

# Advances in Treatments and Harm Reduction Policies

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# **Safer Alternatives thru Networking & Education**



**StaySafer.Org**

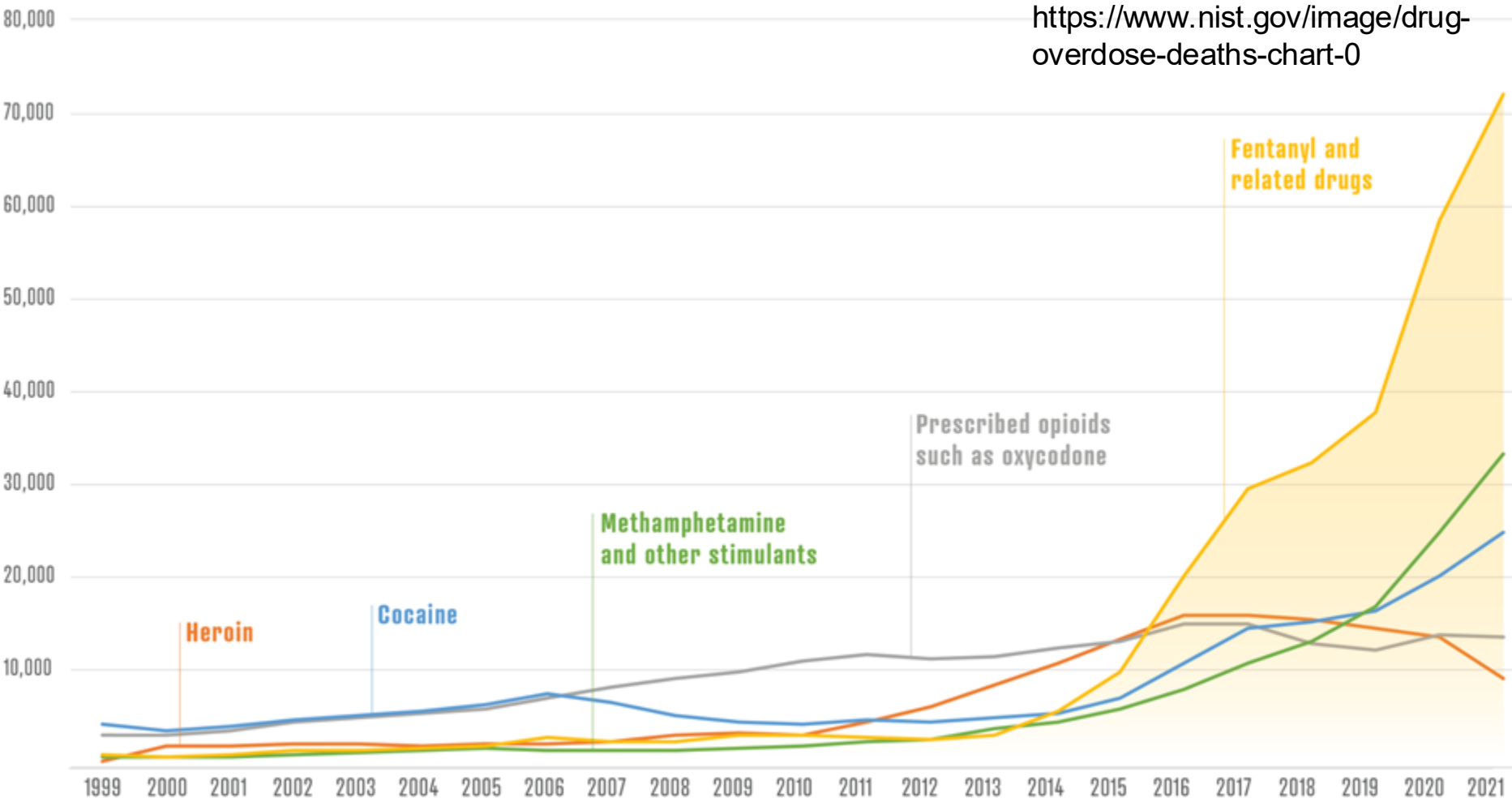


# We are one of the longest running syringe access programs in California.

SANE (Safer Alternatives thru Networking and Education) was founded in 1993 by Rachel Anderson and Jim Britton. We are built on the philosophy of harm reduction - a public health and safety approach to drug use. As harm reductionists, we rely on evidence-based practices to support you in any positive change. This looks like:

- \* Treating **everyone** with dignity and respect
- \* Involving PWUD (people who use drugs) in **all aspects** of our programs, including design, implementation, and evaluation
- \* Basing our practices, policies, and programs in **evidence**
- \* Supporting **any positive change** as defined by you - the person making the change

Our programs are designed to reduce the harms associated with drug use including: slowing the spread of HIV and hepatitis C, reducing the number of overdoses, and preventing skin and soft tissue infections.







