

Shifting Paradigms in Addiction Medicine

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ACP DE Chapter scientific meeting

Disclosures/Funding Source

Conflict of interest statement:

- I receive funding from AHRQ and WGBH
- I will not be discussing any unapproved uses of pharmaceuticals or devices

• Research and education support from grant funding:

- National Institute on Drug Abuse
- Jack Satter Foundation
- Massachusetts Department of Public Health
- Department of Medicine, Boston University School of Medicine

Objectives

At the end of the session, participants will:

1. Discuss recent changes in the epidemiology of the opioid epidemic
2. Outline recent evidence supporting best practices to address rising deaths
3. Describe novel approaches to reduce risk of overdose death

Language and stigma

YOU are biased.

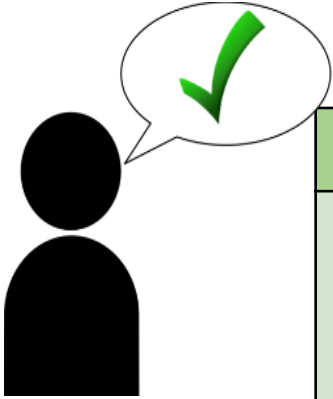
(So am I.)



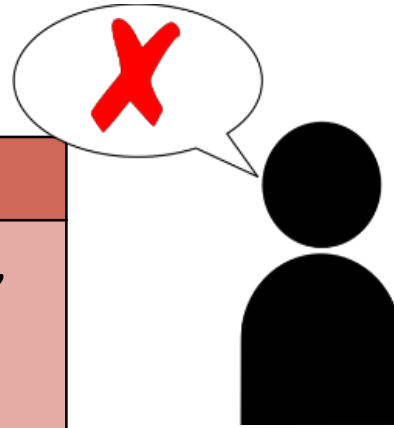
It matters.

<https://rework.withgoogle.com/guides/unbiasing-raise-awareness/steps/give-your-own-unbiasing-workshop/>

Examples of Preferred Language



Say this...	Instead of this...
Person with a substance use disorder, person with addiction, person who uses drugs	Addict, junkie, crackhead, user, abuser, pill-popper, alcoholic
Risky or unhealthy alcohol/drug use	Misuse or abuse*
Medication for addiction treatment (MAT), treatment, opioid agonist therapy, medication for addiction	Medication-assisted treatment (MAT), replacement therapy, substitution therapy
Negative or positive urine toxicology test	Dirty or clean urine
Addiction survivor, in remission, in recovery	Recovering addict, clean
Infant with NAS or SEN	Addicted baby



Case

36 year old female presents to primary care for hospital follow-up

Review of her medical record shows recent admission for endocarditis related to injection drug use

What should you be thinking about as you walk into the room to meet her?

