



Opioid Prevention Program – Data to Action

Continuous buprenorphine prescriptions for 6 months or more for the treatment of opioid use disorder in New York State, 2017-2021

August 2022

Introduction

Opioid overdose deaths among New York State (NYS) residents increased more than 360 percent from 1,074 deaths in 2010¹ to 4,946 deaths in 2021, with a sharp increase of 68 percent from 2,939 deaths in 2019.² The preliminary data of opioid-related overdoses from emergency department (ED) outpatient visits also indicate a 12.2 percent increase from 2020 to 2021.³ During 2019-2020, the prevalence of illicit drug dependence in the past year was 2.0 percent and the prevalence of opioid dependence or abuse in the past year was 0.3 percent among NYS residents.⁴

Buprenorphine is one of the approved medications for the treatment of opioid use disorder (OUD). Initiation and continuous use of buprenorphine has been shown to be effective in treating OUD.^{5,6} Buprenorphine is an opioid and a Schedule III controlled substance reported to the NYS Prescription Monitoring Program (PMP) when dispensed by pharmacies in outpatient settings. The data presented here provide information on continuous dispensed prescriptions of buprenorphine for the treatment of OUD among NYS residents.

Continuous buprenorphine prescriptions for 6 months or more for the treatment of OUD in New York State, 2017-2021

- In 2021, 48,933 NYS residents had continuous buprenorphine prescriptions for 6 months or more for OUD. Of those, 42,054 (85.9 percent) residents were from outside of New York City (NYC) (Table 1). NYC has historically had more availability of methadone treatment for OUD as compared with the rest of the state.⁷ This may be a factor in the lower rates of buprenorphine prescriptions among NYC residents (Figure 1).

Table 1: Individuals (unique within each year) who had continuous buprenorphine prescriptions for 6 months or more for the treatment of OUD, by region, 2017-2021

Year	New York City		NYS excl. NYC		New York State	
	Number	Crude rate per 100,000 population	Number	Crude rate per 100,000 population	Number	Crude rate per 100,000 population
2021	6,860	81.7	42,054	377.3	48,933	250.4
2020	7,279	86.7	41,171	369.3	48,474	248.0
2019	6,846	81.5	37,073	332.6	43,951	224.9
2018	6,382	76.0	32,703	293.4	39,116	200.1
2017	5,763	68.3	28,368	254.3	34,163	174.4

- The crude rate of residents who had continuous buprenorphine prescriptions for 6 months or more for OUD in NYS increased by 43.6 percent from 174.4 per 100,000 population in 2017 to 250.4 in 2021 (**Figure 1**). This was primarily driven by the increases in the areas outside of NYC.
- The rates for NYS excluding NYC were consistently higher than for NYC during 2017-2021.
- In NYS, crude rates for continuous buprenorphine prescriptions for 6 months or more for OUD were consistently higher among males as compared to females during 2017-2021 (**Figure 2**).
- In NYS, crude rates of residents who had continuous buprenorphine prescriptions for 6 months or more for OUD consistently increased among all age groups from 2017 to 2020, except among residents aged 18-24 years (**Figure 3**).
- In 2021, NYS residents aged 35-44 years had the highest age-specific rate (714.3 per 100,000 population) followed by residents aged 25-34 years (460.6 per 100,000 population). Among residents aged 25-34 years, the rate decreased from 501.6 per 100,000 population in 2020 to 460.6 in 2021.

Figure 1: Individuals (unique within each year) who had continuous buprenorphine prescriptions for 6 months or more for the treatment of OUD, by region, 2017-2021

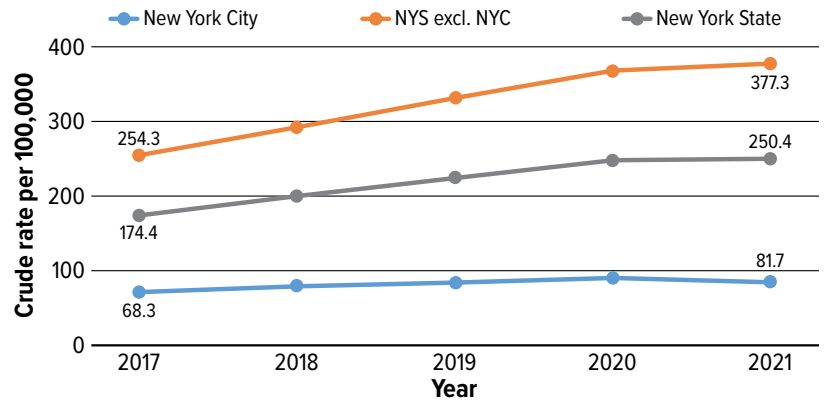


Figure 2: Individuals (unique within each year) who had continuous buprenorphine prescriptions for 6 months or more for the treatment of OUD, by gender, 2017-2021

