Opioid Overdoses & Policy Affecting Access to Care

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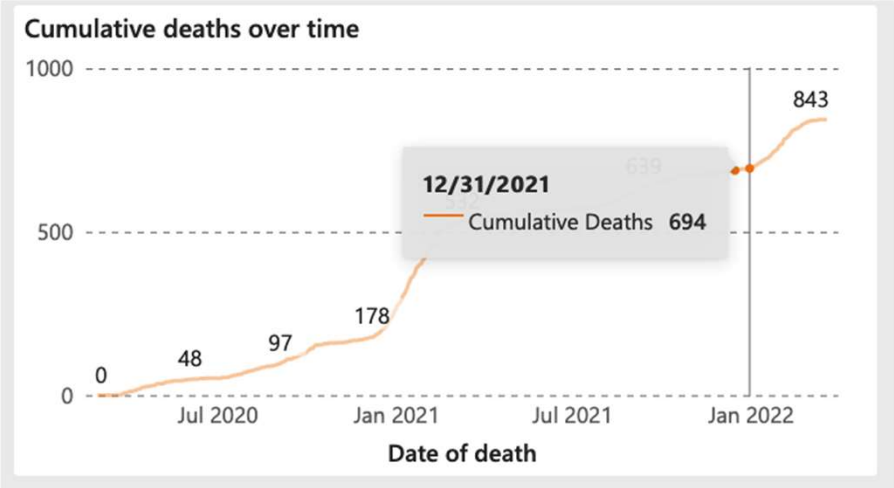
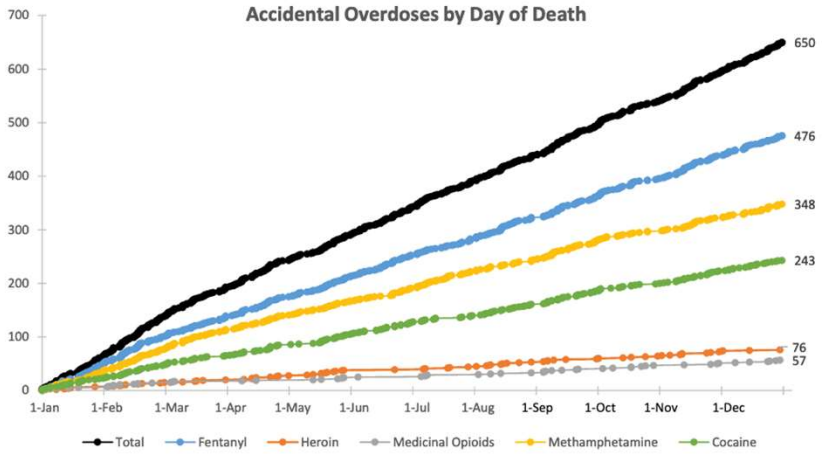
COVID: new treatment urgency

Cumulative COVID deaths in SF in 2020 + 2021 = 694



https://sf.gov/data/covid-19-cases-and-deaths#deaths-by-month. Accessed MAR 24, 2022

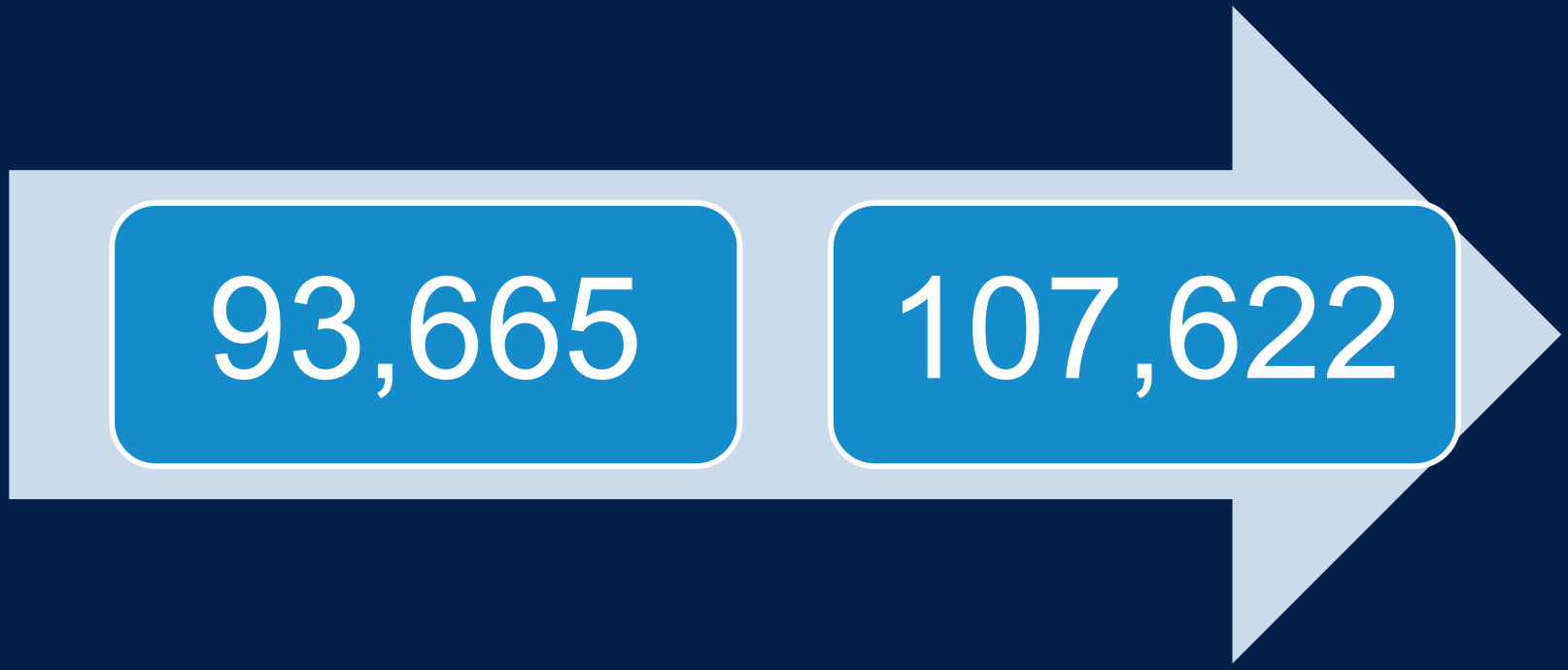
Accidental drug OD deaths in SF: 697 in 2020 + 650 in 2021 = 1,347



