Buprenorphine Access Initiative

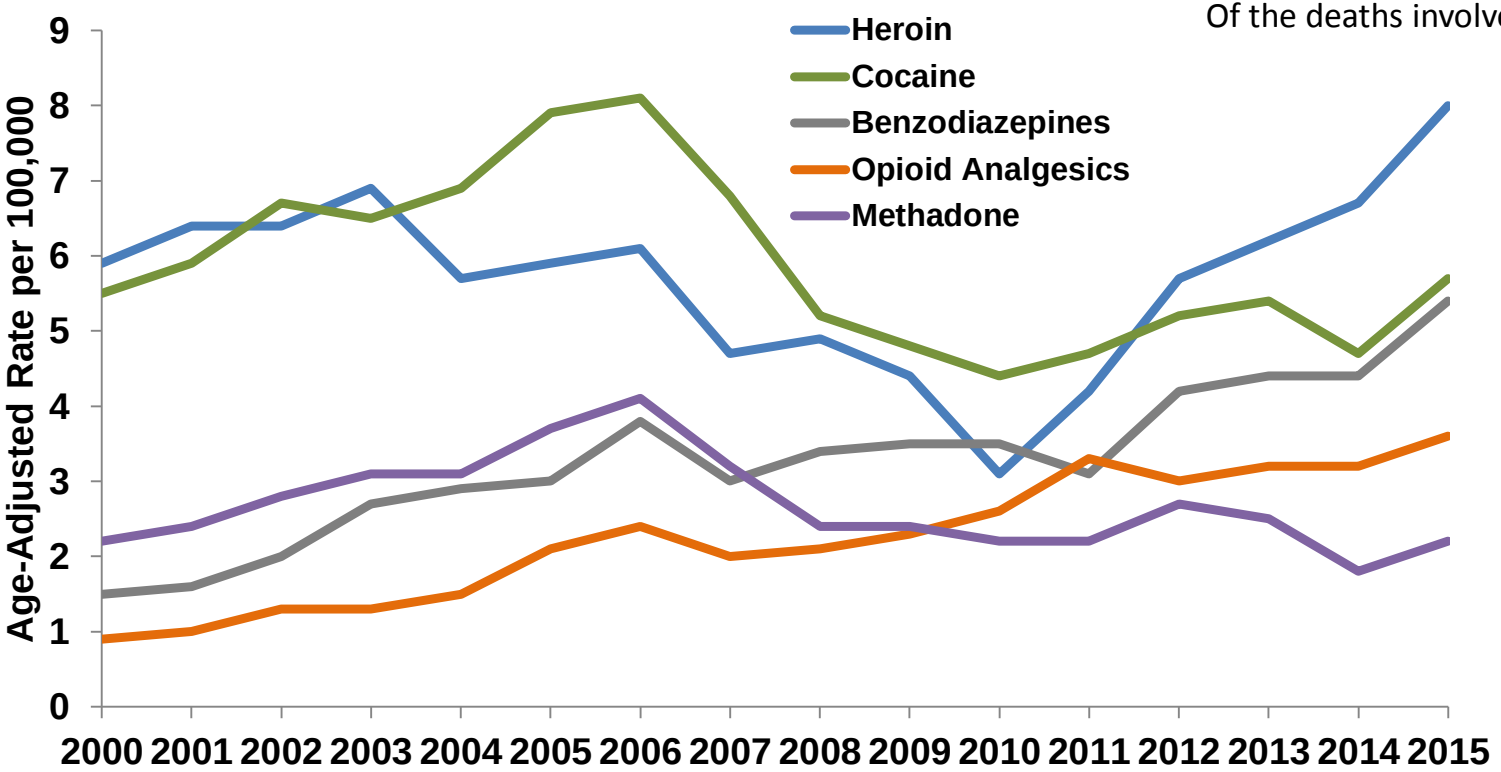
January 3, 2019

Narelle Ellendon, RN
Office of Drug User Health, AIDS Institute
NYSSA Conference
September 12th, 2017

