

WA State Assoc of Drug Court Professionals
Tukwila, WA | September 2024

SAVING LIVES: The Science Behind Medications for Opioid Use Disorder (MOUD)

Lipi Roy, MD, MPH, FASAM

Physician & Founder | SITA MED

**Former Chief of Addiction Medicine | Rikers Island
Clinical Assistant Professor | Montefiore Medical Center
Speaker | Media Health Commentator (MSNBC, Forbes)**

 lipiroy |   lipiroyMD |  YouTube Show Host

Laughter is the Best Medicine



If you like doing drug tests ...



... *urine* luck!!! 😊



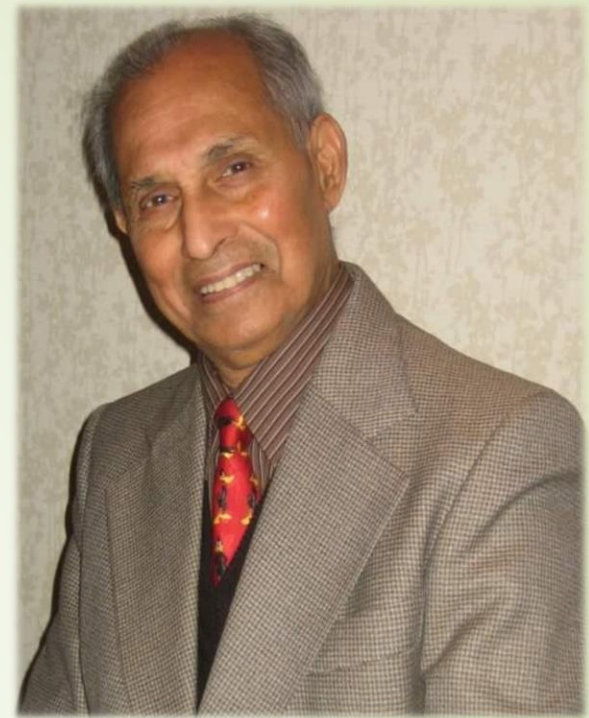
IN DEDICATION

My father, Mr. Sailesh Roy, was my #1 fan. He provided unconditional support for my academic, professional & personal endeavors

He led an extraordinary life: met PM Nehru, worked in England, travelled throughout Europe, wife of 52 years, successful children

My father passed away March 16th, 2023 at age 89 after a long & brave battle with heart failure and other complications

He was supportive of ALL girls & women 😊



LEARNING OBJECTIVES

1. Identify three medications for treating opioid use disorder and include their mechanisms of action
2. Describe three public health benefits associated with MOUD
3. Recognize appropriate situations to support the use of medications for treatment court participants experiencing OUD



OUTLINE

- Clinical Case
- Addiction/SUD: Epidemiology, Neurobiology
- SUD: Pre-COVID + Now
- Opioid/Drug Overdose Epidemic
- Emerging SUDs
- Incarceration + Addiction
- Racial Disparities
- Women + Incarceration
- OUD Treatment at Rikers Island
- Medications for OUD
- Psychosocial Therapies
- Stigma
- Harm Reduction
- Self-care
- Resources





Quiz Question



Why Do People Use Drugs?

- a) They want to feel good
- b) They want to stop feeling bad
- c) They want to perform better in school or at work
- d) Others are doing it and they want to fit in
- e) All of the above**
- f) None of the above





Clinical Case

“Shaun” is a 58yo male with a history of type 2 diabetes (on metformin), depression, chronic back pain and opioid use disorder. First exposed to heroin in his teens by an abusive uncle. Released from prison last year after completing a 20-year sentence. Using 10-15 bags of heroin IV daily for a year since release.

Two weeks ago, his teenage niece was killed. *“I was teaching her how to box.”*

He came to our clinic seeking help. *“I heard you help people like me. My grandkids need me. I can’t live like this anymore.”*

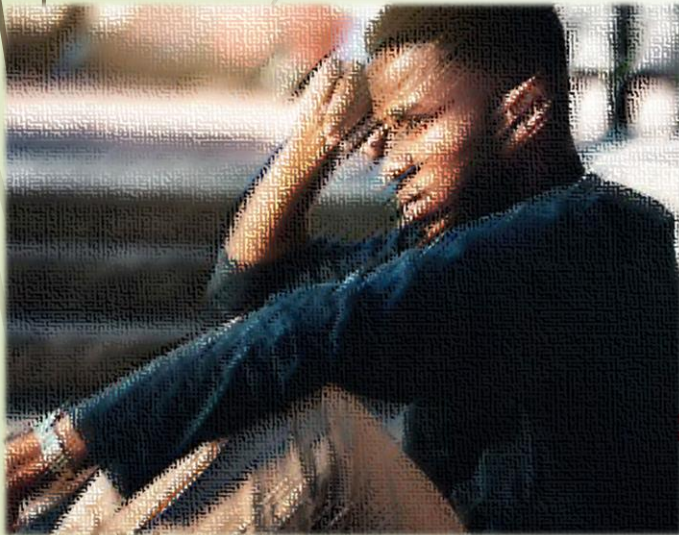




Quiz Question



Which of the following regarding Shaun's case is true?

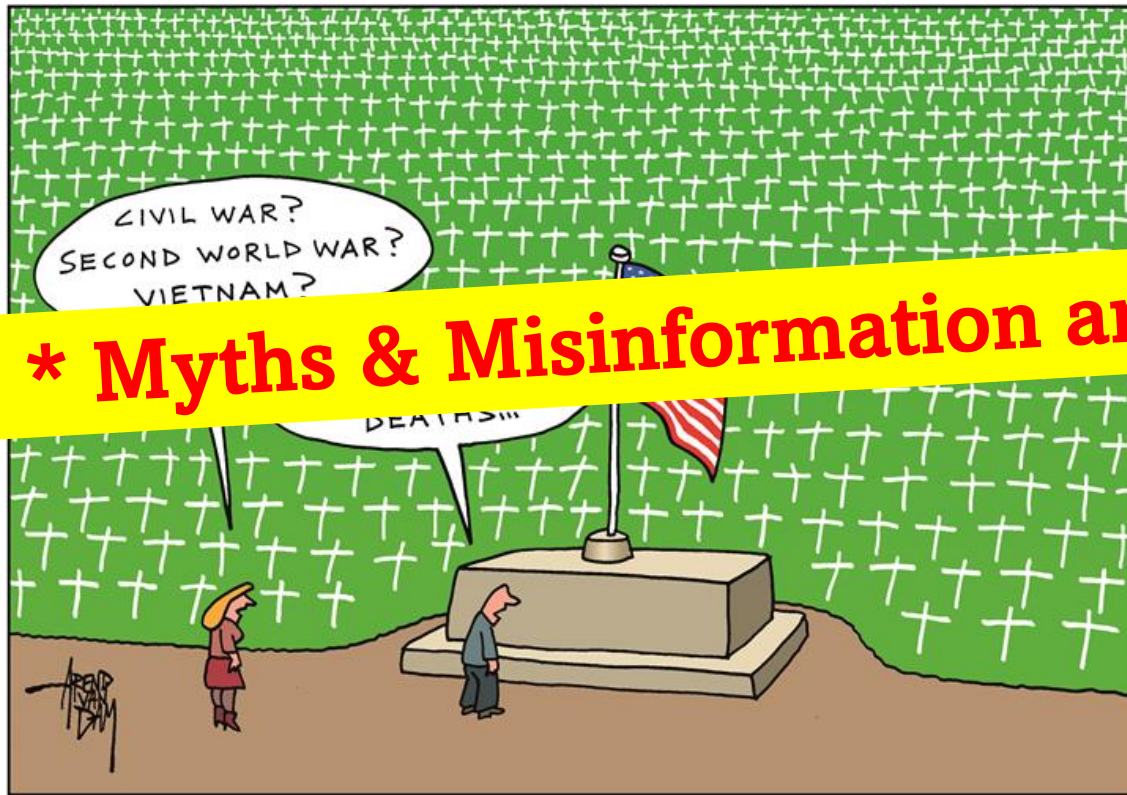


- a) His heroin use is concerning for opioid use disorder
- b) His niece's death could be a trigger for ongoing or increased use
- c) Early childhood/adolescent trauma could be a risk factor for later substance use disorder
- d) All of the above
- e) Shaun's a whiner. Tell him to 'buck up' and get over it



