SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
STREET MEDICINE TEAM + WHOLE PERSON CARE

Low Barrier Buprenorphine Pilot Program

Barry Zevin, MD
San Francisco Department of Public Health
Medical Director, Street Medicine and Shelter Health
barry.zevin@sfdph.org

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In 2015, the San Francisco Department of Public Health declared public injection a public health priority.

As a result, San Francisco’s Low-Barrier Buprenorphine Program was born with the mandate to break down existing barriers to treatment and health care for public injectors.

People who inject drugs in public

- Are typically homeless
- Use heroin and have **severe opioid use disorder**
- Experience barriers to using existing methadone clinics or buprenorphine treatment

Potent Synthetic Opioids

FENTANYL

CAN BE DEADLY WHEN CUT WITH THE DRUGS YOU'RE TAKING

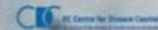
KNOW YOUR SOURCE? BE DRUG SMART

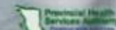
KNOWYOURSOURCE.CA

Time of Death
2330

Cause of Death
Overdose: Fentanyl
unknowingly taken
with other drugs

VPD.CA





Harm Reduction Approach

- **Keep people alive and prevent overdose death**
    - Pilot safe recovery at sobering center
    - Naloxone access
- **Education and outreach related to reducing syringe waste**
    - Various approaches with multiple public health partners
- **Need for low barrier access to buprenorphine treatment**
    - Targeted outreach
    - Patient-centered treatment adapted to needs of homeless population

Opioid Use Disorder and Buprenorphine

OPIOID USE DISORDER:

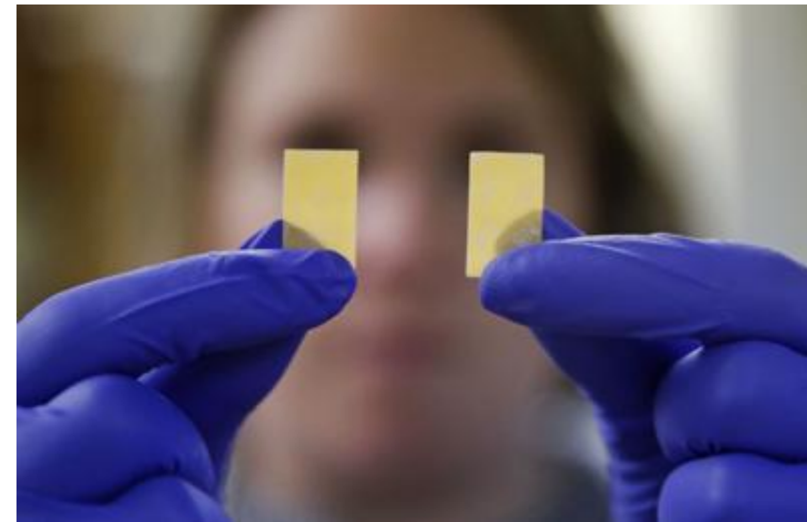
Chronic medical condition characterized by loss of control and compulsive use of opioids despite harm

TREATMENT FOR OPIOID USE DISORDER:

1st line: opioid agonist therapy = methadone or buprenorphine

Retains patients in care, decreases mortality, reduces opioid use, improves infectious disease transmission, improves other health and social outcomes

- **Methadone:** highly regulated, dispensed daily through OTP
- **Buprenorphine:** prescribed in office-based setting by waivered provider



METHADONE

Opioid agonist

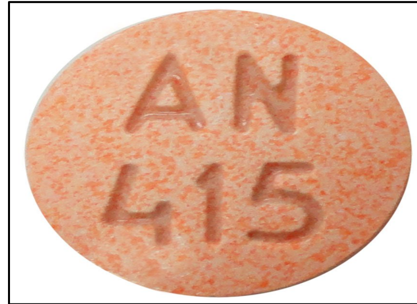
- Tx within Opioid Treatment Program
- Highly structured
- higher doses more effective
- decreases effects of other opioids due to high tolerance