Rate of unintentional drug poisoning deaths by drug type, NYC 2000-2015*

(Drugs not mutually exclusive)

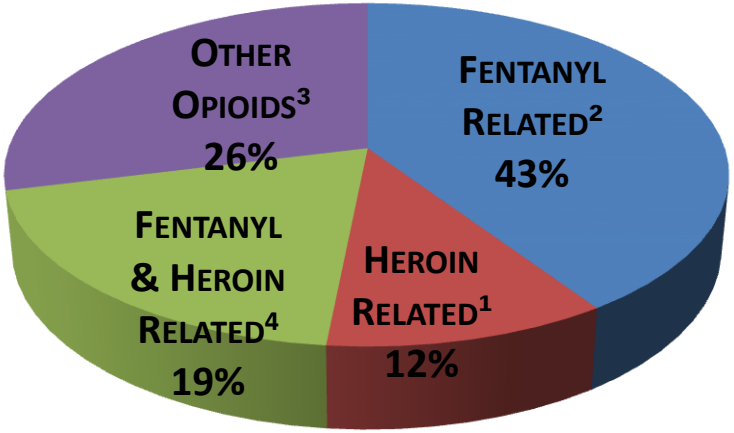
Second half of 2016: over half
Of the deaths involved fentanyl



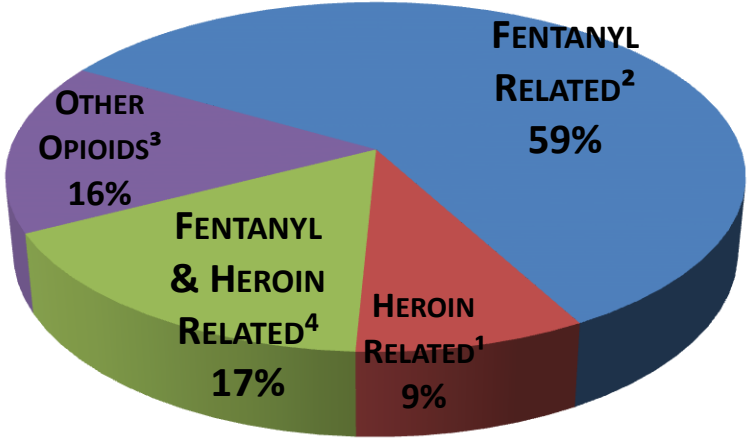
Source: New York City Office of the Chief Medical Examiner &
*New York City Department of Health and Mental Hygiene 2000-2015**
*Data for 2015 are preliminary and subject to change.

2015 and 2016* Erie County Opioid Related Deaths by Type of Opioid

2015
N=256



2016*: N=264
60 Pending Cases as of 3/1/2017



[1] No Fentanyl; possible other drugs involved
[2] No Heroin; possible other drugs involved
[3] No Fentanyl or Heroin; possible other drugs involved
[4] Possible other drugs involved

Erie County Department of Health
Public Health
Prevent. Promote. Protect.

