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Current and New Treatment Approaches

Handout

**Inaugural DC Engage
Harm Reduction Conference**
AUGUST 25, 2022

Substance Use Disorder: Current and Future Treatment Approaches

Jasleen Salwan
MD, MPH
Montgomery Family & Internal Medicine Associates

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Speaker Background and Disclosures

- Addiction Medicine and Internal Medicine Physician at Montgomery Family & Internal Medicine Associates
- Silver Spring, MD
- Consultant, District Addiction Consultation Service

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Objectives

Define harm reduction in the context of substance use disorder treatment

Describe current practices and limitations in the medical treatment of addiction

Explore future directions for delivering patient-centered, empowering care

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Harm Reduction



γ "Harm reduction is an approach that emphasizes **engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing** of those served, and offer **low-threshold options for accessing substance use disorder treatment** and other health care services."

γ Source: Substance Abuse and Mental Health Services Administration (SAMHSA)


γ (emphasis added)

γ "You can't recover if you're dead."

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Harm Reduction Key Components



- γ Syringe exchange
- γ Overdose prevention
 - γ Naloxone
 - γ Fentanyl test strips
- γ Safe consumption sites
- γ Opioid substitution treatment

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Harm Reduction in Opioid Substitution Treatment

- γ Lowering barriers to accessing treatment
- γ Minimizing rules or conditions associated with treatment
- γ Avoiding abrupt discontinuation of treatment
- γ Providing flexibility in dosing and formulation



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Opioid Substitution Treatment

- γ Buprenorphine
 - γ Partial opioid agonist
 - γ Office-based; requires a waiver to prescribe
- γ Methadone
 - γ Full opioid agonist
 - γ Dispensed at certified opioid treatment programs
- γ Both associated with decreased risk of overdose
 - γ 76% at 3 months / 59% at 12 months
- γ Same benefits not observed with naltrexone or non-medication treatment modalities

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Undertreatment of Opioid Use Disorder in the U.S.

- γ In 2019, an estimated 27.8% of people who needed treatment for OUD received medications
 - γ Only 29% of residential treatment programs offer OST with the option to continue maintenance
- γ Racial disparities in access to medications:
 - γ Non-Hispanic white: nearly 33%
 - γ Non-Hispanic Black or multiracial: 20%
 - γ Hispanic: 15%

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Regulatory Barriers in OUD Treatment in the U.S.


- γ Buprenorphine ("X") waiver requirement
 - γ Under 10% of physicians have this waiver
 - γ Many who have it, do not use it
- γ Insurance coverage denials of buprenorphine
 - γ Prior Authorizations required for dosing above 24 mg/day
 - γ Denials based on urine drug test results positive for non-prescribed drugs
- γ Opioid Treatment Program certification requirement for methadone

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Future Directions



- ✓ Heroin substitution therapy
- ✓ Fentanyl dispensaries

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Heroin Substitution: Worldwide Availability

- ✓ Diamorphine aka diacetylmorphine
- ✓ United Kingdom
 - ✓ Special license required for use in OUD
- ✓ For treatment-refractory heroin dependence:
 - ✓ Canada
 - ✓ Denmark
 - ✓ Germany
 - ✓ Luxembourg
 - ✓ The Netherlands
 - ✓ Switzerland
- ✓ Research
 - ✓ Other countries including Spain

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Heroin Substitution: Data

- ✓ Reduction in illicit heroin use consistently observed with supervised injectable heroin plus flexible dose of methadone vs methadone only
 - ✓ One study: 67% relative risk reduction in self-reported illicit heroin use
- ✓ For reference: 33% relative risk reduction in opioid-positive drug tests seen with methadone vs placebo
 - Buprenorphine: 14%

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Heroin Substitution: Data Cont'

- γ Increased retention in treatment vs methadone only
 - γ Risk ratio 1.44
- γ Higher risk of serious adverse events
 - γ Risk ratio 13.5
- γ No higher mortality risk
 - γ Statistically insignificant trend toward mortality protection with heroin
- γ Authors' recommendation: Provide heroin for treatment-refractory OUD in clinical settings with appropriate follow-up

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Fentanyl Dispensaries

- γ Vancouver, Canada recently opened a pharmaceutical-grade fentanyl dispensary
- γ Funded by Canadian public health system
- γ Data collection recently begun
- γ Starting at a small scale: estimated 100 patients
- γ By contrast: 1,095 overdose deaths in British Columbia from Jan-June 2022



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Too Far or Not Far Enough?

- γ Overdoses rising during the pandemic
- γ Data favoring heroin over traditional opioid substitution therapies
- γ Diversion of resources from traditional opioid substitution therapies?
 - γ 2021 British Columbia budget increased spending on new treatment and recovery services
 - Much greater allocation for these than safer supply
- γ Reduced perception of risk?
- γ Unanticipated negative externalities could hamper future harm reduction efforts

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Defining Recovery

- γ Avoidance of “street” drug use?
- γ Avoidance of euphoria?
 - γ Most people are using to “get normal,” not to get high
- γ Overdose and mortality prevention?
- γ Improved health (physical, mental)?
- γ Improved role functioning?
- γ Improved psychological well-being?
- γ Improved relationships?
- γ Reduced stigma and shame?

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DACS
District Addiction Consultation Service

DACS provides support to primary care and specialty prescribers in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

- Phone consultation for clinical questions provided by expert addiction medicine specialists
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance in the identification of substance use and behavioral health resources and referrals that meet the needs of the patients in your community

Funding for DACS is provided by The District of Columbia Government, DC Health, Health Regulation and Licensing Administration (HRLA), Pharmaceutical Control Division (PCD). DACS is administered by the University of Maryland School of Medicine staff and faculty.

1-866-337-DACS (3227) · www.DistrictACS.org

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Upcoming DACS Events:


- Overdose Awareness Day, 8/31/22 from 12-1pm
 - **How to Save a Life: Evidence and Misconceptions About Medications for Opioid Use Disorder** | Find out more and register here: bit.ly/3OWhyCS
- 9/27/22 from 12-2pm: **Opioid Use Disorder Treatment Integrated with Primary Care** | Find out more and register here: bit.ly/3d7O26V

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