# In the aftermath of an overdose

Stigma

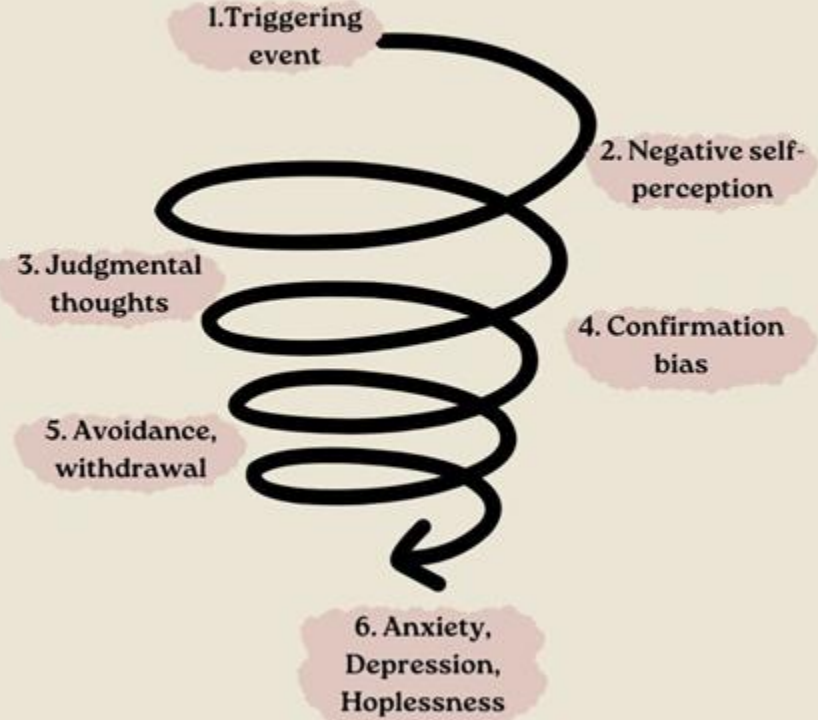
Precipitated withdrawal

Questions on motives

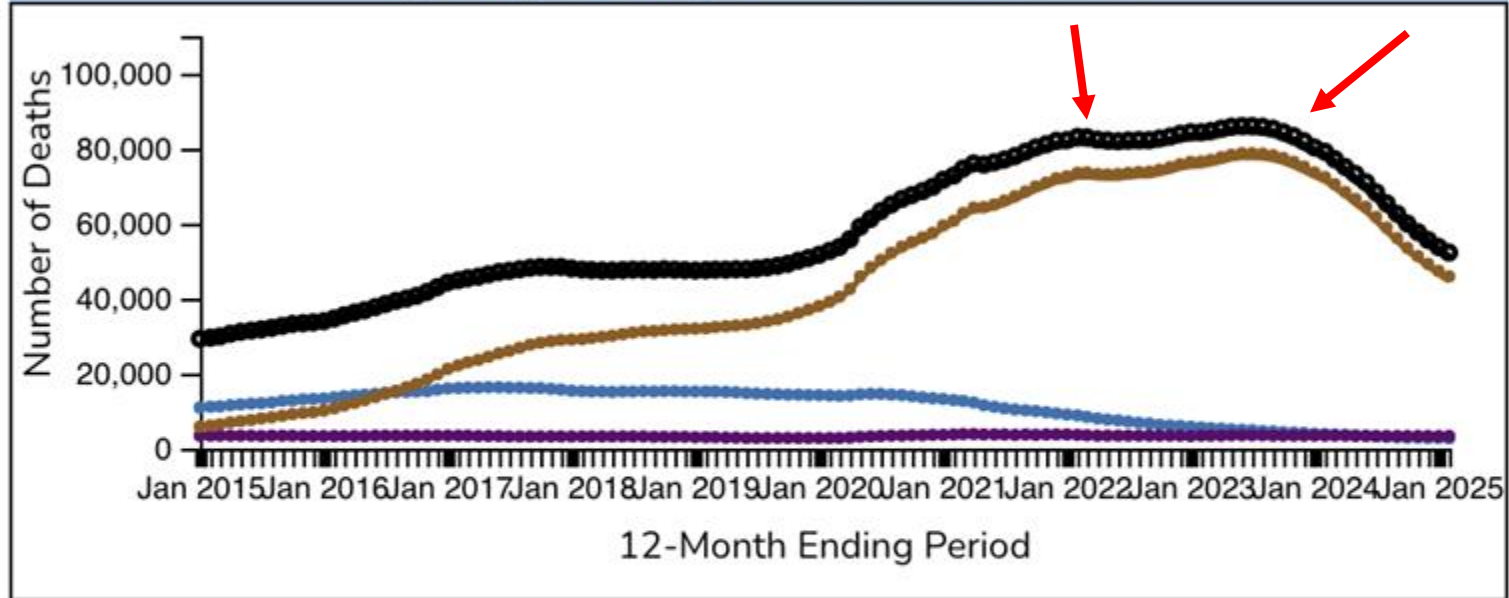
Recurrent shame cycles



## THE SHAME SPIRAL



**Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States**



**Legend for Drug or Drug Class**

Heroin (T40.1)

Methadone (T40.3)

Opioids (T40.0-T40.4, T40.6)

Synthetic opioids, excl. methadone (T40.4)

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