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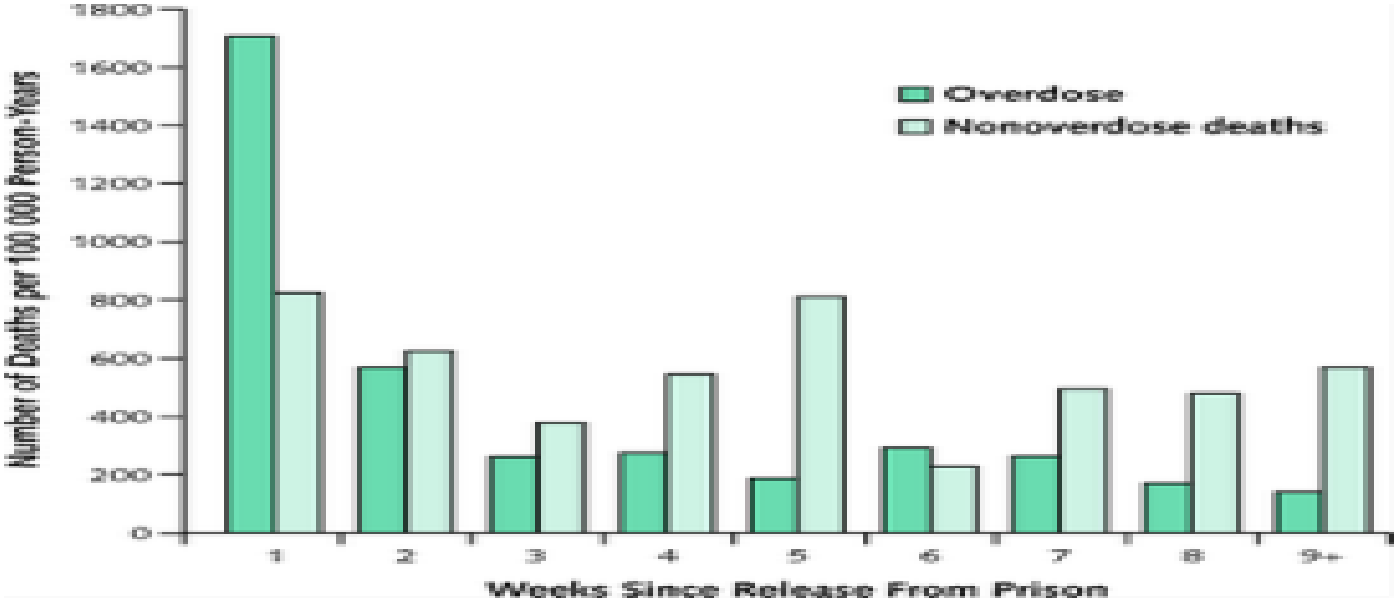
Source: Erie County Medical Examiners Office. *Closed Cases Reported Thru 3/1/2017

Annals of Internal Medicine
Established in 1927 by the American College of Physicians

From: Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009

Ann Intern Med. 2013;159(9):592-600. doi:10.7326/0003-4819-159-9-201311050-00005



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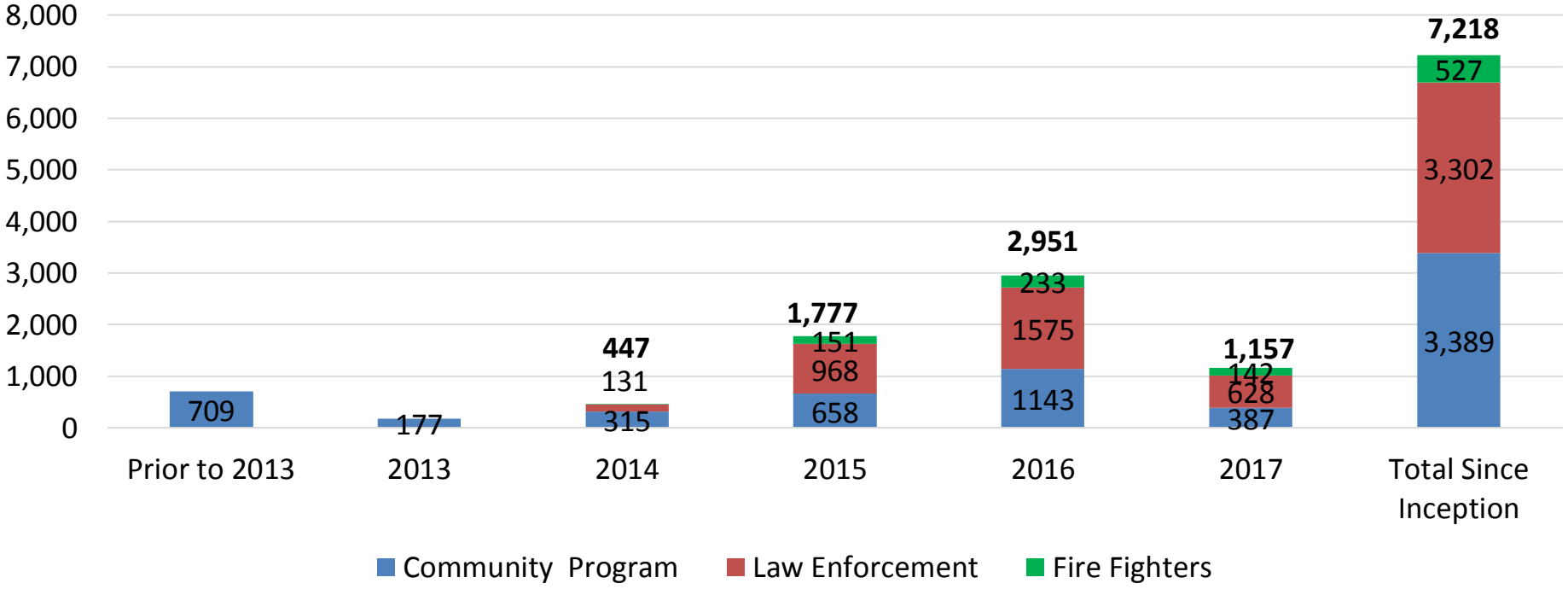
Opioid Overdose Prevention Program

