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Maryland Addiction Consultation Service

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Expanding Access To “Medication Assisted Treatment” for Opioid Use Disorders to Patients in the Hospital

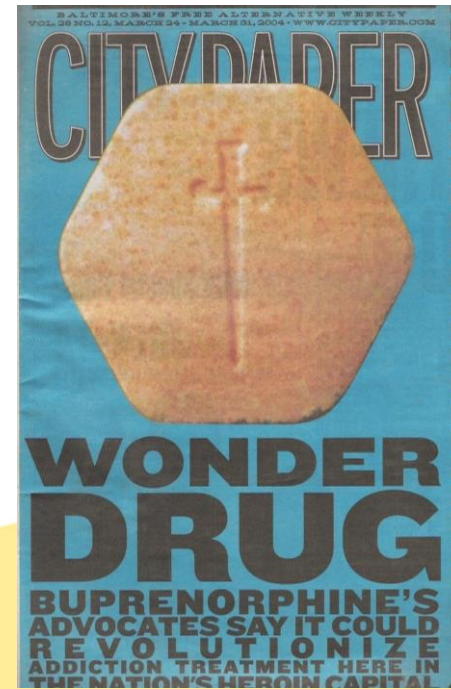


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University of Maryland School of Medicine



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Confusing Terms

- **Addiction**
- **Dependence/Dependency/Substance Dependence**
- **Use**
- **Misuse**
- **Abuse**
- **Risky/At-risk Use**
- **Problematic Use**
- **Non-medical Use**
- **Non-prescribed Use**
- **Illicit Use**
- **Illicit Use of a Licit Substance**
- **Healthy Experimentation**

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Other Terms

ADDICT

LOSER

JUNKIE

DRUGGIE

Dope Fiend

USER

SWAF

Alchie

shooter

DRUNK

Injector

WINO

Dirty

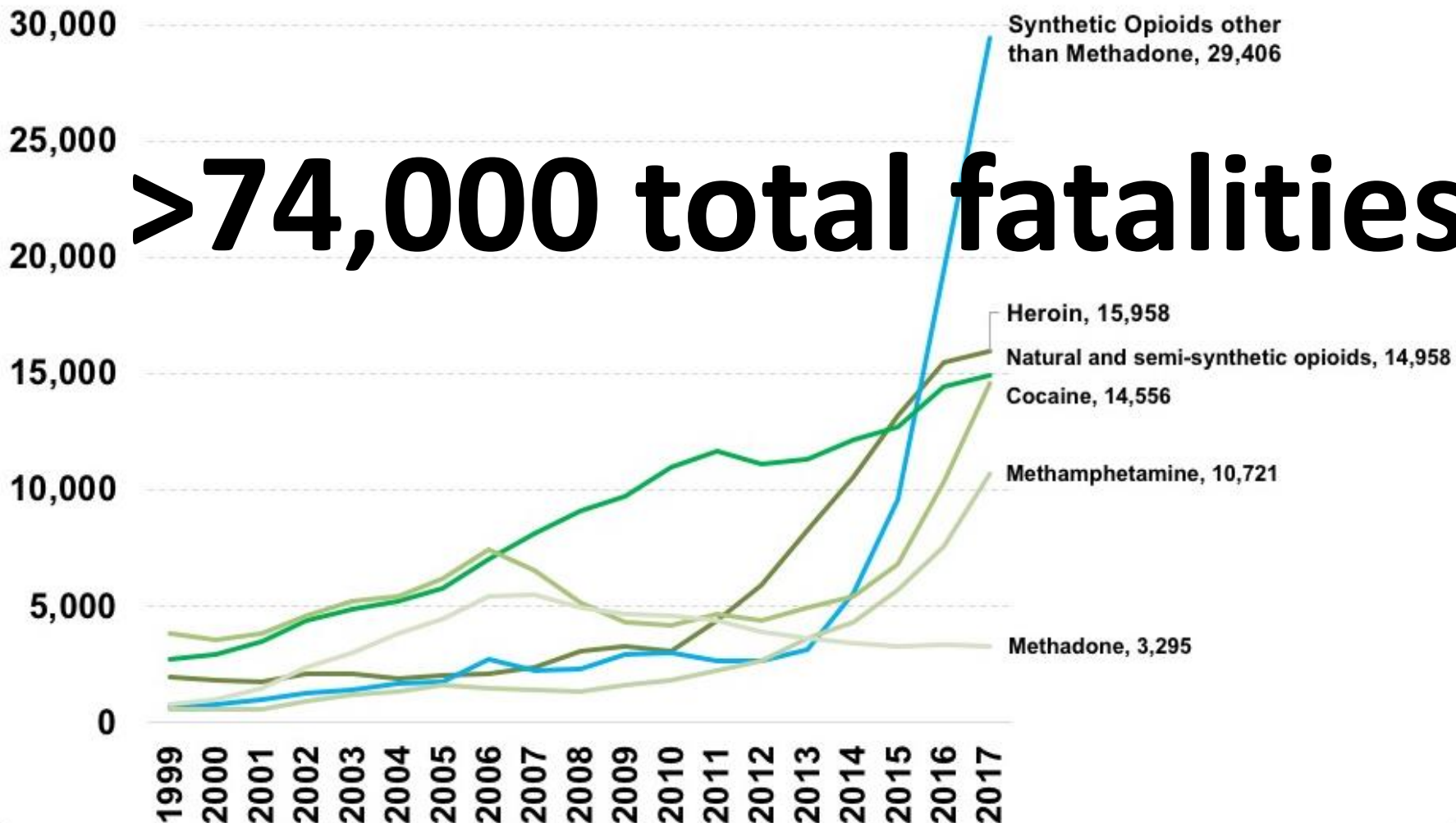
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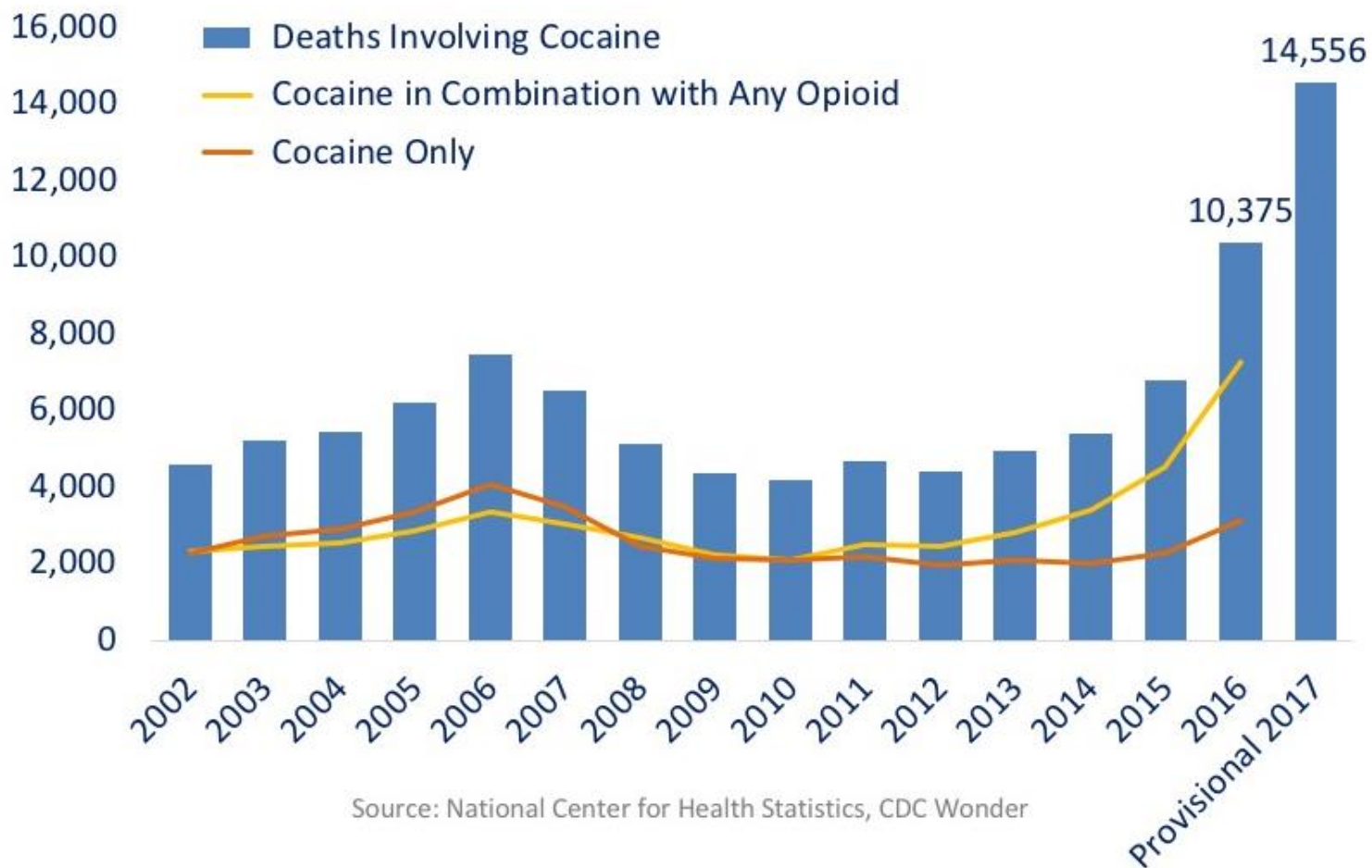


"Go ahead . . . treat me like dirt."

