

# Addressing Stimulants and Fentanyl in Primary Care

Monday, October 24<sup>th</sup>, 2022



**Speakers: Sherry Larkins, PhD**  
Principal Investigator  
UCLA ISAP

**MAT ECHO™ Staff: Grant Hovik, MA,**  
Thomas E. Freese, PhD, Cheryl Ho, MD, and  
Beth Rutkowski, MPH



# Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

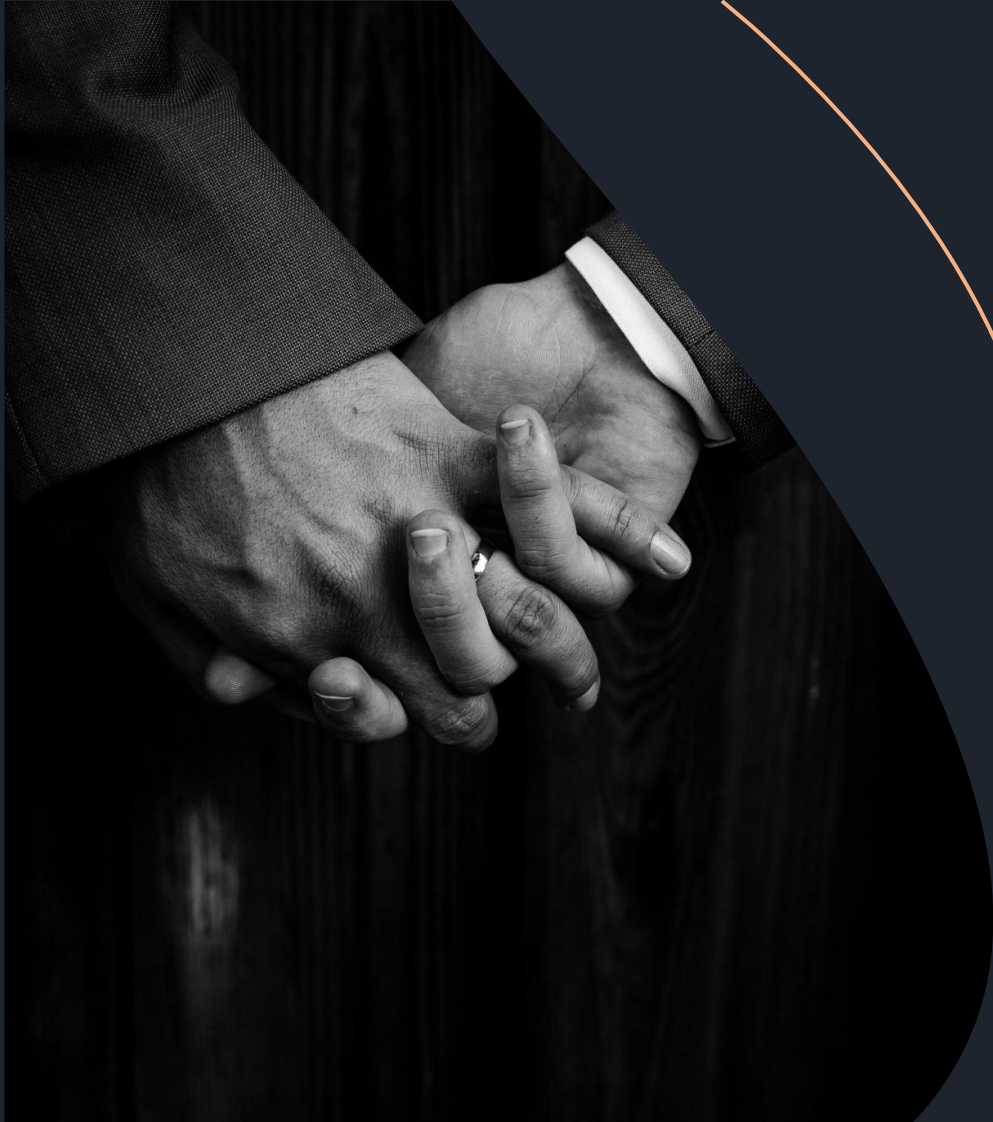
## Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

# PEOPLE FIRST

## Language Matters

*in treatment, in conversation, in connection.*



October  
Recognitions

It's Health Literacy Month!



