

Welcome to the Opioid Settlement Technical Assistance Learning Series

Medications for Opioid Use Disorder and Harm Reduction

April 16, 2024 | 1:00 p.m. – 2:30 p.m.



Welcome & Introduction of Presenter

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HOUSEKEEPING ITEMS

- This Zoom event will be recorded
- Participants will be on mute when presenters are speaking
- To ask a question, please use the chat
- Any follow-up questions or requests for the Technical Assistance Collaborative (TAC), please email:

MDHHS-opioidsettlementhelp@michigan.gov

- Following this event, please complete the brief evaluation survey, a poll will be provided at the end



Medications for Opioid Use Disorder and Harm Reduction

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Disclosures

The trainers have no conflicts of interest to report



Training Outline

1. Terminology, data, and trends
2. Harm Reduction
3. Mindy's experiences with harm reduction
4. Medications for opioid use disorder (MOUD)
5. Mindy's experiences with MOUD
6. Stigma
7. Questions



Terminology, Data, & Trends



Evidence of language importance

Terminology for substance use matters for **healthcare**,^{1,2} as well as **public support for substance use interventions**³

- Examples:
 - A 2010 study of mental health professionals found vignettes with “**substance abuser**” elicited **greater agreement with punitive interventions like jail** than “**person with a substance use disorder (SUD)**”¹
 - A 2003 study found using the term “addicts” decreased public support for syringe exchange programs, but providing public health information and avoiding stigmatizing language increased this support³



Terminology

| | Old Terminology | New Terminology |
|--------------|---|---|
| Use of drugs | <p>Substance abuse</p> <p>“Clean”/“dirty” or “failed” screen</p> <p>Relapse</p> <p>“Doctor shopping” or “drug seeking behavior”</p> | <p>Substance use</p> <p>Unused/used or substance use/substance free</p> <p>Return to use or Recurrence</p> <p>Seeking relief Getting a second opinion Use descriptive language in documentation (“patient has seen multiple providers,” “patient has chronic unmanaged pain,” etc.)</p> |



Terminology

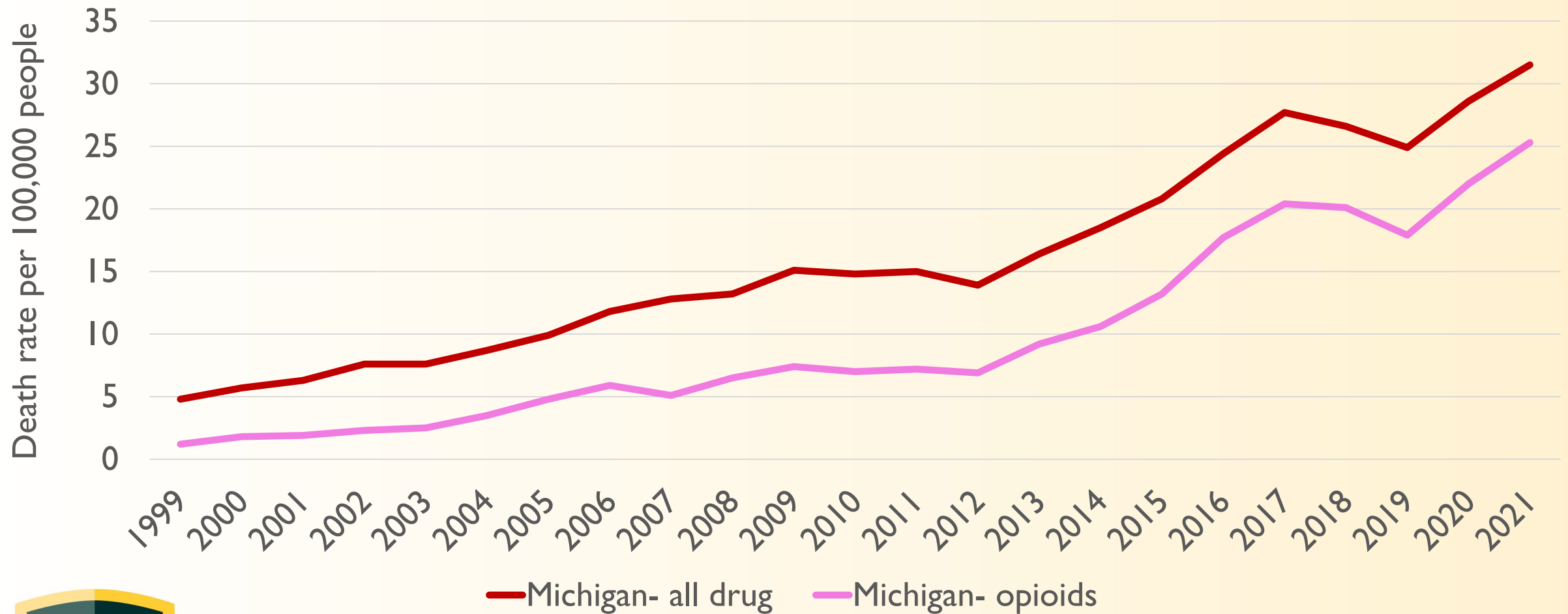
| | Old Terminology | New Terminology |
|---|---|--|
| Diagnoses | Addiction Drug dependence Drug abuse Drug “habit” or “problem” | Addiction* Substance use disorder (SUD) , no longer differentiates between abuse and dependence Examples: <ul style="list-style-type: none">• Opioid use disorder (OUD)• Alcohol use disorder (AUD) |
| Individuals | “Addicts,” “Alcoholics,” “Abusers,” “Users” | Person-first language Example: <ul style="list-style-type: none">• People who use drugs |
| Babies born to parents who use drugs | Addicted baby | Newborn exposed to substances Baby with signs of withdrawal from prenatal drug exposure Baby with neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS) |

Terminology

| | Old Terminology | New Terminology |
|-------------------------------------|---|--|
| Treatment | Medication-assisted treatment (MAT) Replacement therapy Opioid substitution therapy | Medications for addiction treatment (MAT) Medications for opioid use disorder (MOUD) or Medications for substance use disorder Opioid agonist therapy (OAT) Pharmacotherapy |
| People in treatment/recovery | Being “clean” | Being in remission or recovery Abstinent from drugs* |