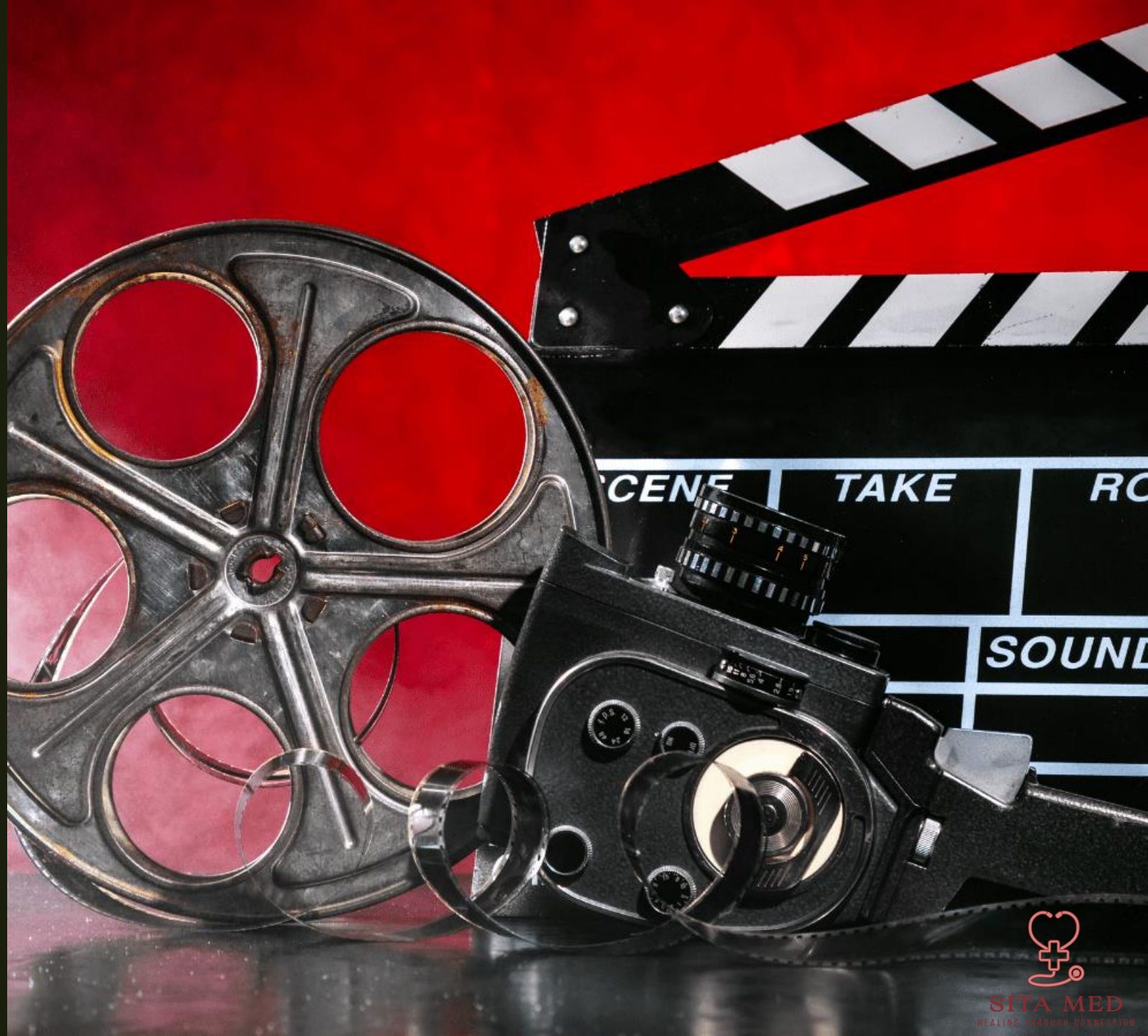
An EPIDEMIC Underlying a PANDEMIC

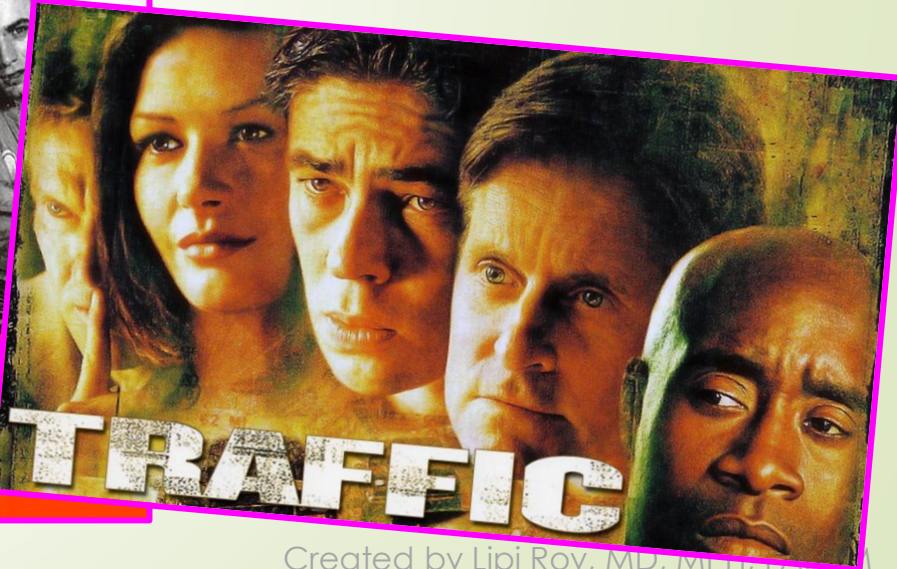
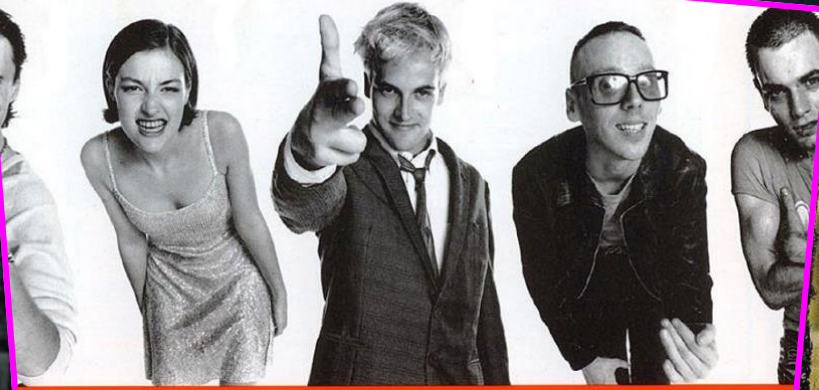
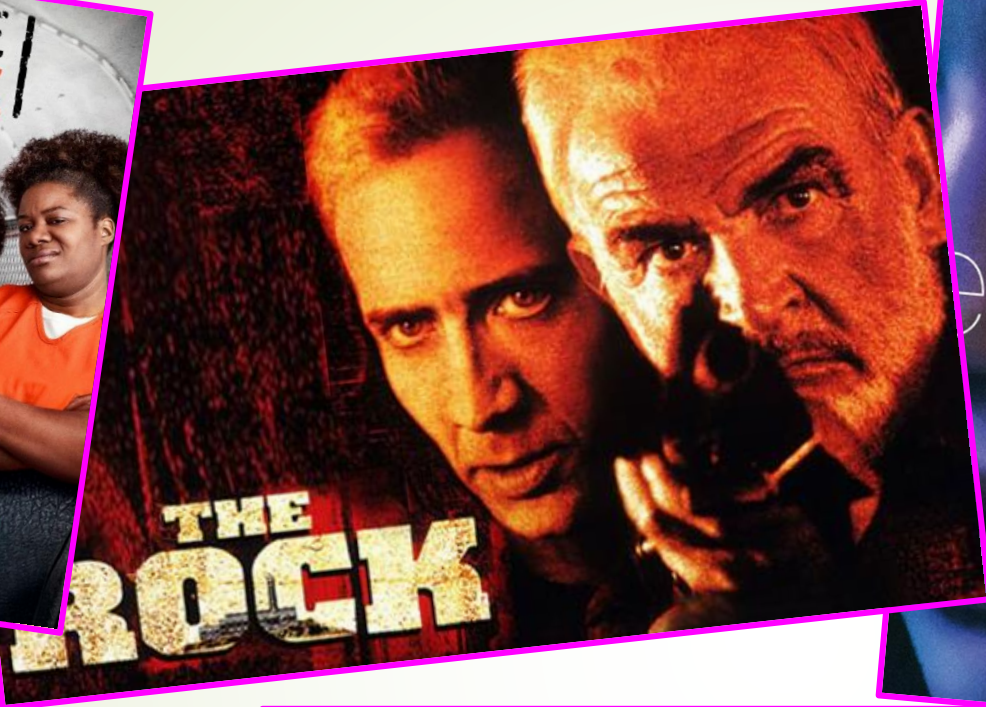
** A Public Health Crisis Exacerbated by Misinformation **



*** Myths & Misinformation are NOT new to Addiction/SUD ***

**DRUGS &
INCARCERATION**
in
**FILM &
TELEVISION**





Trainspotting

Drugs & Incarceration Affect Everyday People



Local, State & National News



NEWS RELEASES

Wednesday, May 8, 2024

Incarcerated pregnant women need specific resources

By Alyssa Hutton Capital News Service May 13, 2024 U

general support



Spike in rates of pregnant women using opioids

Los Angeles Times

SUBSCRIBE

December 12, 2023

Contact: Press_Paul@paul.senate.gov, 202-224-4343

Senators Paul, Markey Celebrate Bipartisan Committee Passage of Lifesaving Methadone Expansion Legislation

WASHINGTON, D.C. — Today, U.S. Senators Rand Paul (R-KY) and Edward J. Markey (D-MA), chair of the Health, Education, Labor and Pensions (HELP) Subcommittee on Primary Health and Retirement Security, issued the following statement after the Senate HELP Committee passed the *Modernizing Opioid Treatment Access Act* (MOTAA), legislation to allow board certified addiction medicine and addiction psychiatry doctors registered with the Drug Enforcement Administration (DEA) to prescribe methadone that patients could pick up at a pharmacy.

County doesn't want a program. But it needs

Death rates
ton state

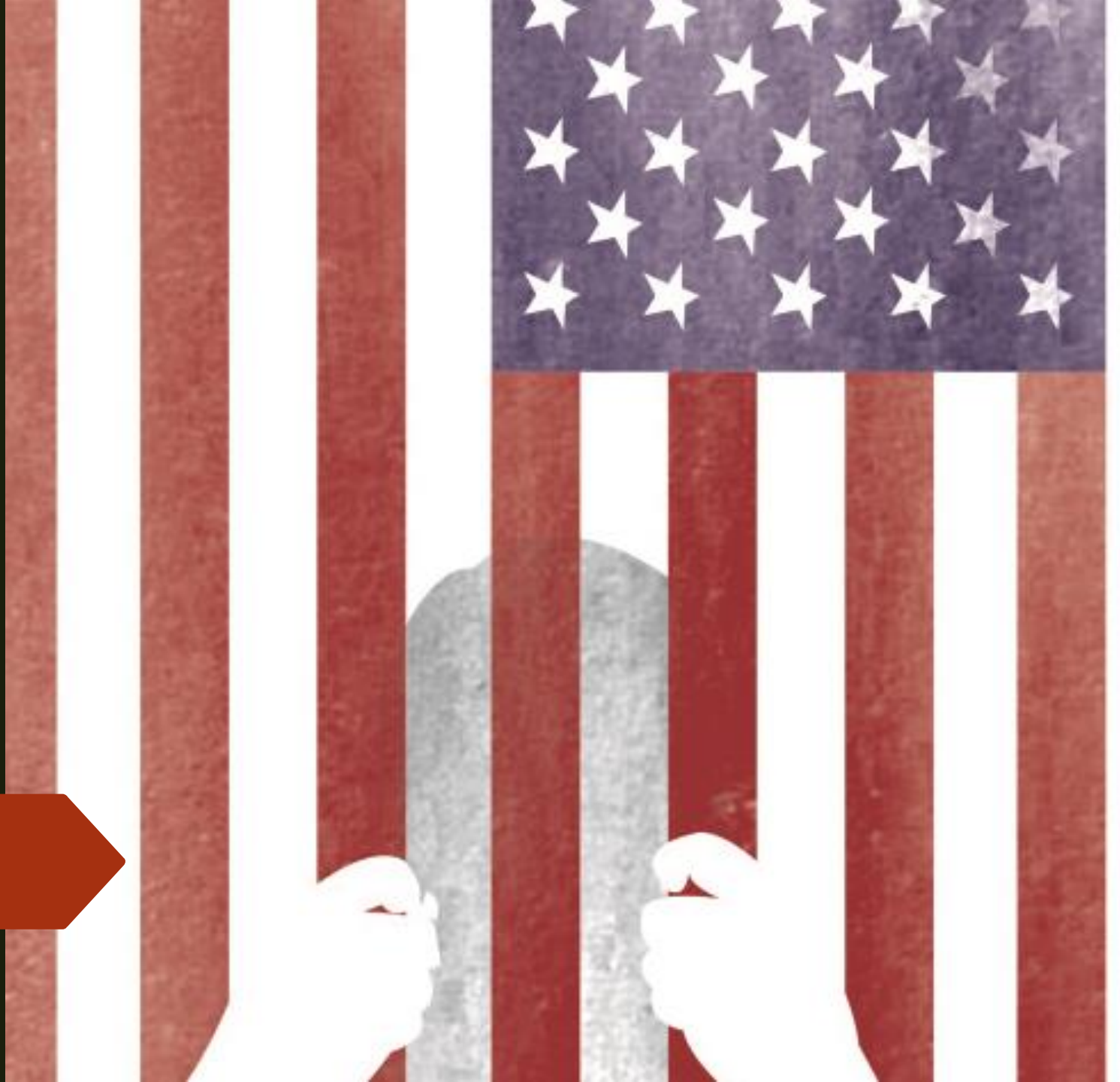
to climb year over

MULTNOMAH COUNTY SHERIFF'S OFFICE



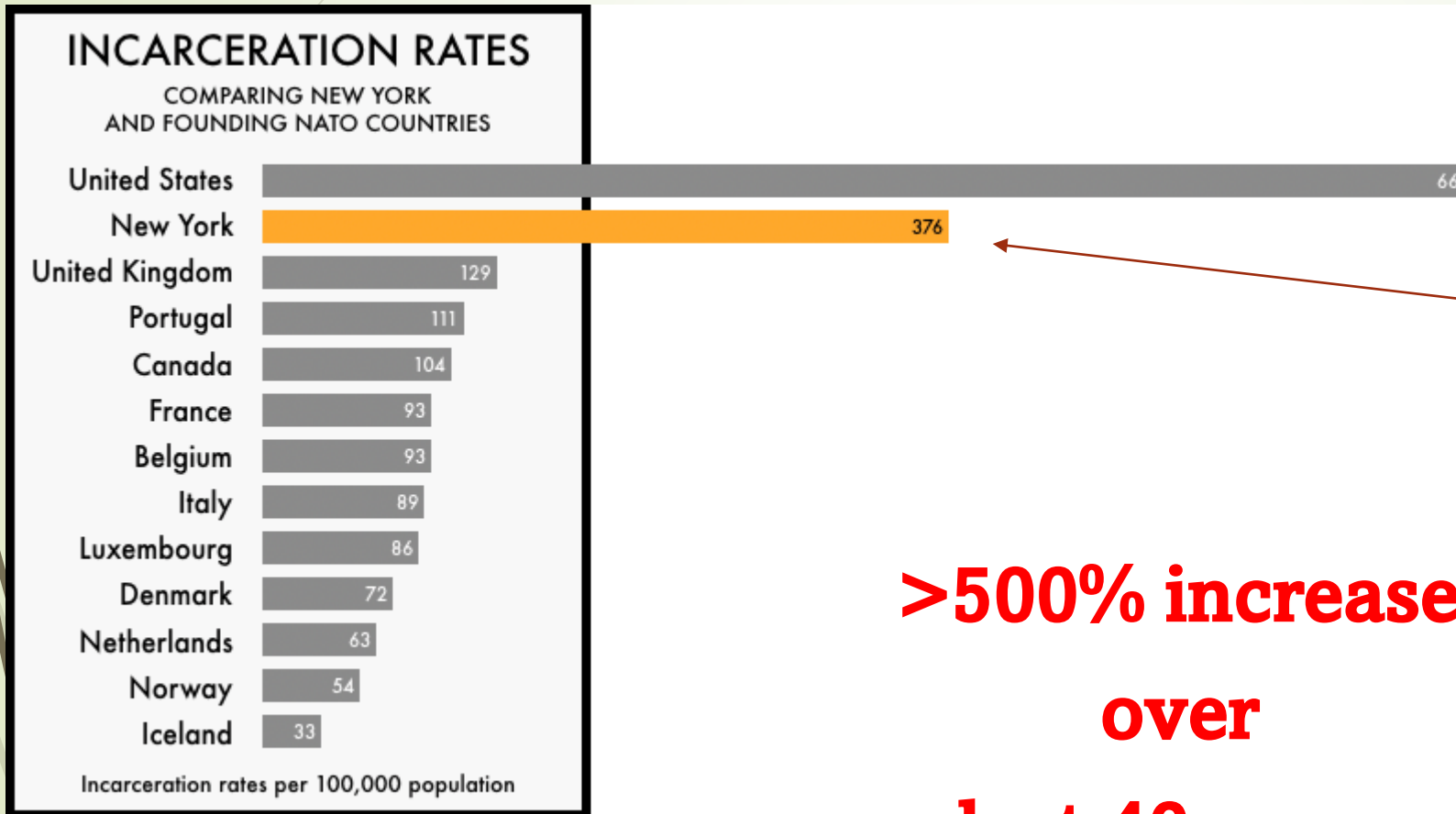
SITA MED
HEALING THROUGH CONNECTION

**INCARCERATION
IN
THE
UNITED STATES**



Incarceration Nation

U.S. makes up <5% of world's population yet comprises 25% of people in prison



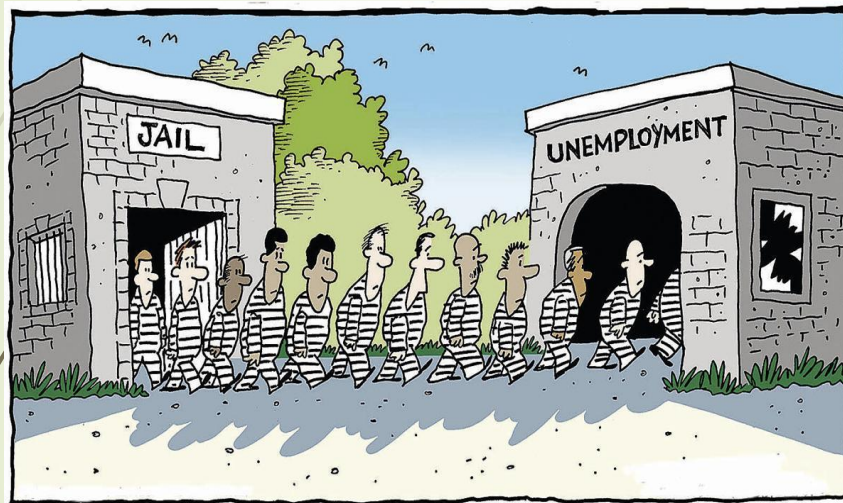
Source: <https://www.prisonpolicy.org/global/2021.html>

2.3 million people are behind bars in the U.S. at ~6000 correction facilities

Even progressive states like NY incarcerate at >double rate of closest international allies

>500% increase
over
last 40 years

Collateral Consequences of Mass Incarceration



Unemployment rate >27% among formerly incarcerated individuals

Up to 2.7 million children in the U.S. with an incarcerated parent →→
psychological distress, antisocial behavior, poor school performance



Rikers Island

“A symbol of brutality and inhumanity”

-Corey Johnson, NYC Council Speaker

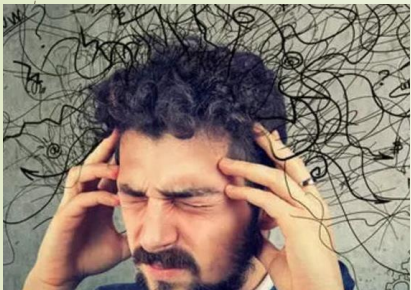
- 2nd-largest jail complex in the U.S.
- Daily population (8/2023): ~6100, down from 20,000 in '90s
- SUD affects >50% individuals entering Rikers Island
- ~50% diagnosed with a mental illness



Colliding Epidemics



SUD: Pre-COVID

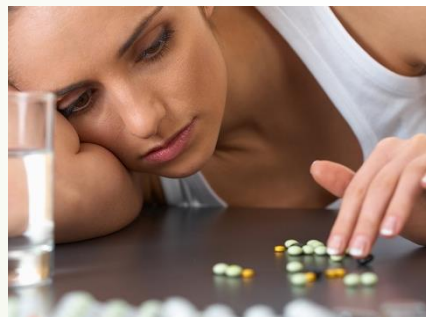


1 in 4 U.S. adults experienced a SUD or mental illness in any given year

46% of U.S. homeless adults experienced severe mental illness and/or SUD



Opioid ODs rising faster among women vs. men (1600% rise in OD deaths 1999-2017)



Overdose deaths increased 65% among veterans (2010 to 2016)



Receive Treatment?

