Opioid Prevention Program: Data to Action
Buprenorphine for the treatment of opioid use disorders (OUD) in New York State

July 2021

Introduction

Opioid overdose deaths among New York State (NYS) residents increased each year between 2010 and 2017, with an overall increase of 200 percent from 1,074 in 2010 to 3,224 in 2017.[1] In 2018, overdose deaths involving any opioid decreased by seven percent to 2,991 deaths compared to the 2017[2] and, there was also a slight decrease in overdose deaths involving any opioid in 2019 (2,939 deaths).[2] Despite the recent decline, the 2019 age-adjusted rate of 14.9 deaths involving any opioid per 100,000 population in NYS is still nearly triple that of 5.4 in 2010.[2] Similar trends in increases from 2010 to 2017 were observed in opioid overdose-related emergency department (ED) visits and hospitalizations. Opioid overdose-related ED visits and hospitalizations also experienced a decrease in 2018. Overall opioid burden, which includes deaths, ED visits and hospitalizations involving opioid overdose, abuse, dependence and unspecified use, also increased from 2016 to 2017 with a slight decrease in 2018.[3] ED visits, hospitalizations and overall burden remained high including 54,567 opioid burden events with a crude rate of 279.2 per 100,000 population in 2018.[3]

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a combination of medication and behavioral therapies is effective in the treatment of substance use disorders and can help some people sustain recovery.[4] Methadone, naltrexone, and buprenorphine are commonly used medications to treat opioid use disorder (OUD). While methadone can only be dispensed through an opioid treatment program certified by SAMHSA in a highly structured clinic, buprenorphine can be prescribed or dispensed in a wider variety of outpatient settings, significantly increasing treatment access.[5] Naltrexone is a non-controlled substance and as such, dispensed prescriptions of naltrexone are not reported to New York State's Prescription Monitoring Program (PMP) registry.

Buprenorphine for the treatment of opioid use disorder in New York State, 2016-2019

- In 2019, 78,693 patients in NYS received buprenorphine prescriptions for treatment of OUD. Of those, almost 62,000 (78.7%) patients resided outside of New York City (NYC) (Table 2). A recent New York City data brief indicated the larger portion of OUD patient in New York City were receiving methadone treatment in 2016.[6]

- The age-adjusted rate of patients who received buprenorphine for the treatment of OUD in NYS increased by 29.2 percent, from 320.6 per 100,000 population in 2016 to 414.3 in 2019 (Figure 1).

Figure 1

Unique patients* who received buprenorphine for treatment of opioid use disorder, age-adjusted rate per 100,000 population, New York State, 2016-2019
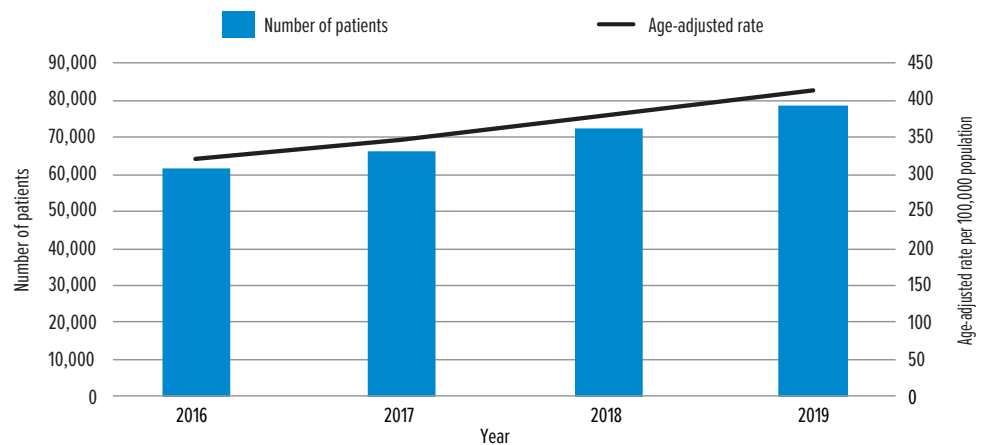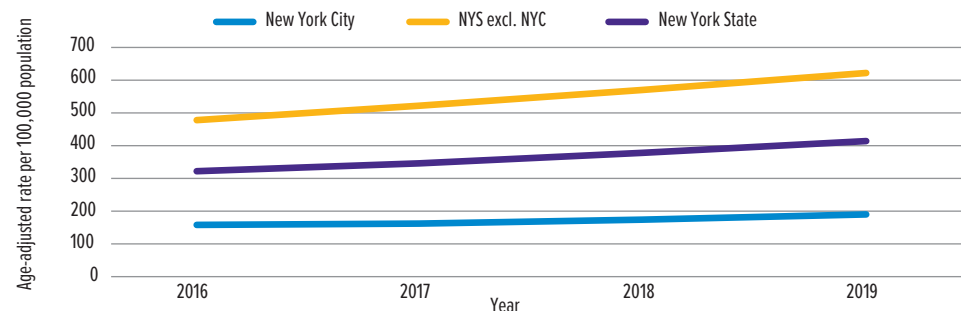

