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### Treating Opioid Use Disorder: One Shot at a Time

Shelly Haferkamp

*Providence*, [shelly.haferkamp@providence.org](mailto:shelly.haferkamp@providence.org)

Michael P. Kinney

*Providence*, [michael.kinney@providence.org](mailto:michael.kinney@providence.org)

Daniel Yang

*Providence - Psychiatry Residency Spokane*, [daniel.yang2@providence.org](mailto:daniel.yang2@providence.org)

Lindsey Cunningham

*Providence*, [lindsey.cunningham@providence.org](mailto:lindsey.cunningham@providence.org)

Anna Davey

*Providence*, [anna.davey@providence.org](mailto:anna.davey@providence.org)

*See next page for additional authors*

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## Authors

Shelly Haferkamp, Michael P. Kinney, Daniel Yang, Lindsey Cunningham, Anna Davey, and Amy G Burns

# Treating Opioid Use Disorder: *One Shot at a Time*

SHELLY HAFERKAMP, DO, PGY3

MICHAEL KINNEY, MD, PGY3

DANNY YANG, MD, PGY3

LINDSEY CUNNINGHAM, RN

ANNA DAVEY, RN

AMY BURNS, MD



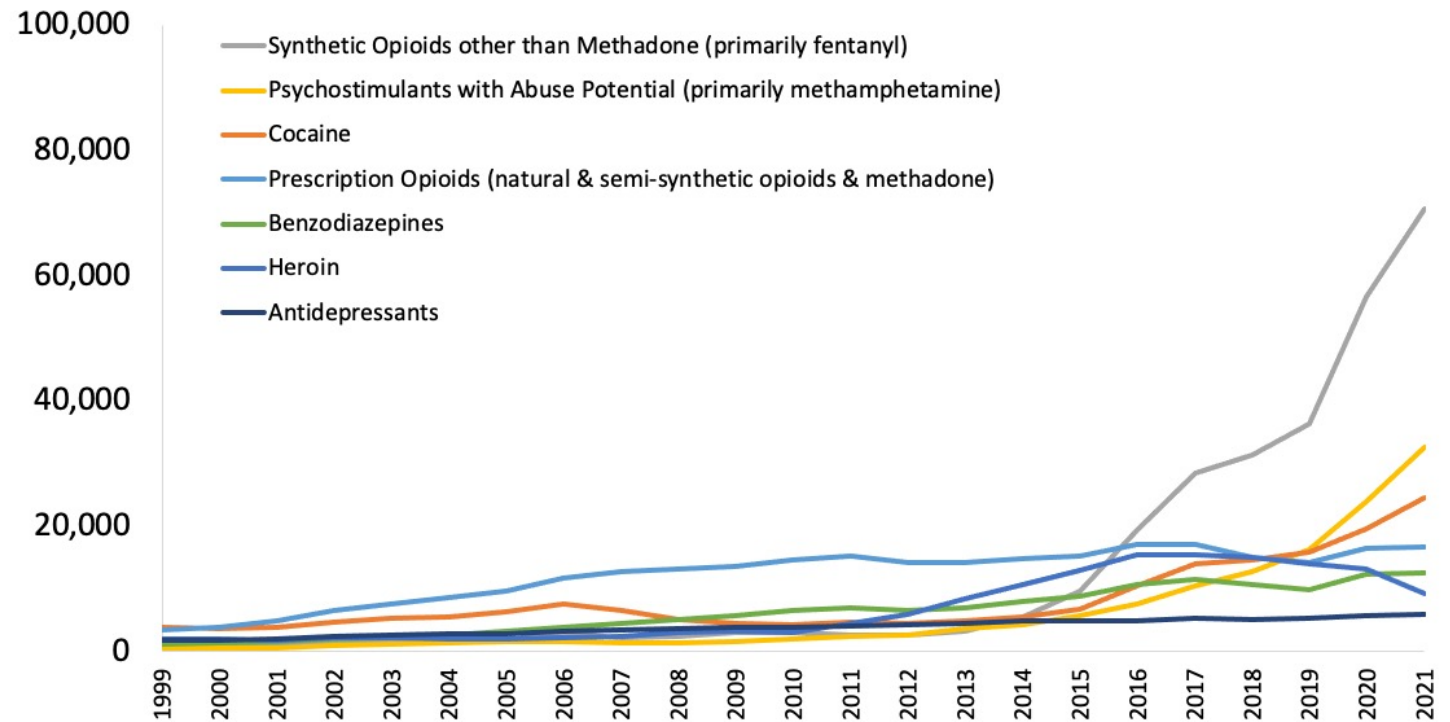


# Opioid Use Disorder: By the Numbers

- Per National Institute on Drug Abuse
  - Precipitous rise in opioid related overdose deaths
  - Largely attributed to rise in synthetics, principally fentanyl
  - Substantial local use of "Mexi Blues" in Spokane, pressed fentanyl marketed as Percocet.



## National Drug-Involved Overdose Deaths\*, Number Among All Ages, 1999-2021



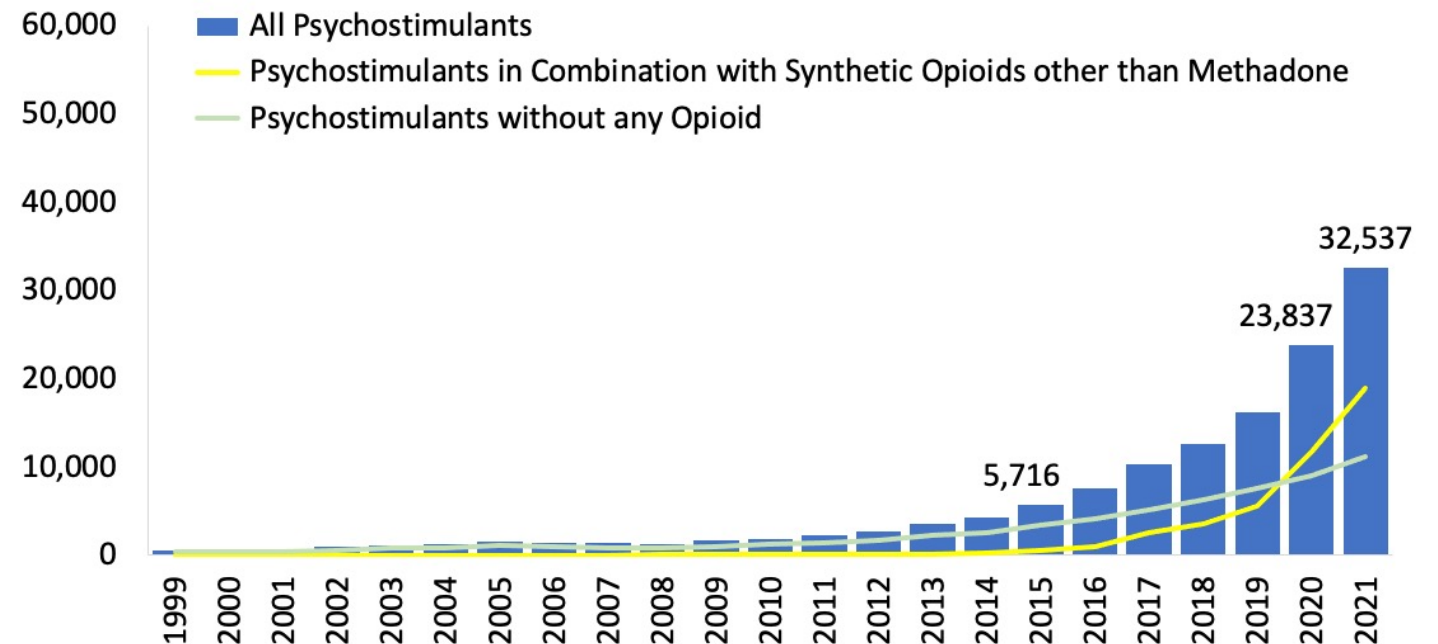
\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2021 on CDC WONDER Online Database, released 1/2023.

# Contaminants in other drugs

- Per National Institute on Drug Abuse
  - The number of drug overdose deaths involving methamphetamine has risen steadily since at least 2014
  - Has increased with availability of street fentanyl and common contamination of meth with fentanyl.