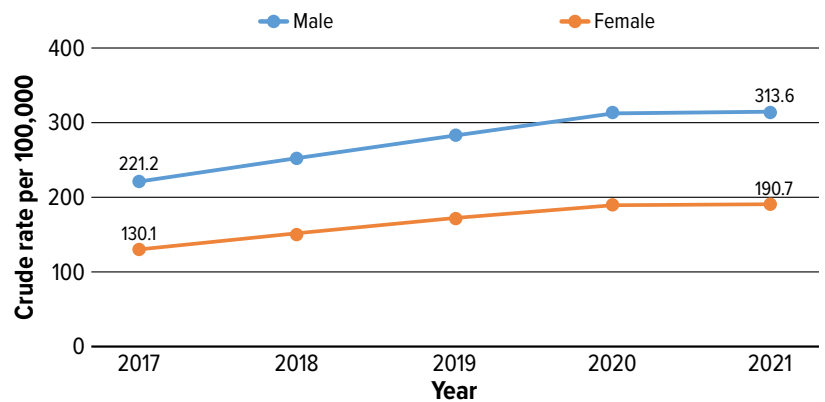
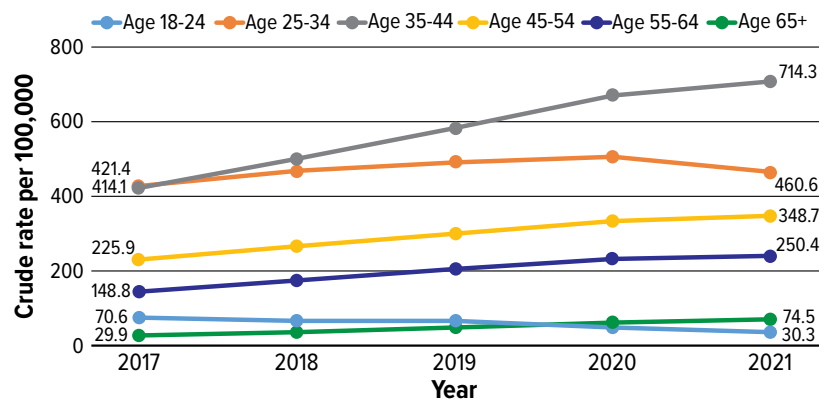


Figure 3: Individuals (unique within each year) who had continuous buprenorphine prescriptions for 6 months or more for the treatment of OUD, by age, 2017-2021



Recommended Actions and Resources

Actions

State and Local Health Departments Can Work Together to:

- Support and sponsor X-Express buprenorphine prescribing for beginners, a one-hour training, 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 to increase availability of mental health resources, including talk therapy, follow-up appointments, and consultations through targeted technical assistance and guidance.
- Work with community-based organizations (CBOs) when possible to identify ways to contact individuals with OUD and to navigate them into treatment services.
- Support and sponsor harm reduction strategies and implementation of Project ECHO (Extension for Community Healthcare Outcomes), a model that has been adapted to educate primary care providers about treatment of substance use disorders including components of integrating low threshold buprenorphine access into care and treatment.
- Disseminate public-facing messages that dispel stigma as it relates to individuals with OUD or medications for opioid use disorder (MOUD).
- Cultivate cross-system collaborations among various state partners – NYS Department of Health (NYSDOH), Office of Mental Health, Office of Addiction Services and Supports (OASAS), School and Community Outreach Coordinators, Department of Corrections and Community Supervision – to improve coordinated responses and identify pathways to sustained follow-up care.
- Provide state-level technical assistance on best practices, frequently asked questions, and documents that assist in providing direction to community providers (e.g., clinical practices, billing inquires, interpretation of state regulations, etc.).
- Build and sustain community partnerships and coalitions among multi-sector partners that work within various settings, such as jails, EDs, CBOs, and office-based providers (like obstetrics and gynecology, etc.) to improve access.

Emergency Medical Service Providers and Emergency Departments/Hospitals

- Develop mechanisms to better understand barriers to help patients access buprenorphine in ED settings or after discharge from ED settings.
- Integrate screening mechanisms to assist in the identification of OUD for those receiving care within the ED.
- Expand buprenorphine initiation within the EDs for opioid-related incidents or when OUD is identified.
- Integrate buprenorphine field initiation for emergency medical services providers and paramedics, who are first responders to opioid-related incidents.
- Foster a network of providers with expertise to train ED physicians on buprenorphine prescribing.
- Develop a network of community-based providers that 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 ongoing care.
- Ensure there is a system in place to address transportation challenges for individuals leaving the ED.

Correctional Settings

- Develop statewide protocols and best practices in correctional settings to support implementation of buprenorphine for OUD 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 or participate in state-level technical assistance and training for correction facilities to expand access to MOUD, including correction health-related forums on MOUD implementation models, program outcomes, and success stories of individuals on MOUD while incarcerated.
- 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 correction facilities.
- Address transportation challenges for individuals leaving correction facilities to ensure connection to care for MOUD maintenance.
- Foster a network of providers with expertise to provide peer-to-peer consultation to correctional health personnel; consultation should include MOUD implementation, harm reduction practices, overdose prevention, and programming to ensure standard of care is met for individuals being transitioned into the community.

