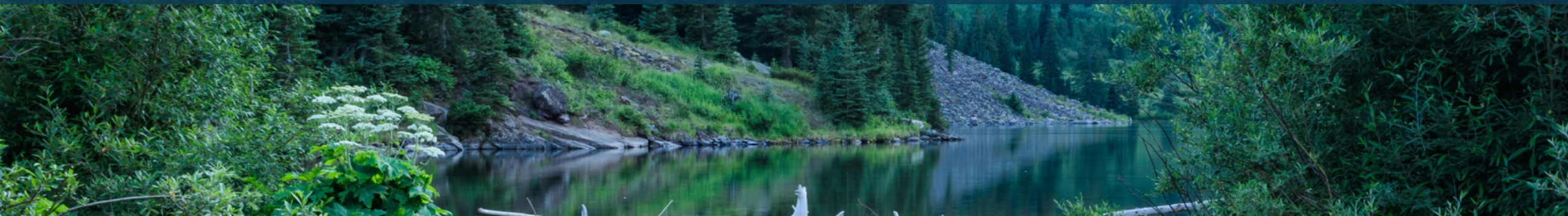
ASAM
ANNUAL CONFERENCE
Innovations in Addiction Medicine and Science
April 24-27, 2025 | Denver, CO

Transforming Care through Innovative Community-Based Models



Disclosure Information

Caleb Banta-Green, PhD MPH MSW

- No disclosures.

What are the Barriers to OUD Treatment Among PEH?

"Ideal places" to receive medical care and/or help with substance use, offer holistic and individualized care that's affordable and easy to access.

Many were interested in **methadone or buprenorphine,** but administrative and other **barriers** limited access to these medications.

Healthcare barriers, social determinants of health, fentanyl, and individual physical and mental pain produce a significant challenge for care systems to respond to peoples' complex needs.

SOURCE: https://adai.uw.edu/wordpress/wp-content/uploads/dlm_uploads/FentanylQualitativeReport2023.pdf

