BOOST

Best-Practices in Oral Opioid agoniSt Therapy Provincial Collaborative

Welcome

to the

BOOST QI Network Educational Webinar 4

Please type your name, team name and location in the chat

Tuesday, April 20th, 2021

*The session will be recorded for educational purposes, if there are any concerns with this, please send a direct message to Angie Semple/CfE BOOST (host)**

Welcome

We would like to begin by acknowledging that the land on which we gather is the unceded and traditional homelands of the Coast Salish peoples.

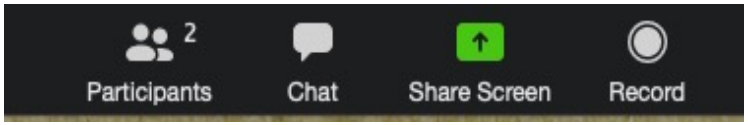
We also want to acknowledge that many others may be joining from different traditional homelands today

BRITISH COLUMBIA CENTRE *for* EXCELLENCE *in* HIV/AIDS

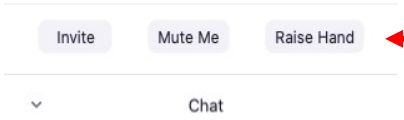
Thank you
to all our funders and partners,
including
patient partners and family voices

The views expressed herein do not necessarily represent the views of Health Canada

ZOOM Control Panel

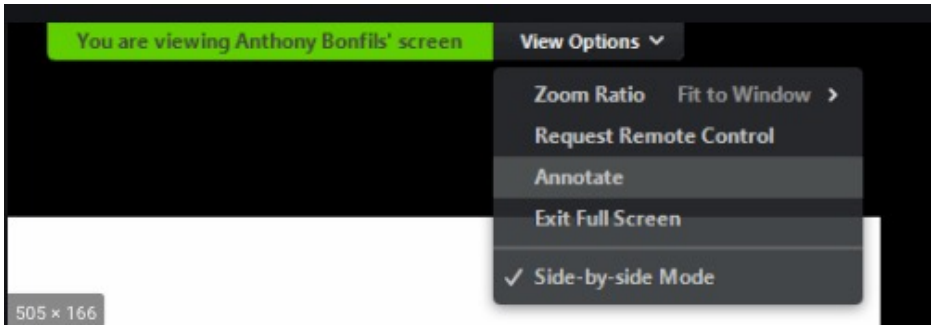


Chat or ask questions using the chat function



Use the “raise hand” feature to notify the host that you would like to be unmuted

Click “participants” and “raise hand” on the right-hand side of the screen



Click to use annotation tools

Objectives

- *Understand the role that stigma plays in providing care*
- *Explore the Peer perspective on stigma*
- *Generate ideas for applying learnings within your local setting*

Language matters…

toward the heart.com
WORKING TOGETHER REDUCING HARM

1 Use People-first language

Person who uses opioids

VS.

Opioid user OR Addict

2 Use language that reflects the medical nature of substance use disorders

Person experiencing problems with substance use

VS.

Abuser OR Junkie

3 Use language that promotes recovery

Person experiencing barriers to accessing services

VS.

Unmotivated OR Non-compliant

4 Avoid slang and idioms

Positive test results OR Negative test results

VS.

Dirty test results OR Clean test results

Agenda

Time		Topic	Speaker
12:00PM	*5 mins*	Welcome and Opening Remarks	Valeria Gal Rolando Barrios
12:05PM	*25 mins*	The Role of Stigma in Providing Care	Sarah E. Wakeman
12:30PM	*10 mins*	Q&A	Sharon Vipler *(facilitator)*
12:40PM	*30 mins*	The Peer Perspective	Patrick Evans Jessica Lamb
1:10PM	*10 mins*	Q&A	Andrew Kerr *(facilitator)*
1:20PM	*10 mins*	Closing Remarks & Evaluations	Valeria Gal Angie Semple

The Role of Stigma in Providing Care: Creating Hopeful Encounters for Patients and Providers

- **Sarah E. Wakeman, MD**
- Medical Director, MGH Substance Use Disorder Initiative
- Medical Director, Substance Use Disorder for Mass General Brigham QPE
- Director, MGH Addiction Medicine Fellowship Program
- Associate Professor of Medicine, Harvard Medical School

