REDUCING DISPARITIES IN ADDICTION CARE:

LOW-THRESHOLD BUPRENORPHINE FOR UNSHELTERED PATIENTS

MARIEL LOUGEE, MD AND ELIZABETH GAINES, RN PHN

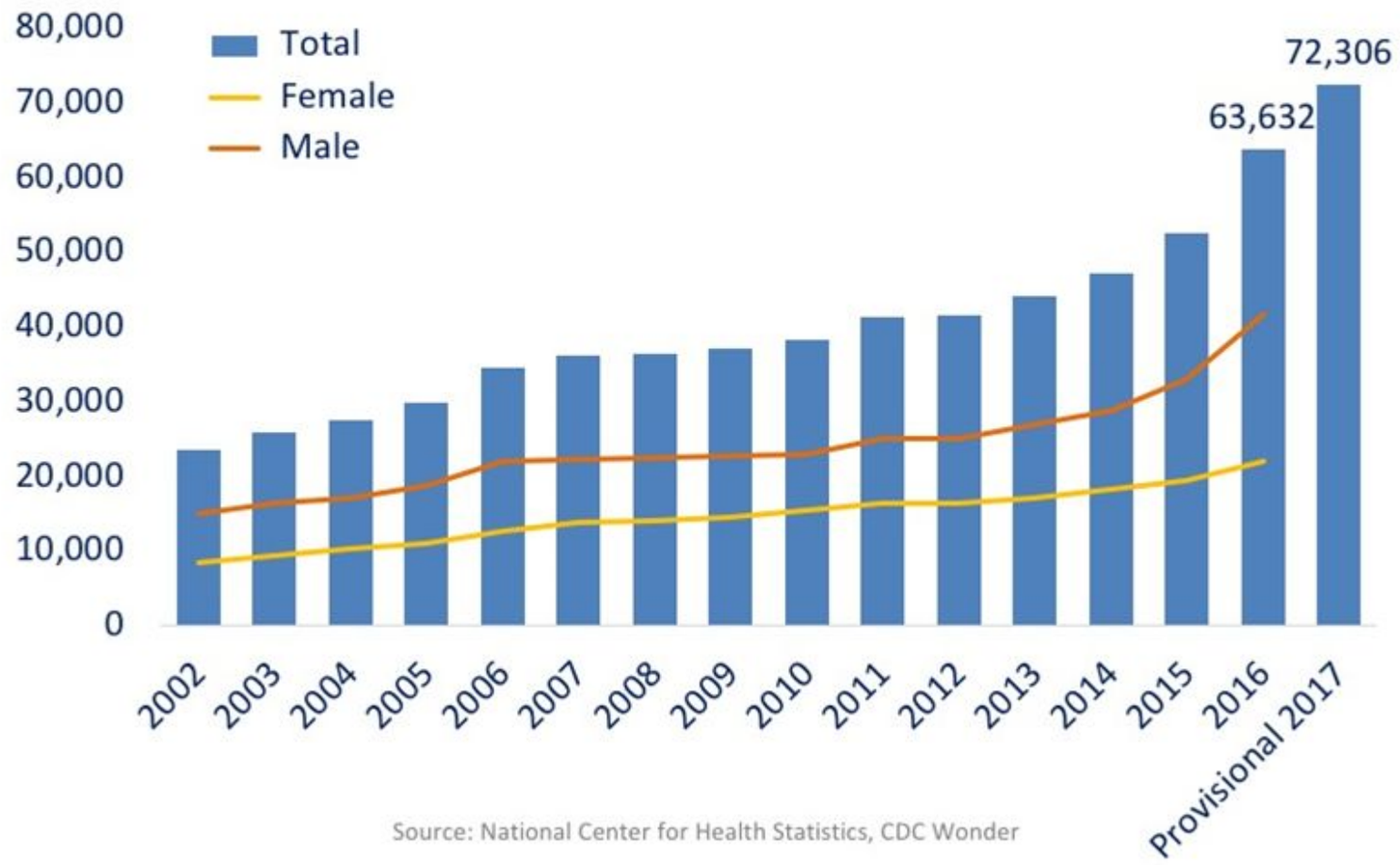
OBJECTIVES

- Review role of buprenorphine/suboxone in OUD
- Overview of traditional MAT programs
- HCH low threshold program trials and tribulations and initial data
- Limitations, Future Endeavors

