ Female ☐ Other:_____

Item 2. What is your age category?

☐ less than 30 years
☐ 30-39 years
☐ 40-49 years
☐ 50+ years

Item 3. What is your certification? *(Select all that apply)*

☐ FRCP
☐ ABEM
☐ CCFP-EM
☐ CCFP
☐ Other FP: _____
☐ Other: _____

Item 4. How many years have you been practicing emergency medicine? *(Since completing training)*

☐ 0-2 years
☐ 3-5 years
☐ 5-10 years
☐ greater than 10 years

Appendix 1, as supplied by the authors. Appendix to: Kestler A, Kaczorowski J, Dong K, et al. A cross-sectional survey of buprenorphine–naloxone practice and attitudes in 22 Canadian emergency physician groups: a cross-sectional survey. *CMAJ Open* 2021. doi: 10.9778/cmajo.20200190.

Section 2. Physician Practice Characteristics

Item 1. On average, in your ED practice, how often do you do the following? (Please circle the best choice for each item)

1a. Treat patients who use non-medical opioids	Never	Once or more in your career	Once or more per year	Once or more per month	Once or more per shift
1b. Order BNX (directly or via Addictions consult) for ED initiation	Never	Once or more in your career	Once or more per year	Once or more per month	Once or more per shift
1c. Prescribe or dispense BNX for a home start (community initiation)	Never	Once or more in your career	Once or more per year	Once or more per month	Once or more per shift

Item 2. What BNX-related resources are available for physicians in your ED? (Please circle your choice for each item, yes/no):

2a. Timely access to an addiction's specialist either in person or via telephone	Yes	No
2b. Access to hospital/regional pathway for BNX initiation in the ED	Yes	No
2c. BNX available for order in your ED/hospital	Yes	No
2d. BNX to-go packs for home initiation	Yes	No
2e. Peer support workers who can meet a patient with opioid use in your ED	Yes	No
2f. Access to clinics or family physicians willing to do ED BNX continuation	Yes	No

Item 3: Given your current resources and presented with the following scenario tomorrow in your ED, how likely would you be to: (Please circle your choice for each item, likely/not likely):

3a. Order BNX for a patient in acute opioid withdrawal	Likely	Not likely
3b. Prescribe BNX for a home start for a patient not in acute opioid withdrawal	Likely	Not likely

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Section 3. Attitudes on Opioid Harm Reduction

Item 1. How WILLING are you to do the following for your patients? (Please circle your choice, on a scale of 1-10):

	Not Willing				Neutral					Very willing
1a. Provide naloxone (Narcan) kits to people who use opioids	1	2	3	4	5	6	7	8	9	10
1b. Conduct brief screening & education about unhealthy substance use, including alcohol	1	2	3	4	5	6	7	8	9	10
1c. Refer to a detox program or an addiction clinic	1	2	3	4	5	6	7	8	9	10
1d. Refer to a needle exchange/syringe access program	1	2	3	4	5	6	7	8	9	10
1e. Start BNX in the ED	1	2	3	4	5	6	7	8	9	10
1f. Prescribe/dispense BNX for home starts	1	2	3	4	5	6	7	8	9	10

Item 2. Provided your ED had the necessary resources, how CONFIDENT are you in your ABILITY to do the following for your patients? (Please circle your choice, on a scale of 1-10):

	Not at all Confident				Neutral					Very confident
2a. Provide naloxone (Narcan) kits to people who use opioids	1	2	3	4	5	6	7	8	9	10
2b. Conduct brief screening & education about unhealthy substance use, including alcohol	1	2	3	4	5	6	7	8	9	10
2c. Refer to a detox program or an addiction clinic	1	2	3	4	5	6	7	8	9	10
2d. Referral to needle exchange/syringe access program	1	2	3	4	5	6	7	8	9	10
2e. Start BNX in the ED	1	2	3	4	5	6	7	8	9	10
2f. Prescribe/dispense BNX for home starts	1	2	3	4	5	6	7	8	9	10

Item 3. Provided your ED has/had BNX, how CONFIDENT are you in your ABILITY to perform specific aspects of BNX initiation? (Please circle your choice, on a scale from 1-10):