Established in 2006

A Multi-Systemic Approach to Address Opioid Overdose

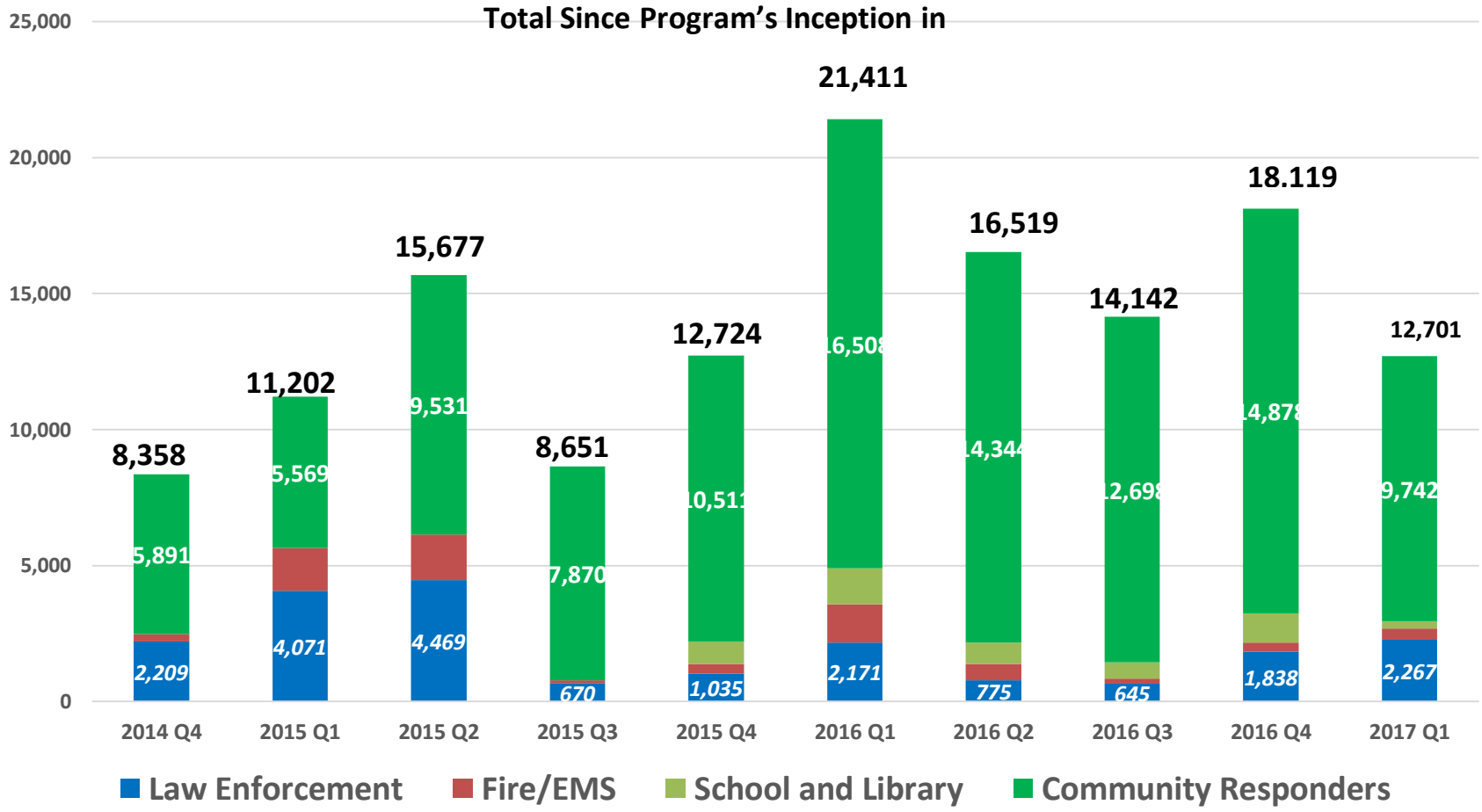
- Community Programs
- Law Enforcement
- Firefighters
- Basic Life Support EMS
- School Settings
- Corrections & Parole
- Pharmacy