BUPRENORPHINE

Partial agonist

- Office based treatment within Primary Care
- Blocks euphoric and overdose effects directly

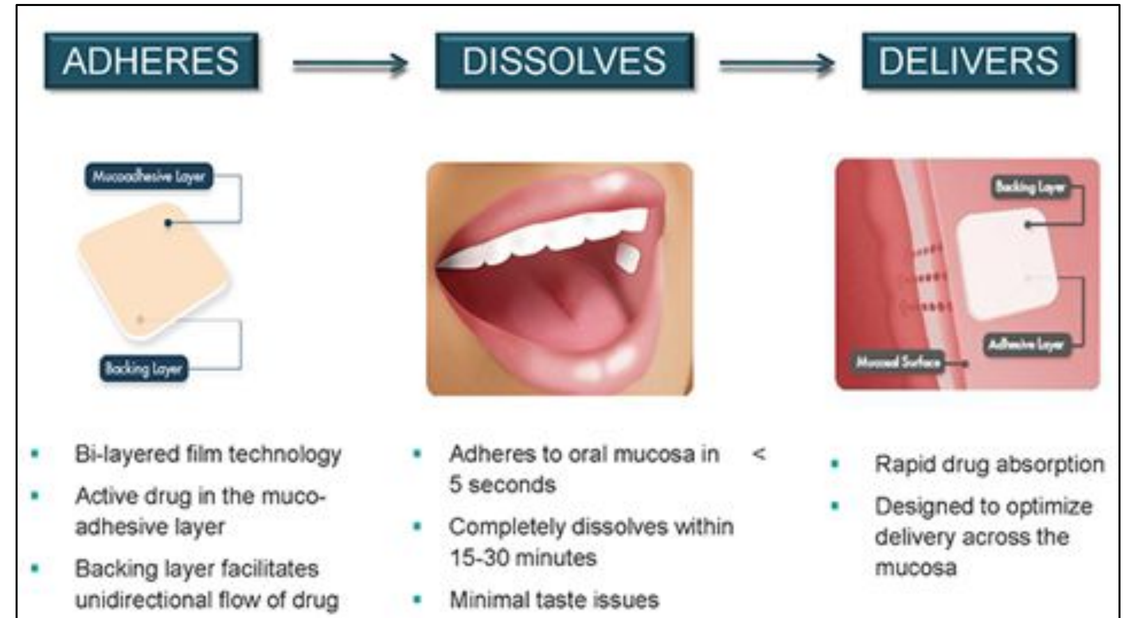
New Buprenorphine Forms and Formulations



