NYC HEALTH+ HOSPITALS | BEHAVIORAL HEALTH

Purpose: Rapid deployment of a virtual buprenorphine clinic during COVID19 emergency declaration

Situation: During times of emergency we can predict surges in behavioral health symptoms and substance use, including overdoses. Understandably in a public health crisis, systems are diverted to address the acute issue. In our current COVID19 emergency, many addiction clinics are temporarily transitioning to telehealth to continue maintenance therapy, but have very limited capacity to accept new patients. Problems accessing treatment are further compounded by the overall profound disruption of services available in the community, including addiction treatment and harm reduction programs, groups/meetings, detox, and medical clinics.

The moment demands a swift and effective response, to prevent a surge in overdose deaths and ensure access to OUD treatment. The lifting of various regulations around telehealth (OASAS, DEA, HHS) provides a unique moment to establish a low threshold, high volume virtual clinic to start buprenorphine (BPN) for opioid use disorder (OUD) for new patients, or continue treatment for patients who have lost access to their prior treatment provider.

Background:
Public health emergencies are a particularly vulnerable time for persons with substance use disorders. Past emergencies have been associated with increases and behavior changes related to alcohol, tobacco and illicit drug use.[1] During Hurricane Sandy in 2012, persons who use drugs in New York City reported multiple challenges, including increased withdrawal, risky substance use behaviors, and inability to fill medication prescription among those in BPN.[2] In the midst of COVID-19, similar challenges are expected in NYC: Limited access to BPN and naloxone are likely to result in a surge of overdose deaths, especially given the current potency drug supply.[3] Shifts and disruptions in drug supply[4] may also play a role in an increased demand for treatment, making readily available BPN initiation critical. Robust telemedicine protocols have been shown to mitigate loss to follow-up, opioid reuse, disruptions in accessing BPN, and financial loss to treatment programs during times of crisis.[5] Telemedicine programs are likely to be useful and feasible in NYC public hospitals, as recent mHealth studies have identified over 80% patients use smart phones.[6]

---

[1] Dewart, T., Frank, B., & Schmeidler, J. (2006). The impact of 9/11 on patients in New York City's substance abuse treatment programs. *The American journal of drug and alcohol abuse*, *32*(4), 665-672.
[2] Pouget, E. R., Sandoval, M., Nikolopoulos, G. K., & Friedman, S. R. (2015). Immediate impact of Hurricane Sandy on people who inject drugs in New York City. *Substance use & misuse*, *50*(7), 878-884.
[3] Mcknight, C., & Des Jarlais, D. C. (2018). Being “hooked up” during a sharp increase in the availability of illicitly manufactured fentanyl: adaptations of drug using practices among people who use drugs (PWUD) in New York City. *International Journal of Drug Policy*, *60*, 82-88.
[4] Dunlap, E., Graves, J., & Benoit, E. (2012). Stages of drug market change during disaster: Hurricane Katrina and reformulation of the New Orleans drug market. *International Journal of Drug Policy*, *23*(6), 473-480.
[5] Tofighi, B., Grossman, E., Williams, A. R., Biary, R., Rotrosen, J., & Lee, J. D. (2014). Outcomes among buprenorphine-naloxone primary care patients after Hurricane Sandy. *Addiction science & clinical practice*, *9*(1), 3.
[6] Tofighi, B., Grossman, E., Buirkle, E., McNeely, J., Gourevitch, M., & Lee, J. D. (2015). Mobile phone use patterns and preferences in safety net office-based buprenorphine patients. *Journal of addiction medicine*, *9*(3), 217.