Drugs Involved in U.S. Overdose Deaths, 1999 to 2017



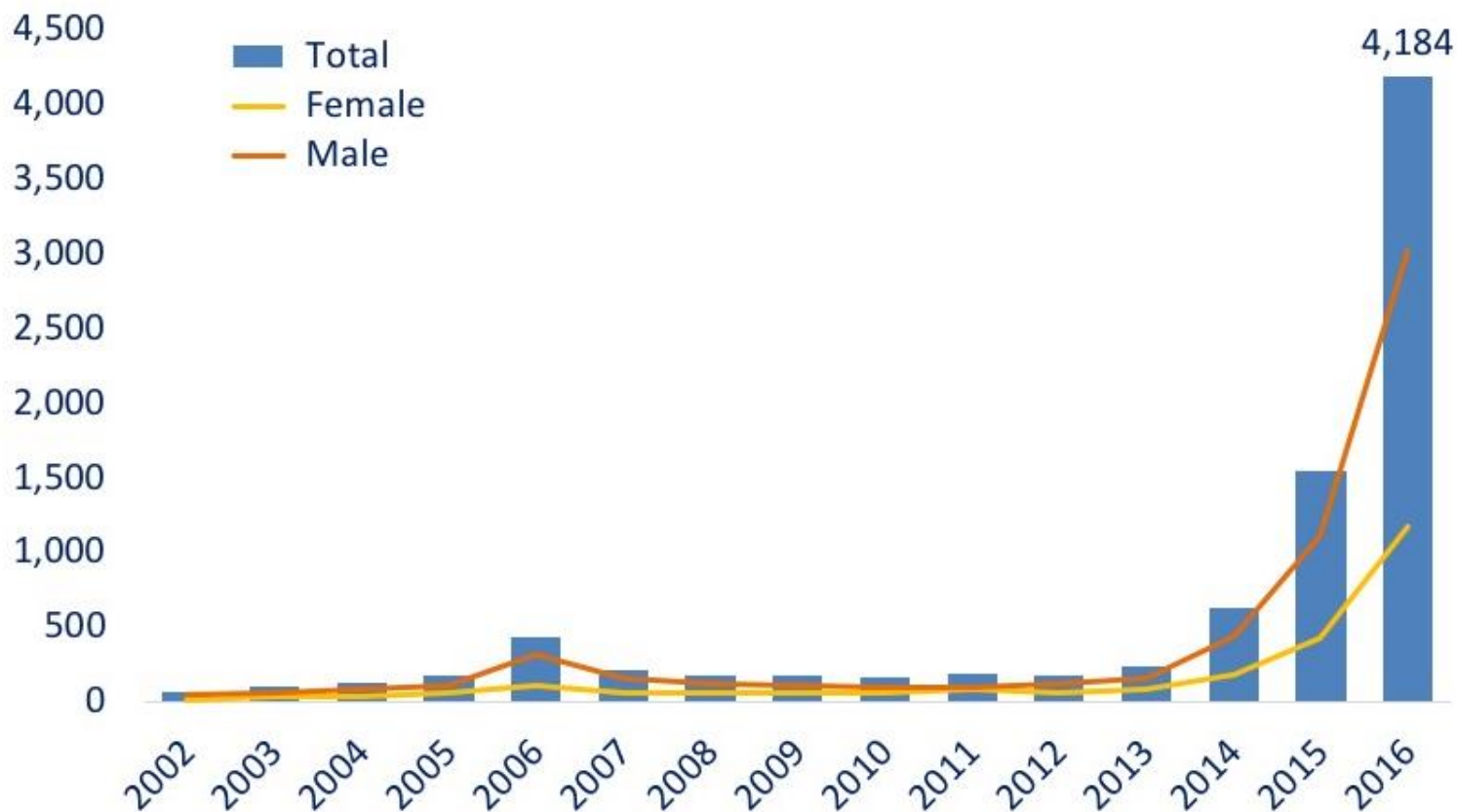
Opioid Involvement in Cocaine Overdose



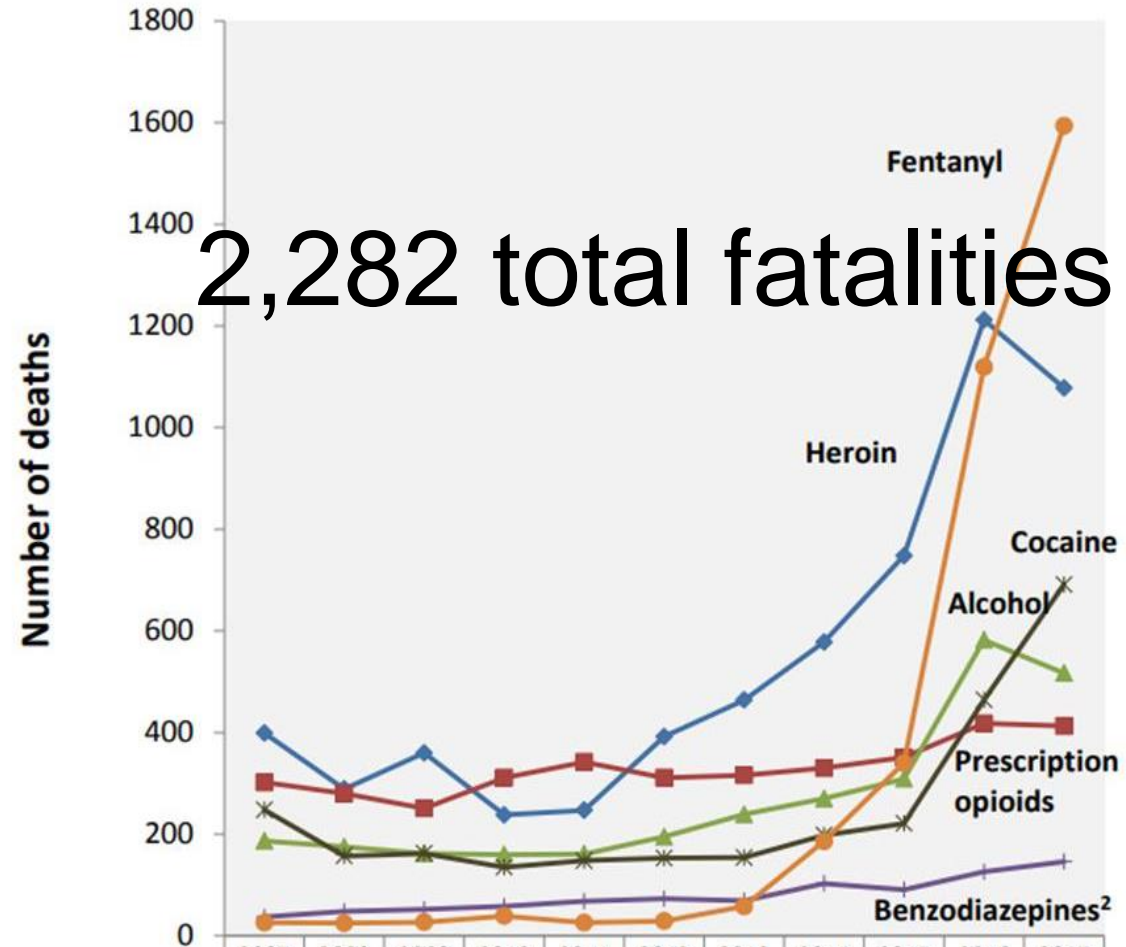
Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths

Number of Deaths Involving Cocaine in Combination with Non-Methadone Opioid Synthetics



Intoxication Deaths by Selected Substances¹, Maryland, 2007-2017.



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
—◆— Heroin	399	289	360	238	247	392	464	578	748	1212	1078
—■— Prescription opioids	302	280	251	311	342	311	316	330	351	418	413
—▲— Alcohol	187	175	162	160	161	195	239	270	309	582	517
—+— Benzodiazepines	37	48	52	58	68	73	69	103	91	126	146
—*— Cocaine	248	157	162	135	148	153	154	198	221	464	691
—●— Fentanyl	26	25	27	39	26	29	58	186	340	1119	1594

Figure 9. Number of Heroin-Related Deaths Occurring in Maryland by Place of Occurrence, 2017.

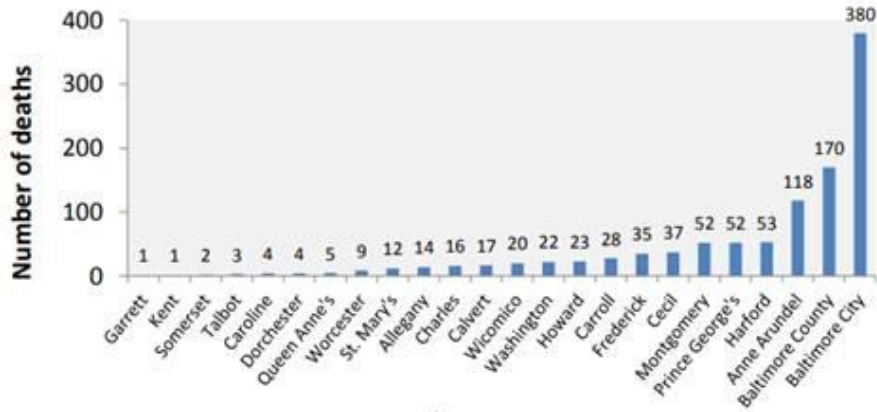


Figure 14. Number of Prescription Opioid-Related Deaths Occurring in Maryland by Place of Occurrence, 2017.

