Low Barrier Access to MAT
Today’s Facilitator

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In Conversation With

County of Santa Cruz California
Serving the Community ~ Working for the Future
Agenda

• Overview: Low Barrier Access to MAT and Medication First
• Speaker Introductions
  • Approach at Family Health Centers of San Diego
  • Approach at County of Santa Cruz
• Discussion
• Closing
Overview
Partial agonist at mu receptor
- Comparatively minimal respiratory suppression and no respiratory arrest when used as prescribed

Long acting
- Half-life ~ 24-36 Hours

High affinity for mu receptor
- Blocks other opioids
- Displaces other opioids
  - Can precipitate withdrawal

Slow dissociation from mu receptor
- Stays on receptor for a long time

SAMHSA, 2018
Orman & Keating, 2009
Benefits of MAT: Decreased Mortality

**Death rates:**

- General population
- Medication-assisted treatment
- No treatment

Standardized Mortality Ratio

Dupouy et al., 2017
Evans et al., 2015
Sordo et al., 2017
Treatment Retention and Decreased Illicit Opioid Use on MAT

- Buprenorphine promotes retention, and those who remain in treatment become more likely over time to abstain from other opioids

Kakko et al, 2003
Soeffing et al., 2009
Treatment Retention and Buprenorphine Dosage

Fiellin et al., 2014
Buprenorphine Dosing: Safety

- Cognitive and psychomotor effects appear to be negligible.
- Respiratory rate slowed but has a plateau effect in adults.

- Nearly all fatal poisonings involve multiple substances

Hakkinen et al., 2012
Walsh et al., 1994
Buprenorphine and Benzodiazepines

- Benzodiazepines are present in most fatal poisonings involving buprenorphine

<table>
<thead>
<tr>
<th>Human studies</th>
<th>Minimal effects on respiration when both are taken at therapeutic doses</th>
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<td>Animal studies</td>
<td>May remove the protective “ceiling effect” and allow buprenorphine to produce fatal respiratory suppression in overdose</td>
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- Used as prescribed benzodiazepines in combination with buprenorphine have been associated with more accidental injuries, but not with other safety or treatment outcomes

Bardy et al., 2015; Jones et al., 2012; Nielsen & Taylor, 2005; Schuman-Olivier et al., 2013
# Changes in FDA Recommendations

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<th>08/2016</th>
<th>09/2017</th>
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<td>▪ Boxed Warning for combined use of opioid medicines with benzodiazepines or other CNS Depressants (e.g. Alcohol)</td>
<td>▪ Buprenorphine and methadone should not be withheld from patients taking benzodiazepines or other drugs that depress the central nervous system (CNS).</td>
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<td>▪ Risks of slowed or difficult breathing; Sedation; Death</td>
<td>▪ The combined use of these drugs increases the risk of serious side effects; however, the harm caused by untreated opioid addiction can outweigh these risks.</td>
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<td>▪ Careful medication management by health care professionals can reduce these risks.</td>
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Diversion of Buprenorphine

• Primary motivation for diverted buprenorphine use is the abatement of withdrawal symptoms.

• In survey studies ~6% of participants report injecting buprenorphine “to get high”

• Steps taken to minimize buprenorphine diversion and misuse must be careful not to undermine the positive patient and public health benefits gained from expanded treatment access.

Medication FIRST Model

• People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatments planning sessions;

• Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;

• Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy;

• Pharmacotherapy is discontinued only if it is worsening the person’s condition.

http://www.nomodeaths.org/medication-first-implementation
Medication FIRST Model

• Medication *first does not mean* Medication only

• Medication is contingent upon the patient’s benefit, not based upon a timeframe, patient’s participation in counseling, an unexpectedly positive test result, etc.

http://www.nomodeaths.org/medication-first-implementation
In Opioid Use Disorder: Adding psychosocial support does not change the effectiveness of retention in treatment and opiate use during treatment.

Amato L, Minozzi S, Davoli M, Vecchi S. Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD004147. DOI: 10.1002/14651858.CD004147.pub4
Questions?
Family Health Centers of San Diego

Ernie Taimanglo, MC, CADC II
Program Supervisor – BHI/SUD Services
Santa Cruz County Health Services Agency

Danny Contreras, SUDCC III-CS Health Services Manager MAT Program
Discussion
Discussion

- What’s getting in the way of providing low barrier access to medications?
- What has worked in your clinic in promoting low-barrier access?

- Join the conversation!
- Use the chat box or unmute (*6) to share your experience
Next Steps

The breakout room will close at 1:50 pm and you’ll be automatically sent back to the main Zoom room (your line will be muted)

Please fill out the poll/survey.

Thank you!