

A Pharmacist's Role in Medications for Opioid Use Disorder and Harm Reduction Strategies

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1

0

Learning Objectives

- 1 Discuss definition of "addiction"
- 2 Identify pharmacotherapeutic treatment options for opioid use disorder (OUD)
- 3 Describe methods to practice harm reduction and work against stigma

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1

1

Disclosures

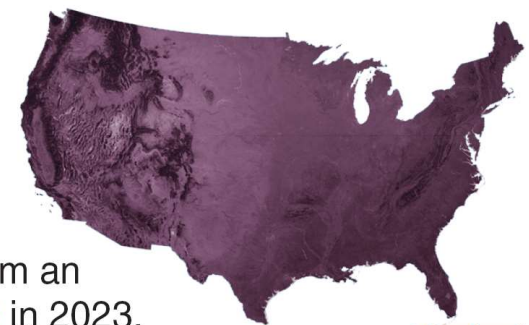
- I have no relevant financial conflicts of interest in relation to this activity to disclose.

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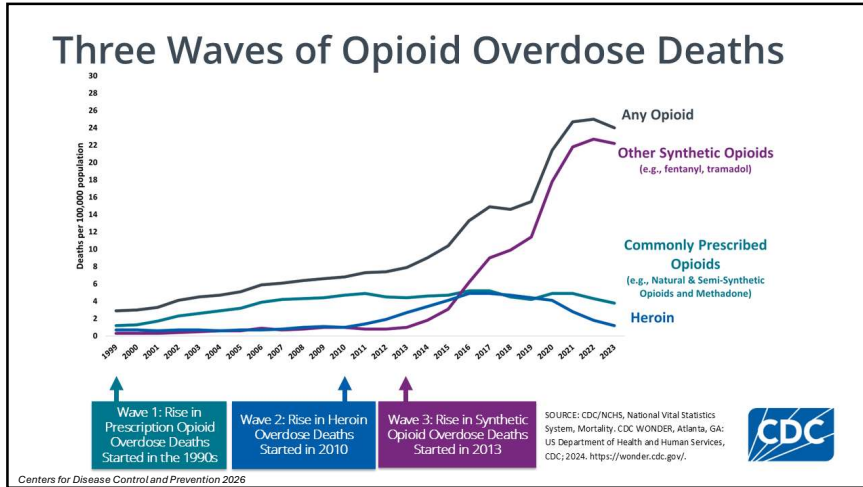
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PEOPLE



died each day from an **opioid overdose** in 2023.



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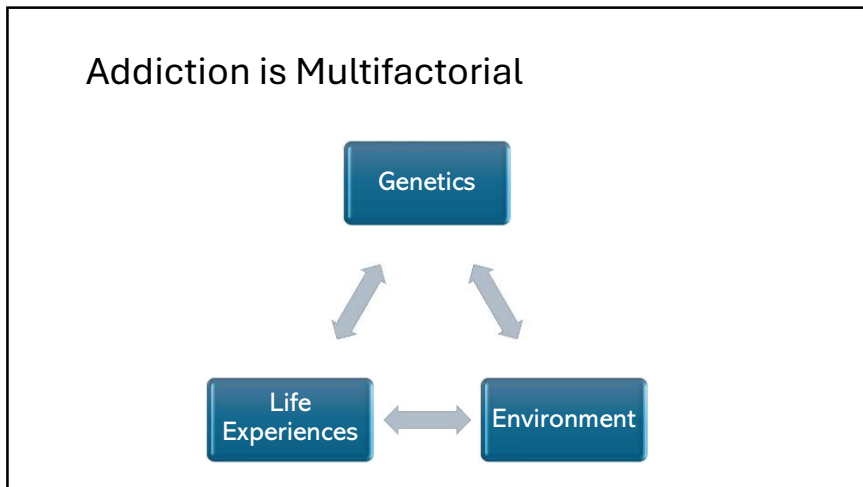


