

Behavioral Health Subcommittee

Bernalillo County Addiction Treatment Advisory Board
Update

Presentation by Bill Wiese, MD
September 13, 2019

PURPOSE OF THIS PRESENTATION IS INFORMATION concerning charging approaches to managing opioid use disorder (OUD) to include reducing the barriers for starting medication assisted treatment (MAT)—specifically using Suboxone immediately upon identification of OUD. This is a harm reduction model. This is not a request (at this time) for specific legislative action. Items in need of attention and funding are marked with (*).

BACKGROUND: MAT with buprenorphine (Suboxone) or methadone greatly improves outcomes of treatment in terms of reducing illicit drug use, delaying relapse, reducing criminal behavior when compared with treatments that do not include MAT. Having MAT as a component of care or at least available, is widely endorsed as a standard of care of OUD treatment. Other important components include psychosocial supports, drug counseling, and addressing concurrent medical and mental health conditions.

ISSUE: Many persons with OUD do not get treatment. Barriers include:

1. Medical providers who overlook or dismiss OUD (stigma or indifference)
2. Persons with overwhelming social and mental health barriers *
3. Overall lack of treatment and recovery infrastructure*
4. Excessive waiting times for appointments
5. Up-front requirements for assessments and testing that delay initiation of treatment or disqualify entry into treatment; assurance of financing*
6. Once engaged in treatment, stringent rules and requirements can lead to dismissal.
7. Overdose and death

ONE SOLUTION: LOW THRESHOLD SUBOXONE (a harm reduction model)

Initiation of Suboxone at the time of identification of need to manage a person's OUD and attention to reducing other barriers, all with the goal of eventually getting person into treatment.

1. Serves to bridge gap until initiation of treatment. Meanwhile...
2. Reduces withdrawal symptoms and reduces craving
3. May reduce risky behaviors and allow for lifestyle reorganization
4. May work as treatment alternative for some
5. Little potential for harm
7. Cost of Suboxone is high;* the cost of no treatment is greater.

EFFECTIVENESS: Studies cross wide variety of situations. When compared vs. delayed treatment, results are favorable, e.g., retention in treatment and duration free of opioid use. Early initiation and continuation of the Suboxone appears to be critical. Delaying

attention to psychosocial matters seems not to be detrimental. Closely managed follow-up during the low threshold Suboxone period is likely to be important.

SAFETY: Suboxone is effective because it is itself an opioid agonist. It is a partial agonist that covers opioid withdrawal symptoms, blocks craving and allows for normalizing life activities. It does not carry the high levels of risks of prescription opioid painkillers and/or heroin. It is a safe drug with low toxicity. Overdose is rare. Risk for diversion is low and can be managed.

LEGAL: The current legal framework for prescribing Suboxone accommodates its usage in a low barrier setting, including EDs, outpatient clinics, and other clinical practices settings, and has been adapted to outreach settings and release from incarceration.

WHY IS THIS IMPORTANT? Our state has some 20,000 persons with OUD who might benefit from treatment. Most are not getting it. While there has been some real progress, reduction of illicit opioid use and its consequences including deaths remains slow.

HAPPENING: Low threshold strategies are increasingly being tried in many settings and including major health care settings (Boston, Denver, St Louis). Currently being used or planned in New Mexico (EDs and individual practice settings).

GUIDELINES: American College of Medical Toxicology for use in EDs

SUPPORT: Some medical specialty groups. research being reported in major medical journals and by government agencies including SAMHSA and NIDA.

NAYSAYERS: Challenging the harm reduction model as encouraging drug use and/or diverting users and resources away from full treatment opportunities.