Disclosures

Scientific Advisory Board/Celero Systems

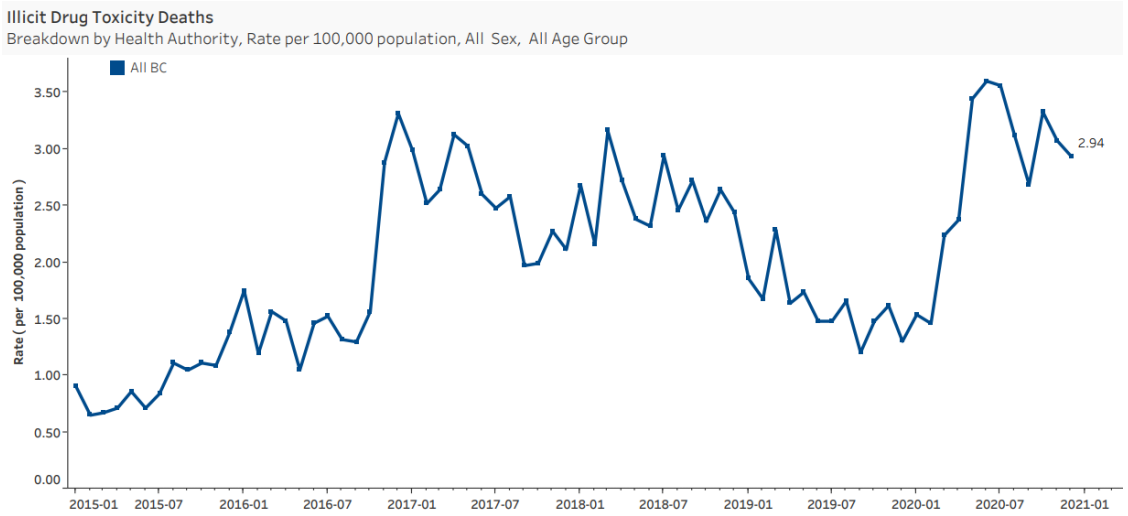
Textbook editor/Springer

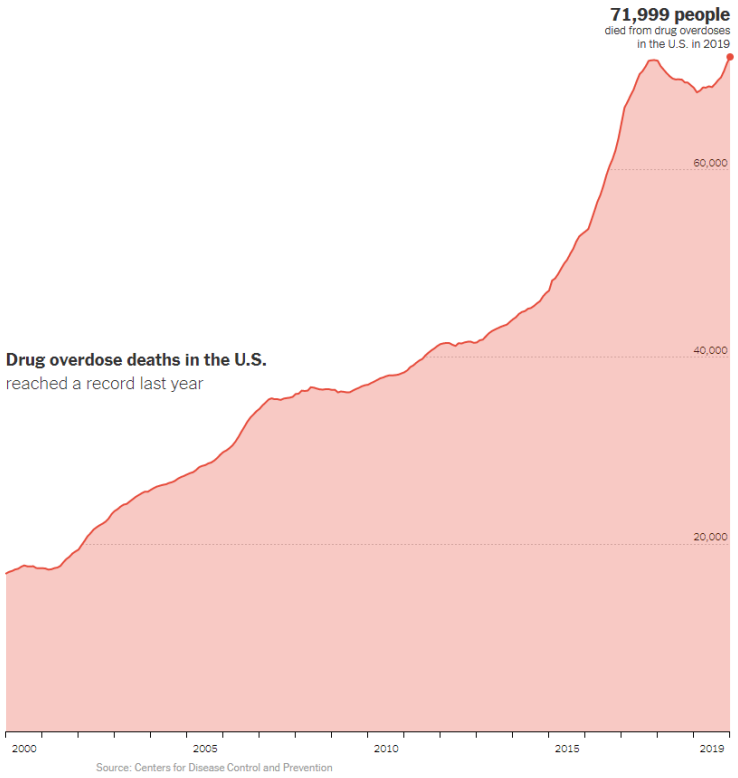
Author/UpToDate

Outline

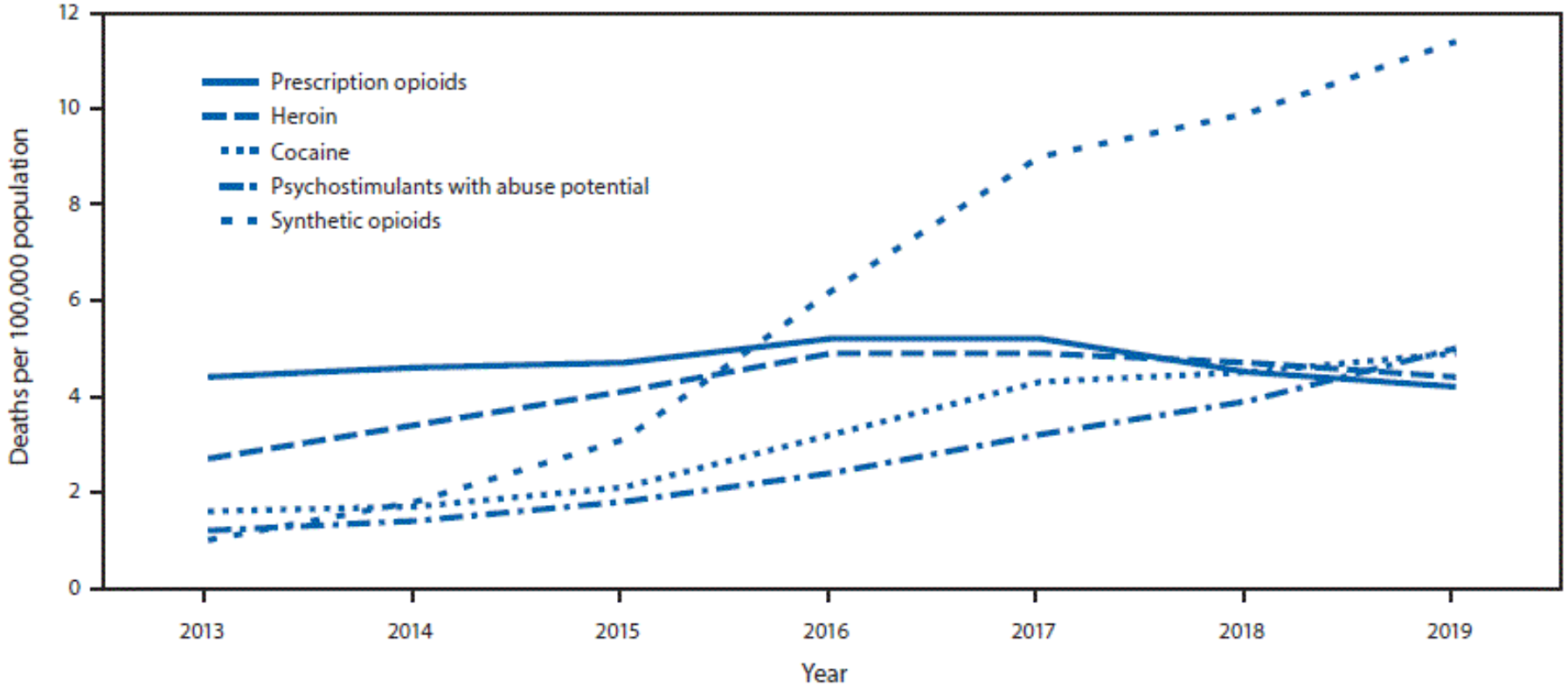
- Reviewing urgency of overdose crisis
- Understanding barriers and facilitators to effective treatment
- Addressing common myths & stigma
- Creating hopeful encounters

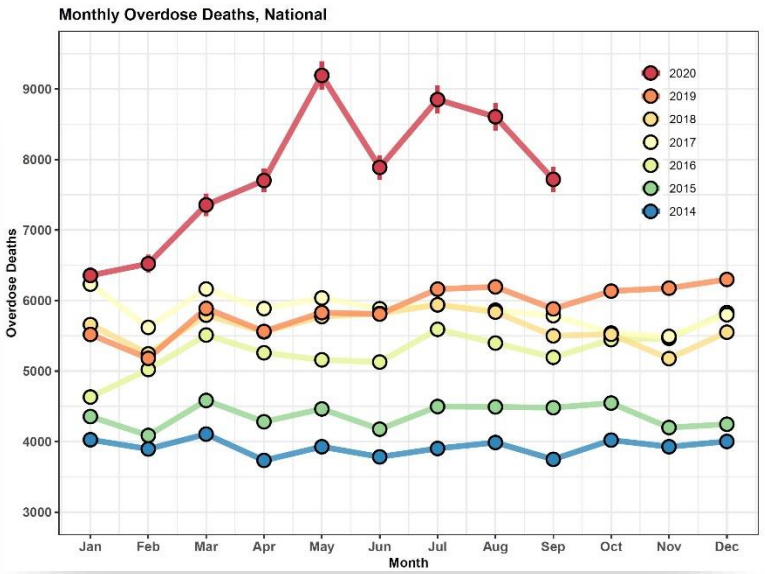
Ongoing Public Health Crisis Due to Inadequate Care, Policy, & Treatment

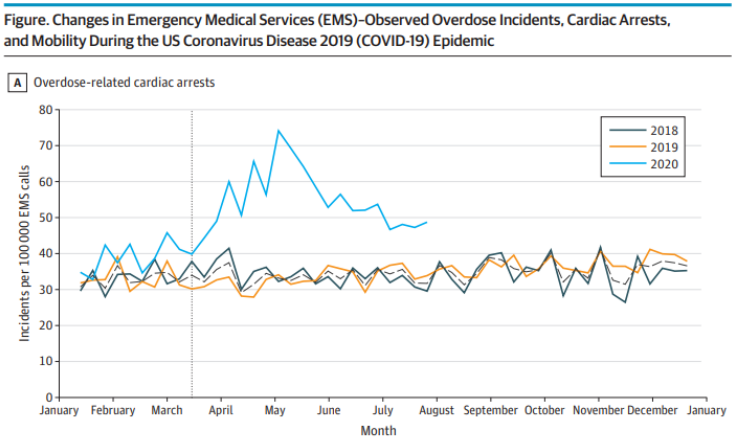




Unpredictable Supply Driving Death







Sept 2019-2020 predicted overdose deaths in US: 90,237

Overdose Surge Amidst COVID


The NEW ENGLAND JOURNAL of MEDICINE
CORRESPONDENCE
COVID-19 NOTES
Transforming ORs into ICUs
Switching Gears at High Speed for Hospital COVID-19 Care
As more and more hospitals across the U.S. admit patients with COVID-19, a Michigan team offers advice for doctors "drafted" for duties outside their norm.
PERSPECTIVES IN HOSPITAL MEDICINE
All Hands on Deck: Learning to "Un-specialize" in the COVID-19 Pandemic
"all-hands-on-deck"
epidemic
response

The Overdose Crisis in Black Communities

Public attention to overdose crisis has ignored impact in Black Communities

2014-2017 OD death rates due to fentanyl increased 818% among Black individuals nationally