NIH National Institute on Drug Abuse

National Overdose Deaths

Number of Deaths Involving All Drugs

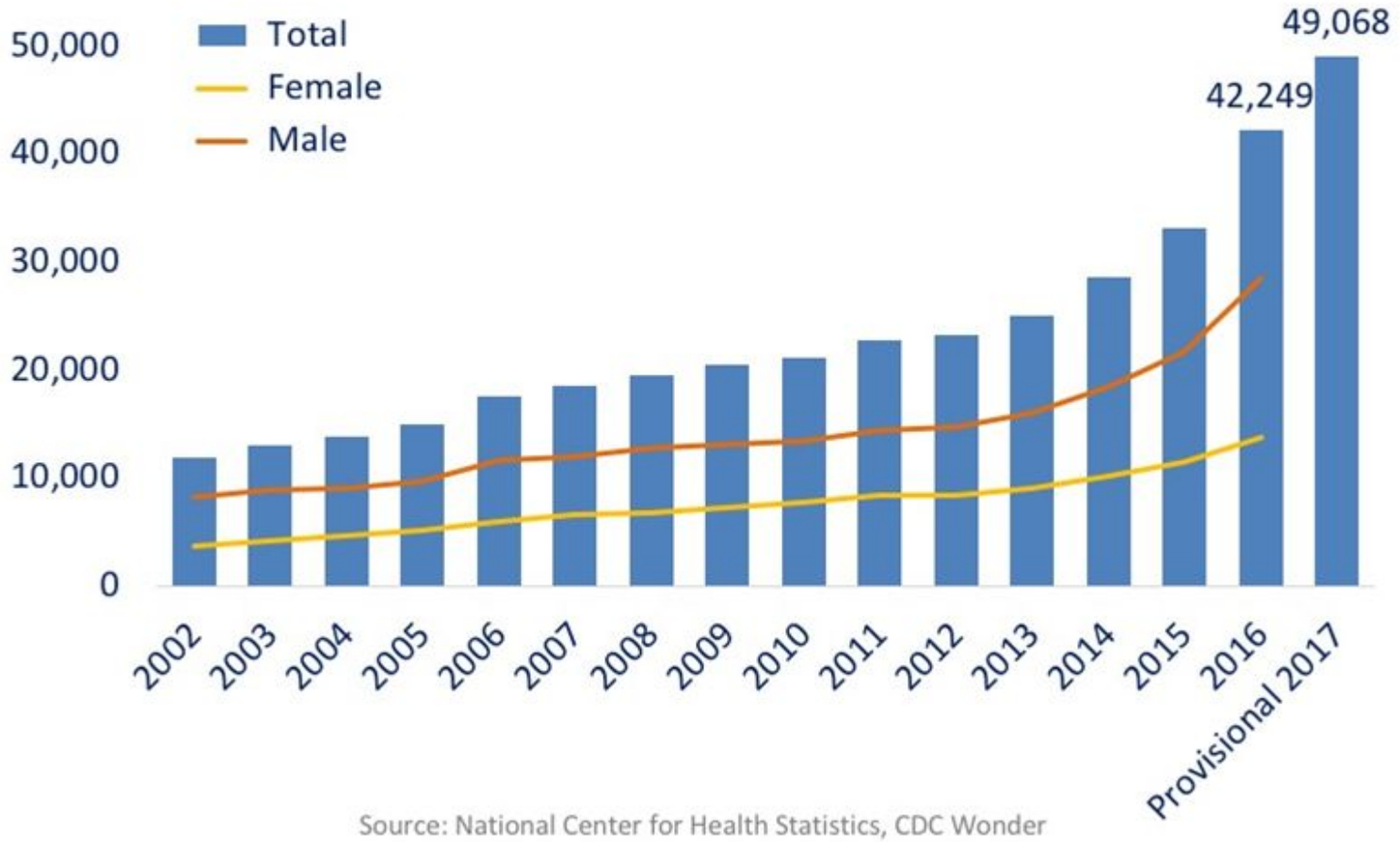


Source: National Center for Health Statistics, CDC Wonder

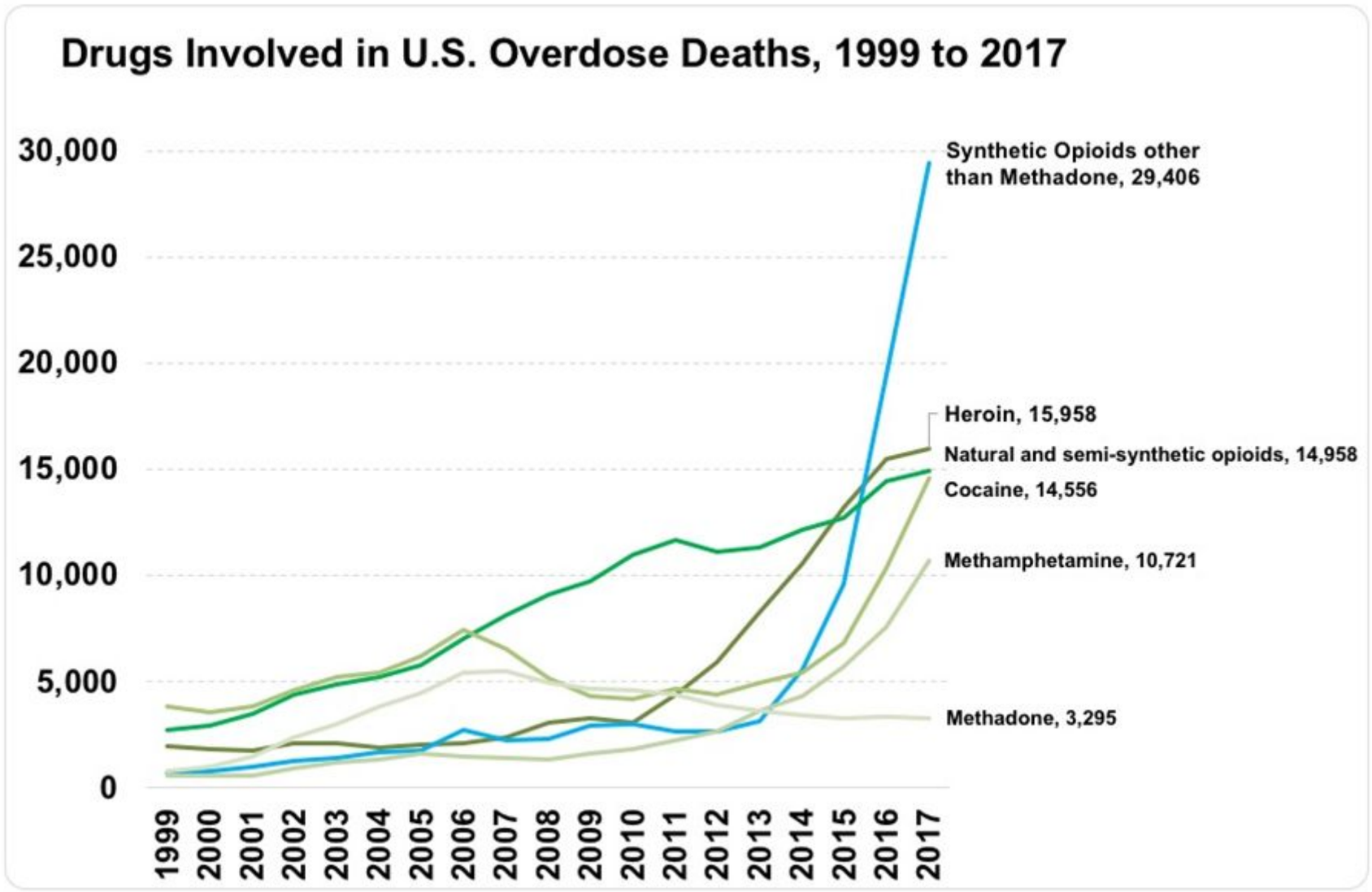
NIH National Institute on Drug Abuse

