

# Gaps in Addiction Care

An illustration of a large, dark blue hand reaching down from the top right, placing a red, arched bridge with a railing between two dark blue, jagged cliffs. The bridge spans a gap between the two cliffs. The background is a light blue sky with white clouds. The overall theme is bridging the gap between the addiction treatment community and patients.

Addiction Treatment  
Community

Patient

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*55<sup>th</sup> ASAM Annual Conference, Friday,  
April 5, 2024*

# Disclosure Information

## The Future of Addiction Care: Transformed Systems, Practices, and Lives

Friday, April 5, 2024

Lipi Roy, MD, MPH, MSc, FASAM

- ☀ Speaker, APB Speaker's Bureau
- ☀ Expert Witness, Expert Institute



# Learning Objectives

- ☀ Identify at least one gap in the current addiction treatment landscape



# The Need for Seamless SUD Treatment is Immense

- ☀ Staggering overdose-related morbidity + mortality over the last 2+ decades
  - ☀ ~841,000 OD-related deaths in the U.S. from 1999-2019, mostly driven by opioids (1)
  - ☀ Overdose is now in the top 5 leading causes of death in the U.S.



- ☀ While treatment, support & recovery services are increasing, gaps remain in the spectrum of addiction care

# Gaps in Addiction Treatment 101

*Many gaps exist. We'll explore these 4:*

#1

SUD treatment is still NOT integrated into general medical care

#2

“Detox” is NOT treatment for Opioid Use Disorder

#3

Hepatitis C needs to be aggressively treated in addiction settings

#4

Harm reduction approaches need to be widely implemented

# Gap 1: SUD Treatment Still Not Integrated into Primary/General Medical Care

Rationale? → integrating SUD services w/ primary care can reduce substance use<sup>i</sup>, leading to improved physical & mental health<sup>2</sup> + reduce overall healthcare costs<sup>3</sup>

## How?

- a. Train MD/NP/PAs in SUD including MOUD
- b. Improve coordination between mental health + primary care clinicians
- c. Hire recovery coaches → they know the challenges of navigating health, treatment & recovery systems
- d. Regular communication & teachings: team huddles, case conference, mentorship, buddy system



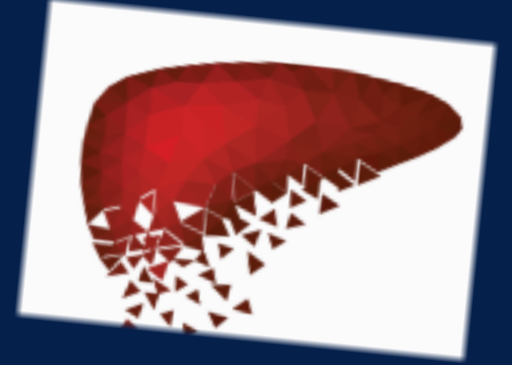
# Gap 2: “Detox” is NOT Treatment in OUD



- ☀ What is it? → Medically supervised withdrawal or “detoxification” = weaning an individual off an opioid to which she/he is physically dependent
- ☀ Why it’s not advised in people w/ opioid use disorder:
  - ☀ Return to use (‘relapse’) rates after detox alone can be **>90%<sup>i</sup>**
  - ☀ No evidence for improving outcomes unless serving as a bridge to long term follow up options
- ☀ In contrast, long-term treatment plans with an MOUD have been associated with long-term recovery & survival

# Gap 3: HCV Needs to be Treated in SUD Settings

- ☀ We have a **dual** epidemic: Overdose + HCV infection among people who use drugs
- ☀ Massive burden of untreated HCV includes cirrhosis, carcinoma and death
- ☀ Several effective, well-tolerated, direct-acting antiviral, **curative** medications have radically changed the HCV treatment landscape for people who use!<sup>i</sup>
- ☀ Recent or active injection drug use or alcohol use is NOT a contraindication to HCV treatment<sub>2</sub>



# Gap 4: Harm Reduction Needs to be Widely Implemented

- ☀ Harm reduction approaches can reduce health issues associated with drug use
- ☀ Multiple individual + public health benefits:
  - ☀ Fewer OD deaths
  - ☀ Reduced HIV/Hep C transmission
  - ☀ Less ED visits
- ☀ Multiple, effective, evidence-based H.R. tools are available:
  - ☀ Naloxone
  - ☀ Syringe service programs
  - ☀ Condoms
  - ☀ Support services: legal, housing, education, clothing
  - ☀ Overdose prevention sites, a.k.a. supervised consumption sites
  - ☀ Prescription heroin programs



# Final Takeaways

- ☀ Multiple gaps exist but progress is happening
- ☀ Stigma and lack of education about addiction remain major barriers to evidence-driven, compassionate treatment & care
- ☀ Widespread, persistent advocacy is needed by ALL OF US in order to improve the quality of life for people with an SUD



# Resources



1. American Society of Addiction Medicine
2. Centers for Disease Control & Prevention
3. Drug Policy Alliance
4. Global Commission on Drug Policy
5. Harm Reduction International
6. National Institute of Drug Abuse
7. Pew Research Center
8. Providers' Clinical Support System
9. SAMHSA