How we think about addiction has shifted

Drug Dependence, a Chronic Medical Illness

Implications for Treatment, Insurance,
and Outcomes Evaluation

A. Thomas McLellan, PhD

David C. Lewis, MD

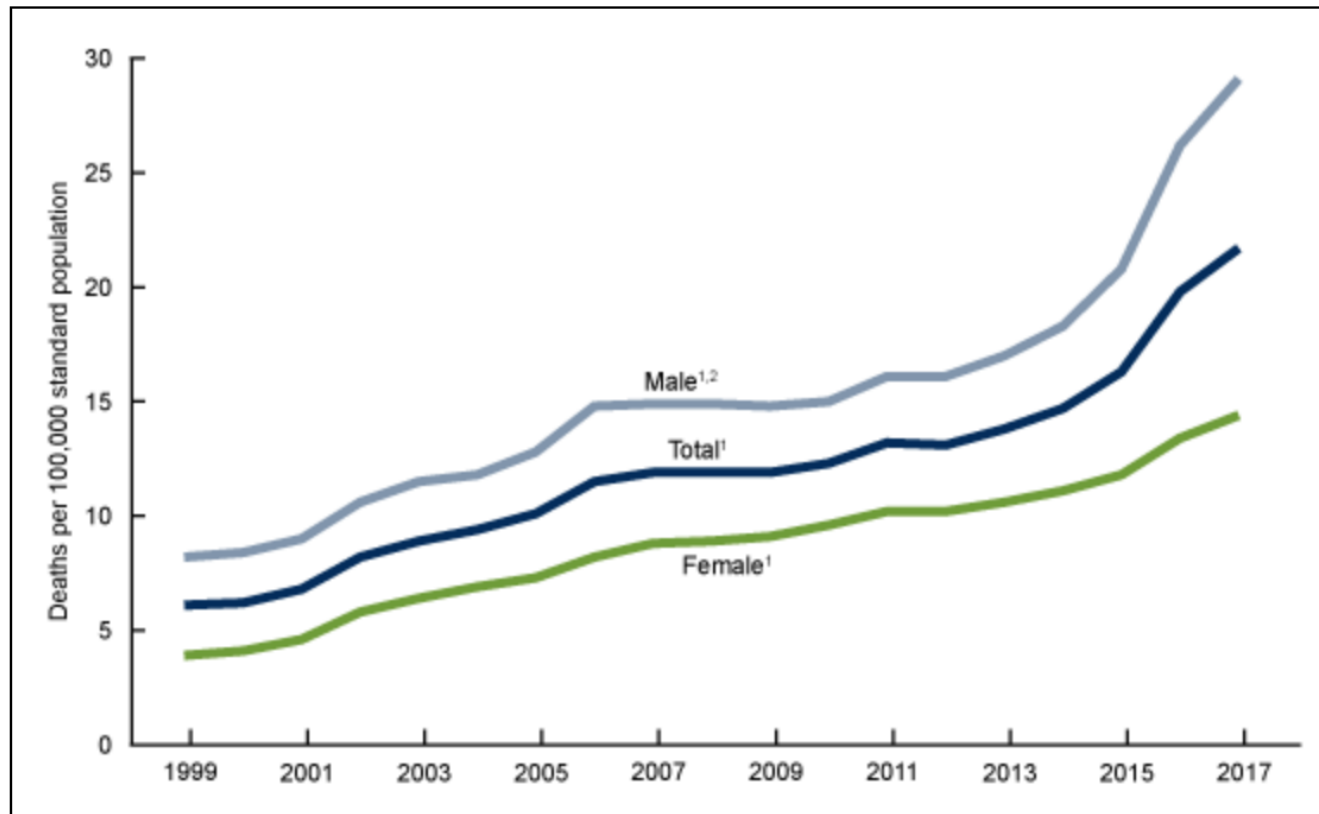
Charles P. O'Brien, MD, PhD

Herbert D. Kleber, MD

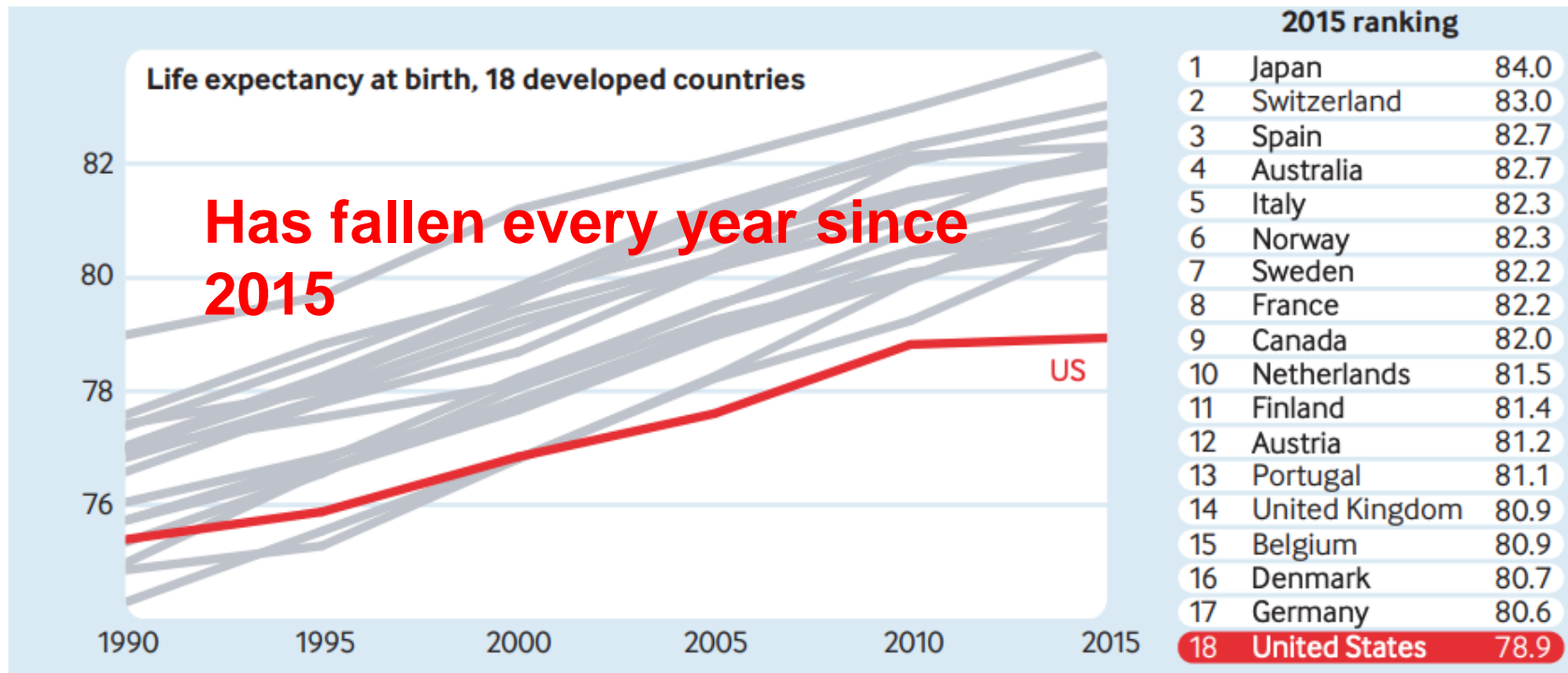
The effects of drug dependence on social systems has helped shape the generally held view that drug dependence is primarily a social problem, not a health problem. In turn, medical approaches to prevention and treatment are lacking. We examined evidence that drug (including alcohol) dependence is a chronic medical illness. A literature review compared the diagnoses, heritability, etiology (genetic and environmental factors), pathophysiology, and response to treatments (adherence and relapse) of drug dependence vs type

Drug overdose deaths have increased since 1999

Figure 1. Age-adjusted drug overdose death rates: United States, 1999–2017



Life expectancy has fallen



https://www.bmj.com/content/bmj/suppl/2018/08/15/bmj.k3096.DC1/mid_life_mortality_v37_d_ata supp.pdf

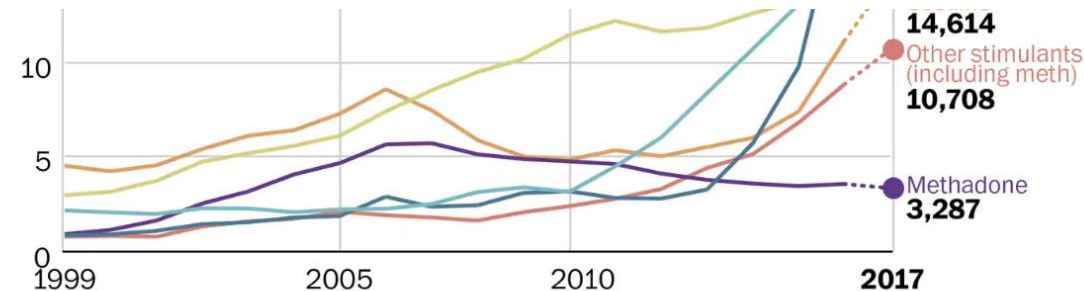
Driven by opioid overdose deaths

Synthetic opiate deaths continue to surge

Annual overdose deaths involving selected drugs

Americans are now more likely to die from opioid overdoses than car crashes

The opioid epidemic is now a bigger public health and safety threat than car crashes.



