

# New York City's Buprenorphine Program

Cities on the Right Track: Building Public Drug Treatment Systems  
June 7-8, 2006

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**Executive Deputy Commissioner**  
**Mental Hygiene Services**  
**NYC Department of Health and Mental Hygiene**

**The Opium Poppy**



Papaver somniferum  
Photo by Eric Clavert © 2006 Ecosia.org

# Presentation Outline

- BPN within NYC's Take Care New York Initiative
- Opioid abuse in NYC
- BPN Makes Sense for NYC
- Scaling-up BPN with the '4-P' Approach

# Take Care NYC: *10 Steps to a Healthier New York*

1. **Have a regular doctor or other health care provider**
2. **Be Tobacco-Free**
3. **Keep your Heart Healthy**
4. **Know your HIV Status**
5. **Get Help for Depression**
6. **Live Free of Dependence on Alcohol and Drugs**
7. **Get Checked for Cancer**
8. **Get the Immunizations You Need**
9. **Make Your Home Safe and Healthy**
10. **Have a Healthy Baby**



LIVE LONGER.  
LIVE HEALTHIER.  
TAKE CARE NEW YORK.

For more information  
about the 10 steps to a longer  
and healthier life:  
Call 311  
Get the **Passport to Your Health**  
or visit [www.nyc.gov/health](http://www.nyc.gov/health)

NYC Health  
MICHAEL R. BLOOMBERG, MAYOR • THOMAS R. FRIEDEN, M.D., M.P.H., COMMISSIONER

TAKE CARE

# Opioid Abuse in NYC

- An estimated 1/5 of all U.S. heroin users live in NYC
- An estimated 160,000 New Yorkers use heroin on a daily or near daily basis
- An estimated 50,000 people consume heroin on an 'occasional basis'
- Only 35,000 New Yorkers are enrolled in methadone programs currently

# Consequences of Untreated Opioid Addiction

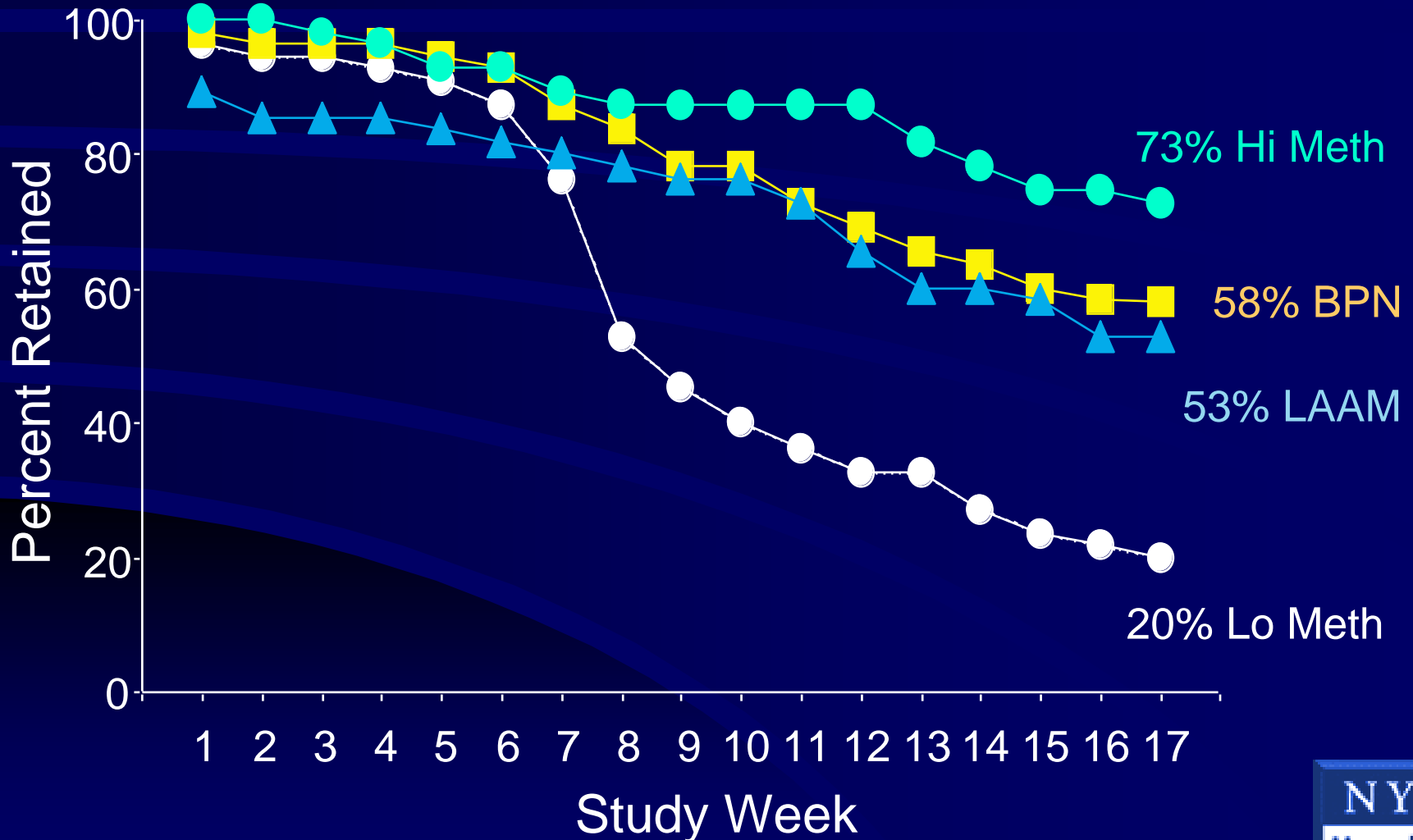
- Overdose deaths (~ 3 deaths/day in NYC)
- HIV infection (7%-20% of NYC IDUs are HIV+)
- Hepatitis (60%-90% of NYC IDUs are Hep C+)
- Crime/violence
- Family breakdown
- The financial burden of heroin addiction is staggering