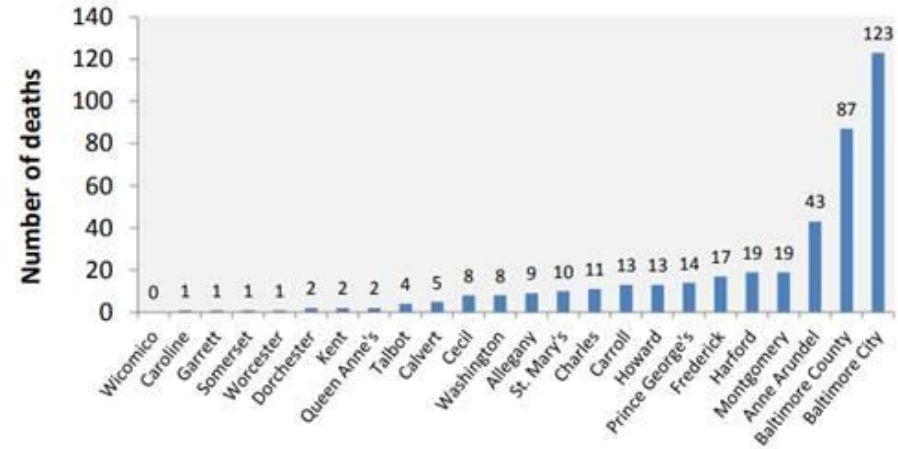
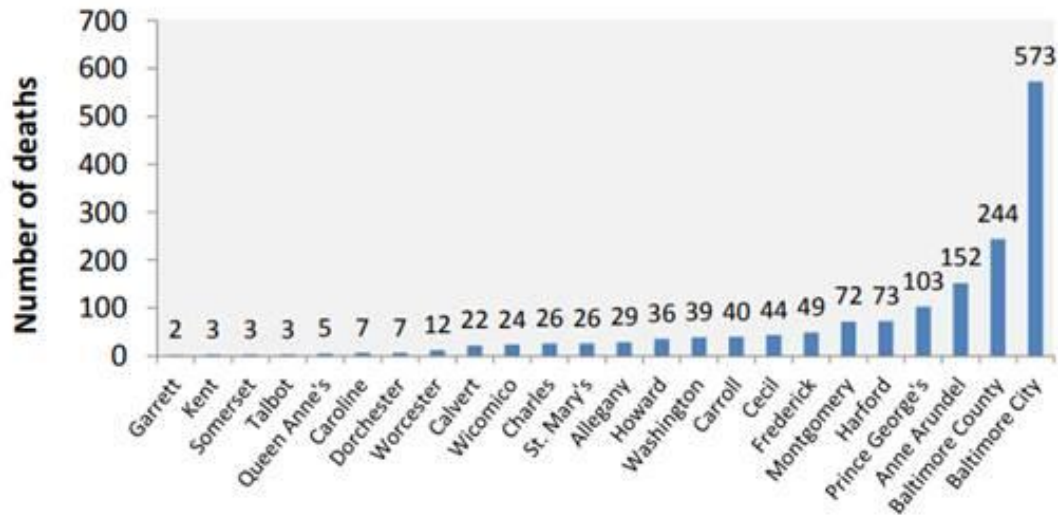
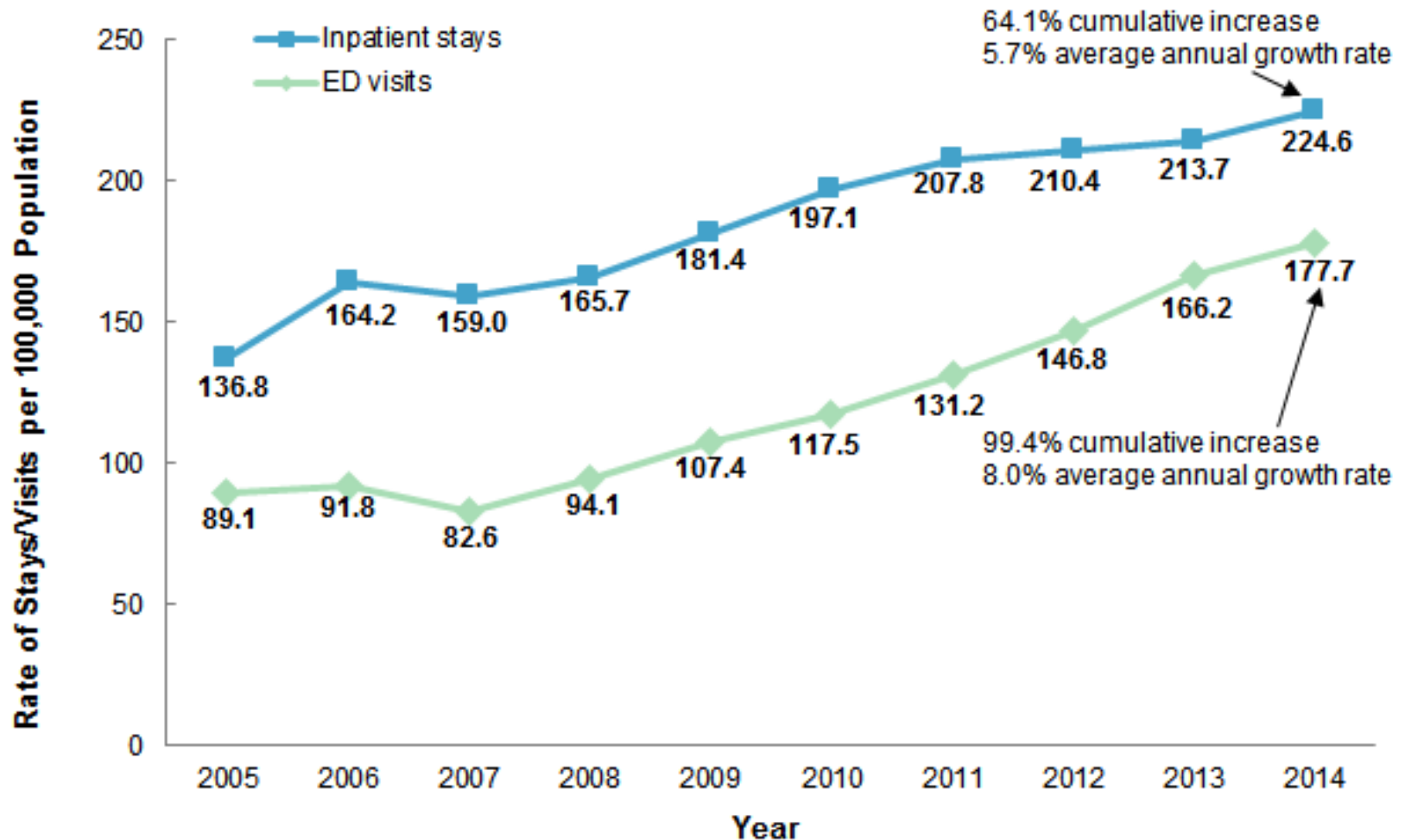


Figure 18. Number of Fentanyl-Related Deaths Occurring in Maryland by Place of Occurrence, 2017.

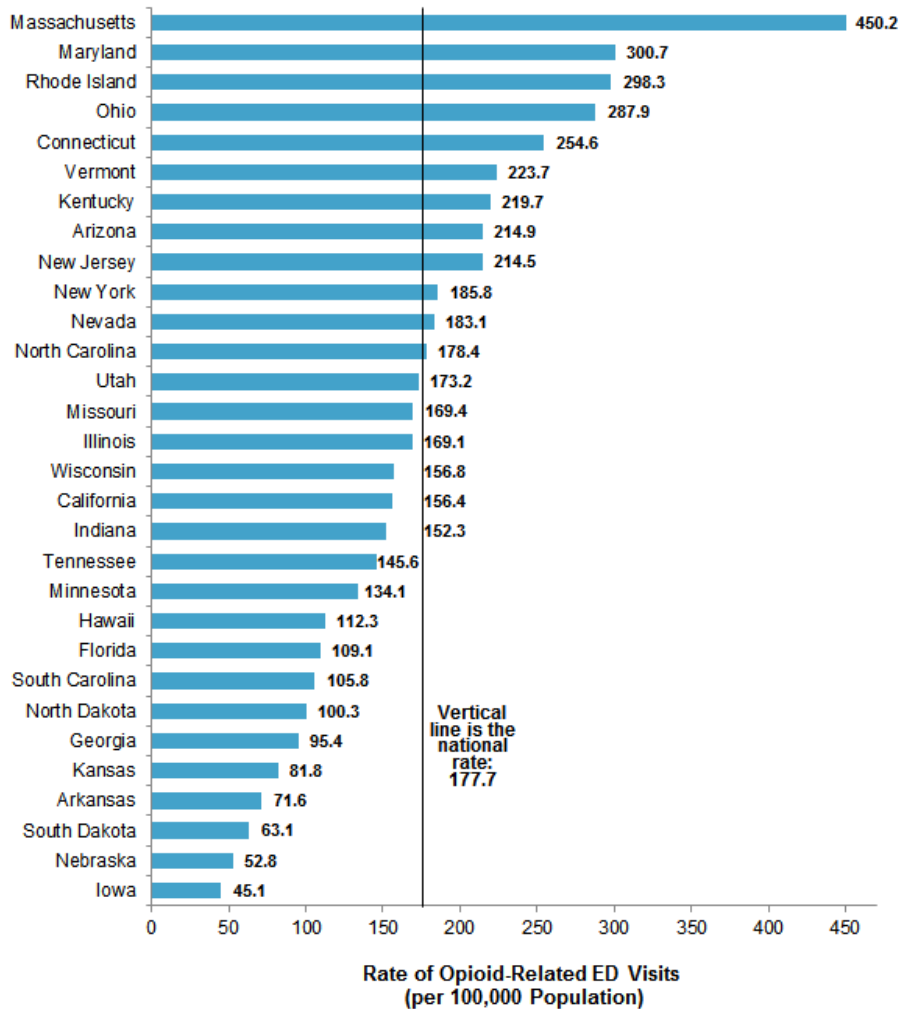


NATIONAL RATE OF OPIOID-RELATED INPATIENT STAYS AND EMERGENCY DEPARTMENT VISITS, 2005-2014

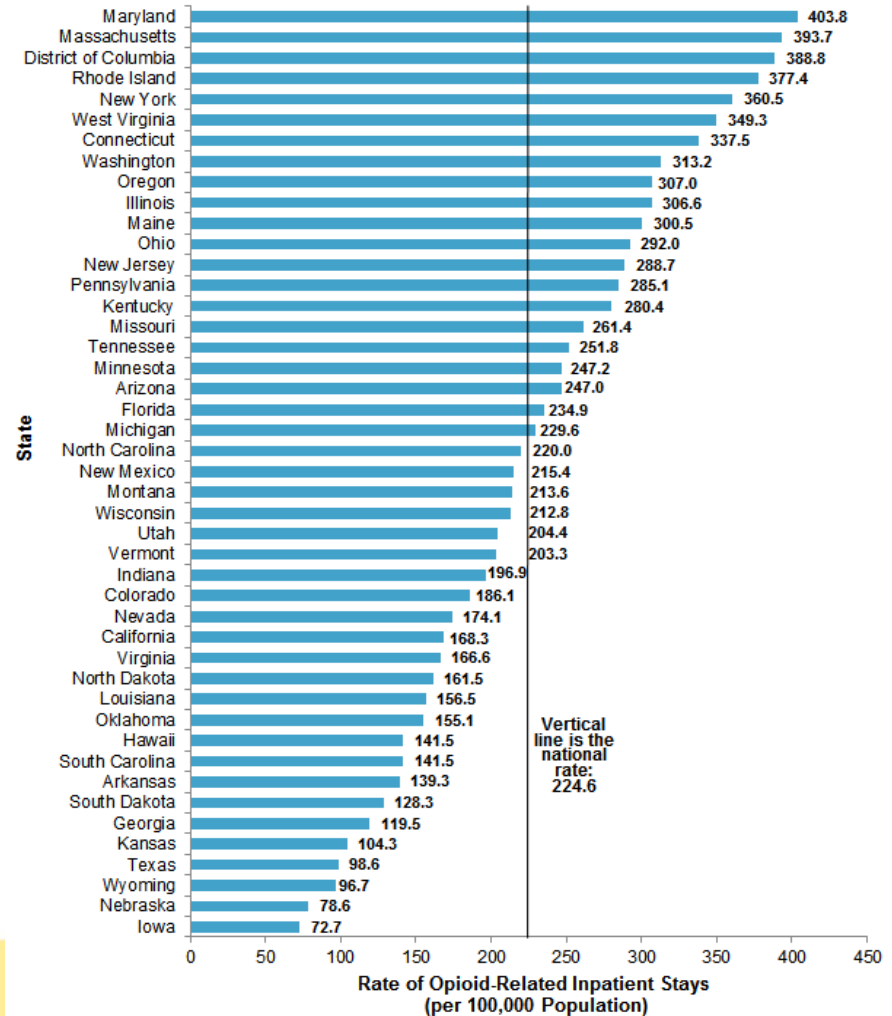




RATE OF OPIOID-RELATED EMERGENCY DEPARTMENT VISITS BY STATE, 2014



RATE OF OPIOID-RELATED INPATIENT STAYS BY STATE, 2014



PEOPLE CAN CHANGE



PEOPLE CAN CHANGE



**ADDICTION
IS
TREATABLE!!!**

Maintenance Medications For OUD

- **FDA Approved**
 - **Methadone (Methadose; Dolophine)**
 - **Buprenorphine (Suboxone; Suboxone Film; Subutex; Bunavail; Zubsolv; Sublocade)**
 - **Naltrexone (Trexan; Vivitrol)**
- **Experimental/Not Approved**
 - **Ibogaine**
 - **Heroin**
 - **Hydromorphone**

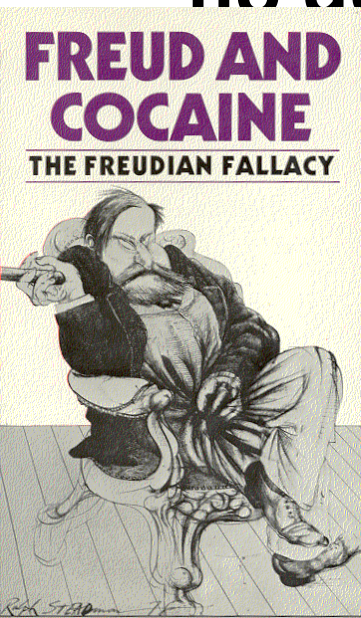
“I received a note from her when she had used this. She was much encouraged and had ordered two pounds more... I saw her recently when she assured me that she had no desire for morphine.”

