



**Department  
of Health**

# **Prescribing Buprenorphine in Novel Settings**

**September 24, 2018**

**New York State Department of Health  
AIDS Institute**

# Disclosures

Harm Reduction Approaches to the Opioid Epidemic:  
Innovation and Evidence  
September 22, 2018  
Disclosure Information

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No disclosures

# Goals of opioid maintenance

To reduce mortality

To reduce transmission of blood-borne viruses

To improve patients' general health and well being  
(psycho-social functioning)

To reduce drug-related crime

To reduce heroin and other drug use

# Finding people at risk

- Emergency Departments
- Syringe Exchange Programs
- Prisons and jails

The evidence base is in progress- is there time to wait?

Each of these needs medical community participation for continued care

# Prison/jail based opioid agonist treatment

## Associated with

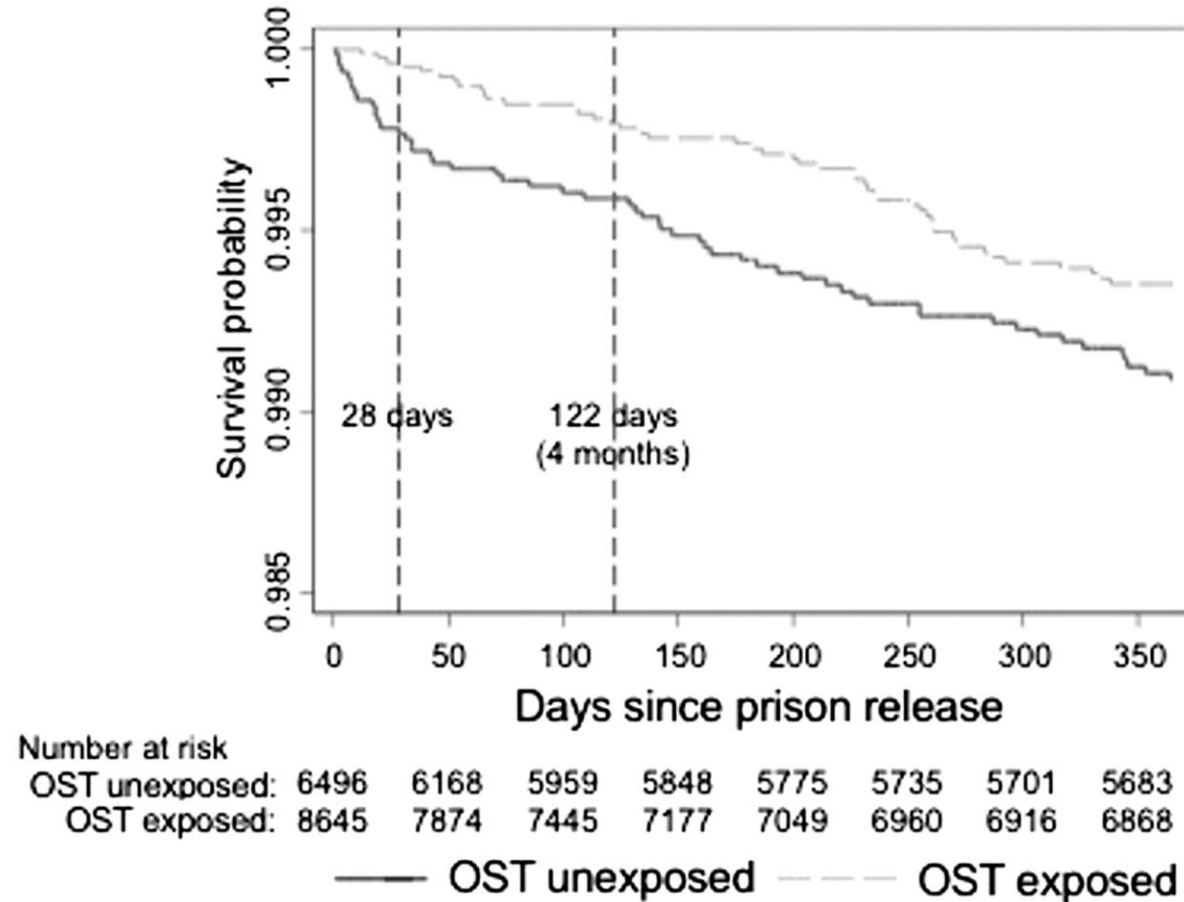
- Increased treatment
- Decreased heroin use, injection, HIV/HCV conversion
- Decreased mortality in some studies