~10% Americans w/ SUD
7.9% of Americans w/ AUD

Costs to Society?

SUD → \$740 Billion



SUD: During COVID

HEALTH NEWS FEB. 29, 2024 / 1:39 PM

Alcohol-related deaths rise sharply in U.S., hitting women hardest

By Ernie News



Meth Use, Addiction on the Rise Among Americans: CDC

March 26, 2020, at 2:00 p.m.



2023:
>107,000 deaths from drug overdose per CDC
(mostly driven by opioids)

3% decrease from 2022
(111k deaths)

N
hope

Overdose deaths increased in pregnant and postpartum women from early 2018 to late 2021

Among those aged 35 to 44, overdose mortality more than tripled during this period, NIH study reports.

CARE NEWS

ow

NATIONAL NEWS
New Health Care Index Shows
Increased Costs



SUD: During COVID (cont'd)

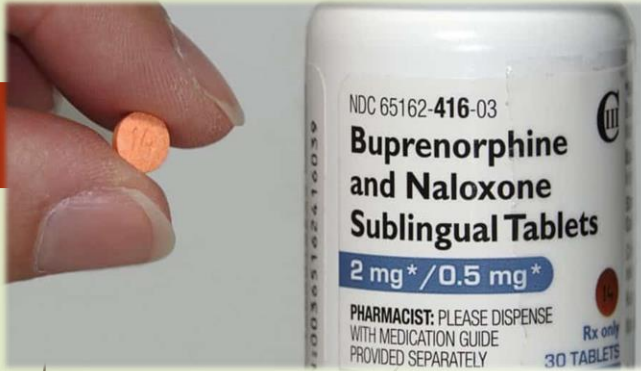
- ❖ COVID-19 pandemic distinct from other catastrophic events because of massive population exposure to **ongoing trauma**
- ❖ Job- and food-insecurity, school closures → → **uncertainty, frustration**
- ❖ Public health-driven measures (stay-at-home, halted events) → → **social disruption, isolation**
- ❖ 54% increase in national sales of alcohol in 1 week vs. same time last year
- ❖ **Chronic heavy alcohol consumption reduces immunity to viral and bacterial infections**



**** Increased STRESS,
Substance use,
Relapse / Return to Use,
Overdose, Death ****



Positive Findings During COVID-19



*The COVID-19 pandemic has forced us to re-think what was once routine practice in SUD treatment →→ Less barriers
→→ Easier access to care for our patients*

- ❖ Decrease in our practice of “routine” urine drug screening during office-based addiction treatment
- ❖ Federal regulators relaxed guidelines requiring in-person evaluation prior to buprenorphine initiation → Telemedicine - incl. telephone - visits sufficient to start bupe (UDS no longer routine)
- ❖ SAMHSA eased restrictions on methadone, allowing a month’s supply of take-home doses



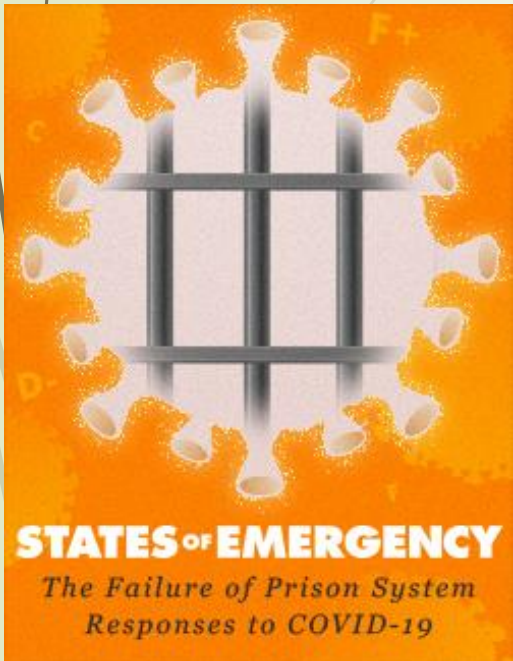
***All these “radical” changes ...
and the SKY DIDN’T FALL DOWN!!!***

Impact of COVID-19 on Correctional Settings



“The nation’s most dangerous places when it comes to coronavirus”

- Incarcerated people were infected by SARS-CoV-2 **>5x higher** than the nation’s overall rate
- **COVID-related death rate** among incarcerated people **higher than the national rate** (39/100,000 vs. 29/100,000)
- **>654k** incarcerated people + staff infected and **>3k** died
- **Physical distancing is not an option** in overcrowded correctional facilities
- **Most Vulnerable:** older adults make up larger % of state prisons (decades of extreme sentencing) & are **highest risk of serious COVID-19 complications**

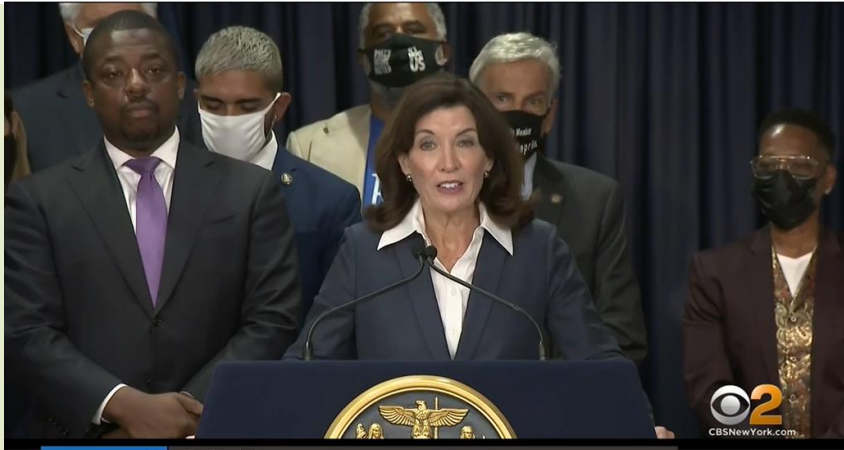


Prison Policy Initiative

Impact of COVID-19 on Correctional Settings: Some Good News ... Sort Of

Nearly 200 People Being Released From Rikers After Gov. Hochul Signs 'Less Is More Act,' Calls N.Y.'s Incarceration Rate 'A Point Of Shame'

By Aundrea Cline-Thomas September 18, 2021 at 6:00 am Filed Under: Aundrea Cline-Thomas, criminal justice reform, jail, Kathy Hochul, Local TV, New York, Parole, Rikers Island



Advocates, family members & prosecutors called for jails and prisons to release the most vulnerable people (elderly, chronically ill, weak) who are at greatest risk from Covid-19 severe illness & death

Thousands were released from prison because of Covid. Will they have to return?

"It upsets me to be home doing all the right things and now they talk about I may go back," Paulette Martin, 74, said.

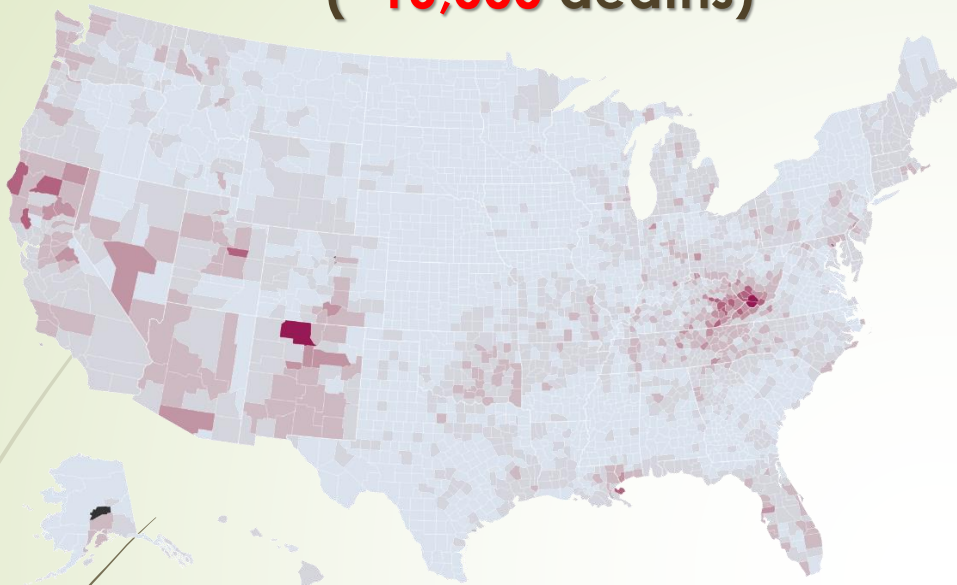
- But as the pandemic spiked over the summer 2021, 71% of the 668 jails tracked by the Prison Policy Initiative saw population *increases* from May to July, and 84 jails had more people incarcerated on July than they did in March

**The Opioid
(Overdose)
Epidemic:
A Nationwide
Problem**

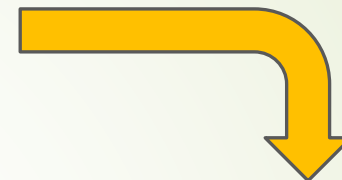


Overdose Deaths per 100,000 (1999)

(~16,000 deaths)

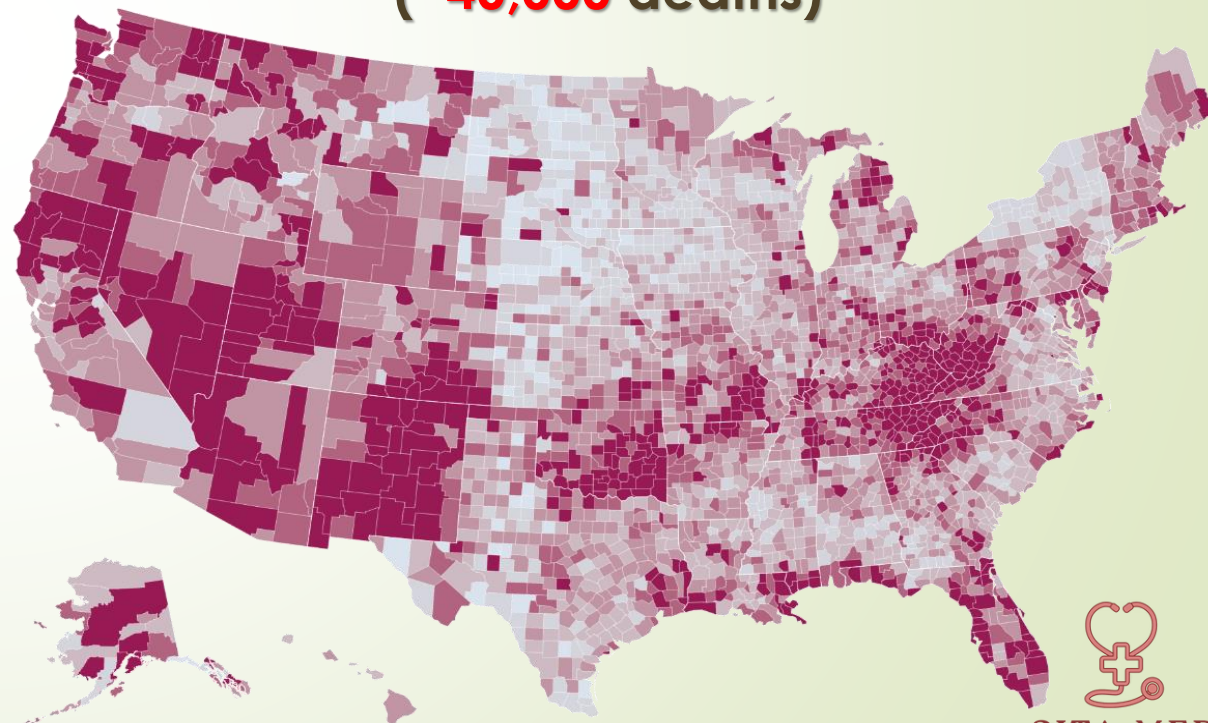


15 years later...



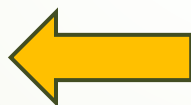
Overdose Deaths per 100,000 (2014)

(~40,000 deaths)



>107,000 deaths
in 2023

[3% decrease from 2022]





Quiz Question



Which of the following about fentanyl is true?

- A.** Fentanyl has been found as a contaminant in heroin, oxycodone, cocaine, ecstasy, THC
- B.** People who use drugs often don't know that fentanyl is in the supply
- C.** "Cutting" the drug supply with fentanyl is **HIGHLY** profitable (up to 20x heroin)
- D.** Overdose can occur with a dose as small as a grain of salt
- E.** All of the above
- F.** Just touching fentanyl can kill you



"Rainbow" fentanyl (DEA)

Fentanyl: Key Considerations

1. Synthetic opioid that's 50-100x more powerful than morphine. Used to treat severe pain including cancer-related pain. Used in EDs & hospitals regularly. However, current fentanyl-related deaths are illicitly-made
2. Regular tox screens won't detect it. Need specific fentanyl testing
3. Because of its potency, higher & repeat doses of naloxone are often required to reverse an overdose
4. Higher doses of MOUD (methadone, buprenorphine) often needed to counteract potency of fentanyl
5. Fentanyl cannot be readily absorbed through the skin (common myth)





“Seek first to understand, then to be understood.”

Stephen Covey

Addiction (Substance Use Disorder) is...

