

Buprenorphine in the Treatment of Opioid Addiction: Reassessment 2010

“The State of Buprenorphine Treatment”

**May 10, 2010
Washington, DC**

**H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment
Substance Abuse Mental Health Services
Administration
U.S. Department of Health & Human Services**



President Barack Obama

“As a Nation, we must work together to provide access to effective services that reduce substance abuse and promote healthy living.”

August 31, 2009



“At the Department of Health and Human Services we have a simple mission: protect the health of the American people and provide essential human services, especially for those who are least able to help themselves.”

Kathleen Sebelius
Secretary

May 5, 2009

U.S. Department of Health & Human Services

SAMHSA: Key Messages



Pamela S. Hyde, J.D.
Administrator, SAMHSA

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover from mental and substance use disorders

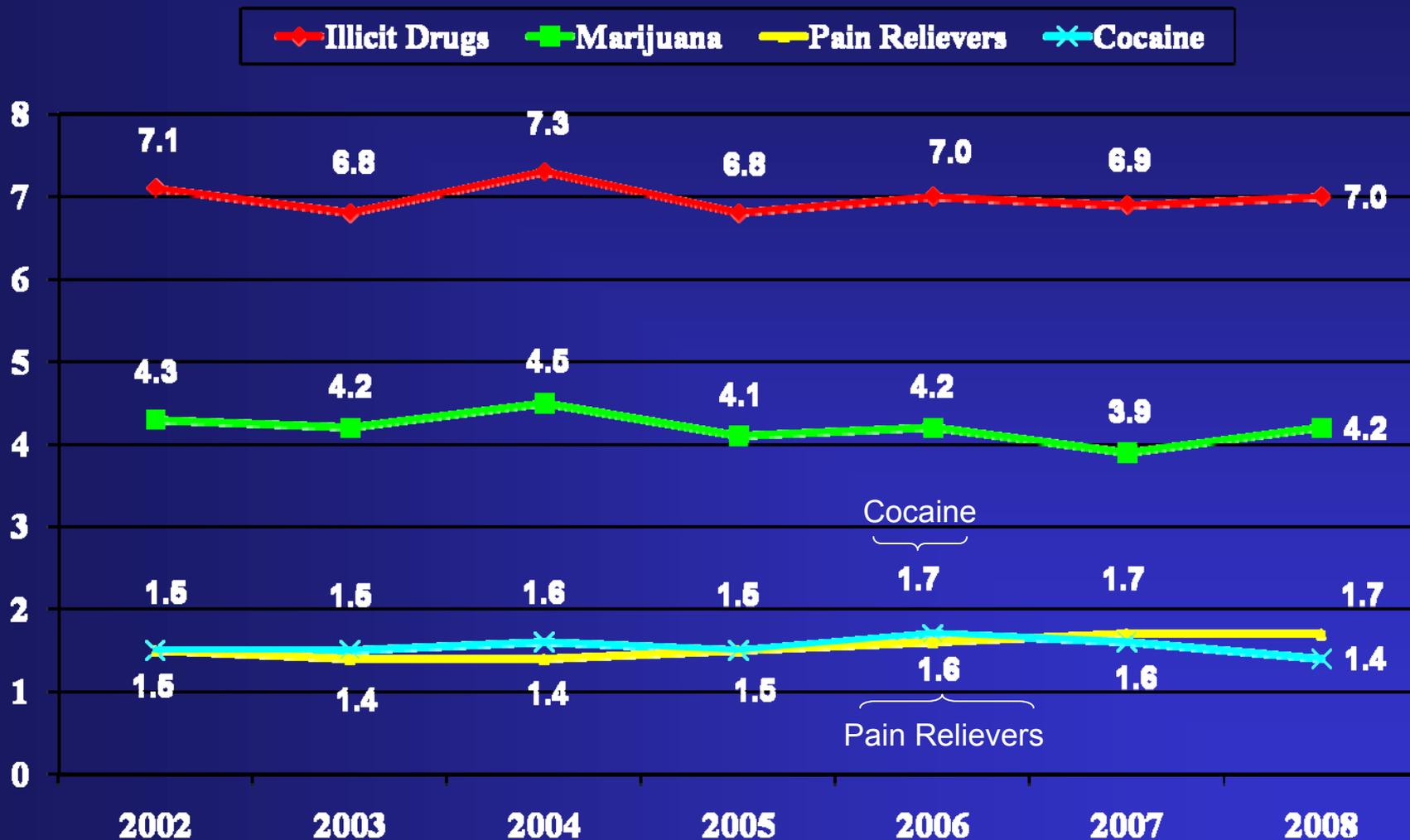
SAMHSA's Role in Improving the Nation's Health

- Behavioral health services improve health status and reduce health care and other costs to society.
- SAMHSA is charged with effectively targeting substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system.
- Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health.