HEALTH LITERACY MONTH

*Building Awareness Through Action*

How are you taking action to build awareness  
about health literacy?

Share the hashtag **#healthliteracymonth**

[healthliteracymonth.org](http://healthliteracymonth.org)

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**EVERY1 KNOWS SOME1**

Domestic Violence Awareness Month

# Disclosures

## FACULTY DISCLOSURE

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Cheryl Ho, MD

Stock or Stock options

Johnson & Johnson

Pfizer, Roche, Eli Lilly

All of the relevant financial relationships listed for this individual have been mitigated.





# Speaker



**Sherry Larkins, PhD**, is a Research Sociologist at the University of California, Los Angeles. Her research interests include stimulant use, opioid use, substance abuse treatment for marginalized populations, and qualitative methodologies. She has been involved in substance use research for almost 25 years and completed her doctorate in medical sociology at Rutgers University in 1999.

# Session Format

Background of the  
Problem:  
Stimulant & Fentanyl Use



Genesis of the Project



Products/Resources:  
Clinical Quick Tips



Next Steps; Questions

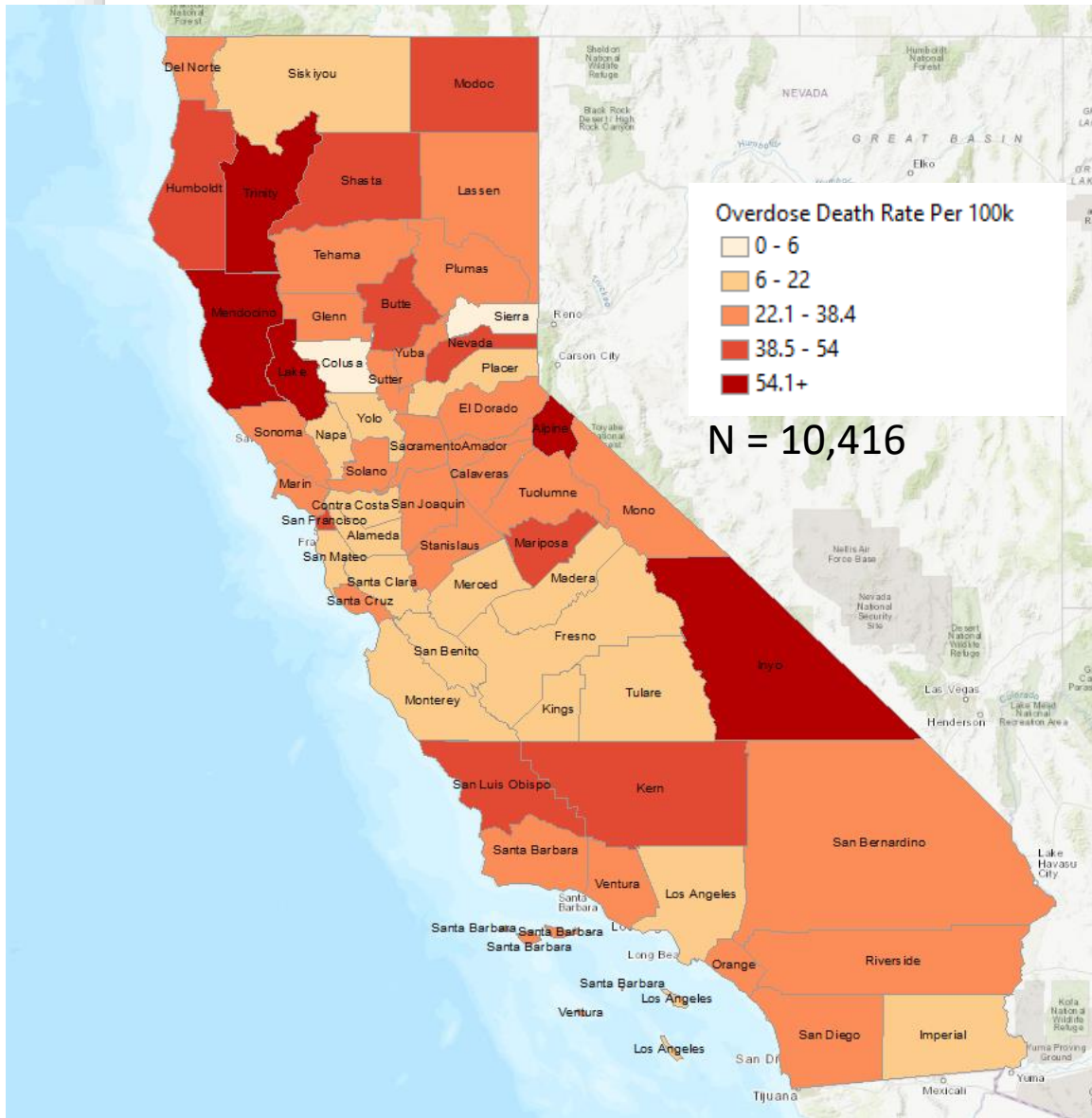




# Background: Why are we here?

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- The opioid epidemic has evolved into a combined stimulant epidemic, with escalating stimulant and fentanyl-related overdose deaths.
- Primary care providers have been increasingly engaged in addiction care, especially with medications for opioid use disorder (MOUD).
- Supporting primary care providers and equipping them to effectively identify and address stimulant and fentanyl use is potentially life-saving.



# All Drug Related Overdose Death Rates by County

2021 age-adjusted Rates per 100,000 residents

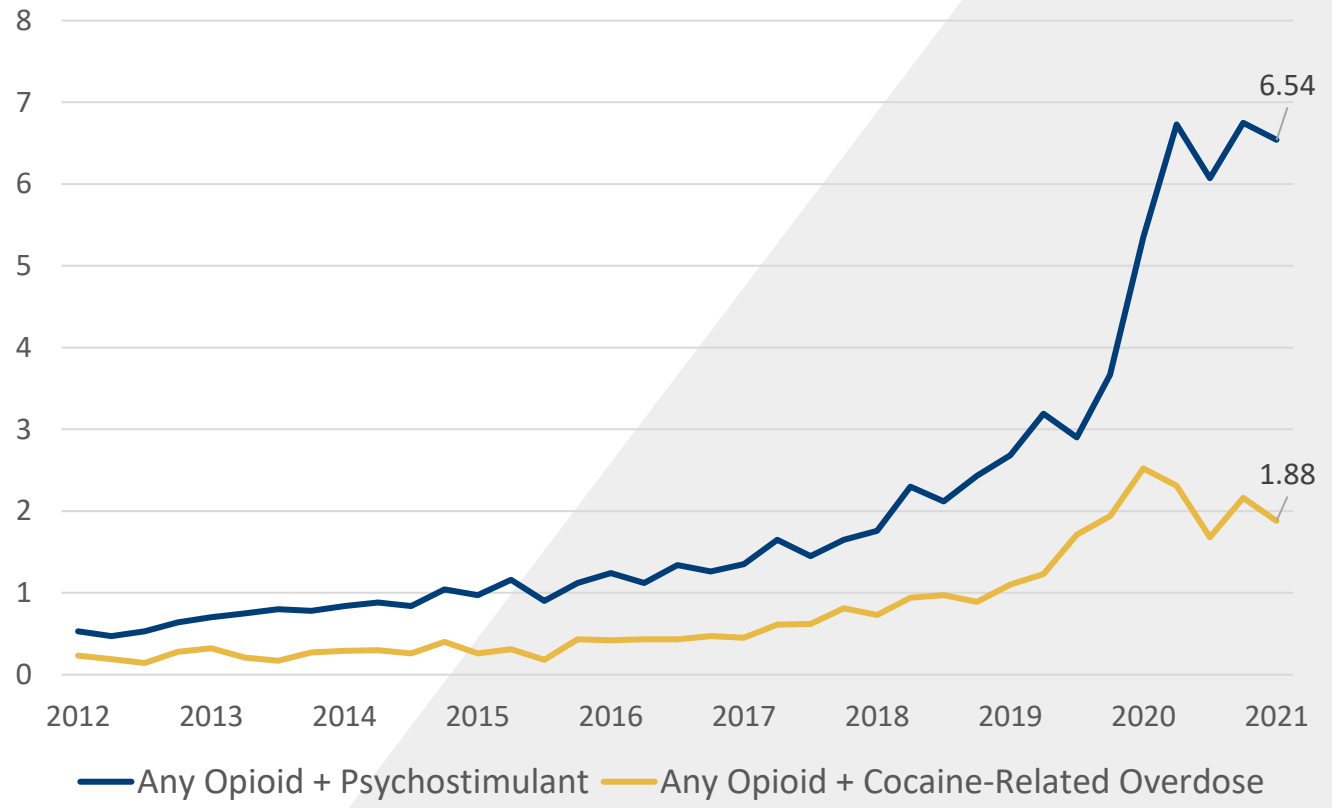
Data Source: CDPH California Opioid Dashboard  
<https://skylab.cdph.ca.gov/ODdash/>