*Unique within each year

- The rate was approximately three times higher in NYS excluding NYC than in NYC during 2016-2019 (Figure 2).

- In NYS, more than 4,200 unique providers wrote at least one buprenorphine prescription for OUD in 2019. The number of unique providers within each year increased by 57 percent from 2016 to 2019. The percentage increase in number of unique providers was higher in NYS excluding NYC (68%) compared to NYC (45%) (Figure 3).

- In both 2016 and 2019, the majority of prescriptions were reported as paid for by 'Commercial Insurance' (Figure 4). The number of prescriptions in all payment categories, except 'Other', increased from 2016 to 2019. The number and percent of prescriptions paid for using 'Commercial Insurance' had the greatest increase, from 355,519 (57.1%) in 2016 to 555,719 (62.0%) in 2019. Prescriptions paid by 'Medicare' represented the smallest proportion of the prescriptions in 2016, and those using 'Private Pay' represented the smallest number and percent of prescriptions in 2019 (Table 1). Please note prescription data reported under commercial insurance may include Medicaid Managed Care and Medicare Part D prescriptions.
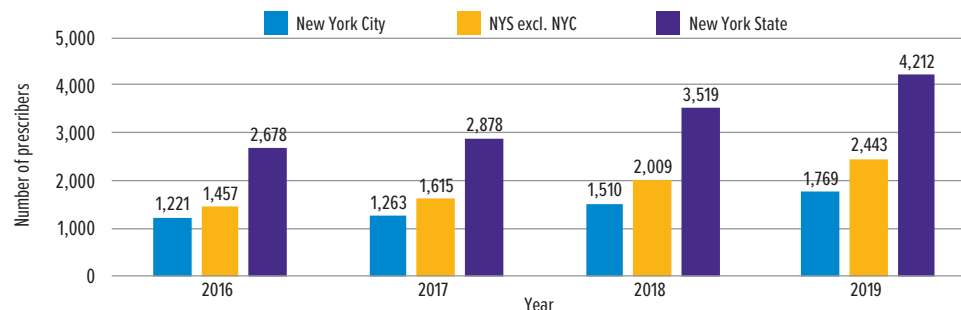
Figure 2

Unique patients* who received buprenorphine for treatment of opioid use disorder, age-adjusted rate per 100,000 population, New York State, 2016-2019

*Unique within each year

Figure 3

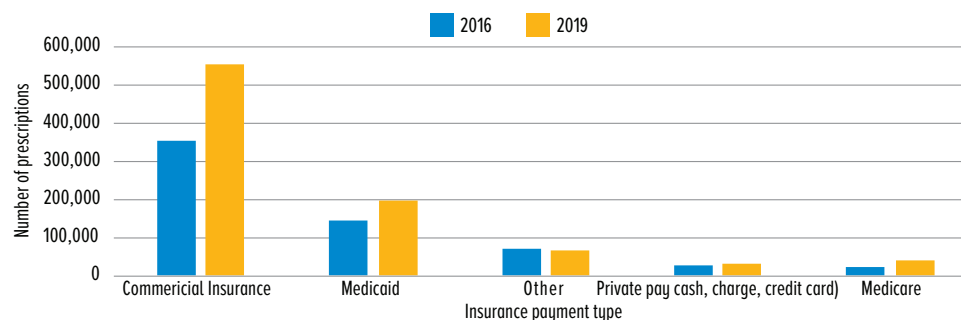**Number of unique prescribers* who prescribed at least one buprenorphine prescription for treatment of opioid use disorder, by region, New York State, 2016-2019**