https://sf.gov/sites/default/files/2021-01/2021%2001_OCME%20Overdose%20Report.pdf Accessed MAR 24, 2022

15% increase in drug overdose deaths

2020 > 2021



https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm Newly released data by CDC, May 2022

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2021: increased drug overdose deaths

DRUG TYPE	(DEATHS 2021)	(DEATHS 2020)
Synthetic Opioids (fentanyl)	71,238	57,834
Psychostimulants (meth)	32,856	24,576
Cocaine	24,538	19,927
Natural/semi-synthetic (prescription)	13,503	13,722

https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm

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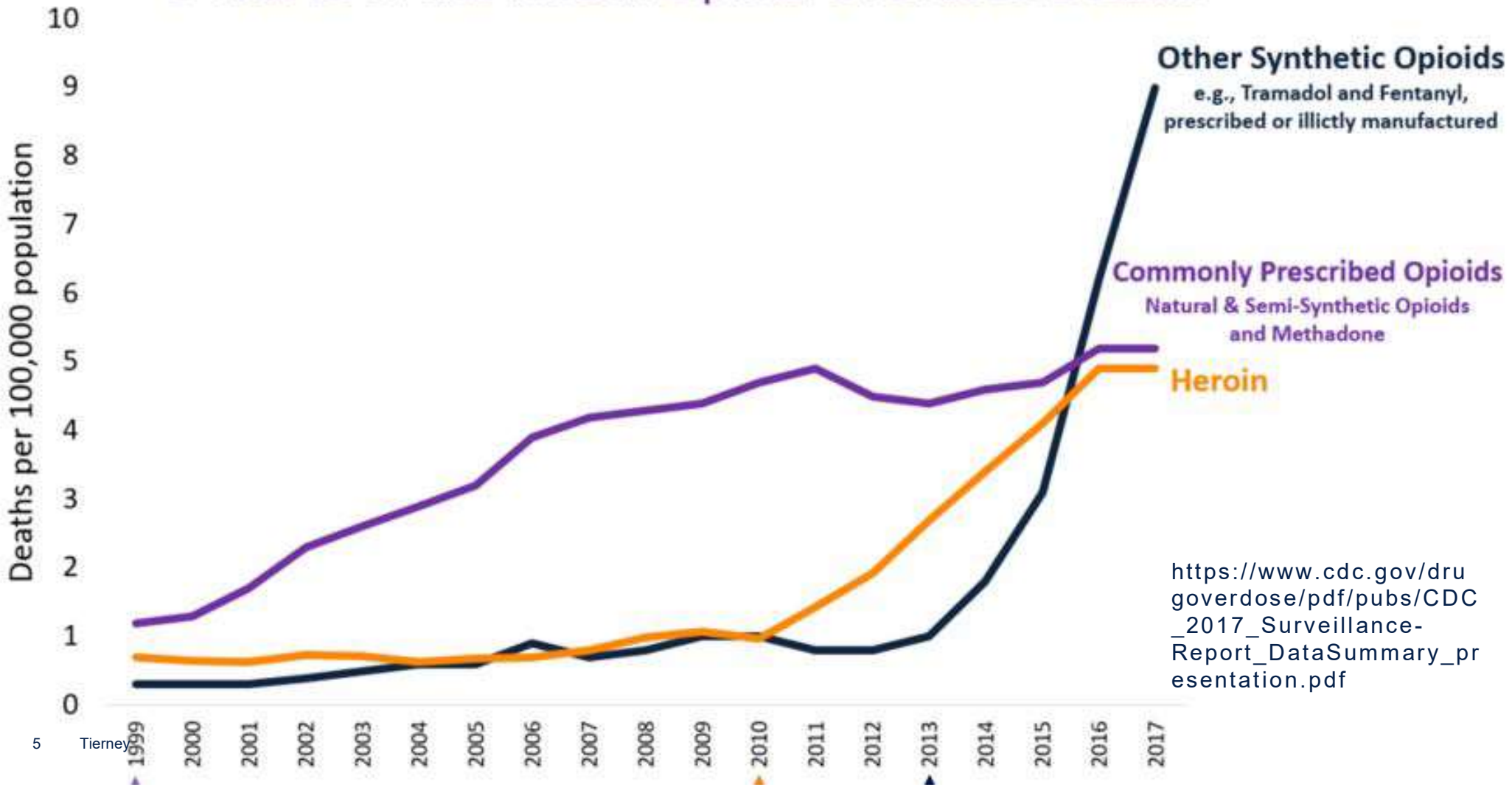