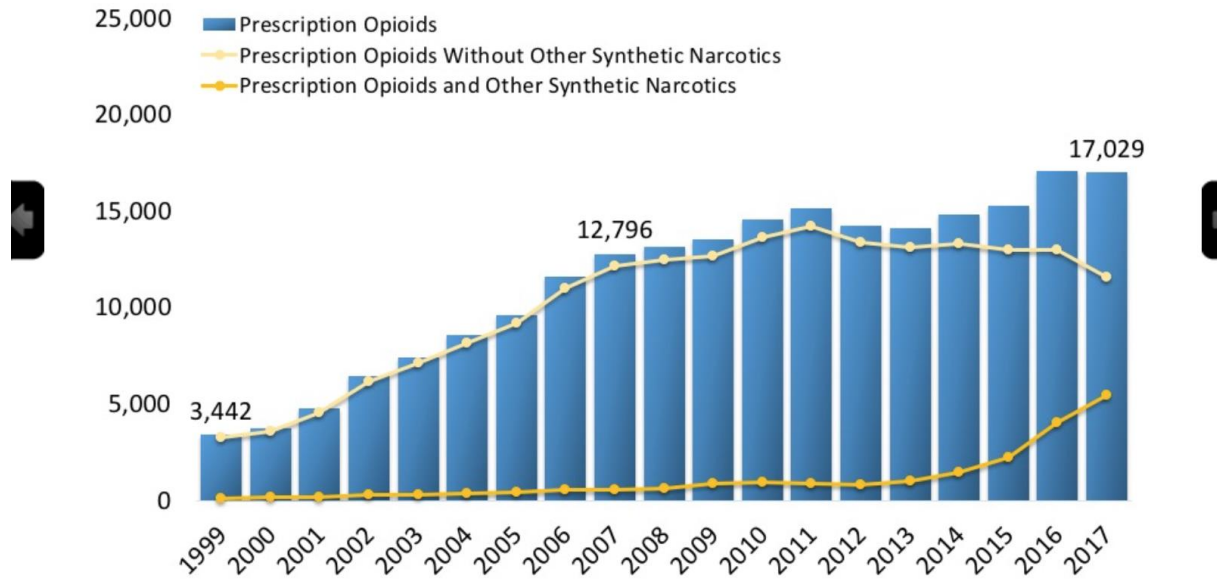
Note: 2017 figures are provisional. Many overdose deaths involve multiple drugs.

Source: Centers for Disease Control and Prevention

WAPO.ST/WONKBLOG

Prescriptions opioid deaths decreasing

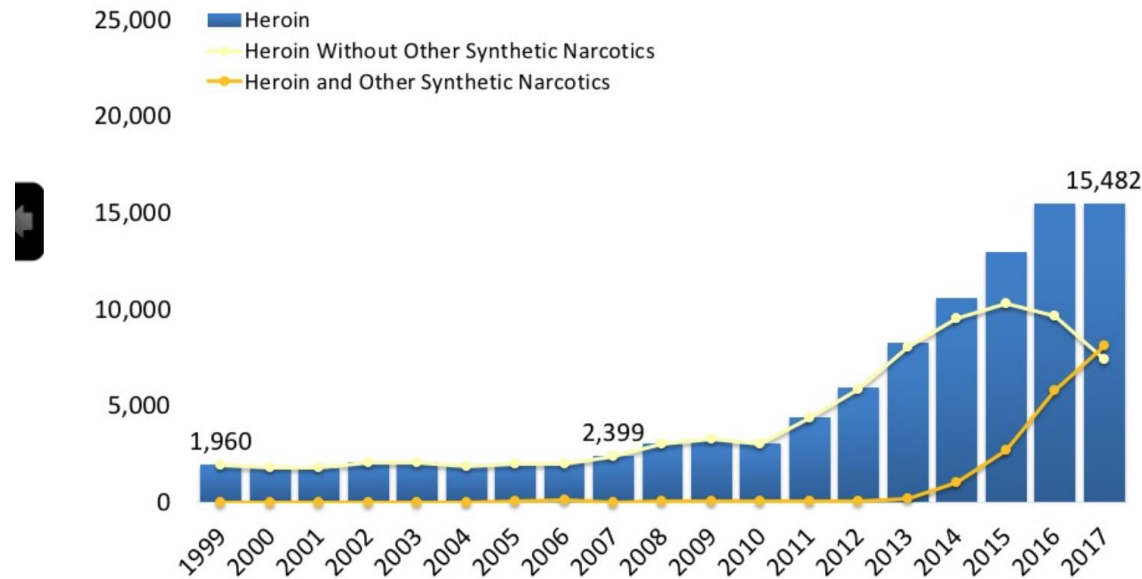
Figure 4. National Drug Overdose Deaths Involving Prescription Opioids, Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Heroin-only deaths decreasing