2mg/0.5mg

8mg/2mg

Buprenorphine/Naloxone (Sublingual) Actavis

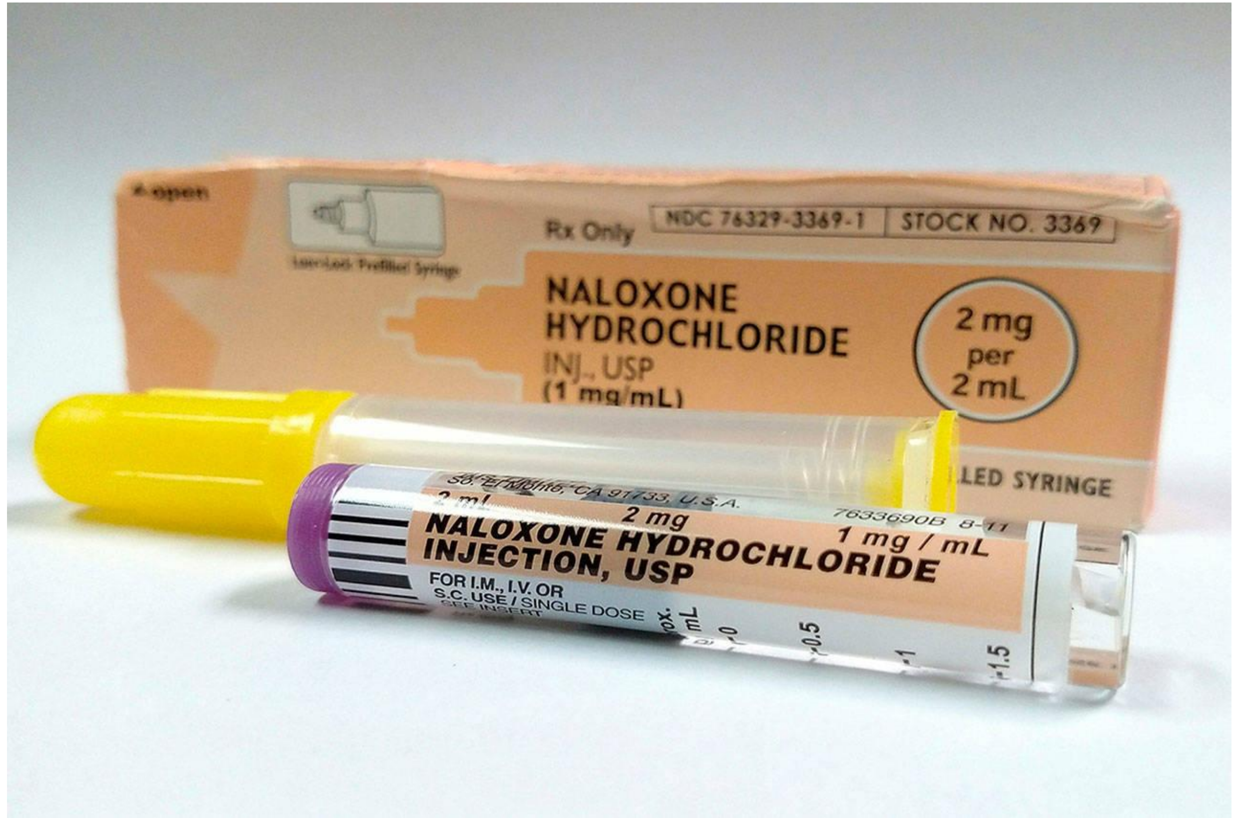


But really… isn't MAT just exchanging one addiction for another?

You know the usual arguments in favor but do you know about...

- Improvement in physiology
- Stress responses improved
- Stabilization in neuro-immune-endocrine system
- Sexual function improves

PULL
DEVICE UP
Evzio
naloxone HCl injection, USP
auto-injector
USE FOR OPIOID EMERGENCIES
SUCH AS SUSPECTED OVERDOSE
Seek Emergency Medical Attention
4 mg /0.1 mL intranasal spray (2 units per box)
CHECK EXPIRATION DATE BEFORE USE.
NARCAN NASAL SPRAY
(naloxone HCl)
NOT FOR HUMAN USE


Rx Only
NDC 76329-3369-1
STOCK NO. 3369
NALOXONE
HYDROCHLORIDE
INJ., USP
(1 mg/mL)
2 mg
per
2 mL
NALOXONE HYDROCHLORIDE
INJECTION, USP
2 mg
1 mg / mL
FOR I.M., I.V. OR
S.C. USE / SINGLE DOSE

Barriers to Opioid Use Disorder Treatment: Patient Challenges

- No Medi-Cal/Medi-Cal inactive
- No ID
- No phone
- Difficulty making appointments
- Can’t / won’t leave stuff / pets
- Can’t / won’t leave partner
- Lack of trust for doctors
- Warrants or other criminal justice complications
- 86’d from clinics
- Chaotic constant drug use
- Acute medical issues
- “They just want to control you”

Barriers to Opioid Use Disorder Treatment: Prescriber Perception

OF PATIENTS…

- "They are out of control"
- Frequent lost or stolen medication
- High risk of diversion of medication
- Poor understanding of reasons not to divert medication
- Goals other than abstinence
- Poor previous track record of adherence to medical plans
- Missed appointments
- Safety risk
- Time consuming and manipulative

OF BUPRENORPHINE…

- Poor understanding of reasons not to divert medication
- Handle "red flags" same as for opioid analgesics
- Dangerous and difficult to use

