SAMHSA’s Homeless and Housing Resource Network
Forward Together: A Virtual Symposium

Emergency Responses at the Epicenter of the Opioid Crisis

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Dazara Ware, M.A.

Moderator

SAMHSA’s Homeless and Housing Resource Network (HHRN)
Today’s Agenda

• Introduction

• Juntira Laothavorn, M.D., *Preventing Opioid Overdose in Individuals Experiencing Homelessness*

• Mariel Lougee, M.D., *Low-barrier Buprenorphine for Patients Living on the Street*

• Questions and Answers/Discussion

• Closing
Today’s Presenters

Juntira Laothavorn, M.D., Psychiatrist in Georgia

Mariel Lougee, M.D., Street Physician, Contra Costa County Health Care for the Homeless
Type in the chat box and tell us:

What are you hoping to get out of this session?
SAMHSA’s Homeless and Housing Resource Network

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Juntira Laothavorn, M.D.

Preventing Opioid Overdose in Individuals Experiencing Homelessness
Opioid Epidemic

128 people die every day from an opioid overdose (including Rx and illicit opioids).

(CDC, 2018)
Objectives

- Relationship between tolerance and overdose risk
  - Risk factors
  - Tolerance mechanism

- Key interventions
  - Prevention strategies
  - Emergency responses
Risk Factors for Overdose

- Chronic opioid use
- Following an opioid overdose
- Using other substances
- Recently completed treatment or detox
- Leaving correctional facility
Crisis Point

- Post-treatment/incarceration—controlled environment
  - Decreased tolerance
  - Abrupt cessation of treatment
  - Lack of access to care
  - Access to substance
  - Homelessness
  - Social stressors
Tolerance

Natural State

Overactivated

Downregulation = Tolerance
Decreased Tolerance

Abstinence

Upregulation = decreased tolerance
Increased Risk of Overdose

Abstinence
• Detoxification
• Inpatient treatment

Upregulation of Opioid Receptor
• Decreased tolerance

Increased Risk of Overdose
Interventions

Prevention Strategies
- Education
- Access to treatment
- Prescription Drug Monitoring Program (PDMP)

Overdose Responses
- 911 Emergency
- Naloxone
Access to Treatment

- Continuity of care
- Counseling
- Peer recovery support services
- Medication-assisted treatment (MAT)
Medication-assisted Treatment (MAT)

- Evidence based
- FDA approved
  - Methadone
  - Buprenorphine
  - Naltrexone

10-40x higher risk of death from overdose without MAT post-prison release

(SAMHSA, 2019)
Prescription Drug Monitoring Program (PDMP)

- Electronic Database
- Monitors dispensed controlled substance prescriptions
- Decreases prescription drug misuse
Successful Program Example

- Rhode Island Department of Corrections
  - Access to all forms of MAT
  - Continuity of treatment post-release

Decrease in overdose death rate 60.5% (Green et al., 2018)
Overdose Signs

Not moving and can’t be woken
Slow or not breathing
Blue lips and nails
Choking, gurgling sounds or snoring
Cold or clammy skin
Tiny pupils

(College of Pharmacists of British Columbia, 2019) Naloxone educational information included here was developed through a partnership between the College of Pharmacists of BC, the BC Centre of Disease Control and the Province of BC’s Ministry of Health.
911 Emergency

- Good Samaritan Law
- Educating the public
Naloxone

- FDA approved
- Safe
- Opioid antagonist
- Reverse respiratory depression

Naloxone knocks opioids off the receptors.
Summary

- Overdose risks are increased from leaving a controlled environment.
  - Decreased tolerance
  - Abrupt cessation of care
- Education is key to overdose prevention.
- Ensure access to treatment for OUD.
- Be aware of emergency responses.
  - Calling 911
  - Access and use of naloxone


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Mariel Lougee, M.D.

Low-barrier Buprenorphine for Patients Living on the Street
OVERVIEW

Brief review of medication-assisted treatment (MAT) with buprenorphine for opioid use disorder (OUD)

Overview of Contra Costa’s low-barrier street medicine program and outcomes at 18 months

Review use of buprenorphine to reduce opioid misuse

Limitations, future endeavors
WHY DOES THIS MATTER?

Figure 2. National Drug Overdose Deaths Number Among All Ages, 1999-2018

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

(NIDA, 2020)
OPTIONS FOR TREATMENT

• Individual and Group Counseling
  • Cognitive behavioral therapy (CBT)
  • Contingency management
  • Motivational Interviewing
  • 12-step programs
  • Inpatient and residential programs

• Medication-assisted Treatment (MAT)
  • Agonist: methadone
  • Partial agonist: buprenorphine
  • Antagonist: naltrexone

• Detoxification/Withdrawal
  • When requested
BUPRENORPHINE IS EFFECTIVE

Number needed to treat (NNT) for benefit

- Buprenorphine maintenance vs. placebo: 2 people (Mattick et al., 2014)
- Statins to prevent myocardial infarction (MI) in those with known cardiovascular disease (CVD): 39 people (CTC Collaborators, 2005; Ridker et al., 2008; Thavendiranathan et al., 2006)
- Anti-hypertensives to prevent MI: 100 people (NNT Group, 2014)
TRADITIONAL TREATMENT APPROACH
CHOOSING CHANGE

COUNSELING:
The medication is only one part of the treatment. Buprenorphine (suboxone) works best if partnered with individual or group counseling and peer-based options, such as 12-Step Programs and Life Ring.