University of California Los Angeles  
 Integrated Substance Abuse Programs

# overdose death rates: Opioids + stimulants

12-month moving average (per 100,000 residents)

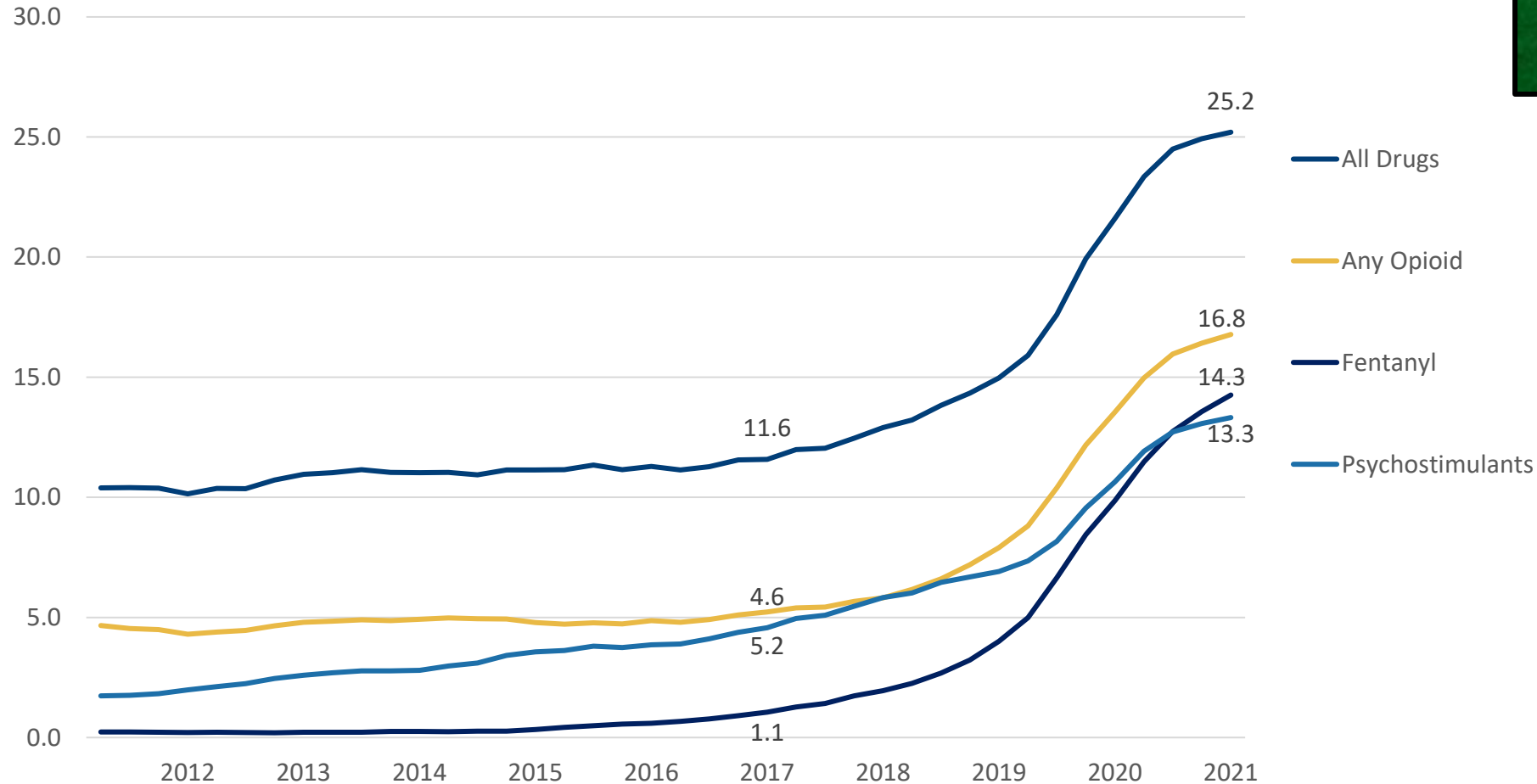


Data Source: California Department of Public Health (CDPH) Safe and Active Communities Branch (2022). California Opioid Surveillance Dashboard. Available at: <https://skylab.cdph.ca.gov/ODdash/>



# California overdose death rates: Past 10 Years

Age-adjusted rates per 100,000 residents





# Genesis of the Project

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- While Primary care (PC) providers have been increasingly engaged in addiction care, there remains no pharmacotherapies and limited psychosocial interventions effective to treat stimulant use disorder.
- Little is known about current clinical practices used in PC to identify / address the use of stimulants.
- Through qualitative interviews with PC providers and key informants, the study aimed to explore experiences and approaches used to identify and clinically manage patients who use stimulants and/or fentanyl.

# Methods

Six group listening sessions were conducted virtually between July and August of 2021.

## Interview Content

- Semi-structured interviews conducted by senior study staff
- Questions were structured into four parts

### Identifying Patients

*e.g., What are common signs/symptoms that might increase your suspicion of a stimulant problem?*

### Stigma

*e.g., Do you believe patients who use stimulants are judged differently in any way? How so?*

### Clinical Response

*e.g., How do you decide to raise this issue with patients? Do you have a specific protocol in use?*

