

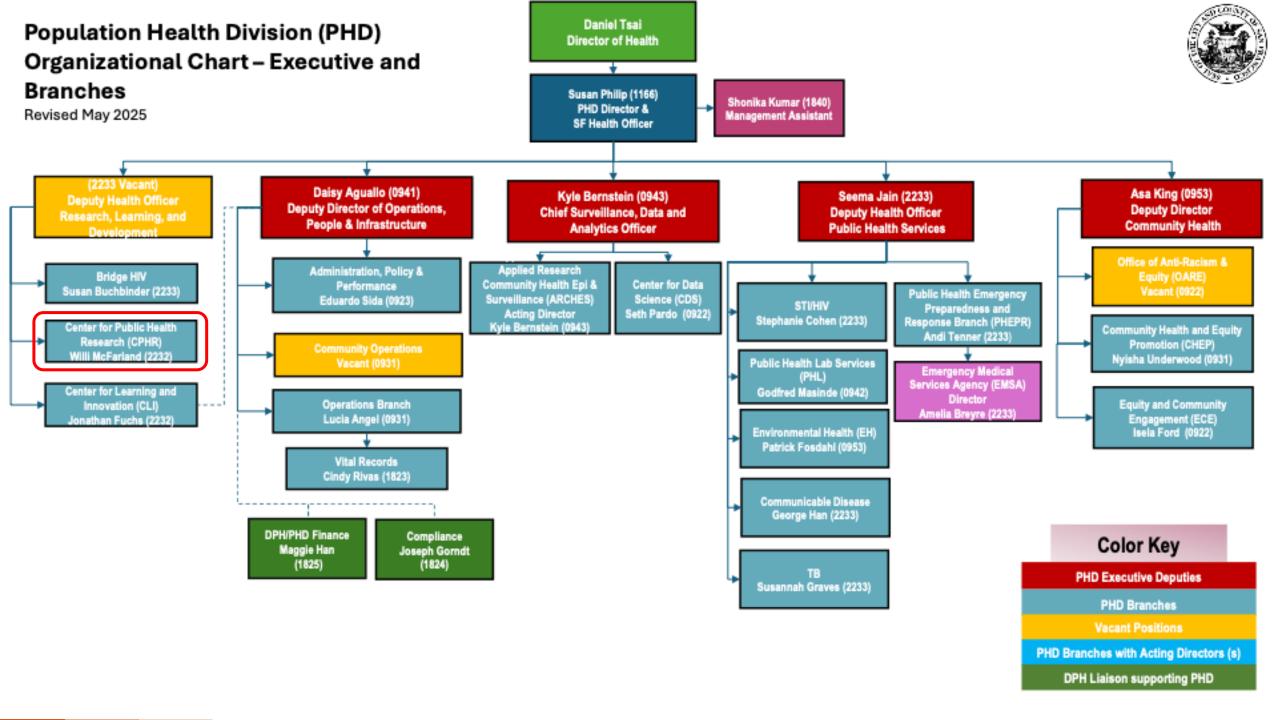
CURRENT RESEARCH & EPIDEMIOLOGY AT THE CENTER ON SUBSTANCE USE AND HEALTH





Phillip Coffin MD 6 August 2024











~ 20 staff (down from 30):

- Investigators
- Research Clinicians
- Research
 Analysts/Epidemiologist
- Study Managers

- Community/Recruitment Manager
- Research Associates
- Recruitment Staff
- Interns and Fellows