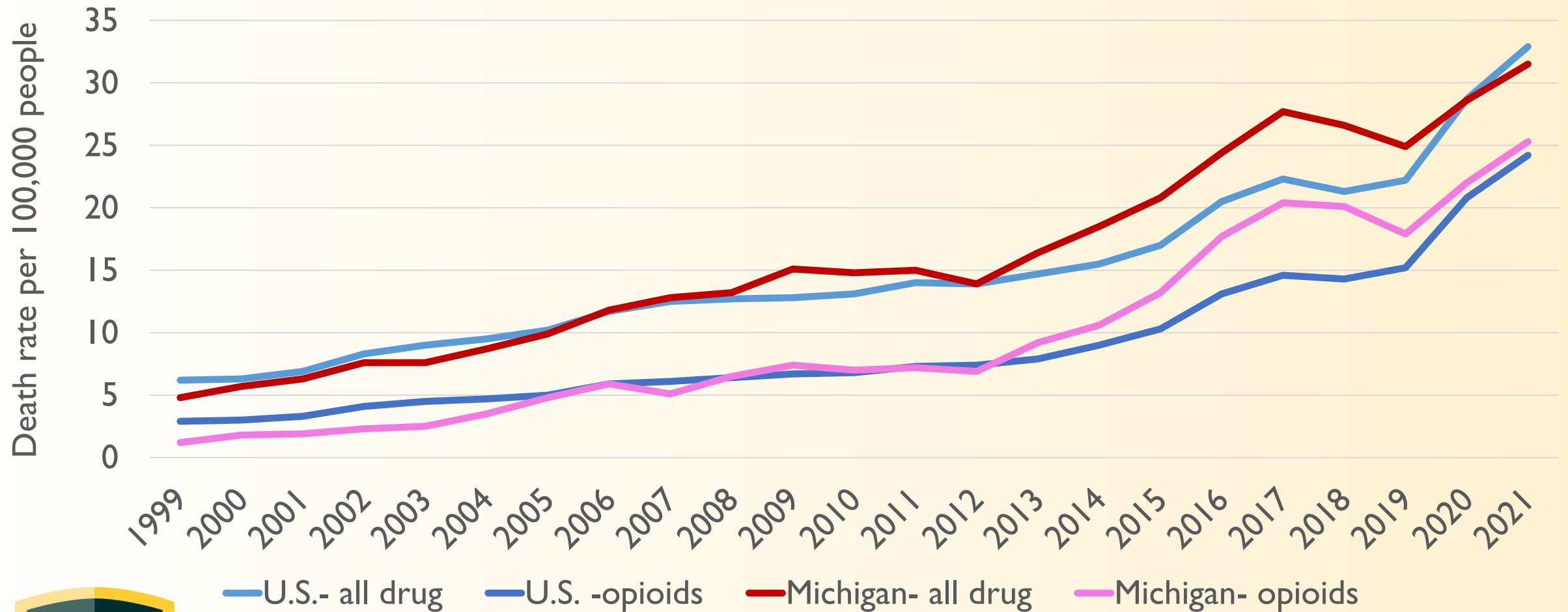


All Drug/Alcohol and Opioid Overdose Deaths, Michigan



Source: CDC Multiple Cause of Death 1999-2021 on CDC WONDER Online Database

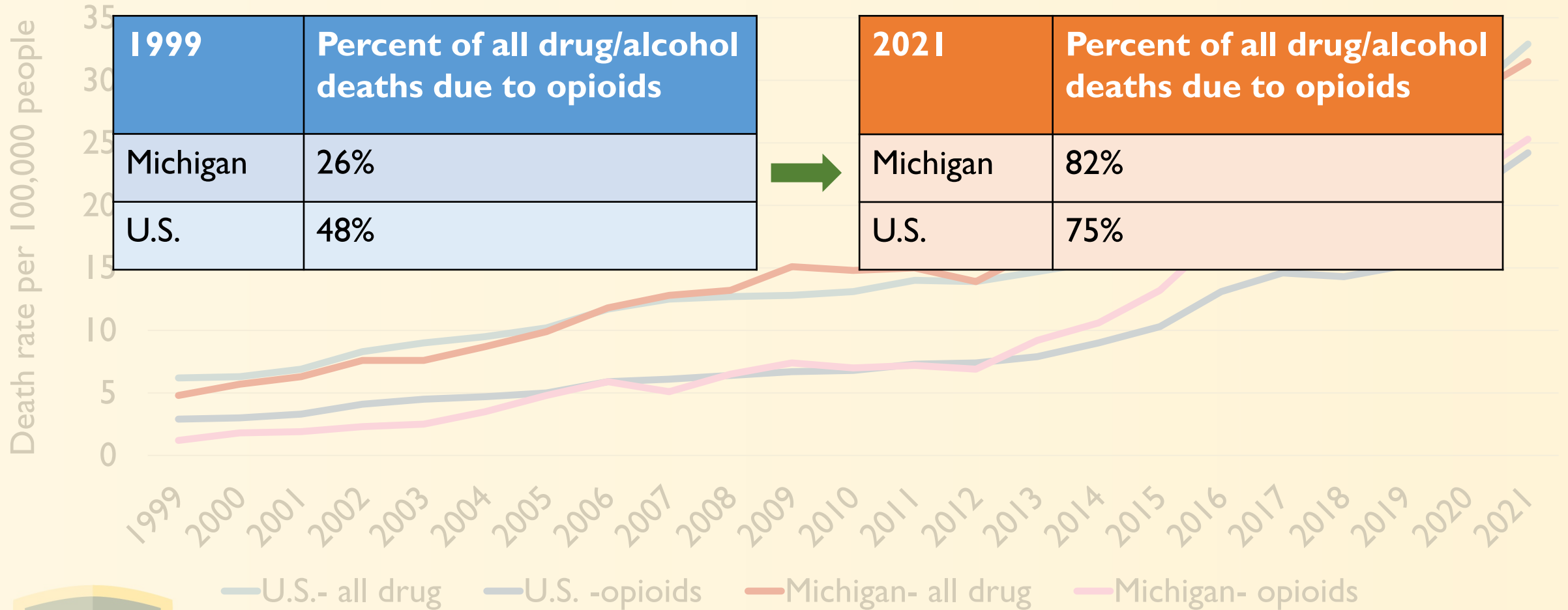
All Drug/Alcohol and Opioid Overdose Deaths, United States and Michigan



Source: CDC Multiple Cause of Death 1999-2021 on CDC WONDER Online Database



All Drug/Alcohol and Opioid Overdose Deaths, United States and Michigan



Source: CDC Multiple Cause of Death 1999-2020 on CDC WONDER Online Database

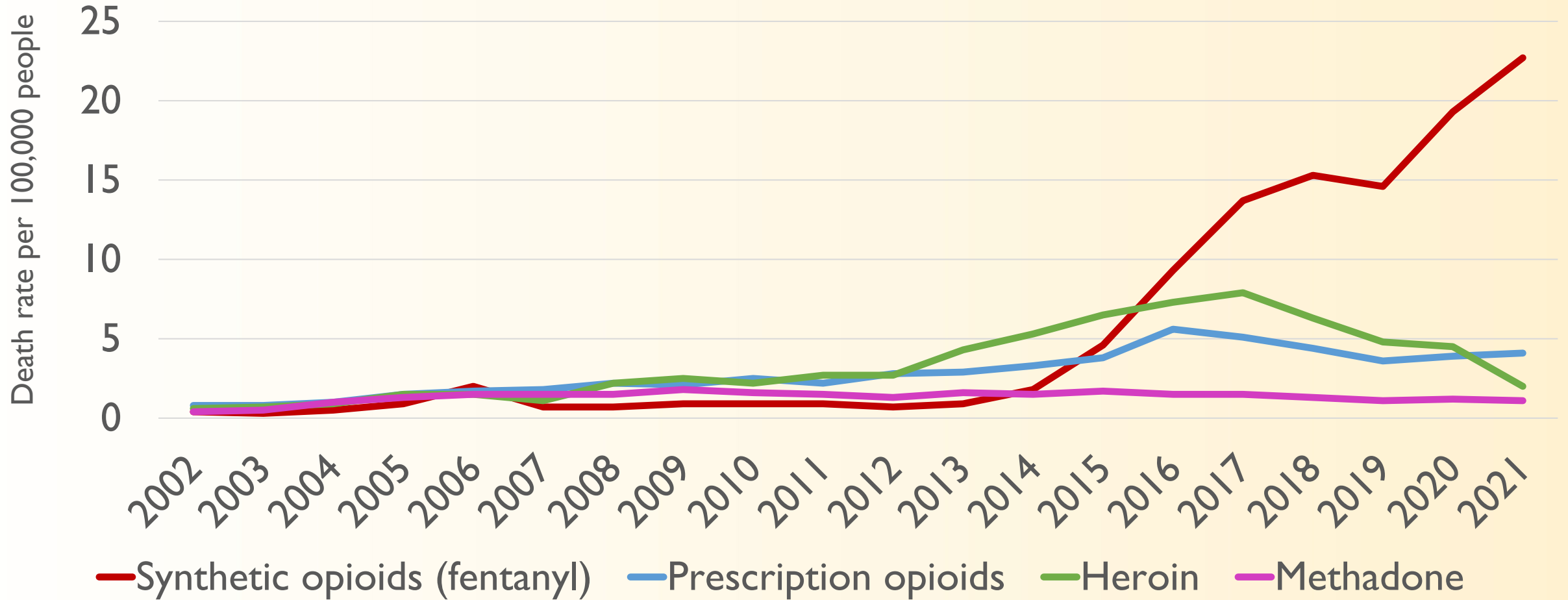
Opioid overdose deaths- but what kind?

A lot of attention has been given to **prescription opioids** and their role in overdose deaths. Do you think prescription opioids are what's driving overdose today?

- ☐ **Yes-** I think prescription opioids cause most overdose deaths now
- ☐ **No-** I think other kinds of opioids cause most overdose deaths now



Opioid Deaths in Michigan by Type



Source: Centers for Disease Control and Prevention, Multiple Cause of Death 1999-2021 on CDC WONDER Online Database

New contaminant: Xylazine ("tranq")

- A non-opioid veterinary tranquilizer sometimes added to illicit opioids
- Why is it added? To lengthen euphoric effects of opioids
- Adverse effects
 - **Increases overdose risk**- overdoses involving opioids and xylazine may still respond to naloxone, however overdoses driven primarily by xylazine will not
 - Chronic use may cause greater incidence of **skin abscesses** and **soft tissue infections**, even at sites not used for injection and among people who smoke/snort drugs
- In 2022, xylazine was present in 92 Michigan decedents, a 53% relative increase from 60 such decedents in 2021⁴



Opioid overdose deaths
continue to rise

Prescriptions for opioids peaked in 2010
and have been declining ever since

- Opioid prescribing in the U.S. today is at levels as low as the 1990s,⁵ yet a lot of policy focus remains on prescribed opioids
- **So what do we do about this public health problem if the answer is not to simply further reduce opioid prescribing?**



Two evidence-based interventions for reducing overdose death



1. Harm Reduction

Image source: Todd Huffman. Creative Commons license..