### Barriers

*e.g., Please describe some of the challenges you face when treating these patients.*

## Participants

38 total primary care providers participated in listening sessions

### Specialty

66% - Family Medicine

16% - Psychiatry

8% - Internal Medicine

5% - Emergency Medicine

3% - Infectious Disease

3% - Pediatrics

### Role

79% - Physicians

13% - Nurse Practitioners

8% Physician Assistants

### Prescribing

87% - Currently X-waivered

68% - Currently Prescribing Buprenorphine

# RESULTS

- Listening sessions were coded using reflexive thematic analysis. Four themes identified: **Identification; Care Barriers and Facilitators; Clinical Management; Service Needs/Supports**

## Problem Identification

### Signs & Symptoms from History/Exam

Physical and behavioral symptoms including cardiovascular problems, skin infections, dental issues, hallucinations, paranoia, and delusions (esp. delusional parasitosis)

### Screening Procedures

Few specific screening measures, symptoms often noticed on other screenings (e.g. cardiovascular exam)

### Characteristics of Stimulant Use

Stimulant use common across all age groups, but especially prevalent among homeless patients

## Barriers/ Facilitators to Care

### Patient-level Barriers

Lack of access to care, low patient engagement

### Clinic-level Barriers

Lack of evidence-based medications and treatments, provider burnout from balancing MAT and general practice

### System-level Barriers

Lack of funding, insurance coverage, and training on SUD treatment

### Stigma

Shame and fear from patients, providers view stimulant-using patients as more difficult to treat