In Philadelphia, post-COVD, among Black individuals, monthly fatal overdoses *increased* 60.4%, while *decreasing* 22% among white individuals and absolute number of overdose deaths higher among Black individuals

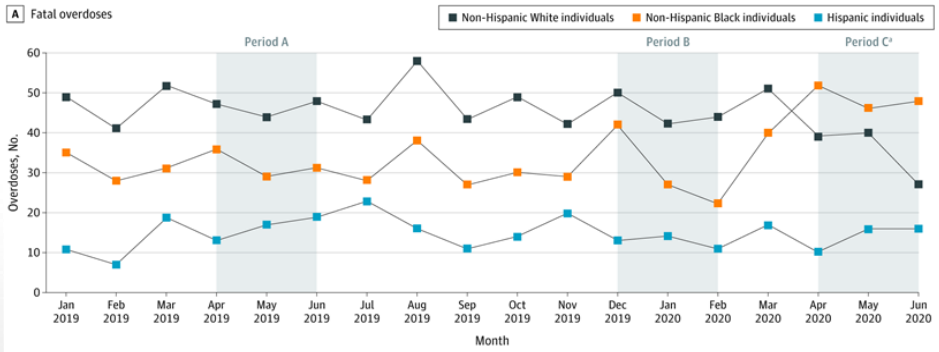
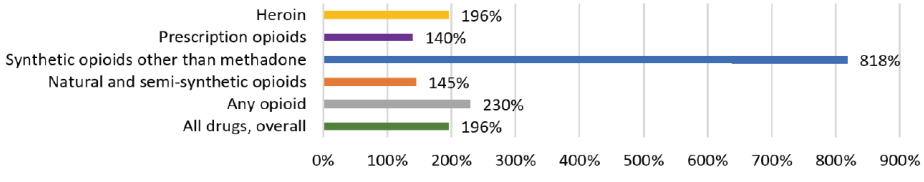
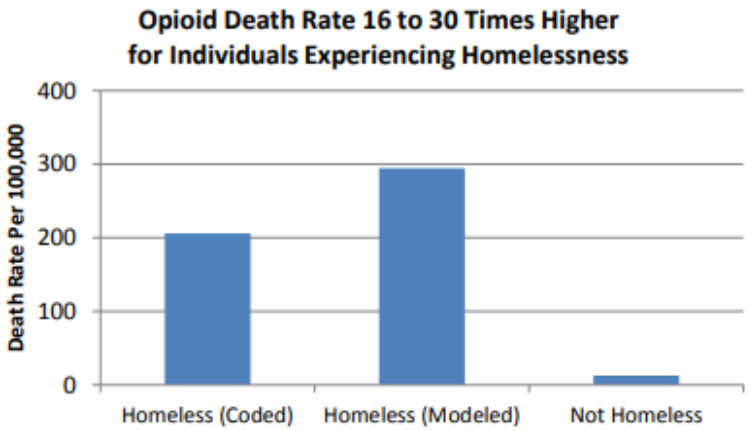


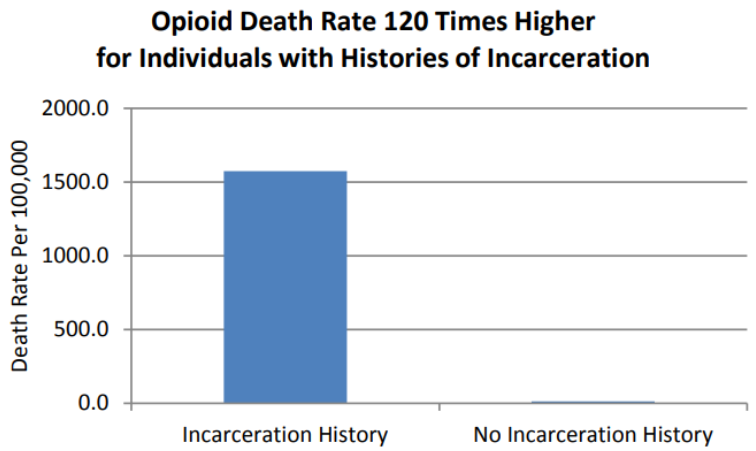
Figure 1. Percent Increase from 2014 to 2017 in overdose death rates by drug among the non-Hispanic Black population in the United States,
data from CDC National Vital Statistics System



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

Racism Infuses our Drug Policy

- Black, Latinx, and Indigenous individuals experience discrimination at every stage of the criminal legal system
- More likely to be stopped, searched, arrested, convicted, & harshly sentenced for drug law violations
- Majority of people in federal and state prison for drug offenses are Black or Latinx

PROFILES

THE TREATMENT OF PATIENTS—II

Dr. Marie Nyswander

Stereotypes of Drug Use and Addiction Impact Practice and Policy

"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

Methadone and buprenorphine reduce mortality

All cause **mortality rates (per 1000 person years):**

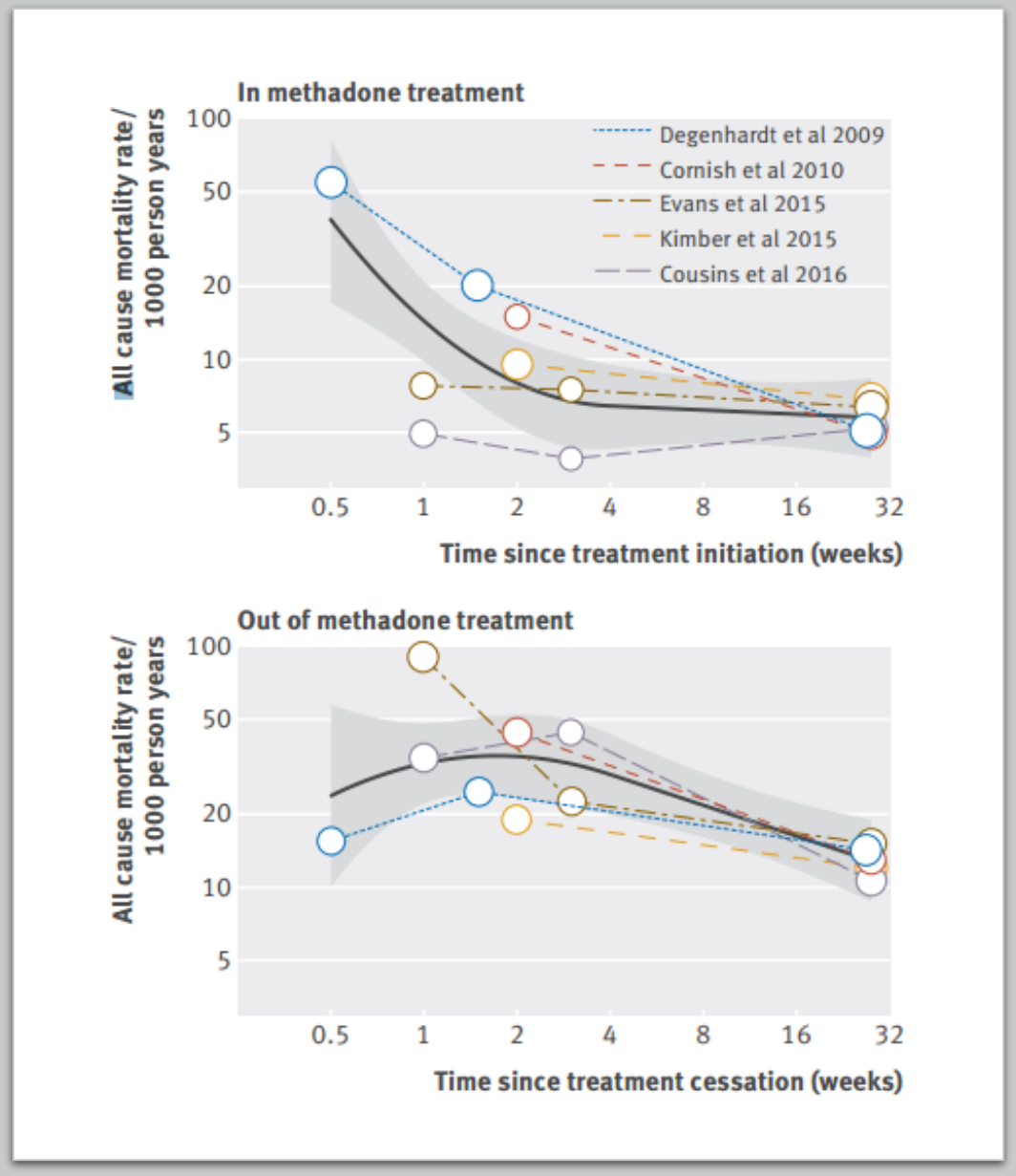
- In methadone treatment: 11.3
- Out of methadone treatment: 36.1