National Overdose Deaths

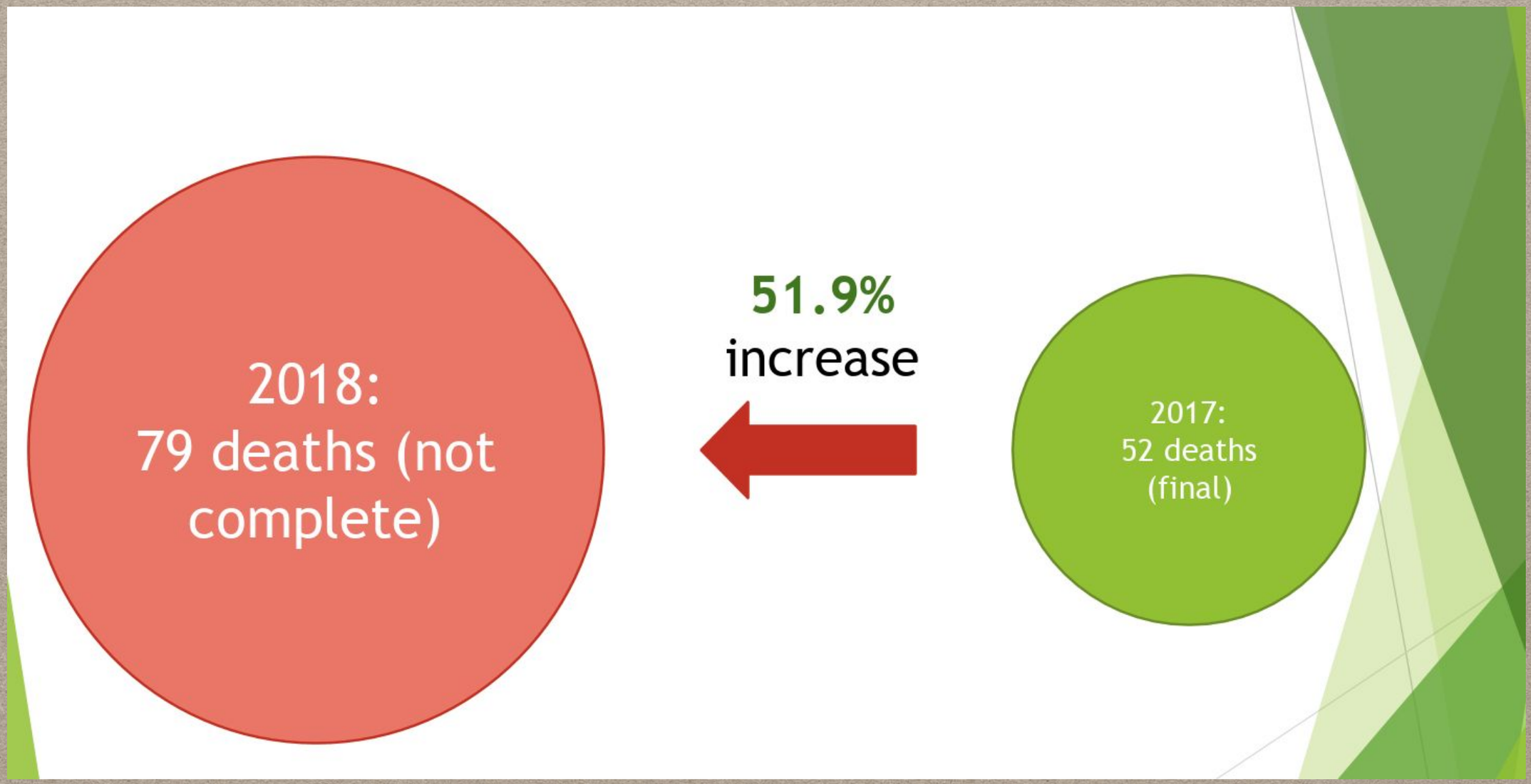
Number of Deaths Involving Opioids

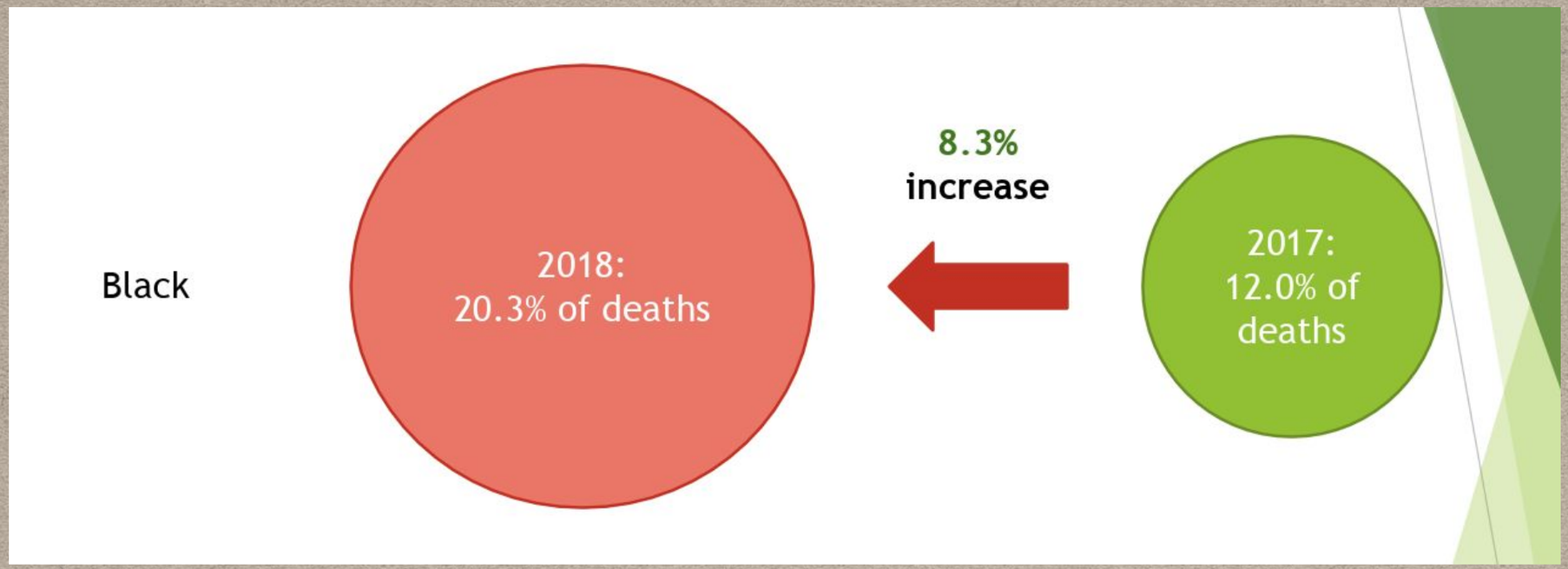


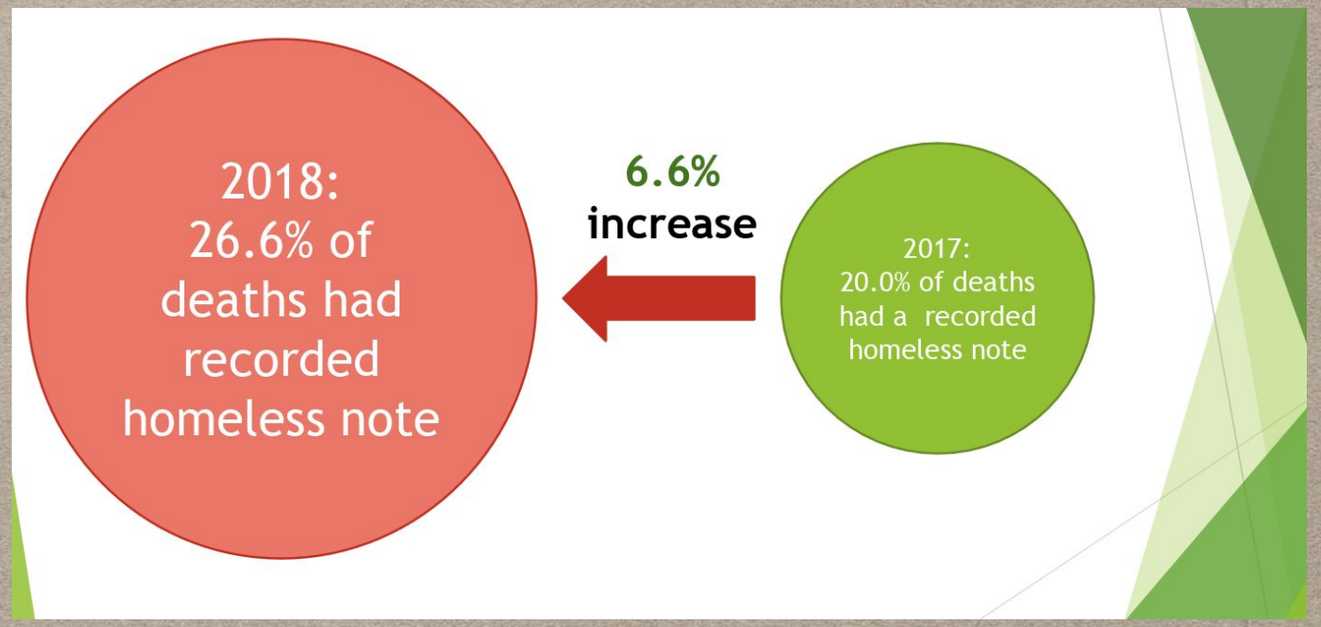
Source: National Center for Health Statistics, CDC Wonder

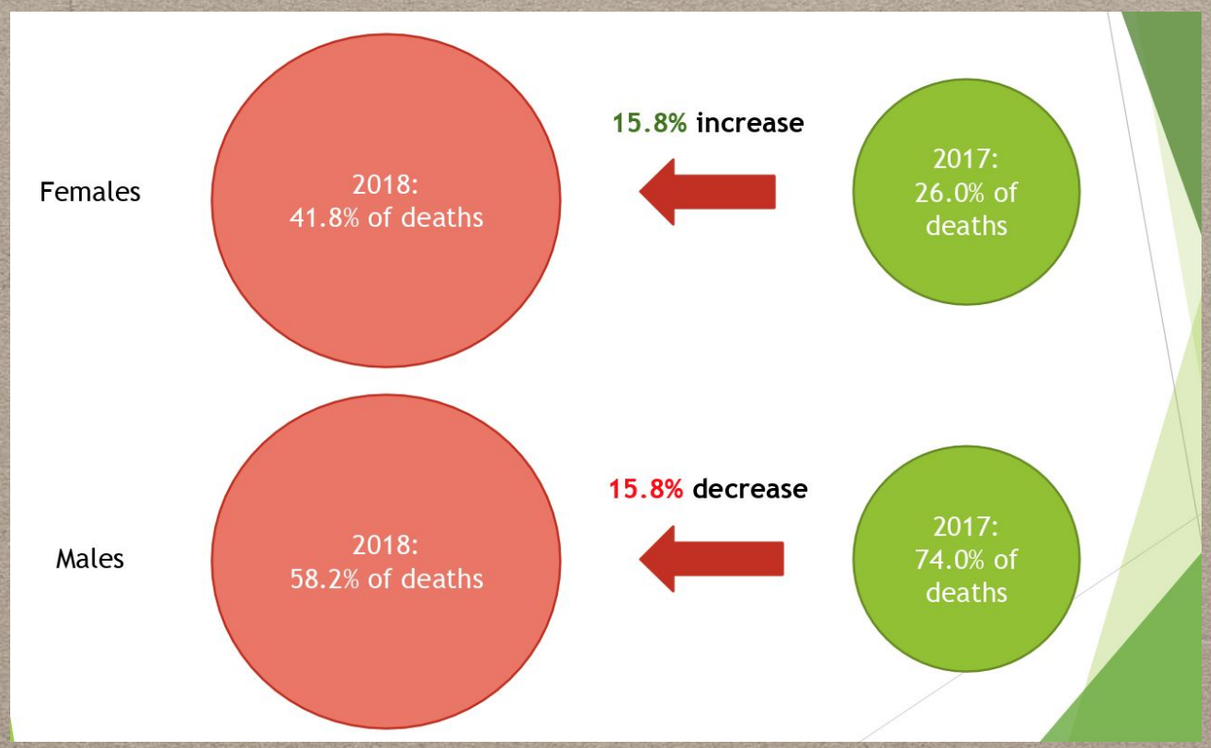

Drugs Involved in U.S. Overdose Deaths, 1999 to 2017
30,000
25,000
20,000
15,000
10,000
5,000
0
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
Synthetic Opioids other than Methadone, 29,406
Heroin, 15,958
Natural and semi-synthetic opioids, 14,958
Cocaine, 14,556
Methamphetamine, 10,721
Methadone, 3,295