Each patient will meet with a counselor upon starting with Choosing Change.

HOW DOES BUPRENORPHINE WORK OR HELP?
Buprenorphine has unique properties that help people:

- Lower their potential for misuse of heroin and other opioids.
- Decrease withdrawal symptoms and cravings for opioids.
- Increase safety and decrease risk of overdose.

A low dose of buprenorphine (suboxone) will be prescribed to you once your withdrawal symptoms begin. The dose will be increased appropriately under the care of your medical provider based on your needs.

HOW CAN I GET REFERRED TO CHOOSING CHANGE?
Call the Behavioral Health Access Line: 1-800-846-1652 or speak with your Primary Care Provider.

Once your referral is received, you will receive a call from the Choosing Change team by phone to complete an intake, discuss your needs further and schedule you for an in-person appointment.

CONFIDENTIALITY
You are protected by federal law. Everything you share with us is kept confidential. We encourage you to speak openly and honestly so that we can better support you with your individual needs.

Patient arrives at group, does M.D. and behavioralist intake in withdrawal, attends group—gets 1-week refill.

Patient returns to group, attends group weekly—eventually gets up to 1-month refill at a time.

Patient attends monthly, group nurse follows up as needed.
BARRIERS TO THE TRADITIONAL MODEL

My encampment was abated.
The pharmacy wouldn’t let me pick up my meds.
My medications were stolen.
My phone fell in the river.
My insurance expired.
I was in jail.
I don’t have an ID.
I was assaulted.
The pharmacy is too far away.
My dog wasn’t allowed in the clinic.
My phone was stolen.

I don’t have a phone.
My tent flooded.
My car is dead.
I can’t afford my co-pay.
I knew I’d test dirty and was embarrassed.
My feet hurt and I can’t walk to the pharmacy.
I don’t trust doctors.
The police took my medications.
I lost my phone.
My encampment caught on fire.
I lost my medications.
Our HCH Street MAT Round 1

Street-based medical services

Patient seeking MAT, referred to services

Transportation issues, high no show rate

Appointment made in outpatient clinic

Missed connection

I.e., “Call this number”

Photos courtesy of Mariel Lougee or Creative Commons License
Patient seeking MAT

Refer to MAT group for follow up

Start buprenorphine TODAY x 1-4 week Rx

Photo courtesy of Mariel Lougee

Photo courtesy of Mariel Lougee
HCH STREET MAT ROUND 3: BRING THE TREATMENT TO THE PEOPLE!

Patient seeking MAT

Start buprenorphine today x 1-4 week Rx

Pharmacy med pickup facilitated by outreach team

Patient given provider # for follow-up/issues

We go to people making MAT and recovery possible

Photos courtesy of Mariel Lougee
HCH STREET MAT ROUND 3: BRING THE TREATMENT TO THE PEOPLE!

- Utox
- Contraindications
- Other services
- Referral to clinic, mental health services (therapist on site)
- If medications lost/stolen, one-time early refill

Photos courtesy of Mariel Lougee
RESULTS AT 18 MONTHS

From January 2018 to June 2019

- 89 patients received a buprenorphine prescription from HCH.
- 76 (85%) filled that initial prescription.
- 63 (71%) filled multiple prescriptions.
- Of patients lost to care, 51.8% ultimately returned for a follow-up prescription.
- NO DEATHS.
- One documented overdose.

Retention in Care, 45–405 Days

- 34.7%
- 30.7%
- 22.7%
- 21.3%
- 16.0%
- 10.7%
- 8.0%
- 6.8%
- 5.4%
- 1.4%
- 1.4%
PATIENTS PRESCRIBED BUPRENORPHINE AVERAGED 100 TOTAL PRESCRIPTION DAYS

Distribution of Total Prescription Days

- 0
- 1-30: 32.9%
- 31-60: 14.5%
- 61-90: 10.5%
- 91-120: 6.6%
- 121-170: 10.5%
- 171-220: 7.9%
- 221-270: 3.9%
- 271-320: 2.6%
- 321-390: 6.6%
- 390-460: 3.9%
WHAT ABOUT DIVERSION?

• Have a monitoring system.
• Perform buprenorphine screens when anyone on the team is concerned.
• Let patients know you are there to offer treatment, not to be their source of income.
• Be forgiving, not naive.

• Australia looked at diverted buprenorphine.
  • The majority reported receiving it from friends (81% BUP and 63% BUP/NX).
  • Acquaintances (19% BUP and 25% BUP/NX) and dealers (19%) were reported less frequently.
  • Fewer than half paid for it, and 48% stated they had received it for free.
  • 12% and 9% of all BPN and BUP/NX doses dispensed, respectively, were reported as being secretly removed from the mouth during supervised dosing for later use; only a small percentage of these (9% and 13%) were removed for the purpose of selling the drug.

(Larance et al., 2011)
FUTURE GOALS

• Potential effect of access to buprenorphine on high-risk behaviors

• Effect of public health nurse (PHN) dedicated to street MAT

• Effect of injectable buprenorphine on treatment retention

• Continued research into role of buprenorphine in reduction of methamphetamine abuse
References, P. 1


Questions and Discussion
CLOSING COMMENTS
Presenter Contact Information

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Type in the chat box and tell us:
What is one thing you will take away from this session?
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For information please contact  hhrn@ahpnet.com
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