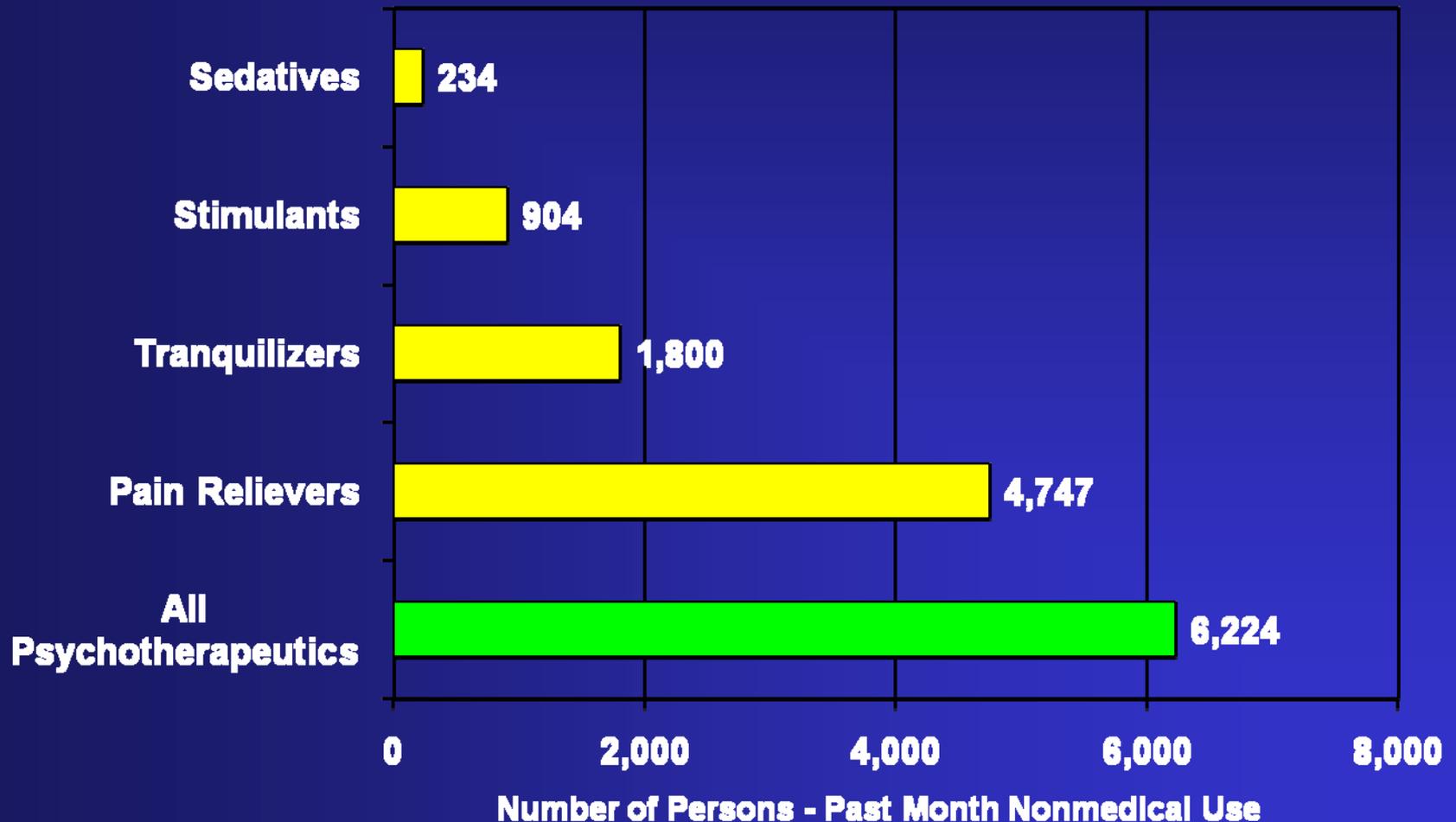
National Survey on Drug Use and Health

- Sponsored by SAMHSA
- NSDUH is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, noninstitutionalized U.S. population 12 years and older.
- Includes reports of risk behaviors, as well as substance use.
- Approximately 67,500 persons interviewed each year.
- <http://www.oas.samhsa.gov/nsduh.htm>

