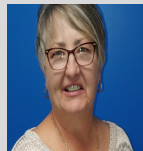
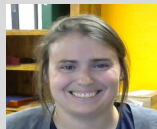


THE BENEFITS OF HARM REDUCTION IN THE TREATMENT OF OPIATE ADDICTION



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OBJECTIVES

This presentation will show how the harm reduction model can be effective in treating individuals with an opiate addiction. The presenters will explain different therapies used by clinicians to engage patients and determine their treatment needs. This presentation will help the participants understand how Medication Assisted Treatment is the gold standard when serving this population. The presenters will also present on the current fentanyl epidemic and how it has impacted the patients served with Medication Assisted Treatment. They will provide the audience with trends regarding fentanyl and data on overdoses caused by this drug.

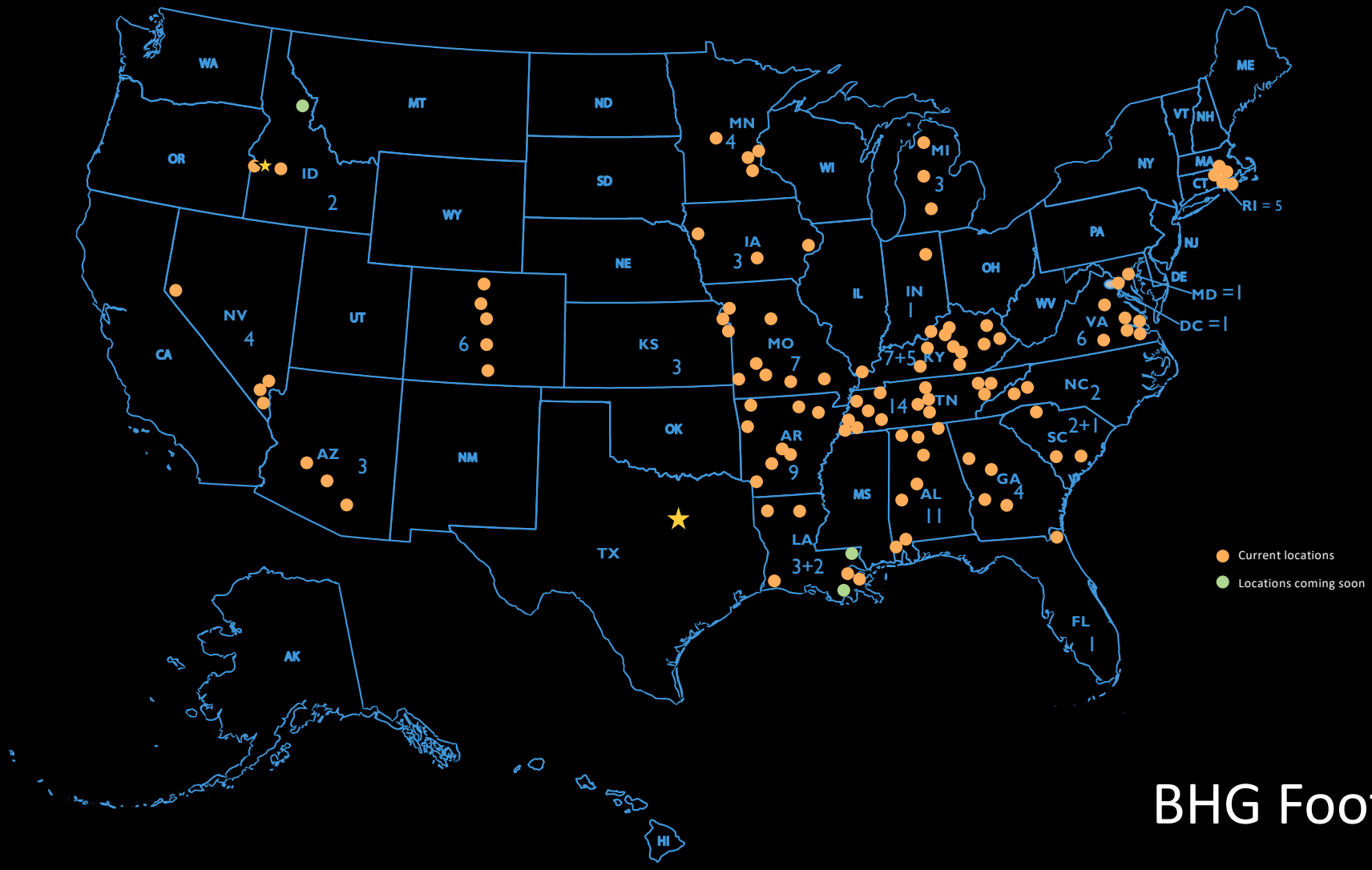
1. After participating in this session, attendees will be able to explain the Harm Reduction Model of Treatment.
2. The attendees will be able to apply therapies discussed in their practice setting.
3. The attendees will have information regarding fentanyl that can be used to assess and refer individuals they encounter to the appropriate treatment setting.