# BPN Makes Sense for NYC

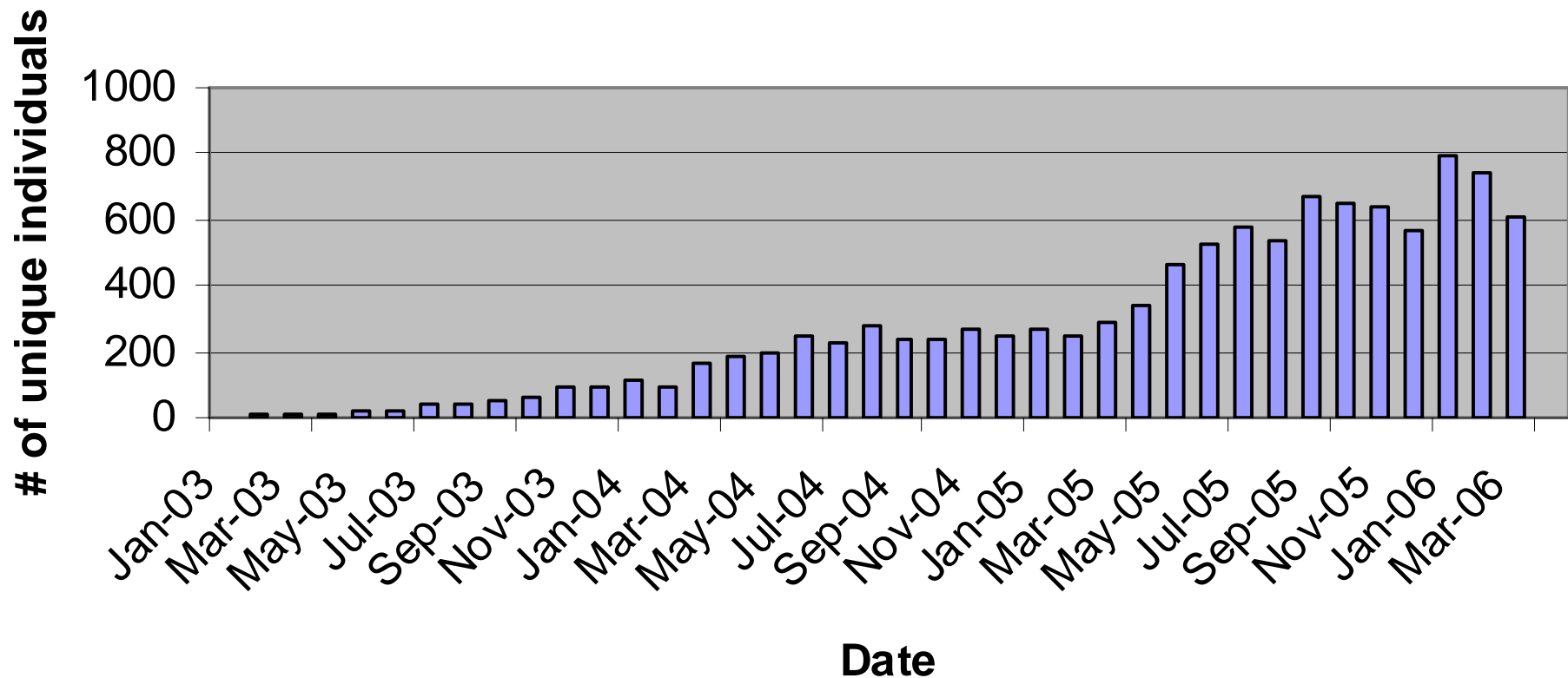
- Pharmacologically distinct
  - Ceiling effect
  - Naloxone deters abuse & diversion
- Distribution channel with less stigma
- The magnitude of opioid abuse in NYC and diverse populations using opioids calls for varied treatment options