Dependence on or Abuse of Selected Illicit Drugs

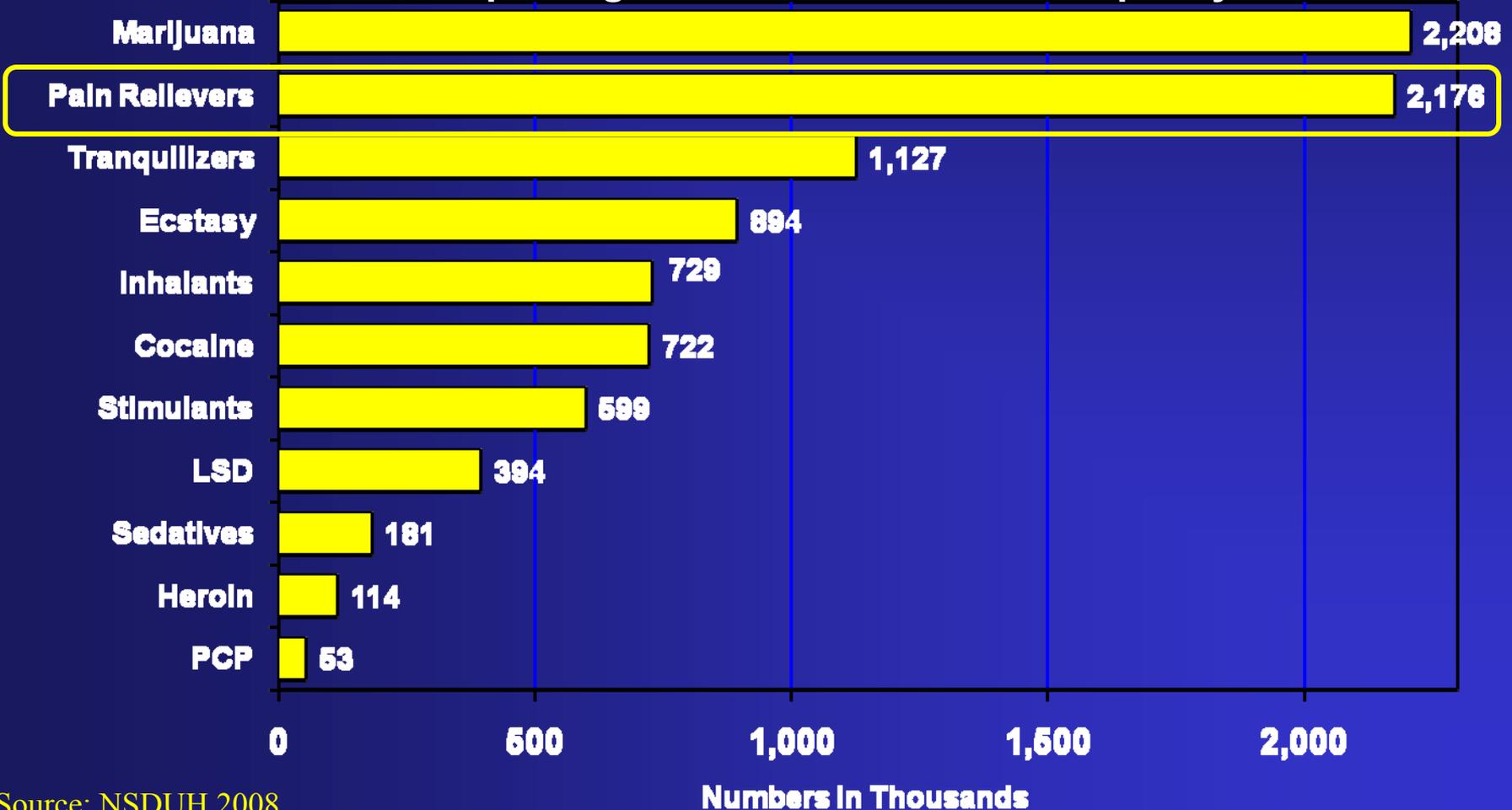


Past Month Nonmedical Use of Psychotherapeutics among Persons Aged 12 or Older: 2008

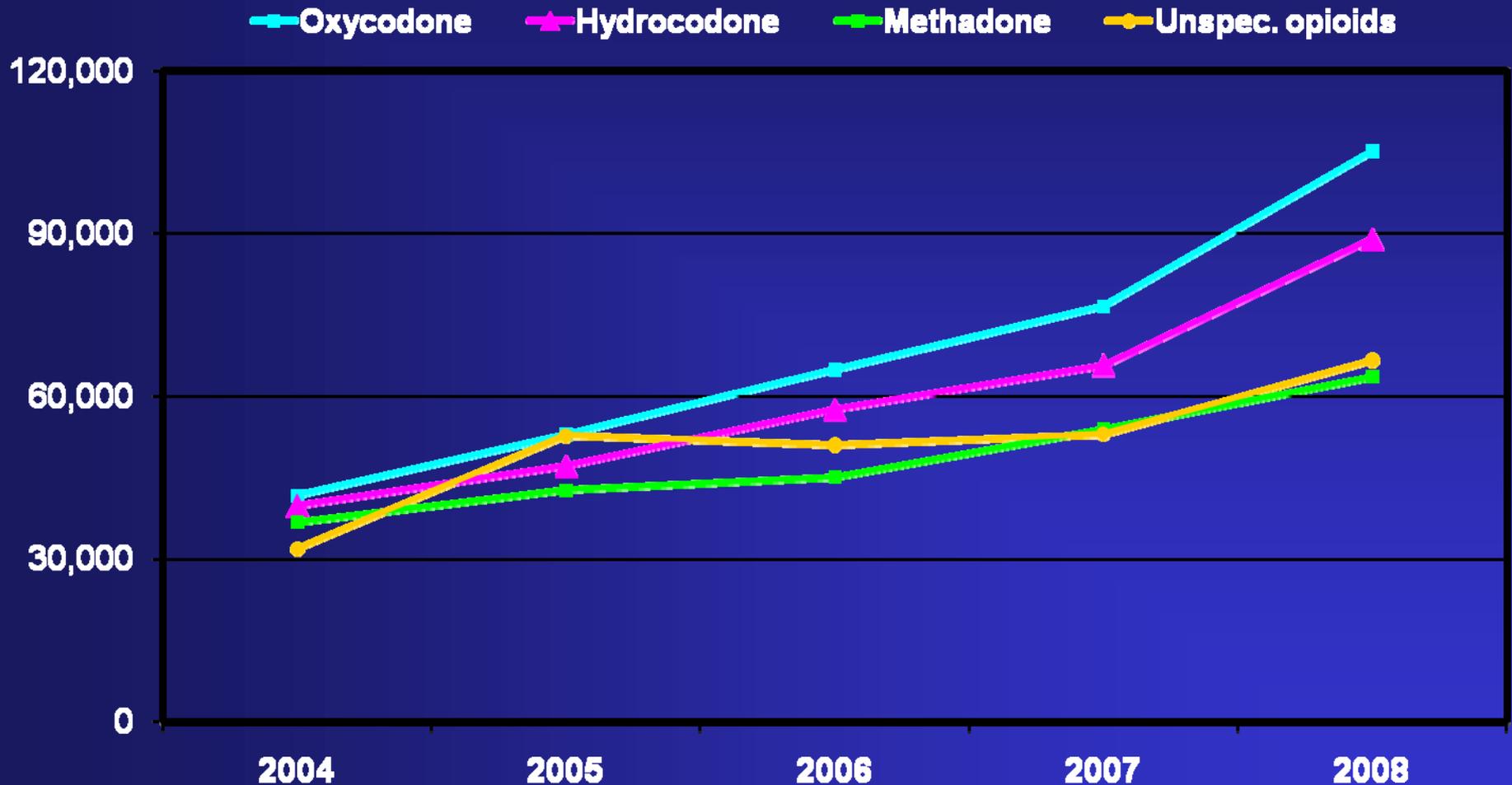


Past Year Initiates for Specific Illicit Drugs among Persons Aged 12 or older: 2008