Summary Report - Naloxone Administrations



EMS: 11 in 2014, 38 in 2015, 62 in 2016, 24 in 2017. Unknown agency: 1 in 2015, 1 in 2017.

Responders Trained



State Prisons

Collaboration Partners

NYS DOH

NYSDOCCS

Harm Reduction Coalition

Accomplishments

Training for incarcerated individuals soon to be released

Pilot began in February 2015 at Queensboro Correctional Facility

Currently in 10 facilities with expansion to all 54 facilities in the future

5,226 inmates trained; 2,499 have taken naloxone kits upon release

2,785 staff at the facilities trained with 1600 taking kits

2,900 parolees trained with 1,300 taking kits

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NYSDOH Buprenorphine Initiatives

Established in 2016

Three FDA Approved Medication-Assisted Treatments

- Methadone
- Buprenorphine
- Naltrexone

Buprenorphine

- FDA approved in 2002
- Designed for use by primary care providers
- Prescribers (now including nurse practitioners and physician's assistants) must take a training and apply for a waiver from the DEA to prescribe in their own office
- May have 30 patients simultaneously on treatment for first year. After one year can apply to treat 100 patients and after two years may treat up to 275.
- Sublingual medication is taken daily.
- Equal in results to methadone

Benefits of Buprenorphine

Reduce or stop opioid use

- Preventing drug withdrawal
- Blocking the effects of heroin and other opioids if taken
- Preventing the powerful craving that continues for some people long after detoxification

Improve patients' general health and well-being

- Reduce mortality (Overdose, etc.)
- Reducing transmission of blood-borne viruses
- Improving adherence to other medications/therapies (HIV, HCV, Diabetes, HT, psychiatric meds etc.)
- Providing stability to meet responsibilities (work, childcare, maintain housing, legal, etc.)

Improve well-being & equity of communities

- Reduce drug-related crime & recidivism
- Increases access points for meaningful engagement with services
- Increases options for service providers
- Decreased use of EMS, ED, crisis services
- Increased quality of life, stability, productivity
- Challenges stigma for providers and clients (normalized medication in PC settings, etc.)[3]
- Decrease stigma of people with OUD

Opioid maintenance and other risk behaviors

Current patients maintenance patients had, in the past month

- fewer non-fatal overdoses

Additionally, they were less likely to have

- injected frequently
- to have used heroin daily or almost daily
- ***to have committed theft***
- ***engaged in drug dealing***

Gjersing L et al DAD 2013

Methadone

- Implemented as treatment of opioid use disorder established in 1966. FDA approved in 1972
- Oral opioid agonist given daily in special addiction clinics (OTP)
- Highly effective in reducing heroin use with associated decreases in risk behaviors
- Gold standard in treatment of opioid use disorders

Methadone: restricted access

➔ **Available only in methadone clinics**

- Many areas lack sufficient methadone treatment slots
- Requires 6 day a week visits with possible progression to a less burdensome schedule
- Many users do not enter methadone programs, probably because of the restrictions and stigma