Target Population and Resources

INDIVIDUALS EXPERIENCING HOMELESSNESS

- Injecting drugs in public
- Severe opioid use disorder
- High risk / high vulnerability
- Not able to benefit from care otherwise available in SF

STREET MEDICINE TEAM

- Initial Pilot 11/16 -7/18
    - Redeployed current resources
    - 1 FTE outreach worker only additional budget
- Expansion
    - 8 additional team members

PrEP

PrEP

Street Medicine Team Principles

1/ Put the Patient First

The first step towards creating a successful program is to identify the patient population and work to understand individual motivations and concerns. Let your patient set the goals.

2/ Build an Empowered Team

Our team is made up of navigators, nurses, health workers, and buprenorphine-waivered clinicians who are empowered to support the patient to the best of their abilities in each moment of engagement.

3/ Build an Ecosystem of Partners

We operate at locations where our patients are already comfortable in preventative health care settings such as needle exchanges and street-based health fairs and have a close working relationship with San Francisco's Behavioral Health Services (BHS) Pharmacy.

4/ Practice Harm Reduction

Embrace harm reduction principles. By respecting the dignity of our patients, we can help them to achieve their health-related goals and transition to a more healthy state of life.

5/ Take a new Approach

Meet the patients where they are. This is an approach to patient-goal setting, as well as, tactical location strategy. We meet our patients where they physically are: this includes needle exchanges, encampments, shelters, and homeless health fairs.

Photo credit SF Chronicle

Approach: Engage

The Street Medicine Team conducts initial assessments in locations where patients already convene and are comfortable.

WHAT'S WORKING

- Assessing patients in the field.
- Using a flexible and harm reduction approach.
- Holding "open access" clinic hours in nontraditional sites where patients already feel comfortable.
- Hiring navigators and health workers with an authentic relationship to unhoused individuals and communities.

Approach: Care

We take a patient-centric approach that emphasizes collaboration. Our goals are our patients' goals whenever they are moving in the direction of health.

WHAT'S WORKING

- Supporting patients throughout their journey to wellness.
- Getting rid of appointments.
- Outreaching patients and staying connected.
- Being a multidisciplinary team.
- Welcoming return patients back into care and assessing for how to improve.

Approach: Transition

Transition is about easing a patient's move from care with the Street Medicine Team to traditional primary care or other outpatient opioid treatment.

WHAT'S WORKING

- Preparing patients for common challenges of a traditional primary care clinic. Where possible and desired, offering accompaniment to traditional primary care clinics.
- Connecting patients to harm reduction-oriented health providers and waiver programs in other cities.
- Keeping the door open. We welcome past patients back.

Pilot Program Evaluation

AIMS

- Characterize the population participating in low barrier buprenorphine treatment
- Assess retention in treatment and reduction in opioid use
- Describe adverse events

SUCCESS

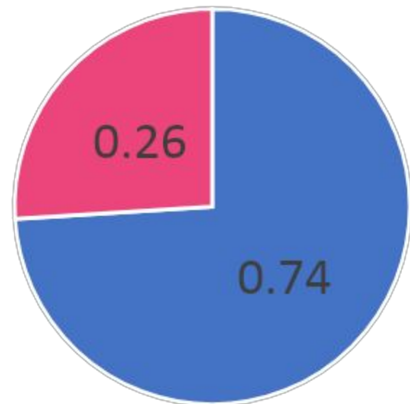
For our program, success is measured by retention in care.

