

From opioid overdose to treatment initiation: Outcomes associated with peer support in emergency departments

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People with a nonfatal opioid overdose who have access to a peer support program while in the emergency department are more likely to

initiate treatment and less likely to have repeated overdoses, according to a Rutgers Health study.

The [study](#) is the largest study on outcomes associated with emergency department-based peer support for opioid use disorders and was published in *JAMA Network Open* online ahead of print in the April 2024 issue.

According to the Centers for Disease Control and Prevention, nonfatal drug overdoses are treated in emergency departments, which historically have stabilized and then discharged patients without linking them to [treatment options](#).

The study analyzed the outcomes of the Opioid Overdose Recovery Program, a New Jersey Division of Mental Health and Addiction Services–supported program that connects patients admitted for opioid overdose to emergency departments with peer recovery specialists—people who have lived experiences with [substance use disorders](#) who provide nonclinical assistance, recovery support and referrals for assessment and substance use disorder treatment.

"People who themselves are in recovery can relate to someone who is going through the same experience," said Nina Cooperman, associate professor of psychiatry at Rutgers Robert Wood Johnson Medical School, a member of the Addiction Research Center at Rutgers and an author of the study.

"If a patient is ready to enter treatment, the peers will facilitate the transfer; if they are not, the peers maintain a relationship with the patient after discharge for eight weeks to provide support and facilitate linkage to treatment if they later become motivated."

Researchers looked at 12,046 adults on Medicaid between ages 18 to 64

who were treated for nonfatal opioid overdose from 2015, when New Jersey launched the program, to June 2020 at 70 acute care hospitals. They compared the 180-day outcomes with those treated in hospitals that offered a peer intervention and those at hospitals that didn't.

They found an increase in the probability that a patient treated for [opioid overdose](#) in hospitals that were affiliated with the peer recovery program would initiate medication for opioid use disorder treatment within 60 days of discharge and a decrease in the probability of repeat overdoses as compared to patients treated in hospitals that did not offer the program.

"However, we found a lot of variability among hospitals in achieving those outcomes," Cooperman said.

"Our findings suggest that emergency department-based peer recovery support programs are associated with increased initiation of medication for opioid use disorder, but that outcome likely depended on additional factors, such as program characteristics, program implementation success and availability of other substance use disorder services either in the hospital or in the community. Evaluating these factors is the focus of our ongoing research."

"Peer recovery support can help reduce repeat overdoses, but it may be more effective when implemented alongside other hospital-based interventions, like [emergency department](#) buprenorphine initiation and naloxone distribution," said lead author Peter Treitler, an assistant professor at Boston University School of Social Work who performed this research as a research [program](#) manager at the Rutgers Institute for Health, Health Care Policy and Aging Research.

Other authors include Rutgers faculty, Stephen Crystal, Joel Cantor, Sujoy Chakravarty, Anna Kline, Cory Morton and Kristen Gilmore

Powell and Suzanne Borys at the New Jersey Division of Mental Health and Addiction Services.

More information: Peter Treitler et al, Emergency Department Peer Support Program and Patient Outcomes After Opioid Overdose, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.3614](https://doi.org/10.1001/jamanetworkopen.2024.3614)

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