## National Overdose Deaths Involving Psychostimulants with Abuse Potential (Primarily Methamphetamine)\*, by Opioid Involvement, Number Among All Ages, 1999-2021



\*Among deaths with drug overdose as the underlying cause, the psychostimulants with abuse potential (primarily methamphetamine) category was determined by the T43.6 ICD-10 multiple cause-of-death code. Abbreviated to *psychostimulants* in the bar chart above. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.



# Larger Impact

- ▶ What about the people who don't die by overdose?
- ▶ What about their children?
- ▶ What about their families?
- ▶ What about opportunity cost?
- ▶ Cost to society?
- ▶ Layers to the true impact are like an onion.

**In 2016, the economic cost of the opioid epidemic in Washington State was over **\$9.19 billion**.**

Type of Cost	Cost (in millions)
Opioid-related Fatalities	\$7,177.37
Health Care Spending	\$922.72
Addiction Treatment	\$99.79
Criminal Justice	\$270.85
Lost Productivity	\$723.35
Total	\$9,194.09



# What are we doing at STHC to confront this growing threat to our patients?

- ▶ FM/IM/Psych: Providing MAT with Suboxone
- ▶ Counseling and behavioral therapies
- ▶ Referral to treatment facilities
- ▶ Referral to SRHD for methadone MAT
- ▶ Rescue Narcan prescription
- ▶ Motivational interviewing for substance use
- ▶ Recovery clinic
- ▶ Seeking Safety Group
- ▶ *What else can we do?*

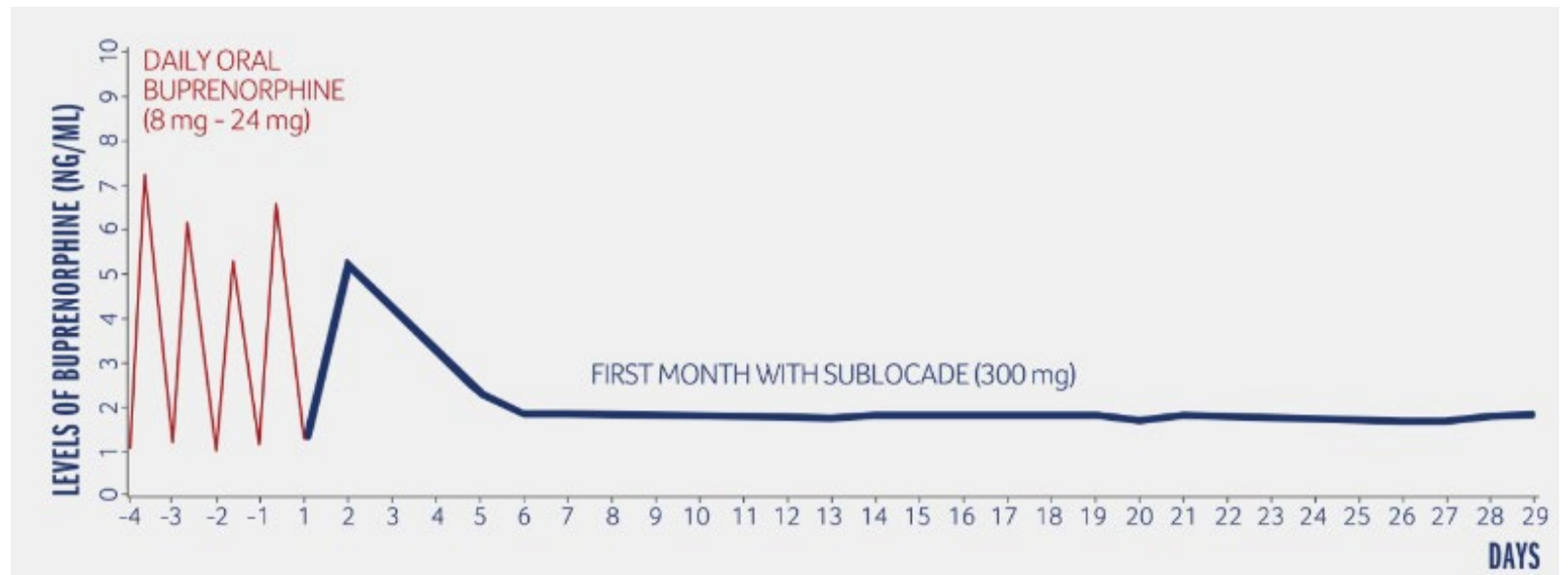
**Project goal:** Prior to April 1, 2023, plan and implement the availability of Sublocade to STHC patients with Opioid Use Disorder.