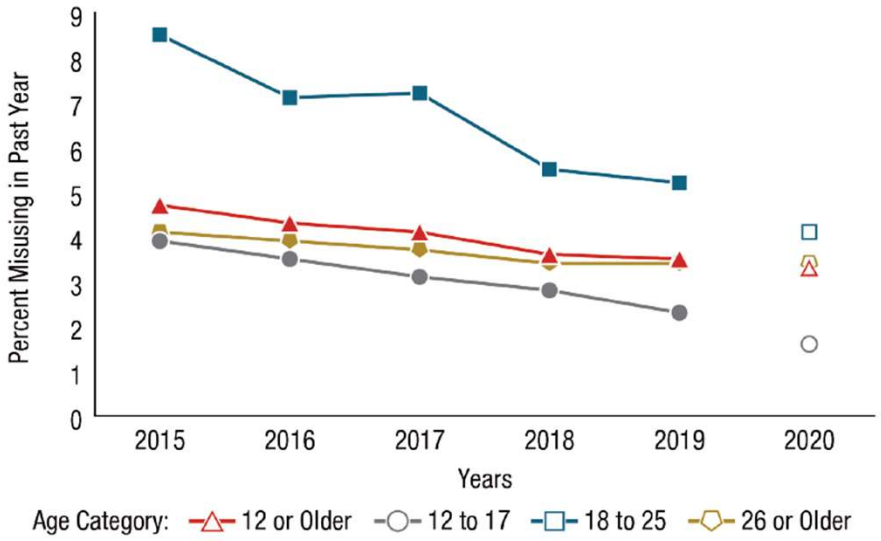
3 Waves of the Rise in Opioid Overdose Deaths



https://www.cdc.gov/drugoverdose/pdf/pubs/CDC_2017_Surveillance-Report_DataSummary_presentation.pdf

FFR1.16

Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older; 2015-2020



Age	2015	2016	2017	2018	2019	2020
12 or Older	4.7	4.3	4.1	3.6	3.5	*3.3*
12 to 17	3.9	3.5	3.1	2.8	2.3	*1.6*
18 to 25	8.5	7.1	7.2	5.5	5.2	*4.1*
26 or Older	4.1	3.9	3.7	3.4	3.4	*3.4*

Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

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SAMHSA
Substance Abuse and Mental Health Services Administration