## Models

- In custody treatment
- Initiation before re-entry into community
- Warm hand offs

# Drug-related poisoning mortality

Exposure to OAT in prison was associated with a 75% reduction in all-cause mortality and an 85% reduction in drug-related poisoning in first 4 weeks of reentry



Marsden et al Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England, *Addiction* Volume: 112, Issue: 8, Pages: 1408-1418, February 2017,

# Rikers Island

8,000+ annual OUD admissions to NYC jail system  
of about 50,000 admissions

Not all patients are eligible for maintenance

2018 fiscal year patients treated

- Methadone: 3,261
- Buprenorphine: 584

# Emergency department initiated buprenorphine

## Randomized clinical trial of ED-initiated buprenorphine treatment vs brief intervention and referral

- increased engagement in addiction treatment,
- reduced self-reported illicit opioid use
- decreased use of inpatient addiction treatment services

## but did not decrease the rates of

- positive urine samples
- HIV risk behaviors



# Buffalo, New York

- Trained 150 ER providers 40 waived in 13 hospitals
- 27 clinic sites including 2 adolescent clinics with 64 appointments/week
- Referred about 50 patients to date; most seen within 48 hours
- Most are walk-ins rather than emergencies

# SAMHSA guidance

- "Medical management: Process whereby healthcare professionals provide medication, basic brief supportive counseling, monitoring of drug use and medication adherence, and referrals, when necessary, to addiction counseling and other services to address the patient's medical, mental health, comorbid addiction, and psychosocial needs"
- "Offer referrals for adjunctive counseling and recovery support services as needed...Patients who were not interested in adjunctive addiction or mental health counseling during induction may become receptive to it when they are feeling more stable."

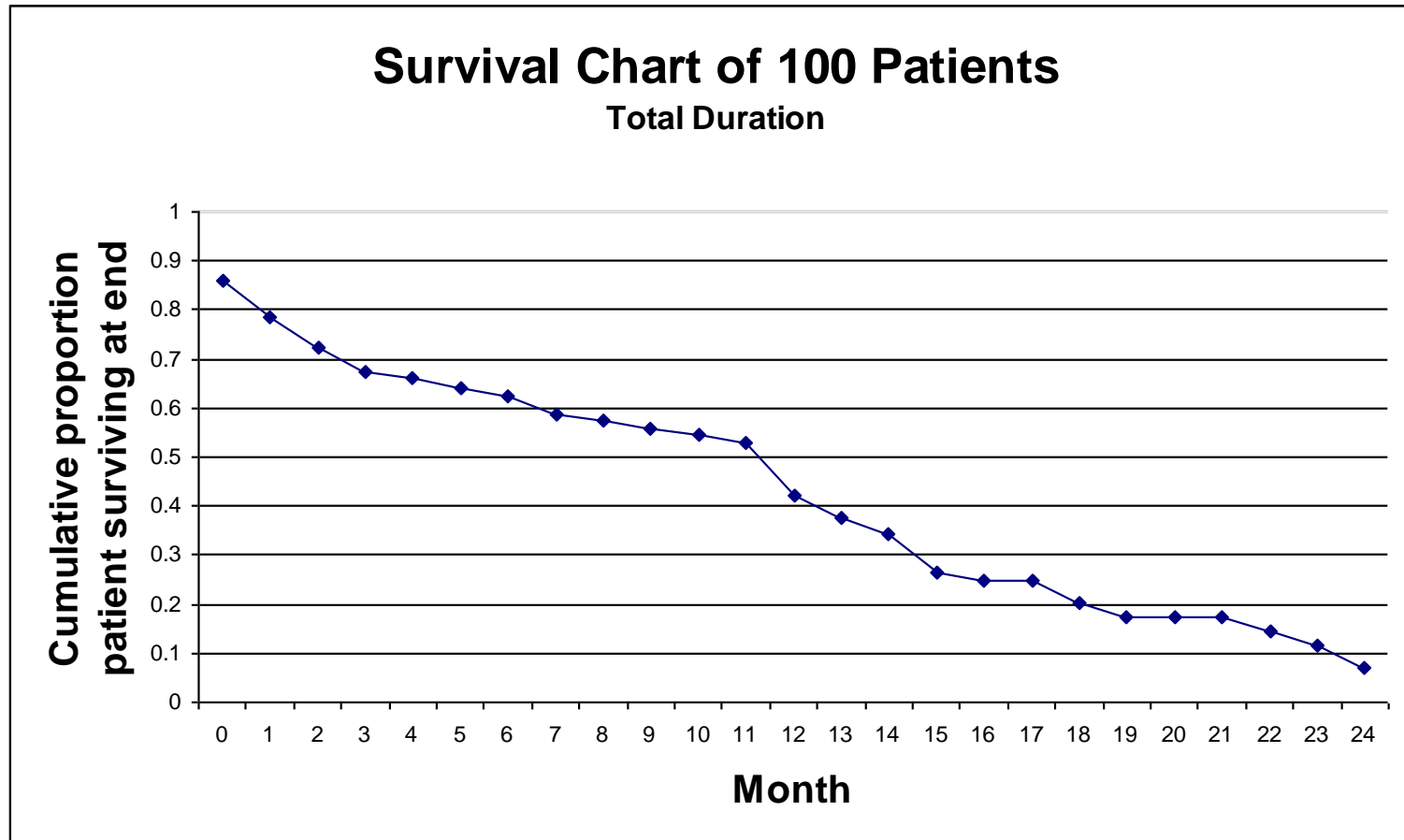
Substance Abuse and Mental Health Service Administration. Treatment Improvement Protocol 63. 2018