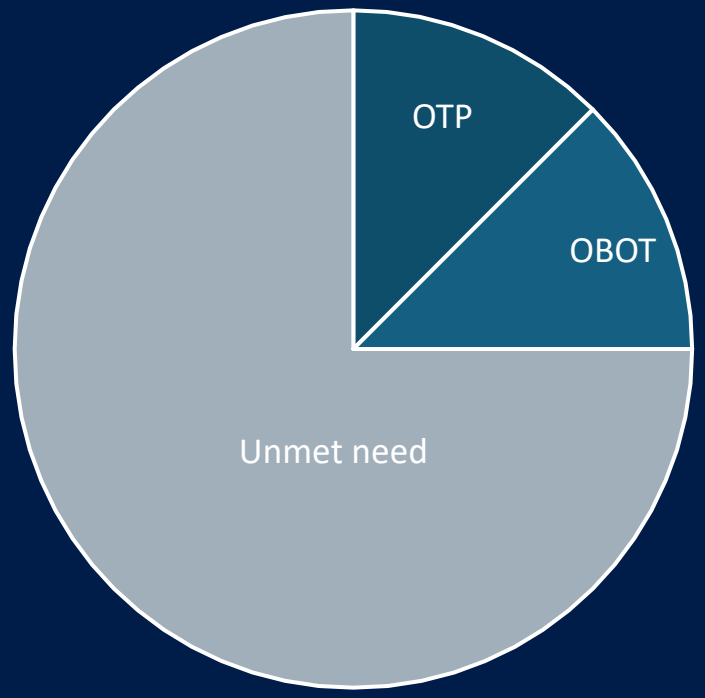
MOUD Care Models

Opioid treatment programs

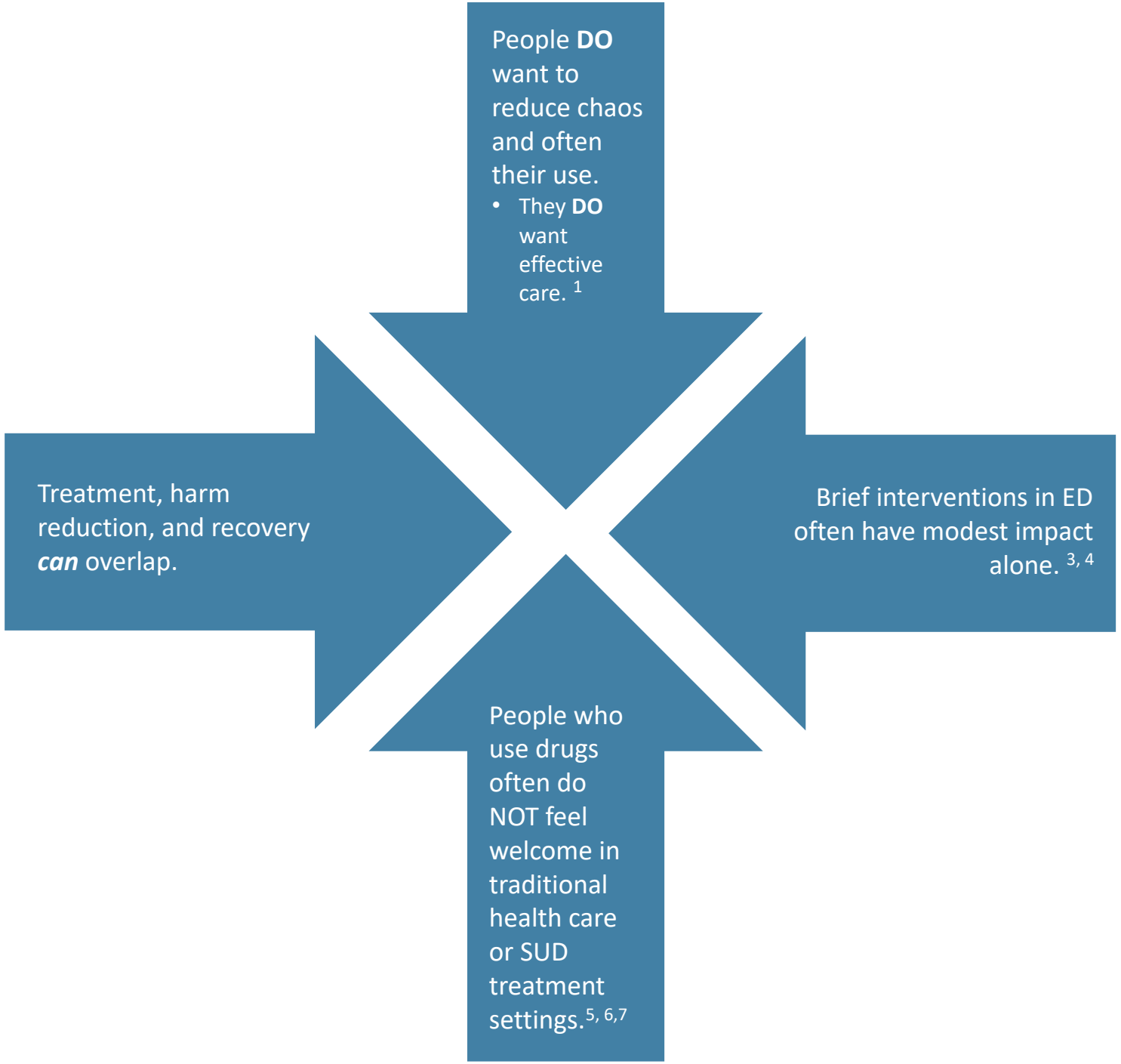
- Access point for methadone
- Structure can be helpful for some clients
- New regulations allow for more flexibility

Office-based opioid treatment programs

- Appointment based care
- Typically, buprenorphine (multiple forms)
- In traditional health care systems
- Primary and other care available
- Care models vary greatly