17

Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

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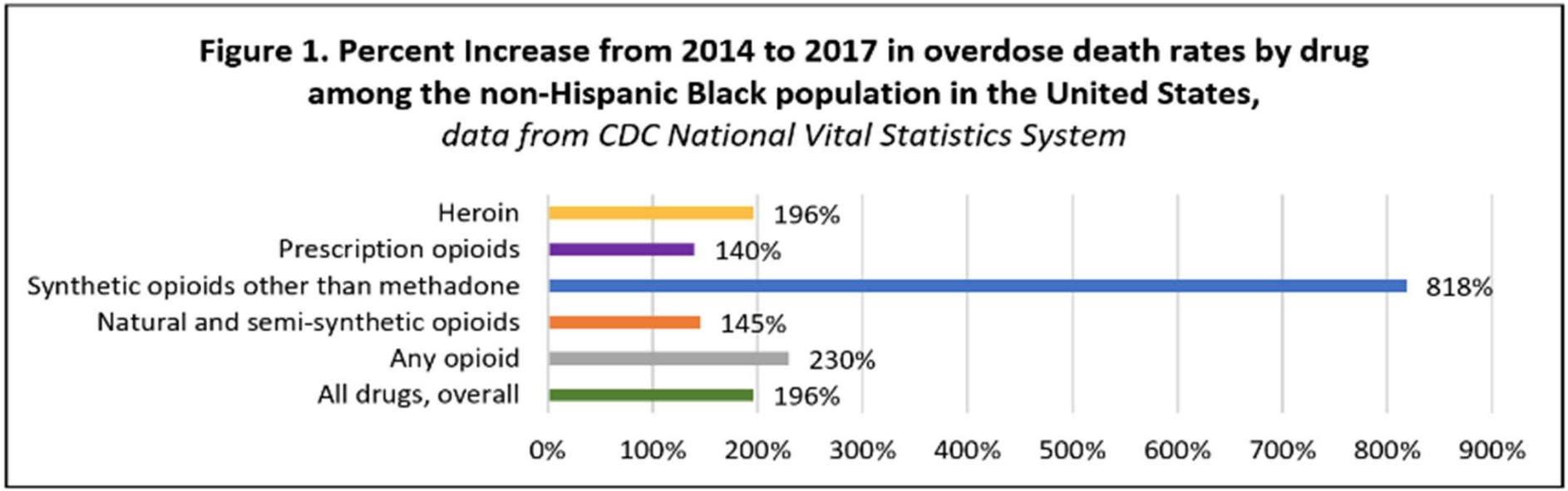
Inequitable Impact of the Opioid Epidemic

- Increasing OD deaths among black individuals
- Reduced treatment access for people of color (NSDUH 2019-2021)



Substance Abuse and Mental Health Services Administration: The Opioid Crisis and the Black/African American Population: An Urgent Issue. Publication No. PEP20-05-02-001. Office of Behavioral Health Equity. Substance Abuse and Mental Health Services Administration, 2020.

Approved Medications

Methadone

Full opiate agonist

Licensed clinics only

Buprenorphine

Partial opiate agonist

Office based settings

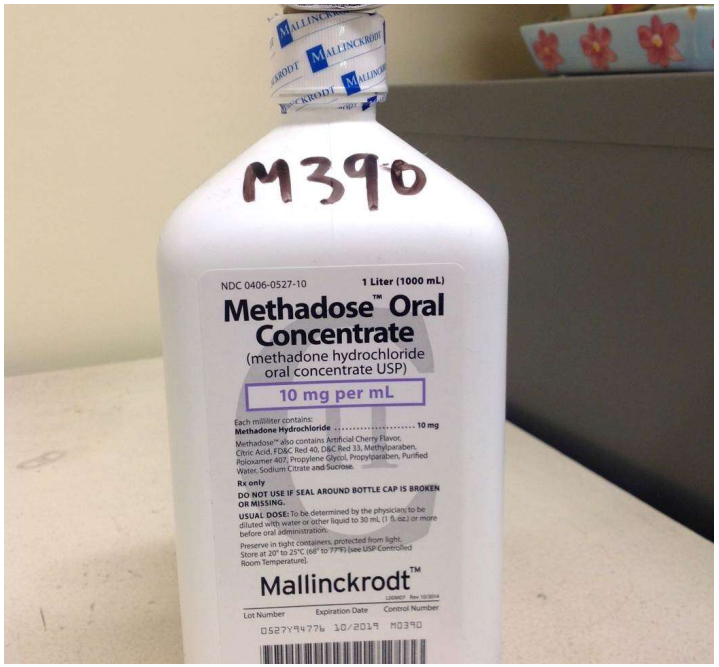
Naltrexone

Opiate antagonist

Office-based settings

Methadone Effectiveness

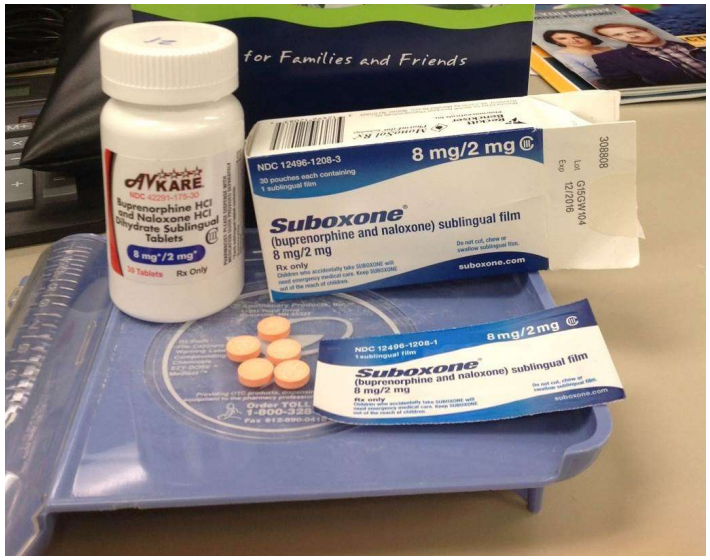
- Reduces heroin use [1]
- Reduces criminal activity [1]
- Decreased health treatments [1]
- Decreased hospitalization [1]
- Reduces risk of HIV/AIDS and viral hepatitis[4]
- Reduces risk of IDU-related illness
- Maintenance associated with less drug use
- Reduces drug related mortality [2, 3]