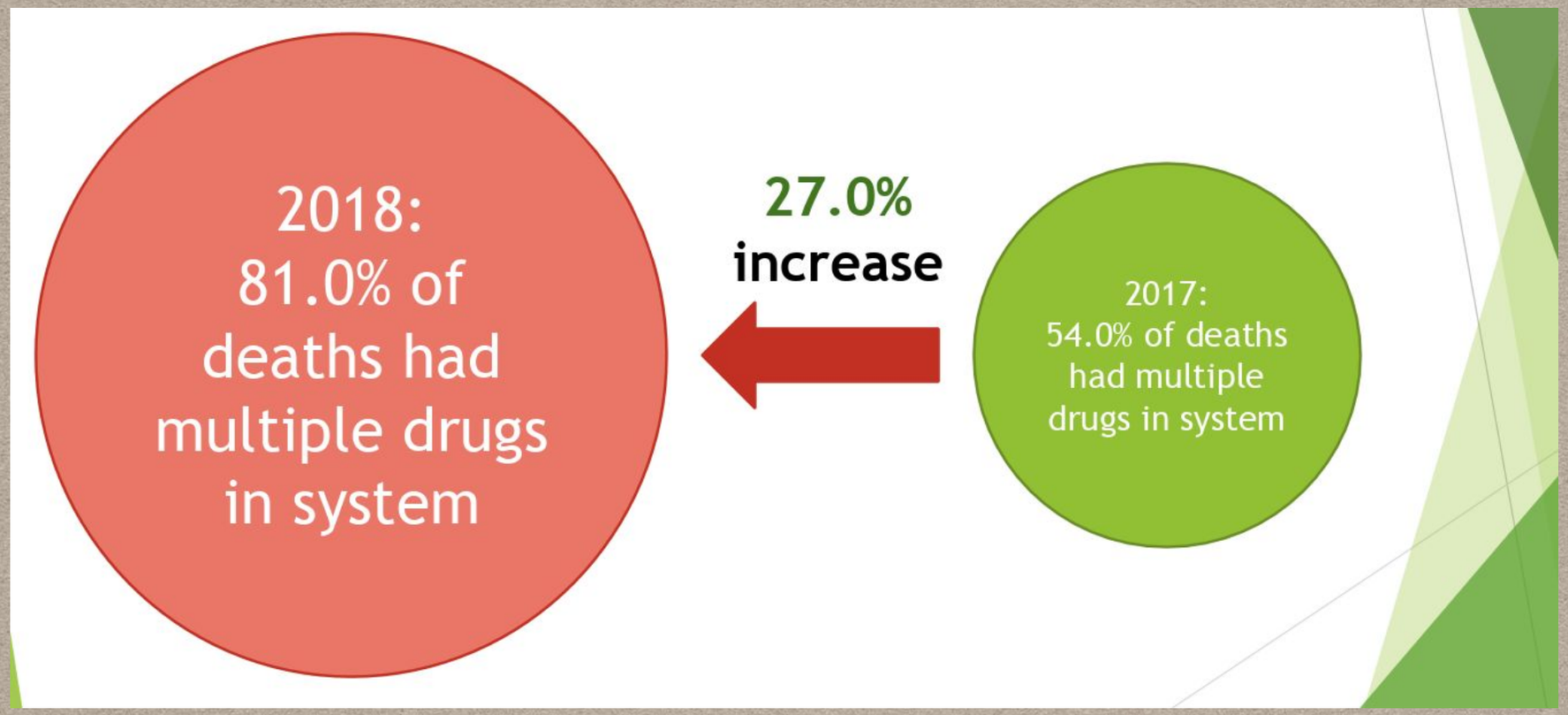
Opioid Use Disorder and Treatment in Contra Costa County - NEW DATA

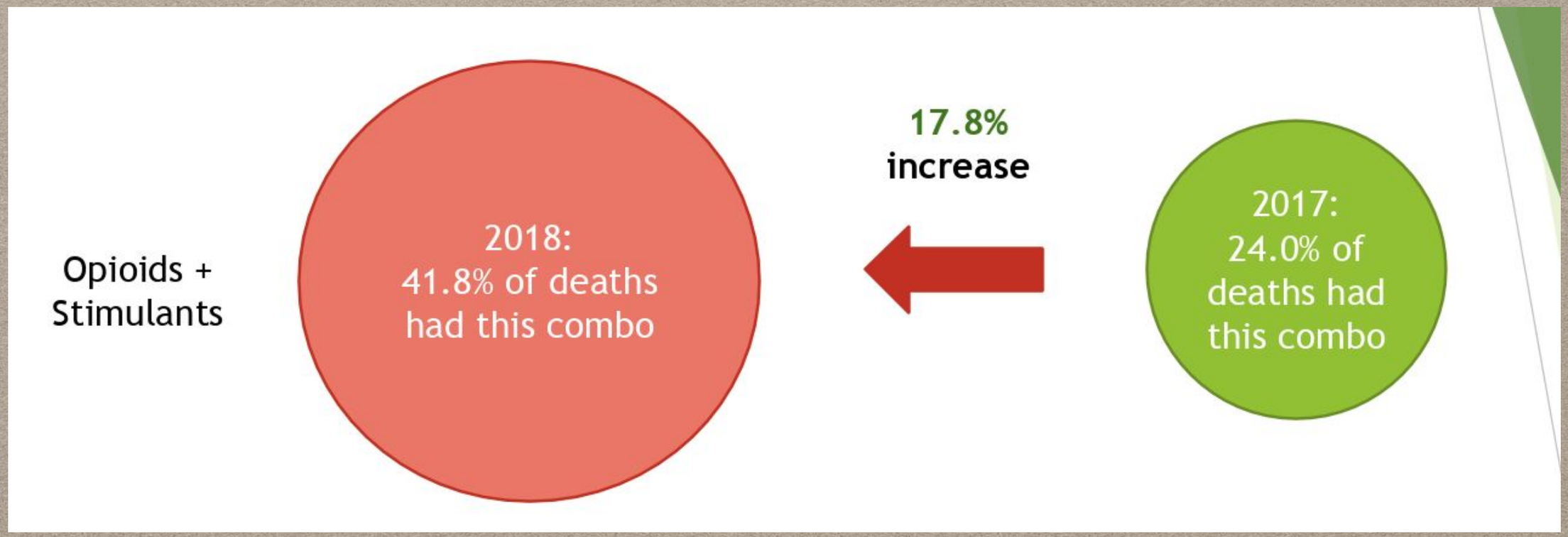



Black
2018:
20.3% of deaths
8.3%
increase
2017:
12.0% of
deaths


2018:
26.6% of
deaths had
recorded
homeless note
6.6%
increase
2017:
20.0% of deaths
had a recorded
homeless note


Females
2018:
41.8% of deaths
15.8% increase
2017:
26.0% of
deaths
Males
2018:
58.2% of deaths
15.8% decrease
2017:
74.0% of
deaths


2018:
81.0% of
deaths had
multiple drugs
in system
27.0%
increase
2017:
54.0% of deaths
had multiple
drugs in system


Opioids +
Stimulants
2018:
41.8% of deaths
had this combo
17.8%
increase
2017:
24.0% of
deaths had
this combo