NIH Consensus Statement 1998, Rettig IOM 1995

Naltrexone

- Less experience and no studies comparing directly to buprenorphine and methadone
- Some experience has been with socially stable and highly motivated patients
- Questions about patients remaining in treatment unless mandated (low retention).
- Heavy promotion by manufacturer of extended-release injection form without adequate evidence of superiority over first line medications
- Relapse after discontinuation may increase risk of overdose
- Extended release form is very expensive ($1,000 per month)
- **Conclusion: Most addiction specialists consider naltrexone to be a second-line treatment for opioid addiction.**

Accessing Buprenorphine:

Settings:

- Harm Reduction/Syringe Exchange Programs
- Primary Care
- Emergency Departments & Urgent Care
- Federally Qualified Health Centers
- CBOs (Housing Services, etc.)
- ***Correctional & Re-Entry***

Key Populations

- Young Adults
- Women of child bearing age
- Rural/Suburban
- Homeless
- Re-Entry

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Buprenorphine Initiatives NYS

- Analysis of current policies and impact
- CME Webinars: Implementing *Buprenorphine;* ***Buprenorphine in Correctional Settings***
- Buprenorphine Working Group ***(Corrections Subcommittee)***
- Material creation: best practices and fact sheets
- Consultant warm lines
- Facilitating mentoring
- Resource library
- Buprenorphine waiver trainings
- Academic Detailing/ Targeted Provider Education

CEI CLINICAL EDUCATION INITIATIVE

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE

NEW YORK STATE OF OPPORTUNITY. Department of Health

Buprenorphine in Correctional Settings

Why MAT in Criminal Justice settings?

- Twin epidemics: opioid addiction and overdose deaths
- Prevalence of opioid dependence is high among incarcerated populations
- Addiction is often the root cause of behaviors leading to incarceration
- Not receiving treatment for addiction, either during or after incarceration, results in high relapse and recidivism
- Only 10 to 20% of general population with opiate addiction are being treated and even fewer in the criminal justice system

Rationales for MAT in Corrections

- Equivalence of care – MAT is the community standard
- Prevention of HIV and hepatitis C transmission
- Reduction in post-release relapse and re-incarceration
- Reduction in post-release mortality

Leading Organizations endorsed MAT within Corrections

- **National Commission on Correctional Health Care** (October 2010, 2016)
- **American Society of Addiction Medicine** (June 2015)
- **National Governors Association** (July 2016)
- **National Association of Counties and National League of Cities** (August 2016)
- **President's 2017 Commission on Combating Drug Addiction and the Opioid Crisis** (August, 2017)
- **The American Correction Association** (August 2017)

“We have two agents that work. Why not use them?”

Dr. Kevin Fiscella
University of Rochester
Advisor to the National Commission on Correctional Health Care

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Can Buprenorphine Be Abused?

- Diversion is due, in large part, to difficulty in obtaining legal medical treatment
- Not generally a preferred drug of abuse due to slow-onset of action
- Much less overdose risk than other opiate drugs and medications
- Higher doses protect from use of other opiates

Diversion

- Much of diverted buprenorphine is for self medication & may prompt entry into treatment
- Can be used to get high but low on the list of desired drugs
- Research indicates that lack of access promotes diversion
- Tight control is of limited value

Johnson Int J Drug Pol 2014, Launonen Int J Drug Pol 2015, Monico JSAT 2015

Addiction Medications in U.S. Prisons and Jails

Of the roughly 3,200 local and county jails and 1,800 state and federal prisons in the U.S., fewer than 40 provide addiction treatment using methadone or buprenorphine for inmates with an opioid addiction. But a growing number are beginning to offer an alternative medication: extended release naltrexone, or Vivitrol.

