

## Medication Assisted Treatment: Increasing Access

A presentation to:  
Legislative Health and Human Services Committee  
August 15, 2019

We are  
the **Drug**  
Policy  
Alliance.

### Lack of Access

- Most people in the US with drug addictions struggle to get treatment. A 2016 surgeon general report found that just 10 percent of people with a substance use disorder get specialty treatment, in large part due to a lack of access to care.
- This lack of access is pronounced in rural areas.

## Treating Opioid Addiction on Demand: Emergency Department

- A 2015 study (JAMA) found that twice as many patients were in OUD treatment at 30 days (~80%) with ED-initiated buprenorphine & a brief negotiation interview (BNI) compared with referral only or a BNI + facilitated referral and used less illicit opioids in the last 7 days.
- Oakland, CA: ER-Bridge - Hub-and-Spoke System. ER serves as a portal for people coming in with withdrawal, overdose, or an injection-related infections and starts people on buprenorphine and refers them to addiction treatment (the hub), to get adjusted to the medication, and to a primary care practice (the spoke) for ongoing care.
- There is a special rule that allows providers in the ER to administer — but not prescribe — buprenorphine for up to 72 hours, particularly to treat withdrawal. But if a patient requires a longer-term prescription to tide them over before a follow-up appointment, providers have to be able to prescribe buprenorphine — and overcome all the hurdles that proper certification requires.
- CO, RI, CT, CA, NY, MA and NM are exploring or have established programs.
- MA passed legislation in 2018 mandating acute care hospitals, that deliver emergency services, to offer opioid antagonist medication
- Community-based treatment needs to be available – can't stabilize without providers for follow-up care!

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## Treating Opioid Addiction on Demand: Street-based

- San Francisco: Street-based Medical teams – offering buprenorphine prescriptions to homeless people who can fill the prescription at a city-run pharmacy.
- See attached NYTimes (article)
- Could NM start a street-based and home visiting program?

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## Treating Opioid Addiction on Demand: EMS

- New Jersey: 1<sup>st</sup> in nation to allow paramedics to initiate buprenorphine
- State Health Commissioner authorized paramedics to carry buprenorphine to treat acute withdrawal symptoms after being revived from a overdose with naloxone.
- The patients given buprenorphine are transported to a hospital, where many ER doctors and addiction specialists are now licensed to prescribe buprenorphine long-term.

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## Calls for Federal Reform

Mainstreaming Addiction Treatment Act - Rep. Paul Tonko (D-NY), Rep. Antonio Delgado (D-NY), Rep. Ben Ray Lujan (D-NM), Rep. Ted Budd (R-NC), Rep. Elise Stefanik (R-NY), and Rep. Michael Turner (R-OH).

- eliminates the redundant and outdated requirement that practitioners apply for a separate waiver through the DEA to prescribe buprenorphine for the treatment of substance use disorder.
- requires the Secretary of Health and Human Services (HHS) to launch a national campaign educating clinicians about the changes and encouraging the integration of addiction treatment.

On August 5, 2019, 37 State AGs (including NM) wrote a letter to U.S. House Leadership urging the removal of the DEA buprenorphine waiver and for Congress to pass H.R. 2482, the Mainstreaming Addiction Treatment (MAT) Act, and eliminate unnecessary burdens on buprenorphine prescribing imposed by the Drug Addiction Treatment Act of 2000 (DATA 2000).

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## Injectable Opioid Treatment Programs

- For people who use drugs who have not found success with methadone, suboxone or other treatments, the most dramatic developments in drug substitution therapies have been in injectable opioid treatments
- **"Injectable opioid treatment"** means the administering or dispensing of pharmaceutical-grade heroin, known as "diacetylmorphine", or another injectable opioid such as hydromorphone, by medical practitioners under strict controls in a clinical setting to select heroin-dependent persons. There are permanent programs operating in six countries: Canada, United Kingdom, Switzerland, the Netherlands, Germany and Denmark.
- **HM56** (Study Heroin Assisted Treatment) passes house in 2018 legislation session 57-9; LHHS hears testimony from Martin T. Schechter OBC, MD, PhD, FRSC, FCAHS, on Nov. 8<sup>th</sup>, 2018

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## Theory of Injectable Opioid Treatment

- many drug users remain out of treatment
- if we could attract them into treatment
  - stop endless "grind" of crime
  - stop the cycle of jail and overdose
  - stabilize chaotic lives and improve health
  - avoid HIV, HCV, other diseases, and death
  - provide counselling
  - provide other treatments if desired

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# The Harms of Opioids

Slide from Martin T. Schechter presentation to LHHS in 2018

## Harm

- euphoria/sedation
- withdrawal
- constipation
- flushing
- overdose and death
- viral infections
- bacterial infections
- violence
- illegal activity
- social disintegration



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## Harm

The Drug?