# Buprenorphine, Methadone, LAAM: Treatment Retention

(Johnson, New England Journal of Medicine 2000)



# BPN Prescriptions in NYC



# Working to Overcome Barriers

- 30 patient limit per physician
- NYS certification required by OASAS (in addition to Federal waiver)
- 8-hour training requirement
- Financing:
  - Prescription costs
  - Methadone Program reimbursement policy makes dispensing BPN in these programs infeasible
- Physician attitudes
- Minimal marketing by Reckitt Benckiser

# The '4-P Approach'

## Scaling-up BPN Treatment in NYC

### Entry Points

**P**roviders

**P**atients

**P**ractice  
Settings

**P**opulations

### Objectives

Support health professionals  
to prescribe & care manage  
for BPN patients

Launch BPN public  
awareness campaign

Increase access to BPN

Launch prevention  
campaign

### Desired Outcomes

Increased # of health  
providers referring to &  
prescribing BPN treatment

Increased knowledge  
that BPN works

Increased number of  
practice settings where  
BPN is available

Increased prevention  
efforts & referrals to  
treatment for 'at risk'  
populations

\*Adoped from Pincus' "6-P" model

# PROVIDERS

**Objective:** Support for health professionals to prescribe BPN & care manage for BPN patients

**Activities:**

**Training**

- 8 courses held for physicians (461 trained)
- 3 courses for non-physicians (158 trained) – To be continued and expanded in FY07
- Train & provide referral information for ‘front line’ workers at rehab, pain clinics & other social service agencies (*in development*)

**Mentoring**

**Information for providers**

- ‘Detailing kit’ for physicians (*distributed in 2005*)
- Public Health Detailing campaign for FY07 (*in development*)
- Letter of endorsement for BPN signed by OASAS & NYC DOHMH sent to 450 providers
- Information kit for front-line workers (*in development*)

**BPN Task Force**

- Group of ‘expert’ providers convened by DOHMH to assist in developing and promoting BPN strategy

# PATIENTS

**Objective: Launch BPN public awareness campaign**

**Activities:**

Further develop & distribute marketing tools

- Radio advertisement with referral to NYC social services hotline for information on BPN providers
- Brochure targeting ‘drug users’
- BPN posters for health facilities
- Palm cards on BPN facts for potential clients

Direct outreach to users and their families

- Employ ‘peer educator model’ to talk about their success with BPN

# PRACTICE SETTINGS

Objective: Increase access to BPN

Activities:

- Start-up grants for 11 HHC outpatient clinics to launch BPN made in 2005
- Reviewing value of another round of start up grants for “how to” establish a BPN program (I.e., admin, space, financing, etc)
  - Focus on providing technical support, creating a network among the facilities and their providers; enhance group of early adopters/“champions”
- Training & outreach materials provided for syringe exchange programs, shelter sites and other health venues
- Provide grants to support mainstreaming of BPN treatment into primary care
  - 2 pilot projects currently being explored
- Plans to expand BPN technical & administrative support to FQHC’s, shelters and CD outpatient clinics, especially promoting BPN as Medicaid reimbursable clinical service

# POPULATIONS

**Objective:** Increase prevention efforts and referral to treatment among 'at risk' populations

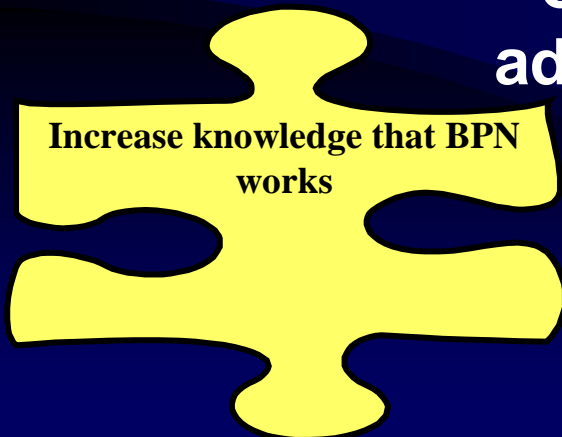
**Activities:** *(in development)*

- Rikers Island (15,185 annual heroin detoxes in 2005 & 4,500/yr on methadone) represents opportunity for BPN induction, stabilization & referral
- Prevention campaigns for 'at risk' youth, sniffers, working & elderly population addicted to prescription pain medication

# Summary: a Multi-pronged Approach is Needed!



**Scaling-up BPN  
treatment for  
opioid  
addiction**



**With a comprehensive strategy it is possible to reduce:**

- overdose deaths;
- spread of infectious diseases;
- crime and violence;

**AND**

**Help New Yorkers to lead normal and productive lives!**