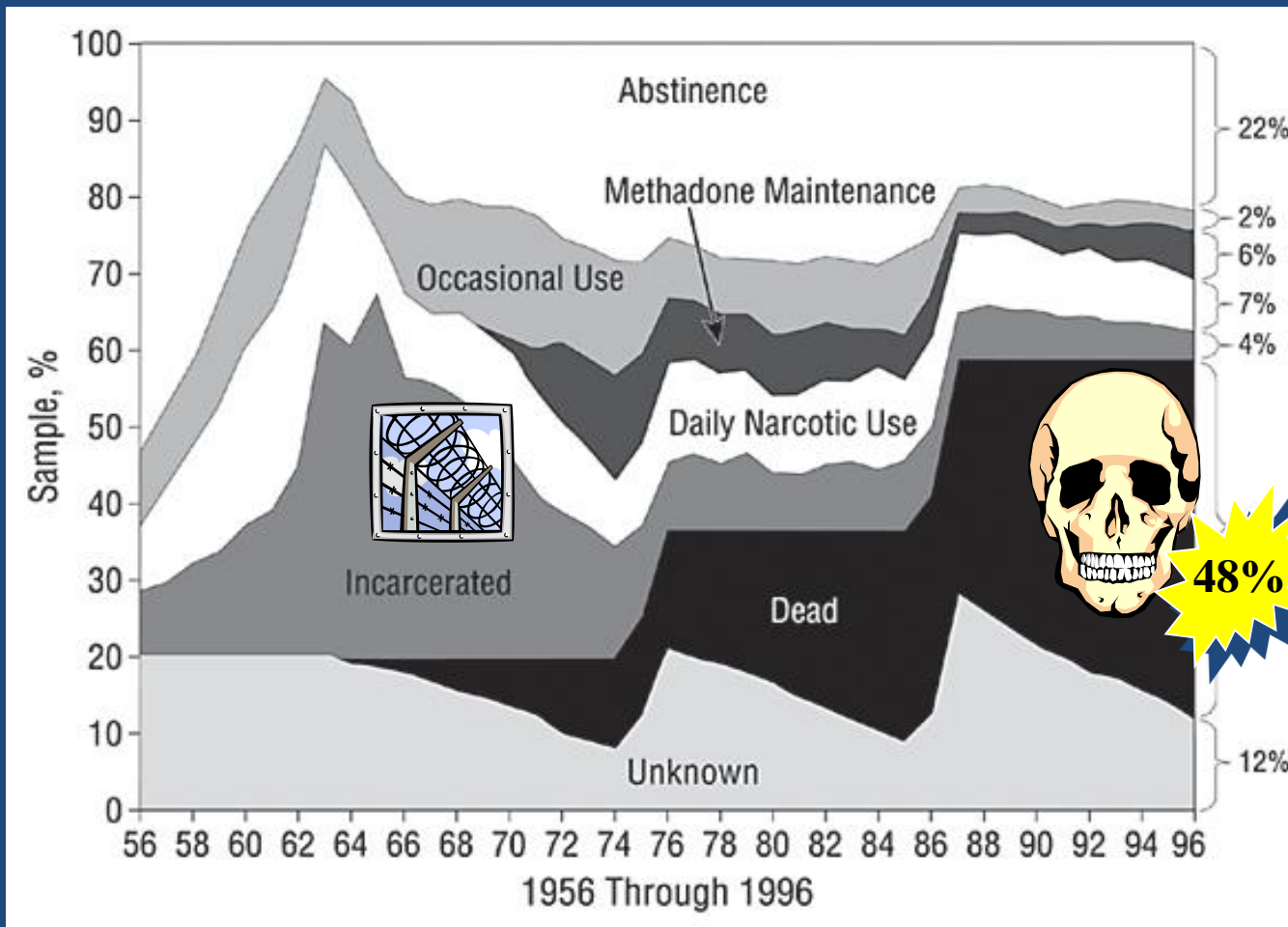


Medical Perspective from the California Society of Addiction Medicine (CSAM)

David Kan, MD, DFASAM
Past-President, CSAM

40 Year Natural History of Opioid Use Disorder



The natural history of OUD among a male sample (N = 581).
 From: Yih-Ing, et. al., 2001. A 33-Year Follow-up of Narcotics Addicts. Archives of General Psychiatry, 58:503-508

What are the major goals of Treatment for OUD?

