Improving the Health of People Who Use Opioids in Healthcare Systems: What Do We Need to do Differently?

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Disclosures

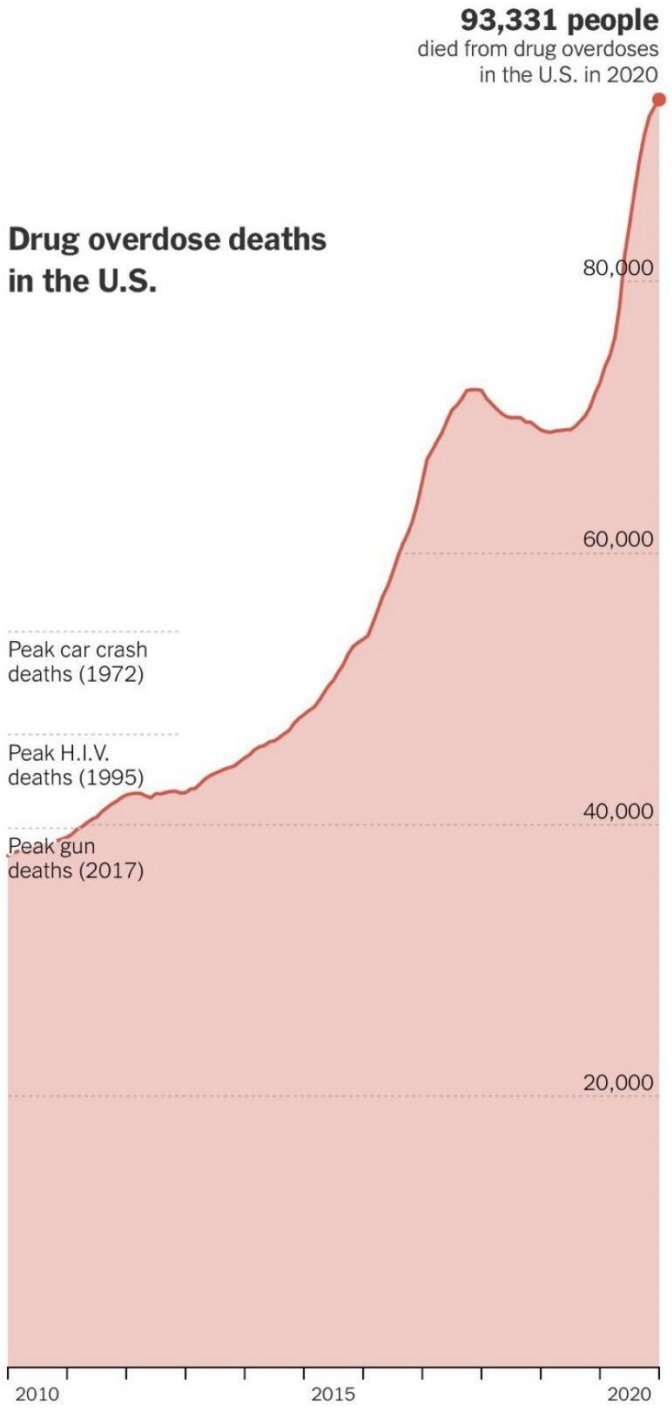
Textbook editor/Springer

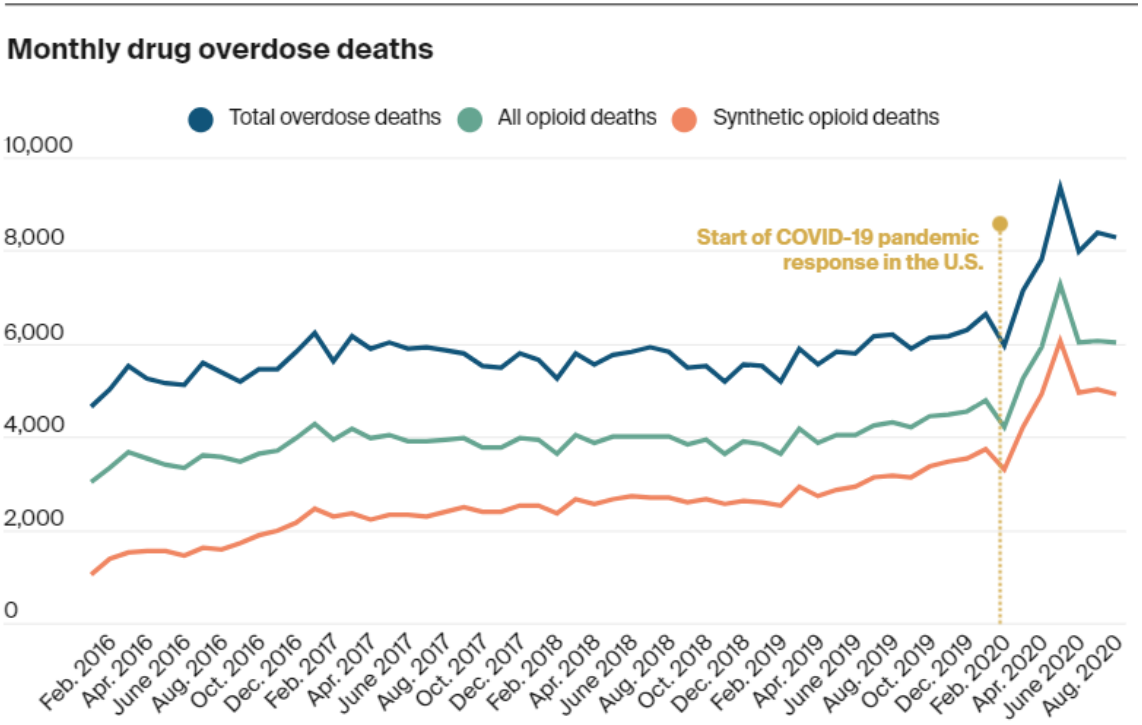
Author/UpToDate

Take Home Message

- Overdose crisis and racial disparities in death, treatment access, and criminalization are staggering
- Yet, this is a talk fundamentally about *hope*
- This is a treatable health condition and caring for people who use opioids and those with OUD is profoundly gratifying
