

TITLE: Innovations in Buprenorphine Initiation for the Advanced Clinician

BACKGROUND: This advanced workshop will be a highly interactive educational experience for clinicians with existing knowledge of buprenorphine initiation. Participants will work through complex cases of buprenorphine initiation for patients with heavy fentanyl use, fentanyl and xylazine co-use, fentanyl, and stimulant co-use. The risks and benefits of rapid low-dose initiation with opioid continuation, standard dosing, and rapid high-dose initiation will be discussed. Novel uses of intravenous buprenorphine, extended-release subcutaneous buprenorphine, liquid oral buprenorphine, buccal, and transdermal will be presented. Participants will explore options for targeted use of non-opioids such as ketamine, alpha-2 agonists, dopamine agonists, benzodiazepines, and gabapentinoids during a deep dive into optimal management of precipitated withdrawal.

Most buprenorphine initiations do not result in long-term treatment engagement. Access to buprenorphine treatment is rapidly expanding to reach high-risk individuals in non-traditional settings such as jails, shelters, emergency departments and street camps. Fentanyl has become the primary illicit opioid in the United States and may be a risk factor for poor early response to standard approaches to buprenorphine initiation.

There is an urgent need to improve the success of buprenorphine initiation. It is not known which strategies are most effective for most patients, so an individualized approach is emerging as a new standard.

There is a gap in knowledge around inpatient low-dose sublingual and transdermal buprenorphine initiations with full opioid agonists, which do not require a preceding withdrawal period, will be discussed. These pharmacokinetically-guided protocols utilize hydromorphone and fentanyl to manage withdrawal and promote adherence to medical treatment, while the patient receives increasing low-doses of buprenorphine. These protocols are symptom-inhibited in that the hydromorphone/fentanyl is titrated until the patient is comfortable or not sedated. The full opioid agonist is then maintained during the induction and discontinued afterwards.

SESSION PLAN: Dr. Herring, Dr. Weimer, and Dr Kehoe previously presented a well-received presentation on this topic for ASAM in 2023. This workshop will be designed to build off that prior presentation and the recently published “ASAM Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids” in a highly interactive educational experience for clinicians with advanced knowledge of buprenorphine initiation. Dr. Pouya Azar is an internationally recognized innovator in the hospital-based treatment of opioid use disorder who brings a unique perspective from his practice in Vancouver, Canada. The presenters represent the key settings for buprenorphine initiation—ambulatory clinic, emergency department, and hospitalized patients.

The workshop will present a challenging case and encourage debate on the risks and benefits of rapid low-dose initiation with opioid continuation versus rapid high dose. A second case will focus on options for treatment of buprenorphine precipitated withdrawal. A final discussion will rapidly present reports of novel initiation strategies including use of adjunctive agents.

Agenda:

10 minutes: background

2 minutes: case 1 presentation – low dose initiation with opioid continuation versus rapid high dose debate

8 minutes: small group discussion

10 minutes: large group discussion

2 minutes: case 2 presentation – treatment of buprenorphine precipitated withdrawal

8 minutes: small group discussion

10 minutes: large group discussion

10 minutes: Presentation of novel initiation strategies and use of adjunctive agents

5 minutes: small group discussion

10 minutes: large group discussion

TITLE: HIV PrEP for People Who Use Drugs

BACKGROUND: In 2020, people who inject drugs (PWID) accounted for 7% of new HIV cases in the United States, ranking as the second leading cause after receptive anal sex (HHS, 2022). PWIDs are at high risk for contracting HIV infection by sharing needles, syringes, or other drug equipment such as cookers. A crucial known solution in preventing HIV among PWID is pre-exposure prophylaxis (PrEP), which has demonstrated its effectiveness. Notably, a clinical trial reported a nearly 50% reduction in HIV incidence among the PrEP group. (Choopanya, 2013). Despite the effectiveness and issues, there is a significant gap in the implementation of PrEP among PWIDs. “The Ending the HIV Epidemic: A Plan for America (EHE) Initiative” has set an ambitious goal to prescribe 50% of all people with indications for PrEP by 2030; however, only 14% of males and 4% of females with indications are estimated to be prescribed PrEP (HHS, 2020). This discrepancy underscores the need to address educational gaps and barriers. Barriers to PrEP among PWID include limited knowledge, risk perception, willingness to use PrEP, access to HIV clinicians, adherence to daily medication, and stigma (Mistler, 2021). To bridge the gap and achieve the goals of EHE, increasing the prescription of PrEP among PWID is vital for everyone involved in the field of addiction medicine to feel comfortable talking about PrEP for PWID. Our session aims to help participants understand the fundamentals of PrEP and the unique challenges of PrEP among PWIDs. Participants will be equipped with skills to facilitate the conversation about PrEP during their encounter upon the completion of our session.

SESSION PLAN: - Introduction (5 minutes): self-introduction, objectives, community agreements, timeline

- Didactic lecture with engagement (20 minutes): Explain HIV demographics, trends, and association between high-risk sexual behaviors and substance use disorders, as well as preventive measures for HIV infection, including pre-exposure prophylaxis (PrEP). Show the available evidence of PrEP for people who use drugs (PWUD), and explain the importance of PrEP among PWUDs. Cover health disparities related to PrEP. Explain the unique challenges among PWUD on PrEP. During this section, engage with participants, using polling and quizzes by asking about their previous experience and perceived barriers to PrEP for PWUD.
- Small group activity using a case study (15 minutes): Present a case and ask participants to introduce themselves and discuss questions and potential barriers in the small group (3-5 people per group) (10 minutes). Report back to the whole group (hear from 2-3 groups) (5 minutes).
- Review the above case together and show clinical pearls with some examples (5 minutes)
- Explain the challenges surrounding PrEP for PWUD from a clinician’s standpoint (5 minutes)
- Role-playing/Simulations (20 minutes): Ask participants to create a small group composing of 2-3 people per group and determine their role (clinician/patient/observer) (2 minutes). Role-playing instruction (3 minutes). Role-playing (10 minutes), feedback/reflection (5 minutes)
- Wrap-up (5 minutes): Question