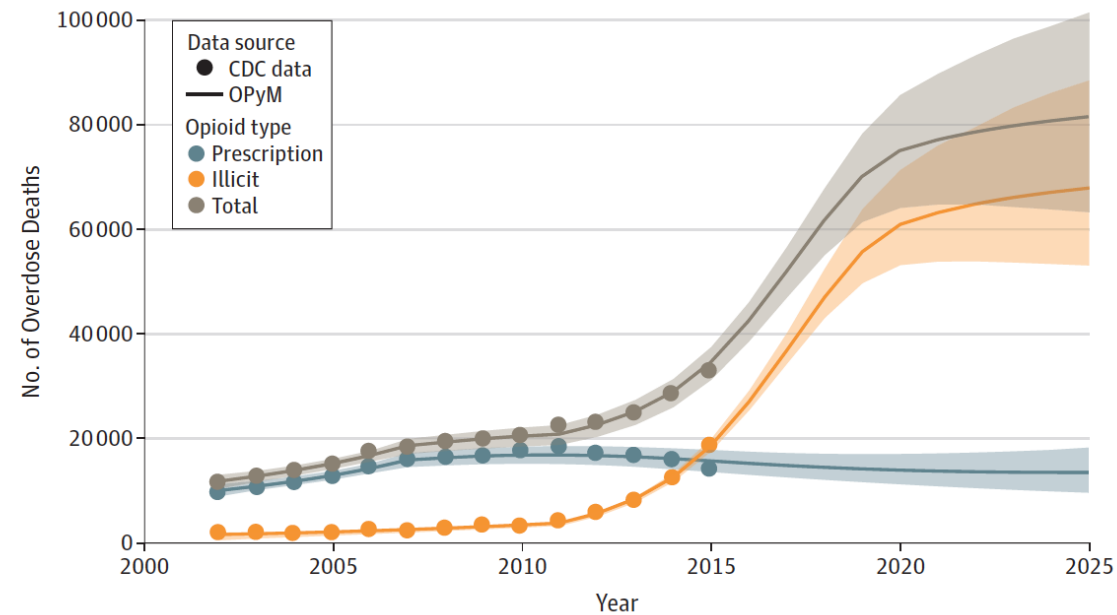
Figure 5. National Drug Overdose Deaths Involving Heroin
Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

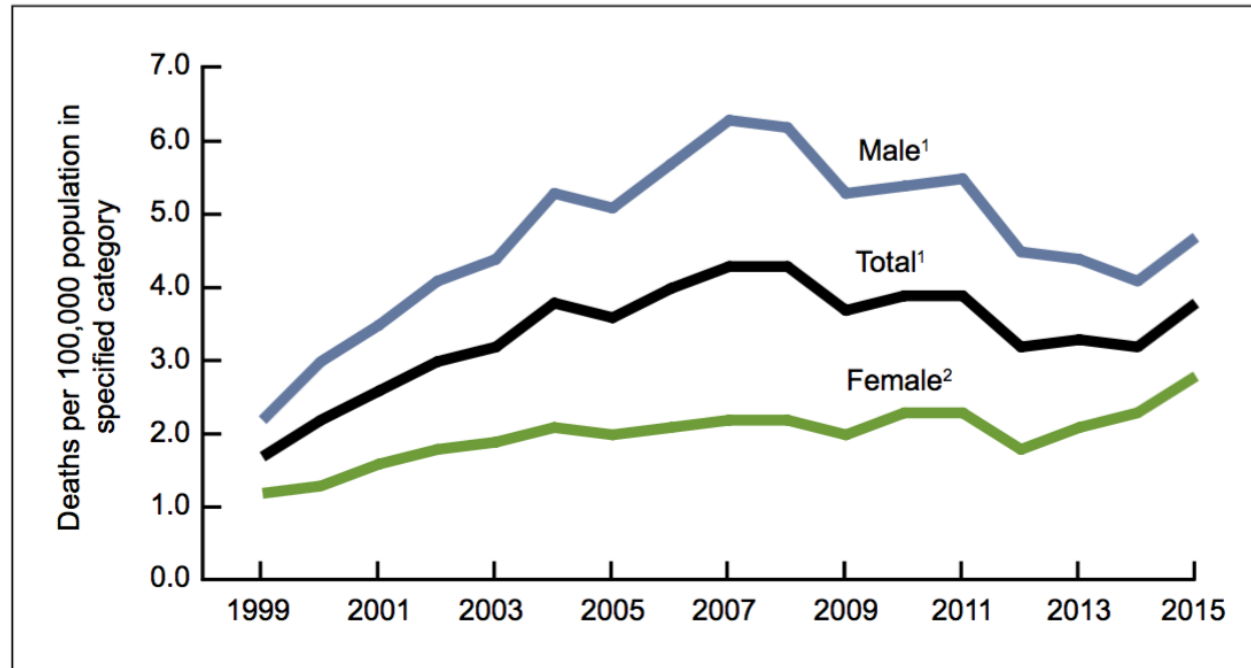
Estimates are that this will continue to 2022

Figure 2. Overdose Deaths From Prescription and Illicit Opioids From 2002 to 2025 Under the Base-Case Projection Scenario