- 1. Fatal Overdose Prevention
- 2. Fatal Overdose Prevention
- 3. Fatal Overdose Prevention

Medications for OUD (MOUD)

Methadone

- The Gold Standard – 60+ years
- Only through federally licensed Opioid Treatment Programs (OTP)
- Less regulated during the COVID PHE
 - Take-home doses easier
- Federal legislation (M-OTAA) may increase access through pharmacies
- Reduces fatal overdose rate 80%

Buprenorphine

- Also Gold Standard with 20+ years of experience
- Sublingual and long-acting injections
- Increased access with COVID PHE
- Reduces fatal overdose rate 80%

Naltrexone

- Silver Standard
- Oral and IM
- Initiation 20% less than buprenorphine though results similar when on medication
- Increases treatment retention but does not reduce rates of fatal overdose

MOUD vs Reality

- We have safe and effective MOUD
- In 2020 – 19% of Medicare Beneficiaries access MOUD
 - Decreased access though for Black patients and in the South
- Yet Overdose death rates continue to climb
- What is the solution?
 - NEW STRATEGIES

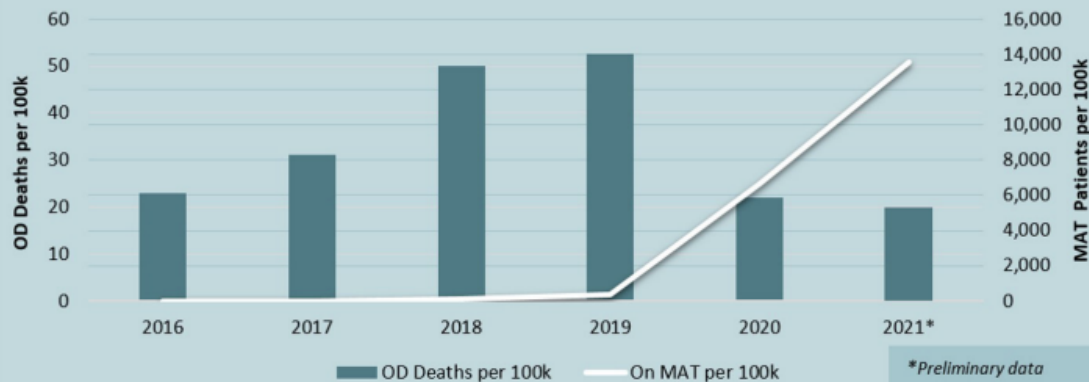
MOUD in Youth

- American Academy of Pediatrics Policy
 - Adolescents with opioid use disorder should be offered pharmacotherapy with buprenorphine, methadone, or naltrexone
 - MOUD has greater retention in treatment (Hadland, JAMA Pediatrics, 2018)
- Psychosocial Treatment more important in youth
 - Shift reward pathway to non-substance using behavior
 - Improve executive functioning
 - Enhance emotional regulation
 - Develop resilience and stress tolerance
- Harm Reduction
 - Fentanyl test strips
 - Naloxone Access

MOUD in CDCR

- Fatal OD rates post incarceration 40 times higher than general population
 - Female and trans inmates at greater risk
 - Risk Persists up to one year post incarceration up to 10 to 18 times higher
- Integrated Substance Use Disorder Treatment Program (ISUDT) – 1/2022
 - 22,558 inmates treated
 - 90% accept treatment
 - Overdose deaths dropped 58% 2019 to 2020
 - HCV reinfection rate dropped 30%
- Needs
 - There is a need for more recovery housing for people with severe disorders
 - Training and mandate for custody officers

FIGURE 4. OVERDOSE DEATHS & PATIENTS ON MAT BY YEAR (PER 100K)



Stigma as a Barrier

- Notice echoes of Fentanyl crisis with HIV crisis
 - Rumors of accidental OD in first responders
 - Enhanced Criminalization
- MOUD is not real sobriety
 - Not so says AA
- Name it, say it



Effects of Public Policy Responses

Actions that REDUCE OD Death

1. Naloxone distribution to PWUD
2. MOUD
3. Syringe Service Programs / Harm Reduction
4. Psychosocial Treatment

Actions that INCREASE OD Death

1. Criminalization
2. Prescription Drug Monitoring Programs
3. Unsafe Supply

Pitt, Am J Public Health 2018

Syringe Service Programs



HEPPAC
HIV Education and Prevention
Project of Alameda County

- Needle Exchange
- HIV/HCV testing
- Naloxone Access
- Wound care
- Fentanyl Testing Kits
- Birth Control
- Low-barrier treatment is the greatest need
- Reaches those at greatest risk



New approaches - Supervised Consumption Sites / Overdose Prevention Programs - SCS/OPP

- Increases treatment participation by 30%+
- No fatal overdoses despite > 1 million observations worldwide
- Crime does not increase around SCS/OPP site
- Decrease in discarded syringes
- New York site 11/2021 - >100K uses, >1200 OD treated
- SB-57 in California vetoed in 2022



Summary

Fatal Overdose
Prevention Forever Goal

MOUD works

But MOUD is not
enough

We need new
approaches

Thank You!

Questions and answers