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The 4 C's of Addiction

- Loss of Control**
 - Inability to stop or cut down on the behavior
- Compulsion**
 - The irresistible urge or uncontrollable desire
- Cravings**
 - Physical need to continue the behavior (i.e. hunger, thirst, insomnia)
- Consequences**
 - Use despite the negative impact of using the drug

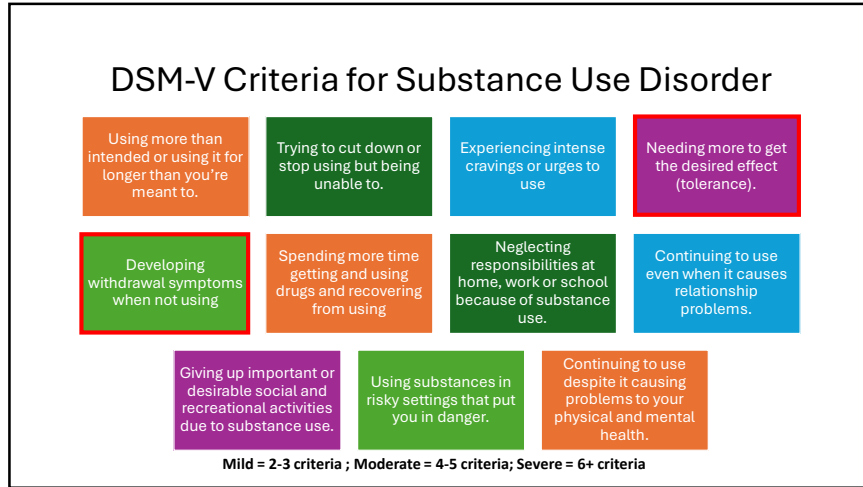
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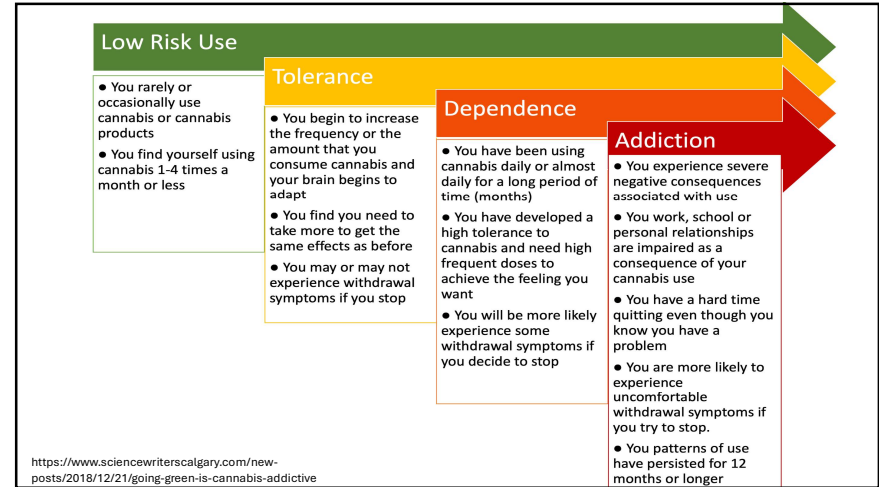
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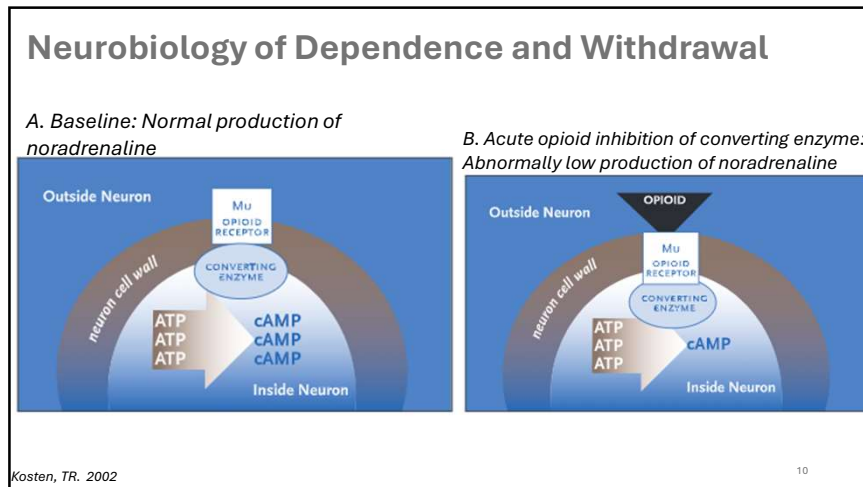
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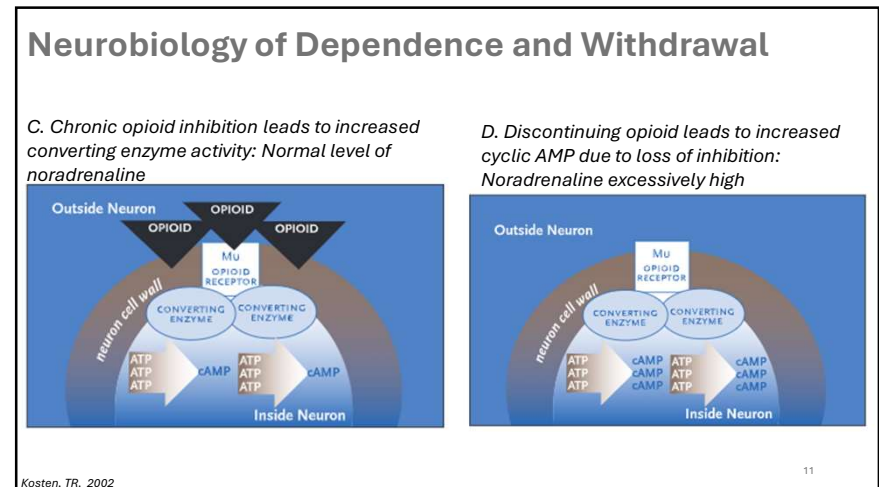
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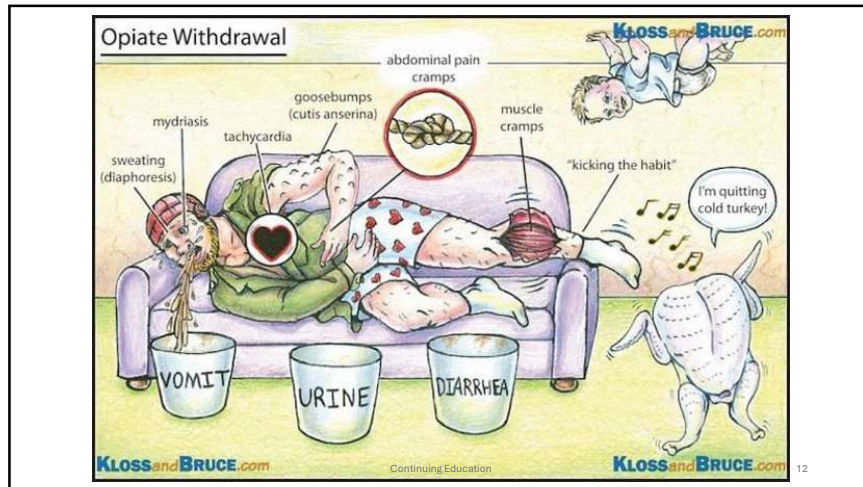