Who We Are

Behavioral Health Group (BHG) is a leading provider of opioid addiction treatment services.

- Our treatment centers provide pharmacotherapeutic maintenance and detoxification services in a conventional outpatient setting.
- 50 Locations in 22 States. Serving approximately 15,000 patients and growing. Three locations in the KC Metro area- Overland Park, Kansas City, Kansas and Kansas City, Missouri. Now in Lawrence, Ks.





BHG Footprint

Hope, Respect, and Caring

HOPE

- The treatment we offer can help patients regain the things they've lost due to their untreated disease.

RESPECT

- Our patients are treated with the same dignity and respect that any health care provider gives to a patient suffering from a medical condition.

CARE

- We **Care** about the epidemic of opioid addiction; we are committed to providing high quality care to those who suffer from this disease.

OVERSIGHT OF MEDICATION ASSISTED TREATMENT



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DIFFERENCES AND SIMILARITIES



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Treatment Models

Harm Reduction and Traditional Models



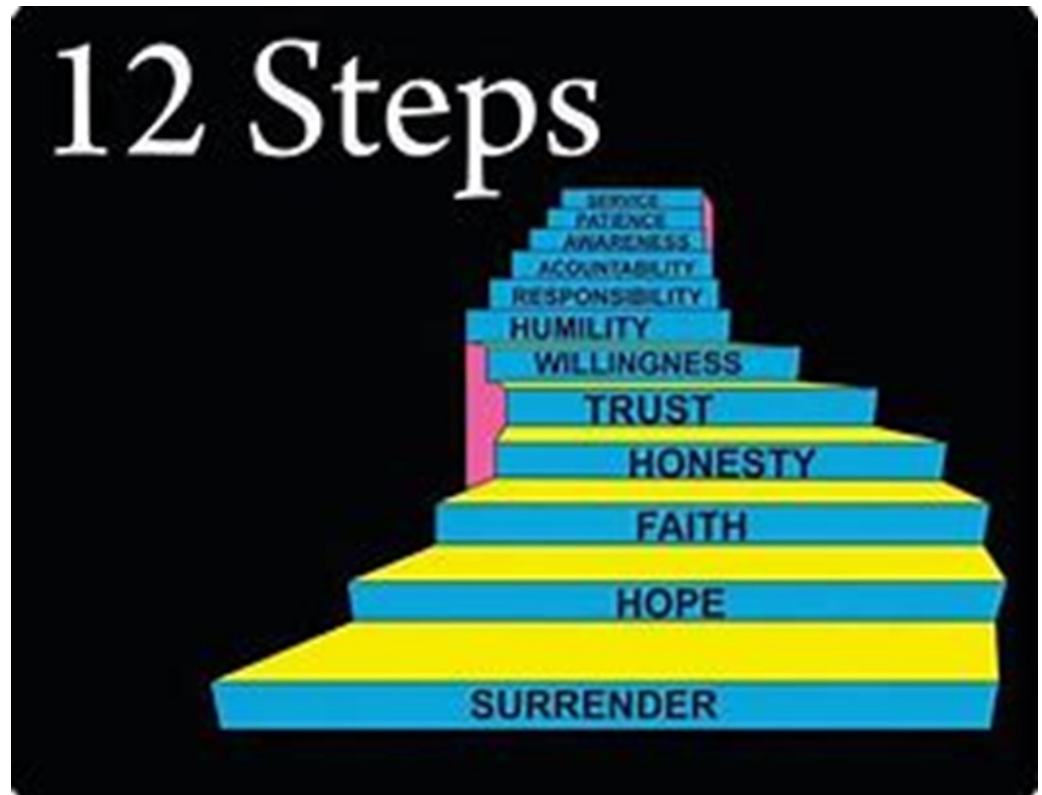
Traditional Addiction Treatment



- https://www.youtube.com/results?search_query=bob+newhart+stop+it

TRADITIONAL ADDICTION TREATMENT

“Tough Love”
Abstinence
The 12-step
model



TRADITIONAL ADDICTION TREATMENT

Criticisms:

Helping or hurting?