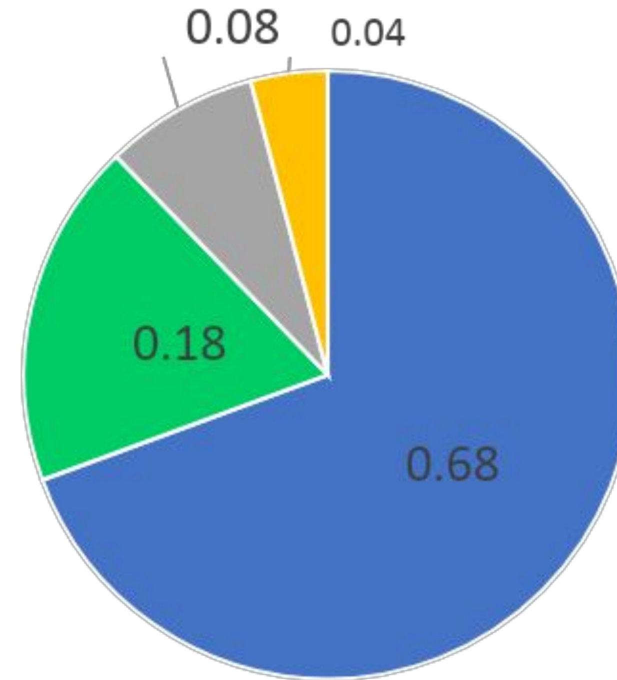
Additional measures are improvement in patients' overall health and functioning, as well a progress towards goals that are mutually established by the patient and the care team.

Results: Patient Population

Between 11/1/2016 and 10/31/2017, 95 patients were evaluated and received at least one prescription for buprenorphine.

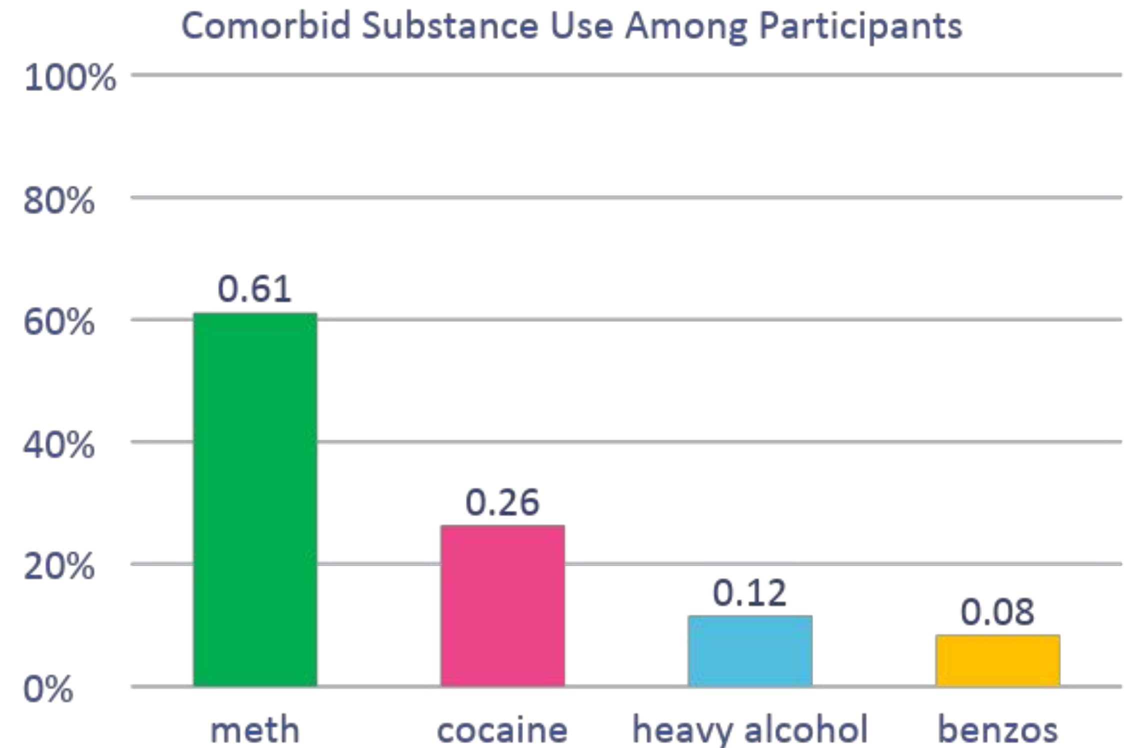
AVERAGE AGE 39.2 (RANGE 22 - 66)



