

ADDICTION MEDICINE, MAINSTREAMED: CURRENT TRENDS

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AGENDA

Basic Pharmacology

Current Standards of Care

Regulatory Environment

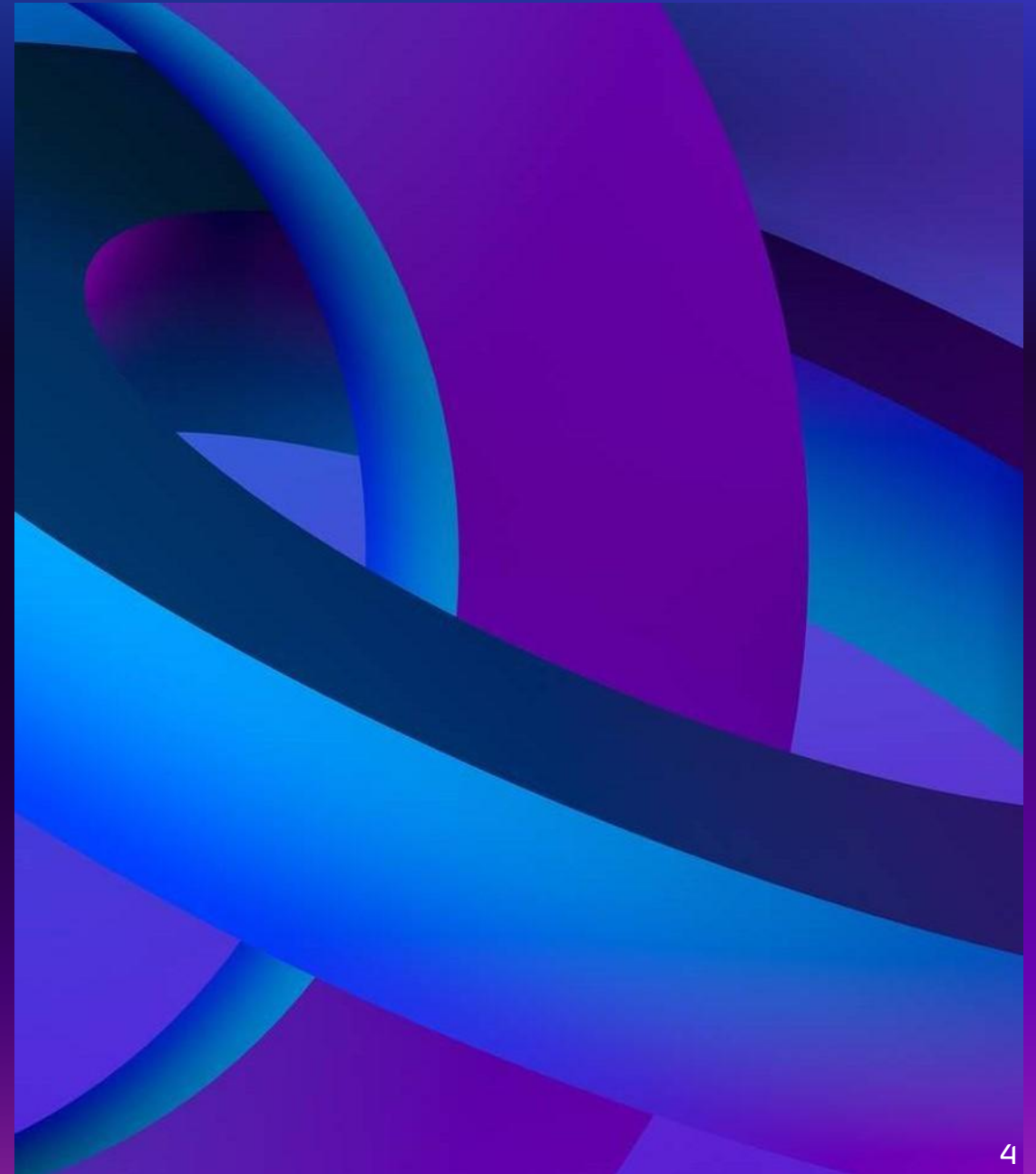
Pearls and Pitfalls

AMERICAN SOCIETY OF ADDICTION MEDICINE
-RIGOROUSLY VETTED GUIDES TO BEST
PRACTICES
-2020 NATIONAL PRACTICE GUIDELINE FOR THE
TREATMENT OF OPIOID USE DISORDER,
FOCUSED UPDATE

MULTIPLE ASAM
CLINICAL GUIDELINES
AVAILABLE

CURRENT REGULATORY
ENVIRONMENT

MAINSTREAMING
ADDICTION
TREATMENT ACT OF
2021 LED TO THE
ELIMINATION OF
THE DEA X-WAIVER
ON DECEMBER 29,
2022



CURRENT STATE REGULATIONS WERE STILL IN PLACE

- On June 26, 2023 buprenorphine and naltrexone were eliminated from facility licensure requirements.
- This effectively ended buprenorphine regulation at the state level

CURRENTLY PHYSICIANS MUST ADHERE TO THE MATE ACT

THE MEDICATION ACCESS TRAINING AND
EXPANSION ACT BECAME EFFECTIVE JUNE
27, 2023

THE MATE ACT REQUIRES PHYSICIANS TO
COMPLETE EIGHT HOURS OF TRAINING ON
APPROPRIATE MANAGEMENT OF OPIOID USE
AND OPIOID USE DISORDER

IT IS A ONE TIME REQUIREMENT AND
NECESSARY TO MAINTAIN A DEA NUMBER

THE PENDULUM SWUNG TOWARD
INCREASED ACCESS TO CARE... BUT
IS IT ACCESS TO GOOD CARE?

PEARLS AND PITFALLS

Establish a THERAPEUTIC ALLIANCE

Face to face time with the patient is what makes treating addiction and mental health meaningful

We must be willing to ask the tough questions and have a healthy index of suspicion

Despite deregulation of buprenorphine we must recognize that we are still prescribing a controlled substance misuse liability

Despite deregulation of buprenorphine we are still held to standards in the public health code

We must be able to defend clinical decision making and adherence to best practices

THE 2020 FOCUSED UPDATE TO THE NPG IS REFLECTIVE OF A PARADIGM SHIFT:

- OUD AS A CHRONIC DISEASE
 - OUD AS A PUBLIC HEALTH ISSUE
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- A clinical approach similar to other chronic and costly diseases (Type II Diabetes)
- An emphasis on compliance and adherence to prescription medication
- An acceptance that management is complex, multifactorial, and agency of change lies within the patient

OVERDOSE AND TOXICOLOGY DATA SUGGESTS THAT BY 2017 OUR NATION'S STREET DRUG SUPPLY HAD BEEN COMPLETELY ADULTERATED BY FENTANYL

- The cost to society was profound
- Current clinical strategies were ineffective (inpatient v. outpatient)
- We needed to keep people from dying (harm reduction, retention in treatment).



BUPRENORPHINE; PARTIAL AGONIST AT MU OPIOID RECEPTOR

- HIGH AFFINITY
 - SLOW DISSOCIATION
 - COMPETITIVE ANTAGONIST
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-Moderate sublingual bioavailability

-Combined with naloxone at 4:1 ratio to deter misuse via parenteral route