1) Gerstein et al (1994). *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA): General Report.* California Department of Alcohol and Drug Programs.
2) Clausen et al. Drug Alcohol Depend. 2008 Apr 1;94(1-3):151-7.
3) *Gearing & Schweitzer 1974; NIH, 1997. 4) Leshner 1999*

Buprenorphine Effectiveness

- Decreased opioid use by drug test [1]
- Decreased opioid cravings [1]
- Increased health and well-being [1]
- Reduced HIV risk behaviors [2]
- Treats opioid withdrawal [3]



1. Fudala PJ, Bridge TP, Herbert S, et al. N Engl J Med 2003 Sep 4; 349 (10): 949-58
2. Sullivan LE, Moore BA, Chawarski MC, et al. J Subst Abuse Treat 2008 Jul; 35 (1): 87-92
3. Gowing L, Ali R, White J. Cochrane Database Syst Rev 2006 Apr 19; (2): CD002025

Cue the Restrictive Policies….

Foundational policies

- Harrison Act (1914)
- Webb v US (1919)

Methadone Access

Policy

- Controlled Substance Act (1970)
- Methadone Control act (1973)
- Narcotic Addict Treatment Act (1974)
- In California: Title 9 CCR (Div. 4, Ch. 4)

- Fed. And State-licensed clinics only
- In person dosing: daily initially, “earned” take home doses
- Toxicology testing and counseling

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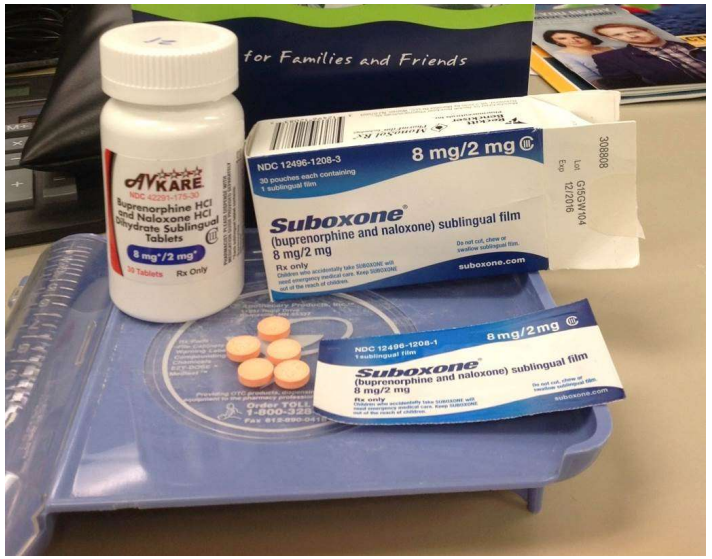
Buprenorphine Access

- DATA 2000
- CARA 2016
- SAMHSA “Final Rule” 2016
- SUPPORT 2018



Buprenorphine Access

What these regulations Mean…

- Must possess DEA waiver
- No special education required to treat up to 30 patients
- 8 or 24 hours of education to treat >30 patients: 100 or 275

Further Restrictive Policies

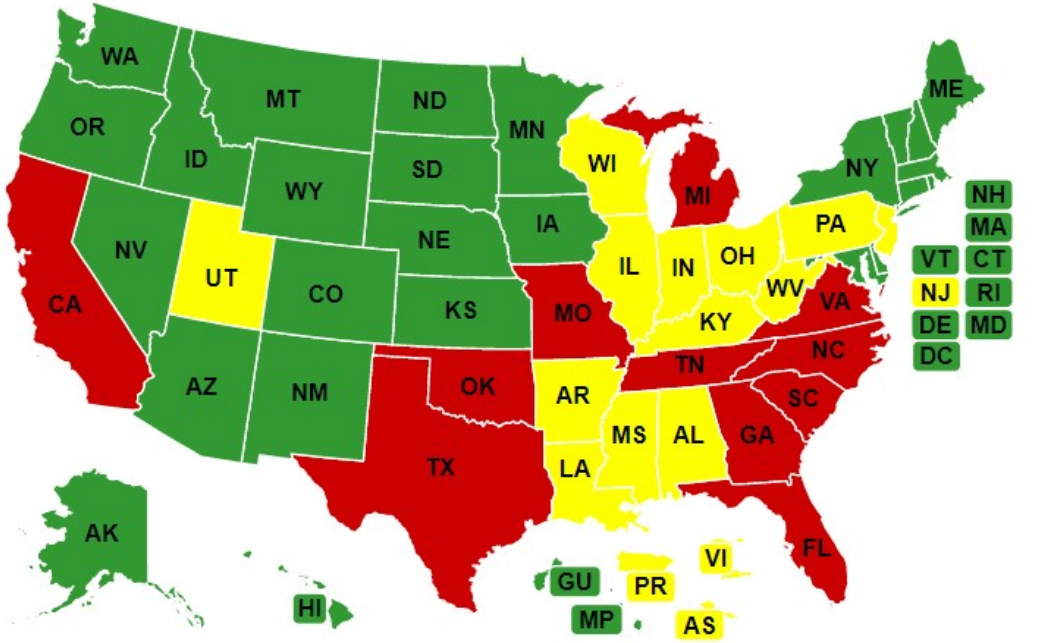
- Physicians with independent practice
  - PA and APRN can have restrictions on scope of practice
- State limits on treatment duration or dose
- Payor limits on duration and dose
- Other requirements: counseling, etc….

