Injectable Opioid Agonist Therapy

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Financial Disclosures

None
Treating Opioid Use Disorder

Figure 1: Continuum of Care

<table>
<thead>
<tr>
<th>WITHDRAWAL MANAGEMENT</th>
<th>AGONIST THERAPIES</th>
<th>EXPERT-LED APPROACHES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tapered methadone, buprenorphine, or alpha_2-adrenergic agonists +/- psychosocial treatment +/- residential treatment +/- oral naltrexone</td>
<td>Buprenorphine/naloxone</td>
<td>Slow-release oral morphine</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td>Diacetylmorphine Hydromorphone</td>
</tr>
</tbody>
</table>

LOW
If opioid use continues, consider treatment intensification. $\gg$

TREATMENT INTENSITY

HIGH

Where possible, simplify treatment.

HARM REDUCTION

Across the treatment intensity spectrum, evidence-based harm reduction should be offered to all, including:
- Education re: safer use of sterile syringes/needles and other applicable substance use equipment
- Access to sterile syringes, needles, and other supplies
- Access to Supervised Injection Sites (SIS)
- Take-Home-Naloxone (THN) kits
Non toxic drug consumption in a safe space

Known substance, known dose, clean supplies
A bit of history

In the UK they have been prescribing heroin for opioid use disorder for more than a century as take home doses.
Swiss National Clinical Study

- First trial started in Switzerland in 1994
- Has been standard treatment for opioid use disorder in Switzerland since 1998
Cochrane Review of iOAT

- Social functioning improved in all the intervention groups with heroin groups having slightly better results.
iOAT

- For people with severe opioid use disorder who have tried oral treatment and had ongoing drug use or negative consequences
- The patient attends clinic 2-3 times per day for a supervised injection
- Combined with an oral therapy such as methadone
• Average time in treatment is 3 years
• In general, patients stabilize on a dose and remain on that dose for the duration, or taper their dose
• On average, this maintenance dose is about half of the program maximum
• Patients usually transition to oral treatment, but many successfully taper to achieve no opioid use
Public safety

• There have been no detrimental effects on public safety, or disorder from iOAT

• People enrolled in iOAT decrease criminal behaviour
The Study to Assess Longer-term Opioid Medication Effectiveness (SALOME)

- A non-inferiority study looking at hydromorphone and diacetylmorphine
- Double blind RCT with 202 participants in Vancouver, BC
CONCLUSIONS AND RELEVANCE

non-inferiority of injectable hydromorphone
My own practice

• Salome was published in May 2016
• The researcher came by my clinic and asked if I would consider prescribing iOAT
• I was interested, but nervous
September 2016 I began an iOAT program that was embedded in one of our low barrier housing projects.

And my patient got better
Current Picture
[80]

- Pharmacy Model [47]
- Housing Model [3]
- Molson iOAT Clinic [30]
PHS iOAT Program

Total iOAT Starts [200]

Pharmacy Model [147]
Housing Model [9]
Molson iOAT Clinic [44]

Alexander Street Community [3]
Station Street Community [1]
Portland Hotel [5]
PHS iOAT

- Connected to employment
- Connection to primary care
- Fluid patient directed movement along the continuum of care
- Daily nursing care
Conclusions

• Injectable opioid agonist treatment is an evidence based tool to treat opioid use disorder
• Patients stabilize quickly, use less drugs, decrease crime, exit sex work, and gain housing and employment
• People move along the continuum of care to match their needs