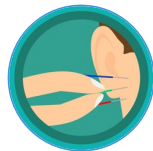
Is complete abstinence
attainable?



HISTORY OF THE HARM REDUCTION MOVEMENT



The Black Panther Party's survival programs such as Free Breakfast for Children and Health Clinics



The Young Lords' launch of an acupuncture program for heroin users in the South Bronx



The women's health movement emerging from 1970s feminist activism and the fight for reproductive health



The grassroots and activist response to the AIDS crisis in the 1980's and beyond

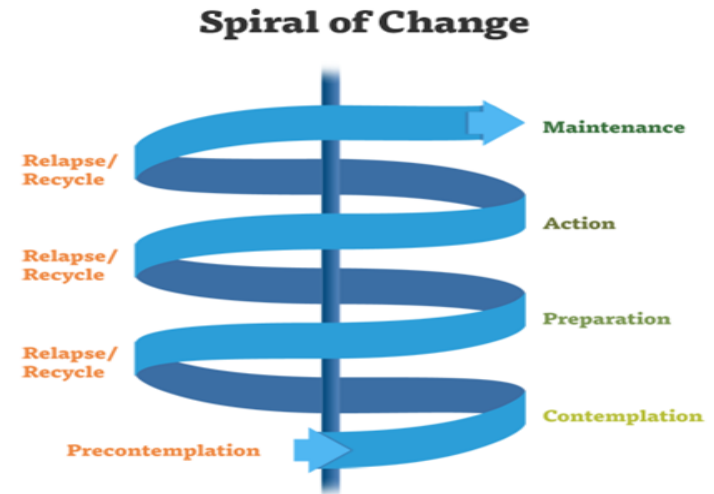
Harm Reduction



Harm Reduction

Treatment Planning and Objectives

- Nonjudgmental goals
 - Understanding the “big picture”
 - Empowerment
 - Responsibility
 - Create attainable goals
 - MH and SUD integration
 - Just say “Know”
-



HARM REDUCTION

Does harm reduction
enable drug use?

Criticisms:

- Keeps patients “stuck” in addiction
- Gateway to legalization



What works?

- **Both!**
- **Reduce the spread of disease**
- **Crime prevention**
- **Medication Assisted Treatment**
 - **40-60% of patients maintain complete abstinence from opioids while receiving MAT and up to 90% reduce their use significantly**



FENTANYL EPIDEMIC-THE IMPACT ON MAT

What is Fentanyl?

Synthetic Opioid

An analgesic

Schedule II controlled substance

Approximately 100 times more potent than morphine and 50 times more potent than heroin



Illicitly Manufactured Fentanyl

- Illicitly manufactured fentanyl chiefly responsible for current crisis
- Sold as powders, sprays, and increasingly as pressed pills
 - Percocet 30s, Blues
 - Also, made to look like Xanax or Adderall
- Due to low cost and potency, fentanyl is mixed with other drugs



Overdoses and Death

- 2 mg of fentanyl can be a lethal dose
- In 2022, DEA labs found 6 out of 10 fentanyl-laced fake prescription pills contained a lethal dose of fentanyl.
- According to the CDC, 107,735 Americans died between August 2021 and August 2022 from drug overdoses and poisonings
 - 66% involving fentanyl and other synthetic opioids



DRUG NAME	POTENCY RELATIVE TO MORPHINE
α -methylfentanyl	< 100 x greater
Fentanyl (Sublimaze™, Duragesic™, Actiq™)	100 x greater
Remifentanyl (Ultiva™)	100 x greater
Sufentanyl (Suffenta™)	1,000 x greater
Carfentanyl (Wildnil™)	10,000 x greater

Xylazine

- Non-opiate sedative, analgesic, and muscle relaxant also known as "tranq"
- Only approved by the FDA for to be used as a veterinary tranquilizer to sedate large animals
- Leads to CNS depression, respiratory depression, hypotension and bradycardia
- Currently, xylazine is being used as a cutting agent in illicit opioid supply
- It's cheap. Less fentanyl or heroin can be used while increasing psychoactive effects and increasing profits
- Longer lasting effect than fentanyl alone