Outcomes of These Restrictions?

- 24 States restrict APRN practice > lower rates of NP waivers
  - Percent waived NPs 1.75x higher in States without restrictive practice[1]
- Limits on number of patients[2]

1. Spetz, J., Toretsky, C., Chapman, S., Phoenix, B., & Tierney, M. (2019). Nurse practitioner and physician assistant waivers to prescribe buprenorphine and state scope of practice restrictions. JAMA, 321(14), 1407–1408. https://doi.org/10.1001/jama.2019.0834
2. Spetz, J., Chapman, S., Tierney, M., Phoenix, B. & Hailer, L. (2021). Barriers and Facilitators of Advanced Practice Registered Nurse Participation in Medication Treatment for Opioid Use Disorder. Journal of Nursing Regulation, 12(2), 5-22.

NP Scope



Legend

Full Practice
Reduced Practice
Restricted Practice

https://campaignforaction.org/resource/state-practice-environment-nurse-practitioners/

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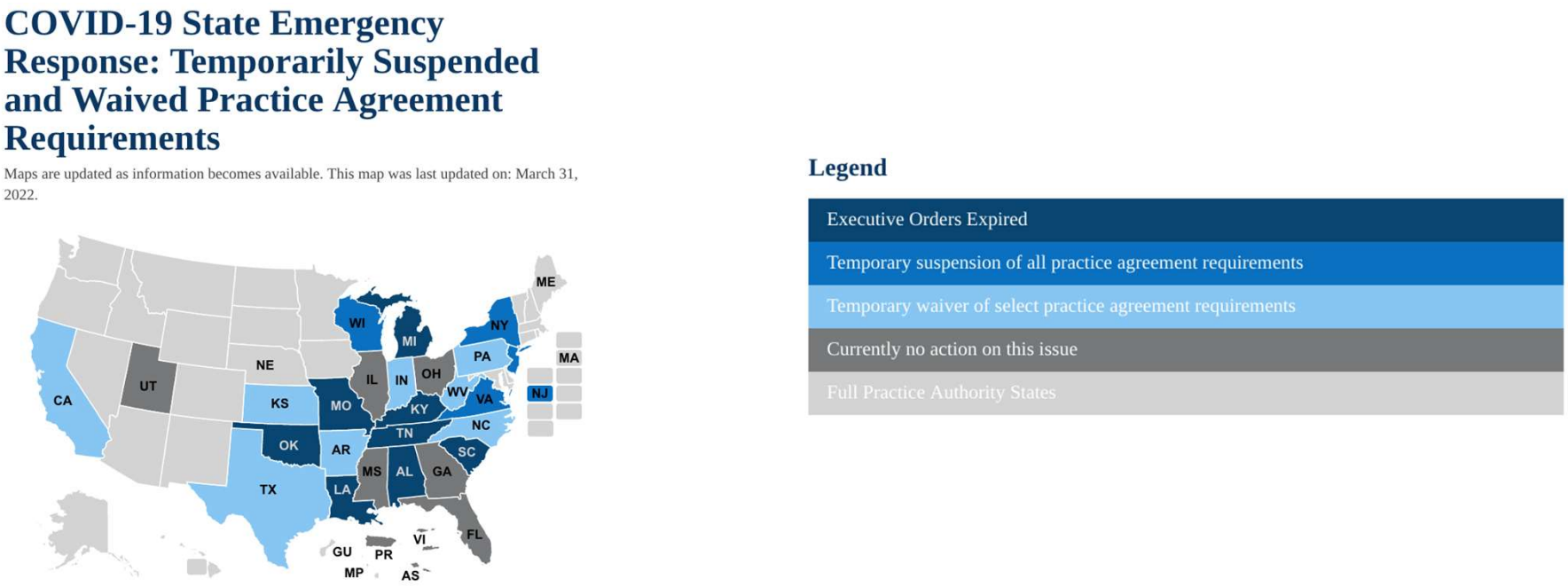
Cue the Policy Easements