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

Overdose **mortality rates:**

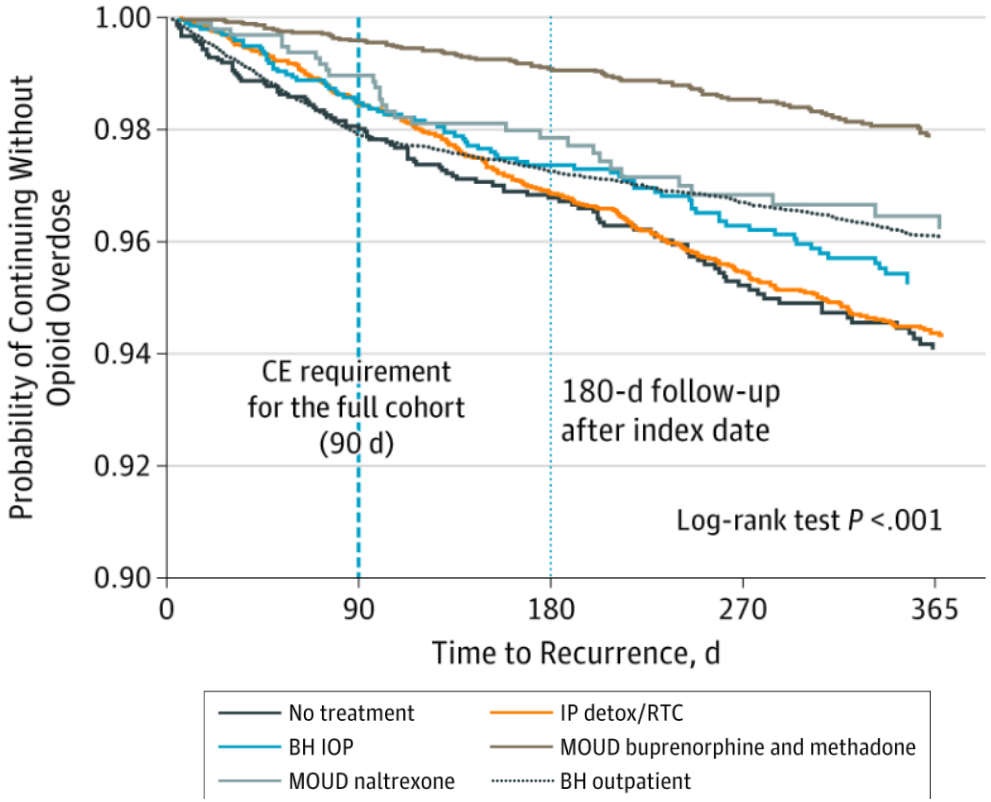
- In methadone treatment: 2.6
- Out of methadone treatment: 12.7

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



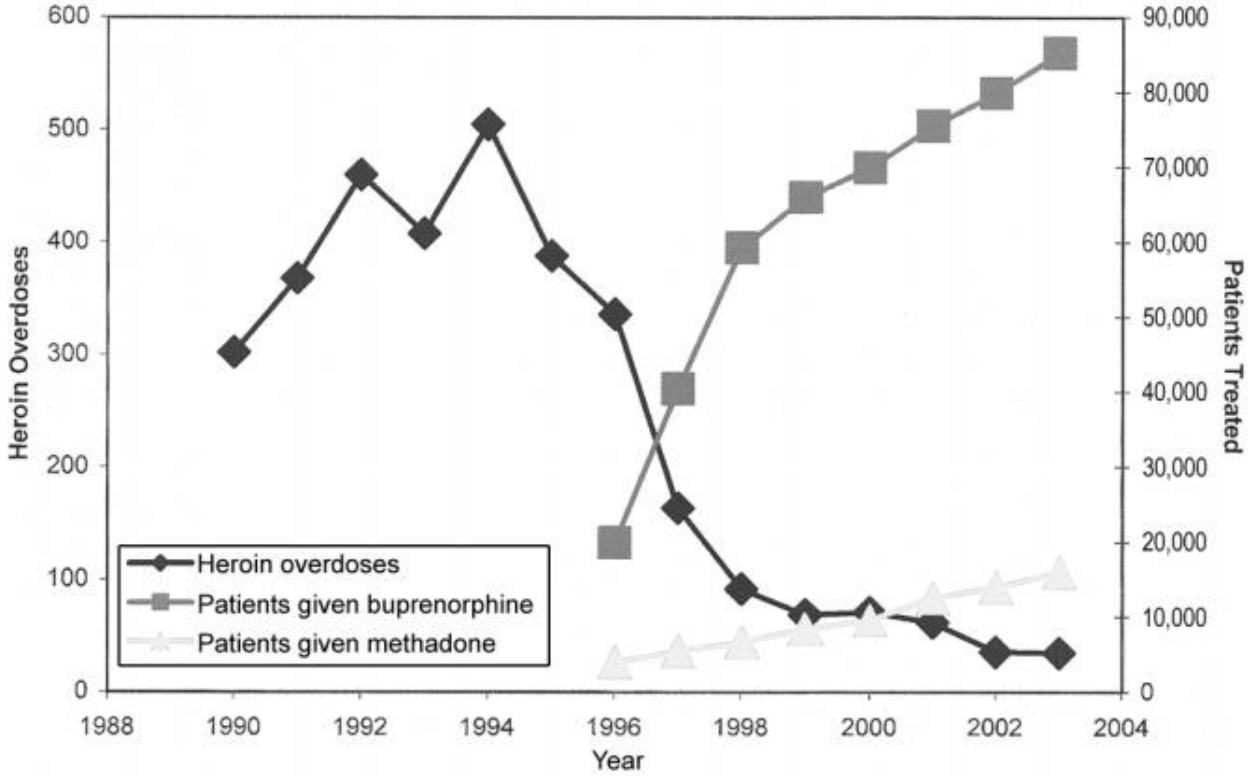
Sordo L, Barrio G, Bravo MJ, et al. *BMJ*. 2017;357:j1550. Published 2017 Apr 26.

Only methadone/buprenorphine associated w/ 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

Racial Disparities & Access to Effective Treatment in the U.S.