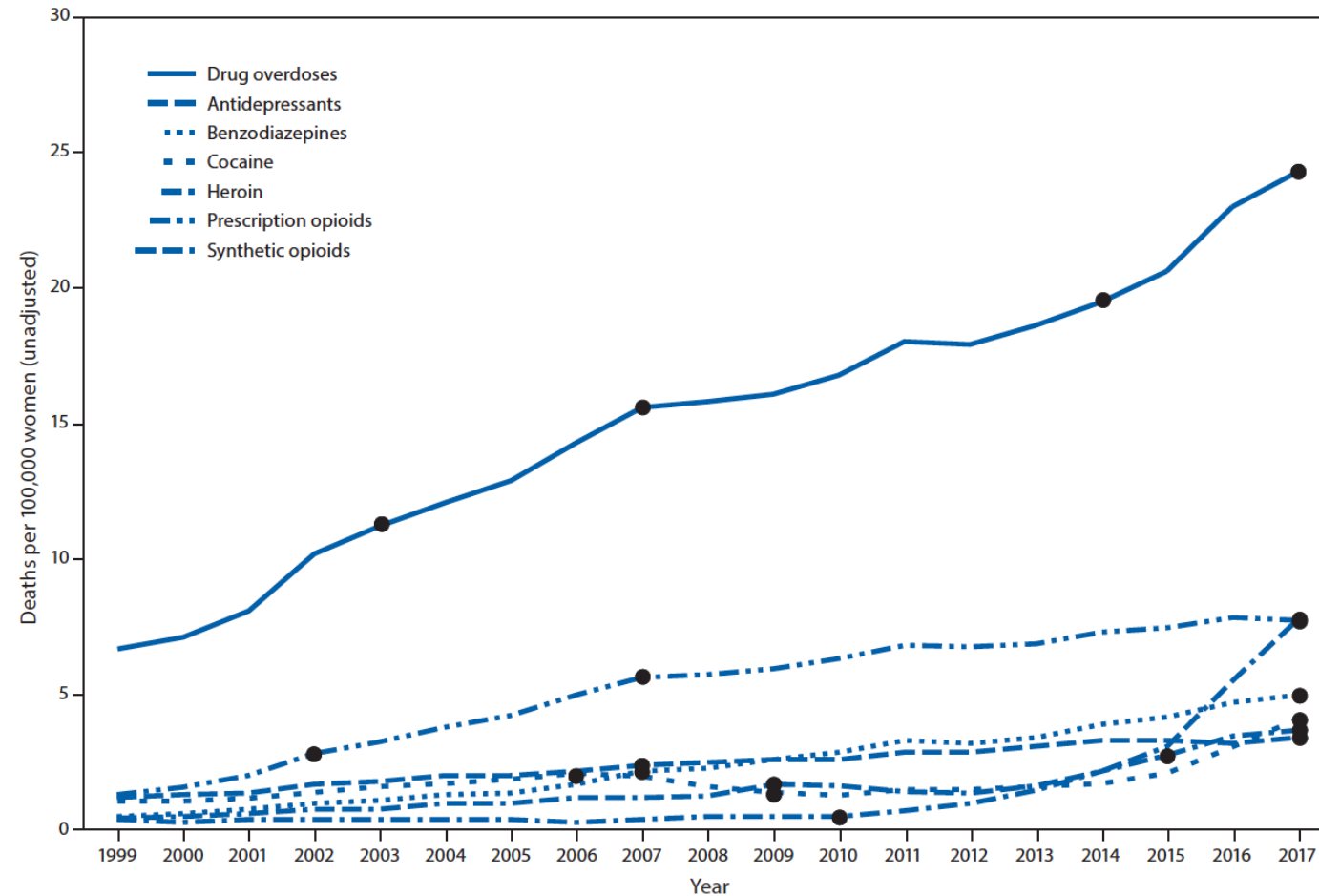
Trends in Teen Overdose Deaths

Figure 1. Drug overdose death rates for adolescents aged 15–19, by sex: United States, 1999–2015



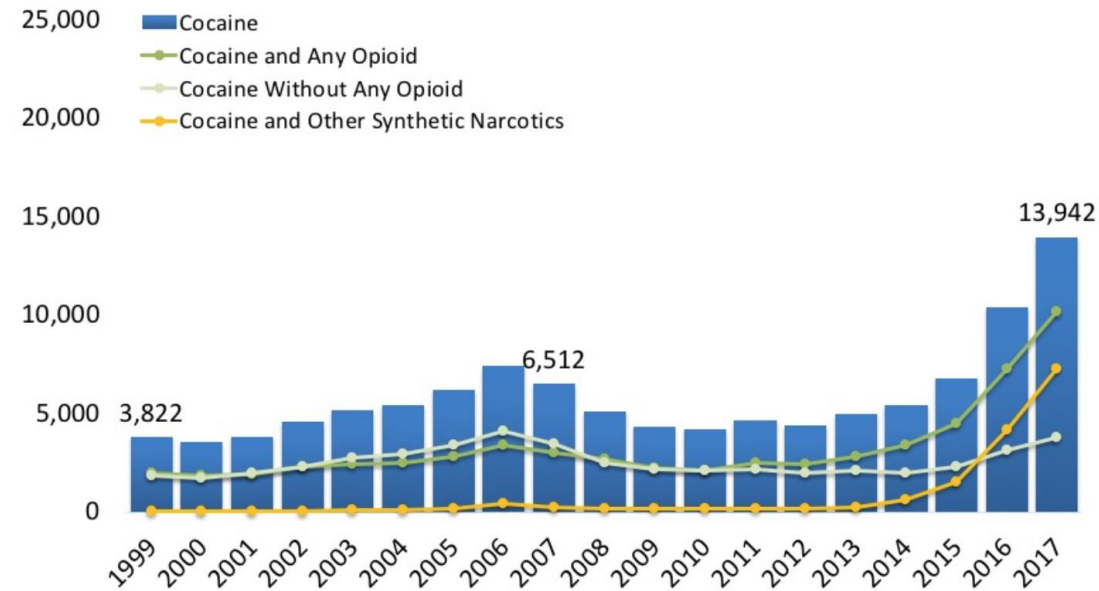
Deaths increasing among middle-aged women

FIGURE 1. Drug overdose deaths* (unadjusted) per 100,000 women aged 30–64 years, by involved drug or drug class — National Vital Statistics System (NVSS), 1999–2017†,§



Not only an opioid epidemic

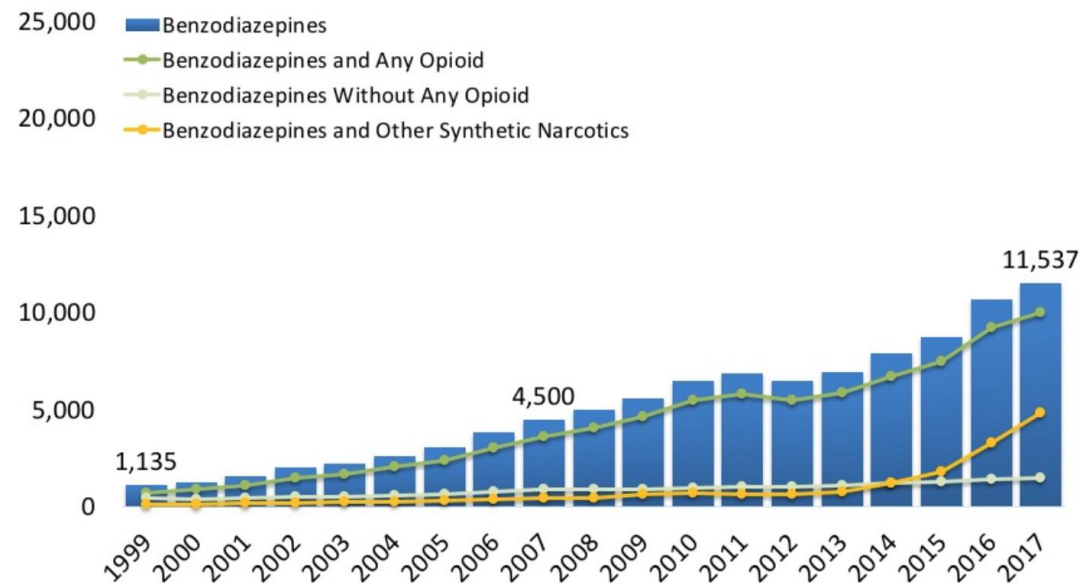
Figure 7. National Drug Overdose Deaths Involving Cocaine,
by Opioid Involvement
Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Not only an opioid epidemic