COVID Related Changes



https://www.aanp.org/advocacy/state/covid-19-state-emergency-response-temporarily-suspended-and-waived-practice-agreement-requirements

Methadone Access Changes since COVID

(minimizing COVID exposures)

Telehealth

- Waived regulations re: HIPPA compliant telehealth platforms (e.g., commercial platforms).
- Expanded Medicare Coverage for telehealth.
- Medicaid and private payer coverage varies by state and payer – check.
- Check state laws/regulations on licensing.

Existing Patients

- Treat and dispense medication via telehealth and telephone.
- [New patients must continue in-person intake for methadone initiation].

Methadone Access Changes since COVID

(minimizing COVID exposures)

Take-home doses:

States may request exceptions for take-home doses based on individual patient risk-benefits profile

- 28 Days for stable patients
- 14 days for less stable patients
- Educate patients about safe storage, use, and management.
- Access to naloxone.
- Use telehealth/telephone to monitor patients.
- Encourage patient participation in virtual support groups.

Methadone Access Changes since COVID

(minimizing COVID exposures)

Alternate home delivery to promote isolation/quarantine:

- Doorstep methadone delivery using approved lockbox by designated staff members (law enforcement officers, or National Guard personnel)

Drug Testing:

- Continued requirement to provide a minimum of 8 drug tests/yr for each patient.
- Testing at a distance?

Buprenorphine Access since COVID

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New & Existing Patients

- Existing and new patients: evaluation and treatment via telehealth and telephone
- New patients: home induction
- No counseling requirement
- Ensure access to naloxone.

Buprenorphine Access since COVID

Flexibility prescribing using telehealth:

- Providers may prescribe controlled substances to patients via telemedicine in states in which they are not registered with DEA.

Use and Disclosure of Confidential Information (42CFR Part2):

- Patient information may be disclosed to medical personnel, without patient consent, to the extent necessary to meet a medical emergency.
- Information disclosed to the medical personnel who are treating such a medical emergency may be re-disclosed for treatment purposes as needed.

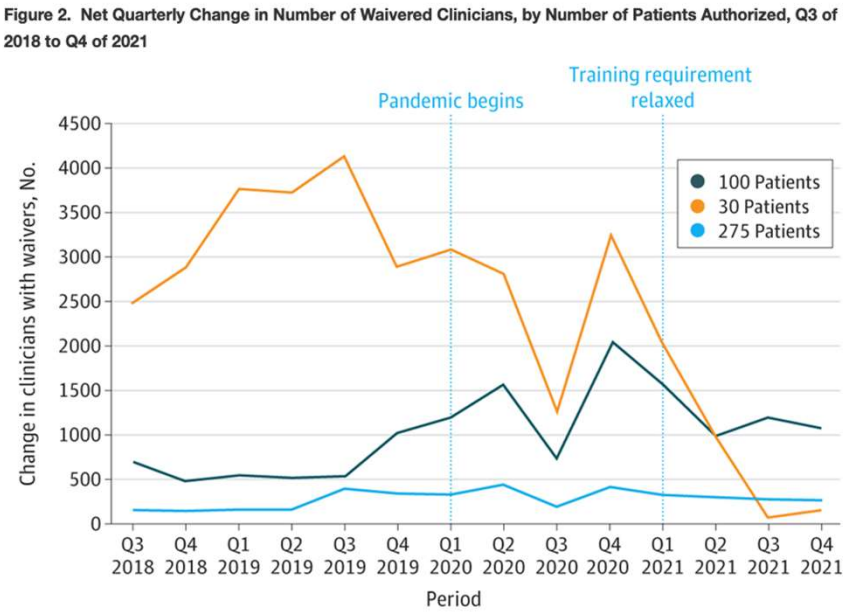
Another change since COVID

- April 2021*
  - Change in buprenorphine practice guidelines
  - No education needed to apply for waiver with 30 patient limit

*Department of Health and Human Services. Practice guidelines for the administration of buprenorphine for treating opioid use disorder. Fed Regist. 2021;86(80):22439-22440.

Is this changing the treatment landscape?

- Yes and no
  - Growth in waivers for 30 patient limit has decelerated since April 2021
  - Total buprenorphine treatment capacity continues to rise



Spetz, J., Hailer, L., Gay, C., Tierney, M., Schmidt, L., Phoenix, B., & Chapman, S. (2022). Changes in US Clinician Waivers to Prescribe Buprenorphine Management for Opioid Use Disorder During the COVID-19 Pandemic and After Relaxation of Training Requirements. *JAMA network open*, *5*(5), e225996.