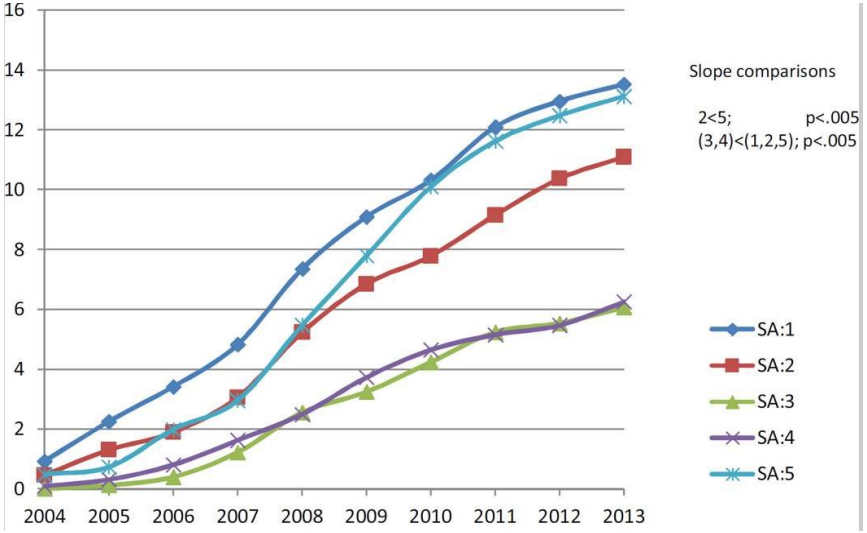
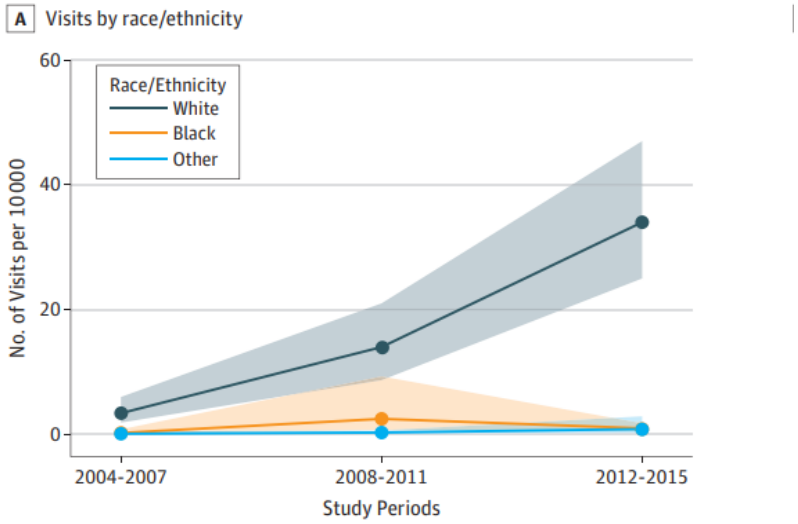


Figure. Buprenorphine Visits by Race/Ethnicity and Payment Type, 2004-2015



Lagisetty PA, Ross R, Bohnert A, Clay M, Maust DT *JAMA Psychiatry*. 2019;76(9):979-981.
Hansen H, et al. *Drug Alcohol Depend*. 2016;164:14-21

Racial Disparities in Access to Effective Treatment in Canada

Table 2
Bivariate and multivariate GEE[a] of factors associated with methadone maintenance therapy use during follow-up ($n = 1587$)

Characteristic	Unadjusted odds ratio (95% CI[b])	*p*-Value	Adjusted odds ratio (95% CI[b])	*p*-Value
Older age (per year older)	1.03 (1.01–1.04)	<0.001	1.02 (1.01–1.03)	0.005
Gender (female vs. male)	1.84 (1.54–2.22)	<0.001	2.47 (1.97–3.09)	<0.001
Aboriginal ethnicity (yes vs. no)	0.53 (0.43–0.66)	<0.001	0.40 (0.31–0.52)	<0.001
HIV positivity (yes vs. no)	2.25 (1.87–2.70)	<0.001	1.57 (1.28–1.93)	<0.001
Unstable housing (yes vs. no)	0.85 (0.73–0.93)	0.004	0.94 (0.87–1.03)	0.213
Incarceration[c] (yes vs. no)	0.71 (0.64–0.78)	<0.001	0.79 (0.72–0.87)	<0.001
DTES residency[d] (yes vs. no)	0.85 (0.76–0.95)	0.004	0.93 (0.84–1.05)	0.257
Sex trade involvement[c] (yes vs. no)	0.72 (0.62–0.83)	<0.001	0.87 (0.76–0.99)	0.046
Borrowed syringes[c] (yes vs. no)	0.58 (0.51–0.67)	<0.001	0.87 (0.76–1.01)	0.072
Lent syringes[c] (yes vs. no)	0.55 (0.47–0.63)	<0.001	0.72 (0.63–0.84)	<0.001
Non-fatal overdose[c] (yes vs. no)	0.62 (0.55–0.69)	<0.001	0.95 (0.84–1.08)	0.463
Heroin injection[c] (yes vs. no)	0.55 (0.49–0.62)	<0.001	0.64 (0.56–0.72)	<0.001
Cocaine injection[c] (yes vs. no)	0.81 (0.74–0.89)	<0.001	1.10 (0.98–1.20)	0.093
Crack cocaine smoking[c] (yes vs. no)	1.17 (1.10–1.30)	0.005	1.23 (1.12–1.36)	<0.001

Kerr T, Marsh D, Li K, Montaner J, Wood E. Drug Alcohol Depend. 2005 Dec 12;80(3):329-35.

Impact of Stigma on Access to Treatment

Qualitative study using ethnographic methods of in-depth individual and focus group conducted among Aboriginal clients

All participants had profound histories of abuse and violence, most often connected to the legacy of colonialism (e.g., residential schooling) and ongoing colonial practices (e.g., stigma & everyday racism)

Many expressed mistrust with the healthcare system due to experiences of marginalization

Three intersecting issues impacted access to MMT: ***stigma and prejudice***, social and structural constraints influencing enactment of peoples' agency, and homelessness

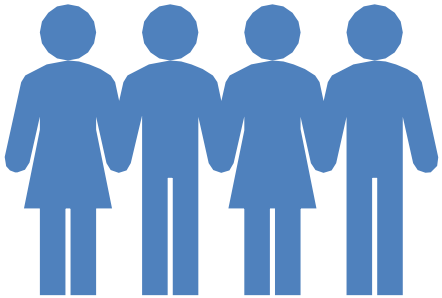
Smye *et al. Harm Reduction Journal* 2011, **8**:17
http://www.harmreductionjournal.com/content/8/1/17

HARM REDUCTION JOURNAL

RESEARCH Open Access

Harm reduction, methadone maintenance treatment and the root causes of health and social inequities: An intersectional lens in the Canadian context

"Within the system there [are] some prejudiced people in there and I try not to get too mad with them when I find out that they're prejudiced, they don't like Natives and they don't like [people with addiction]."



Structure & Delivery of Care Crucial for Retention

- Patients fall out of care when they are not welcomed back:
  - "You could only miss 14 days in a row…to stay on it. And I came back like the 15th day. So, they told me I was no longer eligible."

- Patients report staff who "worked with" them and were "nice," "caring," & "respectful" offered support and encouragement were important factors in sticking with treatment:
  - "They showed me that there's a light at the end of that tunnel. There's hope. You hear that? There's hope!"

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

Systems failures of patient failures?