Figure 8. National Drug Overdose Deaths Involving Benzodiazepines, by Opioid Involvement, Number Among All Ages, 1999-2017

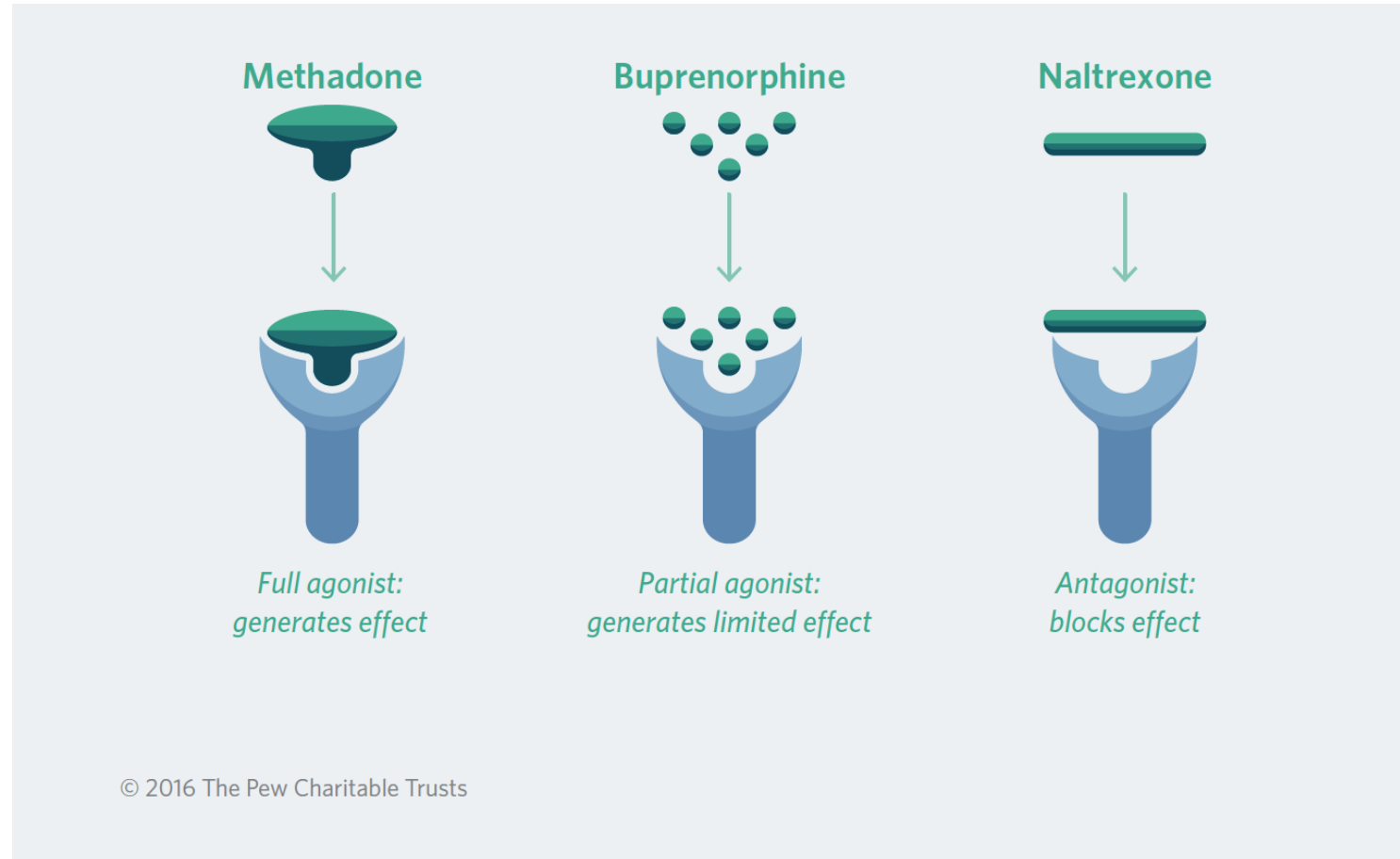


Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Case continued

- While she was inpatient, she was started on buprenorphine/naloxone by the addiction consult team
- She asks how long she will need to be on this medication and what are the benefits? Her family has been telling her that she is not really sober if she is taking a medication to treat her opioid use disorder

Options for medication treatment



Options for medication treatment

Table 1

FDA-Approved Drugs Used in MAT²¹

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
Methadone	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
Naltrexone	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	

Models of Care

Figure 2

Massachusetts Nurse Care Manager Model

Patient flow in the office-based opioid treatment (OBOT) collaborative care model