- There are numerous clinical interventions and care models we can implement immediately to do better

Ongoing Public Health Crisis Due to Inadequate Care, Policy, & Treatment





December 2019-2020 predicted overdose deaths in US: 93,331

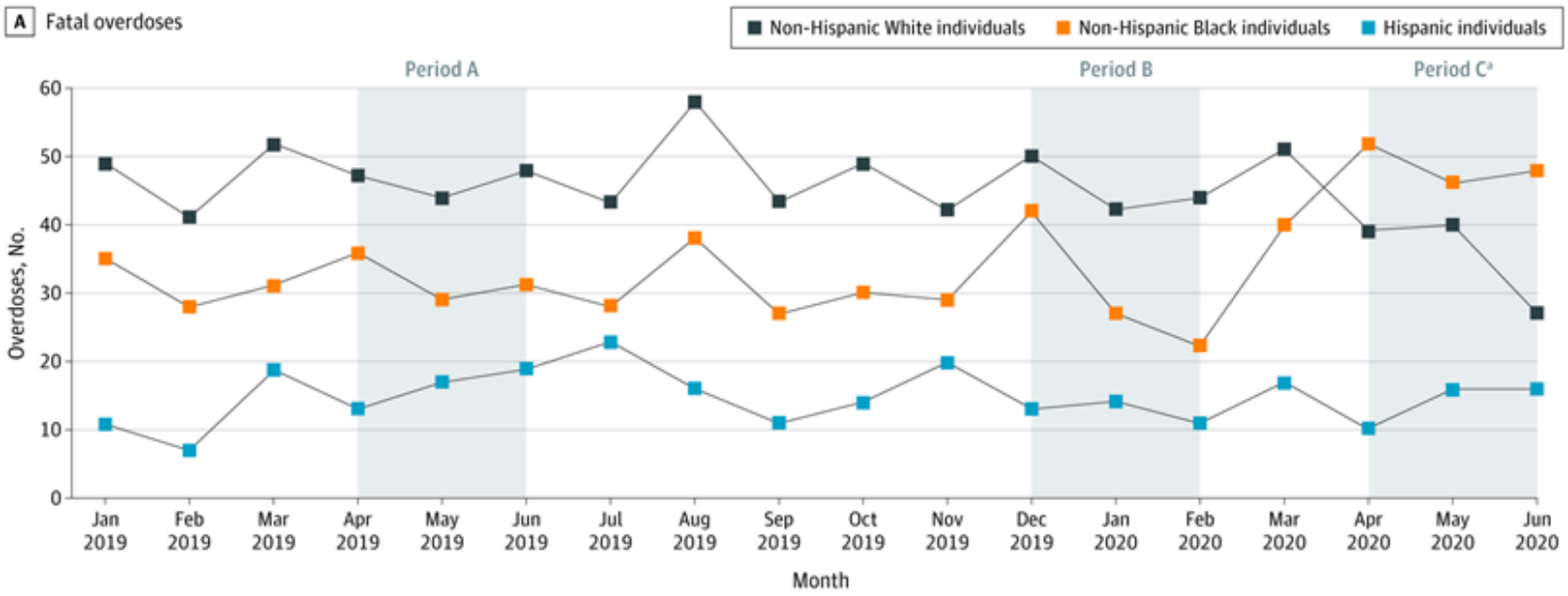
Overdose Surge Amidst COVID

https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Jesse C. Baumgartner and David C. Radley. *To the Point* (blog), Mar. 25, 2021. https://doi.org/10.26099/gyf5-3z49