State	Prisons, Jails Offering Methadone
Arizona	Lower Buckeye Jail, Estrella Jail, Fourth Avenue Jail
California	Santa Rita Jail, San Francisco County Jail
Connecticut	York Correctional Institute, New Haven Correctional Center, Bridgeport Correctional Center
District of Columbia	Central Detention Facility
Florida	Orange County Jail
Illinois	Cook County Department of Corrections
Maryland	Baltimore City Detention Complex, Anne Arundel County Detention Center
New Mexico	Metropolitan Detention Center
New York	George Motchan Detention Center, Nassau County Correctional Center, Rikers Island Correctional Facility
Pennsylvania	Berks County Prison, Northampton County Prison, Philadelphia Industrial Correctional Center, Philadelphia Riverside Correctional Facility
Vermont	Northern State Correctional Facility, Northwest State Correctional Facility, Chittenden Regional Correctional Facility, Northeast Correctional Complex, Marble Valley Regional Correctional Facility, Southeast State Correctional Facility, Southern State Correctional Facility
Washington	King County Correctional Facility

State	Prisons, Jails Offering Buprenorphine
New York	Rikers Island Correctional Facility
Vermont	Northern State Correctional Facility, Northwest State Correctional Facility, Chittenden Regional Correctional Facility, Northeast Correctional Complex, Marble Valley Regional Correctional Facility, Southeast State Correctional Facility, Southern State Correctional Facility

PEW Charitable Trusts
http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/05/23/at-rikers-island-a-legacy-of-medication-assisted-opioid-treatment

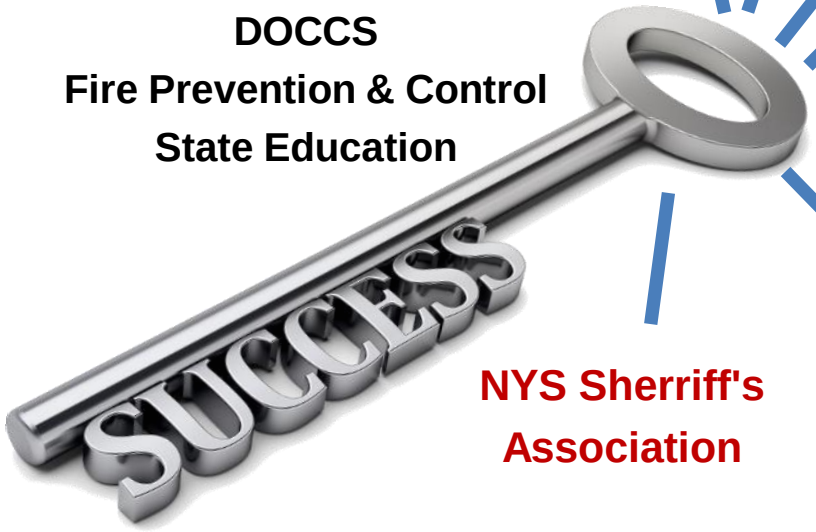
ASAM American Society of Addiction Medicine

Department of Health

Recommendations for use of MAT in Correctional Settings (BWG)

- Prioritize use of proven “first line” medications; buprenorphine and methadone
- Reserve naltrexone for special situations.
- Screen all entrants to the criminal justice system for opioid dependence
- Offer individually tailored, evidence-based MAT for induction at admission and provide maintenance treatment during incarceration, pre-release or immediately upon re-entry
- Offer psychosocial and medical treatment
- Assure continuation of buprenorphine in the community after release; a “warm” hand-off

Keys for Success



Commitment from Governor

Support from Legislature

Collaborations across State Agencies

NYSDOH
OASAS
Division of Criminal Justice Services
DOCCS
Fire Prevention & Control
State Education

Collaborations within NYSDOH

AIDS Institute
Emergency Medical Services
Narcotics Enforcement
Occupational Health and Injury Prevention

Strong Community Partnerships

All registered programs
Harm Reduction Coalition
Trained Responders
NYCDOHMH

NYS Sherriff's Association

Pharmacies

Chains
Independents
Schools
Associations

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Thank You!

Narelle Ellendon, RN
Opioid Program Manager
212-417-4668,
narelle.ellendon@health.ny.gov

Office of Drug User Health
New York State Department of Health, AIDS Institute
www.health.ny.gov/overdose
buprenorphine@health.ny.gov

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