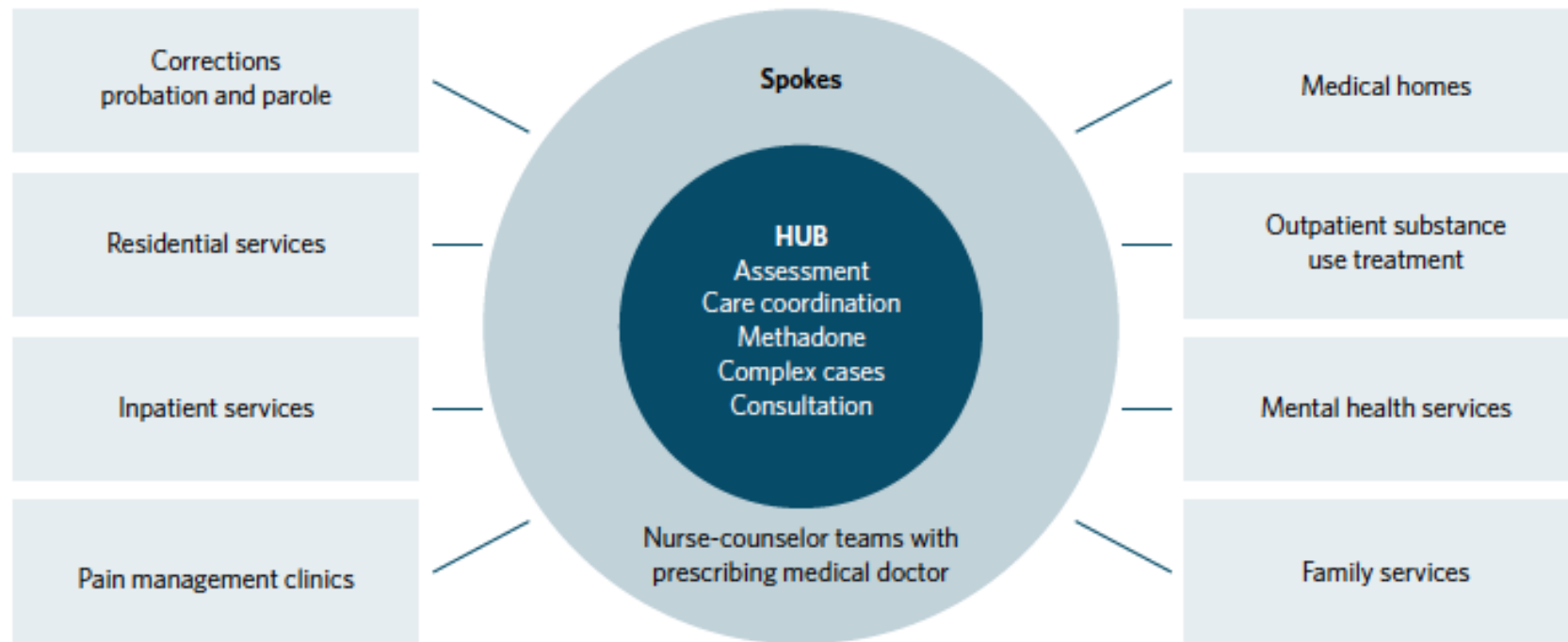
Source: Colleen T. Labelle et al., "Office-Based Opioid Treatment With Buprenorphine (OBOT-B): Statewide Implementation of the Massachusetts Collaborative Care Model in Community Health Centers," *Journal of Substance Abuse Treatment* 60 (2016): 6-13, <http://dx.doi.org/doi:10.1016/j.jsat.2015.06.010>

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Models of Care

Figure 1

Integrated Health System for Addictions Treatment



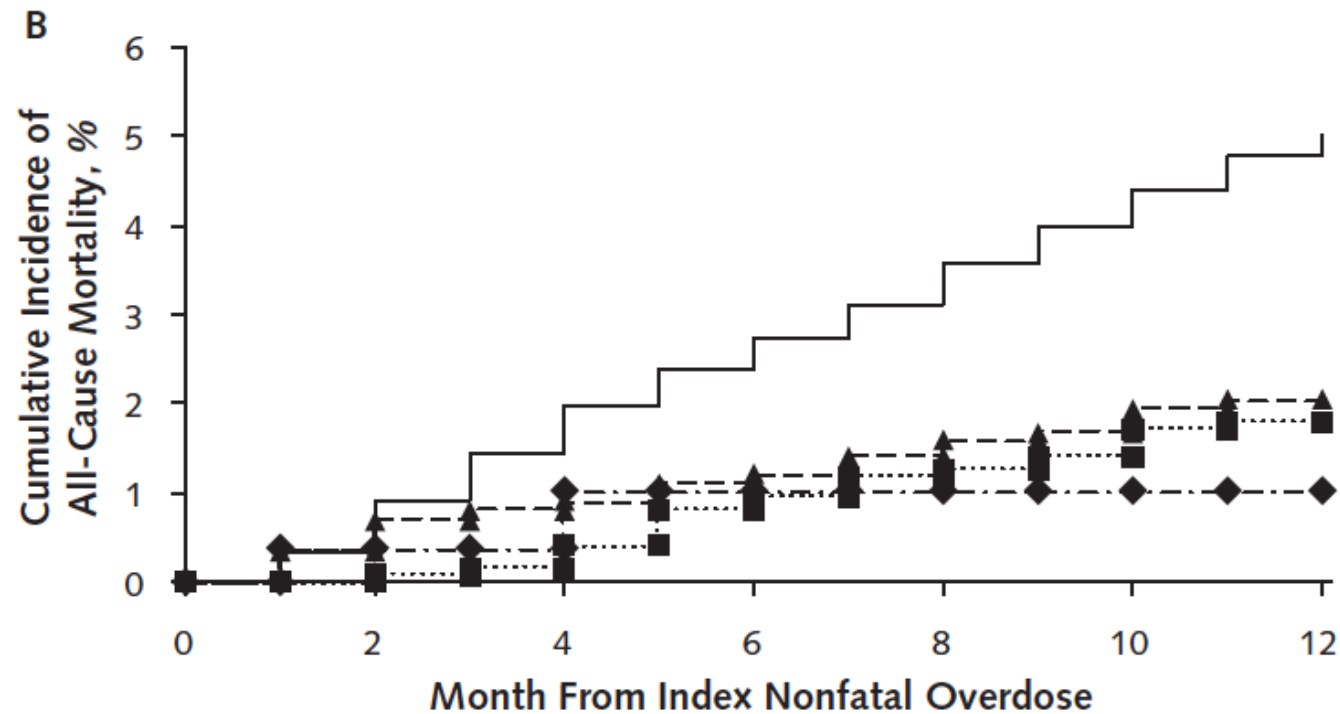
Source: Vermont Agency of Human Services, "Integrated Treatment Continuum for Substance Use Dependence, 'Hub/Spoke' Initiative—Phase 1: Opiate Dependence" (January 2012), <http://atforum.com/documents/HUBSPOKEBriefingDocV122112.pdf>

Why do we use medications to treat OUD?