The Overdose Crisis in Black Communities

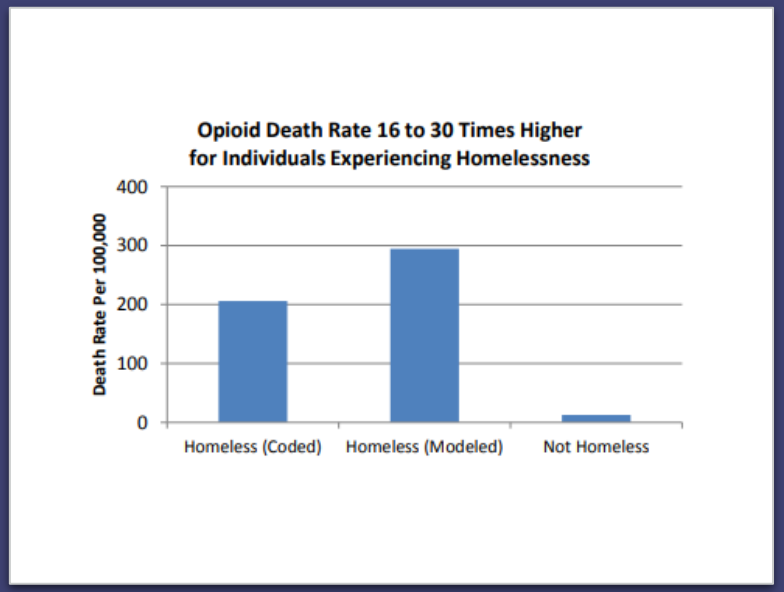
- 2014-2017 OD death rates due to fentanyl increased **818%** among Black individuals nationally
- Post-COVD, monthly fatal overdoses *increased* among Black individuals 60.4%, while *decreasing* 22% among white individuals and absolute number of overdose deaths higher among Black individuals

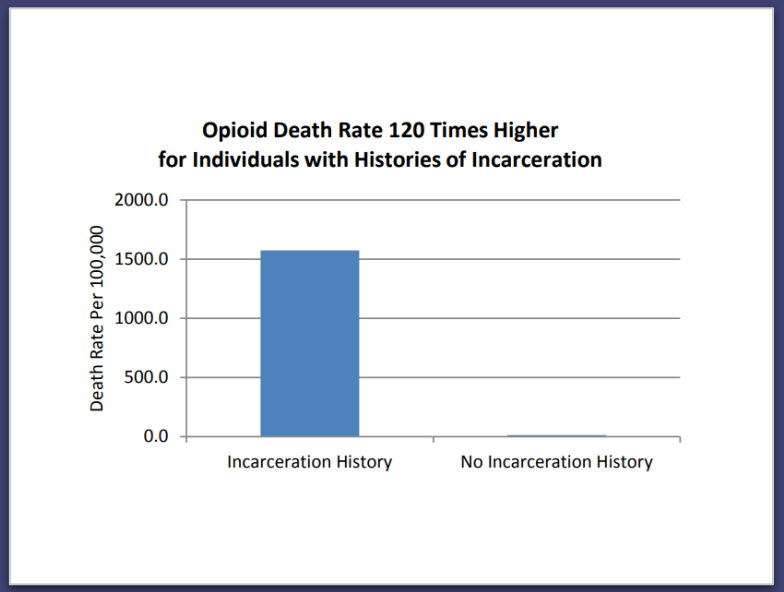


Khatri et al. JAMA Netw Open. 2021;4(1):e2034878.

Overdose *Does* Discriminate

- Those at greatest risk of death often most marginalized
- People experiencing incarceration & homelessness have markedly higher rates of overdose death
- Treatment models not designed with these populations in mind