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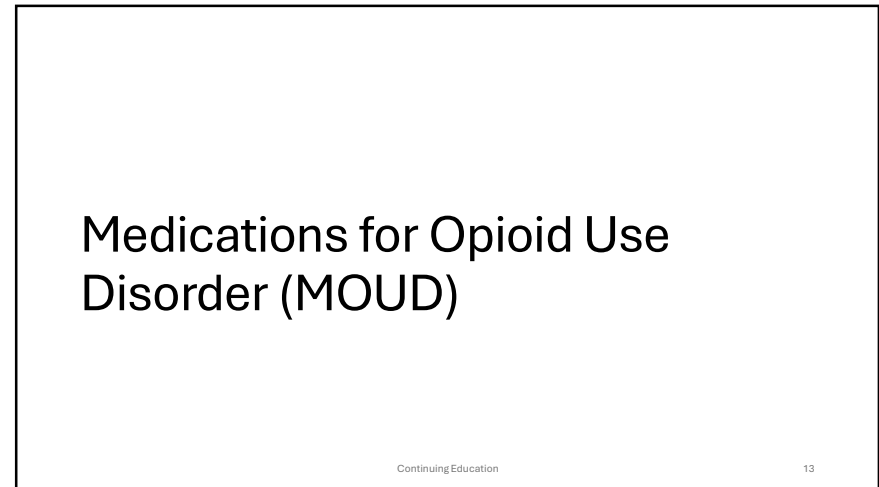
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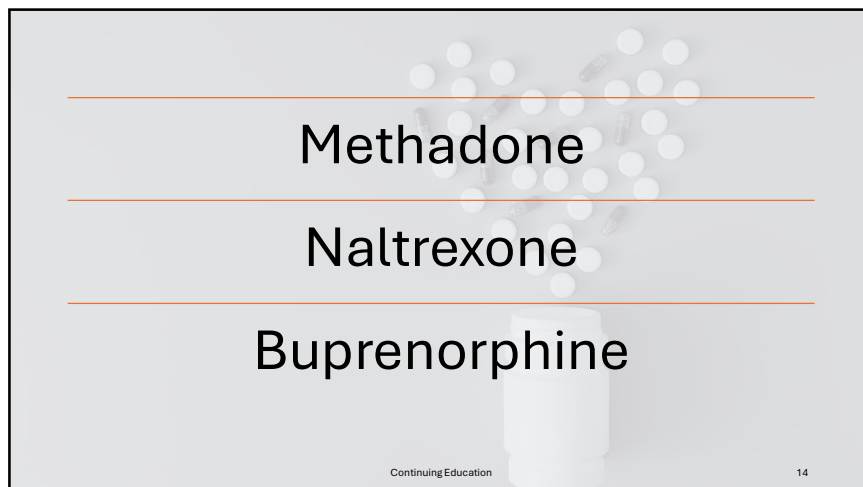
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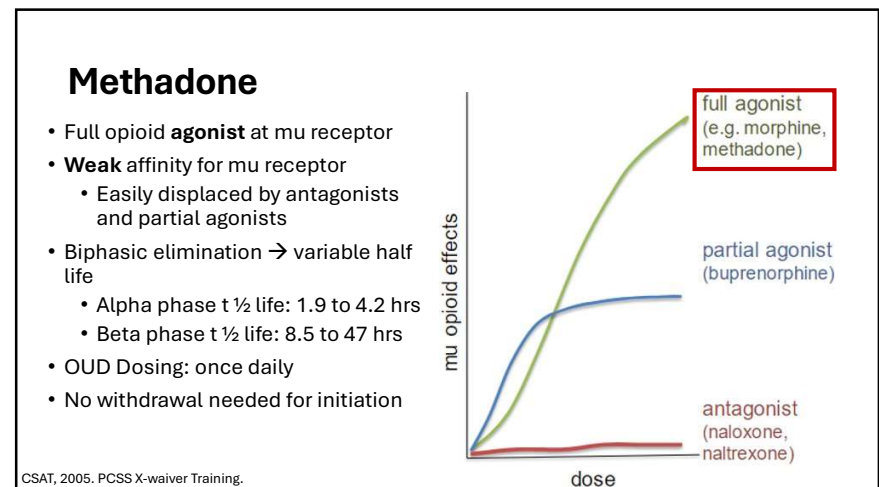
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Baxter et al. 2013

