

# Designing Addiction Treatment Systems in the Fentanyl Era: A Public Health and Medical Approach

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*10/18/2023*



# Disclosures

- I have no conflicts of interest or financial disclosures.

# Frontline Experience



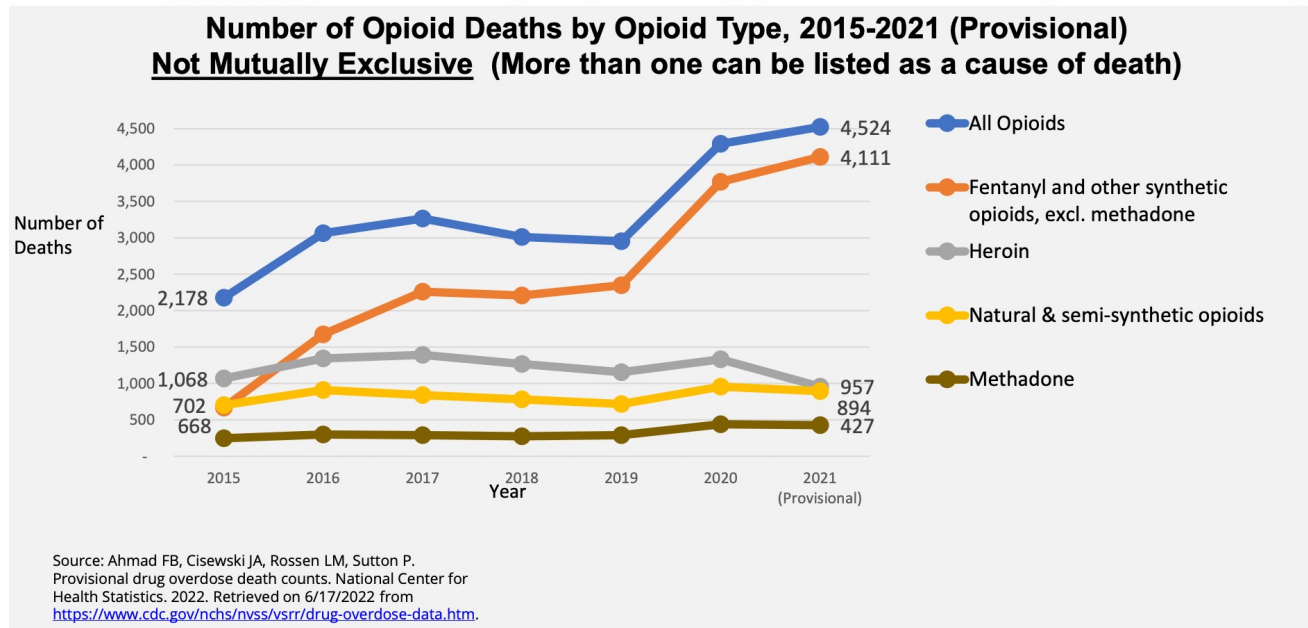
- Former Medical Director of National Harm Reduction Coalition
- Board Certified in Internal Medicine/Addiction Medicine
- Previously worked at Rikers Island Jail system
- Practiced in street medicine, syringe service programs, low barrier provision of buprenorphine
- Now work in YNHH hospital and OTP methadone clinic primary care at the Yale Program in Addiction Medicine
- Research on addiction treatment and harm reduction, women
- National harm reduction expert