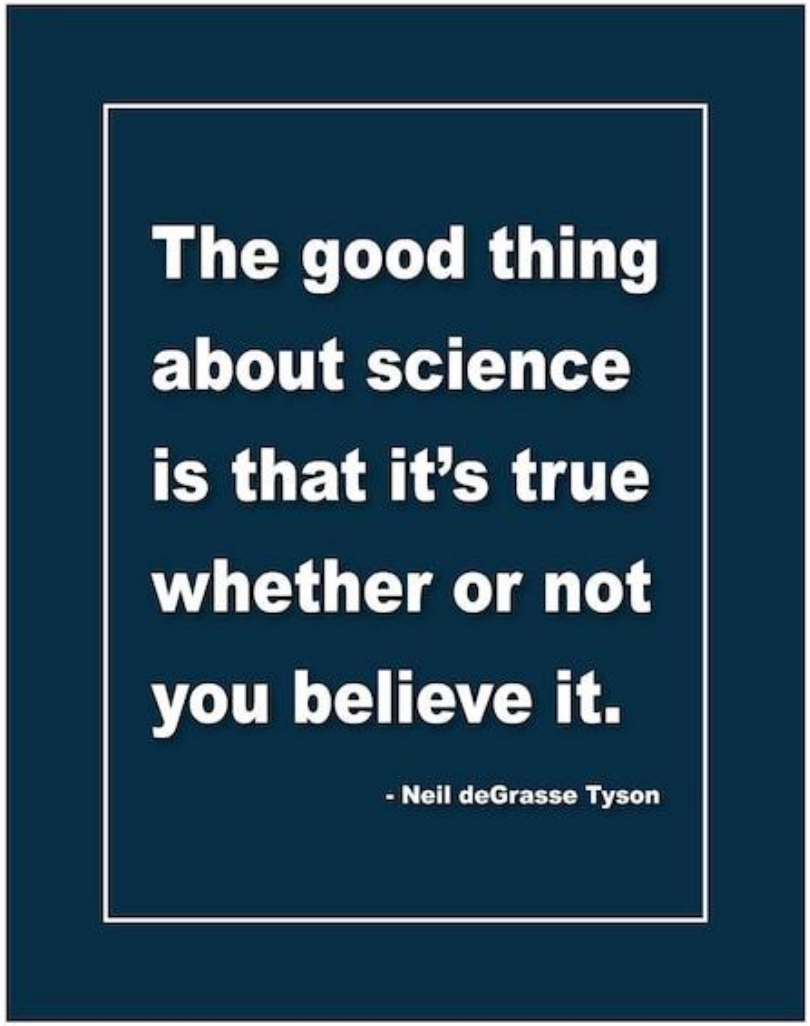
MA DPH. https://www.mass.gov/files/documents/2017/08/31/legislative-report-chapter-55-aug-2017.pdf

Stereotypes and racism have long impacted clinical practice and policy

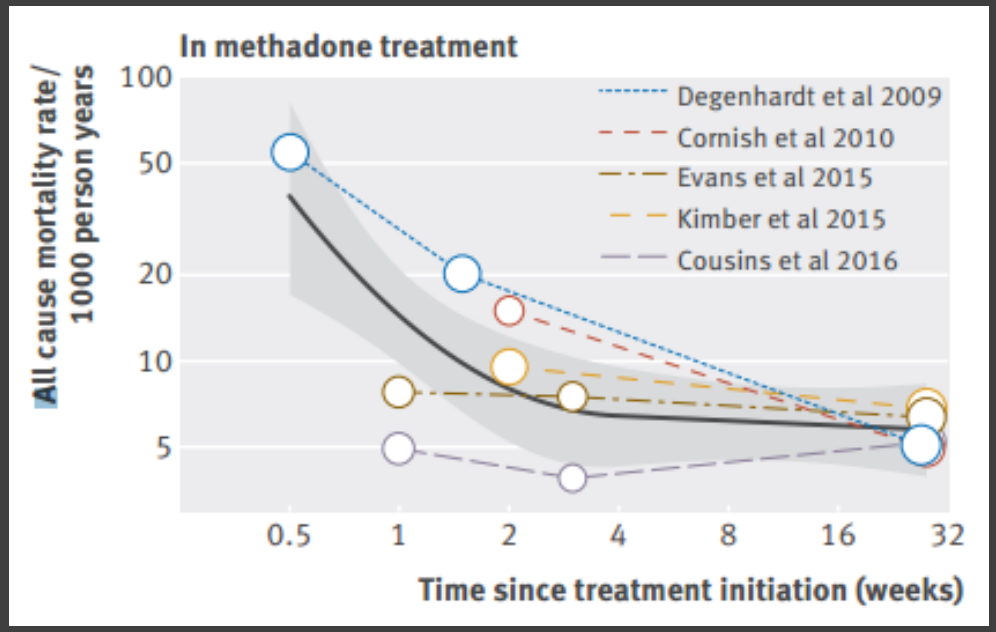
NEGRO COCAINE "FIENDS" ARE A NEW SOUTHERN MENACE

Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to "Sniffing" Since Deprived of Whisky by Prohibition.

- "For me, the most educational experience of the past three decades was to learn that the traditional image of the [person with addiction as having] weak character, hedonistic, unreliable, depraved, and dangerous is totally false. This myth, believed by the majority of the medical profession and the general public, has distorted public policy for seventy years." ~Dr. Dole


The good thing about science is that it's true whether or not you believe it.
- Neil deGrasse Tyson