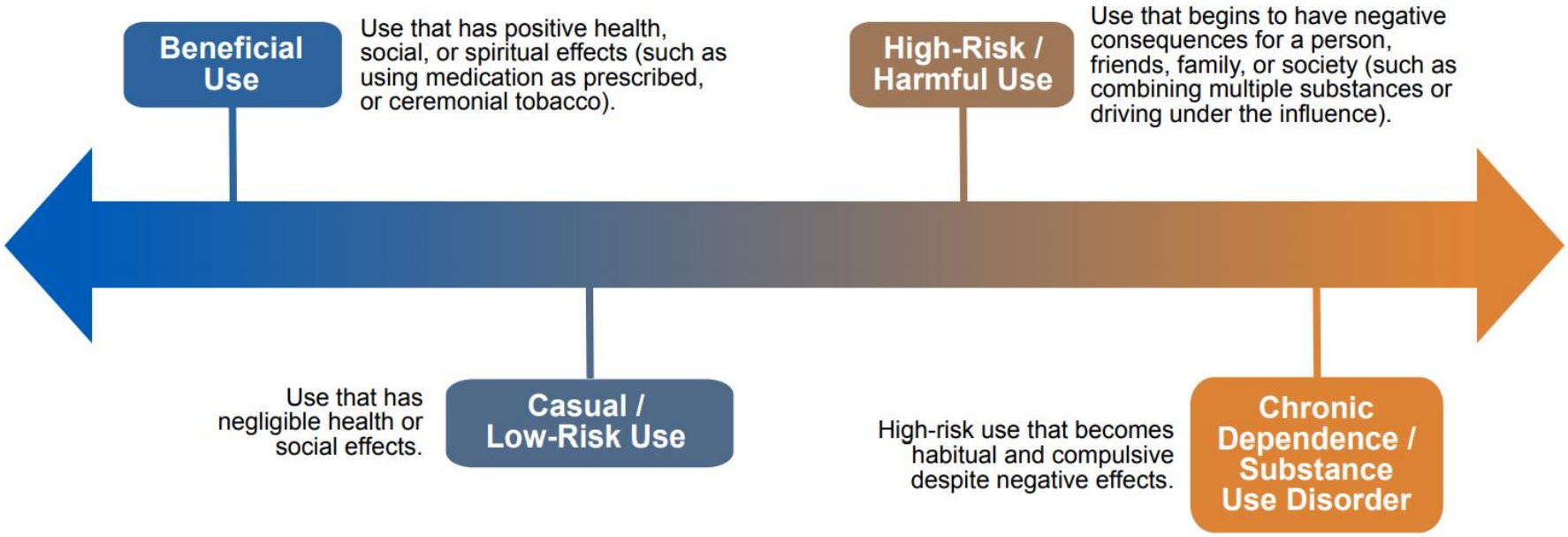
- “You were hospitalized for shortness of breath. You were found to have new heart failure, and your heart was in an abnormal rhythm known as atrial fibrillation ("afib"). You were also found to have narrowing of one of the arteries in your heart, so you had a stent placed in the artery via cardiac catheterization. It was a pleasure taking care of you while you were here. Please do not hesitate to contact us with any questions or concerns. Best wishes for your good health and recovery.”

- “You were seen in the emergency department today after you were found unresponsive in a bush. It appears this is likely due to your substance abuse. As you know, using illicit drugs can be extremely dangerous and even life-threatening.”

The Need for Change

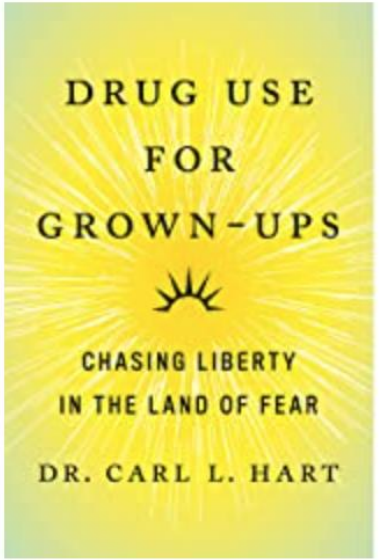
"For nearly a century, physicians were indoctrinated with the societal attitude that [people with addiction] brought upon themselves the suffering they deserve. Even after we began to regard [people with addiction] as having a disease, our policies continued to reflect our attitude: [people with addiction] 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."

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



Harms of exaggerating drug-related harm

- Misrepresentation of drug-related science has contributed to dehumanizing stereotypes, harmful policies and practices
- Important to present and discuss full spectrum of use, not just overemphasis on addiction and harms
- Must actively dispel myths like those that drugs bestow users with superhuman strength or trigger violence
- Drug researchers have responsibility to use skills and platforms to speak out against racism and advocate for reallocating resources towards strengthening health of Black communities through health care, education, and employment



Neuron

CellPress

NeuroView

Exaggerating Harmful Drug Effects on the Brain Is Killing Black People

Carl L. Hart[1,2,3,*]
[1]Departments of Psychology and Psychiatry, Columbia University, New York, NY, USA
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[3]Twitter: @drcarlhart
*Correspondence: clh42@columbia.edu
https://doi.org/10.1016/j.neuron.2020.06.019

Exaggerations of the detrimental impact of recreational drug use on the human brain have bolstered support for draconian drug policies and have been used to justify police brutality against Black people. This situation has led to disproportionately high Black incarceration rates and countless Black deaths. Here, I offer solutions to remedy this multi-century maltreatment of Black people.

"This is why you don't do drugs kids." That admonishment—directed at bystanders who watched in horror as police manhandled George Floyd's 46-year-old, defeated black body—spoke volumes about what kind of people we are and

It was Memorial Day, the national holiday commemorating the military men and women who died while serving this country, protecting our "unalienable Rights," including "Life, Liberty and the pursuit of Happiness." Chauvin's chilling

Floyd being restrained by the police, his underlying health conditions and any potential intoxicants in his system likely contributed to his death." Criminal complaints provide crucial clues about the approach prosecutors plan to pursue dur-

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.” ~*Maia Szalavitz*

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.”

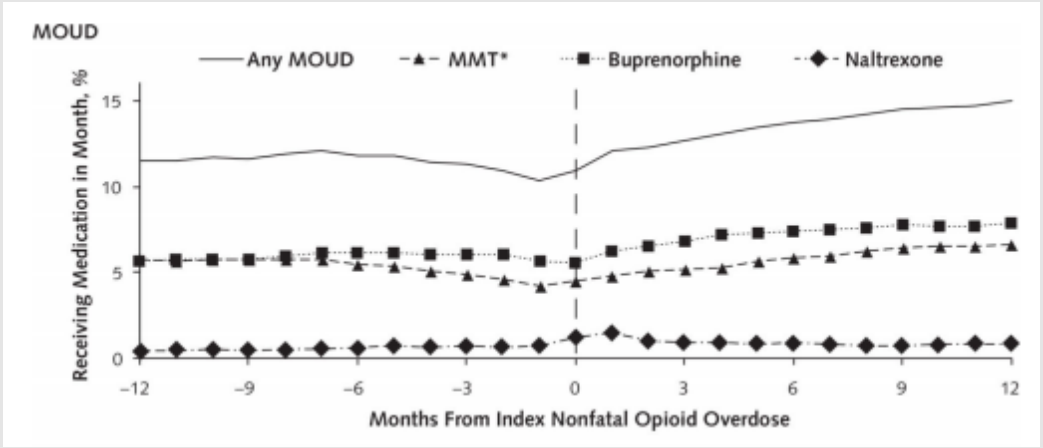
Myth #3: Addiction is a poor prognosis illness

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.