- Increases retention
- Reduces opioid use
- Decreases risk for HIV and HCV
- Improves quality of life

Why do we use medications to treat OUD?

Secondary Exposure Classification: On Treatment†



Room for improvement

- Only 23 percent of publicly funded treatment programs reported offering any FDA-approved medications to treat substance use disorders
- Less than half of private-sector treatment programs reported that their physicians prescribed FDA-approved medications

Case continued

- You continue her buprenorphine treatment, she drops out of care and returns in 4 months telling you that she is actively using and wants help to reduce her overdose risk but does not want treatment
- What are best practices in caring for someone who is actively using?

Overdose education

- NARCAN, NARCAN, NARCAN

Naloxone is now available without an individual prescription at the following locations in Delaware:

- ✓ CVS Pharmacy locations (including those located inside Target stores)
- ✓ Walmart and Sam's Club store locations in Delaware
- ✓ Giant Pharmacy locations
- ✓ Walgreens Pharmacy locations
- ✓ Acme and Safeway Pharmacy locations
- ✓ Rite Aid Pharmacy locations
- ✓ ShopRite Pharmacy locations
- ✓ Shayona Pharmacy – Delmar
- ✓ Greenhill Pharmacy locations

Optimizing Safety for People Who Use Drugs

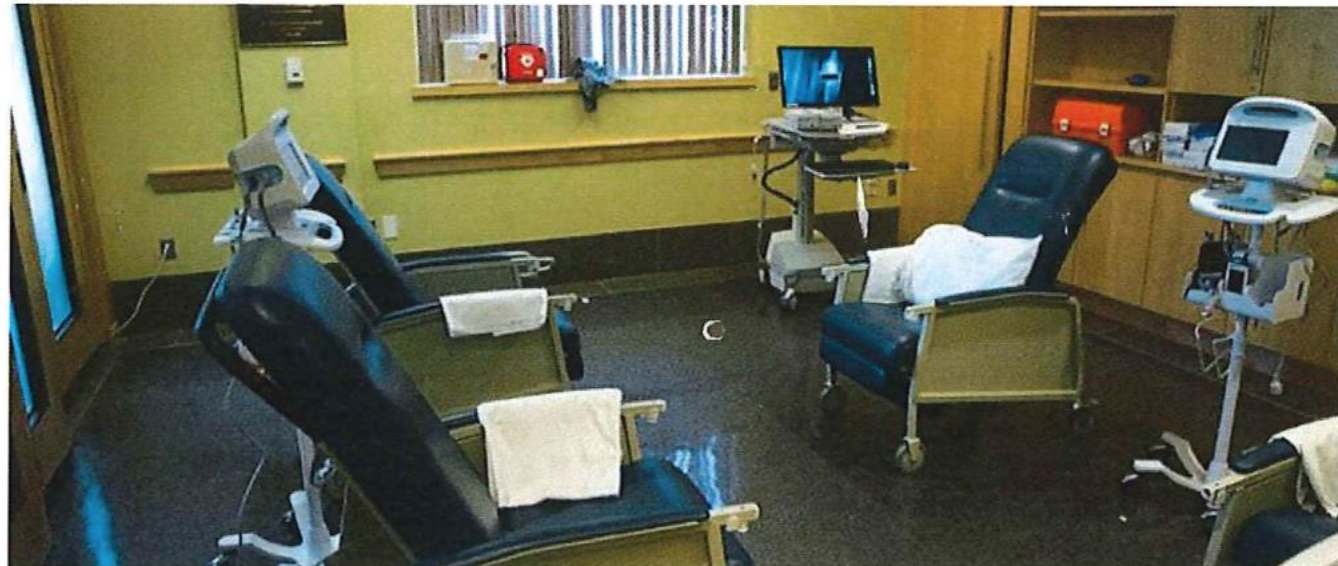
CHECKLIST to optimize health and safety in people who inject drugs
✓ Take an addiction history <ul style="list-style-type: none">• Triggers, coping skills, recovery supports• Previous treatment experience• Polysubstance - polypharmacy
✓ Assess readiness for treatment
✓ Offer Treatment Options <ul style="list-style-type: none">• Opioid agonist therapy• Opioid antagonist therapy
✓ Account for Mental Health Needs
✓ Overdose prevention <ul style="list-style-type: none">• Risk reduction plan• Response plan• <u>Naloxone</u> rescue kit• Safe storage and disposal
✓ Infection prevention <ul style="list-style-type: none">• Safer injection techniques• STI screening• TB screening• Vaccines• <u>PrEP</u> consideration• Hepatitis treatment
✓ Case Management for Concrete Needs/ Bolstering Supportive services

Safer injection sites



SPOT

**Providing A Safe Space And Medical Monitoring To
Prevent Overdose Deaths**



Testing strips

Fentanyl Test Strips

1. Add sterile water to your **empty** baggie or the **cooker you just prepped** – mix well!
**Load your shot FIRST! Only test your rinse water!
2. **Dip the test strip** in the water, in up to the first line & **hold for 15 seconds**
3. **Place test strip** on sterile surface or across top of cooker.

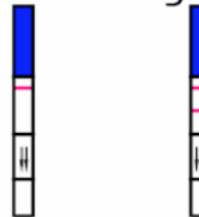
One line POSITIVE



Two lines NEGATIVE



Positive Negative



Addiction consultation services – Linking hospitalized patients to outpatient addiction treatment

**Paul Trowbridge^{a,b,*}, Zoe M. Weinstein^a, Todd Kerensky^a, Payel Roy^a, Danny Regan^a,
Jeffrey H. Samet^{a,c}, and Alexander Y. Walley^a**

Thank you

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