# NYS Overdose Crisis: Fentanyl Predominates

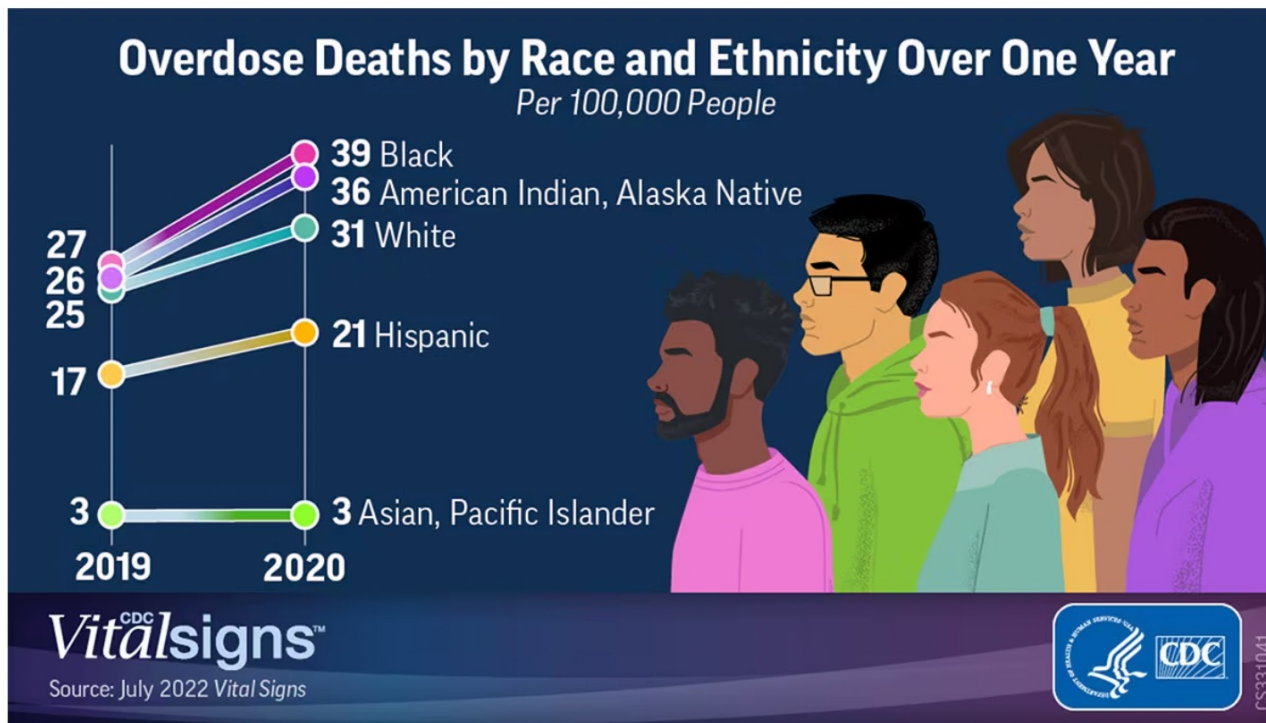
August 23, 2022

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## NYS Opioid Deaths by Opioid Type 2015-2021 (Provisional)



# Overdose Death Rates by Race/Ethnicity



# OASAS: NYS

- More than 1700 prevention, treatment and recovery programs
- Serve over 680,000 individuals per year
- Includes the direct operation of 12 Addiction Treatment Centers (ATCs).
- The agency inspects and monitors over 900 addiction treatment programs.
- OASAS and its predecessors have overseen the treatment of people with substance use disorders since 1966.

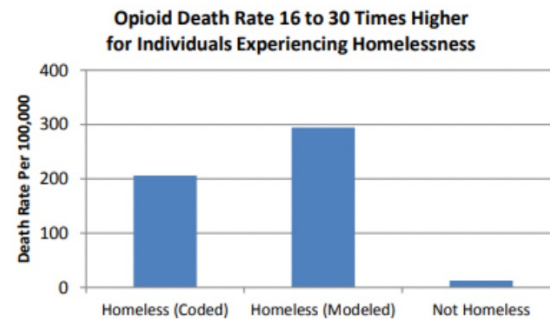
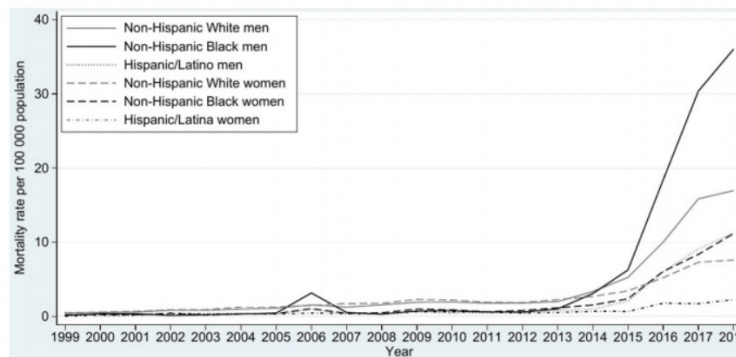
# OASAS