2. Medications for opioid use disorder (MOUD)

Image source: Josh Estey/DFAT. Creative Commons license.



Harm Reduction:

**An evidence-based public health approach
to drugs**



What is harm reduction?

- A set of values and evidence-based strategies aiming to reduce **negative social and physical consequences** associated with drug use
- May refer to reducing harms associated with other behaviors
 - Example: seatbelts as a strategy to reduce deaths from auto accidents



Image source: <https://www.aclu.org/news/criminal-law-reform/drug-treatment-is-infrastructure>

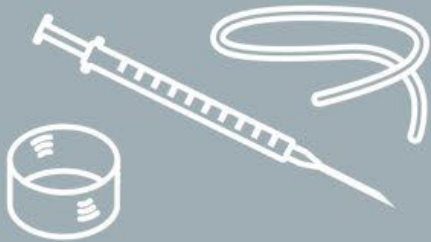


What are harm reduction strategies?

- Harm reduction tries to “**meet people where they are at**”
 - This means promoting **safer use of drugs** among people who are unable or unwilling to stop
 - And means supporting people seeking **abstinence from drugs** through effective treatment



Harm Reduction Services



**Syringe
Access**



**Syringe
Disposal**



**Safer Drug
Use**



Naloxone



**Medication
Treatment**



**Supervised
Consumption
Services**



**Drop-In
Centers**



**Housing
First**



**Pharmacy
Access**



Referrals

What is not included in harm reduction?

- Punitive policies for drug use are not harm reduction
 - Discharging people from care/services
 - Jail or prison
 - Loss of child custody
 - Loss of government benefits like Medicaid or food stamps
- Beliefs that people who use drugs have to “hit rock bottom” before they can be helped is not harm reduction



Policing approaches can actually make drug use more dangerous

- A 2023 study by Wayne State researchers found that after police drug seizures, rates of overdose double in the immediate area⁶



Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020–2021

Bradley Ray, PhD, Steven J. Korzeniewski, PhD, George Mohler, PhD, Jennifer J. Carroll, PhD, MPH, Brandon del Pozo, PhD, Grant Victor, PhD, Philip Huynh, MPH, and Bethany J. Hedden, MSW

See also Dietze, p. 745, and Stahler et al., p. 747.

Objectives. To test the hypothesis that law enforcement efforts to disrupt local drug markets by seizing opioids or stimulants are associated with increased spatiotemporal clustering of overdose events in the surrounding geographic area.

Methods. We performed a retrospective (January 1, 2020 to December 31, 2021), population-based cohort study using administrative data from Marion County, Indiana. We compared frequency and characteristics of drug (i.e., opioids and stimulants) seizures with changes in fatal overdose, emergency medical services nonfatal overdose calls for service, and naloxone administration in the geographic area and time following the seizures.

Results. Within 7, 14, and 21 days, opioid-related law enforcement drug seizures were significantly associated with increased spatiotemporal clustering of overdoses within radii of 100, 250, and 500 meters. For example, the observed number of fatal overdoses was two-fold higher than expected under the null distribution within 7 days and 500 meters following opioid-related seizures. To a lesser extent, stimulant-related drug seizures were associated with increased spatiotemporal clustering of overdose.

Conclusions. Supply-side enforcement interventions and drug policies should be further explored to determine whether they exacerbate an ongoing overdose epidemic and negatively affect the nation's life expectancy. (*Am J Public Health.* 2023;113(7):750–758. <https://doi.org/10.2105/AJPH.2023.307291>)

Principles of harm reduction

- Harm reduction is **more than a collection of interventions**
- It is also a **set of values and principles** guiding healthcare and other supportive services



Principles of harm reduction⁷

1. Accept that **drug use is part of our world** and work to **minimize its harmful effects** rather than condemn them
2. Acknowledge that **some ways of using drugs are clearly safer than others**
3. Establish **quality of life and well-being**—not necessarily cessation of all **drug use**—as the criteria for successful interventions and policies



Principles of harm reduction⁵

4. Services should be **non-judgmental and non-coercive**
5. Ensure that people who use drugs routinely have a **real voice in the creation of programs and policies designed to serve them**
6. Affirm the **autonomy** of people who use drugs and that they are the ones who ultimately decide to reduce the harms of their drug use and **empower them** to share information and support each other

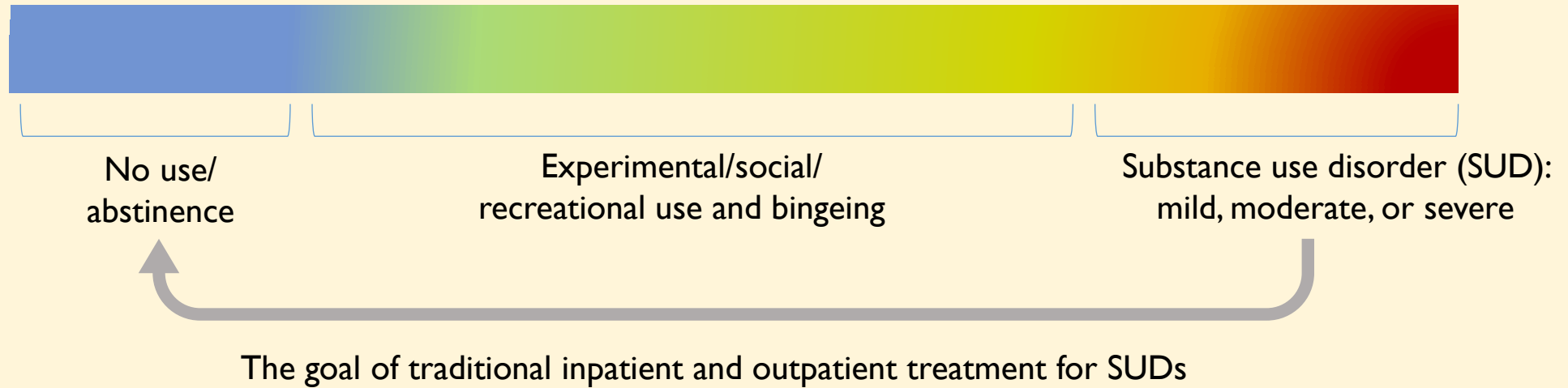


Principles of harm reduction⁵

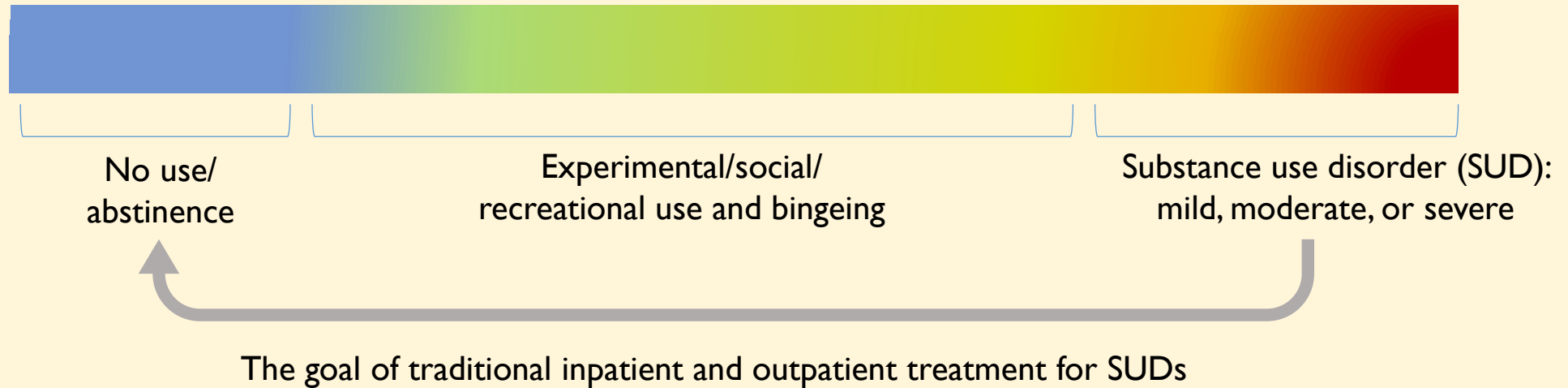
7. Recognize that the realities of **poverty, racism, social isolation, past trauma, and other social inequalities** affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
8. Do not attempt to minimize or ignore the **real and tragic harm and danger** associated with licit and illicit drug use