CSUH PROJECTS

ACTIVE











RECENT







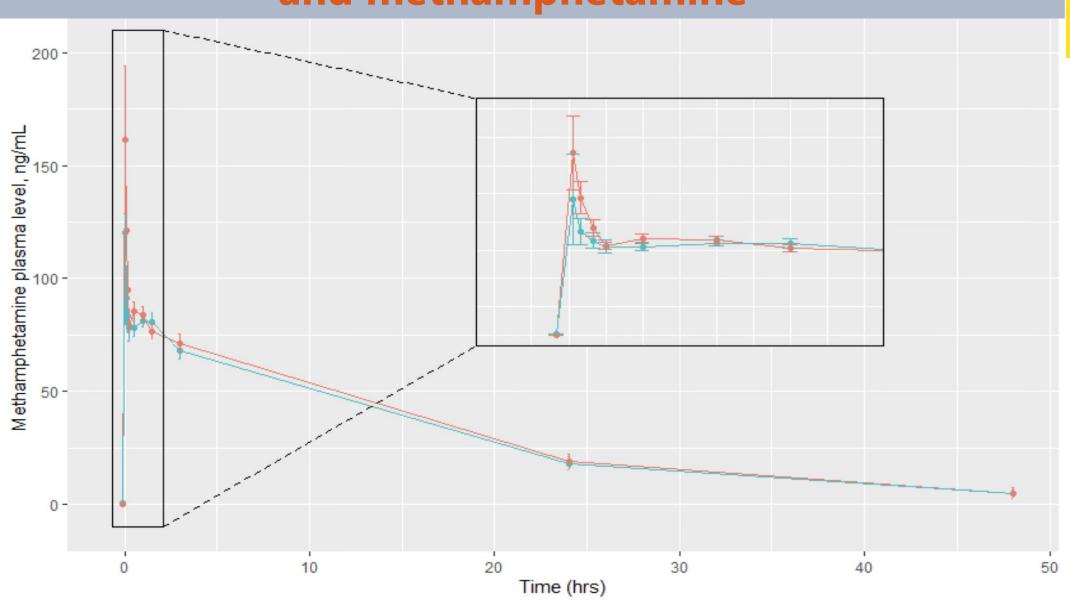
REBOOT 2.0 – Phase III trial for opioid overdose prevention

Negative trial, possibly due to prevalence of OD education or shift to fentanyl





M3.0 – No drug-drug interactions for mirtazapine and methamphetamine



Use meth? FDA-approved medication to treat meth use. Earn up to \$2,430

Phase

Mirtazapine

Placebo



YOUR HEALTH

You're worthy of care. The services below are especially important for people who use drugs, and most community clinics can provide them.



Vaccines

Vaccines prevent serious diseases and many cancers. Recommended: hepatitis A and B, tetanus, mpox, meningitis, pneumococcal pneumonia, HPV, COVID, and influenza.

Screening

Get tested at least once a year for HIV, hepatitis C, syphilis, gonorrhea, chlamydia, and tuberculosis.

HIV/STI prevention

Ask your provider about PrEP for HIV and doxyPEP for STI prevention.



Of the medicatio help people redi stop opioid u buprenorphine is

It mostly protects other opioids, so pretty normal v without other op





People use stimulants for many reasons



HEALTH EFFECTS OF STIMULANTS

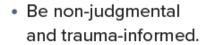
Stimulants used in high doses over time can harm the heart and brain.

Stimulants tighten blood vessels and cause



4-tier approach to caring for patients who use stimulants

Assessment





- Learn why the patient uses stimulants and their perception of risks and benefits.
- Use the DSM-5 to diagnose use disorders.

Routine prevention

Ensure the patient
 is up-to-date on
 vaccines and
 infection screening and
 has access to overdose
 prevention and safer
 drug use supplies.



Use reduction

- Offer evidence-based strategies to stop or reduce stimulant use.
- Consider both behavioral and pharmacologic interventions.



Toxicity prevention

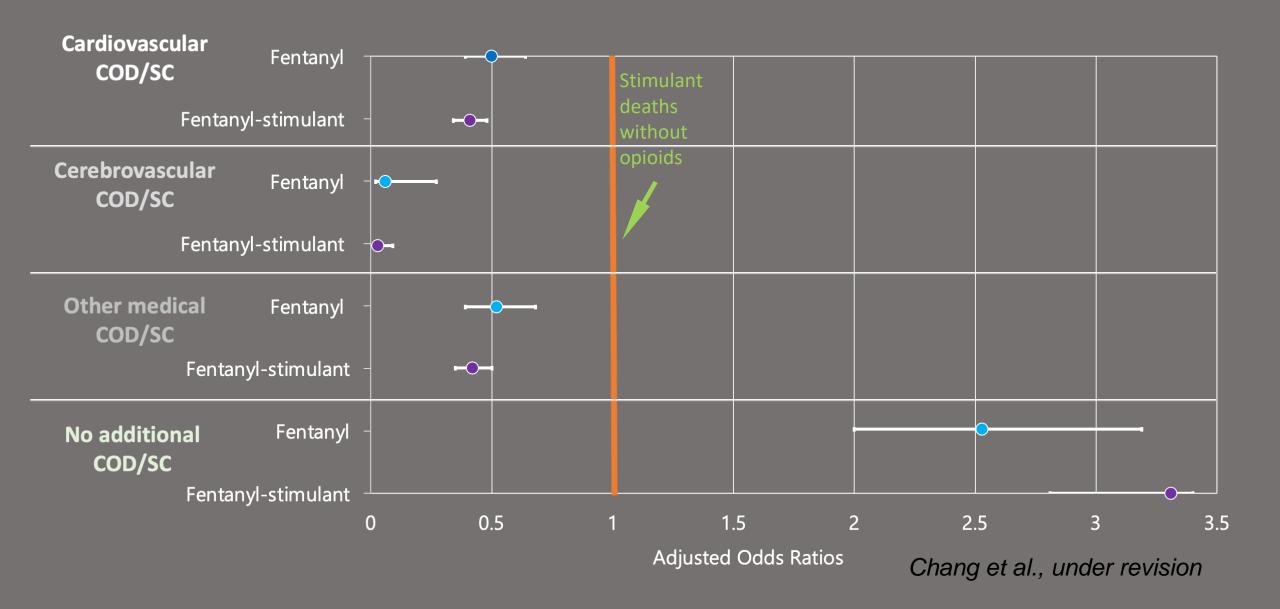
 Consider strategies for reducing the cardiovascular and neuropsychiatric harms of continued stimulant use.