*Unique within each year

Figure 4

Number of buprenorphine prescriptions for treatment of opioid use disorder, by payment type, New York State, 2016 and 2019

Table 1

Number and percent of buprenorphine prescriptions for treatment of opioid use disorder, by payment type, New York State, 2016 and 2019

	2016		2019	
	Number of prescriptions	Percent	Number of prescriptions	Percent
Commercial Insurance*	355,519	57.1	555,719	62.0
Medicaid	144,660	23.2	197,571	22.1
Other**	70,105	11.3	68,248	7.6
Medicare	24,866	4.0	40,857	4.6
Private pay (cash, charge, credit card)	27,293	4.4	33,536	3.7
Missing	328	0.0	5	0.0
Total	622,771		895,936	

*Please note prescription data reported under commercial insurance may include Medicaid Managed Care and Medicare Part D prescriptions.

**Other includes prescriptions from military installations and VA, workers compensation, and Indian Nations.

Demographic snapshot of patients treated with buprenorphine for OUD in New York State, 2019

Table 2

Unique patients* who received buprenorphine for treatment of opioid use disorder, age-adjusted rate per 100,000 population, by county/region, New York State, 2019

Region/County	Number of unique patients	Age-adjusted rate
Long Island	12,793	492.8
Nassau	3,894	306.9
Suffolk	8,899	663.1
New York City	16,709	191.0
Bronx	3,135	220.1
Kings	4,598	175.8
New York	3,588	201.4
Queens	2,942	124.2
Richmond	2,446	524.3
Mid-Hudson	8,926	420.2
Dutchess	1,392	517.7
Orange	1,947	572.4
Putnam	562	639.3
Rockland	718	257.2
Sullivan	953	1,420.2
Ulster	1,404	860.9
Westchester	1,950	207.0
Capital Region	5,195	592.3
Albany	1,386	500.3
Columbia	443	891.2
Greene	461	1,106.5
Rensselaer	871	580.2
Saratoga	994	475.8
Schenectady	1,040	723.6
Mohawk Valley	1,952	927.1
Fulton	469	1,006.5
Herkimer	347	688.5
Montgomery	511	1,212.5
Otsego	385	853.1
Schoharie	240	952.0
North Country	2,941	1,138.3
Clinton	894	1,258.6
Essex	346	1,126.4
Franklin	576	1,226.2
Hamilton	12	403.1
Warren	537	1,009.0
Washington	576	1,078.8

Region/County	Number of unique patients	Age-adjusted rate
Tug Hill Seaway	1,987	910.0
Jefferson	620	597.3
Lewis	94	450.1
St. Lawrence	1,273	1,415.3
Central NY	5,973	681.6
Cayuga	338	513.1
Cortland	289	763.1
Madison	381	688.4
Oneida	1,447	731.1
Onondaga	2,625	629.6
Oswego	893	897.5
Southern Tier	3,188	898.2
Broome	1,648	1,062.7
Chenango	363	939.6
Delaware	346	1,011.3
Tioga	205	510.8
Tompkins	626	755.1
Finger Lakes	7,333	641.3
Chemung	560	770.4
Livingston	349	678.4
Monroe	3,973	568.7
Ontario	828	895.5
Schuyler	87	592.9
Seneca	231	773.6
Steuben	629	779.3
Wayne	526	675.8
Yates	150	768.4
Western NY	11,640	858.2
Allegany	300	882.9
Cattaraugus	603	982.9
Chautauqua	1,098	1,058.2
Erie	6,194	729.9
Genesee	495	980.9
Niagara	2,340	1,302.4
Orleans	394	1,026.9
Wyoming	216	572.3
NYS excl. NYC	61,928	621.1
New York State	**78,693**	**414.3**

*Unique within each year

- In NYS, five counties that had the highest age-adjusted rate per 100,000 population of patients who filled at least one prescription for buprenorphine for OUD included, in descending order, Sullivan, St. Lawrence, Niagara, Clinton, and Franklin (Table 2). The North Country region (1,138.3 per 100,000 population) had the highest age-adjusted rate followed by Mohawk Valley (927.1 per 100,000) (Table 2).

- The age-adjusted rate of residents receiving buprenorphine for OUD was higher among males (532 per 100,000 population) than among females (299.9 per 100,000 population) (Table 3).

- NYS residents aged 35 to 44 years had the highest age specific rate (964.7 per 100,000 population), followed by residents aged 25 to 34 years (910.4 per 100,000 population) (Table 3).