Traditional Treatment Programs and the Substance Use Spectrum:

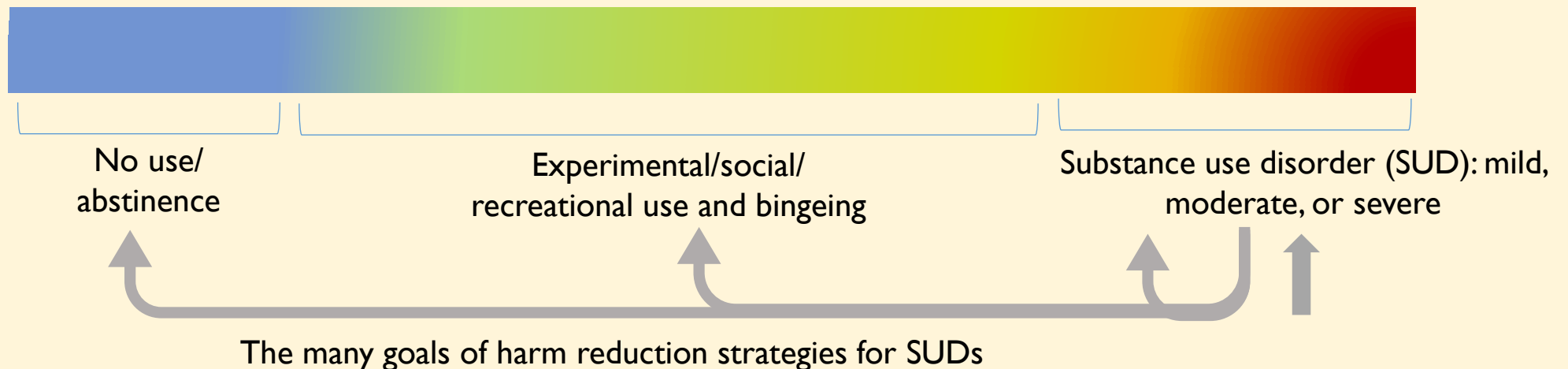


Traditional Treatment Programs and the Substance Use Spectrum:



VS.

Harm Reduction and the Substance Use Spectrum:



Evidence of harm reduction effectiveness

- **Syringe Services Programs (SSPs)**

- People who use syringe programs are 5x more likely to stop or reduce drug use and enter treatment than people who do not use such programs^{8,9}
- Reduction in syringe litter and accidental needle sticks in communities¹⁰

- **Naloxone distribution and overdose education**

- Reduction in deaths due to overdose^{11,12}
- Small increase in people with SUDs enrolling in treatment programs^{13,14}



- There are 103 SSP sites in MI¹⁹
- But SSPs are still needed in some high overdose regions (especially counties shaded **black** or **brown**)²⁰

Comparison of Fatal Overdose Rate and SSP Access, Michigan Counties 2020

View ZIP Code Map

Select Data Point

Fatal Overdose Rate

Select Comparison Data

SSP Access

Fatal Overdose Rate

Higher Rate
↑
Lower Rate

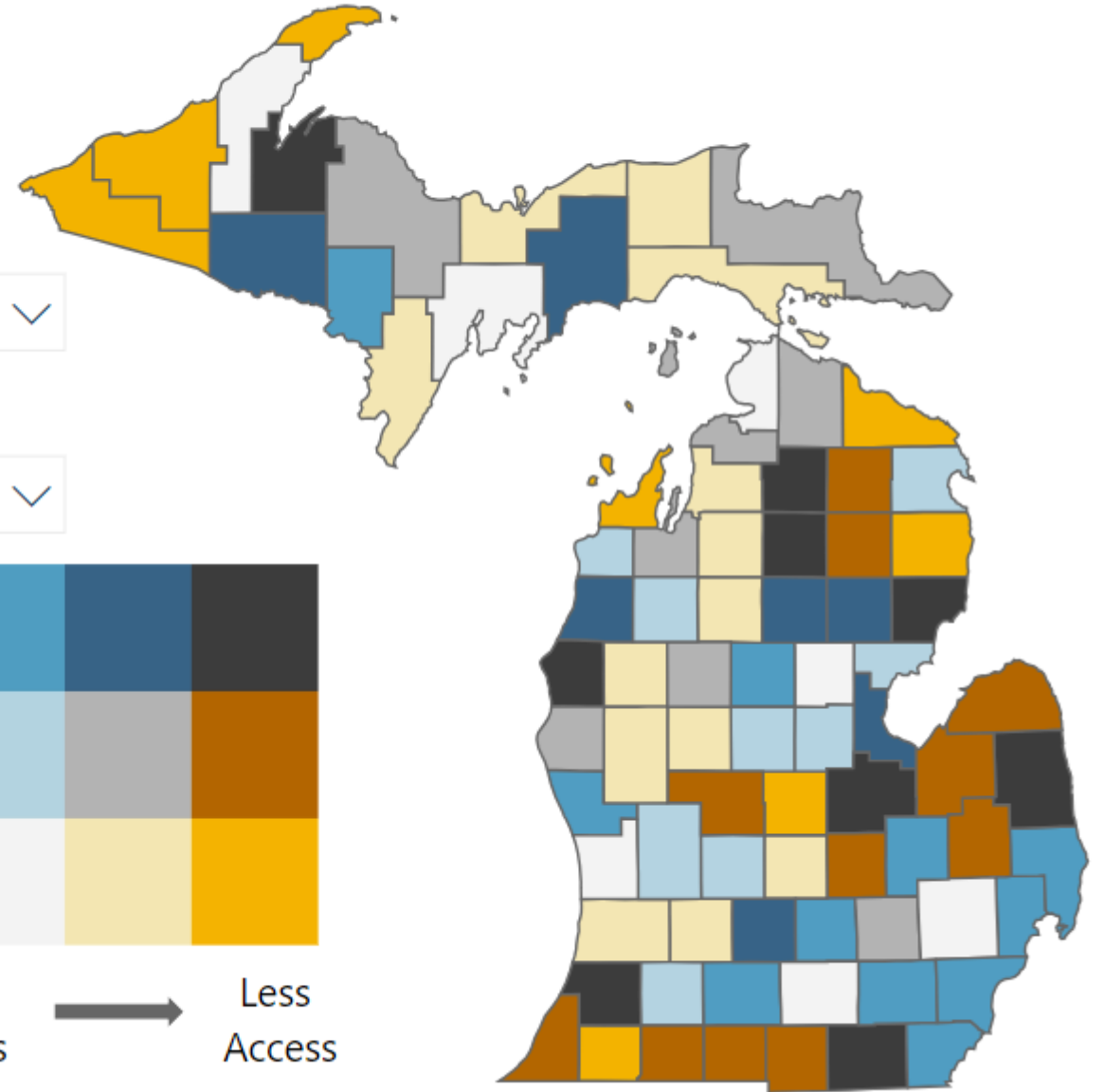


More Access



Less Access

SSP Access



Evidence of harm reduction effectiveness

- **Overdose prevention sites** (“safe injection sites”)
 - Reduction in overdose deaths and all-cause mortality^{15,16}
 - Cost-effective¹⁶
 - Increase in treatment engagement¹⁶
 - Reduction in public drug use, crime, and discarded injection equipment in neighborhoods¹⁶
 - And public support increases when they are referred to as “**overdose prevention sites**” instead of “safe injection/consumption sites”¹⁷
 - Currently not legal to operate an overdose prevention site in MI