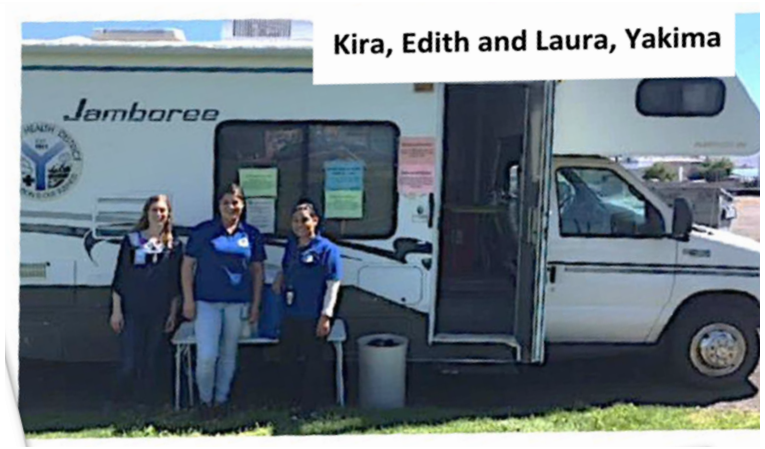
Catalysts for a New Way



SOURCES: 1 Frost et al. 2018 doi: 10.1097/ADM.0000000000000426
2 McMahan et al. 2020 doi: 10.1016/j.drugalcdep.2020.108243
3 D'Onofrio et al. 2017 doi: 10.1007/s11606-017-3993-2
4 Banta-Green et al. 2019 doi: 10.1136/injuryprev-2017-042676
5 Wakeman et al. 2018 doi: 10.1080/10826084.2017.1363238
6 Biancarelli et al. 2019 doi.org/10.1016/j.drugalcdep.2019.01.037
7 http://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf

Potential “Front Doors” to Care

“After three appointments over three weeks we may get you started on treatment medications.”