Table 3

Unique patients* who received buprenorphine for treatment of opioid use disorder, age-adjusted rate per 100,000 population, by gender and age, New York State, 2019

	Number of unique patients	Rate
Gender		Age-adjusted rate
Male	49,924	532.0
Female	28,761	299.9
Age (years)		Age-specific rate
18 - 24	3,032	172.0
25 - 34	26,108	910.4
35 - 44	23,441	964.7
45 - 54	13,414	542.7
55 - 64	9,621	370.4
65 +	3,025	91.8

*Unique within each year

Recommended Actions and Resources

Actions

State and Local Health Departments

- Sponsor buprenorphine waiver trainings to increase prescriber capacity within their counties.
- Continue outreach and public health detailing efforts that assist clinical prescribers in their initial prescribing of buprenorphine.
- Support the expansion of telehealth practices through targeted technical assistance and guidance.
- Identify catchment areas to intercept individuals with opioid use disorder and to navigate them into treatment services.
- Support and sponsor buprenorphine clinical implementation trainings that discuss the logistics and program components involved when integrating buprenorphine services.
- Disseminate public-facing messages that dispel stigma as it relates to individuals with opioid use disorder or medications for opioid use disorder (MOUD).
- Cultivate cross-system collaborations among various state partners (Office of Mental Health, Office of Addiction Services and Supports, Department of Health, School and Community Outreach Coordinators, Department of Corrections and Community Supervision, etc.).
- Provide state-level guidance regarding best practices, frequently asked questions and documents that assist in providing direction to community providers (e.g., clinical practices, billing inquires, interpretation of federal regulation, etc.).
- Build and sustain community partnerships and coalitions among multi-sector partners that work within various settings (jails, ED, Community-Based Organizations, Office-Based Providers like obstetrics, and gynecology, etc.).

Emergency Medical Service Providers and Emergency Departments/Hospitals

- Integrate screening mechanisms to assist in the identification of OUD for those admitted within the ED.
- Expand buprenorphine initiation within the ED discharge for opioid-related incidents or when OUD is identified.
- Develop a network of community-based providers which can accept referrals from the hospitals and assist in the streamlining of individuals to care.
- Utilize a pharmacy voucher program that individuals can redeem at participating pharmacies and ensure their financial status is not a barrier to accessing medication while they await linkage to MOUD maintenance.
- Develop mechanisms to determine what current prescribing practices are, and to better understand barriers to helping patients access buprenorphine in ED settings or after discharge from ED settings.
- Utilize clinical expertise across the state and expand access to buprenorphine through technology-based interventions and voucher programs that remove financial burdens to those discharged into the community.
- Foster a network of providers with expertise to train ED physicians on buprenorphine integration.

Correctional Health Settings

- Develop statewide protocols and best practices in correctional settings to support implementation of buprenorphine in correctional settings.
- Develop and integrate evaluation mechanisms that can assist in determining attitudes, experiences, barriers and resources needed as they relate to MOUD accessibility.
- Provide state-level technical assistance and training for correctional facilities to expand access to MOUD. Facilitate forums and stakeholder events so that jail and prison leadership can be exposed to examples of MOUD being successfully integrated into correctional settings and success stories of individuals on buprenorphine, methadone and naltrexone.
- Coordinate with local county facilities, community providers, Drug User Health Hubs and OASAS Centers of Treatment Innovation (COTI) for ongoing care and assist in configuring multidisciplinary teams to support the implementation of MOUD in the correctional facilities.
- Foster a network of providers with expertise to provide peer-to-peer consultation to correctional health personnel; consultation will include MOUD implementation, harm reduction practices, overdose prevention and programming to ensure standard of care is met for individuals being transitioned into the community.

Healthcare Insurance

- Address reimbursement concerns among medical providers engaged in buprenorphine prescribing.
- Address reimbursement rates of telehealth payment structures.

Community and family members

- Provide further education and disseminate materials that pertain to general information about buprenorphine, explanatory models of addiction, harm reduction and OUD.
- Emphasize cultural competency in organizational trainings and include culturally sensitive messaging for public-facing materials.
- Increase the prevalence of peer support services to provide follow-up care in the community, including peers within a harm reduction approach.
- Address societal stigma, such as the belief that those who have an addictive disorder have a poor character or the de-emphasis on the biological contributions to addiction.