	Not at all Confident				Neutral					Very confident
3a. Screen patients to determine whether or not they would benefit from BNX	1	2	3	4	5	6	7	8	9	10
3b. Initiate a discussion with at-risk patients regarding BNX initiation	1	2	3	4	5	6	7	8	9	10
3c. Assess severity of withdrawal to determine if candidate for initiation of BNX in the ED	1	2	3	4	5	6	7	8	9	10
3d. Administer BNX to a patient in opioid withdrawal &provide prescription for continuation	1	2	3	4	5	6	7	8	9	10
3e. Discharge a patient with a prescription or to-go pack for a BNX home start	1	2	3	4	5	6	7	8	9	10
3f. Arrange for a follow-up visit after ED BNX initiation	1	2	3	4	5	6	7	8	9	10

Item 4. How SIGNIFICANT are the following barriers to your initiating BNX in the ED? (Please circle your choice, on a scale of 1-5).

	Not significant		Moderately significant		Extremely significant
4a. Lack of time during the clinical encounter	1	2	3	4	5
4b. Lack of adequate training to initiate BNX	1	2	3	4	5
4c. Limited knowledge of research to support ED initiation of BNX	1	2	3	4	5
4d. Lack of hospital or ED administrative support for BNX	1	2	3	4	5
4e. Lack of ED rooms to initiate BNX	1	2	3	4	5
4f. Lack of adequate outpatient follow-up options	1	2	3	4	5
4g. Other:_____	1	2	3	4	5

Item 5. How would the following IMPACT the likelihood of your starting patients on BNX? (Please circle your choice, on a scale of 1-10):

	No Impact				Moderate Impact				Strong Impact	
5a. Strong evidence that prescribing BNX decreases overdose mortality	1	2	3	4	5	6	7	8	9	10
5b. If professional organizations' guidelines recommended prescribing BNX in the ED	1	2	3	4	5	6	7	8	9	10
5c. If ED leaders where you work recommended prescribing BNX	1	2	3	4	5	6	7	8	9	10
5d. If it were common practice in the ED where you work	1	2	3	4	5	6	7	8	9	10
5e. If ED nurses where you work supported ED BNX and assisted with initiation	1	2	3	4	5	6	7	8	9	10
5f. If the ED had specialized staff to assist with BNX initiation (pharmacists, addiction nurses, social workers, peer educators etc.)	1	2	3	4	5	6	7	8	9	10
5g. Timely in-person or telephone access to an addictions specialist	1	2	3	4	5	6	7	8	9	10
5h. Local clinical pathways covering initial assessment, BNX initiation, & follow-up	1	2	3	4	5	6	7	8	9	10

Item 6: In your opinion, what impact do you think ED initiation of BNX (in ED or via home start) will have on the following: (Please circle your choice, on a scale of 1-5).

	Large increase		No change		Large decrease
6a. Deaths due to overdose	1	2	3	4	5
6b. Opioid use overall	1	2	3	4	5
6c. Frequency of 911 calls for opioid overdose	1	2	3	4	5
6d. ED visits for opioid overdose	1	2	3	4	5

Section 4. General Attitudes on Addictions and Harm Reduction

Item 1. What level of RESPONSIBILITY do EDs and emergency physicians have to perform the following harm reduction or public health interventions? (Please circle your choice, on a scale of 1-10)

	No responsibility							Some responsibility		Major responsibility
1a. HIV Screening	1	2	3	4	5	6	7	8	9	10
1b. Screening & counseling for interpersonal violence	1	2	3	4	5	6	7	8	9	10
1c. Screening & education for seatbelt use	1	2	3	4	5	6	7	8	9	10
1d. Naloxone kits to treat opioid overdoses	1	2	3	4	5	6	7	8	9	10
1e. Brief screening & education about unhealthy substance use, including alcohol	1	2	3	4	5	6	7	8	9	10
1f. Prescriptions for emergency contraception (Plan B)	1	2	3	4	5	6	7	8	9	10
1g. Referral to detox programs & addiction clinics	1	2	3	4	5	6	7	8	9	10
1h. Smoking cessation counseling	1	2	3	4	5	6	7	8	9	10
1i. Referral to needle exchange/syringe access program	1	2	3	4	5	6	7	8	9	10
1j. BNX initiation for opioid use disorder	1	2	3	4	5	6	7	8	9	10

Item 2. Please indicate how much you agree or disagree with the following statements as they relate to addictions (Please circle your choice, on a scale of 1-5).