Dr. W.H. Bentley

Detroit Therapeutic Gazette, 1880

(about a woman for whom he prescribed one pound of

for morphine addiction)



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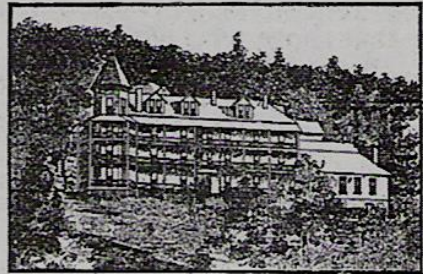
MORPHINE, OPIUM, COCAINE

AND ALL OTHER DRUG HABITS

PERMANENTLY CURED IN 10 TO 15 DAYS!

NO HYPODERMICS USED.

OUR cure antidotes and eliminates all Narcotic Poisons from the system, revives and restores the dormant nerve cells, clears and strengthens the mind, and the broken-down and debilitated patient is reinvigorated and rebuilt into a strong and healthy being again.



Magnetic Springs Sanitarium, Eureka Springs, Arkansas
The one place in the world where the Morphine, Cocaine and Other Drug Habit and Opiumism are permanently cured without the least sickness, pain, confinement or use of hypodermics.

UNDER our treatment patients eat and sleep well from the time of beginning. They are under no restraint whatever, being at perfect liberty at all times to visit the various springs, roam over the mountains and enjoy the beauties which nature has provided here so bountifully.

We positively guarantee to cure any case of Morphine, Opium, Codine, Chloroform, Chloral, Cocaine or other Drug habit, in from ten to fifteen days, without causing the patient the slightest sickness or pain. Patients need not pay one cent until satisfied in their own minds that they are cured.

LIQUOR HABIT-DRUNKENNESS-CURED IN ONE WEEK

NO HYPODERMICS USED

We positively guarantee to cure the Liquor Habit or Drunkenness in one week, without the least sickness, confinement or any bad after-effects. Our cure consists of a specific which is absolutely harmless, yet speedy and certain in its action, and is the only cure known to medical science which permanently removes all need, craving or desire for whisky, beer, wine or other alcoholic stimulants. It has its stomach, restores the shattered nerves, increases and strengthens the sexual powers and leaves the patient in perfect health, physically and mentally. After a cure has been effected the smell of liquor becomes extremely offensive and the taste sickening and obnoxious.

SUPERIOR TO ALL OTHER TREATMENTS.

Dr. Norton Beakow, who was formerly on the staff of physicians of Dr. Leslie E. Keeley of Dwight, Ill., and who has made a careful study of the methods and treatment for the Drug and Liquor Habit at the various leading sanitariums of the country, writes as follows of the cure administered at the Magnetic Springs Sanitarium:

It is superior to any and all the cures that I have heretofore investigated. Under the treatment administered at this Sanitarium, patients addicted to the morphine and other drug habits are cured in the surprisingly short time of ten to fifteen days without having experienced any degree of sickness, pain or inconvenience. The cure for the liquor habit, or drunkenness, I find to be along the same approved time. In the heretofore short time of one week, the alcoholic habit that brought with it all the usual evils has been completely eradicated, the senses have become clear and latent lines have been opened and the shining glow with that youthful vigor which has been lost for years. This cure for liquor and drug addiction cannot be compared to any other treatment any more than electricity to a yellow metal.

BOSTON BEEDEW, M. D.

I, F. Jones, a well known Dr. Lecturer, and manager of the Western Home, Twelfth and Market streets, has had the opportunity of observing the work being done at the Magnetic Springs Sanitarium, and enthusiastically commended it. He writes:

ATLANTA had opportunity to investigate the cure for both the liquor habit and the morphine and other drug habits, which is now being administered by the Magnetic Springs Sanitarium of Eureka Springs, Ark. I heartily commended it to those who unfortunately have become addicted to any of these habits. Some half-a-dozen or more people, who were under my personal observation daily and who had become physical wrecks, were restored to perfect health by this cure.

St. Louis, Mo., March 1, 1904. F. JONES.

Special round trip tickets to Eureka Springs, Ark., can be purchased from any point in the United States via the Frisco System at greatly reduced rates, which places this wonderful cure within the reach of all.

YOU NEED NOT PAY ONE CENT UNTIL CURED.

Patients visiting the Magnetic Springs Sanitarium for treatment for the liquor habit or any drug habit are not required to pay one cent until satisfied in their own mind that they are cured. In case of failure to effect a cure in any case we agree to refund all railway fares from the place of residence to Eureka Springs and return, and charge nothing for the treatment. The Sanitarium is a handsome and commodious building with every modern improvement and convenience. A competent staff of physicians is always in attendance under the direction of Dr. C. A. Reed, President of the Sanitarium. Full information concerning the treatment, terms, etc., can be obtained by addressing

MAGNETIC SPRINGS SANITARIUM

C. A. REED, M. D., Medical Director, Box 616, EUREKA SPRINGS, ARKANSAS.

OPIUM HABIT QUICKLY CURED.

The Opium and Morphine Habits can be quickly and secretly cured at home by the perfected treatment of Dr. KANE, (date Sup'd't of the De-Quincy Hospital, Mo.) No pain, no confinement, no nausea, no vomiting, no loss of sleep, no loss of appetite, no loss of strength, no loss of color, no loss of weight, no loss of vitality, no loss of intelligence, no loss of memory, no loss of power, no loss of pleasure, no loss of peace, no loss of hope, no loss of faith, no loss of love, no loss of life.

PAMPHLET, with testimonials, Dr. H. H. KANE.

OPIUM Morphine Habit Cured in 10 to 20 Days. No Pay until Cured, J. L. STEPHENS, M. D., Lebanon, Ohio.

Sanatorium Dr. Lubowski

For Nervous Affections, Internal Complaints, Convalescence, Morphinism & Absolutely new building and appointments. Fashionable, near "Kurhaus". :: Dietetic cuisine. :: Electro-, hydro-, psychotherapy.

5877 :: :: Prospectus on application
Dr. Lubowski, Prop. and m

16 Garten-Str. 16 WIESBAD

OPIUM HABIT CURED

Painlessly at home by one who has had SEVENTEEN YEARS' PRACTICE in treating and curing this disease. For full particulars send for THE TEST OF TIME containing testimonials of hundreds who have been permanently cured. Address, DR. S. B. COLLINS, La Porte, Ind.



Alcohol, Opium, Tobacco Using

FREE OF CHARGE. We will send you a copy of our new book, 'The Keeley Cure', which contains full particulars of our treatment, and a list of our agents in every city and town in the United States. Write for it today.

THE COBLENTZ COMMON SENSE METHOD OF CURING THE Morphine, Opium, Laudanum

DR. ADAM LAURIE

CHINESE LIFE PILLS

OPIUM DR. J. H. KANE, A. M., M. D., I. H. H. KANE, A. M., M. D., I.

Morfium Alcohol Schlaflose

Entwöhnungskuren von Morfium, Pantopon Kokain, Alkohol, Schlafmitteln etc. ohne jeden Zwang im Spezial-Sanatorium Schloss Rheinblick Bad Godesberg am Rhein bei Bonn Aufnahme von Nervösen und Schlaflosen, nur 20 Gäste. Kurmittel. Komfort modernster Art. Herrliche Lage am Viktorsberg v. d. Kottenforst. Bildprospekte frei. Seit Gründung 1899 unter ärztl. Leitung Eigentümers

OPIUM MURPHINE, W and Tobacco

secretly cured at 10 to 20 Days. nervousness, loss interference w. business. For the next 30 Days, we will be the FIRST applicant from each of the U. S., a trial course free. Terms & Correspondence confidential and answered Address THE HUMANE REMEDY Co., Lafayette

MORPHINE

and other drug habits are cured by HABITINA. For hypodermic or internal use. Sample sent to any drug habitue by mail, in plain wrapper. Price \$2.00.

DELTA CHEMICAL COMPANY 1173 Holland Building, St. Louis

MORPHINE Kurhaus Lankwitz

EASY, PAINLESS, PERMANENT HOME CURE. We will send any one addicted to MORPHINE, OPIUM, LAUDANUM, or other DRUG HABIT, a trial treatment FREE OF CHARGE, of the most remarkable remedy for its purpose ever discovered. Containing the GREAT VIT-PRINCIPLE lacking in all other remedies. Confidential correspondence invited from all, especially PHYSICIANS. ST. JAMES SOCIETY, 1151 BROADWAY, N. Y. C.

59 Victoria St, LANKWITZ

Sanatorium for Convalescents, for Persistent, for Patients suffering from Nervousness, Disturbances of the Digestive System, Diabetes, and other ailments, and treatment of Morphinism, Cocainism, Alcoholism.

DRUG HABIT

BAYER
PHARMACEUTICAL
PRODUCTS.