Resources

Treatment and recovery resources

- SAMHSA's Buprenorphine Practitioner and Treatment Locator is a publicly available resource for locating providers in your community.
  - https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator
- AIDS Institute Provider Directory.
  - https://providerdirectory.aidsinstituteny.org/
  - *To join the AIDS Institute Provider Directory; please access link below*
  - https://providerdirectory.aidsinstituteny.org/Register/RegisterCreate
- New York State Department of Health (NYSDOH)
  - The Point: The site offers a search function to help find services (e.g., sterile syringes, disposal sites for used syringes and drugs, naloxone, and free HCV testing). http://thepointny.org/
- Office of Addiction Services and Supports (OASAS) Provider and Program Search
  - https://webapps.oasas.ny.gov/providerDirectory/index.cfm
- Office of Addiction Services and Supports (OASAS) – Centers of Treatment Innovation (COTI) locator
  - https://for-ny.org/centers-of-treatment-innovation-coti/

Trainings / Technical Assistance

- Providers Clinical Support System (PCSS) Online Buprenorphine Waiver Trainings
  - https://pcssnow.org/medication-assisted-treatment/
  - *To see upcoming buprenorphine waiver trainings that have been scheduled through PCSS; please access link below*
  - https://pcssnow.org/calendar-of-events/
  - *To see upcoming webinars that showcase evidenced-based clinical practices in the prevention of OUD through proper opioid prescribing practices, identifying patients with OUD, and the treatment of opioid use disorder; please access link below*
  - https://pcssnow.org/education-training/webinar-events/
- Requirements of Prescribing Buprenorphine
  - https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine
- NYS HIV/AIDS Hotlines (English and Spanish)
  - https://www.health.ny.gov/diseases/aids/general/about/hotlines.htm
- Clinical Consultation Center focusing on substance use in primary care
  - https://www.migrantclinician.org/files/CCC%20Substance%20Use%20Warmline%20Flier%20EST%207.25.16.pdf
- Pregnancy and Substance Use Toolkit
  - https://issuu.com/harmreduction/docs/pregnancy_and_substance_use-_a_harm_2fa242e7fb6684

Please direct all questions relating to medication for addiction treatment and buprenorphine provision to: buprenorphine@health.ny.gov.

Reports, Guidance Documents and Additional Information:

- NYSDOH Opioid Annual Report
  - https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2020.pdf
- Implementing Transmucosal Buprenorphine for Treatment of Opioid Use Disorder: Best Practices from New York State Department of Health and Office of Alcoholism and Substance Abuse Services
  - https://www.health.ny.gov/diseases/aids/consumers/prevention/buprenorphine/docs/bupe_best_practices_2019.pdf
- NYSDOH Drug User Health
  - https://www.health.ny.gov/diseases/aids/consumers/prevention/
  - NYSDOH Buprenorphine Public Health Detailing Modules
  - https://www.health.ny.gov/diseases/aids/consumers/prevention/buprenorphine/

References

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2. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database [Accessed February 2021].

3. New York State Department of Health Opioid Data Dashboard. New York State Department of Health. Accessed June 28, 2020 https://health.ny.gov/opioiddashboard

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Methodology

Data Source

The PMP, maintained by the New York State Department of Health (NYSDOH)'s Bureau of Narcotic Enforcement, collects dispensed prescription data for controlled substances in schedules II-V. The data presented here includes buprenorphine prescribed for the treatment of OUD and reported to the NYS PMP as dispensed from 2016 to 2019. The demographic characteristics included age, sex, and county of residence. If the patient had more than one address, the patient was counted in the county of the last reported residence. PMP data do not collect race/ethnicity information.

Definitions

Buprenorphine prescription: includes buprenorphine or buprenorphine combined with naloxone formulations recommended for the treatment of OUD only.

Buprenorphine patient: includes NYS residents who obtained at least one filled prescription of buprenorphine for OUD in the calendar year.

Rate calculations: For NYSDOH population estimates, US Census Bureau intercensal population estimates 2010-2019, were used. The age-adjusted rates were calculated using Census 2000 US standard population with appropriate age distributions.

Exclusions:

1) Prescriptions for out-of-state patients
2) Prescriptions for patients without a valid NY ZIP code
3) Buprenorphine formulations prescribed for pain
4) Veterinary prescription records