OASAS Continuum of Care							
Treatment		Harm Reduction		Recovery		Prevention	
Crisis	58	Outreach Services	19	Recovery Centers	31	Prevention Providers	152
Inpatient	65	Supply Distribution	on-going	Youth Clubhouses	22	Community Prevention Coalitions	183
Residential	209	Mobile Medication Initiative	13	Housing Units	2,800	Prevention Resource Centers	6
OTP	110	Street Level Engagement Initiative	15			Regional Addiction Resource Centers	10
Outpatient	459	Homeless Shelter In-reach Initiative	7				
Open Access Centers	9						
Crisis Stabilization Centers	9						

NYS OASAS Report 2022

# Risks of Overdose

- Those at greatest risk of death often most marginalized
- People experiencing incarceration 120 x higher & unhoused 16-30 x higher rates of overdose death
- Greatest increase in fentanyl related overdose death has been among Black men





# Components of Effective Treatment



Medication



Psychosocial interventions



Recovery supports



Harm reduction

# Nimble Addiction Treatment Systems

- Meet people where they're at ... and don't leave them there
- Addressing polysubstance use
- Easier to get treatment for opioid use disorder than to get fentanyl
- Abundant harm reduction services
- Bridge clinics
- Telehealth
- Hospital addiction consult teams
- NYS drug user health hubs
- Medication for OUD in shelters/jails/prisons/syringe service programs
- Low barrier provision of MH
- Services agile on phone or in person, no/low appointments
- \$\$\$ on transportation, childcare, phones, housing for pts w/OUD and or at high risk of overdose

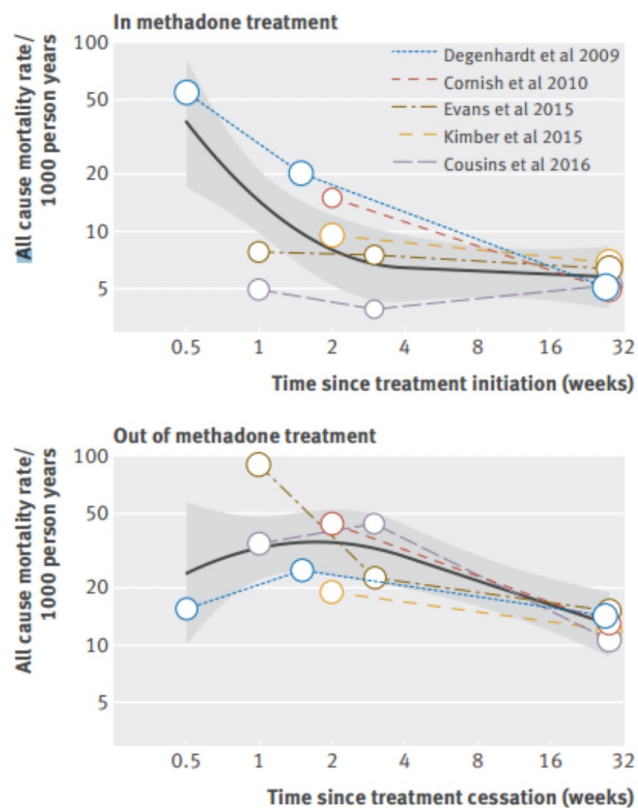
# Methadone and Buprenorphine Reduce Mortality