Send for
samples and
Literature to



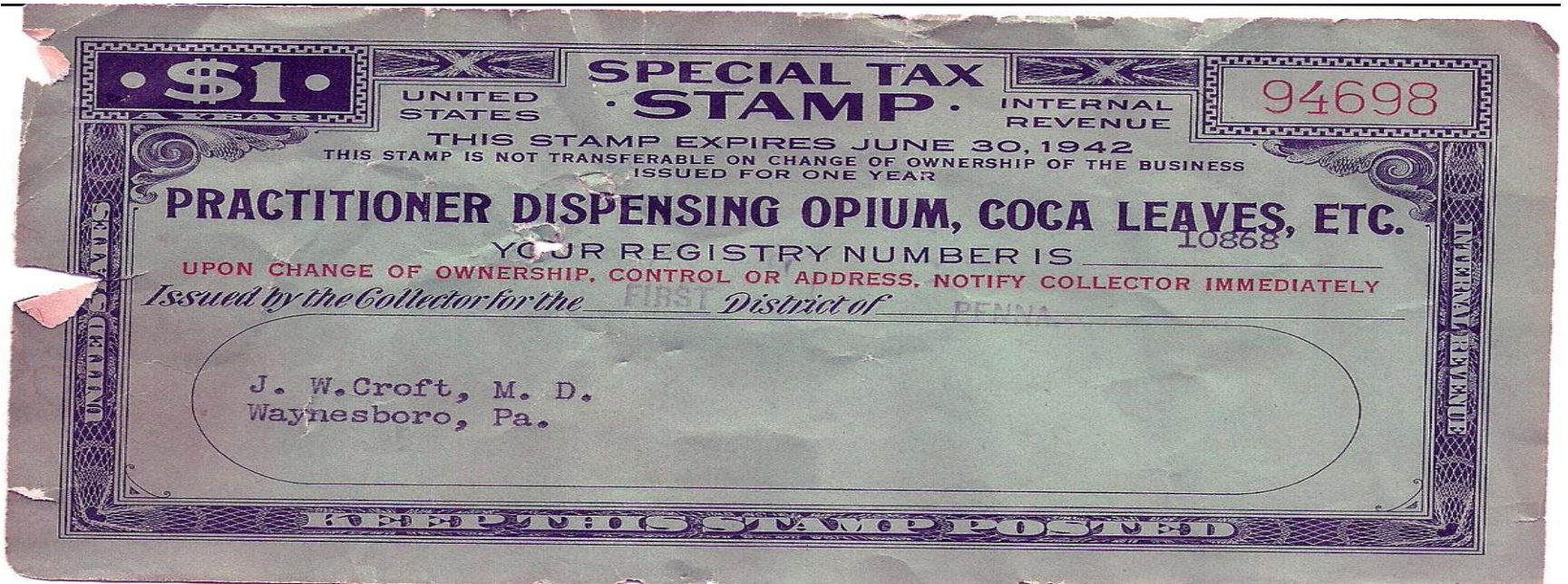
FARBENFABRIKEN OF
ELBERFELD CO.

40 STONE ST
NEW YORK.

Opioids and the Law

- **Harrison Narcotics Act (1914)**
- **Comprehensive Drug Abuse Prevention & Control Act of 1970 (Controlled Substances Act) (1970)**
- **Narcotic Addict Treatment Act (1974)**
- **Drug Addiction Treatment Act of 2000 (DATA 2000)**
- **Comprehensive Addiction & Recovery Act (CARA)(2016)**

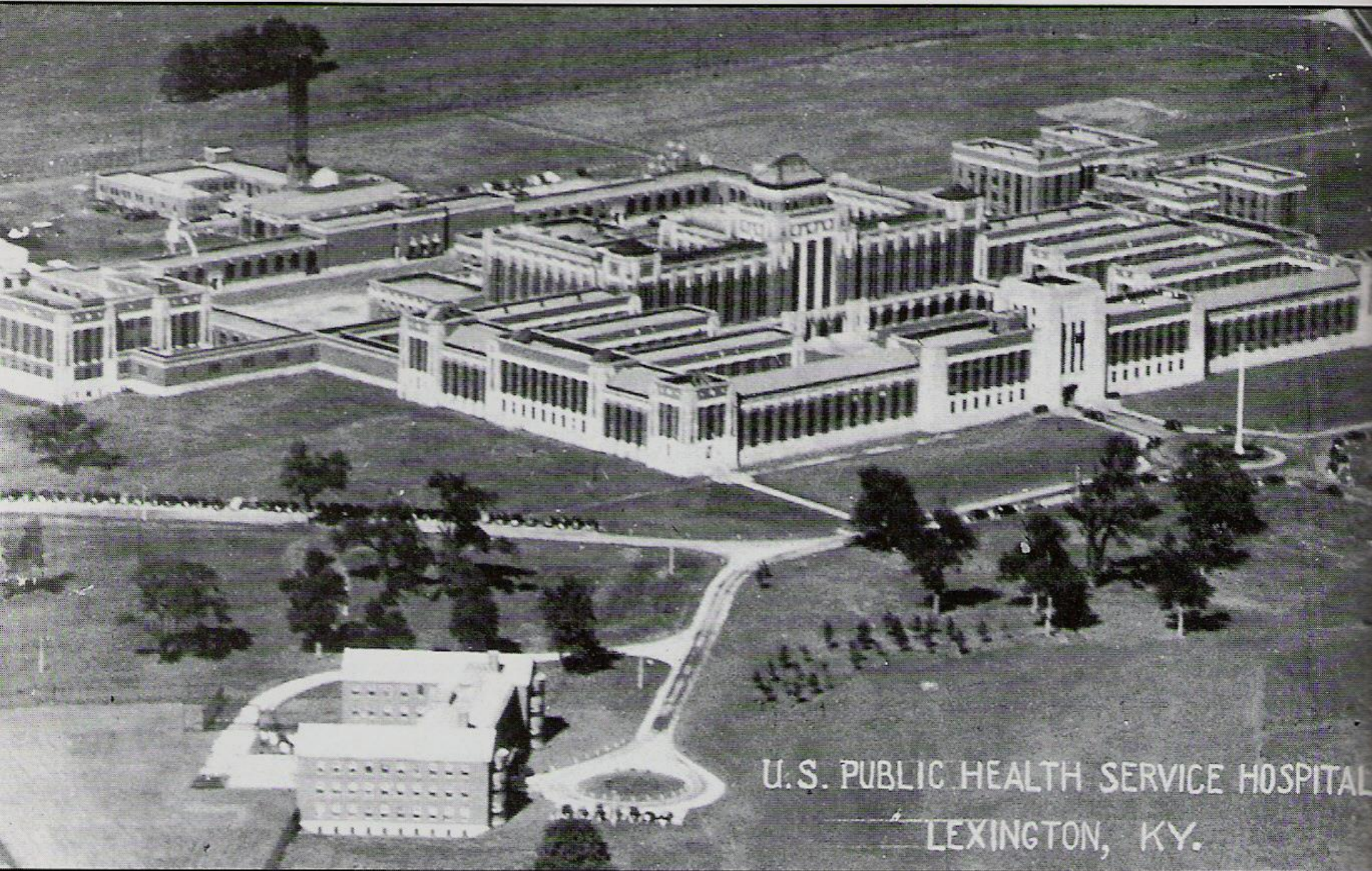
The Harrison Narcotics Act (1914)



“The shallow pretense that drug addiction is “a disease” which the specialist must be allowed to “treat,” which pretended treatment consists of supplying victims with the drug has caused their physical and moral debauchery...”

American Medical Association
*Report of the Committee on the
Narcotic Drug Situation, 1920*

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U.S. PUBLIC HEALTH SERVICE HOSPITAL
LEXINGTON, KY.

A Medical Treatment for Diacetylmorphine (Heroin) Addiction

A Clinical Trial With Methadone Hydrochloride

Vincent P. Dole, MD, and Marie Nyswander, MD

A group of 22 patients, previously addicted to diacetylmorphine (heroin), have been stabilized with oral methadone hydrochloride. This medication appears to have two useful effects: (1) relief of narcotic hunger, and (2) induction of sufficient tolerance to block the euphoric effect of an average illegal dose of diacetylmorphine. With this medication, and a comprehensive program of rehabilitation, patients have shown marked improvement; they have returned to school, obtained jobs, and have become reconciled with their families. Medical and psychometric tests have disclosed no signs of toxicity, apart from constipation. This treatment requires careful medical supervision and many social services. In our opinion, both the medication and the supporting program are essential.

The question of "maintenance treatment" of addicts is one that is often argued but seldom clearly defined. If this procedure is conceived as no more than an unsupervised distribution of narcotic drugs to addicts for self-administration of doses and at times of their choosing, then few physicians could accept it as proper medical practice. An uncontrolled supply of drugs would trap confirmed addicts in a closed world of drug taking, and tend to spread addiction. This procedure certainly would not qualify as "maintenance" in a medical sense. Uncontrolled distribution is mentioned here only to reject it, and to emphasize the distinction between distribution and medical prescription. The question at issue in the present study was whether a narcotic medicine, prescribed by physicians as part of a treatment program, could help in the return of addict patients to normal society.

No definitive study of medical maintenance has yet been reported. The Council on Mental Health of the American Medical Association, after a thor-

ough review of evidence available in 1957,¹ concluded that "The advisability of establishing clinics or some equivalent system to dispense opiates to addicts cannot be settled on the basis of objective facts. Any position taken is necessarily based in part on opinion, and on this question opinions are divided." With respect to previous trials of maintenance treatment, the Council found that "Assessment of the operations of the narcotic dispensaries between 1919 and 1923 is difficult because of the paucity of published material. Much of the small amount of data that is available is not sufficiently objective to be of great value in formulating any clear-cut opinion of the purpose of the clinics, the way in which they operated, or the results attained." No new studies bearing on the question of maintenance treatment have appeared in the eight years since this report was published. Meanwhile, various medical and legal committees have called for additional research.²⁻⁶

See also page 673.

The present study, conducted under the auspices of the departments of health and hospitals, New York city, has yielded encouraging results; patients who before treatment appeared hopelessly addicted are now engaged in useful occupations and are not using diacetylmorphine (heroin). As measured by social performance, these patients have ceased to be addicts. It must be emphasized that this paper is only a progress report, based on treatment of 22 patients for periods of 1 to 15 months. Such limited study obviously does not establish a new treatment for general application. The results, however, appear sufficiently promising to justify further trial of the procedure on a larger scale.

Procedure

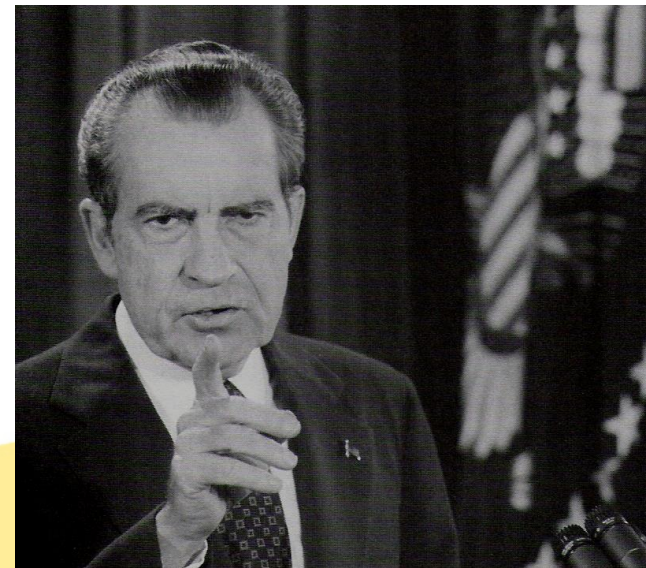
The patients admitted to the program to date were men, aged 19 to 37, "mainline" diacetylmorphine users for several years with history of failures

From the Rockefeller Institute, and Manhattan General Division of Beth Israel Hospital, New York.

