

New Approaches to the Heroin Epidemic

Luis A. Giuffra, MD, PhD
Professor of Clinical Psychiatry, WUSTL
Medical Director, Clayton Behavioral



Disclosures

Nothing to disclose

-No money from drug companies



JUST BECAUSE USING DRUGS IS A BAD IDEA **DOESN'T MEAN** ON DRUGS IS A GOOD IDEA

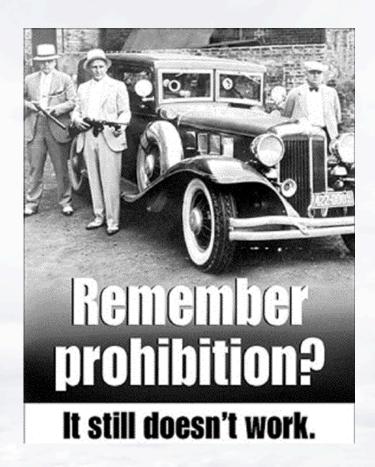
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Innovative Solutions

Decriminalization

Better access to better treatment





Methadone
Buprenorphine (Suboxone)
Naltrexone-XR (Vivitrol)



The Case for Decriminalization

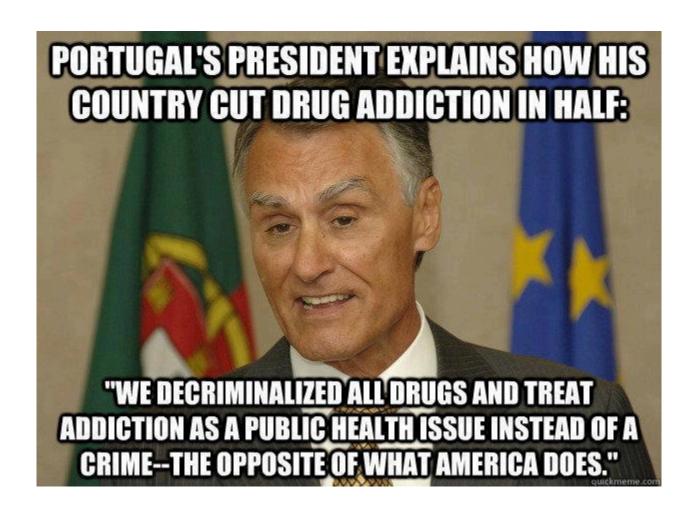
– We are losing the war on drugs. How do we smartly live with drugs?

Among end-users: addiction is not a criminal issue, it's a healthcare problem

Better to fund treatment than to fund punishment



90/10 or 10/90?



Decriminalization



LEAD

..... stands for

Law Enforcement Assisted Diversion



Abbreviations.com

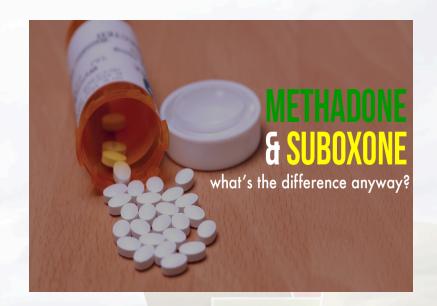


Harm Reduction

Free, clean needles



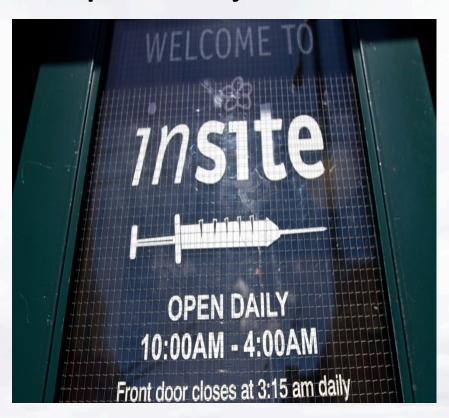
Opioid Agonists





Harm Reduction

Supervised Injection Sites



Heroin-Assisted Treatment





What is recovery?