## All cause mortality rates (per 1000 person years):

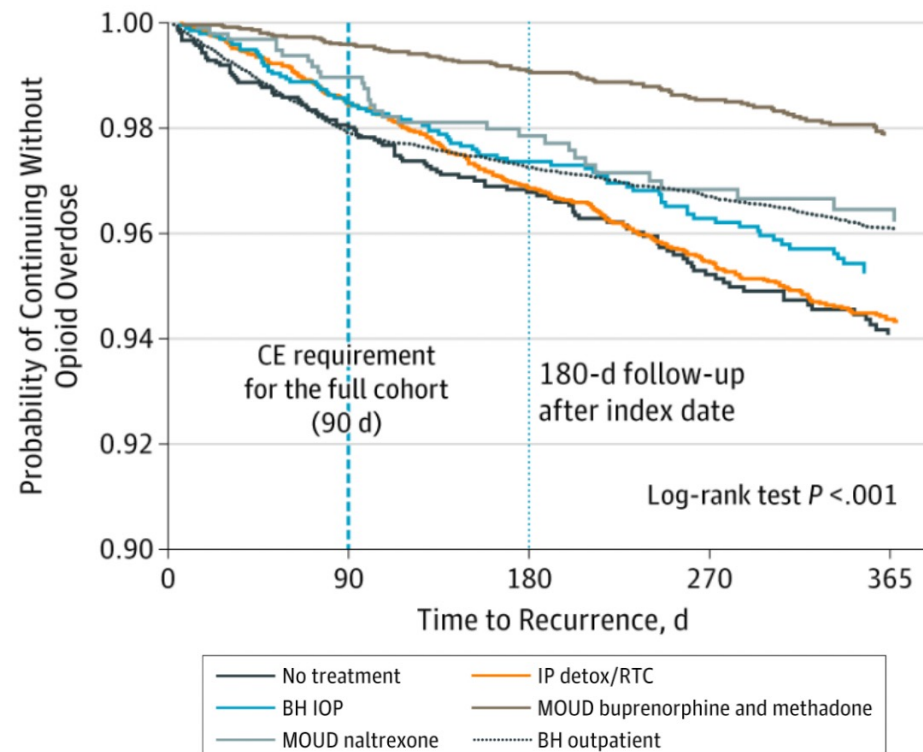
- In methadone treatment: 11.3
- Out of methadone treatment: 36.1
- In buprenorphine treatment: 4.3
- Out of buprenorphine treatment: 9.5

## Overdose mortality rates:

- In methadone treatment: 2.6
- Out of methadone treatment: 12.7
- In buprenorphine treatment: 1.4
- Out of buprenorphine treatment: 4.6



# Not all “Treatments” are Effective



# Harms of Criminalization and Forced Treatment

- Not enough treatment for people who didn't want it (waiting lists)
- In Massachusetts, involuntary treatment was essentially prison beds with separate or no programming
- "Treatment" not offering evidence based medication for OUD (methadone/buprenorphine)
- 2x increased risk of overdose after involuntary treatment seen in Massachusetts (Section 35) vs voluntary treatment
- 120x increased risk of overdose after leaving prison/jail than general population (Binswanger et al 2007)

# Incarceration Associated with Harms

Violence (fights, brutality)

Withdrawal (opioids, benzos, EtOH) +  
risk of overdose death

Disrupted Medical Care

Medicaid Suspension

Loss of Housing or Employment

Self Harm

# Key Priorities for States

- Increase access to and support for the most effective medications (methadone and buprenorphine) for OUD across diverse settings
- Reduce overdose risk and mortality, those highest risk, linkage to treatment, naloxone, and harm reduction
- Improve existing real time data and data sharing among agencies and orgs (e.g. MA as leader)
- Increase addiction workforce and improve community and non-specialist ways to treat OUD, decrease stigma
- Primary, secondary and tertiary prevention
- Address ppl's social determinants of health and structural vulnerabilities including racialized harms of overdose crisis

Questions?

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