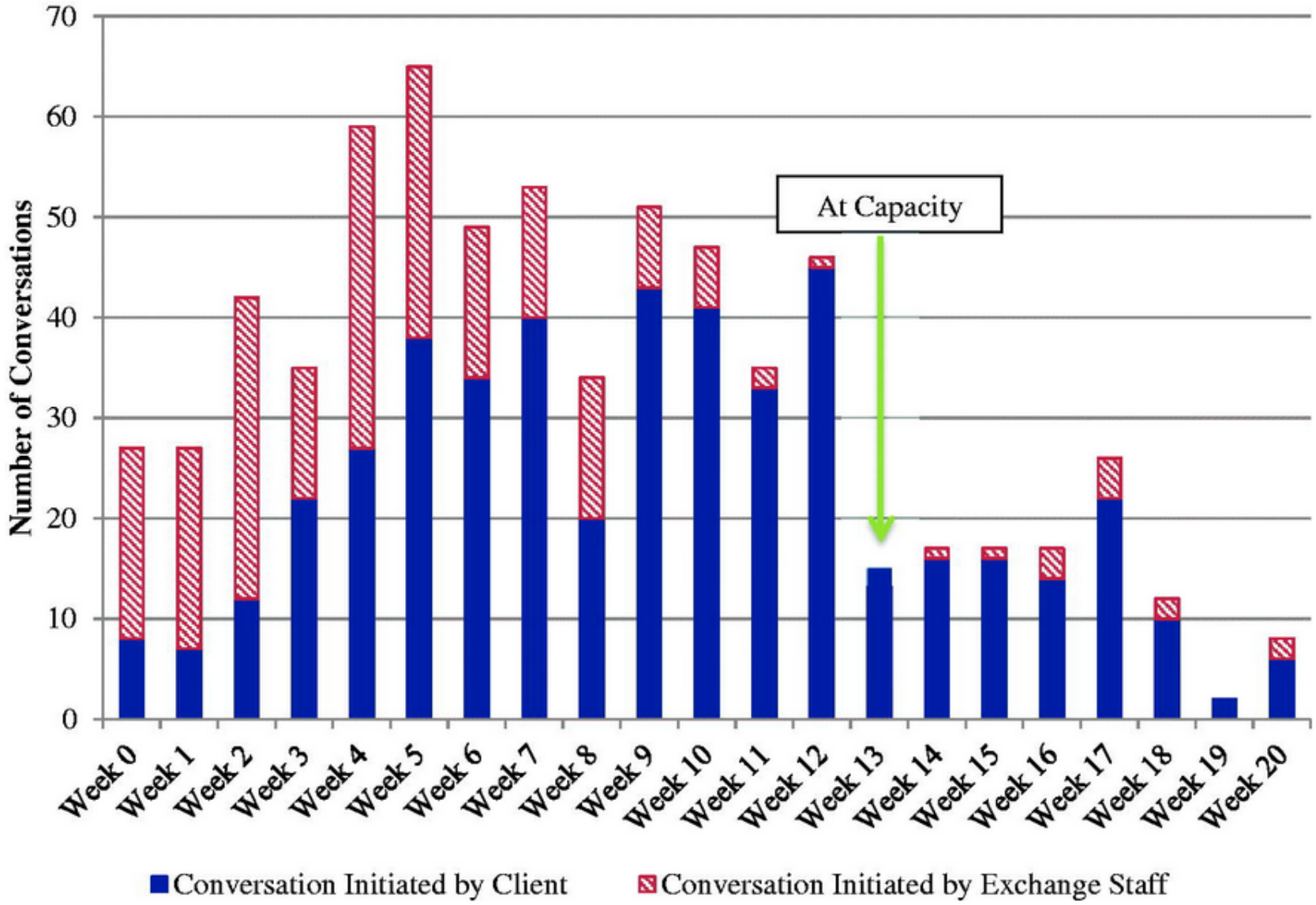


“Let’s see if we can get you started on treatment

Buprenorphine Pathways Model for OUD Essential Elements (Est. 2017)

Drop-in visits	Short time to medication start (usually same day)	Other substance use allowed initially and ongoing
No counseling or support group mandates, always offered	Regular urine drug testing … to understand buprenorphine adherence and other ongoing substance use	Nurse care manager model of care

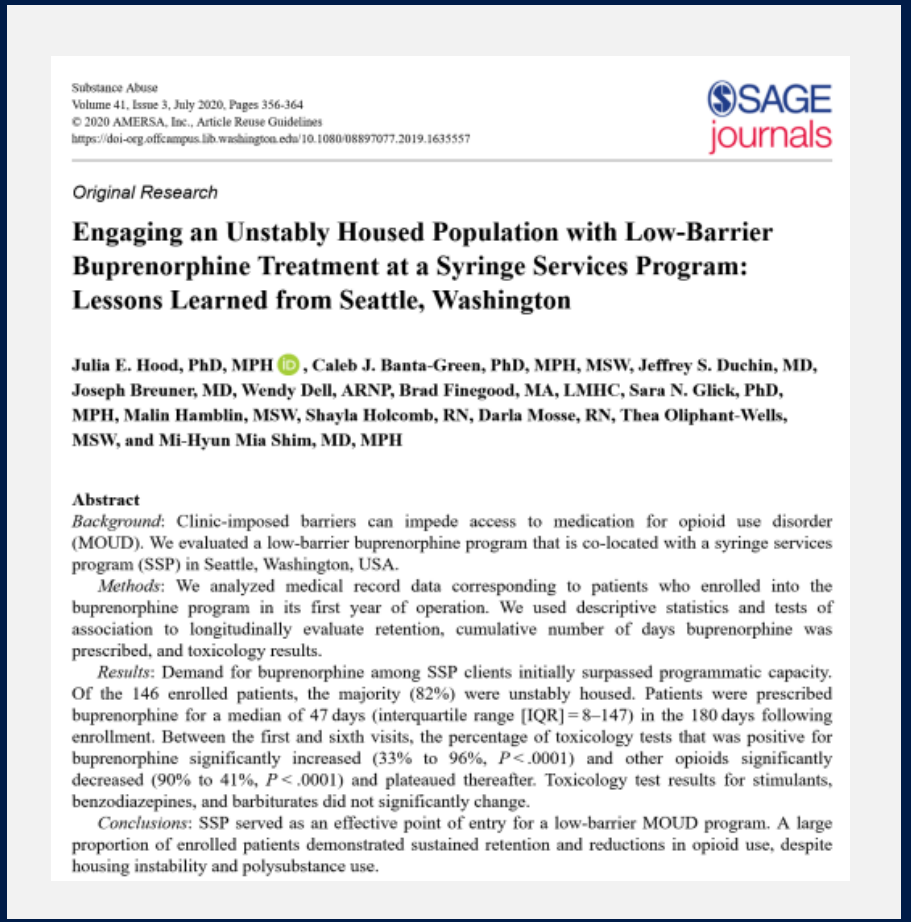
Figure 1. Discussions about buprenorphine among syringe services program clients in the 20 weeks following the launch of Bupe Pathways, Seattle, Washington, 2017–2018. This figure measures the number of conversations about Bupe Pathways initiated by either SSP clients or SSP staff.