...a chronic medical disease, a relapsing and remitting disease of the brain, that causes compulsive drug seeking and use, despite harmful consequences to the individual using drugs and to those around him or her. **It is NOT a sign of moral weakness or failure.**



Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge his/her self-control and hamper his/her ability to resist intense impulses to take drugs.

The 4 C's of Addiction:

1. Impaired **CONTROL** over drug use
2. **COMPULSIVE** use
3. **CONTINUED** use despite harm
4. **CRAVINGS**



Opioid Use Disorder DSM-V

Diagnostic Criteria

TABLE 1 Summarized DSM-5 diagnostic categories and criteria for opioid use disorder

Category	Criteria
Impaired control	<ul style="list-style-type: none"> • Opioids used in larger amounts or for longer than intended • Unsuccessful efforts or desire to cut back or control opioid use • Excessive amount of time spent obtaining, using, or recovering from opioids • Craving to use opioids
Social impairment	<ul style="list-style-type: none"> • Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use • Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems • Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky use	<ul style="list-style-type: none"> • Opioid use in physically hazardous situations • Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use
Pharmacological properties	<ul style="list-style-type: none"> • Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount • Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

Dx of OUD:
2+ criteria in 12-month period

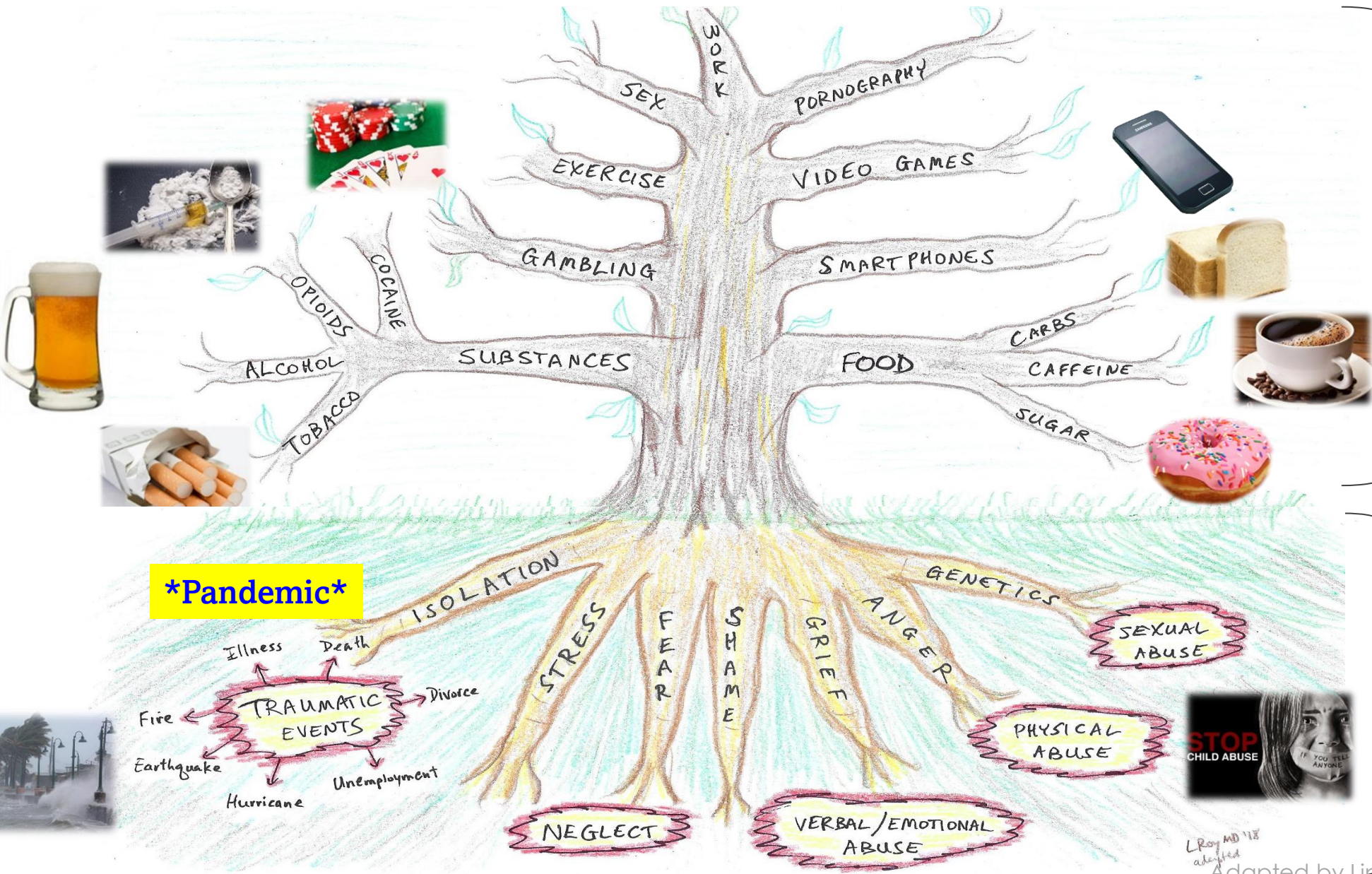
Severity:
Mild: 2-3
Moderate: 4-5
Severe: 6+





**The *TRUE* Causes
of Addiction...**

“Addiction Tree”



Types of Addictions

ROOTS of Addictions

L. Roy MD '18
adapted

Adapted by Lipi Roy, MD, MPH, FASAM

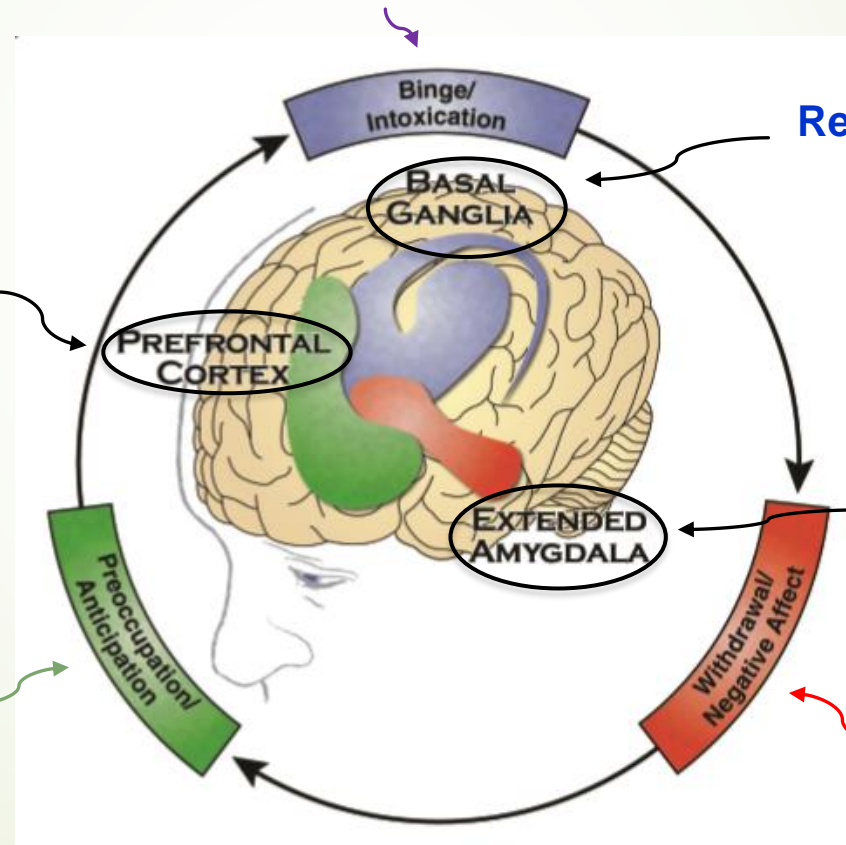
Neurobiology of Addiction

3 Stages of the Addiction Cycle and the Brain Regions Affected

Individual consumes an intoxicating substance & experiences its rewarding/pleasurable effects

“Executive Function”
Decision-making
Time-mgmt
Organizing thoughts

Individual seeks substances after period of abstinence

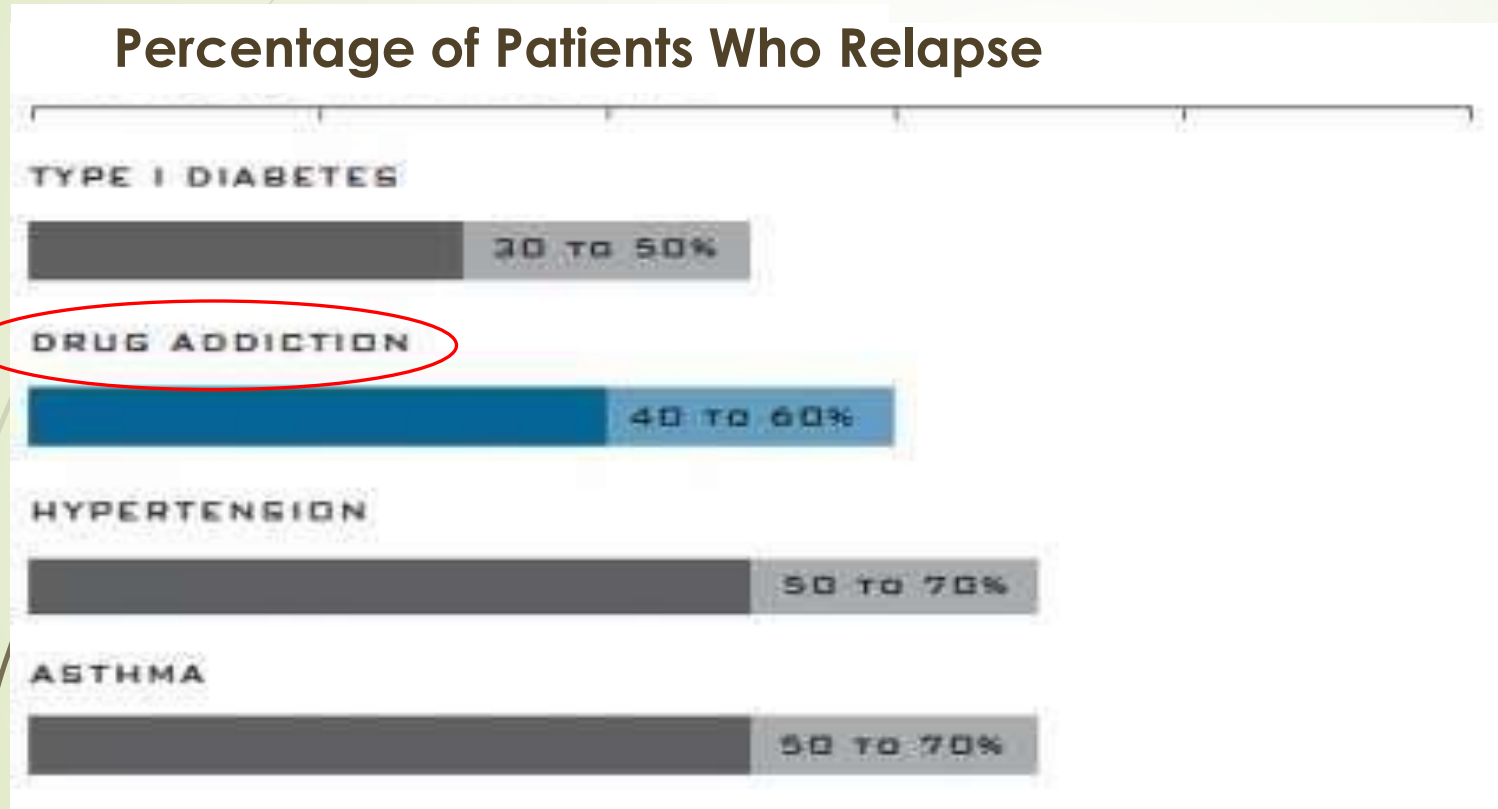


Motivation
Reward/Pleasure → Dopamine
Habits
Learning behaviors

Reactions to stress
“fight or flight”
Negative emotions
(anxiety, irritability)

Individual experiences a negative emotional state when not using

Relapse Rates: Drug Addiction vs. Other Chronic Diseases



*Relapse rates for
Addiction
resemble those of
other chronic
diseases such as
Diabetes,
Hypertension &
Asthma*

The Incarcerated Population



Rikers Island: Everything I Knew, I Learned From ...



Correctional Facilities are Addiction Facilities (1)

****SUD affects ~63% of the nation's 2.3 million incarcerated individuals**
(vs. ~12% of the general population)**



→→ Dangerous withdrawal symptoms:

PHYSICAL

Nausea
Vomiting
Diarrhea
Abdominal Pain
Sweats

PSYCHOLOGICAL

Agitation
Irritability
Anxiety
Suicidality

Correctional Facilities are Addiction Facilities (2)



~20% of those arrested in NYC
test +ve for opioids

**Mortality is highest in the first 2 weeks post-release,
mostly due to drug overdose**



From 2011-16:

~30,000 individuals with active
opioid use disorder

Overdose Death Risk: Post-Release

Evidence-based treatment exists! (behavioral therapies & MAT)

Despite efficacy, MAT/MOUD is underutilized/unavailable in most U.S. jails & prisons

Only 2% of U.S. jails provide access to methadone/bupe for detox

<55% of prisons provide methadone (for pregnant inmates or pain relief)

STRONG case for Opioid Agonist Therapy (OAT) during incarceration

Opt for “drug-free” detox & treatment, i.e. “cold turkey” → LESS effective than MAT (if not more harmful)

Misperception among CJS: MAT “substitutes one addiction for another”

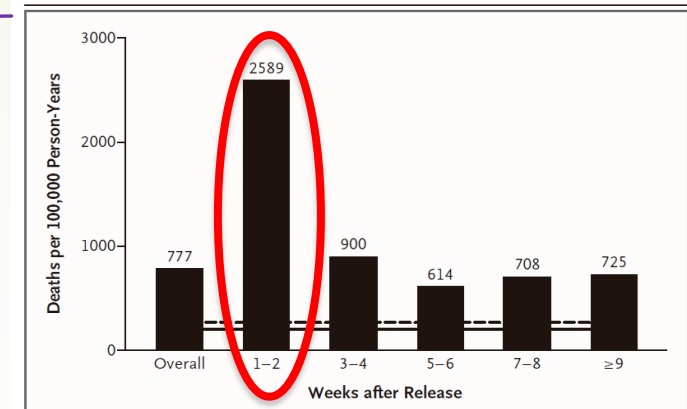



Figure 1. Mortality Rates among Former Inmates of the Washington State Department of Corrections during the Study Follow-up (Overall) and According to 2-Week Periods after Release from Prison.