Opioid Agonist Therapy Reduces Mortality



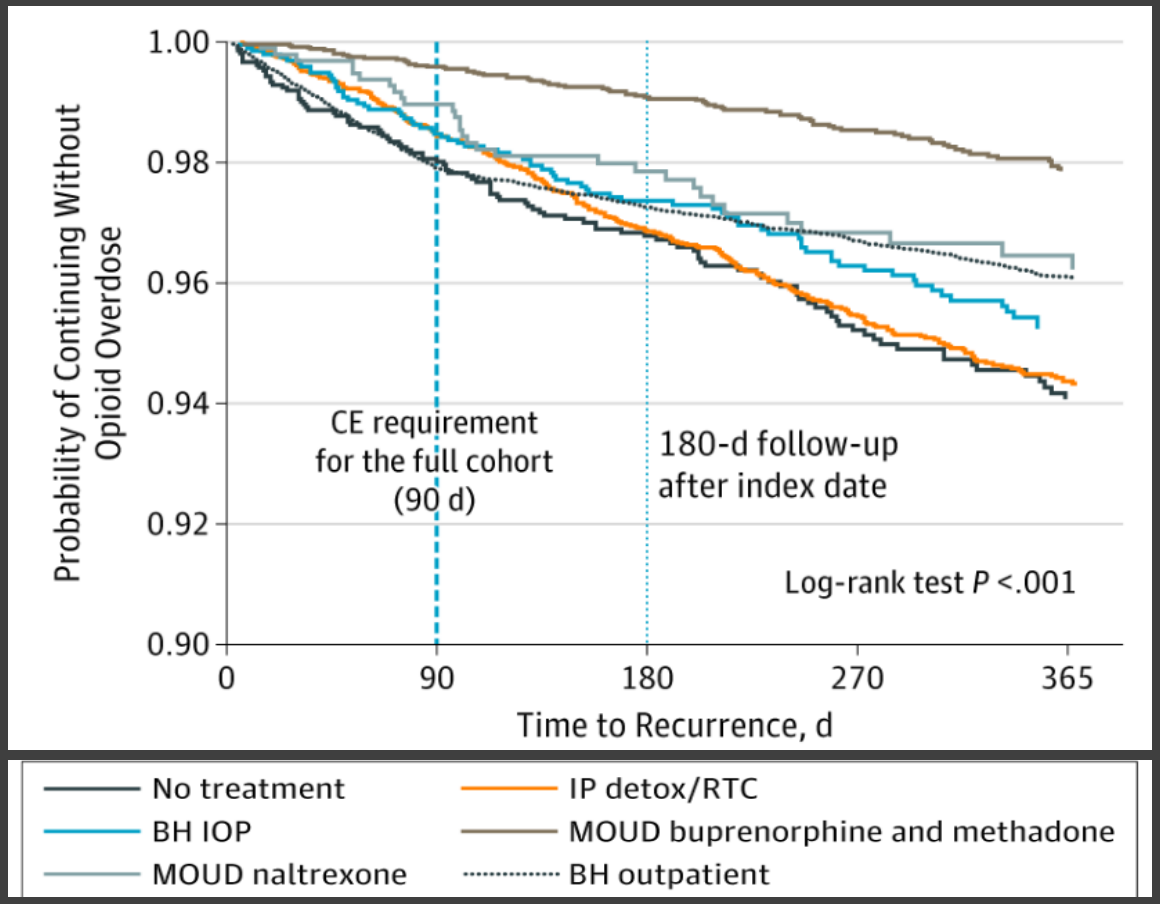
- ***All cause*** **mortality rates (per 1000 person years):**
- In methadone treatment: 11.3
- Out of methadone treatment: 36.1

- In buprenorphine treatment: 4.3
- Out of treatment: 9.5

- ***Overdose*** **mortality rates:**
- In methadone treatment: 2.6
- Out of methadone treatment: 12.7