# How do we explain this



CA Bridge Program launches 2019

Naloxone becomes OTC 2023

Fentanyl and Xylazine test strips legalized 2020-2024

SAMHSA rules on Opioid Treatment Programs (OTP)  
updated 2024

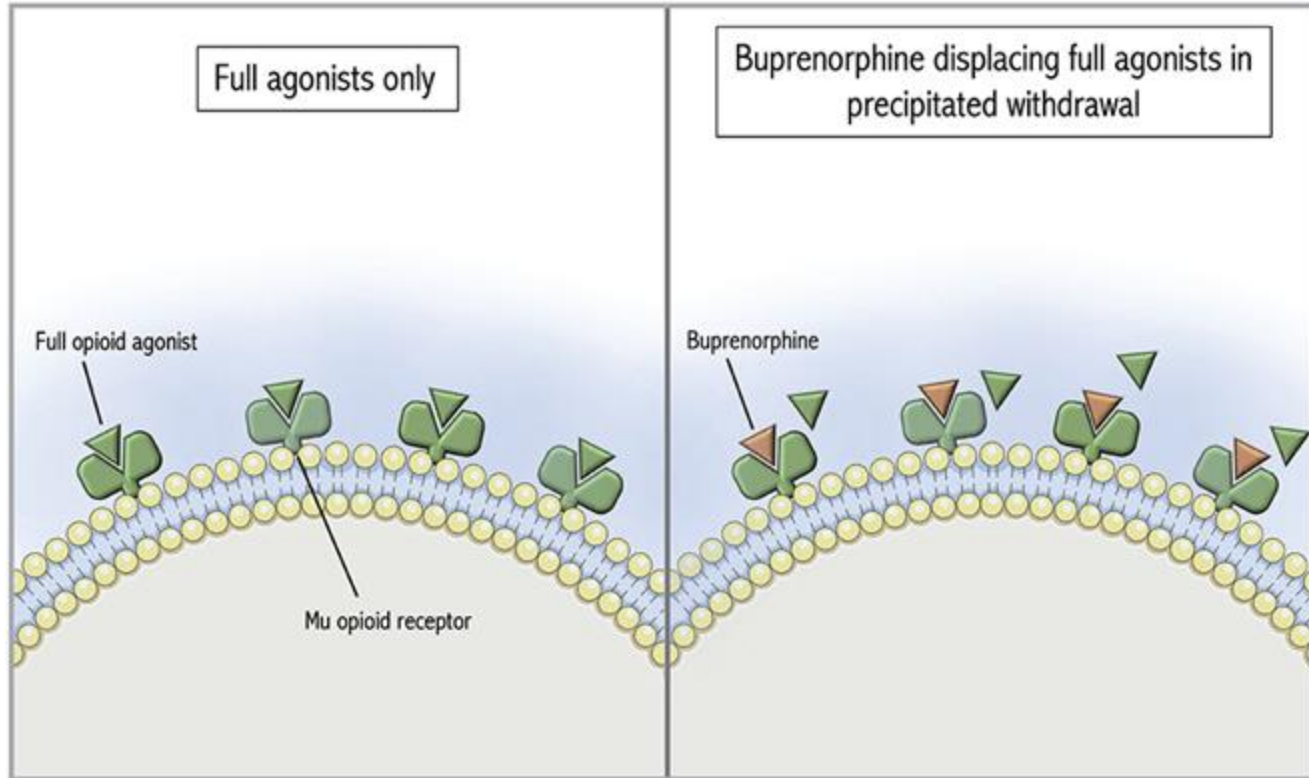
- Removes requirement for counseling
- Allows for take-home doses of methadone
- Allows NP/PAs to order medications for dispensing at OTPs
- Allows for audio-only encounters (final rule coming)