The dashed line represents the adjusted mortality rate for residents of the State of Washington (223 deaths per 100,000 person-years), and the solid line represents the crude mortality rate among inmates of the state prison system during incarceration (201 deaths per 100,000 inmate person-years).

Binswanger et al. 2007

WA State!!



Race, Drugs + Incarceration



Black Americans, Drug Use + Incarceration

BLACK AMERICANS

ARE
13% OF THE US POPULATION

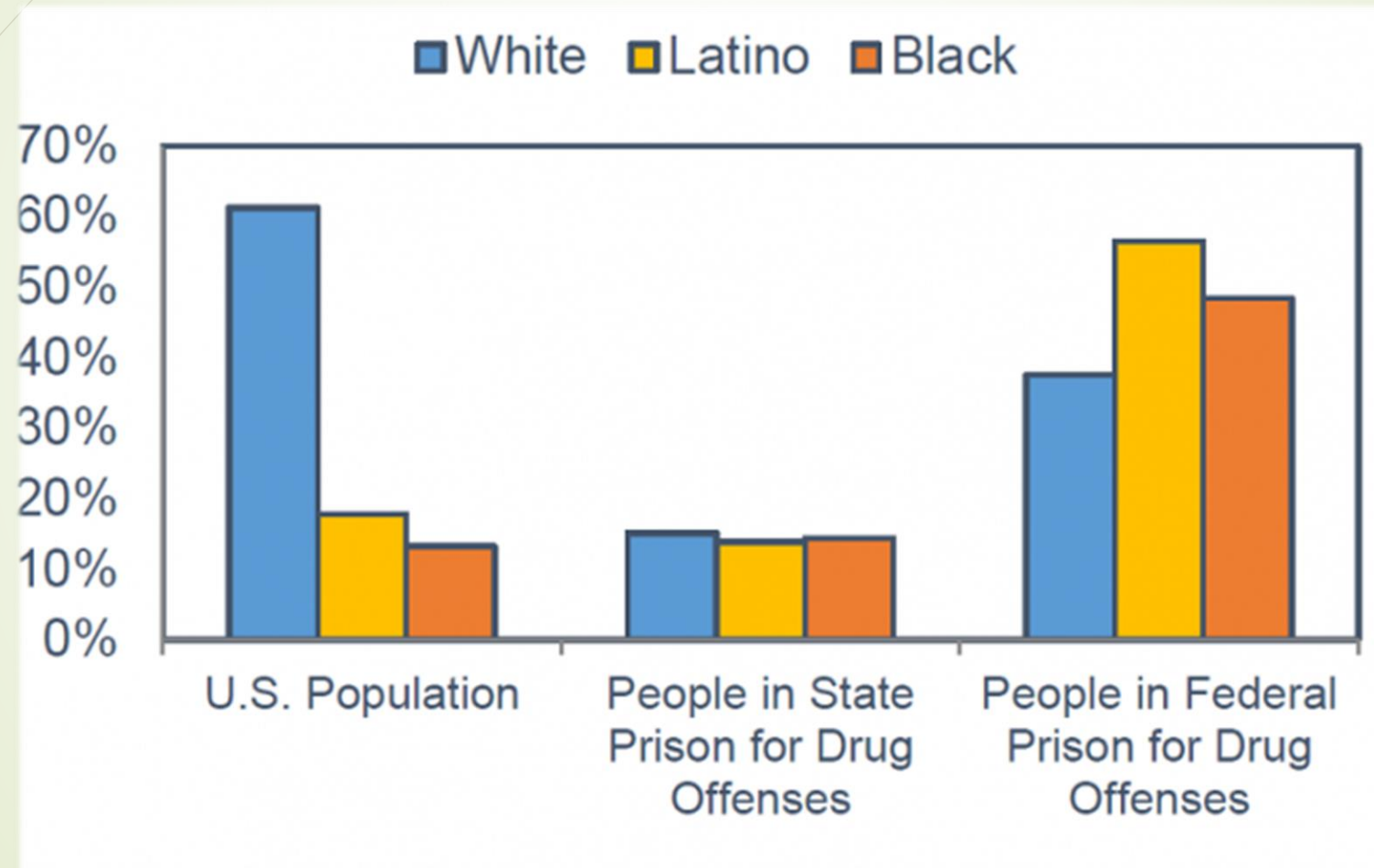
14% OF DRUG USERS

56%

OF THOSE INCARCERATED
FOR DRUG RELATED CRIMES



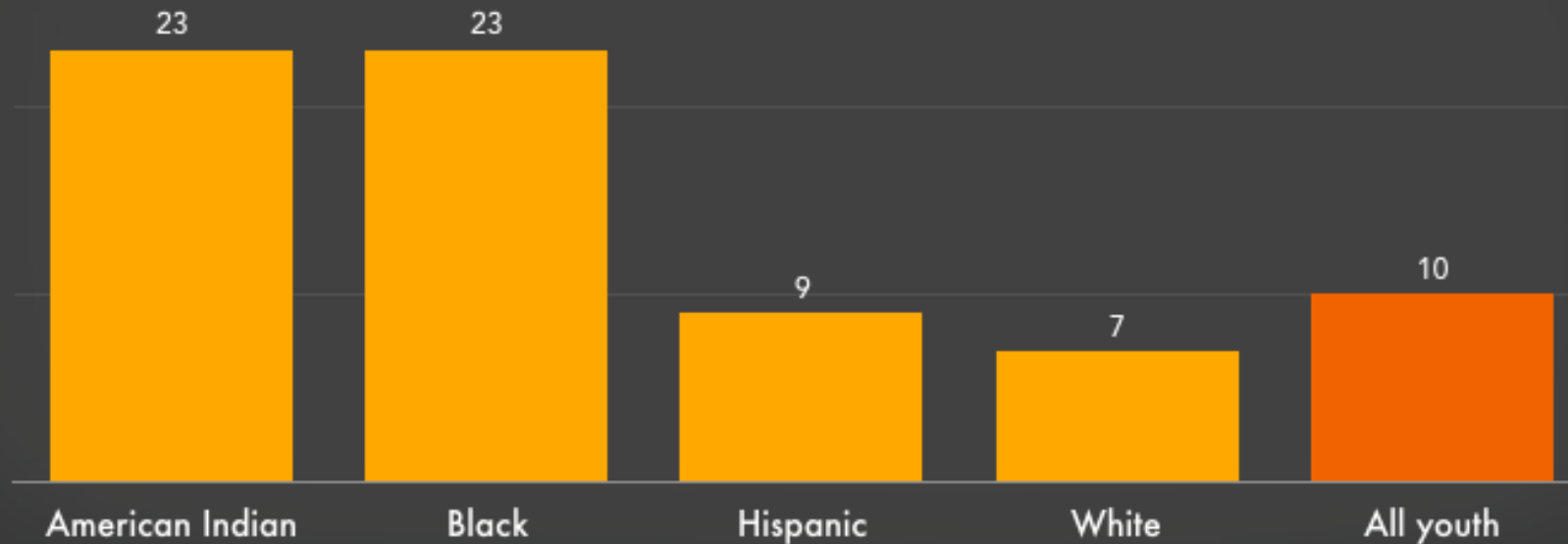
Disproportionate Impact of Drug Laws on Black & Latino Communities



Native Americans, Arrest + Youth

For the lowest level offenses, Black and American Indian youth are confined at rates over 3 times the rate of white youth

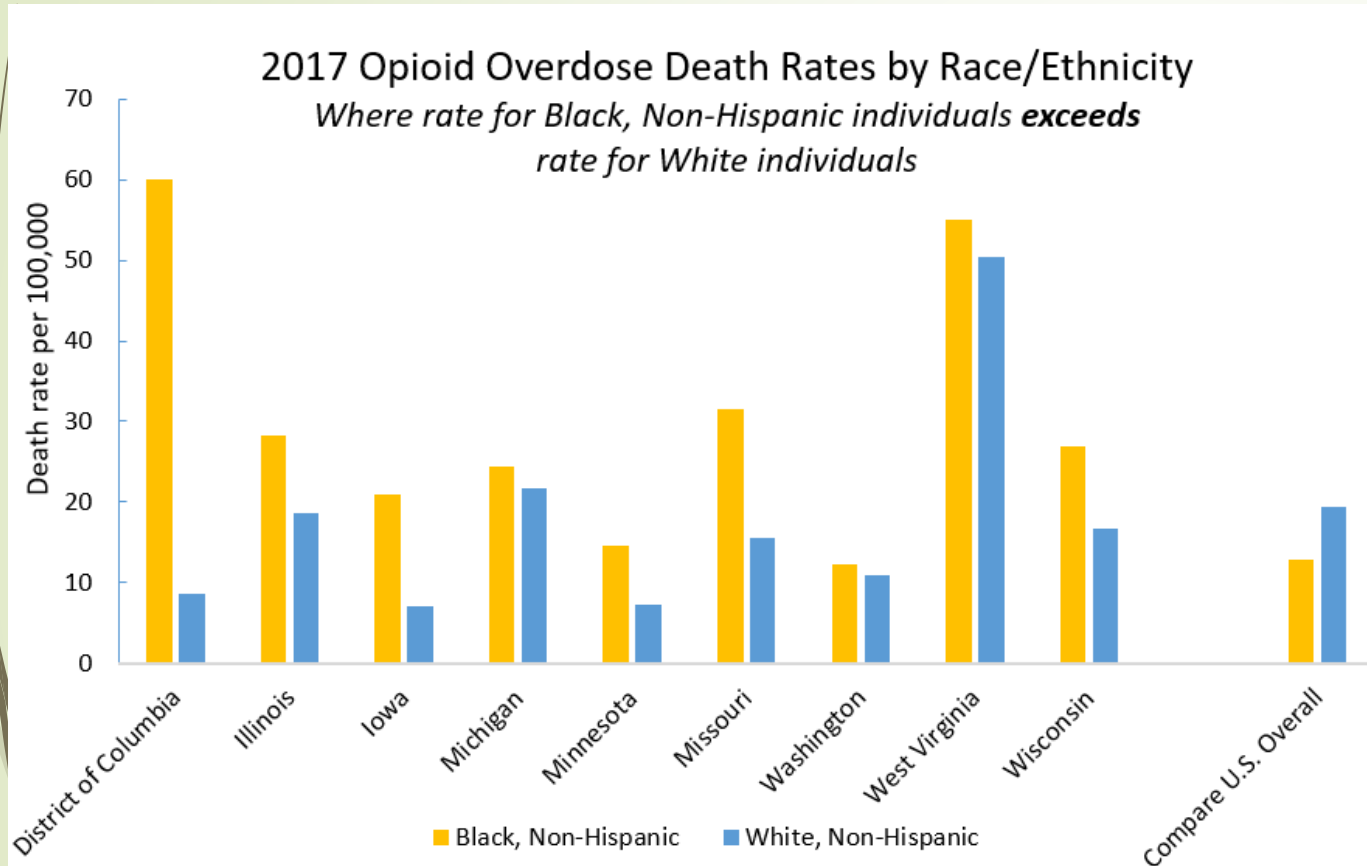
Number of youth 17 or younger, per 100,000, who were confined in juvenile facilities for technical violations of probation or for status offenses. These behaviors would not be considered violations were it not for the youths' age or probation status.



Sources: National Center for Juvenile Justice, *Easy Access to the Census of Juveniles in Residential Placement* and *Easy Access to Juvenile Populations* (2017 data)

PRISON
POLICY INITIATIVE

Racial Disparities + Drug Overdose Deaths



- At the start of the current opioid epidemic, opioid-related OD deaths were highest among White Americans ... but trends have shifted
- 2016-17: opioid-related OD deaths among Black populations rose 25% vs 11% among White populations
- Black and Native American drug OD deaths are disproportionately higher compared to White populations

WHY?? → Structural & systemic racism → Reinforces historic framing: white pop'ns get treatment, Black pop'ns get criminal punishment
→ POC also face disparities in access to health care, less satisfied w/ interaction w/ HCPs

Treatment of Opioid Use Disorder



MOUD in Corrections: Clinical Rationale



❖ Mortality Reduction during Incarceration

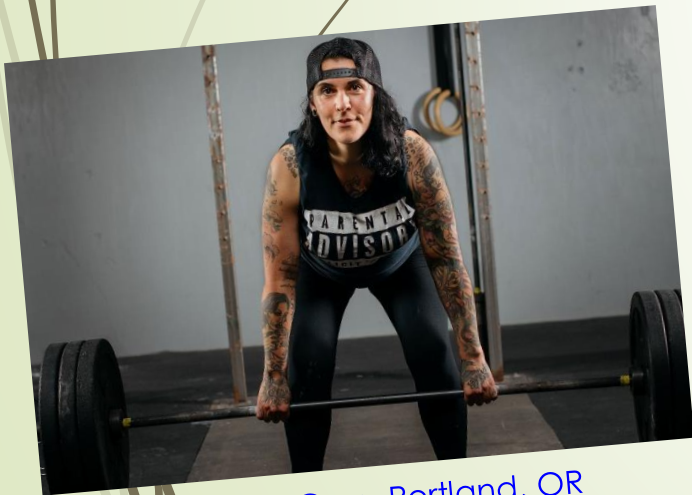
- Australian retrospective cohort study showed all-cause mortality decrease by 74%

❖ Mortality Reduction Post-release

- Australian retrospective data linkage showed 75% decrease in mortality in 4 weeks post-release

❖ Recidivism Reduction

❖ HIV Risk Behavior Reduction



Recovery Gym, Portland, OR

Treatment Modalities



Opioid Use Disorder

Pharmacotherapy

Psychosocial Interventions

Methadone

Buprenorphine

Naltrexone

Therapy
(Group/
Individual)

Case Mgmt
(e.g. court
liaisons)

Creative Arts
Therapy/
Mindfulness
(art/music)

TREATMENT + INTERVENTIONS FOR OUD

Medication (MOUD)



- Cornerstone of treatment, effective with or without adjunctive psychosocial treatment
- Methadone and buprenorphine first-line, associated with improved remission, reduced mortality
- Extended-release naltrexone second-line, noninferior to buprenorphine among people able to complete opioid withdrawal and initiate medication

Psychosocial interventions



- Less effective than medication
- Should be offered with medication but not required

Recovery supports



- Not formal treatment, can be adjunctive, helpful support
- Voluntary attendance associated with positive outcomes; no benefit to required participation; anti-MOUD stigma in some settings can be barrier
- Mutual help (12-step, SMART Recovery, Refuge Recovery, etc.), recovery coaching, and community-based, peer-led, recovery support centers

Harm reduction



- Philosophy and set of interventions that respect dignity and autonomy of person and aim to reduce negative consequences of use, irrespective of whether someone is able or wants to make changes to opioid use
- Evidence supports range of interventions including syringe service programs, naloxone, overdose prevention sites, and prescription heroin programs

Pharmacotherapies

**MAT = Medications for Addiction Treatment
or
MOUD = Medications for Opioid Use Disorder**



National Academies, Organizations Support Medications to Treat OUD

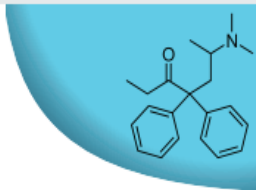
SURGEON
GENERAL.GOV

- Well-supported scientific evidence shows that medications can be effective in treating serious substance use disorders, but they are under-used. The U.S. Food and Drug Administration (FDA) has approved three medications to treat alcohol use disorders and three others to treat opioid use disorders. However, an insufficient number of existing treatment programs or practicing physicians offer these medications.