Reprint requests to Rockefeller Institute, New York 10021 (Dr. Dole).

Comprehensive Drug Abuse Prevention and Control Act of 1970

- “Controlled Substances Act”
- Effectively replaced all previous laws dealing with “narcotic”/dangerous drugs
- Established a commission on marijuana and substance use disorders.
- Divided drugs into 5 “schedules”



Comprehensive Drug Abuse Prevention and Control Act of 1970

- Generally, there are 2 requirements that a practitioner must meet if they wish to “administer or dispense directly ... a narcotic drug listed in any schedule to a narcotic dependent person for the purpose of maintenance or detoxification treatment . . .”
 1. Practitioner must be separately registered with the DEA as a narcotic treatment program.
 2. Practitioner must be in compliance with DEA regulations, including those for treatment qualifications, security, records, and unsupervised use of the drugs
 - 2 exceptions

Relief of Acute Withdrawal Exception

- **The “3-day rule”** provides an exception to the CSA.
- Title 21 C.F.R.§ 1306.07
- allows a physician to “administer (but not prescribe) narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. However, the prescriber may not administer more than one day’s medication at one time and such treatment may not last for more than 3 days; no renewals or extensions of that period are permitted.”
- **Applies in out-patient and Emergency Department settings**

Incidental Adjunct Exception

- **The “adjunct rule”** provides an exception to the CSA.
- Title 21 C.F.R. § 1306.07
- allows “a physician or authorized hospital staff to administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an **incidental adjunct** to medical or surgical treatment of conditions other than addiction, or to administer or dispense narcotic drugs to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts.”
- **Unclear if this applies in the Emergency Department setting**
- **Generally does not apply in sub-acute hospital setting**

Narcotic Addict Treatment Act (1974)

- Primarily spells out requirements for methadone programs
- Added a provision for “Use of narcotic drugs in hospitals”:
 - “For hospitalized patients, the use of a narcotic drug for narcotic addict treatment may be administered or dispensed only for detoxification treatment....This does not preclude the maintenance treatment of a patient who is hospitalized for treatment of medical conditions other than addiction and who requires temporary maintenance treatment during critical period of his or her stay or whose enrollment in a program which has approval for maintenance treatment using narcotic drugs has been verified.”

Narcotic Addict Treatment Act (1974)

- Any hospital which already has received approval under this paragraph may serve as a temporary narcotic treatment program when an approved treatment program has been terminated and there is no other facility immediately available in the area to provide narcotic drug treatment for the patients.

Drug Abuse Treatment Act Of 2000

Section 3502 of The Children's Health Act of 2000

Schedule III, IV, and V medications* (Buprenorphine)
approved for detoxification and maintenance

Allows:

physicians to prescribe (in office-based setting) &
pharmacists to dispense “narcotics”, specifically
buprenorphine, to treat opioid addiction

*does not apply to methadone or other opioids that are Schedule II

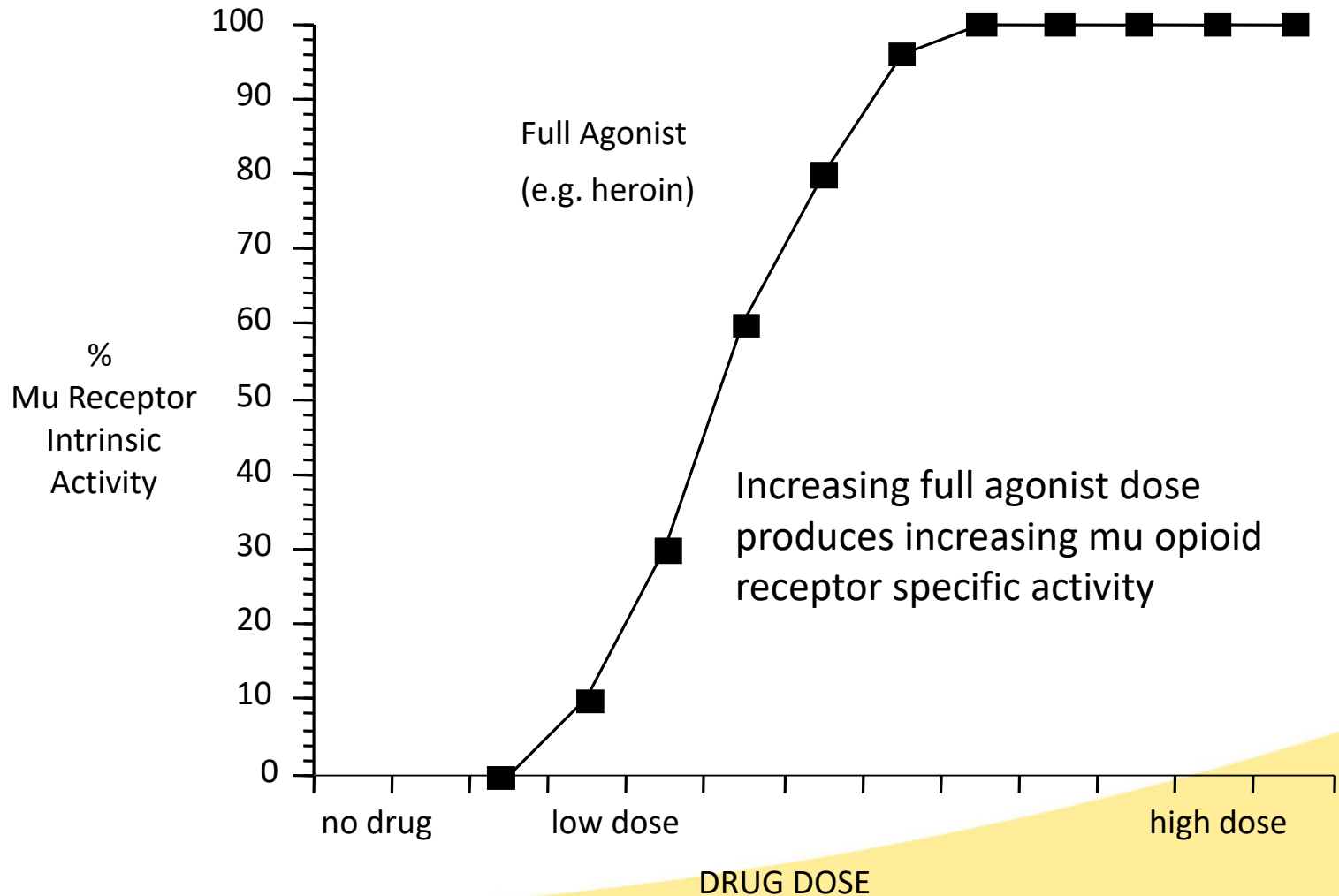
Comprehensive Addiction & Recovery Act (CARA) 2016

Allows:

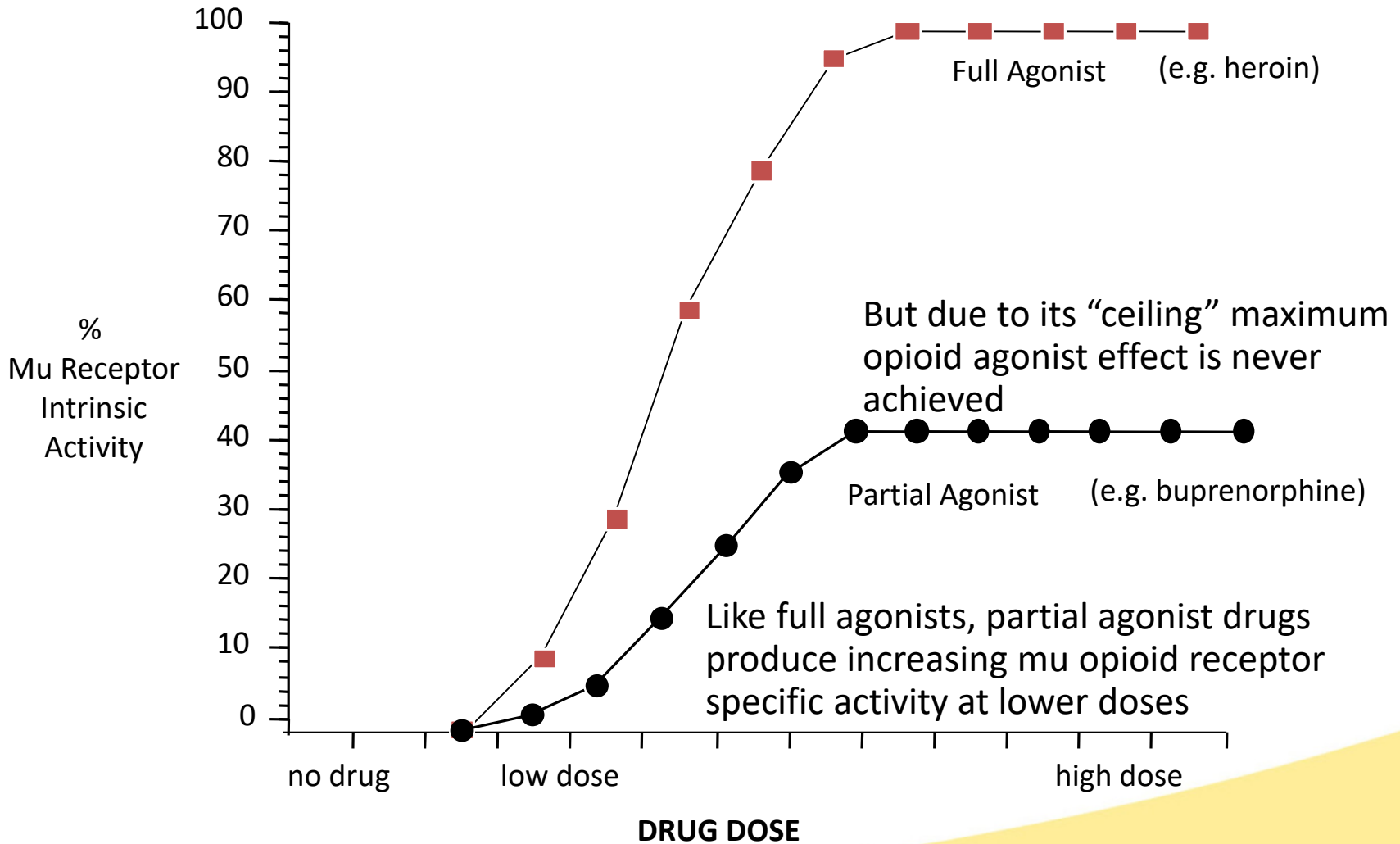
Nurse practitioners and physicians assistants to prescribe buprenorphine (requires extra training)

Allows certified addiction specialists to treat 275 patients at a time (with extra reporting requirements)

