Clinical Challenges in Opioid Treatment

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Agenda

- Your Questions
- Presenter Introductions and Program Descriptions
- Case Presentation and Discussion
- Your Questions Answered

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Your Questions

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Presenter Introductions and Program Descriptions

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Case Presentation: JJ

JJ is a 40yo man with untreated HIV, cocaine use disorder, and opioid use disorder who has been out of care for years. He has a history of childhood trauma and has been diagnosed with PTSD and depression. He lives in a tent in a small encampment about 1 mile from the clinic. He worked at a car wash for a few years, but lost his job during the recession.

Case Presentation: JJ

JJ has been through many treatment programs in the past with his longest period of abstinence being 13 months (6 years ago). He insists on restarting HIV medication because he feels he is getting too sick and weak. He also asks for Suboxone. JJ says he cannot do outpatient treatment groups because he is fearful of losing his belongings while at group. He isn't willing to do residential inpatient treatment because the idea of being told what to do, where to be, and how to act reminds him too much of a traumatizing time in juvenile detention when he was a teen. He refuses treatment for his PTSD and depression; he says he has it "under control." He's interested in Suboxone because he's already tried it on the street and found that it helped with cravings for heroin.

Case Presentation: JJ

You decide to begin treatment with antiretrovirals and Suboxone with weekly follow up, and he agrees to return each Wednesday to see the nurse, but he is hesitant to engage with a therapist in clinic. His first 3 toxicology results all show morphine, fentanyl, cocaine and low levels of buprenorphine. He often arrives late to appointments and is intermittently rude to office staff. He's told he has had "dirty urines" for the past few weeks and his nurse is disappointed. You encourage him to enter a drug treatment program and he declines, says the Suboxone is working, he just needs more time. You ask him to bring in his Suboxone wrappers for random counts and he brings in inconsistent numbers of wrappers each week.

Case Presentation: JJ

JJ misses quite a few appointments and seems to have moved from the encampment. Outreach staff locate JJ on the other side of town where he says he's sleeping on a friend's couch. He agrees to come into the clinic for a check-up and refill his HIV medications, which he has continued since they were started. His urine toxicology shows very low levels of morphine and is otherwise negative. He says his friend has been helping him use less and manage his current use, but he refuses additional treatment. He's congratulated on his success and the nurse mentions they can celebrate once he has a "clean" urine.

Case Presentation: JJ

The next week, JJ comes in and asks to use the bathroom. After several minutes, staff realizes JJ has relapsed and overdosed in the bathroom clinic. Several doses of naloxone, totaling 12mg, are required to reverse the overdose while responders perform rescue breaths. Staff is hesitant to touch him or his belongings because there are rumors of carfentanil in the area and they fear coming in contact with that substance. When he is resuscitated and paramedics arrive, he refuses transport to the hospital and instead walks out.

Case Presentation: JJ

A year later, JJ has an apartment in a permanent supportive housing unit. He still uses opioids, cocaine, and occasionally marijuana. He excited about the apartment, but he misses his friends at the encampment and often feels isolated in his apartment. He mentions that he's thought about using more heroin to help cope with his isolation.

Your Questions Answered

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Thank you for joining us!

Presentation slides will be available at www.nhchc.org shortly

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