### Facilitators

Referrals to residential treatment, integrated care, and frequent care team communication



# RESULTS, cont.

- Listening sessions were coded using reflexive thematic analysis. Four themes identified: **Identification; Care Barriers and Facilitators; Clinical Management; Service Needs/Supports**

## Clinical Management

### Intervening with Patients

Most used Motivational Interviewing and rapport building to encourage change

### Protocols

Common intervention protocols were referrals to behavioral health and increased visit frequency

### Treatment

A range of pharmacological and psychosocial interventions were mentioned, but there was little confidence in their effectiveness

## Perceived Needs to Improve Services

### Funding

Increased funding for behavioral health services, patient housing, and effective treatments like Contingency Management

### Treatment

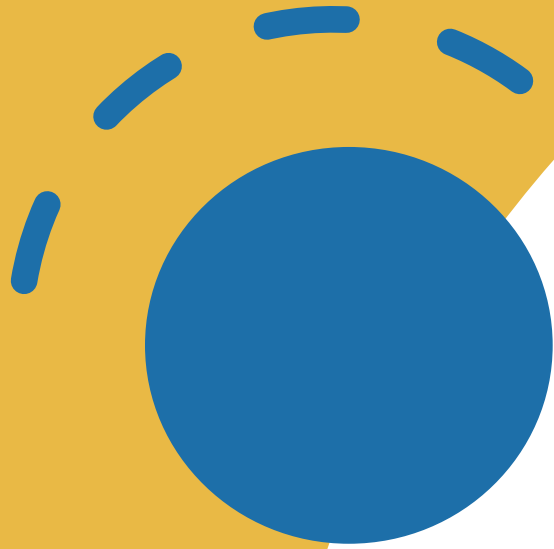
More specific and accessible screenings, more referrals to specialty care, research into evidence-based medications

### Education/Support

Tools, knowledge, training that is quick, efficient, and targeted

# DISCUSSION

- PC providers varied in their approaches to identifying and addressing patient stimulant use.
- Few used specific screening tools, and most relied on non-specific clues from other tests.
- Unlike OUD, providers reported lack of standardized approaches to address/intervene.
- Most expressed little confidence in the approaches they used.
- Providers overwhelmingly sought more standardized approaches and clinical knowledge, tips, and pathways, based on patient use and motivation.
- Providers desired reliable connections to addiction medicine specialists and more training.
- They desired novel behavioral interventions suitable for PC settings.



NEXT STEPS:  
CLINICAL PROVIDER  
“QUICK TIPS”

# Tools & Clinical “Quick Tips”



15-minute Recorded Videos by  
Addiction Medicine Experts



10 Distinct Topics (6 Stimulant; 4  
Fentanyl); tools, quick guides,  
resources/supports linked



CME provided



# CLINICAL PROVIDER QUICK TIPS

## ADDRESSING SUBSTANCE USE IN PRIMARY CARE SETTINGS

### WHAT YOU NEED TO KNOW



*Access Quick Tips and Tools* from experts in the field who are sharing their knowledge and tips to address substance use in busy primary care clinics



## STIMULANT USE

video segments and resources

[Access Here](#)

## FENTANYL USE

video segments and resources

[Access Here](#)

## ABOUT THE PROJECT

As part of the CA Department of Healthcare Services State Opioid Response (SOR 2) efforts, UCLA ISAP launched a project to explore clinical approaches utilized by providers in non-specialty settings as they care for patients who use stimulants and/or fentanyl. The project aimed to identify barriers and facilitators of adopting evidence-supported practices, and to craft tools and resources for primary care and community health providers.

Interviews and listening sessions with key stakeholders informed the development of tools and resources targeting busy clinicians and providers. Stakeholders highlighted the challenges of staying current in their substance use knowledge base and struggled to find adequate time and appropriate resources to deliver optimal care. The goal of the Clinical Provider Quick Tips video series and resources is to bring the latest research and practical tools to busy providers in accessible, brief, "bite-sized" pieces that cover both current science and practical clinical tips addressing patient stimulant and fentanyl use. Check out the Additional Resources tab, including the Stimulant Keys, for more relevant information.