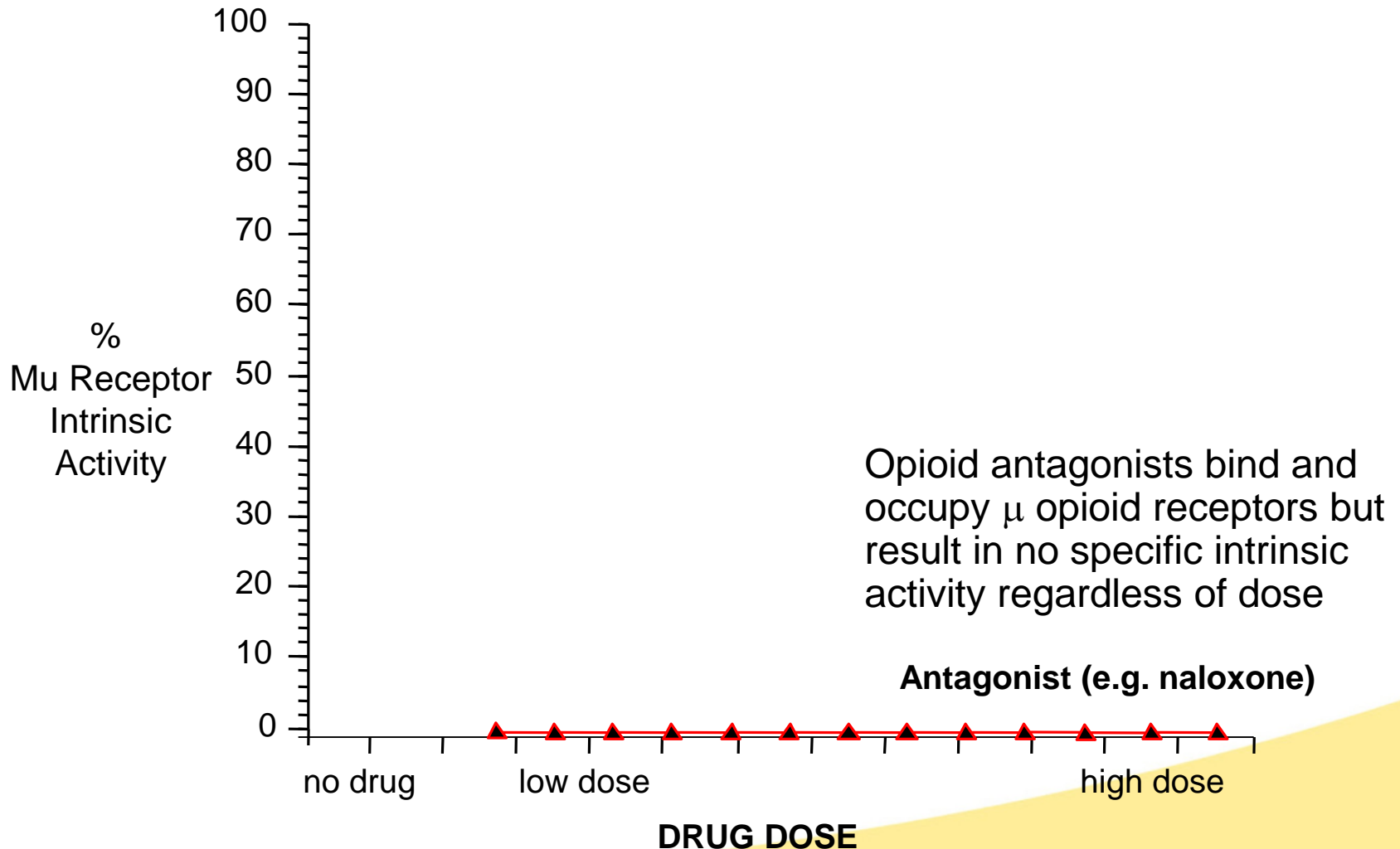
Full Agonist Activity Levels



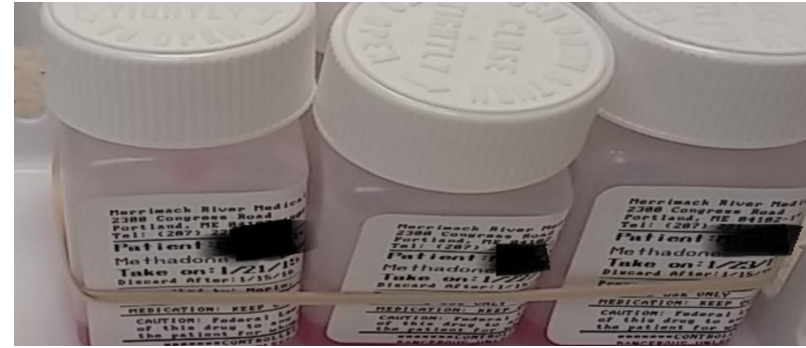
Partial Agonist Activity Levels






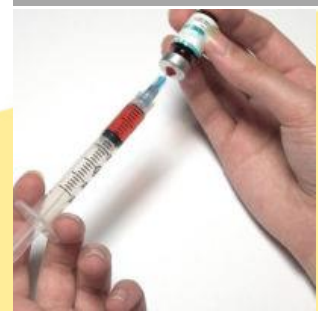
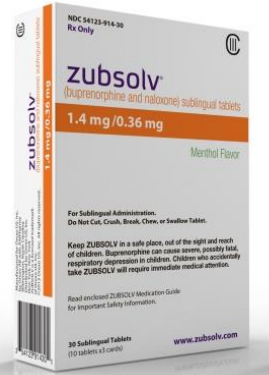
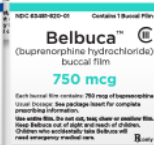
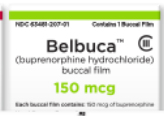
Antagonist Activity Levels



MACS



<p>Store at 20° to 25°C (68° to 77°F). [See USP Controlled Room Temperature.] Protect from light. Store in carton until contents have been used.</p> <p>Manufactured for: Mylan Institutional LLC Rockford, IL 61103 U.S.A. Made in U.S.A.</p> <p>M217-1C.R2</p> <p>Mylan mylan.com</p>	<p>Methadone Hydrochloride Injection, USP </p> <p>200 mg/20 mL (10 mg/mL)</p> <p>For Parenteral Use</p> <p>Mylan mylan.com</p>	<p>Each mL contains: methadone hydrochloride, 10 mg [WARNING: May be habit forming], sodium chloride 0.9% with chlorbutanol (chloroform derivative), 0.5%. Sodium hydroxide and/or hydrochloric acid may have been added during manufacture to adjust pH.</p> <p>Usual Dosage: See accompanying prescribing information.</p>  <p>67457-217-20 8 PC333F</p>	<p>Methadone Hydrochloride Injection, USP </p> <p>200 mg/20 mL (10 mg/mL)</p> <p>For Parenteral Use</p> <p>Mylan mylan.com</p>
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**Opioid Use Disorder
Management Applied Across
Different Hospital Settings**

Med/Surg Hospitalization

- Identifying patients with opioid use disorder can be an initial barrier to care.
- Identifying withdrawal
 - Clinical Opioid Withdrawal Scale, the Subjective Opioid Withdrawal Scale and the Objective Opioid Withdrawal Scale.
- Choosing how to treat withdrawal should consider
 - The patient's preference for MAT
 - Potential adverse effects (QTc prolongation; drug-drug interaction)
 - Availability for follow-up
- Initiation of opioid agonist therapy during an acute hospital admission reduces AMA discharges and increases chances of transition to long-term outpatient addiction treatment.



Buprenorphine Outpatient Outcomes Project: can Suboxone be a viable outpatient option for heroin addiction?

Charmian D. Sittambalam, MD,* Radhika Vji, MD, and Robert P. Ferguson, MD

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This article has been [cited by](#) other articles in PMC.

Abstract

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Background

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Opioid dependence treatment traditionally involves methadone clinics, for which dispensing schedules can be cumbersome. Buprenorphine, a partial agonist of the mu receptor and antagonist of the kappa receptor, is a potential outpatient alternative to methadone. Funded by a grant from the State of Maryland's Community Health Resources Commission (CHRC), the Buprenorphine Outpatient Outcomes Project (BOOP) evaluates the outcome of Suboxone (buprenorphine/naloxone) treatment on abstinence from heroin use, rates of emergency room visits and hospitalizations, legal issues, and quality of life.

Methods

[Go to:](#)

Active heroin users were recruited between June 2007 and June 2010 and induction therapy with Suboxone was instituted during hospitalization. Once discharged, patients were followed as outpatients for maintenance treatment and counseling. Data were collected from electronic medical records, Maryland state legal records, and SF-36[®] Health Surveys regarding several parameters and patients were categorized according to duration of treatment with Suboxone into one of three groups: <1 month, 1–3 months, and >3 months.

Results

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Hospital Buprenorphine Induction

- 220 patients enrolled
- 38% remained in treatment for 1 month, 17% for > 3 months
- During the year following enrollment compared to the year prior to enrollment:
 - ED visits decreased by 23%
 - Hospitalizations decreased by 45%

Med/Surg Hospitalization

- Pain Management
- If the patient's future plans include buprenorphine
 - Short acting opioids alone
 - Buprenorphine +/- short acting (given buprenorphine's high affinity it mostly blocks other opioids)
 - Split Buprenorphine to TID
- If patient's future plans include methadone maintenance
 - Initiate methadone (or cont if already on) +/- additional short-acting opioids titrated to pain.
 - Split the patient's daily methadone dose into TID

Buprenorphine & Pain

- In-patient
 - the CSA exception allows any opioid to be used.
- Out-patient
 - The formulations FDA approved for treatment of OUD can be used off label for the management of pain.
 - The formulations FDA approved for treatment of pain can not be used to treat OUD (per DATA 2000)

Vignette #1

- CJ is a 28yo female with a hx of opioid use d/o, and cocaine use d/o who presents to the ED with chest pain, fever and chills.
- She reports she “speedballs” around \$100/day and has for past 4-5 years. In this time she has not had more than a day of abstinence and experiences significant withdrawal symptoms. She has never been on maintenance treatment. Her last use of heroin was minutes before coming to the hospital.
- She is found to have bacterial endocarditis and is being admitted to the hospital for 6 weeks of IV antibiotics. She will likely go to a sub-acute nursing facility (SNF)

SNFs

- AKA:
 - Sub-acute Nursing Facilities
 - Skilled Nursing Facilities
 - Long-term Care Facilities
 - Nursing homes
 - “rehab” (not the SUD treatment kind)
- SNFs traditionally do not fall under the “adjunct exception.”
 - Murky DEA status

Vignette #2

- 54 y.o. female
- Admitted to hospital for pneumonia
- No significant Medical Hx; denies other meds
- Reports being on methadone 40mg/day for past 3 years; receives 13 “take-homes”
- Clinic is called and confirms the dose & that patient received 13 “take-homes” 3 days prior
- Medical team starts patient on 40mg/day
- Following day, patient is sedated with slowed respirations & constricted pupils