Objective	Methods	Results
<ul style="list-style-type: none"> Expert panel consensus on methadone induction and stabilization 	<ul style="list-style-type: none"> Comprehensive literature search and evaluation by >100 experts 	<ul style="list-style-type: none"> Deaths during methadone initiation are due to <ul style="list-style-type: none"> Initial dose too high Dose increased too quickly Drug interactions

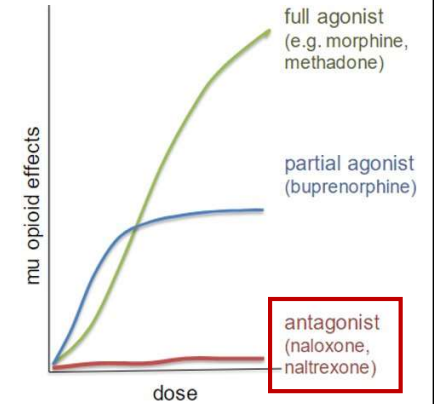
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16

16

Naltrexone

- Full **antagonist** at mu receptor
- High** affinity for mu receptor
 - Blocks and displaces other opioids
- Elimination half-life
 - Oral: ~4 hours
 - IM: 5-10 days
- OUD Dosing: 380 mg IM monthly
- Requires ≥ 7 days of abstinence for initiation



CSAT, 2005. PCSS X-waiver Training.

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17

Nunes et al. 2015

Objective	Identify patients best for naltrexone and patient-treatment matching factors
Methods	Moderator analysis on a previous placebo-controlled, multisite RCT that showed naltrexone superior to placebo in prevention of opioid use
Results	No evidence of patient-treatment matching effects Patient preference is a reasonable basis

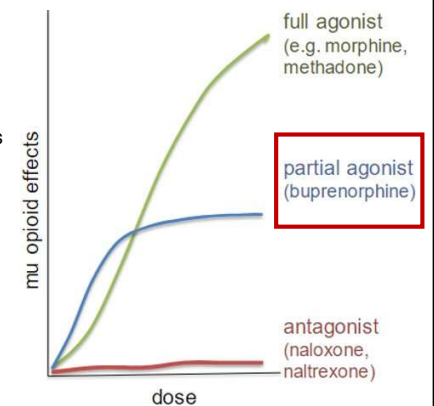
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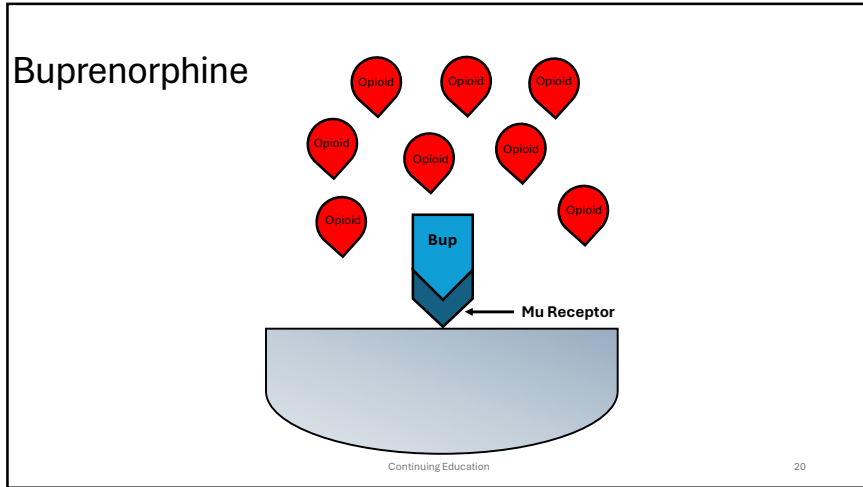
Buprenorphine

- Partial agonist at mu receptor
- High affinity for mu receptor
 - Blocks and displaces other opioids
- Elimination half-life 24-36 hours
 - Dissociates slowly
- OUD Dosing: 16-32 mg SL daily
- Withdrawal required for initiation



CSAT, 2005. PCSS X-waiver Training.

19



20

Spreen et al. 2022

Objective

- Evaluate the available literature on buprenorphine initiation strategies for patients with OUD and/or pain.