Abstinence Model



Harm Reduction Model

- A functional member of society
- Not a burden on the health or legal systems
- Assuming family and social roles



Harm Reduction around the world

- Needle Exchange Programs:
 - As of 2014, available in 90 countries
 - In the US: North America Syringe Exchange Network (NASEN)
- Countries with supervised injection sites:
 - Switzerland, Germany, Netherlands, Ireland, Spain, Denmark,
 Luxembourg, Norway, Canada, Australia
- Countries with HAT:
 - Switzerland, Germany, Netherlands, UK, Denmark, Spain,
 Canada, Luxembourg, Belgium



Heroin-Assisted Treatment in Switzerland

- Not a single heroin OD death in 22 years (1994-2016)
- 60% drop in drug-related crime
- Reduced rates of hepatitis, HIV and other infections
- Cost: \$48/day. The Government saves \$38/day
- In 2008, 68% of the Swiss electorate approved HAT
-but drug screens are always "dirty"



Heroin-Assisted Treatment in Canada

- INSITE (2003)
 - Supervised injection site in Vancouver
- NAOMI study (NEJM, 2009)
 - North American Opioid Medication Initiative, 251 participants, Heroin vs Methadone
 - The conservative government was not supportive of HAT
- SALOME study (JAMA, 2015)
 - Study to Assess Longer-term Opioid Medication Effectiveness, Heroin vs Hydromorphone
 - A dedicated phone line for public nuisance complaints did not receive a single call
- SNAP (Salome/Naomi Association of Patients)
- Health Canada recently approved HAT for "cases where traditional options have been tried and proven ineffective"



What's happening in the US?

Supervised injection site proposed by Mayor

®Buffalo Ithaca, NY **⊙**Detroit **©**Boston New York Philadelphia ●Indianapolis Baltimore **©**Virginia Beach 70^{\\}W 80^hW $75^{\prime\prime} W$ 85[™]W

Prosecution of OD victims for internal possession





Boston SPOT

(Supervised Place for Observation and Treatment)

Tennessee "Fetal Assault" Law







Medication-Assisted Treatment

- Methadone Agonist (Substitution Therapy)
 - Available for decades
 - Difficult to use clinically
- Buprenorphine (Suboxone) Agonist (Substitution Therapy)
 - Strongly backed by data
 - Easier to use (OBOT)
 - Promising news: a Probuphine implant
- IM Naltrexone (Vivitrol, not naloxone/Narcan) Antagonist
 - No diversion and less compliance issues
 - About 4x the cost of buprenorphine (\$1,100/mo)
 - No studies comparing it to Suboxone or Methadone



Is naltrexone as effective as agonists?

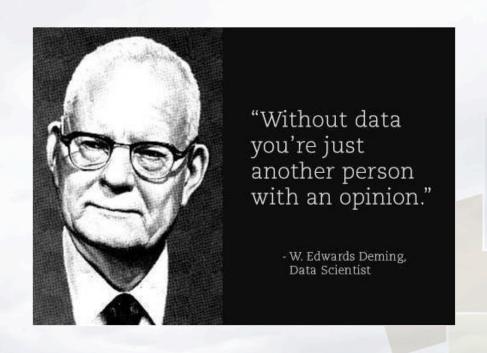
- So far, there is very limited head-to-head comparisons
 - Why don't we have more data? (Buprenorphine: many good studies against methadone)
- One study: oral naltrexone vs buprenorphine (Malaysia)
- One study: naltrexone implant vs methadone (Norway prisons)

Pending:

- NIDA's CTN-0051 (X:BOT study) finished enrollment in May 2016. A 6-months study with 600 participants from 8 clinical sites.
- Norway's NTX-SBX study. A 3-month study with 180 participants from 5 clinical sites. Observations will continue for 9 more months.