<u>DSM-V Criteria for OUD:</u>

1. Unable to fulfill role obligations
2. Social or interpersonal problems due to use
3. Hazardous use
4. Tolerance *
5. Withdrawal/physical dependence *
6. Taken in larger amounts of over longer period
7. Unsuccessful efforts to cut down or control
8. Great deal of time spent to obtain substance
9. Important activities given up or reduced
10. Continues use despite harm
11. Craving

Severity: Mild 2-3 symptoms, Moderate 4-5 Symptoms, Severe >6 symptoms

Treatment for OUD

- Individual and Group Counseling
  - CBT
  - Contingency Management
  - MI
  - 12-step programs (NA, AA, etc)
- Inpatient and Residential Programs
- MAT
  - Agonist
  - Partial agonist
  - Antagonist
- Abstinence
  - “Cold Turkey”

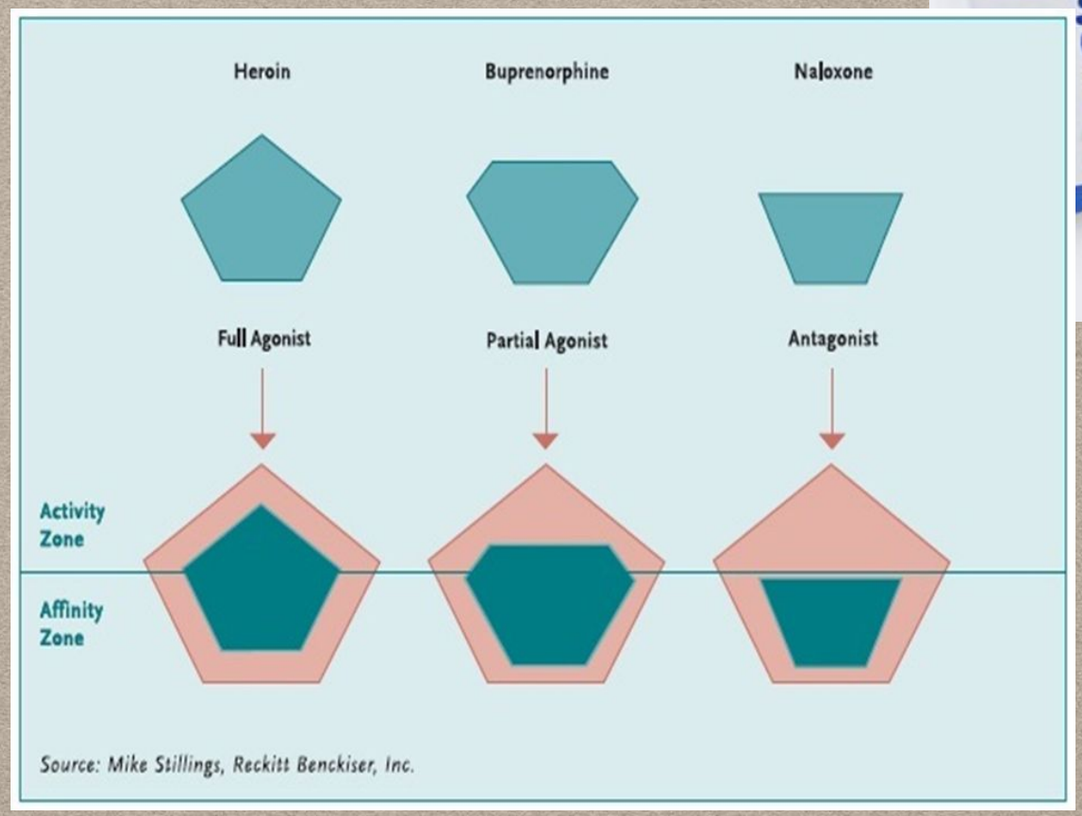
Methadone

Full Agonist

Effective, highly regulated, stigmatized

“the nods”