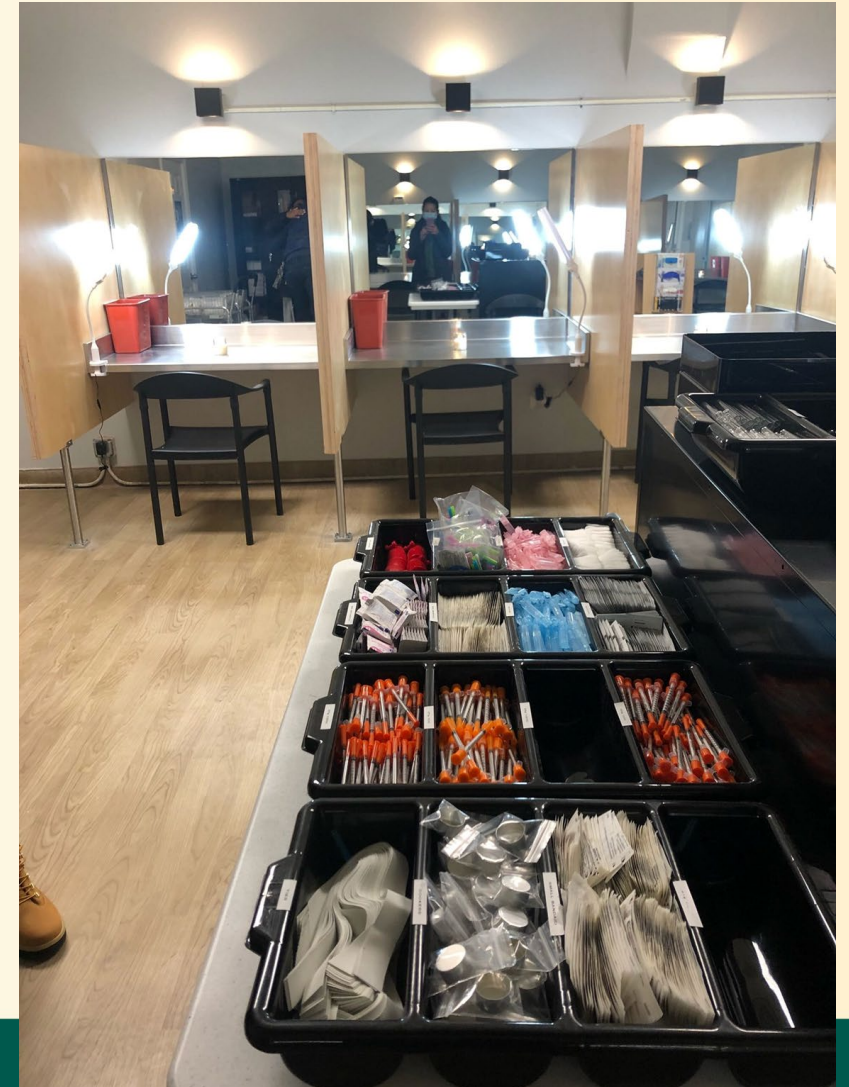


Image source: <https://onpointnyc.org/>

Mindy's professional experiences with harm reduction

Success stories and challenges



Medications for Opioid Use Disorders (MOUD)

Methadone, buprenorphine, & naltrexone



Medications for opioid use disorders (MOUD)

- What are they?
 - FDA-approved medications used to treat opioid use disorder (OUD)
 - Sometimes called MAT = “medication-assisted treatment” or “medications for addiction treatment”
 - 3 medications approved for OUD:
 - Methadone
 - Buprenorphine (Suboxone®)
 - Naltrexone (Vivitrol®)



3 kinds of MOUD

- Methadone and buprenorphine are both “**opioid agonist treatment**,” sometimes called **OAT**
- Naltrexone is an opioid antagonist
- Patients are encouraged to stay in methadone or buprenorphine treatment **as long as they feel helped by the medication**¹⁸