- ▶ Reasons for the Sublocade project:
  - ▶ Eliminate barrier of pharmacy dispensed medications
  - ▶ Remove barrier of cumbersome QD to QID dosing
  - ▶ Increase patient autonomy and treatment optionality
  - ▶ Improved adherence and relapse risk reduction
  - ▶ Decrease risk of diversion or medication loss
  - ▶ Provide our clinic with a powerful treatment to oppose the Opioid Epidemic and protect our most vulnerable patients.



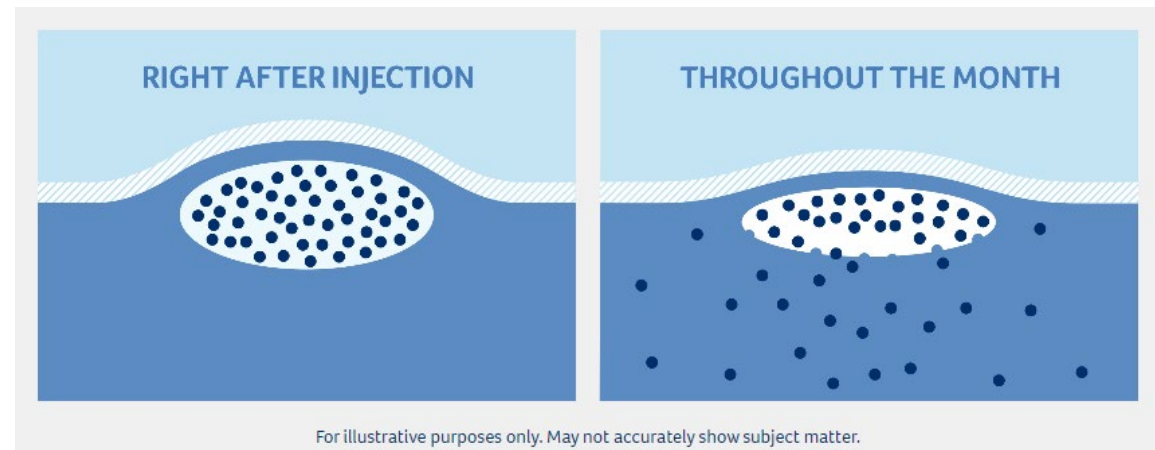
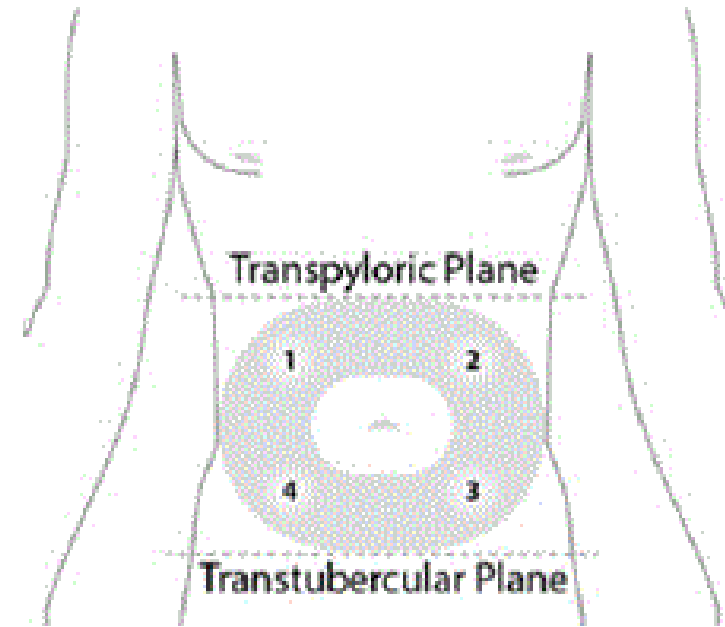
# What is Sublocade?