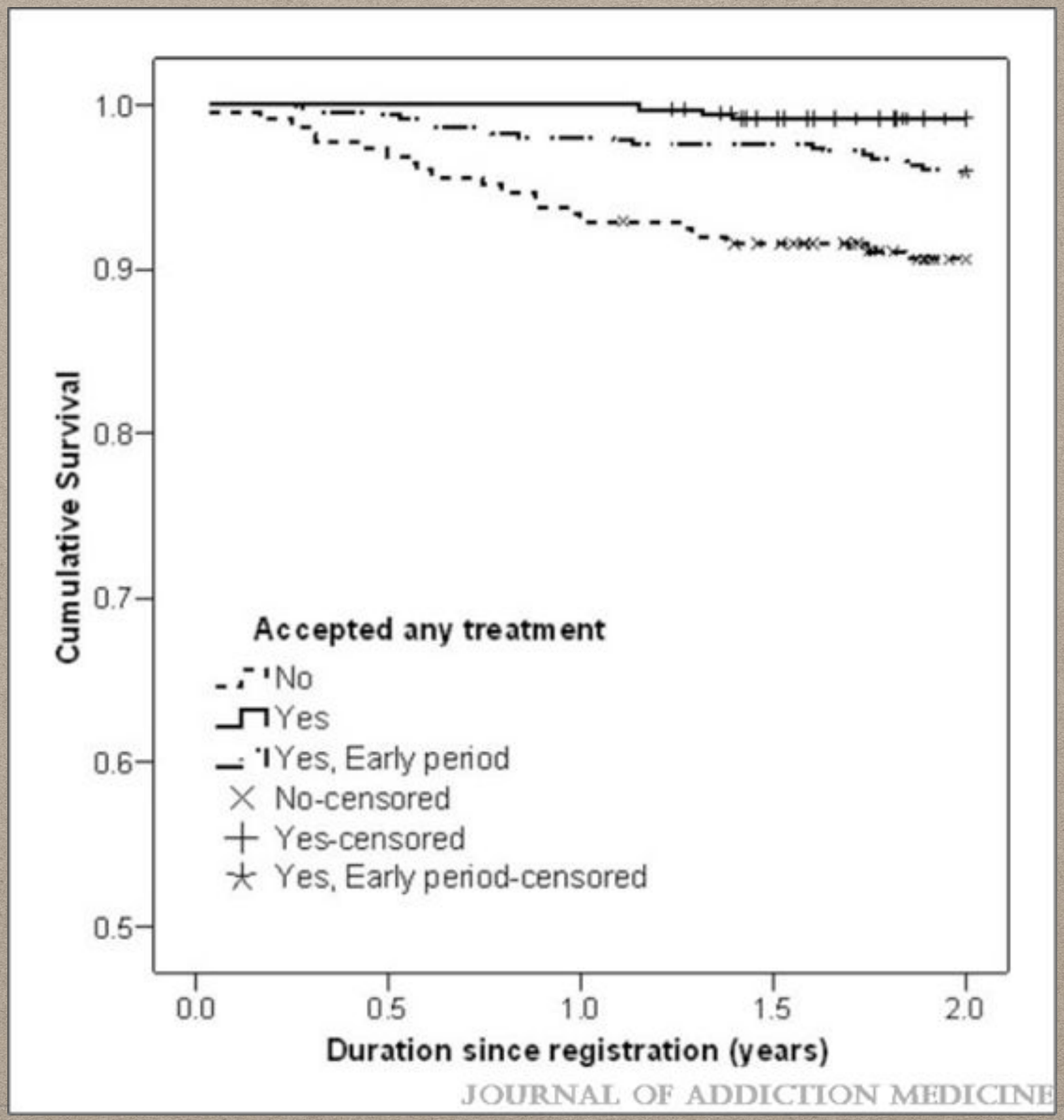
BUPRENORPHINE



- it's safe
- it's safe
- it's safe
- x-waiver required, 8 hour training, new DEA license
- currently 7% of US MDs are x-waivered providers

Initiating Treatment

1.Establish diagnosis of OUD
2.Explore substance use history, including other substances beyond opioids
1.Alcohol and benzos NOT a reason to withhold buprenorphine
2.Upreg on first visit +/- Utox
3.Review treatment history, experience with MAT
4.CURES
5.Review medical and psychiatric co-morbidities
6.Offer screening for communicable diseases when appropriate
1.HIV, RPR, Chronic Hep panel, GC/CT; PrEP?
7.Review current opioid use and make clear to patient honesty is important to the success of treatment


1.0
0.9
0.8
0.7
0.6
0.5
Cumulative Survival
Accepted any treatment
No
Yes
Yes, Early period
No-censored
Yes-censored
Yes, Early period-censored
0.0
0.5
1.0
1.5
2.0
Duration since registration (years)

Opioid Use Disorder and Treatment in Contra Costa County

2016, 5.4% > 12 years old misused opiates (> 50,000 people)

1% of people (9,700) had an OUD

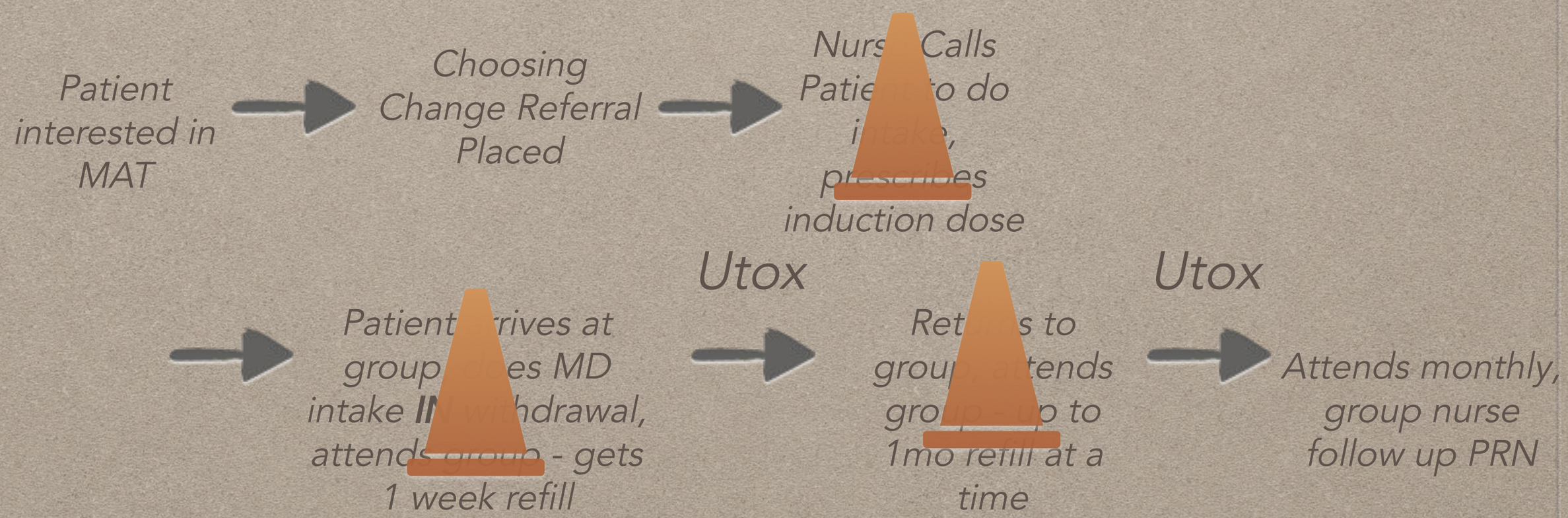
3,562 to 6,597 people with OUD in our county WITHOUT access to MAT

As of 2018, 148 providers are 30-pt, 24 are 100-pt, 6 are 275-pt

5,585 providers, 3.2% are waivered

CONTRA COSTA CURRENT MAT

- Choosing Change groups introduced in 2013
- Started as 1-2 group visits/week, 1 MD and 1 mental health specialist
- now clinics daily at various sites with PHN network for follow-up, over 100 county-wide X-waiver providers



BARRIERS

- transportation
- insurance
- phone access
- follow up/lost to follow up

TRIAL 1: REFERRAL

- HCH team attempted to refer patients to choosing change
- Phone intake limitations
- Transportation to clinic (especially IN withdrawal)
- Weekly return
- Results: patient's were not going to group visits, not getting induction

TRIAL 2: INDUCE + REFERRAL

- attempted to induce patients on the street and refer to Choosing Change groups
- again, limited numbers of patients went to group visits and continued in the groups

TRIAL 3: STREET MANAGEMENT

Current Treatment Flow:

Patient expresses interest in OUD → Patient screened for OUD by clinician → Induction Explained, 1mo supply sent (unless pt prefers 2 week) → HCH team follows up when time for refill or if pt reaches out earlier

- No initial Utox, ideally one Utox on buprenorphine - and utox if suspicion for diversion
- only contraindication was < 18yo, on methadone, or receiving buprenorphine from outside provider (per CURES)
- patients received prescription, needles, Narcan, POCT HIV/HCT if desired, and offer to group if desired
- initially provider keeping track of refills, PHN hired now to manage refills/when patients are due for refills
- if medications lost/stolen, one time early refill

STREET INDUCTION

- Keep it SIMPLE
- Precipitated Withdrawal Warning, review withdrawal symptoms, review side effects and how to dose medication
- Handout to review dosing, physician phone number

24hr after last use:

Patient presents to clinic with COWS >12 (i.e. in active withdrawal)

OR

COWS <12 no self-reported opioid use in past 3 days (i.e. already detoxed)

COWS

COWS Clinical Opiate Withdrawal Scale

Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9.