Among Those at Highest Risk of Death, Treatment Retention Low

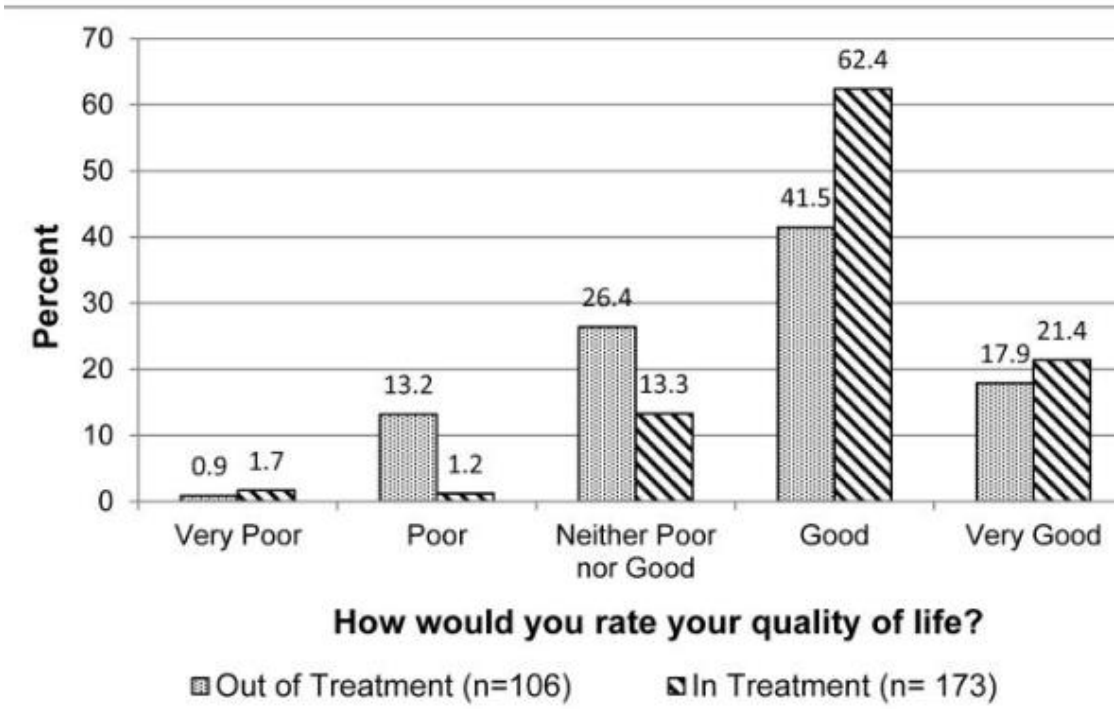


- In 12 months after nonfatal OD, 11% received methadone median of 5 months, 17% buprenorphine median of 4 months, and 6% naltrexone median of 1 month
- Despite short duration of treatment, there was a reduction in all-cause mortality with methadone (AHR 0.47) and buprenorphine (AHR 0.63)
- For naltrexone, no mortality benefit (AHR 1.44)

Larochelle MR. Ann Intern Med. 2018 Aug 7;169(3):137-145

Treatment Retention Has Benefit Irrespective of Toxicology Results

- Treatment retention strongly associated with quality of life
- Opioid-positive toxicology results *not* associated with QoL



Mitchell SG. J Psychoactive Drugs. 2015 Apr-Jun;47(2):149-57

Reconsidering Reliance on Toxicology

Journal of Substance Abuse Treatment 120 (2021) 108155

Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jsat

Down the drain: Reconsidering routine urine drug testing during the COVID-19 pandemic☆

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[b] Division of Addiction Medicine, Johns Hopkins Bayview Medical Center, 5200 Eastern Avenue, Mason Lord Building, East Tower, 2nd floor, Baltimore, MD 21224, United States of America

ABSTRACT

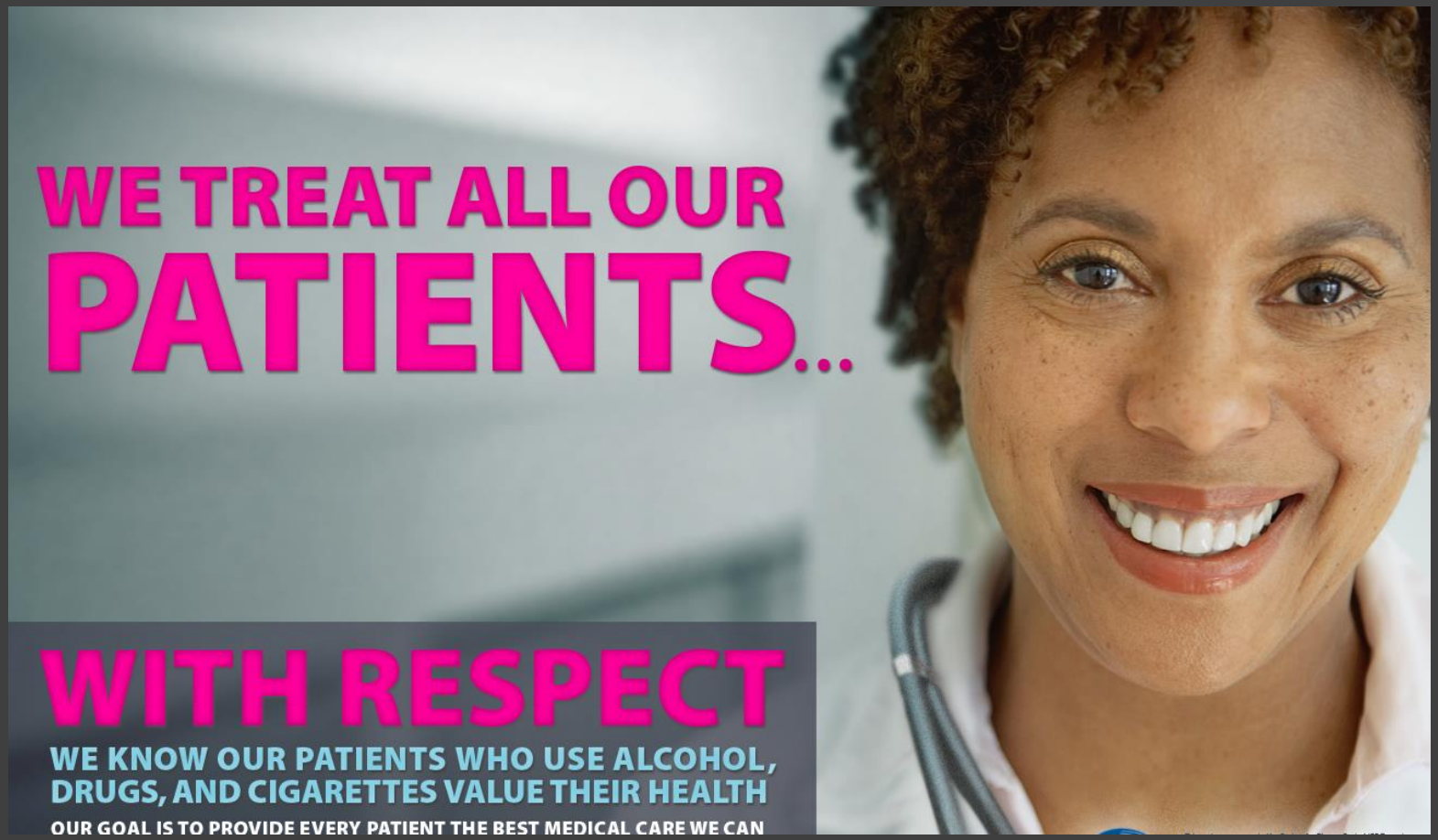
The COVID-19 pandemic and the move to telemedicine for office-based opioid treatment have made the practice of routine urine drug tests (UDT) obsolete. In this commentary we discuss how COVID-19 has demonstrated the limited usefulness and possible harms of routine UDT. We propose that practitioners should stop using routine UDT and instead use targeted UDT, paired with clinical reasoning, as part of a patient-centered approach to care.

- Patients don't disclose use for many reasons, including feelings of judgement, stigma, shame, fear of treatment being terminated
- Routine toxicology has roots in criminal legal approach designed to enforce abstinence and "catch" use that triggers punitive consequences
- Less reliance on toxicology allows shifting treatment focus to patient goals and how they have progressed in aspects of life that are important to them as opposed to binary result of toxicology

High Threshold vs Low Threshold Care

- PWUD face numerous barriers to engage in services:
  - Registration threshold (accessing care and staff)
  - Competence threshold (ability to communicate needs)
  - Efficiency threshold ("What about those who need 1000 cups of coffee before they start to speak about their needs?")
  - ***TRUST***
- Low-threshold care aims to reduce barriers ('thresholds') through less stringent eligibility criteria to broaden potential reach

Edland-Gryt M. Int J Drug Policy. 2013 May;24(3):257-64.
Mofizul Islam M. Int J Drug Policy. 2013 May;24(3):220-2.



