Opportunities For and Barriers to Treatment and Prevention

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Workshop on Integrating Infectious Disease Considerations with Response to the Opioid Epidemic

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Faculty Disclosures

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Improving Care for Hospitalized Adults with Substance Use Disorder

• Dramatic increase in opioid-related hospitalizations and associated expenditures

• Hospitalization is a reachable moment
  – “running around with… buckets”; “leaky roof”
  – Reach those not already engaged in care
  – Majority of patients want help to change their substance use
  – Patients want medication to start in hospital
Improving Addiction Care Team (IMPACT)

- Multidisciplinary service with rapid access pathways to community treatment
- Increased patient engagement and linkage
- Improved provider morale
- Decreased inpatient length of stay (LOS)
- Highlighted value of peers in the hospital
  - Cultural shift
- SUD treatment in the hospital should be standard of care
Ability to Learn from Failures

• Medically Enhanced Residential Treatment (MERT) Model
  – Integrated IV antibiotics in residential treatment
  – Poor recruitment and completion

• Highlighted importance of patient voice
  – Remission and active use

• Treatment pathways that span hospital and community settings

• Need for new models with iterative designs
Southern Syndemic: Poverty, Opioids and Infectious Diseases

• HIV is a symptom of a broader ill-poverty
  – $\frac{1}{2} - \frac{2}{3}$ of poorest counties in the South
  – $> \frac{1}{2}$ of all new HIV infections in 2016 were in same distribution

• Continuum of care is lacking
  – $< \frac{1}{3}$ of all PrEP users

• Not limited to HIV
Impending Tidal Wave

• Historically lower rates of opioid use
  – Seeing increased in treatment admissions
• Limited resources and less prepared
  – Few treatment providers
  – Paucity of harm reduction services
• High rates of opioid prescribing
• Substantial stigma and hostile climate
• Notable gender differences
Arkansas Example

• Partnership with county jail- where the resources are
• Surveillance of opioid use disorders
• Assessment of HIV risk behaviors

• Next Steps:
  – Linkage to PrEP upon release
  – MAT expansion in correctional institutions and primary care
  – Telemedicine
  – Look at global health initiatives
Infectious Disease and the Opioid Epidemic: Correctional Health

• Addiction is a chronic brain disease
  – Compulsive drug seeking
  – Cycles of remission and recurrence

• Genetic (40-60%) and environmental (trauma) factors

• Opioid use characterized by tolerance and withdrawal
Infectious Disease and the Opioid Epidemic: Correctional Health

• Precipitous rise in criminal justice population corresponding with “war on drugs”
  – 10 million cycling in and out annually
  – Marked racial disparities

• Large proportion of inmates with SUD
  – Overlapping social determinants of health

• Substantial proportions of ID burden passing through correction systems
Rhode Island Experience

• Implementation of routine screening and MAT in correctional system
  – Included all 3 FDA-approved medications
  – Linkage to community treatment
  – 12% reduction in overdose deaths in state

• MAT saves lives
Value-driven Priorities for Addressing Opioid Epidemic

• Cost-effectiveness research
  – Goal is to maximize outcomes, NOT save money
  – Can guide priorities in setting of limited resources and lack of political will
  – Cost effective ≠ affordable
Value-driven Priorities for Addressing Opioid Epidemic

• HCV
  – Testing for adults \( \geq 18 \)yo is high-value, cost effective intervention
  – Treatment is high-value, cost effective
  – Should not be restricted in PWID

• HIV
  – MAT represents greatest benefit and is HIV prevention
Value-driven Priorities for Addressing Opioid Epidemic

- **Endocarditis**
  - Hospitalizations are becoming more frequent and costing more money
  - Little cost-effectiveness data to guide decisions
  - Needs more study

- **Accountable Care Organizations**
  - Vigilant about potential exclusion of SUD patients
Discussion Take Homes

• XR-NTX improves HIV viral suppression 6-months post release in HIV+ prisoners

• Debate about benefit of counseling
  – Some studies have not demonstrated additional benefit (Weis, 2011)
  – Medication won’t address trauma, coping skills
  – Requirement for counseling may be barrier to expansion of MAT
Discussion Take Homes

• Eliminate buprenorphine prescriber limits
  – Caveat: high quality prescribing

• Training gap for addiction treatment
  – ID clinicians
  – Primary care providers
  – Undergraduate/graduate medical education

• Expand view of our workforce
  – NPs, PAs, Pharmacists, Certified Nurse Midwives
Discussion Take Homes

• Need comprehensive, system-level interventions