- ▶ Monthly subcutaneous depot injection
  - ▶ Buprenorphine-partial agonist at the mu receptor
  - ▶ Gradual release of buprenorphine at controlled rate
  - ▶ Steady level of plasma buprenorphine



# Practical Application

- ▶ Injected in one of four quadrant regions over the abdomen
- ▶ Leaves a small but visible "lump" of medication
  - ▶ Can cause cosmetic concerns for patients
  - ▶ Dissipates after ~2 months
- ▶ Helpful for patients who often find sublingual Suboxone cumbersome, inaccessible, or intolerable





# Implementation Process

Consulted with other Providence regional clinics that had already implemented Sublocade to discuss their procedures and workflow (Alaska Addiction Medicine Fellowship, Providence Colville Clinic)

Identified specialty pharmacy service (Credena pharmacy)

Purchased storage options that would meet DEA requirements in our facility.

Training session by Kathy Pinnel (RN at Providence Colville clinic) with our nurses for injection



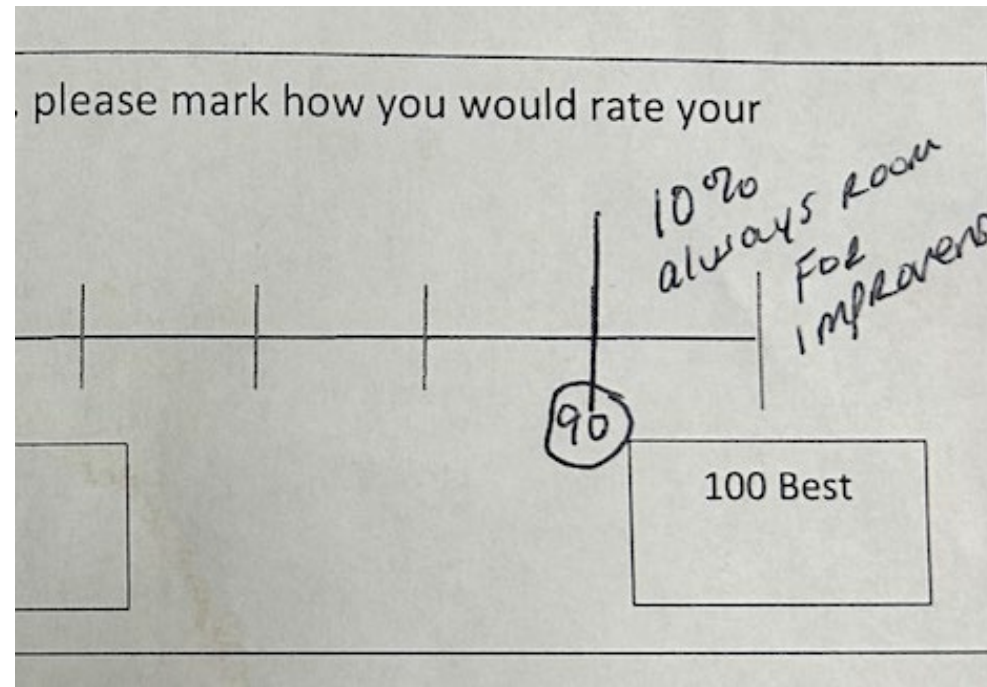
# Additional Project Elements

- ▶ Injection administration, anticipatory guidance, and post-injection management training.
- ▶ Patient information resources were modified and propagated for patient/provider access.
- ▶ Billing and insurance issues common in Colville were discussed, and efforts were made to prevent these in our practice.
- ▶ Clear roles and responsibilities were identified, for example our RNs for procedure involvement and medication stewardship.
- ▶ A process was formed to identify eligible patients for consideration of transition to Sublocade.



# Results

- ▶ One patient currently receiving injections (two pending insurance approval)
- ▶ Favorable patient satisfaction with our pilot process.
  - ▶ “Perfect execution of information.”
  - ▶ “Your team was fantastic.”
- ▶ Sublocade is now available as a treatment option for any interested OUD patient at STHC with high scalability.



# Future Directions

- ▶ Publicize availability of Sublocade at STHC
- ▶ Collect further data
  - ▶ Incidence of relapse, degree of cravings, withdrawal symptoms, and overall pain experience.
  - ▶ This may be used to modify our workflow, dosing strategies, use of sublingual overlap or other adjunctive therapies to maximize patient success in avoiding relapse or other complications.



# Special Thanks!

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# Questions