- In buprenorphine treatment: 1.4
- Out of treatment: 4.6

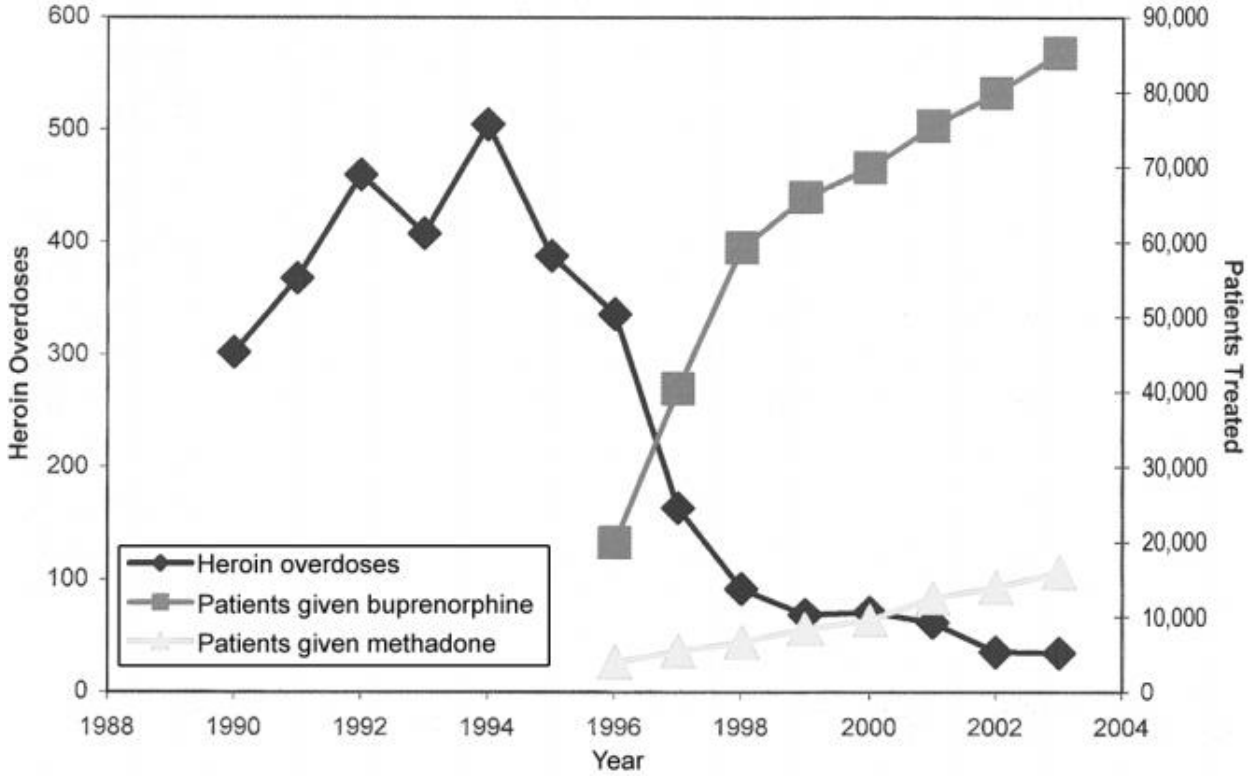
Sordo L, Barrio G, Bravo MJ, et al. *BMJ*. 2017;357:j1550. Published 2017 Apr 26.



Comparing Treatment Pathways: Only Methadone and Buprenorphine Associated with Reduced OD

Wakeman SE, Larochelle MR, Ameli O, et al. *JAMA Netw Open.* 2020;3(2):e1920622.

Expansion of access to opioid agonist therapy saves lives



- France expanded access to buprenorphine
- No required physician training, no patient limits, no toxicology or counseling requirements
- ~90,000 pts treated w/ buprenorphine, 10,000 w/ methadone
- 5-fold reduction in heroin overdose deaths, 6-fold reduction in active IDU, HIV prevalence among PWID decreased from 40% to 20%

Carrieri MP, Amass L, Lucas GM, Vlahov D, Wodak A, Woody GE. *Clin Infect Dis*. 2006;43 Suppl 4:S197–S215. doi:10.1086/508184

Components of effective treatment

Medication

Psychosocial interventions

Recovery supports

Harm reduction

Similar to Management of Diabetes or HIV

- Goal is to prevent acute and chronic complications
- Individualized treatment plans and goals
- Treatment includes:
  - Medication
  - Behavioral support
  - Lifestyle changes
  - Regular monitoring

Structure & Delivery of Care Crucial for Retention

- Patients fall out of care when they are not welcomed back
- Patients report staff who “worked with” them and were “nice,” “caring,” & “respectful” offered support and encouragement were important factors in sticking with treatment

Teruya C. J Psychoactive Drugs. 2014 Nov-Dec;46(5):412-26.

Harm Reduction as Unconditional Love

- Set of interventions
- Broader philosophy
- Evidence-based
- Rooted in respect for the dignity, autonomy, and humanity of PWUD

The Atlantic

other.