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A Near Future Without the Waiver?

- Mainstreaming Addiction Treatment (MAT) Act: would remove the X-Waiver requirement and greatly increase access to buprenorphine[1]
- Medication Access and Training Expansion (MATE) Act, would require health care providers to complete a one-time training on best practices in caring for patients with a substance use disorder as a condition of receiving/renewing a registration to prescribe controlled substances for treatment.[2]

1. https://www.congress.gov/bill/117th-congress/senatebill/445?mkt_tok=NzczLU1KRi0zNzkAAAGEgeu54AiekgOK64zxsTtxT0bXOXHuTMChEDaqoNorNaYyRiMAo1tYo7iWO-66uUb0v88890xPVBNI6DhKiGf_RQQmCZ9dTfe4LxKrvMiNGA
2. https://www.congress.gov/bill/117th-congress/house-bill/2067?q=%7B%22search%22%3A%5B%22MATE+Act+2021%22%2C%22MATE%22%2C%22Act%22%2C%222021%22%5D%7D&s=1&r=1&mkt_tok=NzczLU1KRi0zNzkAAAGEgeu54f84--ImgXeBoCP9tWoyVKd8rrHk3ZhYaxe-WW7YWB_84HfkWfN5CzHsOCZJ5pSuVQryMImUSJIkhEqsS3RzmbprlyXPW_exGsxcNQ

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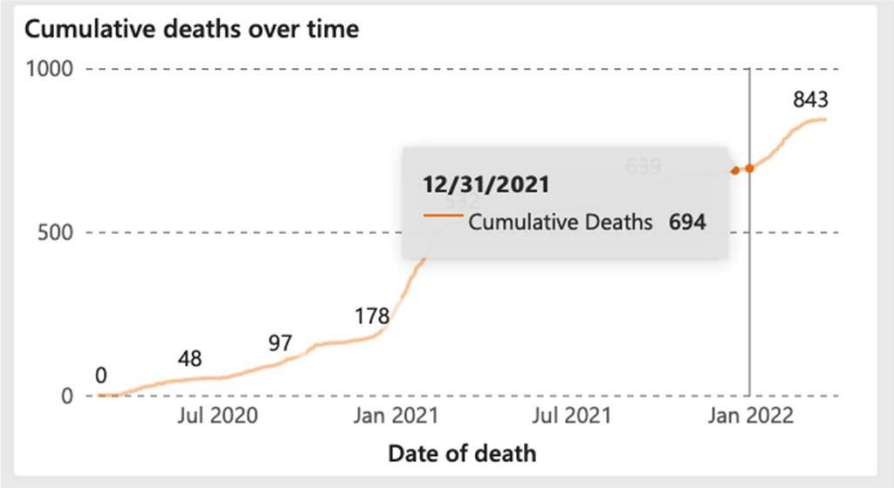

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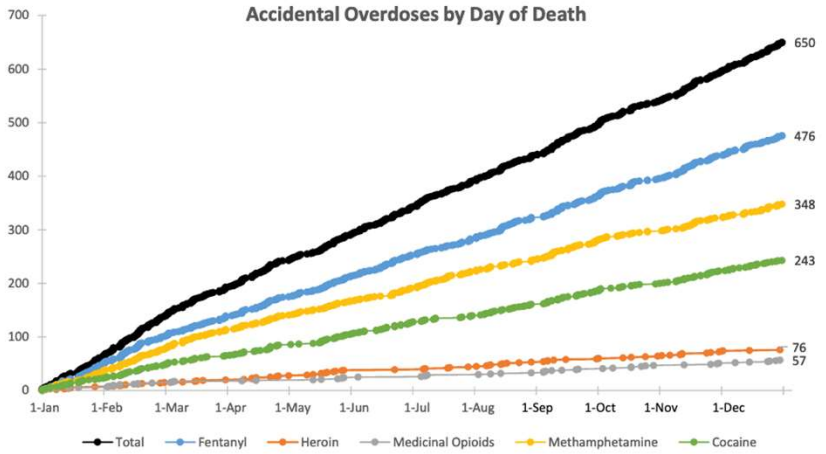

https://sf.gov/sites/default/files/2021-01/2021%2001_OCME%20Overdose%20Report.pdf Accessed MAR 24, 2022

Suggestions

- Remove the waiver
- Increase provider education
- Promote long term treatment (no restrictions in dose or duration or treatment)
- Utilize the full workforce
- Don’t restrict practice
- Promote but don’t require counseling
- Change current policies to get to underserved and minoritized communities

Final Thoughts

- “Public policy is what public officials within government, and by extension citizens, choose to do or not to do about public problems.” -David C Wilson, Dean of Goldman School of Public Policy, UC Berkeley

- “All policy is based on identity” -Natalie Burke*

*https://commonhealthaction.org/staff/natalie-s-burke/