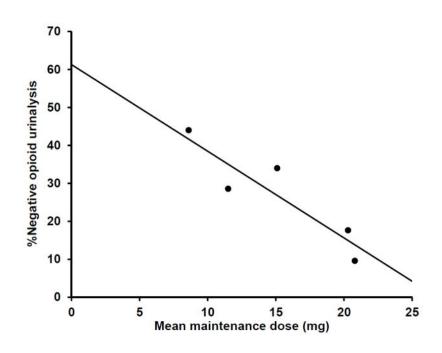


Why do we use treatments that we know do not work, or that we do not know if they work?





Give bup for 2-6 weeks. Stop it. A month later: (J Subst Abuse Treat, May 2015)



Opposition

Among clinicians

In the legal system



SUBOXIN USERS

IF YOU WANT PROBATION OR

DIVERSION AND YOUR ON

SUBOXIN, YOU MUST BE

WEENED OFF BY THE TIME OF

YOUR SENTENCING DATE.



Arguments against Suboxone

- It replaces one drug for another
- Treatment modalities are the patient's choice
- Incompatible with the 12 steps
- It is being diverted

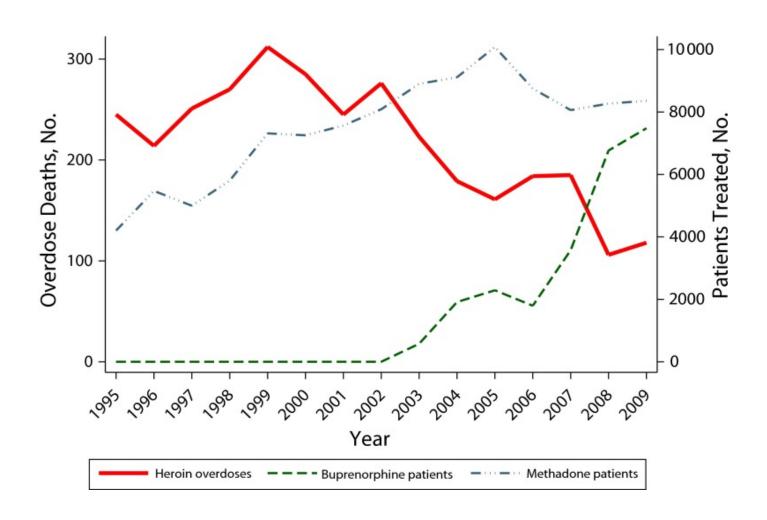
- Patients take it for too long
- It's widely available since 2002 but it's not helping

- Yes. Substitution Therapy
- Informed choice

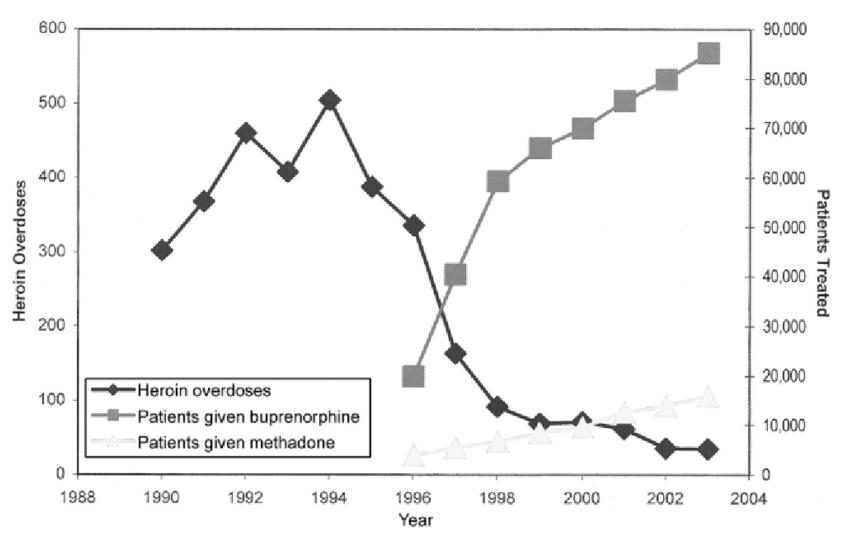
- Bill W and methadone
- Yes, like all other opioids, benzos and stimulants
- Data supports long-term use
- We use it rarely and often not how the data suggests