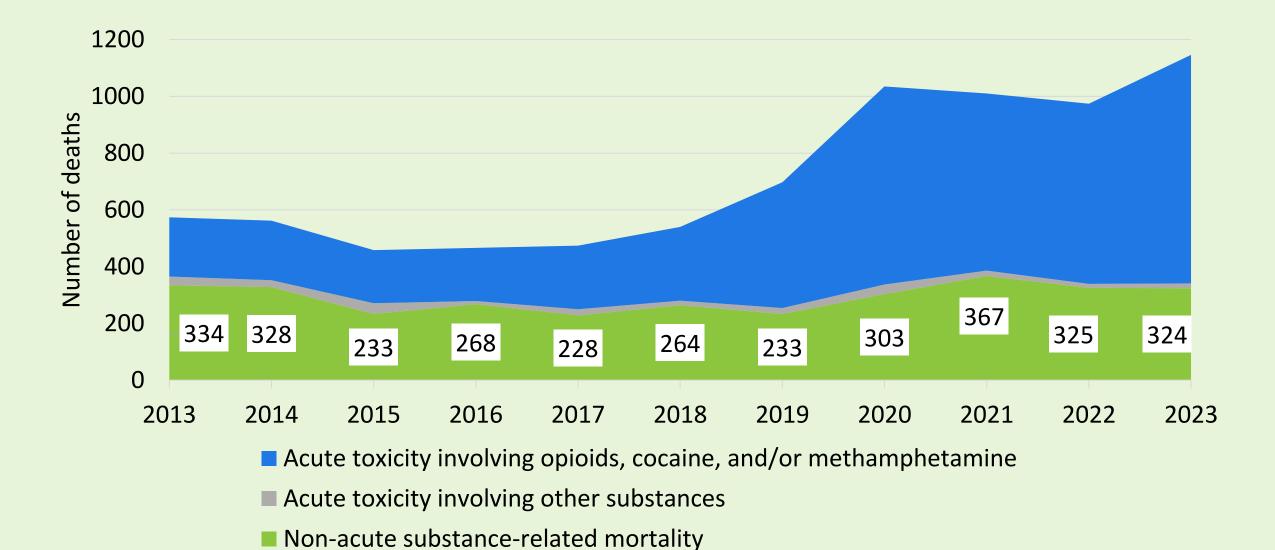


Contingency management Desire weight gain, Desire smoking cessation, sleep improvement; stimulating effect ok if cardiac disease Mirtazapine **Bupropion** (methamph) Response inadequate; Response inadequate; desire to treat AUD desire to treat AUD IM/PO naltrexone (methamph) Not tolerated/response inadequate Consider addiction medicine consult Desire to treat ADHD **Psychostimulants Topiramate**