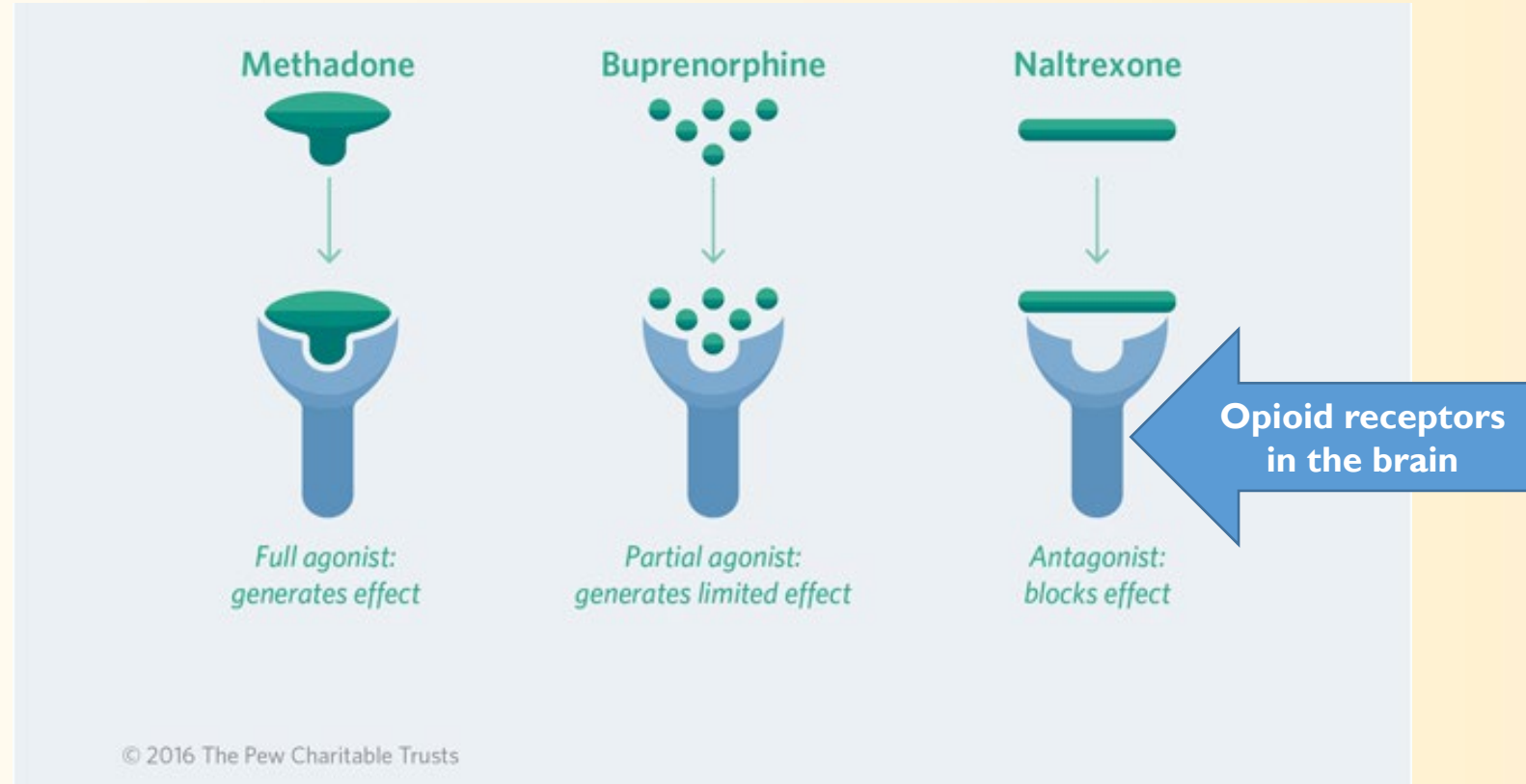


Image source: Pew Charitable trusts



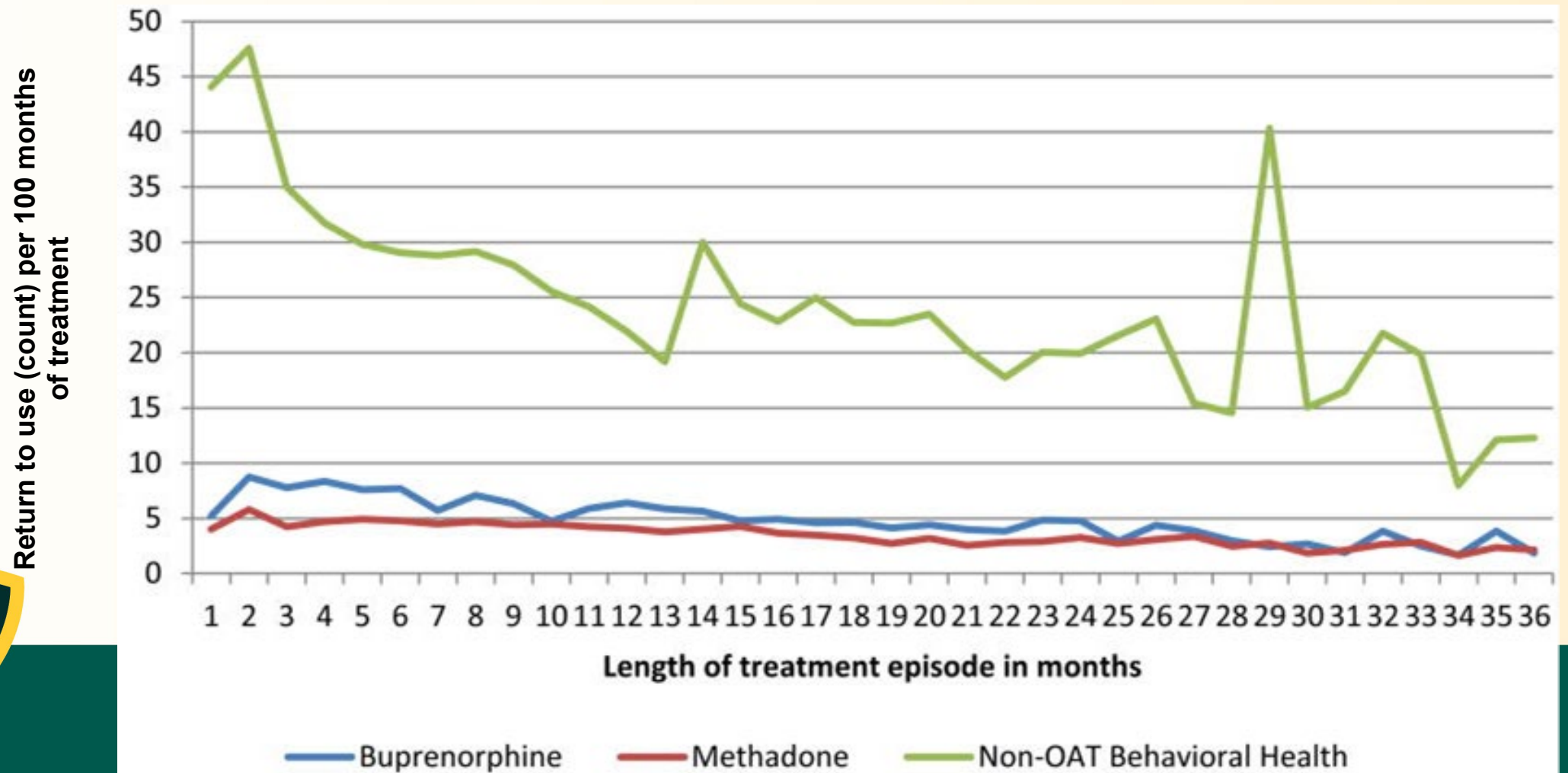
Opioid agonist treatment (OAT)

- Are they effective?
 - Yes! Methadone and Buprenorphine
 - Are the “**gold-standard**” of care for OUDs
 - Are more effective than counseling alone for **retaining people with OUDs in treatment** and **reducing drug use** and **overdose** and criminal activities^{21,22}
 - **Reduce probability of HIV infection**²⁴



Effectiveness of OAT

Return to use during treatment among MassHealth members who received treatment for opioid addiction between 2003 – 2010, n= 56,278 patients²⁴



OAT and diversion?

- Selling/sharing OAT is a common concern
- But use of diverted buprenorphine is often for therapeutic reasons
 - 97% to prevent cravings²⁵
 - 8% for euphoric effects²⁵
 - 21-29% to relieve physical pain²⁶
- Studies of expanded methadone take-home doses during COVID-19 show low levels of overdose^{27,28}
 - Past studies also show use of diverted methadone is most often for therapeutic reasons²⁹



Naltrexone

- Used for both OUDs and AUDs
 - Extended-release injectable naltrexone (e.g., Vivitrol®) is recommended for OUDs
- Is it effective?
 - Yes, for alcohol and some opioid-related outcomes
 - Alcohol: Reduces risk of return to heavy use³⁰
 - Opioids: **Reduces cravings** for opioids and **illicit drug use**, however, less effective than methadone and buprenorphine,³¹⁻³⁴ and no evidence it reduces overdose risk³⁴



Naltrexone and opioids

- Why is it less effective than OAT?
 - Requires a 7–10-day opioid detox, which heightens risk of relapse and overdose³¹
 - Only 72% of naltrexone patients are **able to start treatment with the medication** vs. 94% of buprenorphine and methadone patients³²
- Receiving counseling and naltrexone is still more effective than counseling alone for some populations of people with OUDs, such as those under criminal justice supervision³⁵



Mindy's professional experiences with MOUD

Success stories and challenges



Stigma



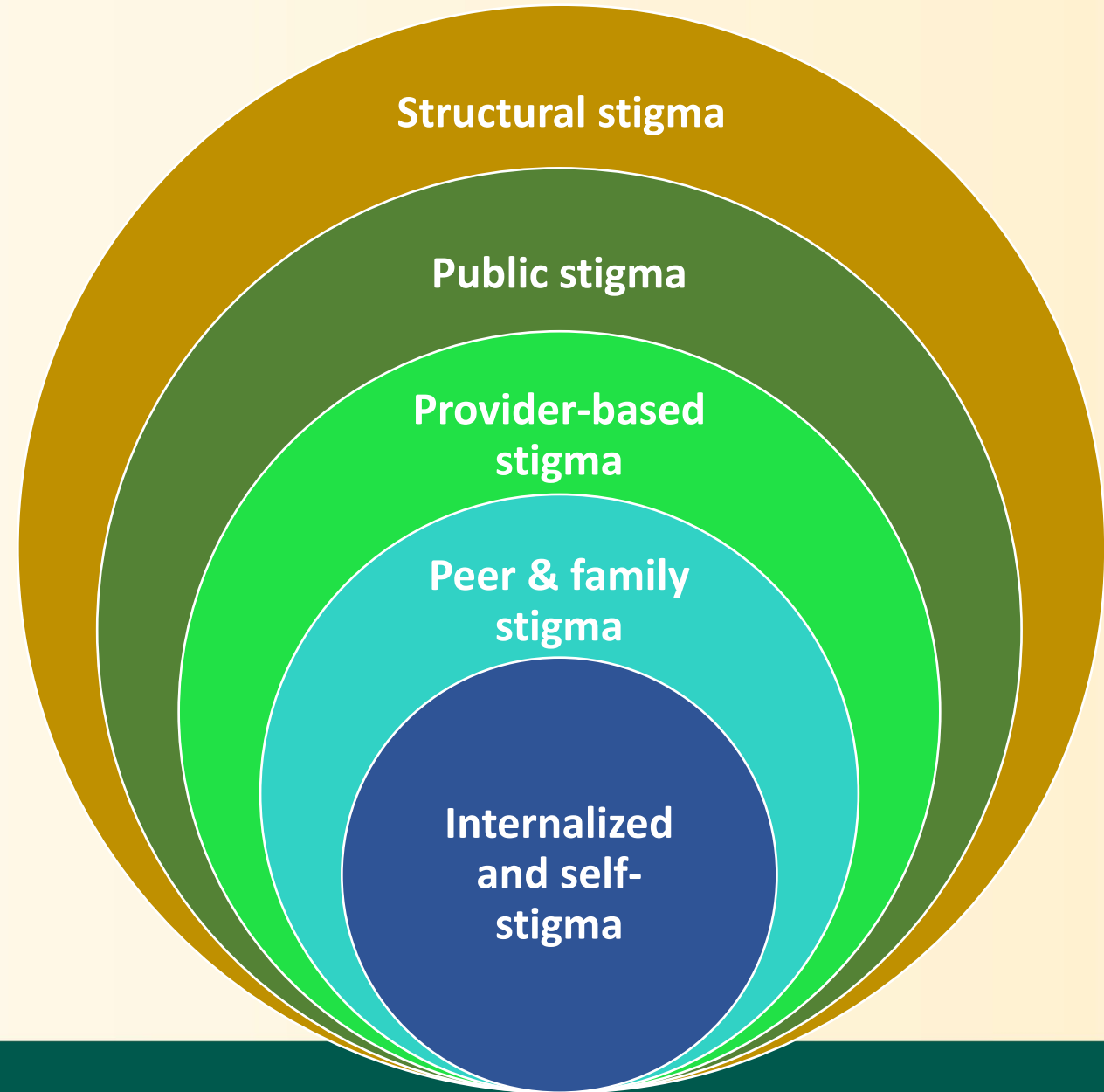
Stigma toward people with substance use conditions

- **Stigma:** When a person or group experiences **prejudice** or **discrimination** in society because of a particular characteristic
- May be **intentional** or **unintentional**