Methods

- Systematic review
- Separated initiation type (traditional, microdosing, or miscellaneous)

Results

- Individualize initiation depending on patient-specific factors

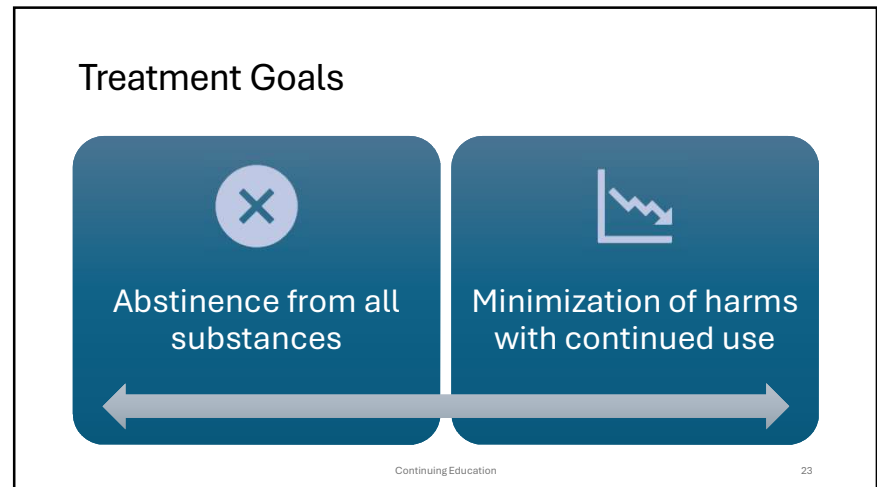
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21

Methadone vs. Buprenorphine

	Methadone	Buprenorphine
Access	Opioid Treatment Program (OTP) only	Retail Pharmacy
Provider	OTP Provider only	Any physician
Initiation Requirement	Withdrawal not needed	Withdrawal preferred
Risk of Overdose	Not protective	Protects against overdose
Analgesia	Yes	Yes

22



23

Principles of Harm Reduction



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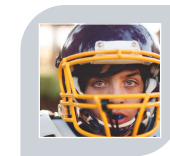
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24

Everyday Examples



SEATBELTS

CONSUMING WATER WITH
ALCOHOLIC BEVERAGES

WEARING A HELMET

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25

25

Why Harm Reduction?

- Injection drug users are 16.3 times more likely to develop MRSA
- Cost-saving and cost-effective
- IDU-related infections
 - Infective endocarditis
 - Osteomyelitis
 - Skin and soft tissue infections (SSTIs)
 - Hepatitis B/C
 - HIV
- Improve the health and safety of people who use drugs (PWUD)

Peckham AM, Young EH. 2020

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26

Harm Reduction in OUD

- Strategies to mitigate the medical consequences perpetuated by injection drug use (IDU)
- Belief in, and respect for the rights of people who use drugs
- Focus on decreasing harmful effects, not achieving abstinence

Safe Injection Kits **Naloxone Provision** **Fentanyl Test Strips**

**Safe Consumption
Sites**

**Syringe Exchange
Programs**

Peckham AM, Young EH. 2020

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27

Paquette et al. 2018

Purpose	Study design	Methods	Results
<ul style="list-style-type: none"> Examine California Senate Bill (SB41) implementation from the perspectives of both pharmacy staff and PWID 	<ul style="list-style-type: none"> Multi-phase, sequential mixed methods 	<ul style="list-style-type: none"> Syringe purchase trial then pharmacy survey Exploratory interview with PWID 	<ul style="list-style-type: none"> 21% of purchase attempts were successful 29% of pharmacists and pharmacy staff willing to sell nonprescription syringes to PWID

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28

28

STIGMA

29

Stigma...What's the Big Deal?