SOURCE: https://pubmed.ncbi.nlm.nih.gov/31403907 /

Bupe Pathways Takeaways

- High client demand & rapid positive word of mouth
- High needs population-82% homeless/unstably housed
- Most use multiple substances initially and ongoing
- Buprenorphine was almost always documented in urine drug screen- (increasing from 33% to 96%, P < .0001)
- Significant decrease in illicit opioid use (90% to 41%, P <.0001)



Substance Abuse
Volume 41, Issue 3, July 2020, Pages 356-364

https://doi-org.offcampus.lib.washington.edu/10.1080/08897077.2019.1635557

SAGE journals

Original Research

Engaging an Unstably Housed Population with Low-Barrier Buprenorphine Treatment at a Syringe Services Program: Lessons Learned from Seattle, Washington

Julia E. Hood, PhD, MPH, Caleb J. Banta-Green, PhD, MPH, MSW, Jeffrey S. Duchin, MD, Joseph Breuner, MD, Wendy Dell, ARNP, Brad Finegood, MA, LMHC, Sara N. Glick, PhD, MPH, Malin Hamblin, MSW, Shayla Holcomb, RN, Darla Mosse, RN, Thea Oliphant-Wells, MSW, and Mi-Hyun Mia Shim, MD, MPH

Abstract

Background: Clinic-imposed barriers can impede access to medication for opioid use disorder (MOUD). We evaluated a low-barrier buprenorphine program that is co-located with a syringe services program (SSP) in Seattle, Washington, USA.

Methods: We analyzed medical record data corresponding to patients who enrolled into the buprenorphine program in its first year of operation. We used descriptive statistics and tests of association to longitudinally evaluate retention, cumulative number of days buprenorphine was prescribed, and toxicology results.

Results: Demand for buprenorphine among SSP clients initially surpassed programmatic capacity. Of the 146 enrolled patients, the majority (82%) were unstably housed. Patients were prescribed buprenorphine for a median of 47 days (interquartile range [IQR] = 8–147) in the 180 days following enrollment. Between the first and sixth visits, the percentage of toxicology tests that was positive for buprenorphine significantly increased (33% to 96%, $P < .0001$) and other opioids significantly decreased (90% to 41%, $P < .0001$) and plateaued thereafter. Toxicology test results for stimulants, benzodiazepines, and barbiturates did not significantly change.

Conclusions: SSP served as an effective point of entry for a low-barrier MOUD program. A large proportion of enrolled patients demonstrated sustained retention and reductions in opioid use, despite housing instability and polysubstance use.