Xylazine, Continued

- Combination of xylazine and fentanyl further decrease respiratory function that can increase potential for fatal overdoses
- DEA recently released a public safety alert warning of the widespread threat of fentanyl mixed with xylazine
 - 48 of 50 states
 - 23% of fentanyl powder and 7% of fentanyl pills contained xylazine
- Naloxone (Narcan) does not reverse its effects-not an opioid
- Can develop severe wounds, including necrosis—the rotting of human tissue—that may lead to amputation
 - Low threshold to refer to wound care

NPS- Benzimidazoles

- European Monitoring Center for Drugs and Drug Addiction noted a marked decrease in fentanyl NPS starting in 2019, with a commensurate increase in non-fentanyl NPS
- One of the main classes of NPS identified are benzimidazoles
- Has been found in heroin and fentanyl
- Also pressed into counterfeit pills (M8 and M30)
- Currently we cannot test for non-fentanyl NPS except for U-4770 and U-50488
- If you have patients who are clearly using opioids, but not showing this on UDS, consider these substances. Document thinking and treat according to your best judgment

Methadone

- Works to reduce illicit opioid use in two ways
- Prevents withdrawal
 - Long half life
 - At adequate dose, people don't go into withdrawal
 - This addresses negative reinforcement
- Prevents opioid induced euphoria
 - Induce a high degree of tolerance
 - This is what is called a “cross-tolerant blockade”
 - Also confers protection against overdose
 - Addresses positive reinforcement

Impact on MAT

- Therefore, for both buprenorphine and opioid agonist maintenance, the general finding is that the effects of higher efficacy agonists are more difficult to block than lower efficacy agonists. To the extent that these findings can be extrapolated to humans, the data suggest that methadone and buprenorphine may be less effective in treating fentanyl abuse than it is in treating heroin abuse.” (Comer 2019)
- “However, standard maintenance doses of methadone may not be sufficient to extinguish craving for opioids and to provide sufficient blockade for patients with persistent craving who use [fentanyl] during treatment. Higher maintenance doses of methadone (e.g. > 120mg/day) may provide greater reduction of craving and more effective cross-tolerance blockade.” (Bisaga 2018)
- “...the higher rates of tolerance and physical dependence associated with repeated fentanyl use might necessitate higher doses of methadone or buprenorphine than for other OUDs.” (Volkow 2021)