Stems from the idea of "moral failing"

Associated with bad character and lack of moral strength

Similar level of stigma between healthcare professionals and the general population

30

Types of Stigma

Public/Social

- Cultural norms and stereotypes

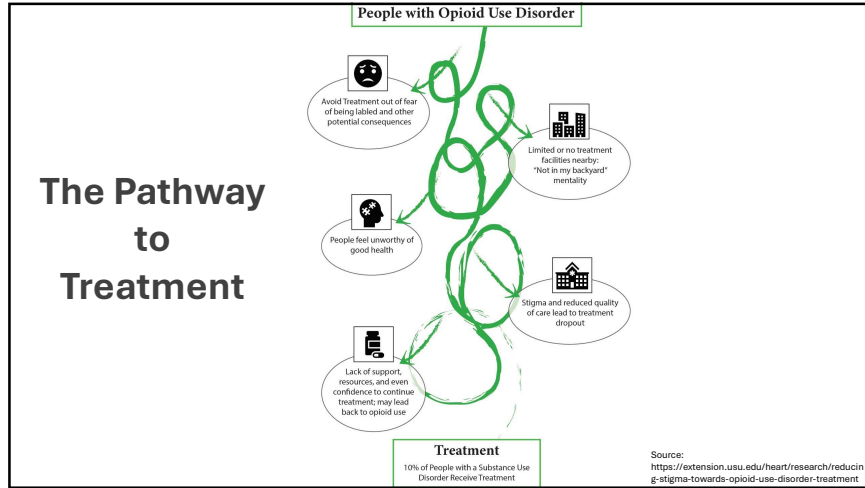
Structural

- Societal-level policies and laws

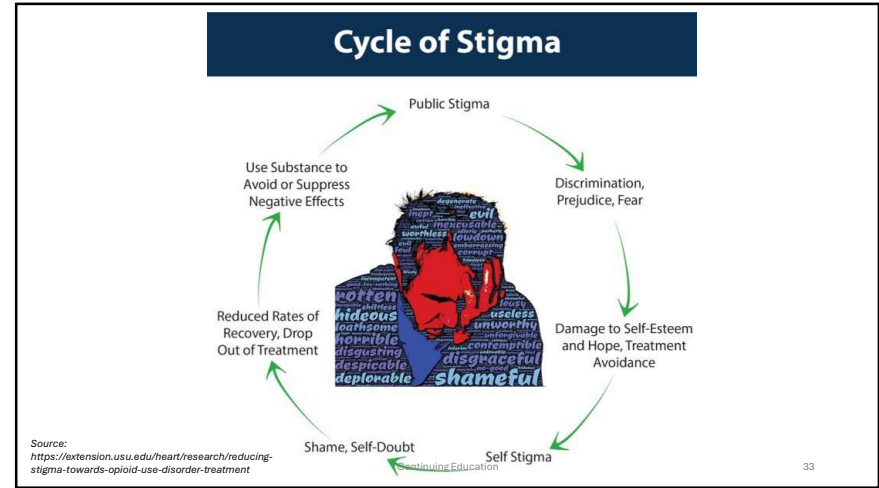
Internalized/Self

- Acceptance of stigmatizing attributions

31



32



33

Experiences of PWUD

The hospital staff "kind of look down on you. ... They give you dirty, snotty looks."

"I never have [attempted to buy syringes from a pharmacy]. I don't want the stigma attached to me."

"Once the doctors realize that you're a drug user, they sit you on the back side and they'll take that person in front of you..."

"When you go to the hospital and you're a drug addict, ... your life isn't as valuable, you're a second- or third-class citizen..."

"They [PWUD] don't want to go and have someone look down their nose and tell them what a piece of crap you are. ...they'd literally rather die than face that."

"They're judging the way you look, for sure."

Paquette 2018

34

Words Matter

Instead of...	Use...
Addict/Junkie/Drug abuser	Person with substance use disorder Person with opioid use disorder
Failing a drug test	Testing positive on a drug screen
Habit	Substance use disorder Drug addiction
Abuse	Use Misuse
Clean	In remission or recovery Not taking drugs Testing negative/positive (on a drug screen)

Coon et al. 2020

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35

Addressing the Stigma



Education, advocacy, compassion



Reductions in both public and structural stigma



Antidiscrimination and pro-acceptance initiatives



Will take time to be felt by those with a SUD

36

Food for Thought

Is there a place for pharmacists in addiction treatment?



How can we advance the practice of pharmacy to increase access to treatment for substance use disorders?



What are ways that we can reduce stigma in our everyday work?

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37

37

Questions?

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38

38