Baltimore, 1995-2009



Impact of buprenorphine in France



Maria Patrizia Carrieri et al. Clin Infect Dis. 2006;43:S197-S215

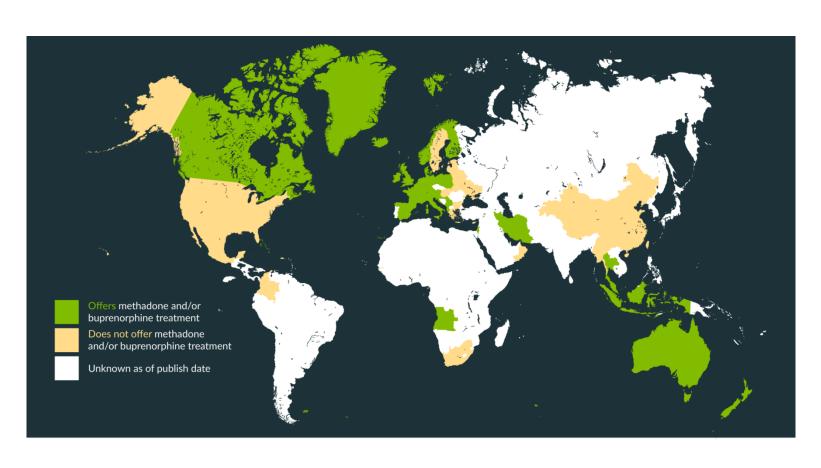
The French Experience

- Any physician can prescribe buprenorphine
- Heroin OD deaths decreased by 79%
- HIV rates dropped from 25% to 6%
- 11% of patients use it IV, but deaths are very rare: from 2001 and 2005, about 31 patients in all of France (6 a year) died from IV buprenorphine. (In The US: 40/yr)

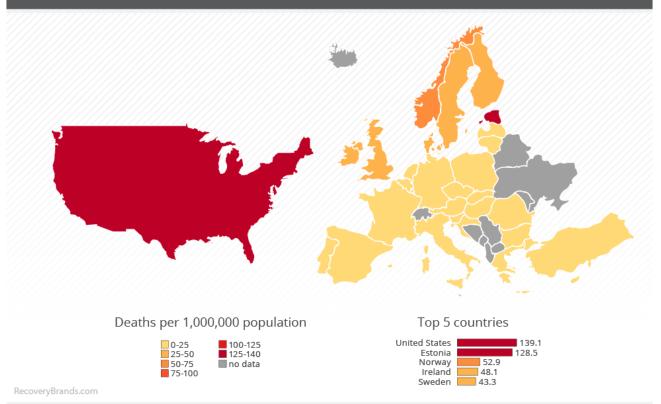


Agonist treatment in prisons

(a WHO and UNODC "Best Practice")



Drug overdose deaths per year



Sources: http://www.emcdda.europa.eu/about/partners/reitox-network, 2014 · http://www.samhsa.gov/data/population-data-nsduh, 2013

Harm Reduction: Progress in the US

- April, 2016: CT will offer statewide methadone in prisons (Rykers island and a few other prisons already have small programs)
- Expansion of syringe exchange programs: 33 states + DC.
 Indiana allowed it short-term after HIV outbreak (190 cases in 15 months in Austin, IN pop 4,200)
- San Francisco, NYC, Ithaca and Seattle plan safe injection sites
- HAT proposals in Nevada (failed) and Ithaca, NY



HAT in Switzerland, 2008 A cultural shift