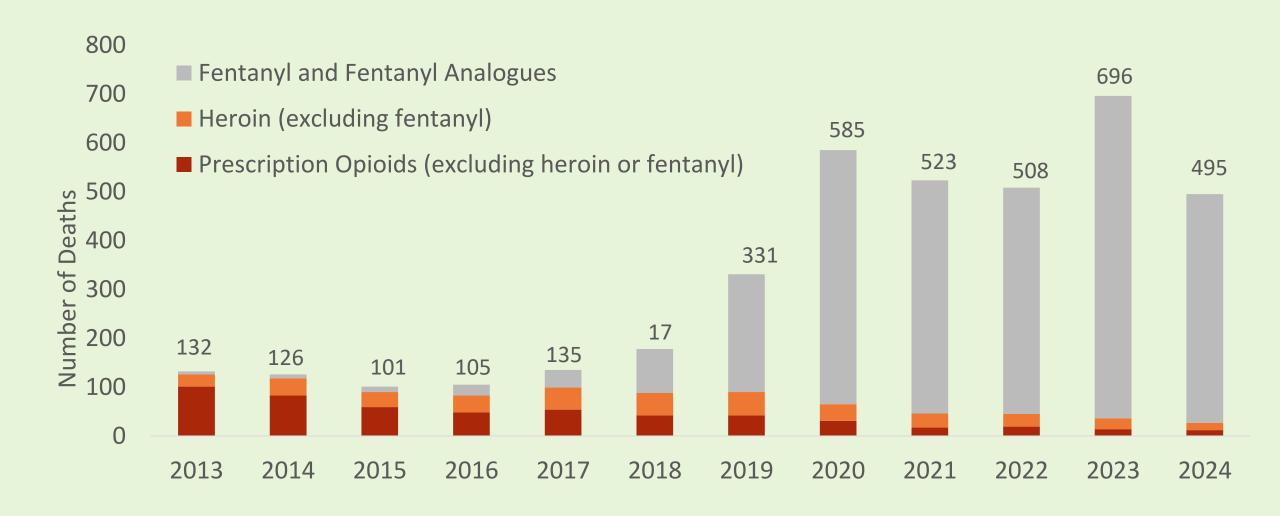
Additional Causes of Death for Stimulant and Fentanyl Deaths



Number of Substance-Related Deaths in SF by Acute v Non-Acute



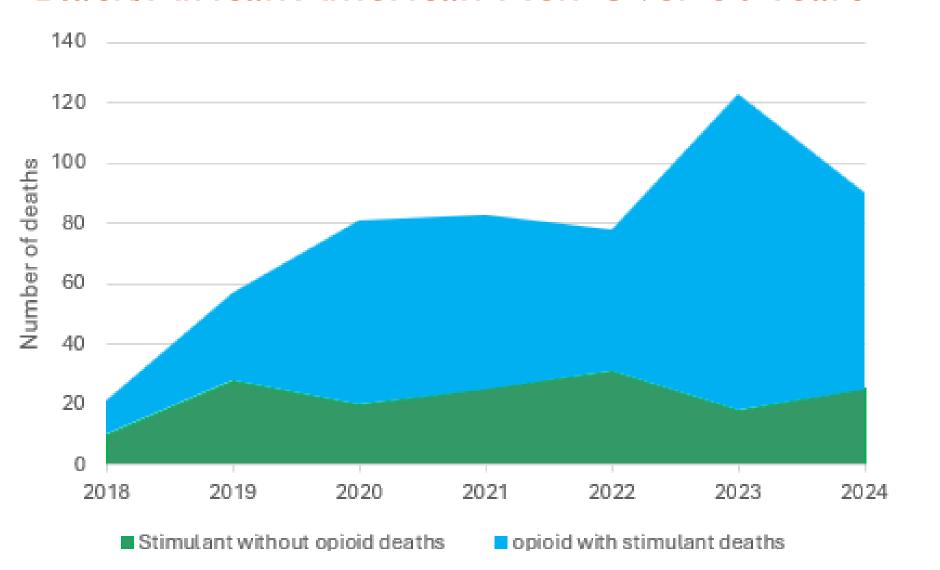
Opioid Overdose Deaths in SF



Predicted opioid overdose mortality assuming no change in number of people at risk, with empiric data from San Francisco



Acute Toxicity Deaths Involving Stimulants Among Black/African American Men Over 50 Years



Conclusions

- CSUH continues efforts to identify effective SUD pharmacotherapies and address comorbid health conditions including HIV
- Fentanyl drives overdose mortality; 2023 appears to be an outlier year
- Stimulant toxicities are cardiovascular and neuropsychiatric, and mostly chronic
- Study results have led to development and deployment of a novel strategy to address stimulant use in clinical practice
- Future is uncertain due to unstable federal landscape







THANK YOU!

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH