



Opioid Use Disorder (OUD) and Opioid Agonist Therapy (OAT)

- Not a detailed lecture on OUD and OAT
- Check out BCCSU website for resources include Online Addiction Diploma Program
 - <http://www.bccsu.ca/>
- Frontline providers often have multiple stories of how the OUD system of care did not adequately meet the needs of their patients, resulting in poor outcomes – it helps to share these stories, and really solidify WHY we are gathered with BOOST to improve the system.
 - Presentation tip: combining real stories with evidence and data can yield more engaging presentations
 - Consider jotting down some notes on your own patient stories, so that you may include them in future talks _____

- Google searches in BC for the words “fentanyl” and “AI” occurred with similar frequencies in recent years
 - Spikes in “fentanyl” searches occur with major news stories, like the tragic story of Hardy and Amelia Leighton (search for Andrea Woo’s Nov 18, 2016 article for more information).
- Majority of those dying of overdose were regular opioid users, and likely fit the criteria for opioid use disorder.
(DSM V criteria for OUD: <http://www.bccsu.ca/wp-content/uploads/2017/08/DSM-5.pdf>)
 - Impaired control
 - Social impairment
 - Risky use
 - Pharmacological properties – tolerance and withdrawal
- This is your brain on drugs – commercial from 1997: <https://youtu.be/LQsQbuNWmnE>
- Our updated egg analogy – OAT is the golden egg, many benefits for people with opioid use disorder
 - Withdrawal suppression
 - Decreased illicit opioid and cocaine use
 - Reduced risk of HCV and HIV acquisition
 - Better HIV control
 - Decreased criminal justice system involvement
 - **Significantly reduced mortality (both all-cause and substance-related)**
- **Retention is key** – to reap the mortality benefits of this medication, patients must stay on it while their OUD is active
- Emerging evidence suggests that this remains true in the era of highly potent fentanyl and its analogues
 - BC Coroner’s data in 2017 showed that only 7% of deaths had methadone detected, and zero had buprenorphine.
- In BC, its estimated that about 60 thousand people have seen a health provider for OUD



- The majority have tried OAT at some point, but a small minority are retained on therapy (BC Centre for Excellence in HIV/AIDS data from Bohdan Nosyk's group)
- There is a **retention gap** in our system
- Egg-and-spoon race is a good analogy to demonstrate this concept. The eggs are the OAT necessary to move forward.
- Substance use treatment journey map from BC Patient Safety and Quality Council
 - <https://bcpsqc.ca/documents/2017/12/Journey-Mapping-Substance-Use-Treatment-Report.pdf>
- Factors like unemployment, disparities in social determinants of health, marginalization, past traumas, and comorbid illness can make it more difficult for clients to keep taking their OAT
 - In order to be equitable, we should ensure our system is responsive to the above factors and provides appropriate interventions to mitigate their negative effects
- We know there are individuals and teams out there doing great work, and working hard with their clients – BOOST is about spreading this behaviour and making it the norm for the system