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 Pulse rate 80 or below 1 Pulse rate 81-100 2 Pulse rate 101-120 4 Pulse rate greater than 120	GI Upset: *over last 1/2 hour* 0 No GI symptoms 1 Stomach cramps 2 Nausea or loose stool 3 Vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 No report of chills or flushing 1 Subjective report of chills or flushing 2 Flushed or observable moistness on face 3 Beads of sweat *on* brow or face 4 Sweat streaming off face	Tremor *observation of outstretched hands* 0 No tremor 1 Tremor can be felt, but not observed 2 Slight tremor observable 4 Gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 Able to sit still 1 Reports difficulty sifting still, but is able to do so 3 Frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds	Yawning *Observation during assessment* 0 No yawning 1 Yawning once or twice during assessment 2 Yawning three or more times during assessment 4 Yawning several times/minute
Pupil size 0 Pupils pinned or normal size for room light 1 Pupils possibly larger than normal for room light 2 Pupils moderately dilated 5 Pupils so dilated that only the rim of the iris is visible	Anxiety or irritability 0 None 1 Patient reports increasing irritability or anxiousness 2 Patient obviously irritable anxious 4 Patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 Not present 1 Mild diffuse discomfort 2 Patient reports severe diffuse aching of joints/ muscles 4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 Skin is smooth 3 Piloerrection of skin can be felt or hairs standing up on arms 5 Prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 Not present 1 Nasal stuffiness or unusually moist eyes 2 Nose running or tearing 4 Nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment:_____

Score: 5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

Induction

- Patient can take 4-8mg once picked up from pharmacy
- Take initial dose per above, take 4mg as needed q4-6 hours day one up to max 16mg
- Day 2 patient takes single dose of 8mg in morning, repeat 4-8mg if needed in pm
- Day 3 take full day 2 dose in am


Walgreens
Trusted since 1901
Look inside for important details about your medication.

INITIAL RESULTS

- first year cohort, 55 patients (63% male, 36% female)
- 69.1% had concurrent chronic medical condition
- 85% had history of incarceration
- retention in care decreased with time
- 82.7% received at least 1 follow-up prescription
- 47.3% received at least 3
- ONE OD (pt not engaged at the time) NO death

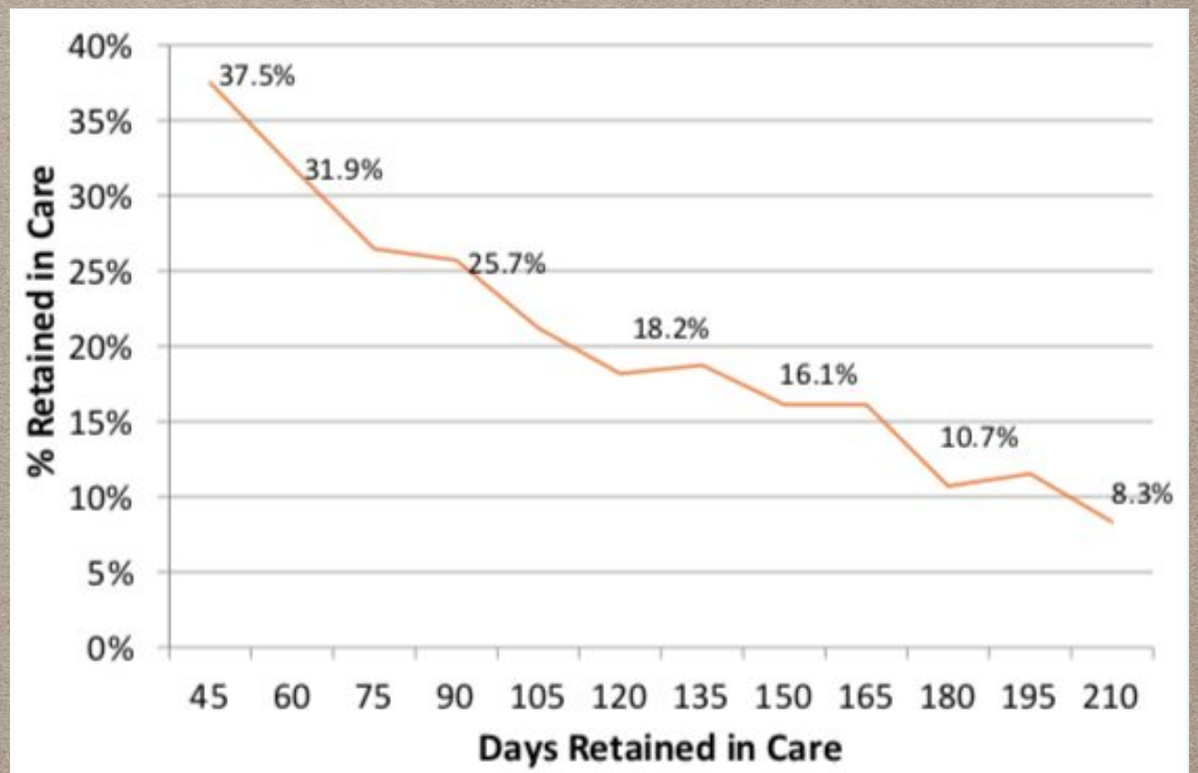


Figure 3: Retention in Care

A large portion (81%) of the 16 UDS collected did show ongoing methamphetamine use.

It is unclear if MAT for OUD had any effect on concomitant methamphetamine use. Future research looking at this question would be valuable given the high prevalence of concurrent methamphetamine use in our study population.

DISCUSSION

- since initial study period, increased providers/outreach days
- currently have 80+ patient enrolled in street buprenorphine induction/maintenance
- word of mouth from patients is spreading, pt approaching medical van with interest in induction
- PHN is engaging and doing warm handooff to work on CM and suboxone follow up
- Diversion?

FUTURE GOALS

- retrospective analysis of HIV/HCT results, working towards 100% HIV/HCT POCT testing with plan in motion to include treatment as well
- PHN to further help with refills/follow-up to increase engagement
- continued research into concurrent methamphetamine use and role of Buprenorphine for methamphetamine use

Questions?