Gold standard of care is MOUD

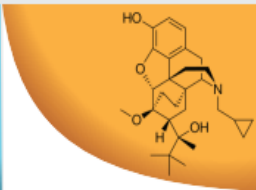
MEDICATION TO TREAT ADDICTION INVOLVING OPIOID USE 2018 FACT SHEET American Society of Addiction Medicine

Medication Information



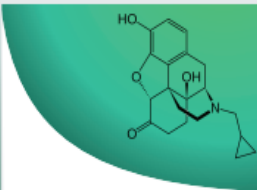
METHADONE

FDA approved in 1947 as an analgesic. Used in 1950s to treat opioid withdrawal and since 1960s to treat opioid addiction.



BUPRENORPHINE

FDA approved in 2002 as the first medication for opioid addiction eligible to be prescribed in office-based treatment settings. Injection was approved in 2017.



NALTREXONE

FDA approved the oral tablet in 1984 and the injection in 2010 for the treatment of opioid addiction. It can also be used for the treatment of alcohol addiction.

Approval

NEWS

The National Academies of SCIENCES • ENGINEERING • MEDICINE

The National Academies of

SCIENCES
ENGINEERING
MEDICINE

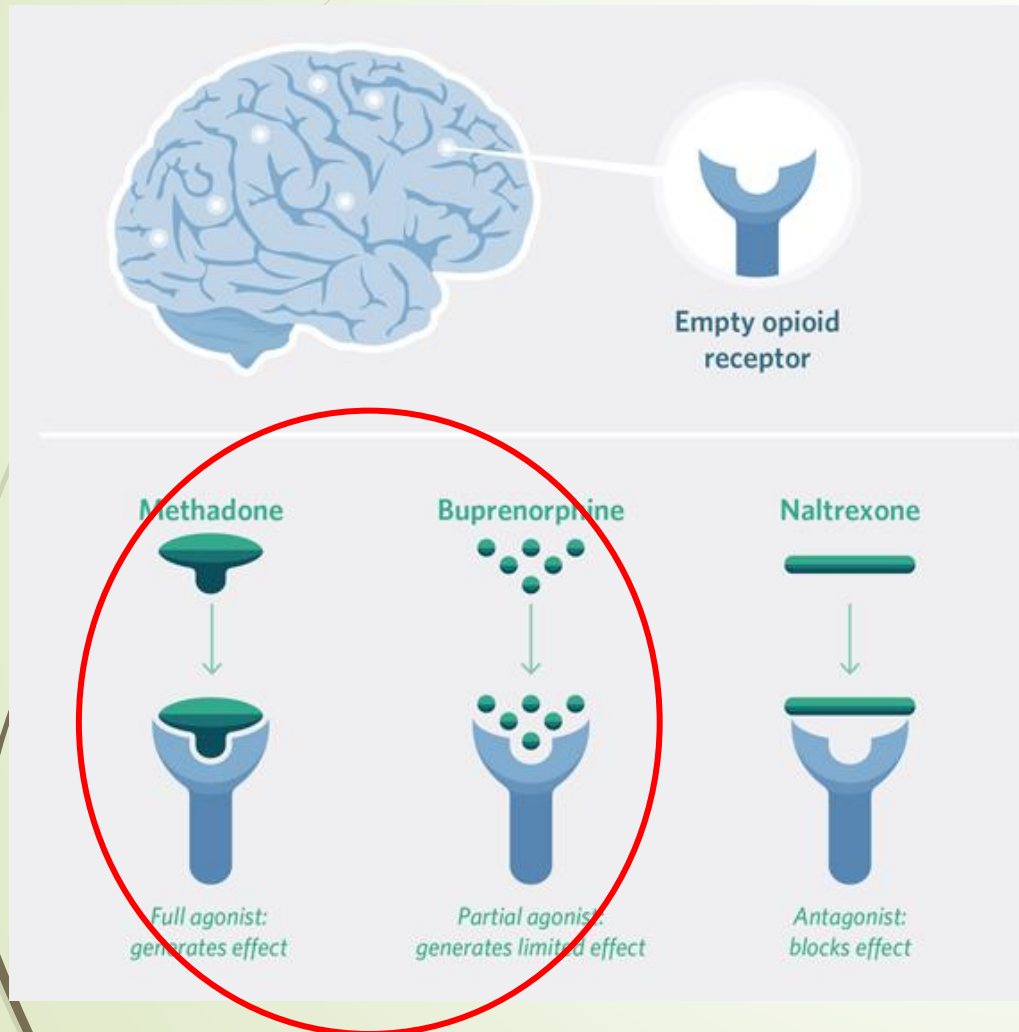
March 20, 2019

Medications to Treat Opioid Addiction Are Effective and Save Lives, But Barriers Prevent Broad Access and Use, Says New Report

WASHINGTON – Although three U.S. Food and Drug Administration-approved medications to treat opioid use disorder (OUD) are safe and effective, most people who could benefit from these treatments do not receive them, and access is inequitable, especially among certain subpopulations, says a new report from the National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives* says that withholding or failing to have available these medications for the treatment of OUD in any care or criminal justice setting is denying appropriate medical treatment.

Treating a Chronic Brain Disease

How Medications for Opioid Use Disorder (MOUD) Work in the Brain



3 FDA-Approved Medications:

1. Methadone (since 1964)
2. Buprenorphine (since 2002)
3. Naltrexone (since 2010 for OUD)

****Most safety and efficacy data available for methadone + bupe****



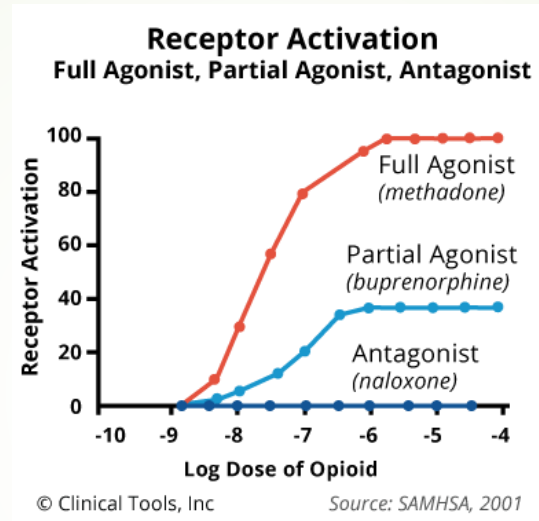
Methadone

What is Methadone?

- Medication developed in the 1930s during WWII as alternative to morphine
- Used in maintenance programs to treat people with OUD
- Also used to treat chronic pain

How does it Work?

- Full agonist: binds to opioid receptor
 - Reduces withdrawal sx & cravings
 - Allows patients to engage in **treatment** & **recovery** efforts



$t_{1/2}$ ~10-60 hours

Most Common Side Effects?

- Nausea, constipation, sedation, decreased sexual function

Formulations?

- OUD → liquid (10mg/mL in OTP), tablets, diskets (dissolvable)
- Pain → tablets, IV/IM (hospital)

Long-term Stability?

- Long half-life stabilizes brain, provides consistency, allows patient to focus on therapy, family, work, hobbies and overall RECOVERY 😊

****Methadone is a life-saving medication****



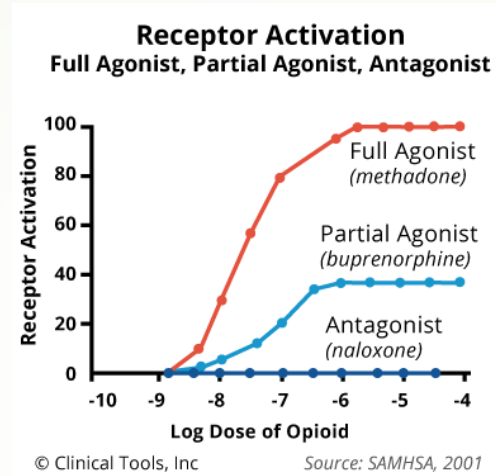
Buprenorphine

What is Buprenorphine-Naloxone (Bupe)?

- Medication that binds the same receptor as methadone, morphine
- Often combined with naloxone to reduce misuse + diversion
- Also used to treat chronic pain

How does it Work?

- Partial agonist: strong enough to reduce withdrawal symptoms & cravings but NOT enough to cause euphoria → → allows patients to engage in **treatment & recovery** 😊
- Low risk of overdose



$t_{1/2}$ ~25-70 hours

Most Common Side Effects?

- Nausea, constipation, drowsiness

Formulations?

1. Bupe-Naloxone
 - SL tablet, SL film, buccal film
2. Buprenorphine
 - IM/IV, SL tablet (Subutex), IM injection (Sublocade), 7-day patch (Butrans)

Long-term Stability?

- Long half-life stabilizes brain, provides consistency, allows patient to focus on therapy, family, work, hobbies and overall RECOVERY 😊

****Buprenorphine is a life-saving medication****

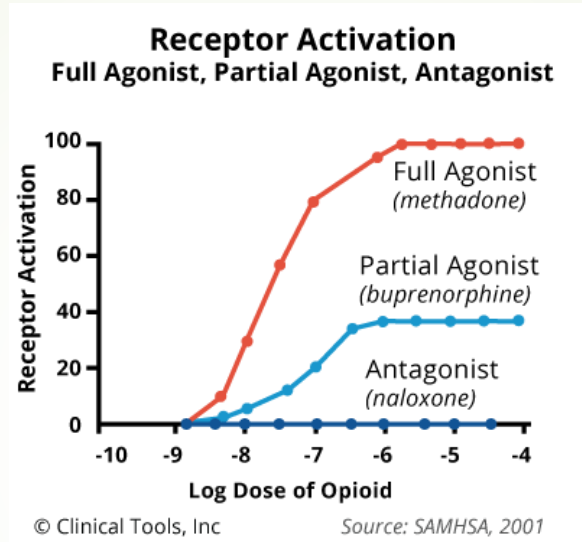
Naltrexone

What is Naltrexone?

- Newest MOUD
- **Must wait 5-10 days*** since last opioid use before initiation to avoid precipitated withdrawal
- Other uses: alcohol use disorder, obesity (with bupropion), behavioral addictions (off-label)

How does it Work?

- Full antagonist: binds to and blocks the opioid receptor; NO activation
 - does NOT reduce withdrawal sx
 - reduces opioid use
 - No decrease in suicide mortality; less protective than agonist therapy
- Patient must be fully abstinent from opioids



Most Common Side Effects?

- Nausea, diarrhea, headache, withdrawal

Formulations?

- Tablets (Revia)
- IM injection (Vivitrol)

NTX vs. Agonist Therapy

1. Difficulty with initiation
2. Less effective at reducing opioid recurrence vs bupe
3. Increased risk of overdose nearing end of 28-days
4. Lower retention in treatment vs methadone + bupe
5. No reduction in suicide mortality; less effective at reducing all-cause mortality vs. methad/bupe



FDA-Approved Medications to Treat OUD

Medication	Mechanism of action	Route of administration	Dosing	Available through
Methadone	Full agonist	Available in pill, liquid, & water forms	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Pill or film (placed inside cheek or under the tongue) Implant (inserted beneath the skin)	Daily Every six months	Any prescriber with the appropriate waiver
Naltrexone	Antagonist	Oral formulations Extended-release injectable	Daily Monthly	Any health care provider with prescribing authority

Source: PCT, 2016

MOUD, Mortality Data & Corrections

- 2020 JAMA: people who took methadone or buprenorphine had a 59% decrease in overdose risk in the year after starting treatment
 - NO significant reduction w/ XR-NTX (“Vivitrol”)
- 2019 Study: buprenorphine significantly reduced risk of opioid-related overdose
 - Naltrexone similar to no treatment



- XR-NTX (“Vivitrol”) is the preferential MOUD by the criminal justice system. Why?
 - Not a controlled substance like methadone + buprenorphine
 - Heavily promoted by its maker, Alkermes, as safe & easier to administer (monthly IM vs. daily)
 - BUT 2018 study that compared Vivitrol + Suboxone miscoded several overdoses in people take Vivitrol→→ conclusion that both meds were equally safe + effective. They’re NOT
 - People on Vivitrol are more than 2x as likely to overdose as those on Suboxone
- Corrections systems must stop the preferential use of Vivitrol.

