The State of Disaster Fentanyl, micro-dosing, the incarcerated population and what it all means for MOUD



The Opioid Epidemic

. Record number of overdose deaths . fentanyl rising in use . The pubic and those who use opioids are frightened



. Generally chemicals that attach to and stimulate the "opioid receptors"

. morphine, heroin, kratom, fentanyl.... . There are important differences

What are opioids?



. "Natural Opioids"

- . Morphine, codeine, hydrocodone, hydromorphone
- urine test: OPV MOP

. <u>Semi-synthetic</u> . Made from Thebaine . Oxycodone, buprenorphine (suboxone) . Need to test for each

Types of opioids

. Full synthetic . Not chemically related to other opioids . Fentanyl, Demerol . Need to test for each

. Other Opioids . Old and new . Kratom, ultram . Have variable effect on opioid receptors



What is a Substance (Ise Disorder?

- Who hasn't?
- . See ourselves in....us.

. Continuing to do something that you know is detrimental to you...



- Generally did someone with Type 2 diabetes substantially contribute to their own disease?
- . Are they bad people?
- people, just a bad problem.

Diabetes of the Brain

. While those who struggle with SUD did it to themselves...not bad



Chemical Dependence

• I prefer the framework of a normal person, dealing with normal problems in a dysfunctional way...not dealing with the problem... . "You are emotionally dependent on chemicals to escape from you."



Treatment of Opíoid Use Disorder

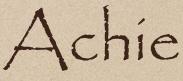


. 1) Relapse prevention (Risk Reduction)



What are we realistically trying to achieve Day 1?

. The Combine Trial: The largest medication trial to date for alcohol dependence . Measured drinking days per month, not drinking at all or not Go from using a chemical 30/30 days to 20/30 days in the first month? . s that success?



Achievable (Joals



MOUD (Medication for Opioid Use Disorder)

- . High dose, long duration.
 - preventing overdose.

. Nearly 20 years of experience in the US with Buprenorphine:

Reduce withdrawal symptoms, reduce craving, block the person from having effect from opioid use, therefore reducing use and



- . What was thinking?
- . Patients want to get off....so what do you do?

Case Study

• Young Male, my patient for <u>years</u> on Buprenorphine, very stable, consistent negative UDS, tapers off... 18 months later in jail.





. Cheap, plentiful, 100 times more powerful...killing people.

Fentanyl



Patients and their families are Scared

. "lamgoing to die" inmate at KCCC

. About 1 in 7 opioid overdose deaths are in those recently released. JAMA Psychiatry, 75(4) 405-407 4/2018



- . 100 times more powerful than morphine
- . Long half life
- . difficult to test for
- . Seems to be mixed with everything, and you can't tell.

Why is fentanyl so tricky



. Fentanyl needs to be specifically tested for (9/30-10/4). There are no tests for the office, CLIA Waived (as far as | know) . Testing for opioids is widely misunderstood ...

Fentanyl Testing is hard





- . Sufentanil is 5-10 times as potent as fentanyl...
- . Carfentaníl, remífentaníl, Thíafentaníl...
- When we say "fentanyl" what we mean is super potent synthetic opioids... | don't even know if you can test for these...

Analogs



Fentanylis Potent

 Case 2: Patient on Sublocade long term, (been given in jail twice?), began using "fentanyl", now needs additional buprenorphine due to withdrawal?

. We are not in Kansas anymore...



Fentanyl has a long half-life

Naloxone can wear off and patient can go back into overdose (<2 hours verses 17 hours)

 It can take days for the fentanyl level to get low enough to begin buprenorphine induction the usual way, 100% on day 1



Micro-dosing Buprenorphine

- withdrawal.
- . For those who are using methadone or fentanyl, or who have difficulty starting on buprenorphine due to the wait or side effects....this method is very effective.

· Buprenorphine partially stimulates the opioid receptor, so if you have too much opioids in the system when starting, you go into



The "Bernese" Method

- days...

• First published by a group of physicians in Bern, Switzerland, they describe an initial dose of 0.2 mg gradually increased over several

. The lowest dose to easily get here is 1/4 of a 2 mg tab, 0.5 mg a day to start and to double every 48 hours is a simple version to 16-24 mg a day (maybe more with heavy "fentanyl" use)



MOUD in Jails

• Untreated, once released those with OUD have a 1:12 chance of overdose death in the near future.

• 6 months of injectable treated populations have 0% rearrest rate verses 30% less than 6 months...



What we are trying at KCCC

. Identify

- . Begin on naltrexone or buprenorphine, transitioning to vivitrol or Sublocade at release.
- . Discharge planning (bus pass, phone, insurance, appointment)



Identification is Challenging

- 30%) with opioids.
- about fentanyl?

. Although 60% have a SUD, very few seek care. National Sheriff's Assoc. (NSA) reported over 63% of inmates struggle with chemical dependency and 50% of those (over

. Is that because they don't know it is available or they are not ready? . We would like to begin routine POC Urine screening...but what



MOUDorMAT?

. "Buprenorphine is not recovery in a bottle" Dr. Graham Chelius



. "Jail time is not recovery" Every re-arrested inmate

- after release, relapse is expected.

ICP at KCCC

. Without a evidence based system in place to develop recovery skills,

. MAT (Medication Assisted Treatment) is the better definition.



Current Status

- . Buprenorphine is on the formulary at all jails statewide. . Vivitrol is available for free from the maker.
- by HSRHAfor KCCC.
- can't be diverted.

. Sublocade is at best \$1400 (\$1700 retail) and is being purchased

. crushed, powdered and sublingually administered buprenorphine



Choosing between Vivitrol and Sublocade

• Recently same day at KCCC: One chose naltrexone (did not want to restart buprenorphine), the other chose Buprenorphine (after weeks off opioids was still having withdrawal symptoms)

. Buprenorphine outcome data slightly better than naltrexone...



Post-Release Overdose Deaths

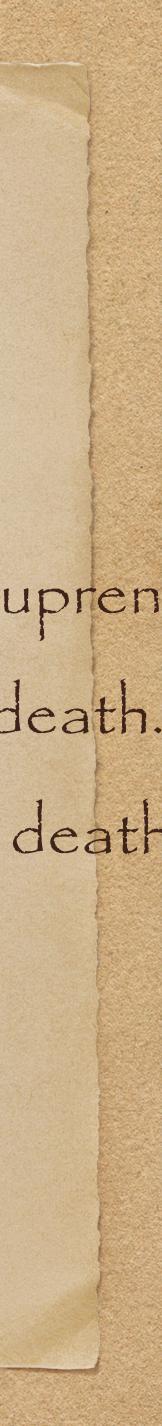
- . PR-MAT resulted in a 60% reduction in deaths in RI. death.
- . "The dead don't recover"
- release. (Bup > Naltrexone)

. 2018 study-you need to treat only 11 with PR-MAT to prevent one

. Some PR-MAT meds are better than others at reducing deaths post-



May 2019 Boston: Federal court of Appeals ruled that not offering treatment (bupren We have a constitutional right. (8th amendment- cruel and unusual) Due to risk of death. Decision quoted international studies with 75% and 85% reduction in post-release death



What if they decline?

• At a minimum, you have introduced the idea, and please send a prescription for naloxone nasal spray to their pharmacy. You are reinforcing the life threatening nature of OUD and you may actually save someones life.