For content questions, contact Sherry Larkins, Ph.D at [slarkins@mednet.ucla.edu](mailto:slarkins@mednet.ucla.edu)

## STIMULANT USE QUICK TIPS

The following brief video segments feature research and clinical experts from across California as they address stimulant use trends, signs and symptoms of use, patient engagement and motivation, and intervention approaches within primary care settings.



Richard Rawson, Ph.D.

### Working with Individuals who use Cocaine and Methamphetamine: Reordering Priorities

**Description:** This brief video reviews current trends in stimulant and fentanyl use in California, addresses physical and psychiatric risks and consequences of use, and highlights the valuable role primary care can play in reducing the harmful impacts of these substances.

**Presenter:** Richard Rawson, Ph.D.

[Watch Video - with CME](#)

[Watch Video - no CME](#)

(Videos: 18 min.)

**Relevant Resources** ▼



LaDonna Porter, M.D.

### Getting to the Good Part, How to Take an Engaging Substance Use History

**Description:** This brief video highlights the use of effective communication techniques to engage and motivate primary care patients when taking a substance use history.

**Presenter:** LaDonna Porter, M.D.

[Watch Video - with CME](#)

[Watch Video - no CME](#)

(Videos: 18:29 min.)

**Relevant Resources** ▼

\*Note: All videos are 508 compliant and include closed captioning.

This series is sponsored by the Department of Healthcare Services in California through the SAMSHA State Opioid Response Grants. All information in the presentations are generated by the presenters and do not reflect the opinions of CA DHCS.

## FENTANYL USE QUICK TIPS

The following brief video segments feature research and clinical experts from across California as they address trends in fentanyl use, overdose risks and tools for reducing risk, and relevant medications for opioid use disorders (MOUD) to treat patients within emergency department and primary care settings.



Arianna Campbell, PA-C

### What The Fentanyl! Making sense of a deadly epidemic

**Description:** This brief video provides an overview of fentanyl use and the resulting overdose deaths within the past decade, and highlights the benefits of access to naloxone and other harm-reduction and life-saving approaches, including buprenorphine.

**Presenter:** Arianna Campbell, PA-C

[Watch Video - with CME](#)

[Watch Video - no CME](#)

(Videos: 14:45 min.)

**Relevant Resources** ▼



Reb JH Close, M.D.

### Buprenorphine for Patients Using Fentanyl

**Description:** This brief video highlights the value of using buprenorphine with patients who intentionally or unintentionally are using fentanyl, addresses guidance for inducting patients on buprenorphine in hospital, clinic and home settings, and provides resources to support new prescribers.

**Presenter:** Reb JH Close, M.D.

[Watch Video - with CME](#)

[Watch Video - no CME](#)

(Videos: 16 min.)

**Relevant Resources** ▼

\*Note: All videos are 508 compliant and include closed captioning.

This series is sponsored by the Department of Healthcare Services in California through the SAMSHA State Opioid Response Grants. All information in the presentations are generated by the presenters and do not reflect the opinions of CA DHCS.





# Planned Topics

Working with  
Individuals who use  
Stimulants

Identification of Use:  
Signs, Symptoms,  
Screening

The Overdose Crisis:  
Rapid Shifts in  
Fentanyl and Novel  
Synthetic Substances

Racial & Ethnic  
Disparities in  
Fentanyl-Related  
Overdose

Taking an Engaging  
Substance Use  
History

Meeting Patients  
Where They Are and  
Reducing Stimulant  
Use Harms

What the Fentanyl!  
Making Sense of a  
Deadly Epidemic

Buprenorphine for  
Patients Using  
Fentanyl

Engaging and  
Motivating Primary  
Care Patients for  
Behavior Change

Use of Medications  
to Treat Stimulant-  
Induced Psychosis



# Discussion / Comments



Questions / Feedback?

Applicability to your  
site?

Ideas for topics &  
resources?