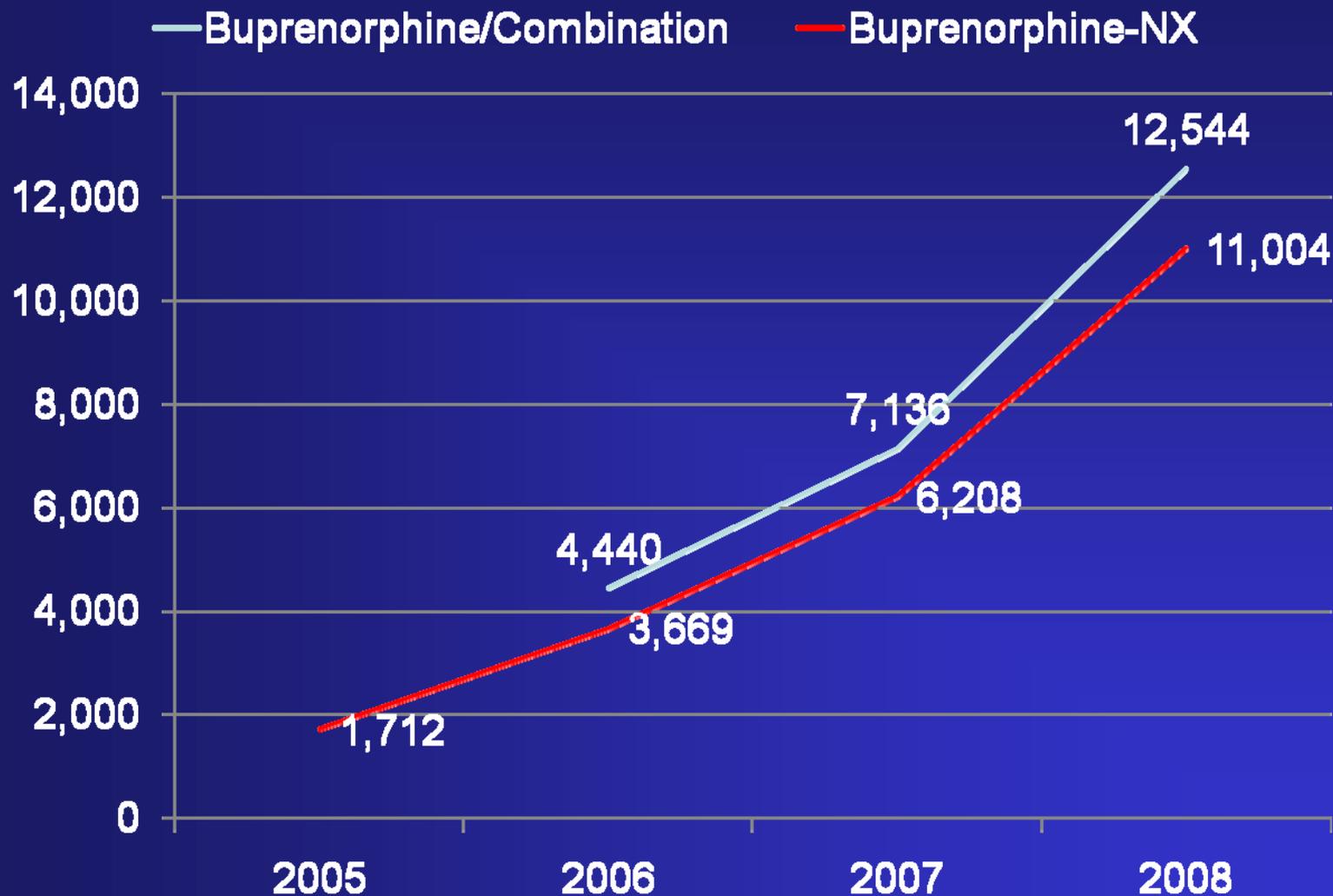
Number of Individuals reporting first use of substance in past year



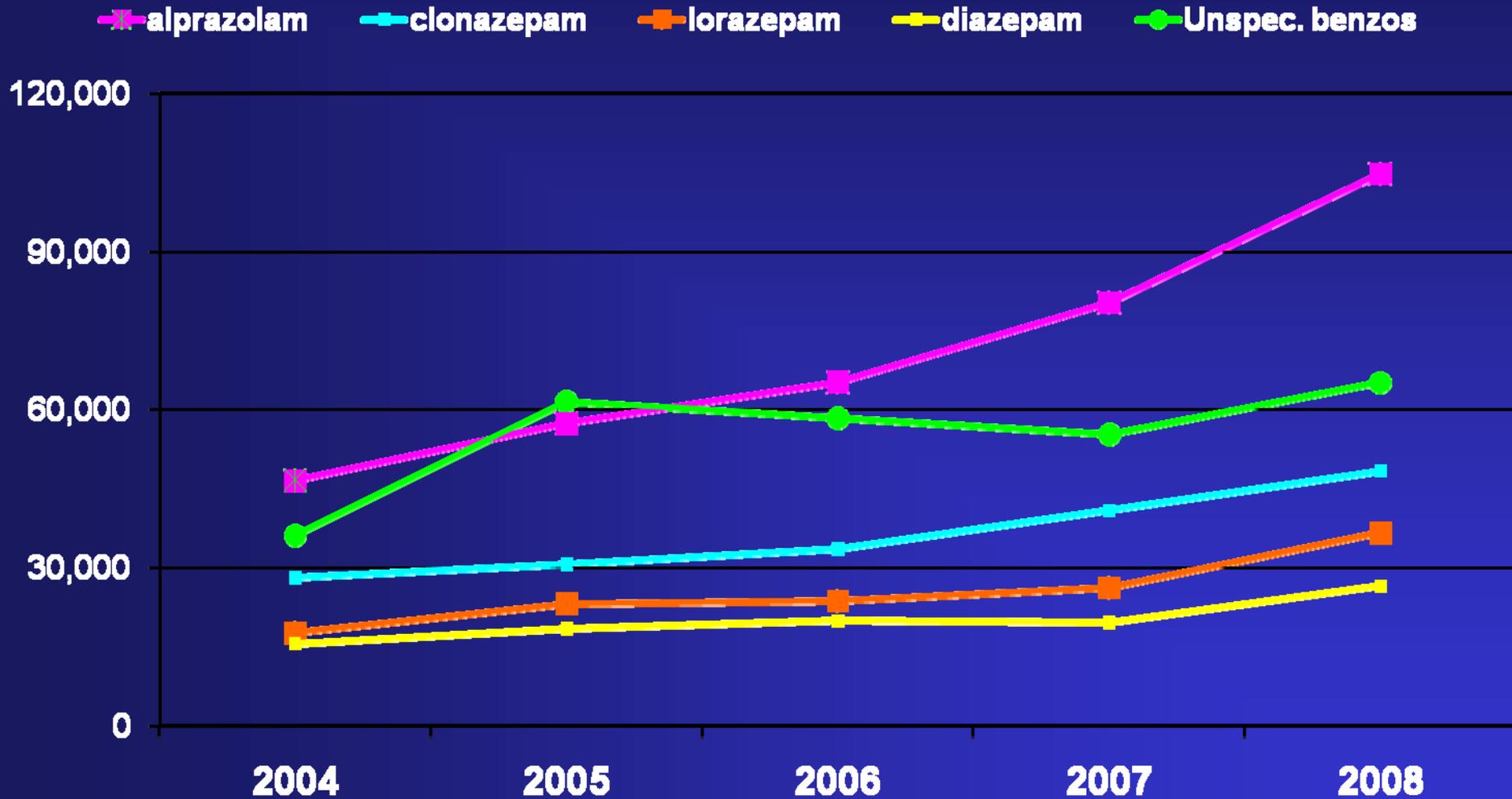
Trends for Opioid Non-medical Use ED Visits – 2004 - 2008