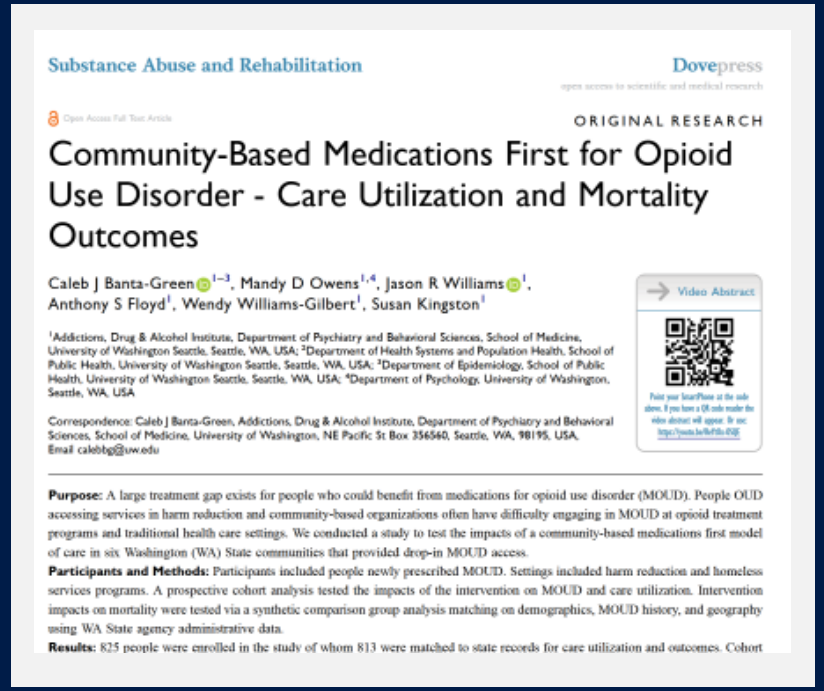
SOURCE: https://pubmed.ncbi.nlm.nih.gov/31403907

One Client’s Experience Of Bupe Pathways

I relapsed last week. Every other time I’ve relapsed while in a program I kept using because I knew I’d get kicked out. But I knew you wouldn’t kick me out, so I didn’t keep using.

Community-Based Meds First Study: Expansion And Replication Of Bupe Pathways

- Added care navigators
- Significant **increases for days' supply of bupe** (44 v 111 days/year), months with any MOUD, and months with bupe for people previously on bupe ($p<0.05$).
- Months with an **E.D. visit** for O.D. did not change. Months with an **inpatient hospital** stay increased ($p<0.05$).
- Annual **death rate** in the first year for the intervention group was **68% lower than the comparison group** [RR 0.323 (95% CI 0.11-0.94).



Substance Abuse and Rehabilitation

Dovepress

ORIGINAL RESEARCH

Community-Based Medications First for Opioid Use Disorder - Care Utilization and Mortality Outcomes

Caleb J Banta-Green[1–3], Mandy D Owens[1,4], Jason R Williams[1], Anthony S Floyd[1], Wendy Williams-Gilbert[1], Susan Kingston[1]

[1]Addictions, Drug & Alcohol Institute, Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington Seattle, Seattle, WA, USA; [2]Department of Health Systems and Population Health, School of Public Health, University of Washington Seattle, Seattle, WA, USA; [3]Department of Epidemiology, School of Public Health, University of Washington Seattle, Seattle, WA, USA; [4]Department of Psychology, University of Washington, Seattle, WA, USA

Correspondence: Caleb J Banta-Green, Addictions, Drug & Alcohol Institute, Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington, NE Pacific St Box 356560, Seattle, WA, 98195, USA, Email calebbg@uw.edu

Video Abstract

Purpose: A large treatment gap exists for people who could benefit from medications for opioid use disorder (MOUD). People OUD accessing services in harm reduction and community-based organizations often have difficulty engaging in MOUD at opioid treatment programs and traditional health care settings. We conducted a study to test the impacts of a community-based medications first model of care in six Washington (WA) State communities that provided drop-in MOUD access.

