

Testing a new treatment paradigm: the BEAT Meth RCT

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BEATMeth



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Learning Objectives

- ❖ Describe the overall goal of BEAT Meth
- ❖ Describe goal of randomized controlled trial
- ❖ Understand barriers to treatment entry

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**Beginning Early and Assertive
Treatment for Methamphetamine Use
Disorder**

**Goal is to develop standard
work to identify, stabilize,
and connect patients to
treatment**



Beginning Early and Assertive Treatment for Methamphetamine Use Disorder (BEAT Meth)

A comprehensive systems-level secondary prevention strategy to prevent stimulant related overdoses (CDC R01 CE003363-01)

Overall goal: Evaluate the effectiveness of a secondary prevention strategy implemented at a systems-level to prevent stimulant related overdoses

Aim 1: Evaluate and optimize the treatment pathway for patients presenting to the ED with methamphetamine use disorder

- Develop standard work
- Build community partnerships
- Monitor fidelity
- Improve likelihood of patients entering treatment
- Create sustainable clinical workflows

Aim 2: Evaluate a linkage-to-care intervention to engage and retain patients in treatment

- Apply lessons from our current case management intervention for opioid use disorder and incorporate input from qualitative interviews
- Test a linkage-to-care intervention versus usual care in a randomized clinical trial (N=182)

Aim 3: Develop a methamphetamine use disorder continuum of care model to measure progression of patients with methamphetamine use disorder

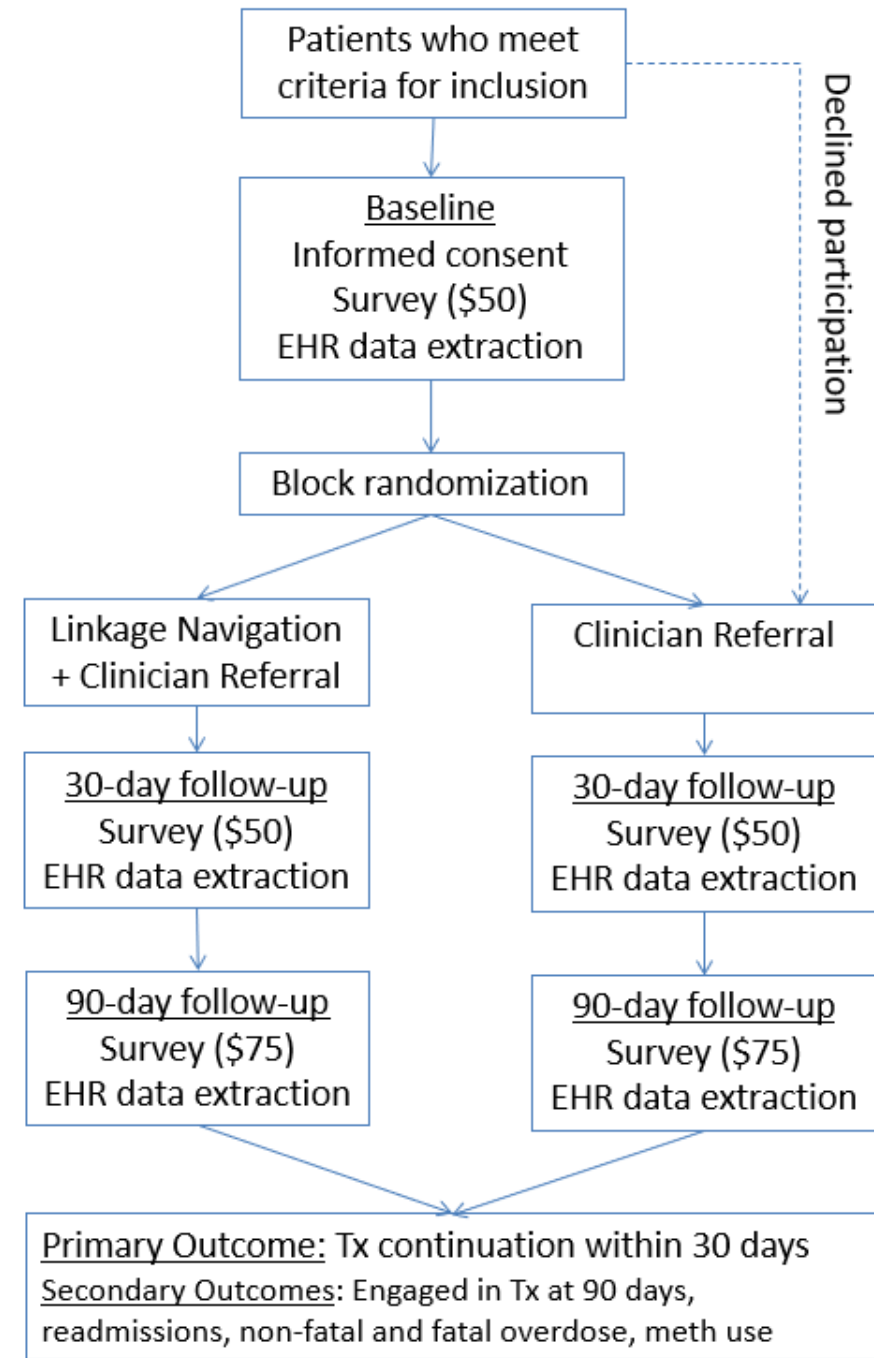
- Create a framework to monitor the prevalence of methamphetamine use disorder
- Monitor patients' progress in treatment
- Direct resources to at-risk populations

Linkage-to-care

- ◆ Referral to treatment is a critical, yet often overlooked, component of clinical care
- ◆ Often neglected due to the amount of time and effort involved in making effective referral
- ◆ Complicated when patients have multiple barriers to treatment entry

Study Design

- ◆ Randomized controlled trial to assess acceptability, feasibility, and initial effectiveness of linkage navigation intervention
- ◆ Patients randomized with intervention (n=91) or usual care (n=91)
- ◆ Initial recruitment at CARES (Denver Health's withdrawal management services)



Eligibility

- ◆ Inclusion criteria:
 - ◆ 18 years of age or older
 - ◆ had a methamphetamine-related encounter at Denver Health
- ◆ Exclusion criteria:
 - ◆ under the age of 18
 - ◆ unable to provide informed consent
 - ◆ currently under residential involuntary psychiatric or substance treatment order
 - ◆ received any type of substance use treatment in the past 90 days

Intervention

- ◆ Dedicated Care Navigator
- ◆ Client-driven intake
- ◆ Trauma-informed and strengths-based approach
- ◆ Assesses significance of need in multiple domains
 - ◆ transportation, housing, insurance, legal, vital records, primary care, peer support, safety
- ◆ Incorporates elements of contingency management
 - ◆ Wheel spins and rewards for meeting with Care Navigator

Outcomes

- ◆ Primary outcome: continuation in treatment as defined as attendance at an outpatient addiction treatment appointment within 30 days of BEAT Meth discharge
- ◆ Secondary outcomes: treatment at 90 days, non-fatal overdose, fatal overdose, readmission, methamphetamine use, treatment readiness
- ◆ Community outcomes: police encounters, incarceration, paramedic trips

Final Takeaways

- ◆ Identifying effective strategies for helping patients enter and stay in treatment is essential.
- ◆ Addressing barriers to treatment entry is key.
- ◆ Recruitment is challenging.

Questions/Comments?



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