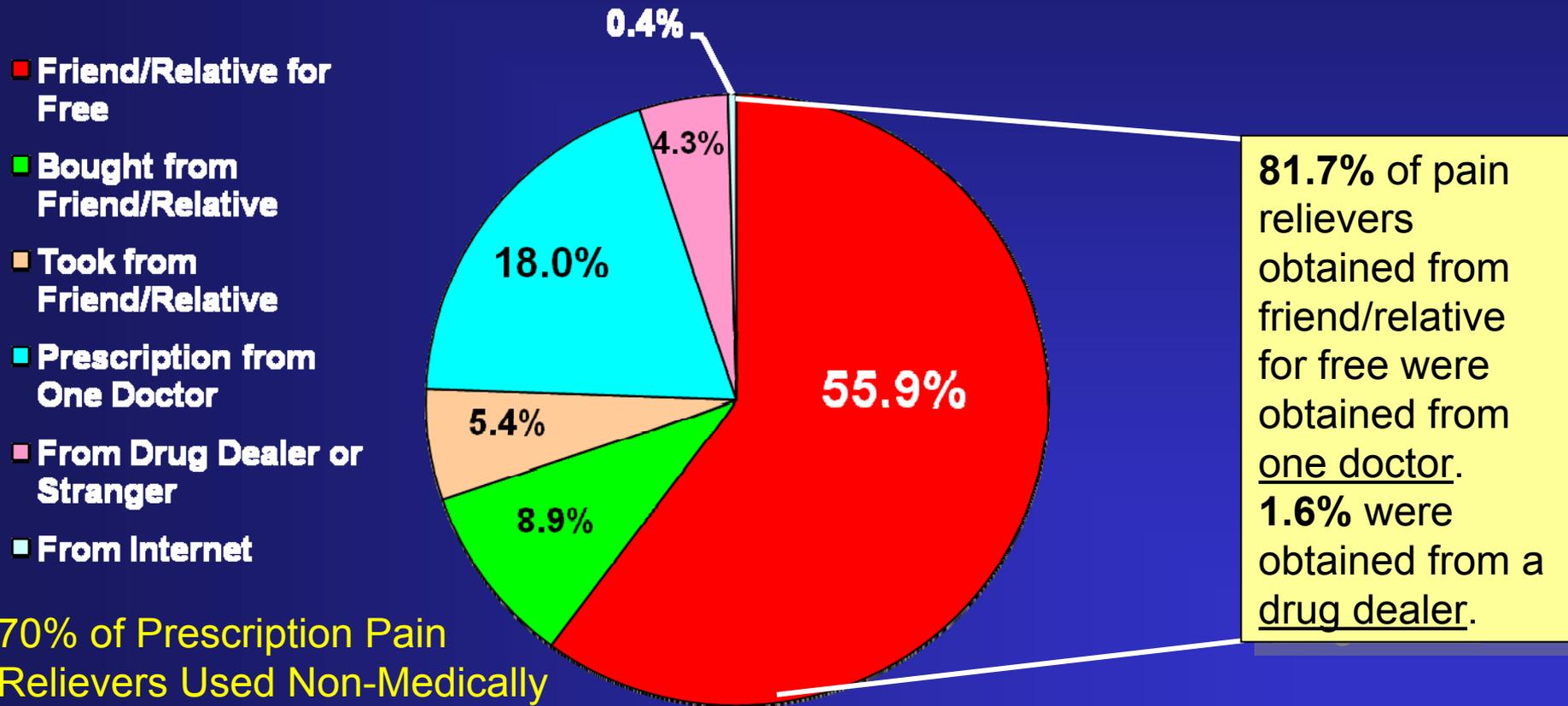
Trends for Buprenorphine Non-medical Use ED Visits 2006 - 2008



Trends for Benzodiazepine Non-medical Use ED Visits, – 2004 - 2008



Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2008



70% of Prescription Pain Relievers Used Non-Medically Come from Friends or Relatives