ALL 3 forms of MOUD SHOULD BE OFFERED

OPINION

SEPTEMBER 13, 2023 | 7 MIN READ

Vivitrol, Used to Fight Opioid Misuse, Has a Major Overdose Problem

A recent examination of Vivitrol’s clinical trial data uncovered many hidden overdoses. Its preferential use in the criminal justice system must stop

BY MAIA SZALAVITZ



“Detox” vs. Maintenance



Detoxification

- Patient is weaned off their dependence on opioids slowly by taking methadone or buprenorphine ~4-7 days
- **Relapse rates post-detox alone can be >90%**



**Detox is NOT
TREATMENT**

Maintenance



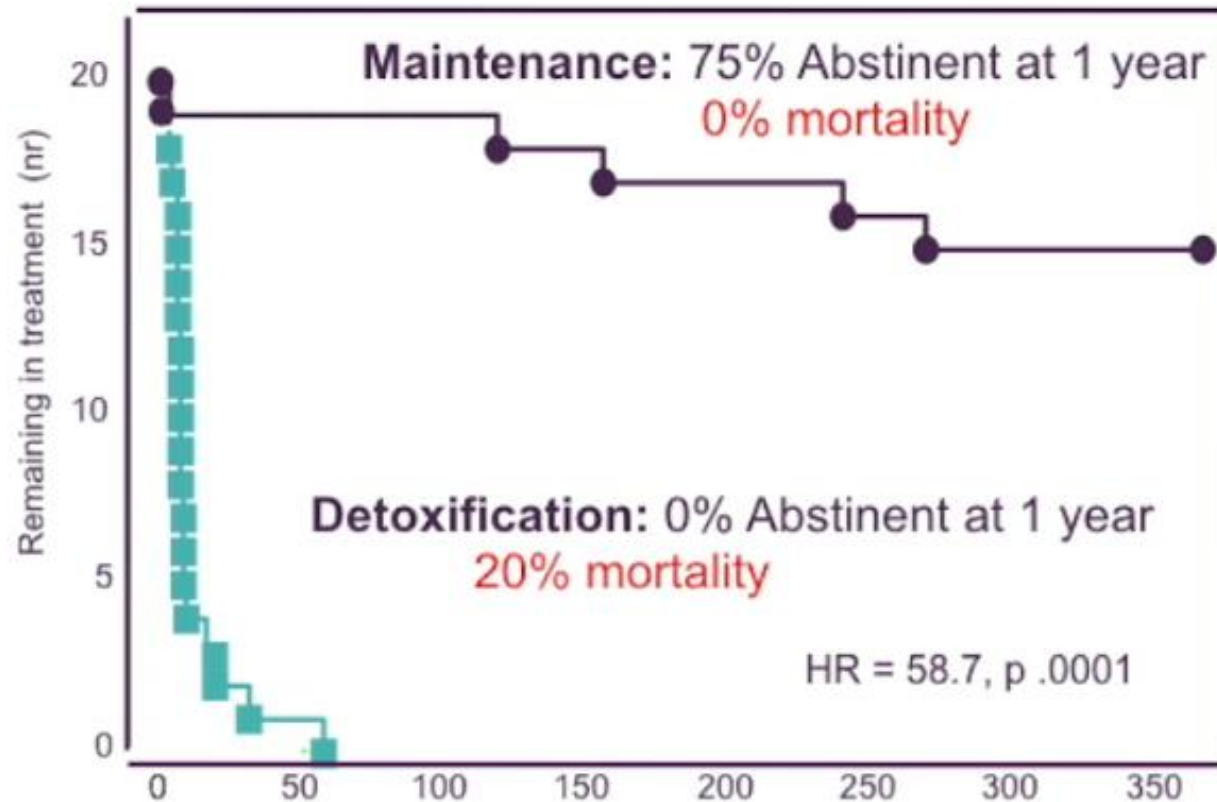
- Indefinite therapy
- 4 goals:
 1. ↓ Withdrawal symptoms
 2. ↓ Cravings and ↑ Comfort
 3. Block effects of illicit opioids
 4. Prevent relapse as brain circuits return to normal function



Path to **RECOVERY**



Treatment Retention: Buprenorphine Detoxification vs. Maintenance



Kakko, Lancet 2003



Quiz Question



Which of the following is **NOT** a public health benefit from MOUD?

- a) Increases length of life for people with OUD
- b) Reduces risk of transmission of HIV
- c) Increases criminal activity after 6 months of MOUD treatment
- d) Increases employment rates
- e) All of the above



Methadone: Impact on Crime

Crime among 491 patients before and during MMT at 6 programs

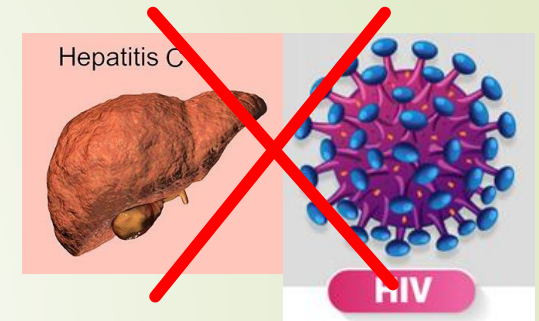


Adapted from Ball & Ross - The Effectiveness of Methadone Maintenance Treatment, 1991



Public Health Impact of Methadone Maintenance

- ✓ Reduces risk of HIV by ~6x
- ✓ Reduces Hepatitis C & B transmission
- ✓ Increases rates of employment
- ✓ Reduces criminal activity after 6 months or more of treatment
- ✓ Reduces illicit opioid use by 40-70%
- ✓ Increases length of life for patients with opioid addiction
- ✓ Reduces opioid overdose death rates by 40-80%

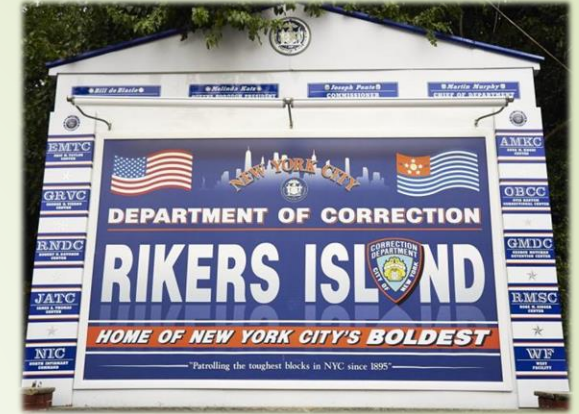


Methadone is a *Miracle* Medication 😊

MOUD at Rikers

“KEEP” Program (Key Extended Entry Process)

- Started in 1987
- Nation’s 1st jail-based opioid treatment program
- Funded by NYC Dept of Health & Mental Hygiene
- Accredited by the National Commission on Correctional Healthcare (NCCHC)
- Incarcerated individuals with OUD offered all 3 MOUDs
- Up to 80% continue treatment post-release



Myths about Methadone & Buprenorphine (1)

MYTH: “*Methadone & buprenorphine substitute one addiction for another.*”

REALITY: Methadone and buprenorphine are **medications** used to treat individuals with **opioid use disorder**. It **reduces cravings** and **withdrawal**, and **restores balance to the brain** circuits affected by addiction. Methadone allows a person to **return to a normal life**, return to work or school, and/or care for their family. They allow **RECOVERY**.



MYTH: “*Buprenorphine and methadone are more dangerous than other chronic disease medications.*”

REALITY: Management of both meds are **simpler** than many other chronic disease medications, such as titration of insulin or starting blood-thinners (anticoagulants).



Myths about Methadone & Buprenorphine (2)

MYTH: “*People on methadone or bupe are still ‘addicts,’ even if they don’t use other drugs.*”

REALITY: Individuals who take methadone or buprenorphine as treatment for their chronic illness (opioid use disorder) are no more “addicts” than people who take insulin as a treatment for diabetes. Methadone and buprenorphine are **medications**, like metformin for diabetes or amlodipine for blood pressure.

MYTH: “*Methadone will get you high.*”

REALITY: When an individual first starts treatment, he/she may feel **lightheaded** or sleepy for a few days but **tolerance** soon develops, and they will begin to feel “**normal.**”

People on MOUD are in *RECOVERY* 😊



Psychosocial Therapies



Behavioral Therapies



- Help engage people in substance use treatment
- **Modify their attitudes and behaviors** related to drug use
- Increase life skills to **handle stressful circumstances** that may trigger intense cravings

TYPES

1. Cognitive-Behavioral Therapy
2. Motivational Enhancement Therapy
3. Adolescent and Family Behavioral Therapies
4. 12-Step Facilitation Therapy

Rikers Island: “A Road Not Taken”

- Started in 2008
- Evidence-based modified therapeutic community
- Structured program:
 - Individual & Group therapy
 - Creative arts
 - Mindful practice
- Teach KEY skills: problem solving, moral reasoning, conflict navigation, tolerating anxiety



Women Behind Bars

Women's incarceration has grown at **twice** the pace as men, mostly in jails

>61% of women in federal prison are behind bars for **nonviolent drug offenses**

Women are **2x** as likely to **die** in jail vs. men, mostly from drug/alcohol intoxication



Black women 2x as likely to be incarcerated vs white women.
Native American women 6x

Prosecutors nationwide have targeted **pregnant women** who use drugs (supposedly in interest of protecting fetus)

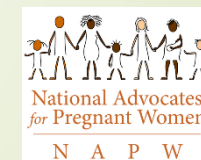
~80% of women in jail are **mothers**, & most are the **primary caregivers**

Prosecution of Pregnancy

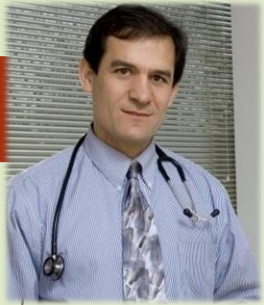


- ❖ Pregnant women who use drugs face **highly stigmatizing** & **inaccurate** perceptions from society
- ❖ Disclosure of drug use makes pregnant women vulnerable to discrimination & increased scrutiny by law enforcement or child protection services
- ❖ In the U.S. (e.g. Tennessee), some pregnant women who use drugs are incarcerated for “fetal assault”
- ❖ Methadone & buprenorphine are standard of care for treating OUD in pregnancy – NOT “detox” or abstinence:
 - Yet **very few** women receive either medication
 - **Fetal & maternal risk** with detox alone

>20 U.S. states have laws equating substance use while pregnant with civil child abuse → → children taken away, families ripped apart



Lynn Paltrow, JD, founder of NAPW, now Pregnancy Justice



States Offering MOUD in Jails & Prisons

“Not treating inmates with the community standard of care for addiction should be considered a violation of the U.S. Constitution’s Eighth Amendment prohibition on cruel and unusual punishment.”

– Dr. Jody Rich, Director of The Center for Prisoner Health and Human Rights, Brown Univ



- Rhode Island: **ONLY** state to offer all 3 meds to all incarcerated individuals
- Methadone available in only 22 of the nation’s 3,300 local jails (even fewer prisons)
- Only 30 of 3200 jails offer methadone or bupe →→ **Uncomfortable withdrawal symptoms**

STIGMA



STIGMA

Stigma: attribute, behavior or condition that is socially discrediting

Of the 40 million Americans with SUD,
only 10% access treatment



****STIGMA is a MAJOR BARRIER to seeking help ****



→ Drug addiction is the ***#1 most stigmatized social problem***
(more than mental illness; alcohol #4)

WORDS MATTER: Changing our Language

Stigmatizing / Punitive / Tough

“Substance / drug abuse”

“Substance / drug abuser”

“War on Drugs”

“Dirty urine”

“Junkie,” “Addict,” “Cokehead,” “Lush”

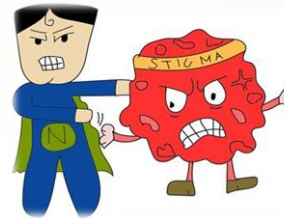
Patient

Less likely to seek help
Perceive ↑ *discrimination*

Health care
professionals

Less regard for patients with addiction
“Less motivated”, “violent”, “manipulative”
Shorter visits

SUBOPTIMAL CARE



Less Stigmatizing

“Substance use disorder”

“Person with substance use issues / disorder”

Urine *positive* for opioids

Patients feel less judged, more respected
Improves therapeutic relationship

More likely to seek care





HARM REDUCTION

Harm Reduction Saves Lives

- ❖ Set of strategies & ideas aimed at **reducing negative consequences associated with drug use**
- ❖ Social justice movement built on a belief in – and respect for – the rights of **people who use drugs**
- ❖ *Spectrum*: **Safer use → Managed use → Abstinence**
 - Meet people who use drugs *“Where they’re at”*

Examples:

- Syringe/needle exchange
- OD prevention (naloxone)
- Condoms
- Care coordination (referrals to drug tx, legal, food, clothing, jobs)
- Group and support services
- Health services



Harm Reduction: Supervised Consumption Sites



Insite in Vancouver (2003)

- North America's 1st legal supervised injection site
- Continuum of care → addiction, mental illness and HIV/AIDS
- Connect clients to housing, addiction treatment & other supportive services
- ~800 visits/day, ~280,000 visits/year



CONTROVERSY

OPINION EDITORIAL

Injection sites are not the answer

FIRST POSTED: SATURDAY, AUGUST 09, 2014 11:12 PM EDT. UPDATED: SATURDAY, AUGUST 09, 2014 09:16 PM EDT



"...attracts drug addicts, homelessness, crime and litter"

'It's a mobile crack

Nicholas Johansen - Jan 14, 2017 / 4:25 pm

"We don't give drinks to alcoholics, we don't give places for rapists to rape people so why are we giving places for drug addicts to inject drugs?"

Ref: Vancouver Coastal Health, Insite, Global Commission on Drug Policy

DATA → Positive trends:

- ✓ Decrease in IV drug use
- ✓ Decrease in overdose deaths by 35%
- ✓ Decrease in HIV & Hep C transmission
- ✓ Increased connection to treatment
- ✓ No increase in drug-related crime (trafficking, robbery, assaults)
- ✓ **ZERO FATALITIES**



Portugal: A Model of Excellence

“Decriminalization was just a part of it.”

-Dr. Joao Goulao, National Coordinator



****Multidisciplinary, Public Health Approach to Addressing Drug Use & Addiction****

Widely available methadone,
low-threshold mobile units
(vans)



Ref: Joao Goulao, SICAD



Dissuasion Commission –
opportunity for early intervention,
tailored treatment

Harm reduction tools, e.g. clean
syringe kits, widely accessible &
distributed



Progress is Happening (1)

NEWS

ASAM Joins Coalition for Whole Health Letter Support Medicare Access for People in Incarceration

Jul 7, 2022

King County adding treatment, relaunching Seattle sobering center to address fentanyl crisis

Posted on Tuesday, March 5, 2024 - 8:00 am by CHS S



Providing Low-barrier Addiction Treatment Via Telehealth Service During COVID-19 in Los Angeles, County: A New Model for the Future

By: Gina MD; Brown, Christopher O. MD, MPH; Trotzkiv-Sirr, Rebecca MD; Sanchez, Gloria MD;

Expanding Addiction Treatment Settings

Download



Administration | Priorities | The Record

AUGUST 28, 2024

Biden-Harris Administration Actions to Address the Overdose Epidemic

ONDCP | BRIEFING ROOM | PRESS RELEASES

President Biden and Vice President Harris have made addressing the nation's overdose epidemic a top priority of this Administration and a [key pillar of the President's Unity Agenda for the Nation](#). Under their leadership, the Biden-Harris Administration has taken more historic action and made more unprecedented investments than ever before to address this epidemic and save lives.

When President Biden and Vice President Harris took office in January 2021, the number of overdose deaths were increasing 31% year-over-year. Just earlier this year, the U.S. Department of Health and Human Services announced that drug overdose deaths decreased by 3% over the past year — [marking the first decline in the overdose death rate in more than five years](#).

Progress is Happening (2)

September 2024

The New York Times

Drug Overdose Deaths Are Dropping. The Reasons Are Not Perfectly Clear.

The decrease across the country is a major breakthrough in efforts to reverse the effects of fentanyl. Researchers and health officials say there is no easy explanation for the trend.

▶ Listen to this article · 8:01 min [Learn more](#)

📄 Share full article



- CDC: From April 2023 to April 2024, overdose deaths declined by ~10% nationally to ~101,000
- Nonfatal ODs also decreased by ~10%
- **WHY?**
 - Widespread dissemination & use of naloxone
 - Expanded access to addiction treatment (methadone at home)
 - Fentanyl & xylazine test strips
- But downward trend difficult to explain by public health strategies along
 - People are adapting behaviors, building tolerance to fentanyl & finding safer ways to use it

****101k OD-related deaths is still unacceptable → need widespread education, prevention & access to MOUD, harm reduction, therapy & other support services**



Take-Home Points

1. Addiction is a **chronic medical disease**, a disease of the brain – it is **NOT** a sign of moral weakness or failure
2. Most people with addiction – once connected to the appropriate treatment & recovery services – **GET BETTER** 😊
3. **Stigma** towards people with addiction acts as a **barrier to care**
4. More addiction prevention and treatment strategies are needed
5. Addiction is costly but **preventable AND treatable**
6. **Medications are the standard of care for OUD**
7. Correctional medicine is addiction medicine
8. Pregnant women with SUD need treatment
9. **Racial disparities** in incarceration and addiction care are **pervasive**
10. The COVID pandemic exposed **multiple existing cracks** in the addiction treatment system, but eased restrictions improved access to treatment and care



Clinical Case: What Happened to Shaun?

I thanked him for coming in & sharing his story

Started on buprenorphine

Connected to a therapist

Referred to a psychiatrist about possibly starting an antidepressant

Encouraged to discuss his back pain with PCP & neurologist

Encouraged to do things he loves and that relax him



6 months later, he is in **recovery**




His pain is **manageable**

His depression is **improved**

He's returned to use (relapsed) a few times, but otherwise has **little desire to use**

He is spending quality time with his grandchildren:

"... my family means the world to me" ... 

Shaun's Life has *PURPOSE*



SITA MED
HEALING THROUGH CONNECTION

Self-Care



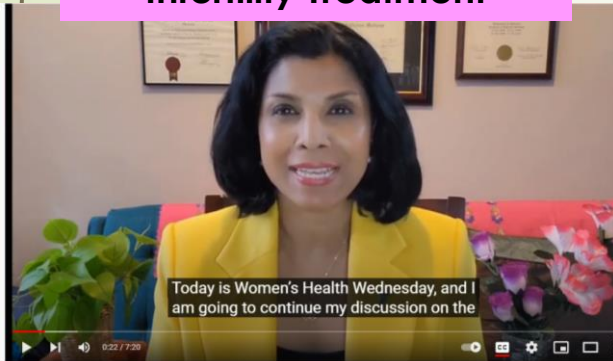
1. **Mindful practice** → meditation, yoga, prayer, gratitude journal, etc.
2. **Sleep**
3. **Eat** → regularly and healthy
4. **Exercise**
5. **Hydrate**
6. **Do what you enjoy** (movies, dining, museums, travel, etc.)
7. **Do nothing** 😊
8. **Ask for help** → there is no shame in this



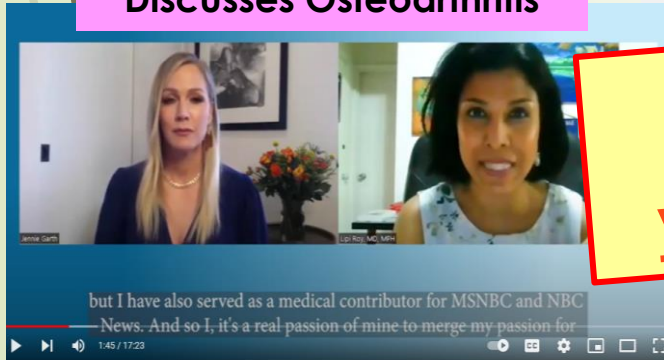
YouTube Health Series, *Health, Humor & Harmony*

~ *Health show that merges medicine, social justice + entertainment* ~

Impact of Roe Ruling on Infertility Treatment



Beverly Hills' Jennie Garth Discusses Osteoarthritis



Please **SUBSCRIBE + Share!** 😊
www.YouTube.com/c/DrLipiRoy

Gun Violence + Public Health



"Dr. Roy on the Road":
New Yorkers + Addiction



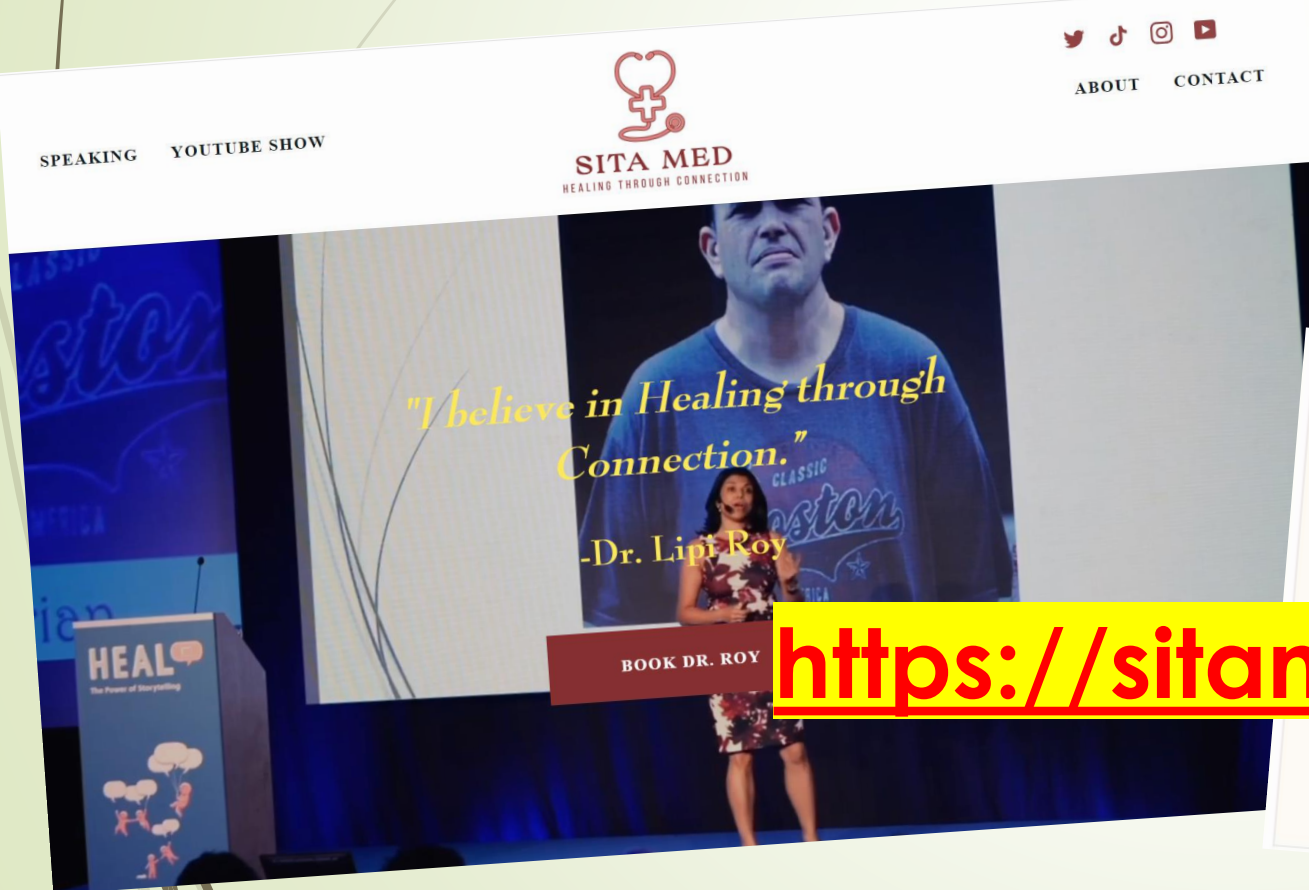
SITA MED



SITA MED
HEALING THROUGH CONNECTION

~ A speaking, training and consulting company addressing stress-related conditions such as addiction, mental illness and sleep disorders ~

Strength & Inspiration in Trauma & Addiction using Mindfulness, Empathy + Delight



Dr. Roy uses science and storytelling to convert *darkness* to *delight*.

CONTACT DR. ROY

Stress is Universal

From minor nuisances like coffee stains or paper cuts to life-altering traumas such as job loss, divorce and death, we all experience stress. But not everyone experiences it healthily, meaningfully

...intruded with self-confidence and self-care!



<https://sitamedllc.com/>



I need YOUR help.

Let's **COLLABORATE** to amplify our
IMPACT!

You don't need the letters 'MD' behind
your name to save lives, to *transform* lives.

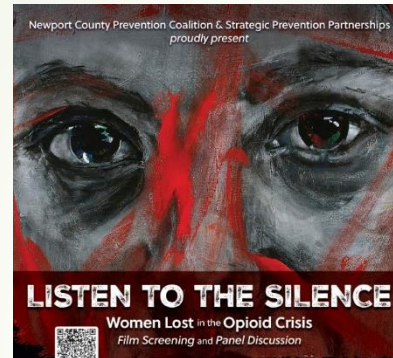


References in TV, Film & Books

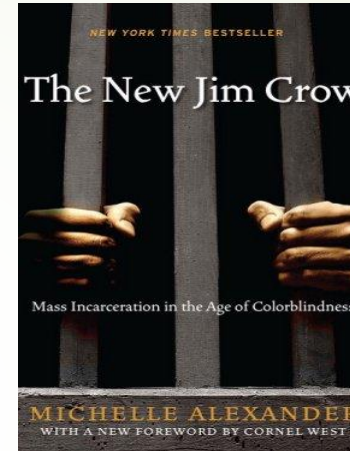
13TH



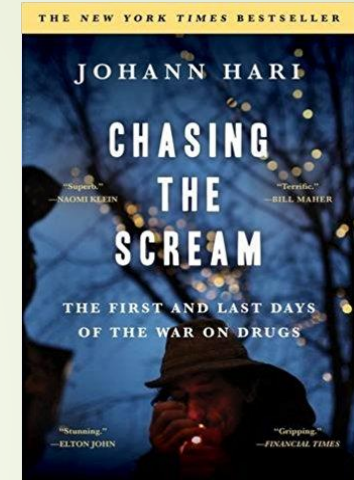
Listen to the Silence



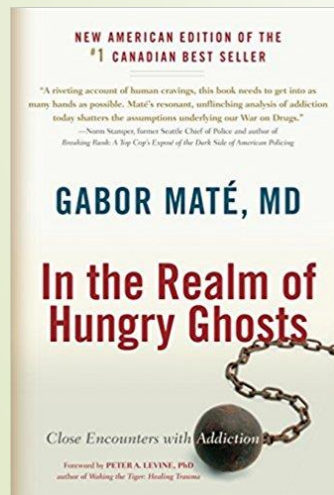
The New Jim Crow
by Michelle Alexander



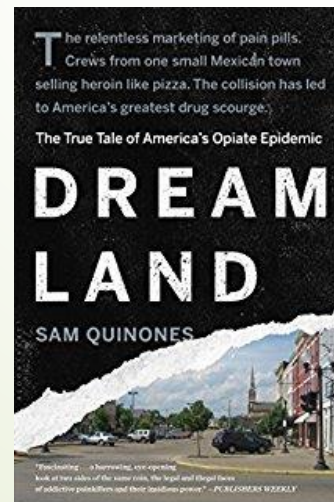
Chasing the Scream
by Johann Hari



In the Realm of Hungry Ghosts
by Gabor Maté, MD



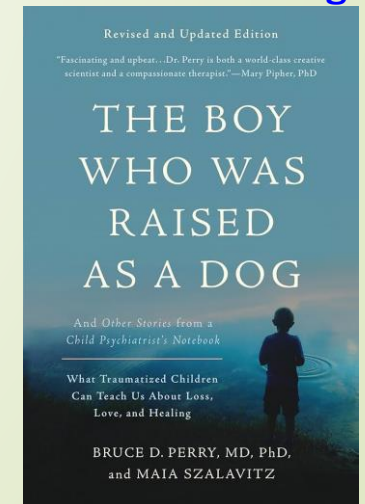
Dreamland
by Sam Quinones



Rage Becomes Her
by Soraya Chemaly



The Boy Who Was Raised As A Dog



Acknowledgements

- R. Joel Bush, MD
- Brad Finegood
- Ruth Potee, MD
- Sara Lorenz Taki, MD
- Michael Weaver, MD



Resources



Fighting for Space
by Travis Lupick

- American Society of Addiction Medicine (ASAM)
- Bureau of Justice Statistics (BJS)
- COVID Prison Project
- Drug Policy Alliance (DPA)
- Equal Justice Initiative (EJI)
- Global Commission on Drug Policy (GCDP)
- Harm Reduction Coalition (HRC)
- National Academy of Sciences, Engineering & Medicine (NASEM)
- National Institute of Drug Abuse (NIDA)
- O'Neill Institute at Georgetown Law
- Open Society Foundations (OSF)
- Pew Trust
- Prison Policy Initiative (PPI)
- Providers' Clinical Support System (PCSS)*
- Substance Abuse and Mental Health Service Administration (SAMSHA)
- U.S. Surgeon General's Report 2016



**Excellent online learning modules, webinars*

THANK YOU!!

www.SITAMEDLLC.com



www.youtube.com/c/DrLipiRoy

Lipi.Roy@nyulangone.org

 @lipiroy



@lipiroyMD