# Precipitated Withdrawal

Traditionally 8-24h  
washout period was  
sufficient

Fentanyl pushes that  
to 72+ hours due to  
depot effects

Microdose vs quick  
start vs straight to  
injection



# Buprenorphine Initiation Methods

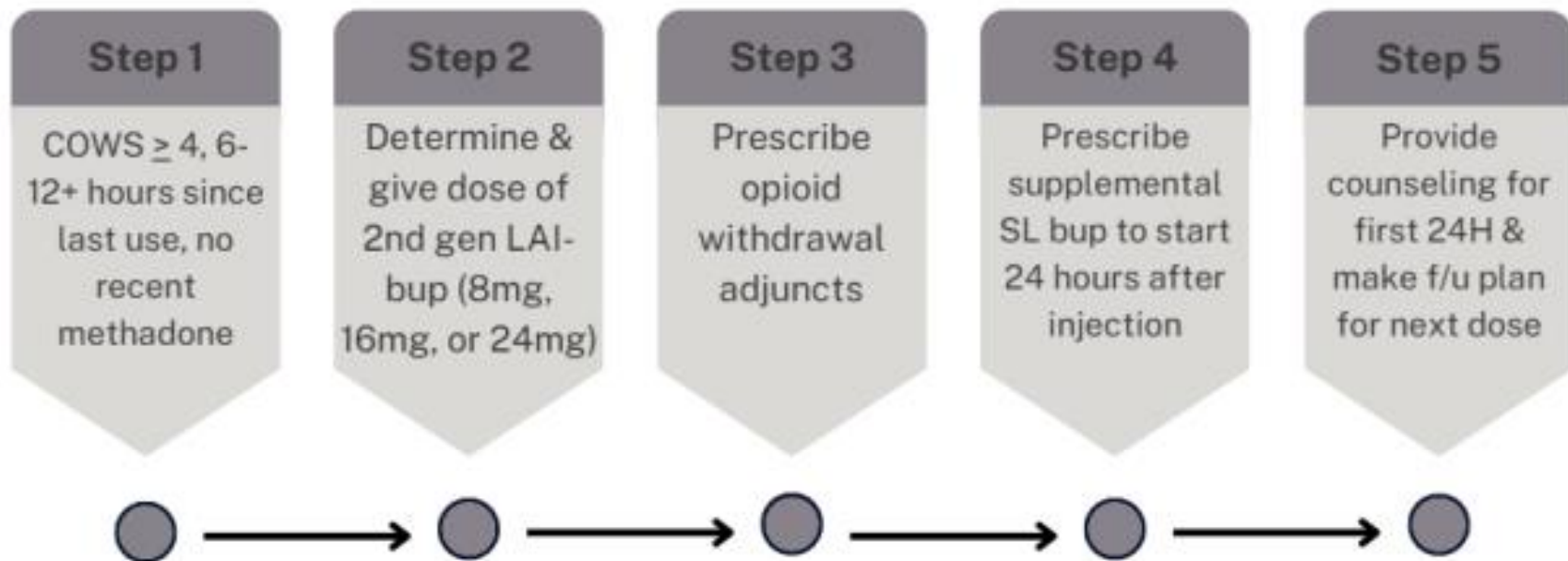
	Microdose	Low Dose	High Dose	QuickStart
Time since last use	None	1-2 days	12 hours	None
Initiation period	One week +	2 days +	2-3 hours	30 minutes
Is tapering required?	Yes	No	No	No
Expected withdrawal	None, but withdrawal can still occur	Must be in moderately severe withdrawal to start	Must be in moderate withdrawal to start	Short, but moderately severe once the process has begun (<30min)
Total transition time	On average, 8-14 days	2 days +	~15 hours	1 hour

# Long Acting Injectables



Daily Sublingual Buprenorphine Dose*	BRIXADI Weekly	BRIXADI Monthly
≤6 mg	8 mg	-
8-10 mg	16 mg	64 mg
12-16 mg	24 mg	96 mg
18-24 mg	32 mg	128 mg

## DIRECT TO INJECT (DTI) PROTOCOL:









# Bringing Compassionate Care to the People

[Get Involved](#)

## Our Mission

Our Goal, Vision, & Commitment

## Get Involved

Volunteer, Participate, or Donate

## Volgistics Link

Scheduling System for Volunteers

## EMS Bridge Clinic Goals

- To provide all people with OUD in California access to a buprenorphine prescription within 24 hours of EMS contact
- To provide up 90 days of low barrier treatment while patients bridge to long term treatment



# Thank You

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