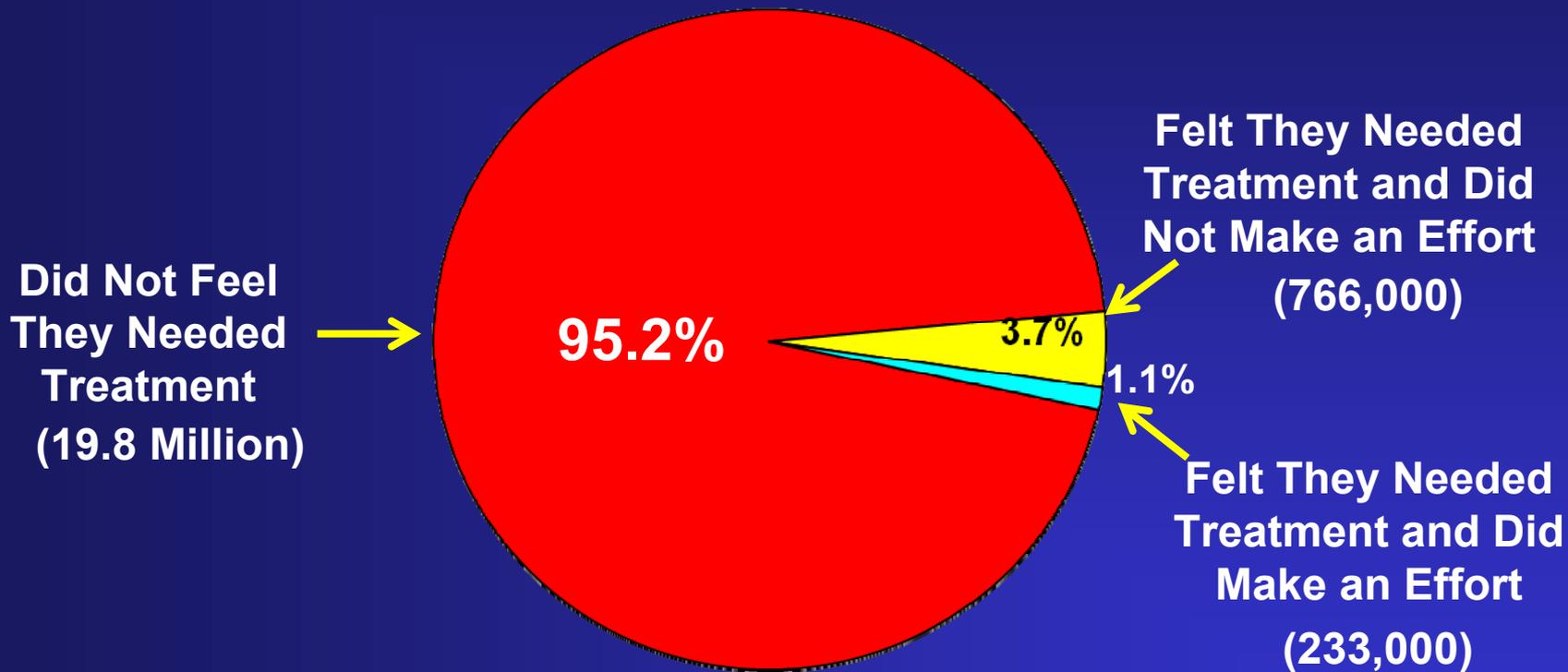
Note: Totals may not sum to 100% because of rounding or because suppressed estimates are not shown.

Source: NSDUH 2008

Increased Issuance of Stimulant Prescriptions

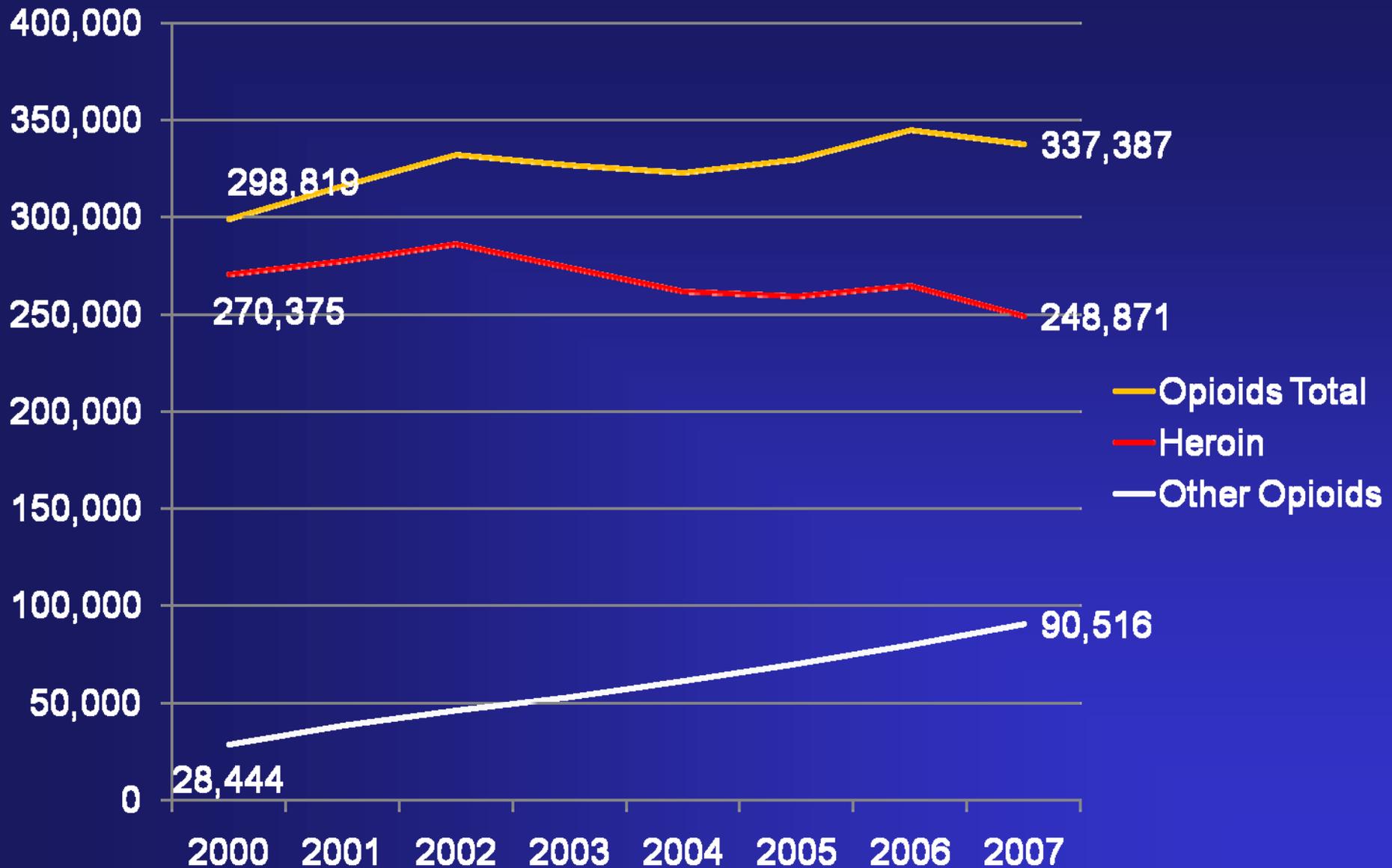
- An FDA study reported a four-fold increase in stimulant prescriptions between 2000 and 2004,
- From 2002 to 2005 the study found a 90% increase in adult use of stimulant prescriptions.
- The study concluded that both of these trends are likely to continue in the years to come.

Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2008



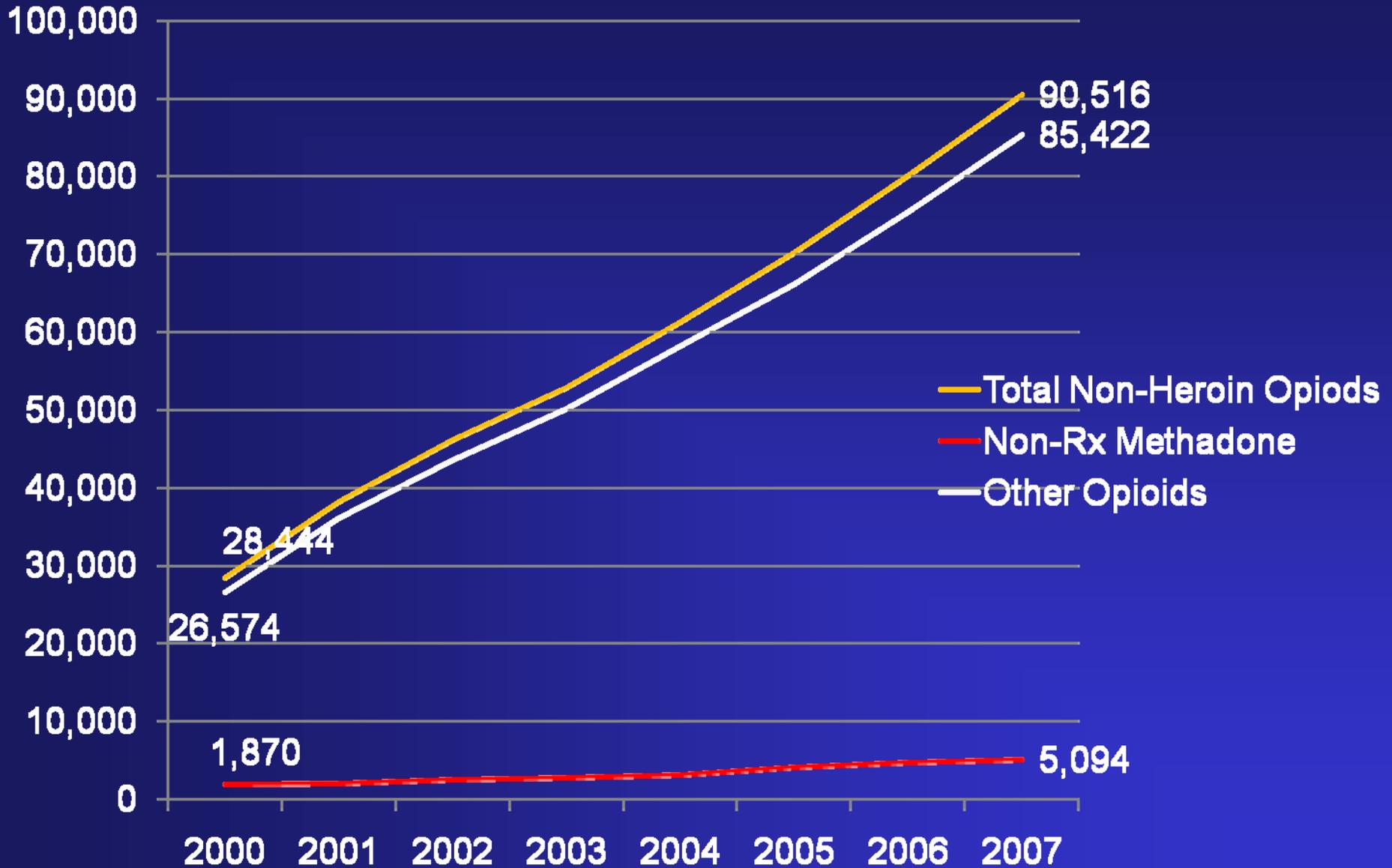
20.8 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

Treatment Admissions for Opioids: 2000-2007



SOURCE: Office of Applied Studies, SAMHSA, Treatment Episode Data Set 2007).

Treatment Admissions for Non-Heroin Opioids: 2000-2007



SOURCE: Office of Applied Studies, SAMHSA, Treatment Episode Data Set 2007).

Buprenorphine Assessment Meetings

- This is the 4th National Assessment meeting convened by SAMHSA and the National Institute on Drug Abuse (NIDA).
- Each summit has addressed different issues and challenges.
- 2003: approximately 2000 certified physicians; 20,000 patients¹ received buprenorphine that year.
 - Focus was on bringing health professionals together with State and Federal authorities
 - Developing evidence-based curriculum for physician education.
 - Launch of CSAT's "Paths to Recovery" – visited 20 cities to inform physicians of OBT model.