Participants and Methods: Participants included people newly prescribed MOUD. Settings included harm reduction and homeless services programs. A prospective cohort analysis tested the impacts of the intervention on MOUD and care utilization. Intervention impacts on mortality were tested via a synthetic comparison group analysis matching on demographics, MOUD history, and geography using WA State agency administrative data.

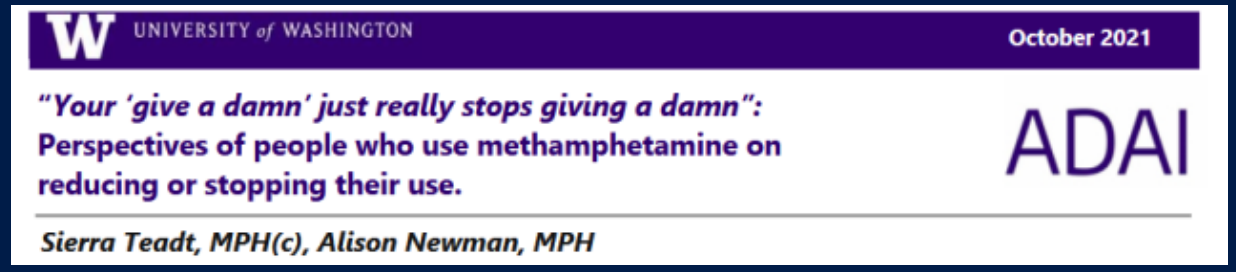
Results: 825 people were enrolled in the study of whom 813 were matched to state records for care utilization and outcomes. Cohort

Quasi-experimental study design
Enrolled 833 in study 7/2019-11/2021 (>1,300 received care)
Funded by the Paul G. Allen Family Foundation

SOURCE: https://pubmed.ncbi.nlm.nih.gov/39295965/

Perspectives of People Who Use Meth

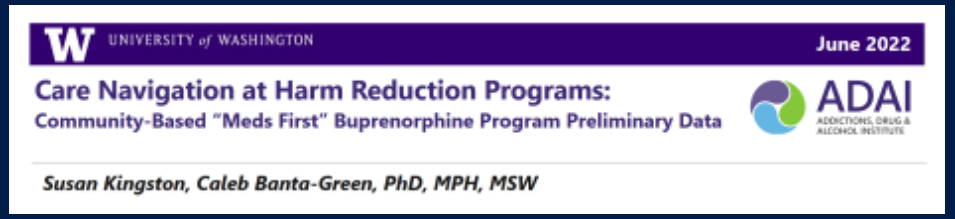
- Two-thirds had interest in stopping their meth use, others interested in reducing their use or changing how they used.
- Many lacked stable housing, employment, or other practical needs like transportation, childcare, and primary healthcare.
- **All participants wanted social and healthcare services beyond substance use disorder treatment to help them reduce or stop their methamphetamine use.**



SOURCE: https://adai.uw.edu/perspectives-meth-use/

Engagement-first: Staffing & Support

- New community-based model that provides:
  - Medical care; Mental health supports and care; SUD treatment
  - Harm reduction- supports/supplies to decrease infectious disease & death
- Ongoing care and support for clients as they try different services
- Added social work/MH care manager
- Contingency management for stimulant use
- Extensive implementation support- clinical, admin., metrics
- **WA State funded 5 Health engagement hubs for PWUD**



SOURCE: https://adai.uw.edu/wordpress/wp-content/uploads/carenavigationmedsfirst2022.pdf
https://www.learnabouttreatment.org/wp-content/uploads/2024/04/CM-for-Meth-Use-Qualitative-Interviews-2024-3.pdf

“My mission is to make sure people know that they can come in any time, for any reason, no matter what they did or didn't do. It can take a while for people to trust that we really do care about them.”

- Care Navigator

“You can’t imagine how it feels to finally not have to lie or cheat to hide my drug use just to get some help. Here, they actually want to know about it! That seemed crazy to me at first but that’s just really how it ought to be, isn’t it?”

- Client