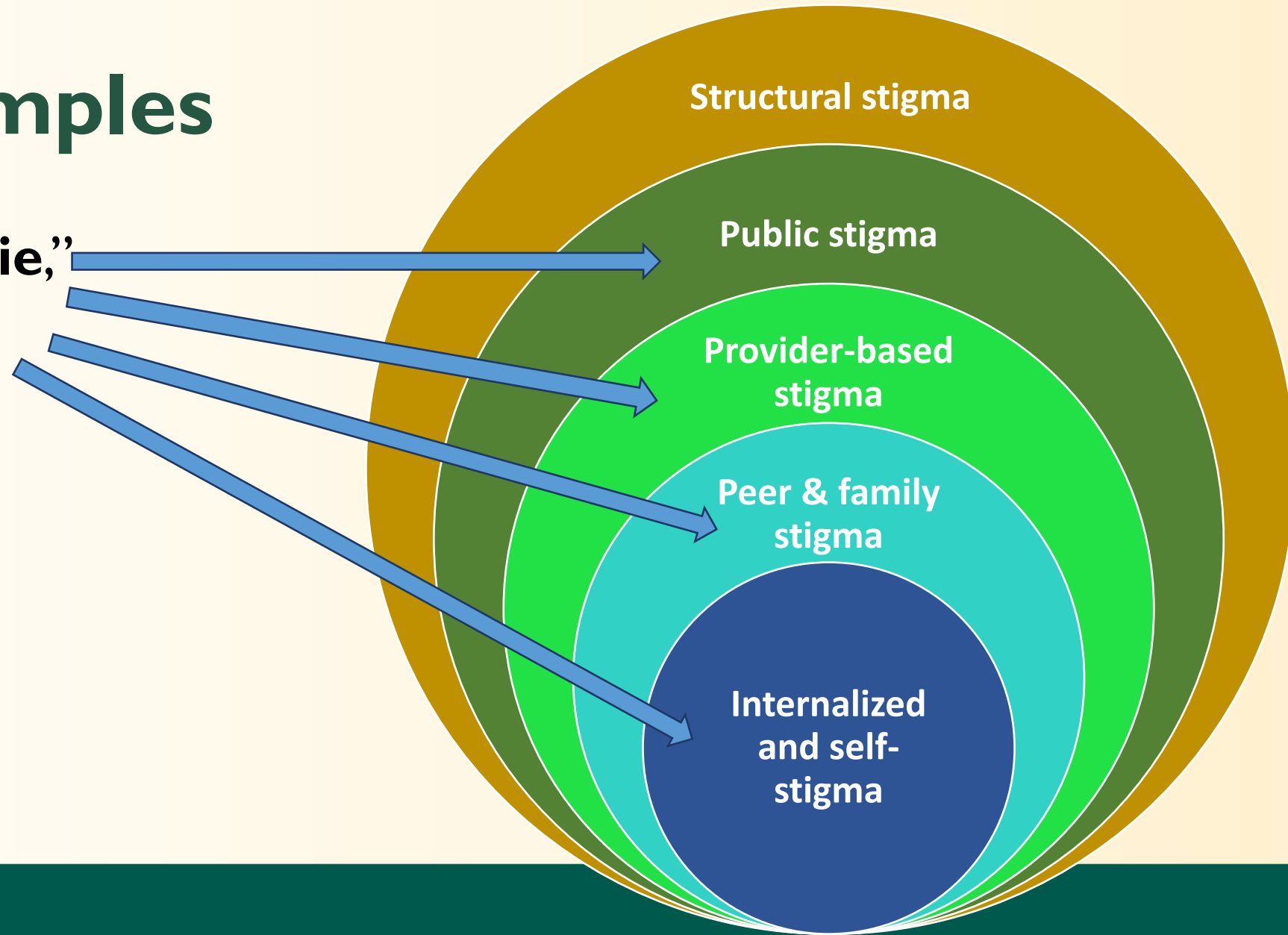
Stigma operates at multiple levels

- **Lowest level:** Stigma that is internalized by people who use drugs
- **Middle levels:** Stigma among people in their social network and their doctors, social workers, etc.
- **Higher levels:** Stigma among the general public and structural stigma through laws, hospital/clinic rules, government agency policies, etc.



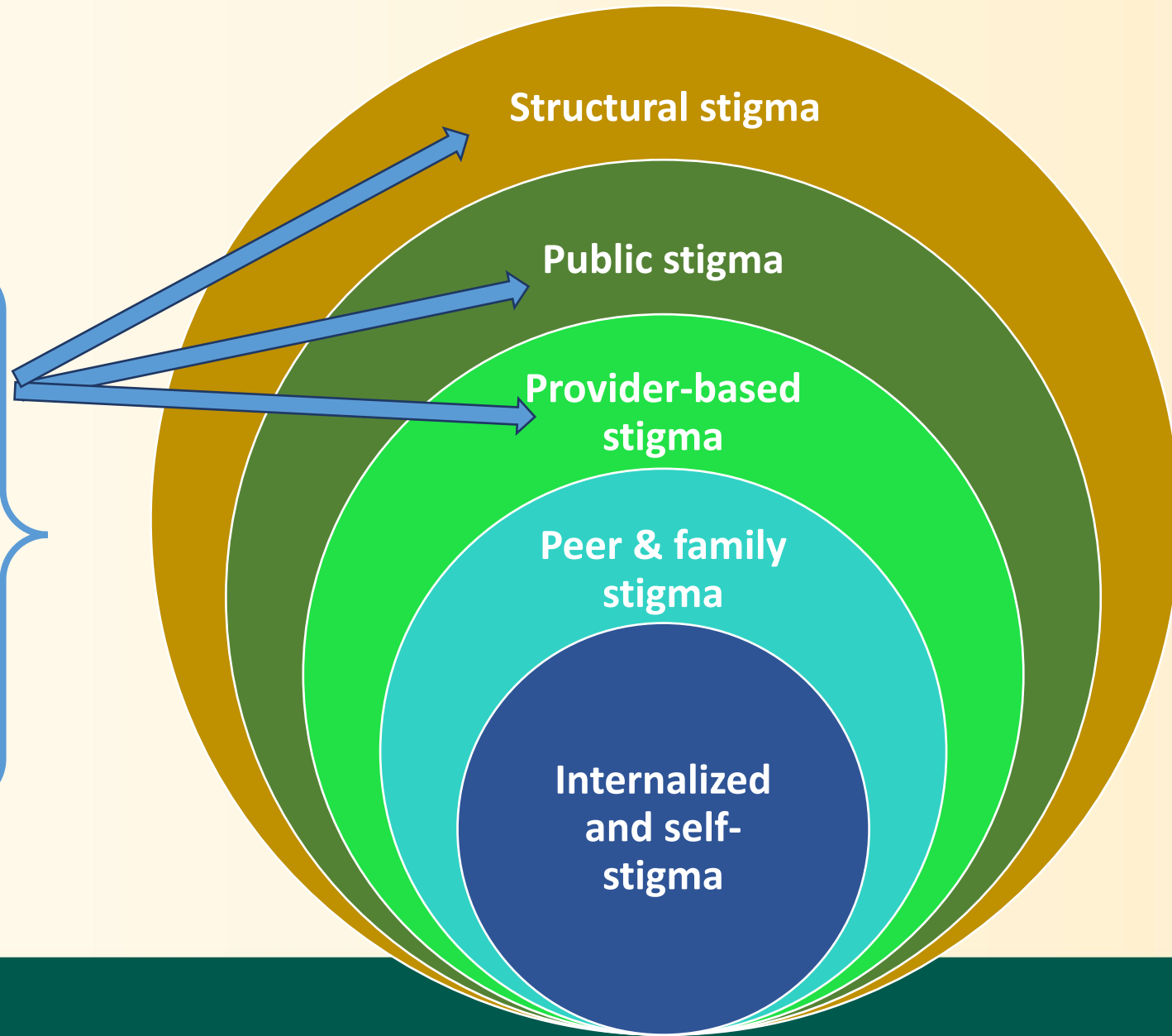
Stigma examples

Being called a “**junkie**,”
“**addict**,” etc.



