Case #1—Jagmeet

Assessing eligibility for iOAT

Jagmeet, 52, is a new patient who has requested iOAT. He started using heroin when he was 22 years old and has been HIV+ for 7 years. Jagmeet is not on anti-retroviral medication. Jagmeet has started and stopped methadone over 10 times, with his first attempt at age 26. He was on 140mg methadone for 8 years in the 1990s and continued to inject heroin throughout this period. Two years ago, Jagmeet tried buprenorphine/naloxone when he was incarcerated but was not able to stay on it after he was discharged, due to missing multiple doses in the days following release back to community. When he tried buprenorphine/naloxone again, he was not able to tolerate withdrawal symptoms that are part of the induction process. Jagmeet sought treatment again two months ago and was started on slow-release oral morphine (SROM). He is currently on 600mg PO slow-release oral morphine. Jagmeet continues to inject illicit opioids daily and stays in a shelter. Jagmeet mostly uses alone and reports that he has overdosed three times in the past four months.

Key Takeaways

Patient eligibility

- iOAT is generally considered for patients with severe OUD who have not benefitted from oral OAT and/or face severe risk of overdose and/or severe risk of medical consequences of injection opioid use that would benefit from increased health system involvement and engagement in care.

Co-Prescription of oral OAT

- Many patients will benefit from co-prescription of oral OAT (SROM or methadone) to bridge between the last injection of the day and the first injection of the next day.

Additional care

- In addition to initiating iOAT, Jagmeet should be offered referral to a housing worker to help him find stable housing, anti-retroviral medication and a referral to a local HIV/AIDS service organization, and referral to a social worker.

Case #2—Ella

Assessing eligibility for iOAT

Your iOAT program receives a referral for Ella, a 33-year old woman who has used heroin for 7 years. Ella is staying in a shelter and has lost custody of her children. Ella used to inject heroin 3-4 times per day. Now, she is on methadone 80mg and inhales heroin ("chasing the dragon") a few times per week. She reports injecting opioids 2-3 times per month.

Key Takeaways

iOAT Eligibility

- iOAT is appropriate for those with severe opioid use disorder who have ongoing injection drug use despite trials of oral treatment. It is not appropriate for individuals who do not routinely inject opioids.

Case #3—Mateo

Ongoing substance use while on iOAT

Mateo is a new patient of yours. He is 40 years old and has used opioids for the past fifteen years. He has tried both buprenorphine/naloxone up to 20mg, and methadone up to 120mg with continued regular injection opioid use. He came to your clinic two weeks ago on no medications at all. You started him on iOAT. Mateo was titrated up to 100mg hydromorphone twice per day, with 30mg methadone given with his second dose. Mateo has not missed any doses.

At his visit, Mateo has a urine drug test positive for fentanyl. When you ask him about it he says that he has stopped injecting opioids during the daytime but has been struggling with cravings overnight. Most nights he has woken up at 4:00am to inject street heroin in order to fall back asleep.

Key Takeaways

Ongoing substance use

- Ongoing substance use may be an indication to intensify treatment. This may include adding an evening dose of oral OAT (for those who have not been co-prescribed an evening dose of methadone or SROM), increasing the existing evening dose of oral OAT, increasing the dose of injectable medication, or increasing the dose of both the existing oral OAT and injectable medication. Other options include transferring to a more intensive model of care or increasing evidence-based psychosocial treatment interventions and supports.

Stabilization

- Ongoing cravings and illicit opioid use indicate that Mateo has not stabilized on iOAT. Since he just started iOAT treatment two weeks ago, the optimal dose has not yet been reached. Titration of oral and/or injectable OAT doses needs to continue until withdrawal symptoms are relieved and illicit opioid use discontinued.

Case #4—Preeda

Transitioning off of iOAT

Preeda has been your patient for 7 years. She has been on iOAT for the past five years and is doing well. In that time, she has completely ceased using illicit opioids, has found stable housing, and has started a new job. Preeda is doing very well at her job and is getting a promotion. Her promotion will require increased hours at work.

Preeda comes to see you and tells you that she wants to transition off of iOAT to accommodate her increased hours at work. She is currently on hydromorphone 130mg IV BID and SROM 300mg PO taken with her second dose.

Key Takeaways

Transitioning to oral OAT

- Increased stability, cessation of illicit opioid use, and patient request are indications that transitioning to oral OAT is appropriate for Preeda.
- Transition to oral OAT should not be considered a permanent decision and should be guided by the patient's needs. Preeda should be made aware that she can restart iOAT if treatment de-intensification is not right for her.
- Choice of oral OAT should be made collaboratively with the patient.
- Factors affecting choice of oral OAT include previous experiences with oral OAT, patient choice, requirements for flexibility (including take-home dosing), and willingness to undergo buprenorphine/naloxone induction.
- Specific guidance is provided in the Clinical Guideline, however, general approaches include gradually lowering the dose of the injectable medication while increasing the dose of oral OAT.