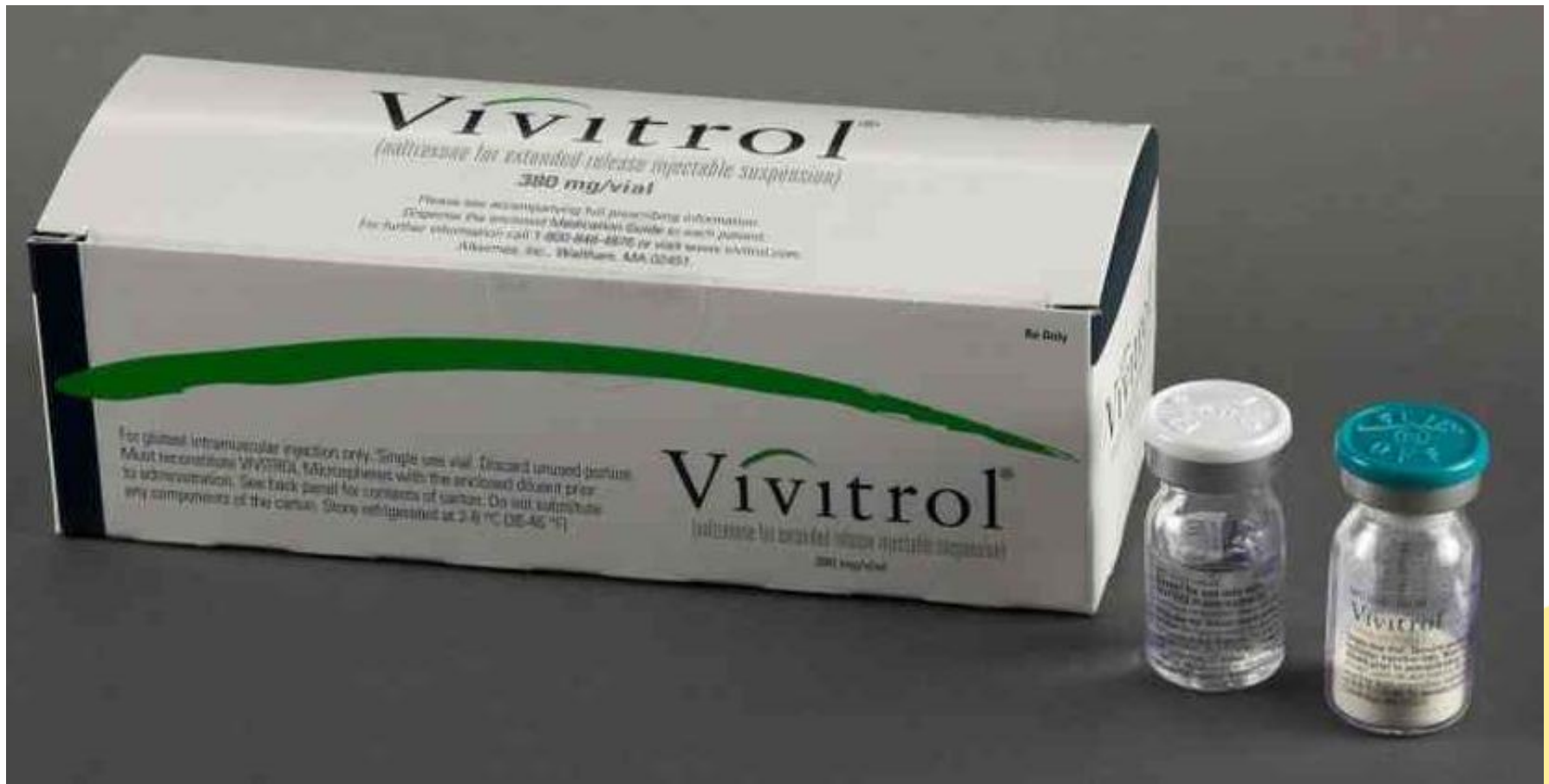
Psychiatric Hospitalization

- Substance use disorders are DSM identified disorders, however, patients do not typically meet criteria for inpatient psychiatry units for SUD alone
 - Varies by state
- Many patients have co-morbid SUD with their other psychiatric illnesses

Vignette #3

- BT is a 57 yo CM with hx of MDD and OUD, admitted to psychiatry after a suicide attempt by overdose on heroin/fentanyl (patient had some hypoxic brain injury).
- Patient was treated with SSRIs and underwent ECT. He agreed to “MAT” and was started on Suboxone, titrated to 12mg daily.
- Aftercare placement was very difficult. After several weeks, he was accepted at a recovery house program but they did not accept patient’s on Suboxone. He underwent a Suboxone taper prior to discharge.

NALTREXONE



Vignette #4

- RM is a 50 y.o. male with hx of Schizophrenia admitted for worsening psychosis.
- Also with hx of heroin use disorder; on methadone 100mg daily
- His Quetiapine is increased over several days from 300mg to 600mg qhs
- Begins to experience lightheadedness, palpitations and has an episode of syncope
- QTc is found to be 610msec

Emergency Department

- **SBIRT alone is not generally effective** for drugs
 - need a treatment approach that utilizes early initiation of pharmacotherapy in combination with psychosocial approaches.
- **ED initiated buprenorphine treatment** can result in significantly decreased opioid use, increased engagement in outpatient substance abuse treatment, and decreased use of inpatient addiction services.
- Several “Models”

Yale ED-Initiated Bup Study

- 3 Groups
 - ED-initiated buprenorphine (BUP) w/ 3-day prescription and referral to primary care buprenorphine provider
 - Brief intervention (BI) and facilitated referral to drug treatment
 - Simple referral (REF) to drug treatment
- Engagement in treatment at 30 days
 - BUP Group **78%***
 - BI Group 45%
 - REF Group 37%
- Self-Reported Illicit Opioid Use (days per week)
 - BUP Group **5.4 to 0.9***
 - BI Group 5.6 to 2.4
 - REF Group 5.4 to 2.3
- Urine Toxicology Negative for Opioids at 30 days
 - BUP Group 58%
 - BI Group 43%
 - REF Group 54%

*statistically significant
1644



ED-Initiated Buprenorphine Baltimore City (2/17-4/18)

Buprenorphine Data Elements	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5	Hospital 6	Hospital 7	Total
Number of months using buprenorphine protocol	14	13	12	12	11	9	1	
Number of candidates identified in ED	79	32	31	18	182	72	4	418
Number of patients receiving buprenorphine & referred to treatment	17	18	16	16	160	53	2	282
Number of patients who entered outpatient treatment	9 (52.9%)	10 (55.6%)	10 (62.5%)	8 (50.5%)	92 (57.5%)	46 (86.8%)	2 (100%)	177 (62.8%)

Expanding buprenorphine access is a key step in Baltimore's long struggle against addiction



A five-year-old initiative, The Public Safety Compact, that has helped hundreds of people leave Maryland prisons early and enter drug treatment is set to end this weekend. (Karl Merton Fernon, Baltimore Sun video)

SEPTEMBER 21, 2017, 11:48 AM

As the scourge of addiction continues to claim hundreds of lives in Baltimore City, health officials are racing to expand access to buprenorphine, a medication that blocks addicts' craving for heroin and other opioids. There's no silver bullet to solve the

The New York Times

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HEALTH THE TREATMENT GAP

This E.R. Treats Opioid Addiction on Demand. That's Very Rare.



Dr. Andrew Herring of Highland Hospital in Oakland, Calif., left, gave a dose of buprenorphine, a drug that eases the symptoms of opioid withdrawal, to a homeless man who collected cans to pay for bus fare to get to the hospital. (Brian L. Frank for The New York Times)

By Abby Goodnough

Aug 18, 2018

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MAY 2, 2018

Mid Coast Hospital is first in Maine to prescribe Suboxone in ER



COURTESY / MID COAST HOSPITAL

In a new initiative to help people overcome opioid addiction, Mid Coast Hospital in Brunswick is the first hospital in Maine to begin prescribing Suboxone in its emergency department.

About Mid Coast Hospital

Mid Coast Hospital is a full-service, 93-bed, independent, not-for-profit hospital governed by a community board of directors. The active medical

BY STAFF

In a new initiative to help people overcome opioid addiction, Mid Coast Hospital in Brunswick is the first hospital in Maine to begin prescribing Suboxone in its emergency department.

MGH Becomes 1st Mass. ER To Offer Addiction Medication, Maps Seamless Path To Recovery

March 07, 2018 Updated Mar 07, 2018 7:55 PM

By Martha Bebinger



CENTRAL NY HEALTH

Syracuse doctor puts ER on front line of opioid epidemic

Updated Sep 26, 2017; Posted Sep 26, 2017



Frank Panico, left, a recovering heroin addict, and Dr. Ross Sullivan outside Upstate University Hospital's emergency room. (James T. Mulder)

26



5.5k shares

By James T. Mulder, jmulder@syracuse.com, syracuse.com

SYRACUSE, N.Y. - Dr. Ross Sullivan used to tell heroin and painkiller overdose patients in Upstate University Hospital's emergency room to stop using drugs and go to local addiction treatment programs for help.

Hospital-based safe consumption site to open in Edmonton next week



Facility at Royal Alexandra designed to help inpatients who use drugs

CBC News · Posted: Mar 27, 2018 1:14 PM MT | Last Updated: March 27



A safe consumption site will open Monday for inpatients at Edmonton's Royal Alexandra Hospital. (Emilio Avalos/CBC)

Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder





Baltimore City Health Department

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Hospital Levels of Care

On April 30, Mayor Catherine E. Pugh and Health Commissioner Dr. Leana Wen joined the leadership of Baltimore City's 11 acute-care hospitals to launch the Levels of Care for Baltimore City Hospitals Responding to the Opioid Epidemic. Now open for public comment.





Tomorrow's Doctors, Tomorrow's Cures®



Through their missions of education, research, and clinical care, medical schools and teaching hospitals are actively responding to this public health crisis and preparing the next generation of health care professionals to address the epidemic.

Academic Medicine's
Response to

THE OPIOID EPIDEMIC

Integrating Content Throughout Medical Education

Each medical school tailors its curriculum within the framework required by the Liaison Committee on Medical Education (LCME), the accrediting body for medical education programs. This dynamic structure ensures consistent baseline standards among all medical schools, while allowing programs to adapt education to the individual needs of the communities and the populations the schools serve. Medical school faculty introduce substance abuse or pain management subjects in preclinical coursework, then reinforce content through multiple instructional methods as students advance through medical school. According to the LCME's 2015–2016 Annual Medical School Questionnaire:

- » 139 of 142 medical schools with students enrolled reported that content on “substance abuse” was included in a required course, with 140 teaching the content in pre-clerkship courses and 132 teaching it in one or more required clerkships



MACS

Maryland Addiction Consultation Service

1-855-337-MACS (6227)

www.MarylandMACS.org

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