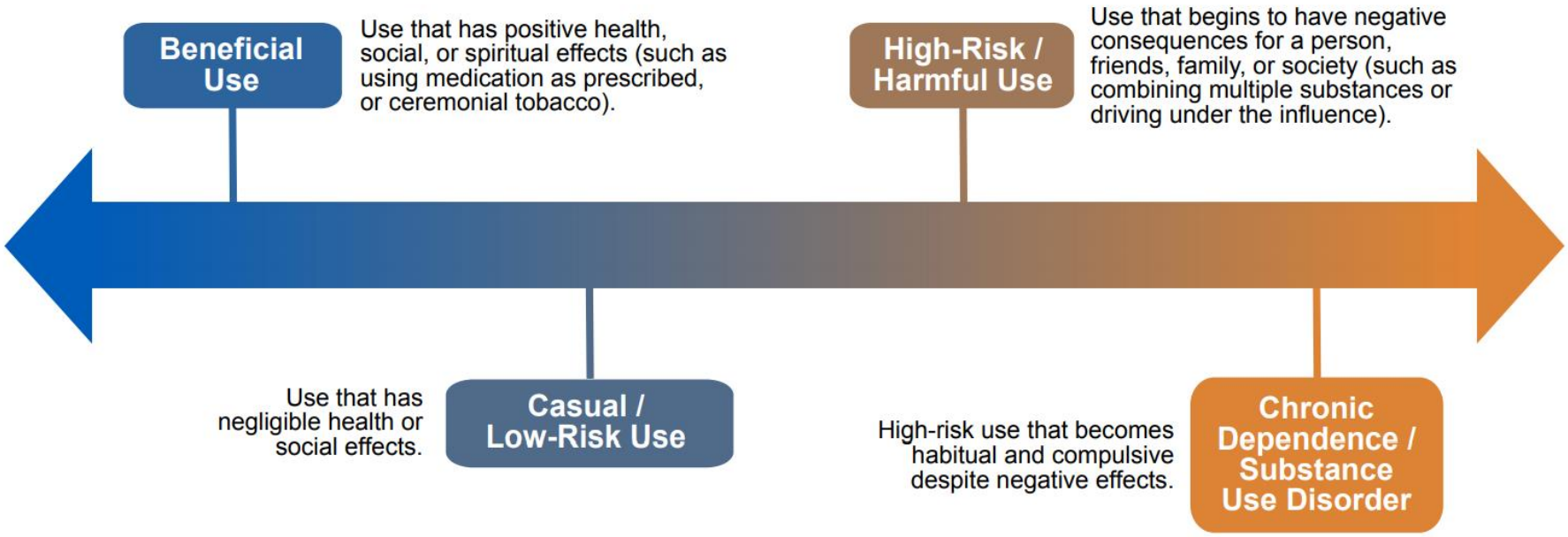
Grassroots harm-reduction advocates' organizing principle is love. This kind of love is not admonishing people to pull themselves up by their bootstraps. And it's not the showy, egocentric do-goodism primed for viral videos. Radical love is unconditional, and so is evidence-based harm reduction, which asks nothing from the people being helped, not even a tinge of reciprocity. As the preacher, writer, and harm-reduction advocate Blyth Barnow told me: "Radical love is incredibly ordinary. It's just … of course this is how you act." But it's also visionary—a way of seeing what is possible for the person in front of you.

NASEM Consensus Report

Conclusion 6:
Medication-based treatment is effective across all treatment settings studied to date. Withholding or failing to have available all classes of U.S. Food and Drug Administration–approved medication for the treatment of opioid use disorder in any care or criminal justice setting is denying appropriate medical treatment.

Treatment with FDA-approved medications is clearly effective in a broader range of care settings (e.g., office-based care settings, acute care, and criminal justice settings) than is currently the norm. There is no scientific evidence that justifies withholding medications from OUD patients in any setting or denying social services (e.g., housing, income supports) to individuals on medication for OUD. Therefore, to withhold treatment or deny services under these circumstances is unethical.

Myth #1: All people who use (certain) drugs, develop addiction



Myth #2: Tough love helps people get better

“I have never understood the logic of tough love. I took drugs compulsively because I hated myself, because I felt as if no one -- not even my family -- would love me if they really knew me. How could being "confronted" about my bad behavior help me with that? Why would being humiliated, once I'd given up the only thing that allowed me to feel safe emotionally, make me better? My problem wasn't that I needed to be cut down to size; it was that I felt I didn't measure up. In fact, fear of cruel treatment kept me from seeking help long after I began to suspect I needed it. My addiction probably could have been shortened if I'd thought I could have found care that didn't conform to what I knew was (and sadly, still is) the dominant confrontational approach.”

Reality: Kindness helps people get better

“I’m not sure if you remember me but you where a light in my darkest times when i was in [the hospital]. I just wanted to thank you for the times you came in to talk and listen while i was there. It meant more than you could ever know.”

Myth #3: Addiction is a poor prognosis illness

Table 2.
Change in clinical characteristics from study entry to follow-up 18, 30, and 42 months later.

Participant characteristics	Month 0[1] (*n* = 338)	Month 18 (*n* = 252)	Month 30 (*n* = 312)	Month 42 (*n* = 306)
Substance use, past month				
Current opioid dependence[2], %**	100	16.3[a]	11.5	7.8[b]
Abstinent from illicit opioids[3], %***	0	51.2[a]	63.5[b]	61.4[b]
Opioid agonist treatment, %	0	31.8	38.1	36.9

Weiss et al. Drug Alc Depend. 2015;150:112-9.

The Need for Change

"For nearly a century, physicians were indoctrinated with the societal attitude that [people with addiction] brought upon themselves the suffering they deserve. Even after we began to regard [people with addiction] as having a disease, our policies continued to reflect our attitude: [people with addiction] are sick, they need help, but they also sin, so do not help them too much. Until the correct mindset is restored, the mere availability of effective medication will not make a difference."