Buprenorphine Assessment Meetings (cont'd)

- 2005: 6,500 certified physicians; approximately 96,000 patients¹ receiving Suboxone or Subutex prescriptions.
 - Focus was on models of care, including induction centers, coverage by major health plans, and measuring treatment outcomes.
- 2008: Almost 16,000 certified physicians; nearly 500,000 patients¹.
 - Focus was on special populations, additional training & educational needs, and treatment in rural settings.
 - Attention was also given to the government response to reports of diversion, misuse, and buprenorphine-related deaths in U.S. and Europe.

4th Buprenorphine Assessment Meeting

- Today: Number of certified physicians has leveled off at about 19,000.
 - In 2009, there were approximately 640,000 patients¹ who received buprenorphine:
 - 60,000 Subutex patients
 - Today's challenges include:
 - Increase in the diversion of buprenorphine addiction products.
 - According to DAWN data, in 2008 non-medical use of buprenorphine was among the 5 top opioids abused.

Generic Buprenorphine

- Available since 2009.
- Only available in the mono form (buprenorphine only).
- Costs one-fourth as much as Subutex.
- May have implications for diversion and misuse
- CSAT is continuing to track prescribing, diversion, and adverse events of this and other new formulations, as they are introduced into the marketplace.

Trends in Nonmedical Use ED Visits – 2004 compared to 2008

- ED visits due to opioid pain medications increased 112% between 2004 and 2008
 - Benzodiazepines increased 89%
 - Antipsychotics increased 56%
- Most visits involved more than one drug
- Interactions between drugs can have a cumulative effect
- CNS depressants can reduce respiration, leading to unconsciousness and death

Role of Health Care Providers in Detecting and Preventing Abuse

Health care providers:

- Treat 191 million Americans (70%) at least once every two years.
- Are in unique positions to:
 - Prescribe needed medications
 - Encourage compliance
 - Identify problems as they arise
 - Help patients recognize their problems
 - Adopt strategies to address problems
- However, health care providers first need to be trained on the underlying issues of abuse and dependence of prescription opioids.

Screening, Brief Intervention & Referral to Treatment (SBIRT)

- SBIRT has great future potential for promoting changes to the entire primary care medical service delivery system.
- Embedding screening, brief intervention, referral & treatment of substance abuse problems within primary care settings such as emergency centers, community health care clinics, and trauma centers helps to:
 - Identify patients who don't perceive a need for treatment,
 - Provide them with a solid strategy to reduce or eliminate substance abuse, and
 - Move them into appropriate services.

Impact of Health Insurance Reform

- An estimated 32 million people are expected to gain access to health insurance through Health Insurance Reform legislation.
- That could add to the client population an estimated 87,000 people with SA, who previously sought treatment but didn't get it because of no insurance or inability to pay.
- Included in this number are new patients who will qualify for Medication Assisted Treatment.
- Health Insurance Reform is also focusing on early screening and brief intervention – encouraging more integrated care.

Snapshot Reports on Opioid Treatment

- Available in June 2010.
- State snapshots provide locations where physicians dispense Buprenorphine, in addition to locations of Opioid Treatment Facilities.
- Additional information includes type of treatment & number of patients, and
 - Type of payment accepted by OTP

Alabama Opioid Addiction Treatment System

The July 1, 2009 U.S. Census Bureau population estimate for Alabama is 4,708,708 (1.5 percent of the total U.S. population). On March 31, 2008, according to the SAMHSA, OAS, National Survey of Substance Abuse Treatment Services (N-SSATS), there were 13,939 patients receiving any type of substance abuse treatment in 136 facilities. The map below shows the location of the facilities that offer OTPs in Alabama.

State Opioid Treatment Authority
Robert Wynn
 Department of Mental Health
 100 North Union Street
 P.O. Box 301410
 Montgomery, Alabama 36130-1410
 Phone: (334) 242-3956
 Fax: (334) 242-0759
 Email: robert.wynn@mh.alabama.gov

Profile of Opioid Treatment Programs (OTPs)
 Total Alabama Certified Opioid Treatment Programs as of March 2010: 20



Local hot points on the map may overlap due to multiple sites in close proximity.

Source: SAMHSA, OTP Database, March 2010.

Type of Treatment and Number of Patients in OTPs: March 2010	State	National
Type of Treatment	Percent	Percent
Maintenance only	23.5	31.2
Detoxification only	---	6.6
Both maintenance and detoxification	76.5	62.1
Patients		
	Number	
Total	6,671	272,351
Number of patients receiving methadone	6,635	268,071
Number of patients receiving buprenorphine	36	4,280

Type of Payment Accepted by OTPs: March 2010	State	National
Type of Payment	Percent	Percent
Cash or self-payment	100.0	95.9
Private health insurance	47.1	48.5
Medicare	5.9	29.4
Medicaid	5.9	62.8
State financed insurance (other than Medicaid)	5.9	32.0
Federal military insurance (e.g., VA, TRICARE)	---	17.8
Sliding fee scale (based on income and other factors)	5.9	51.1
No charge for patients who cannot pay	11.0	33.4

Source: SAMHSA, OAS, National Survey of Substance Abuse Treatment Services (N-SSATS), March 2010.

Source: SAMHSA, OAS, National Survey of Substance Abuse Treatment Services (N-SSATS), March 2010.

*Facilities may accept more than one type of payment.

Medication Assisted Treatment for Opioid Addiction: 2010 State Profiles
7

Summary

- Medication-Assisted Treatment continues to be an effective response to opioid addiction.
- Integrating MAT into primary care and using early screening and brief intervention can identify those misusing pharmaceuticals who are not yet seeking treatment.
- Health Insurance Reform, with its focus on screening and early intervention, as well as integrated care, has the potential to increase the number of clients seeking MAT – including treatment with buprenorphine.

SAMHSA/CSAT Information

- SAMHSA website: www.samhsa.gov
- Information web site:
www.buprenorphine.samhsa.gov
- Medication-Assisted Treatment information:
<http://www.dpt.samhsa.gov/patients/mat.aspx>
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
 - 1-800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (average # of tx calls per mo.- 24,000)