Reframing care for patients who use substances

- Identify discrepancies in approach to substance use vs other health conditions
- Recognize how our historical approaches or policies cause harm
- Build a patient-centered & guided care framework: identify, acknowledge, support patient's most pressing needs
- Emphasize joy of this work

Words Matter

NON-STIGMATIZING LANGUAGE	STIGMATIZING LANGUAGE
• Person with a substance use disorder	• Substance abuser or drug abuser • Alcoholic • Addict • User • Abuser • Drunk • Junkie
• Substance use disorder or addiction • Use, misuse • Risky, unhealthy, or heavy use	• Drug habit • Abuse • Problem
• Person in recovery • Abstinent • Not drinking or taking drugs	• Clean
• Treatment or medication for addiction • Medication for Addiction Treatment • Positive, negative (toxicology screen results)	• Substitution or replacement therapy • Medication-Assisted Treatment • Clean, dirty

HIGH-QUALITY PRIMARY HEALTH CARE IS

Person-Centered

Person-centered care is organized around the comprehensive needs of people rather than individual diseases

It engages people in full partnership with health care providers in promoting and maintaining their health.

Person-centered care considers a patient's social, career, cultural, and family priorities as important facets of health.

What is Person-Centered Care?

- Includes the following dimensions :
  - recognition of bio-psychosocial influences on health
  - acknowledgement of subjective health needs and experiences
  - shared power and decision-making between patients and providers
  - promotion of patient-provider communication and relationships based on mutual trust

https://improvingphc.org/file/person-centeredpng

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."

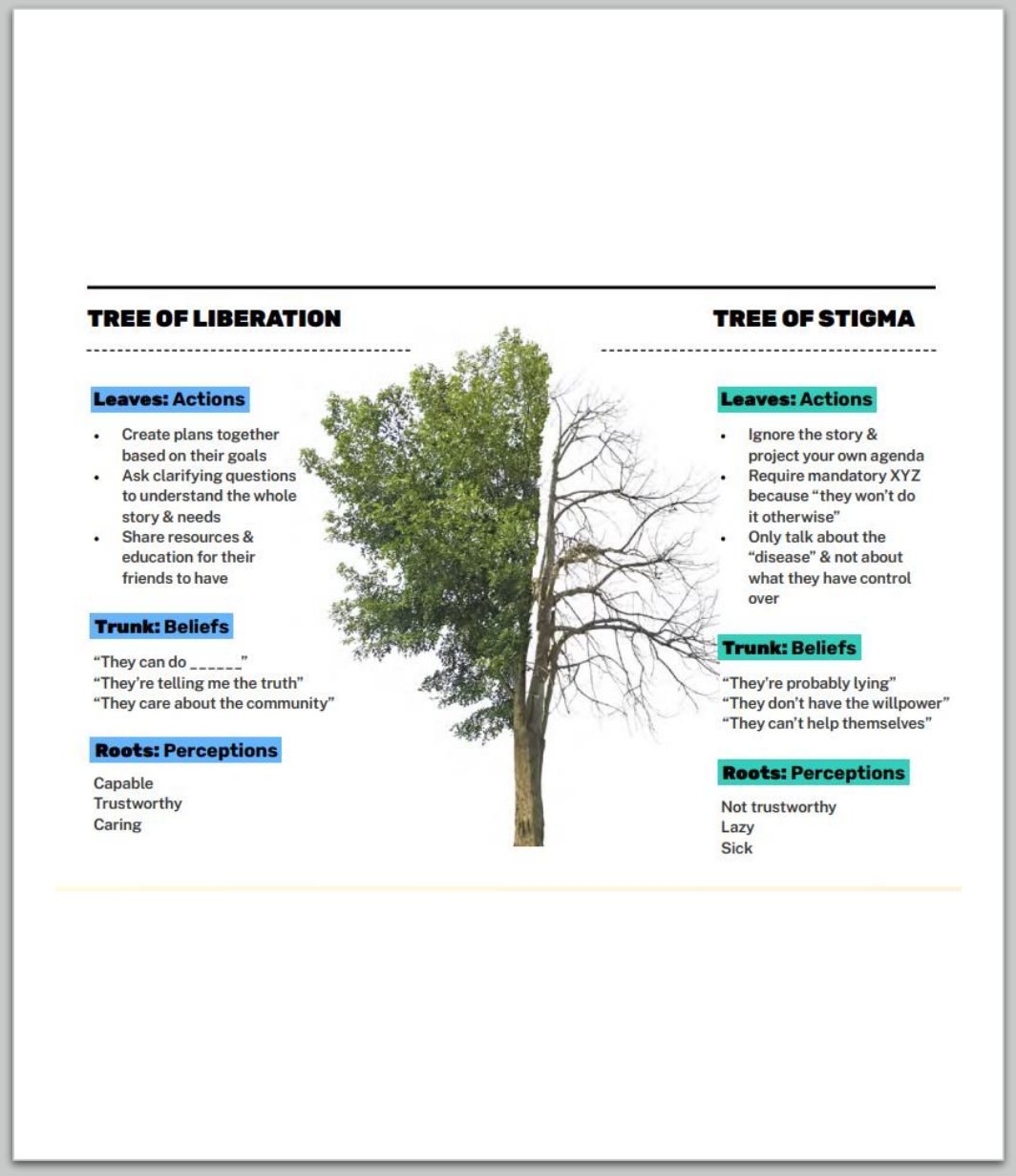
"You could just show a little more compassion and gentleness."

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

McNeil R, Kerr T, Pauly B, Wood E, Small W. Addiction. 2016 Apr;111(4):685-94.

What is the Ideal Role of the Care Providers?

- Serve as a role model for compassion & anti-stigma
- Drop all barriers to care
- Identify and rethink policies & approaches
- Inspire others & trainees
- Be an upstander



The Importance of Low Threshold & Welcoming Care

- "They [staff] treat you like you're a person, and trying to make your life better, and encourage that. And I [patient] think that's an awesome thing instead of not believing that you can even do it."

- "…no one's [staff] going to judge you or give you a hard time. You'll [patients] find that everyone is really understanding. It's hard for me [patient] to open up, honestly…I keep everything to myself…but it's easy here…it's just nice to be able to talk about things."

- "…it's nice to be able to just walk in somewhere [immediately post incarceration], and they [staff] are understanding, and accepting, and willing to help still."

- "…and coming here [clinic], there was something redeeming about it. I [patient] felt safe. I felt warm. In fact, I felt nurtured, I think would be the best word."

Compassion Saves Lives

“I came into the Bridge Clinic back in 2018 and it saved my life. What I remember most from the 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 Bridge Clinic 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 [the providers] to treat me like a doctor treats a patient saved my life.”

Thank you!

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@DrSarahWakeman

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Questions & Discussion

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The Peer Perspective

Patrick Evans (they/them)
Jessica Lamb (she/her)

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Questions & Discussion

Link in Chat

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THANK YOU!

Upcoming Sessions:

- *QI BOOSTer Series: May 20th, 9:00-10:00AM*
- *QI Network Webinar 5: June 22nd, 8:30-10:00AM*

**Reminder to teams: please submit quarterly reports by April 30th*

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VISIT THE WEBSITE: http://www.stophivaids.ca/oud-collaborative