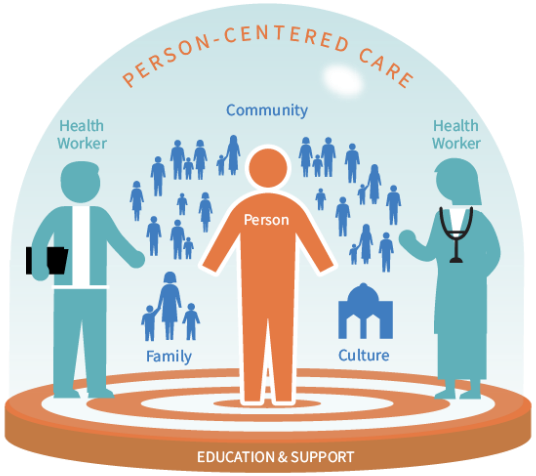
Patient Perspectives

"If I wouldn't have been so sick, if they would listen about my drug needs, I would stay. Just take it seriously."

"You could just show a little more compassion and gentleness."

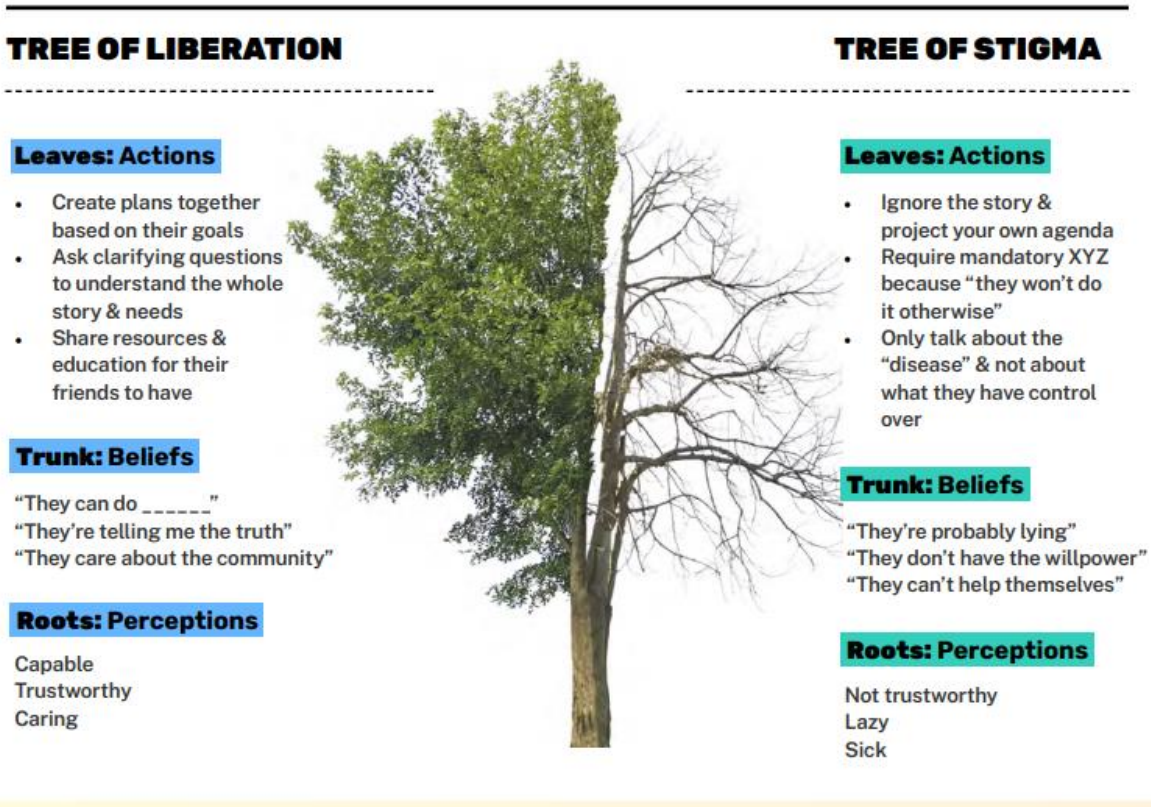
"The hospital should ask the person, 'Do you need anything? Are you using anything?' If my doctor was giving me medication, then I wouldn't have to use heroin…How do they expect you to stay?"

Essential components of care are just like those for other medical conditions



- Identify
- Discuss diagnosis
- Treat
- Refer (when needed)

- Why aren't all providers & systems doing this?
- Barriers cited (time, resources, multi-morbidity) exist for other conditions
- We don't talk enough about joy & satisfaction of work!



How do we combat stigma in healthcare systems?

- Value, approach, fund care as for other health conditions
- Drop barriers to effective, equitable treatment
- Humanize the work and the patients
- Celebrate the joy and successes
- Inspire and advocate for change more broadly

Compassion Saves Lives

“What I remember most from [my first] visit was the kindness of the staff. I had interacted with doctors in the past due to my addiction and I was treated poorly. Nothing malicious, but just the general aspect of being looked at as "less than.” The staff treated me with compassion and that meant so much to me. My second biggest takeaway is that I was treated like someone who had a medical problem, and no one else had ever done that. For staff to treat me with respect and genuine empathy and [providers] to treat me like a doctor treats a patient saved my life.”

Thank you!

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