	Strongly Disagree		Neutral		Strongly Agree
2a. Addiction is a chronic medical illness similar to asthma, diabetes, and hypertension	1	2	3	4	5
2b. Addiction is the result of changes in brain neuro-circuitry	1	2	3	4	5

2c. Addiction is influenced by psychological and environmental factors	1	2	3	4	5

Item 3. There are a range of feelings and thoughts about working with patients with substance use. Please indicate how much you agree or disagree with the following statements (Please circle your choice, on a scale from 1-7).

	Strongly Disagree			Neutral			Strongly Agree
3a. “I feel that there is little I can do to help people who use drugs.”	1	2	3	4	5	6	7
3b. “I feel that I am able to work with people who use drugs as well as other client groups.”	1	2	3	4	5	6	7
3c. “I am inclined to feel that I am a failure with people who use drugs.”	1	2	3	4	5	6	7
3d. “I have less respect for people who use drugs than for most other patients I work with.”	1	2	3	4	5	6	7
3e. “I often feel uncomfortable when working with people who use drugs.”	1	2	3	4	5	6	7
3f. “One can get satisfaction from working with people who use drugs.”	1	2	3	4	5	6	7
3g. “It is rewarding to work with people who use drugs.”	1	2	3	4	5	6	7
3h. “I feel I can understand people who use drugs.”	1	2	3	4	5	6	7

THANK YOU FOR YOUR PARTICIPATION!

CRISM Implementation Science Program on Opioid Interventions and Services: Emergency physician attitudes and practices on prescribing buprenorphine/naloxone

Informed Consent form

WHO IS CONDUCTING THIS STUDY?

This study is being conducted by researchers with the British Columbia Centre on Substance Use (BCCSU) and the University of British Columbia (UBC).

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WHO IS FUNDING THIS STUDY?

This study is being funded by the Canadian Institutes of Health Research (CIHR).

WHY ARE WE DOING THIS STUDY?

You are being invited to participate in this study because you are a physician working in an emergency department (ED) in Canada. We are doing this study to learn more about ED physicians' current practice and attitudes towards initiating treatment for patients who use opioids. We are aiming to recruit > 75% of ED physicians at all participating hospitals.

HOW IS THIS STUDY DONE?

This study involves completion of a questionnaire which will be handed out to you during an ED physician staff meeting. The survey will take approximately 10 minutes to complete.

The survey will ask questions such as, "How willing are you to provide naloxone (Narcan) kits to opioid users?" using a scale response format, along with other questions about demographics and practice characteristics. You do not have to answer any question which makes you feel uncomfortable.

HOW WILL THE STUDY RESULTS BE SHARED?

The main study findings will be published in academic journal articles.

IS THERE ANY WAY THAT PARTICIPATING IN THIS STUDY COULD BE BAD FOR YOU?

There are no known risks to participating in this study.

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WHAT ARE THE BENEFITS TO PARTICIPATING IN THIS STUDY?

The results of this study may not directly benefit you. However, in the future the results of this study may be used to inform policy and practice relating to treatment of substance use in EDs and may lead to changes in practice that positively impact the health of patients.

HOW WILL YOUR PRIVACY BE MAINTAINED?

All information collected as part of this study is anonymous. No personally identifiable information, such as your email, will be connected to your survey responses and your identity will be confidential. No other personally identifying information, such as your name, will be collected. The data from this survey will be stored electronically on the secure network drive of the BCCSU in Vancouver, BC. Paper versions of the questionnaires will be stored in locked filing cabinets at the BCCSU.

WILL YOU BE COMPENSATED FOR PARTICIPATING IN THIS STUDY?

As a measure of appreciation for your participation in this survey, your department's study site lead will organize food and refreshments or other suitable compensation for your group.

WHO CAN YOU CONTACT IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THE STUDY?

If you have any questions about the study, please contact the Principal Investigator, Dr. Andrew Kestler, at andrew.kestler@ubc.ca or 604-368-9537.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598. Please reference the study number H18-01744 when calling so the Complaint Line staff can better assist you.

PARTICIPANT CONSENT

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. Participation or non-participation in this study will in no way affect your employment.

If you decide to take part, you may choose to pull out of the study at any time without giving a reason; however, if you choose to withdraw your consent it will be impossible to remove your responses from pooled data as the surveys are submitted anonymously.

By completing this questionnaire, it will be assumed that consent has been given.