# Syringe exchange

- Patients were recruited (and often seen) at syringe exchange programs and through patient networks
- Initial visit:
  - Medical and drug history
  - Buprenorphine education
  - Prescription for 14 bup/nx 8 mg/2 mg
  - Follow up: phone in 24 hours, office visit 1 week, with eventual goal of monthly visits

# Retention

November 2005–July 2008



**3 month retention: 68%**

**Median survival time :12.27 months**



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# Outcomes

- Of 153 patients 100 came for a second visit
  - In care at project end: 34
  - Tapered off: 3
  - Opted for methadone: 2
  - Transfer to another MD: 10
  - Left town: 6
  - Unable to afford medication: 6
  - Lost to follow up: 39 (no contact for >45 days)
- 49%: met treatment goals

# Continuing to inject?

Syringe exchange participants on maintenance compared to those who were not:

- fewer non-fatal overdoses

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

# Other drug use

- U.S. Food and Drug Administration is advising that the opioid addiction medications buprenorphine and methadone should not be withheld from patients taking benzodiazepines or other drugs that depress the central nervous system (CNS). The combined use of these drugs increases the risk of serious side effects; however, the harm caused by untreated opioid addiction can outweigh these risks. Careful medication management by health care professionals can reduce these risks.

FDA , Drug Safety Communication 2017

# What about 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



# I am living proof that buprenorphine treatment works.

I was using three or four bags of heroin a day. I hid it well, but it was taking a toll on my life and family. I tried to detox, but it never lasted. I heard about bupe and about a clinic where I could get treatment. Bupe helps me. I have a new job and I'm rebuilding family relationships.

— Joseph

Opioid addiction treatment with methadone and buprenorphine is available in New York City.



If you or someone you know needs help, call 888-NYC-WELL or visit [nyc.gov/health/addictiontreatment](http://nyc.gov/health/addictiontreatment) for more information.

Thrive NYC Health

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May 1, 2018, MD, MPH  
Commissioner

# I am living proof that methadone treatment works.

I started using heroin when I was 20. I went from once in awhile to every day. When you wake up sick from withdrawal, all other needs and responsibilities are subordinate. It's only through methadone treatment that I was able to stop. Today, life is centered on my kids, my family, and my music. Methadone made it possible.

— Erik

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# Conclusions

- The opioid crisis calls for creative measures – as long as potential for benefits outweighs that of for harm
- Buprenorphine allows flexibility in developing models

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# Questions?

- Sharon Stancliff: [sharon.stancliff@health.ny.gov](mailto:sharon.stancliff@health.ny.gov)