Pharmacies

- Improve education for pharmacists related to ordering controlled substances including buprenorphine for OUD.
- Address issues related to patient-reported difficulties in filling prescriptions.

Healthcare Providers

- Become a buprenorphine-waivered practitioner to treat OUD or to increase prescribing capacity. Please refer to resources section for [trainings or technical assistance](#) and [resources for treatment and recovery](#) for additional information.

Healthcare Insurance

- Address reimbursement concerns among medical providers engaged in buprenorphine prescribing.
- Set public and private reimbursement rates for telehealth-based OUD services on a par with in-person treatment.
- 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.
- Address societal stigma, such as the belief that those who have an addictive disorder have a poor character or beliefs that deemphasize 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>
- How to Become a Buprenorphine Waivered Practitioner to treat OUD
 - <https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner>
- AIDS Institute Provider Directory
 - <https://providerdirectory.aidsinstituteny.org/>
 - To join the AIDS Institute Provider Directory, visit <https://providerdirectory.aidsinstituteny.org/Register/RegisterCreate>.
- 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). <https://thepointny.org/>
- OASAS Provider and Program Search
 - <https://webapps.oasas.ny.gov/providerDirectory/index.cfm>
- OASAS – Centers of Treatment Innovation (COTI) locator
 - <https://for-ny.org/centers-of-treatment-innovation-coti/>
- New York Medication for Addiction Treatment & Electronic Referrals (NY MATTERS)
 - NY MATTERS is a New York-based electronic referral platform to connect patients to MOUD and efficiently refer patients with OUD from emergency departments, obstetrician-gynecologist offices, correction facilities, inpatient units, pre-hospital settings, etc., to community-based clinics. <https://mattersnetwork.org/>

Trainings / Technical Assistance

- Providers Clinical Support System (PCSS) online buprenorphine waiver trainings
 - <https://pcssnow.org/medication-assisted-treatment/>
 - 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, visit <https://pcssnow.org/education-training/webinar-events/>.
- X-Express Buprenorphine Prescribing for Beginners
 - https://ceitraining.org/courses/course_detail.cfm?medialD=1137#.Yv6q13bMKUk
- NYSDOH Clinical Education Initiative Drug User Health Center of Excellence trainings
 - <https://ceitraining.org/>
 - To access Drug User Health Resources, visit https://ceitraining.org/resources/drug_user_health/.
- 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>

- National Clinician Consultation Center focusing on substance use in primary care
 - <https://nccc.ucsf.edu/clinical-resources/substance-use-resources/>
 - 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_2021.pdf
- [New York State Opioid Dashboard](#)
- Implementing Transmucosal Buprenorphine for Treatment of Opioid Use Disorder: Best Practices from NYSDOH and OASAS
 - https://www.health.ny.gov/diseases/aids/consumers/prevention/buprenorphine/docs/bupe_best_practices_2019.pdf
- NYSDOH AIDS Institute Clinical Guidelines:
 - Treatment of Opioid Use Disorder
 - https://www.hivguidelines.org/substance-use/oud/#tab_6
 - Harm Reduction Approach to Treatment of All Substance Use Disorders
 - https://www.hivguidelines.org/substance-use/harm-reduction/#tab_6
- NYSDOH Buprenorphine for OUD Modules
 - [Buprenorphine Public Health Detailing Initiative Overview](#) (PDF)
 - Buprenorphine for Opioid Use Disorder
 - [MODULE 1: Introduction](#) (PDF)
 - [MODULE 2: Pharmacology and Administration](#) (PDF)
 - [MODULE 3: Clinical Use of Buprenorphine](#) (PDF)
 - [MODULE 4: Special Populations](#) (PDF)

To order NYSDOH AIDS Institute hard copy of materials, complete and e-mail the Publication Request Form: https://www.health.ny.gov/forms/order_forms/hiv_educational_materials.pdf.

Methodology

Data Source: The Prescription Monitoring Program (PMP), maintained by the NYSDOH’s Bureau of Narcotic Enforcement, collects information for controlled substances in schedules II-V dispensed in outpatient settings irrespective of individual’s enrollment status. The data presented include buprenorphine prescribed for the treatment of OUD and reported to the NYS PMP as dispensed from 2017 to 2021. The demographic characteristics include age, sex, and county of residence. If the patient has more than one address, the patient is counted in the county of the last reported residence. Race/ethnicity information is not collected by PMP.

Definitions

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

Continuous buprenorphine prescription for 6 months or more for treatment of OUD: is defined as individuals (NYS residents) receiving at least 180 continuous days of buprenorphine for OUD without any gaps of more than 7 days for a given reporting period.

Rate calculations: for NYSDOH population estimates, US Census Bureau intercensal population estimates 2010-2018 were used. The rates for 2019-2021 were calculated based on 2018 population estimates.

Exclusions

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

References

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