Impact on MAT, Continued

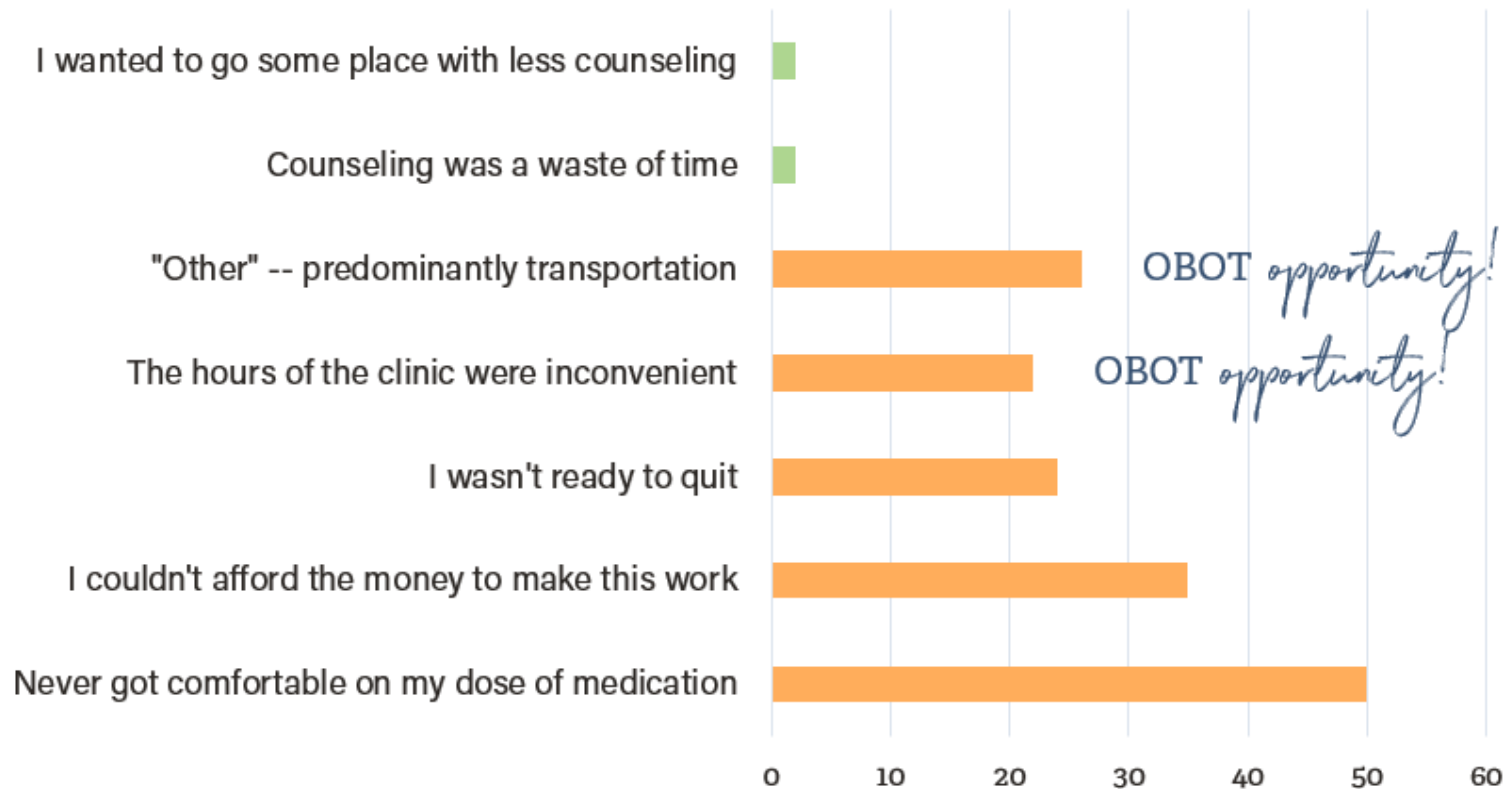
- These are described in the literature, not formally studied
- Hemmons et al 2019
 - Start at 30 mg
 - Increase 10-15 mg every 3-5 days to 75-80 mg
 - Then increase 10 mg every 5-7 days
- Stone et al 2020
 - Start at 30 mg
 - Increase by 10 mg on Day 2 and another 10 mg on Day 3 (to 50 mg)
 - Increase by as much as 20 mg a week (e.g. 10 mg increase twice a week)
- Buresh et al 2022
 - Day 1: 40 mg max
 - Day 2: 60 mg max
 - Day 3: 80 mg max
 - Day 4 and going forward: increase 10 to 20 mg every 4 days to 140 mg

Survey Says ...

Top 5 reasons patients discharged AMA

(N=54)

Because multiple answers per participant are possible, the total percentage may exceed 100%



Integrated Dynamic Care Model

HARM REDUCTION

Harm reduction is not about “giving up” on a patient. We’re trying to meet them where they are, establish a climate of mutual respect, and then work patiently and respectfully to move them along the change process.