The Circumstances?

Harm	The Drug?	The Circumstances?
euphoria/sedation	X	
withdrawal	X	
constipation	X	
flushing	X	
overdose and death		X
viral infections		X
bacterial infections		X
violence		X
illegal activity		X
social disintegration		X

Slide from Martin T. Schechter presentation to LHHS in 2018

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**Societal Additives**

crime, prison, violence, disorder, disintegration, hospitalization, infection, death.....

**Remove the Societal Additives**

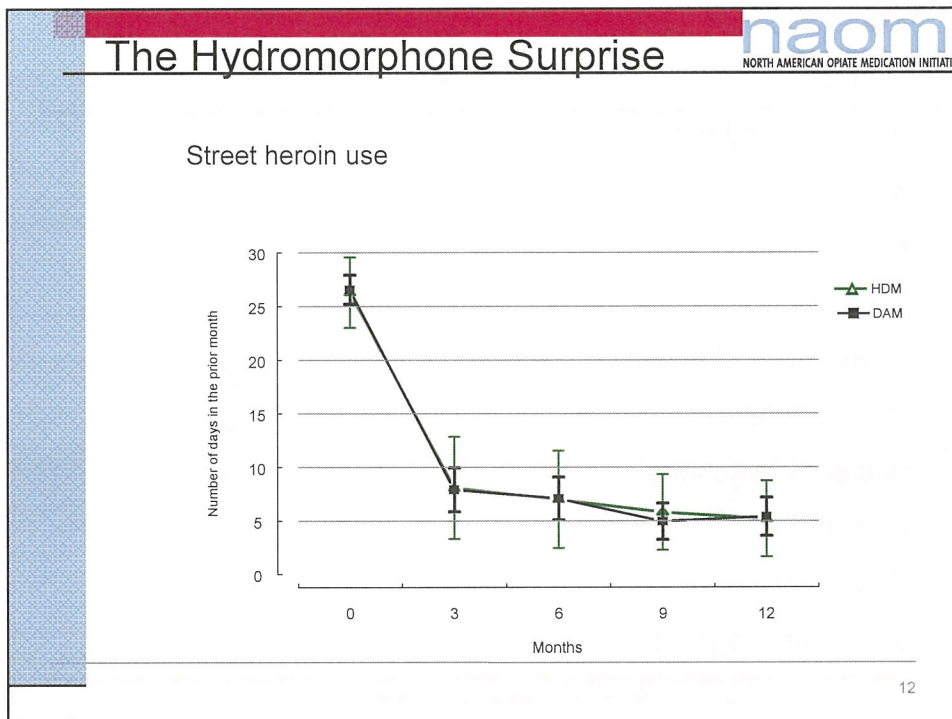
**Physical Additives**

fentanyl, starch, icing sugar, puddle water.....

**Remove the Physical Additives**

**What would be left?**

Slide from Martin T. Schechter presentation to LHHS in 2018 11



## Injectable Opioid Treatment Programs

### The Evidence:

- Injectable opioid treatment programs, as part of comprehensive treatment strategies, provide substantial benefits to long-term heroin users who have not been responsive to other types of treatment;
- Reduces drug use;
- Retention rates surpass those of conventional treatment;
- Can be a stepping stone to other treatments and even abstinence;
- Improves health, social functioning and quality of life;
- Does not pose nuisance or other neighborhood concerns;
- Reduces crime;
- Reduces the black market for heroin.

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## Asks:

- Join the DPA Learning Session on Santa Fe's ER-based buprenorphine program – September 19<sup>th</sup>, @ 11 am (DPA will send invite).
- Urge Congress to remove the DEA x-waiver requirement for buprenorphine by supporting the Mainstreaming Addiction Treatment Act.
- Appropriate funding (approx. \$150,000) to support the planning and protocol development for a pilot hydromorphone project.

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**For more information:**

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