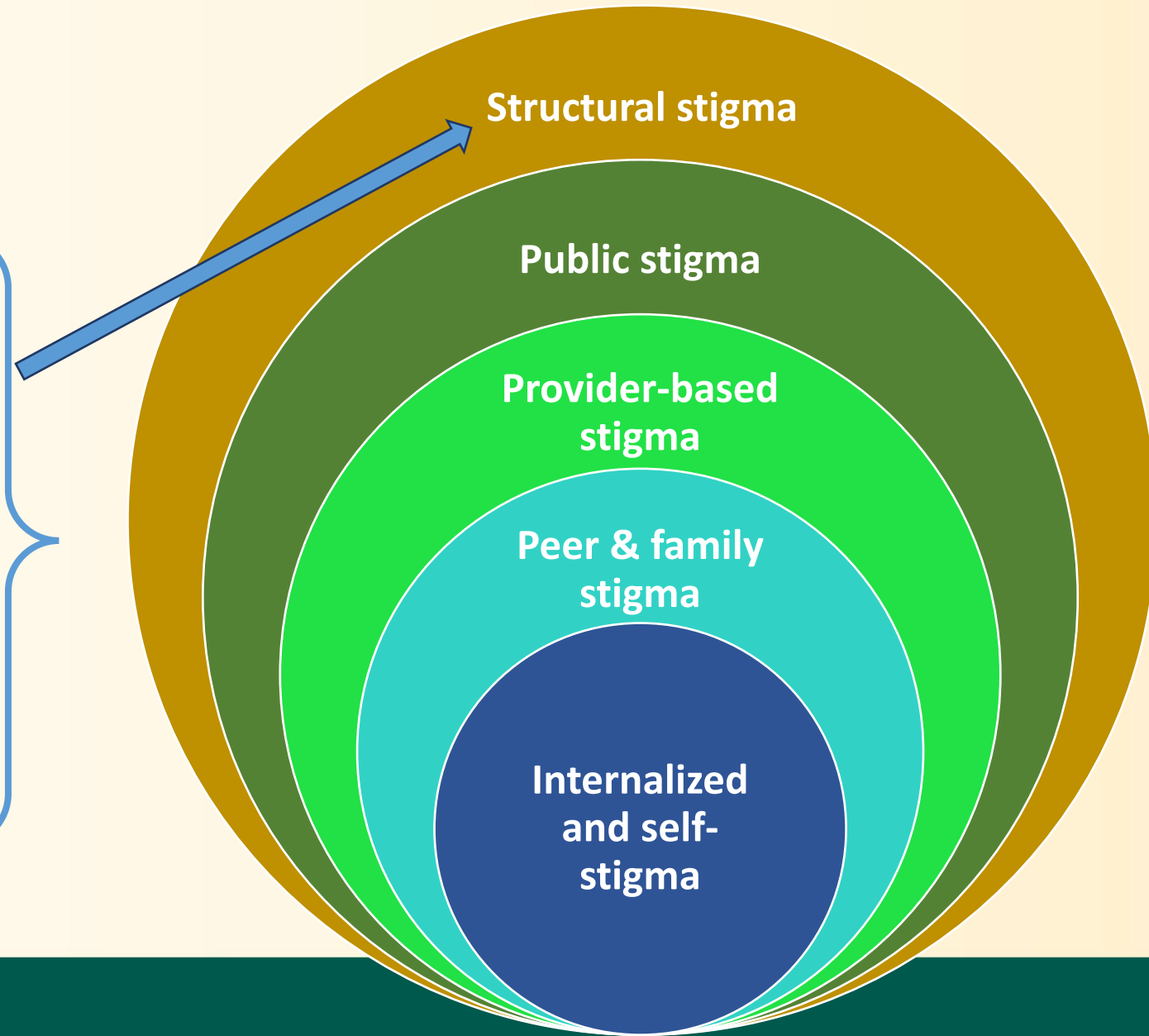
Stigma examples

- Laws **criminalizing** drug use instead of treating it as a health issue
- Investing **more money** in **law enforcement** and **incarceration** as responses to drug use than public health approaches like harm reduction or MOUD



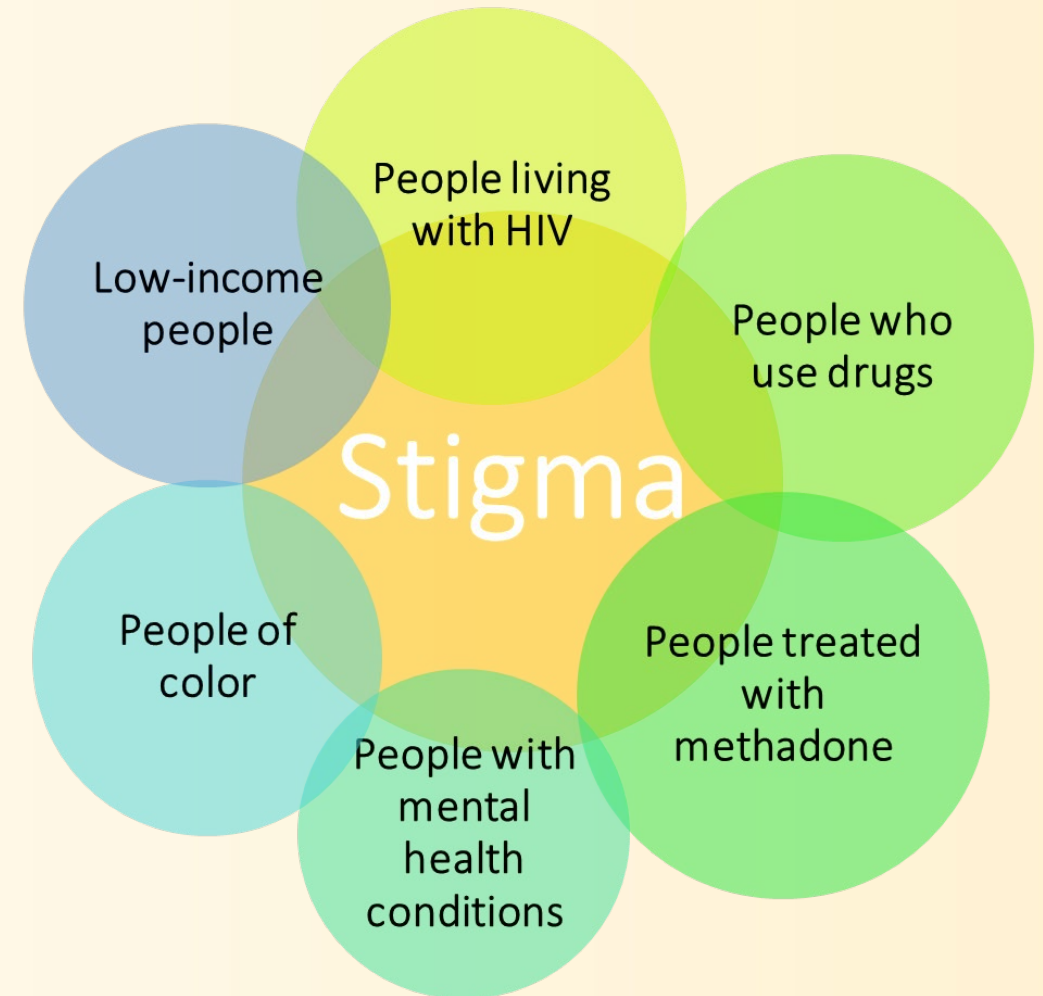
Stigma examples

- Laws that require **extra training** for buprenorphine prescribers (now eliminated!)
- Laws and clinic policies that require **supervised daily methadone dosing**
- Laws that **ban physicians from prescribing methadone** for addiction treatment in **regular office settings**



Intersections of substance use stigma and race stigma

- Stigma towards substance use can be amplified toward people who also hold other stigmatized identities
- **Intersection with racism:** Black patients, regardless of SUD history, have a higher likelihood of being tested for drug use during birth/delivery³⁶
 - Black patients do not have higher rates of positive tests!



Effects of substance use stigma

- **Stigma worsens healthcare quality**
 - Creates barriers to MOUD³⁷
 - Contributes to barriers to prenatal care³⁸
- **Stigma worsens patient health and behavioral outcomes**
 - Poor perinatal health outcomes: Risk of NAS among infants is higher in states with punitive policies towards parental substance use!³⁹
 - Lower rates of addiction treatment^{40,41}
 - Worse adherence to HIV treatment⁴²
 - Less consistent sterile syringe use⁴³



Policy change is a powerful anti-stigma tool

- Most stigma reduction efforts focus on education
- But **changing policies** in ways that **target the upstream drivers of stigma** is likely much more effective^{44,45}



Policy change is a powerful anti-stigma tool

- Policy changes that may reduce structural stigma include
 - ✓ Eliminating the “**x-waiver**” (extra training requirement for buprenorphine prescribing)
 - ❑ Expanding **funding for harm reduction** interventions and programs
 - ❑ Supporting the establishment of **legal overdose prevention sites**
 - ❑ Reducing **regulatory barriers to providing or using MOUD** treatment (e.g., office-based methadone prescribing, methadone dispensing at community pharmacies)



Questions?

Thank you!

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Thank You!

For questions and to make requests to the Technical Assistance Collaborative,
please email:

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<https://www.michigan.gov/opioids/opioidsettlements>



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