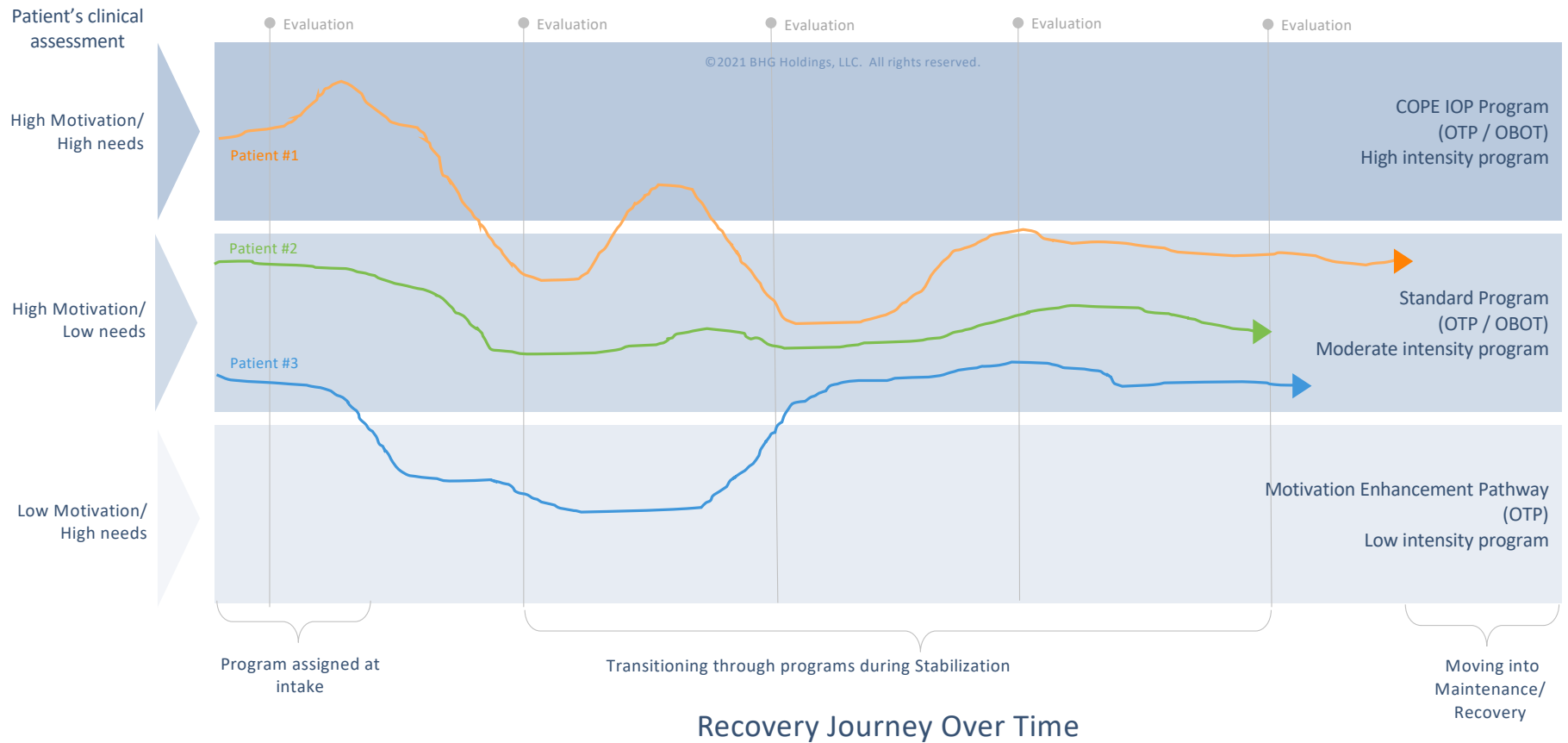
STANDARD

- Induction
- Stabilization
- Maintenance

COPE-COMPREHENSIVE OUTPATIENT EXPERIENCE (IOP AND MAR)

The COPE pathway can be used by patients who have either failed to stabilize in Standard programming or who have become critically unstable along the way.

Integrated Dynamic Care ModelSM



Addiction Treatment Reforms

- The Biden administration announced new rules that will make it easier for many patients to access methadone and buprenorphine
- Making policies that had been implemented during COVID permanent to increase accessibility for take-home doses of methadone
- Eliminate stigmatizing language
- Eliminated the x-waiver
- Sell naloxone over the counter and without a prescription

QUESTIONS AND DISCUSSION



References

Baylor College of Medicine (2018, August 29). The opioid crisis: What are dangers of fentanyl and its derivatives? <https://blogs.bcm.edu/2018/08/29/the-opioid-crisis-what-are-dangers-of-fentanyl-and-its-derivatives/>

DEA (2022, November). *Benzimidazole-Opioids*. https://www.dea.gov/diversion.usdoj.gov/drug_chem_info/benzimidazole-opioids.pdf

DEA. 29 April, 2021. Facts about Fentanyl. Retrieved from <https://www.dea.gov/resources/facts-about-fentanyl> on 28 April, 2023

DEA. 28 April, 2023. . Retrieved from <https://www.dea.gov/onepill> on 28 April, 2023

DEA (2022, October). The Growing Threat of Xylazine and its Mixture with Illicit Drugs. DEA Joint Intelligence Report. <https://www.dea.gov/sites/default/files/2022-12/The%20Growing%20Threat%20of%20Xylazine%20and%20its%20Mixture%20with%20Illicit%20Drugs.pdf>

SAMHSA (2022, December 13). SAMHSA Proposes Update to Federal Rules to Expand Access to Opioid Use Disorder Treatment and Help Close Gap in Care. SAMHSA. <https://www.samhsa.gov/newsroom/press-announcements/20221213/update-federal-rules-expand-access-opioid-use-disorder-treatment>

U.S. Department of Justice (2022, November). Xylazine. DEA Diversion Control Division. https://www.dea.gov/diversion.usdoj.gov/drug_chem_info/Xylazine.pdf