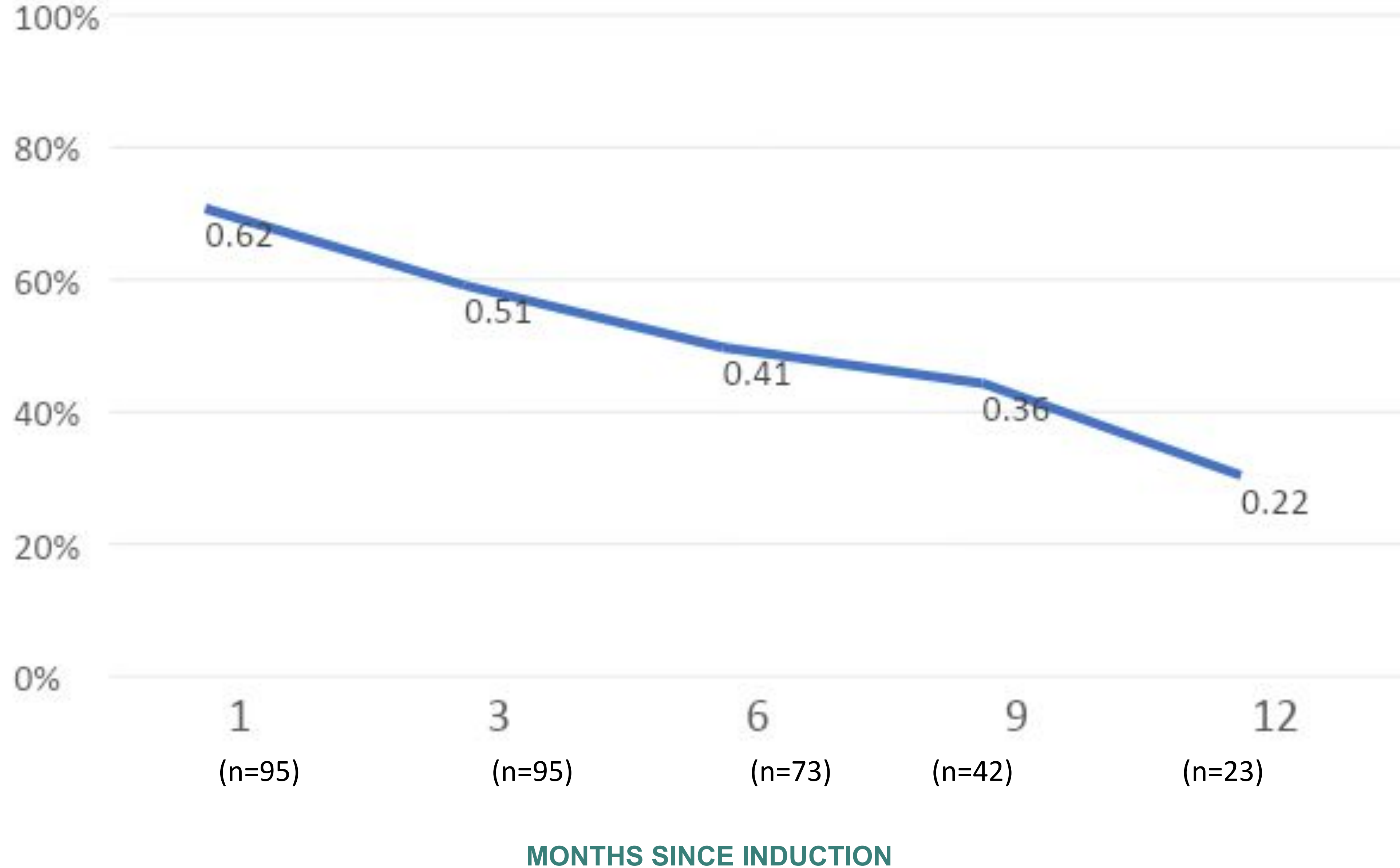


Results: Patient Population

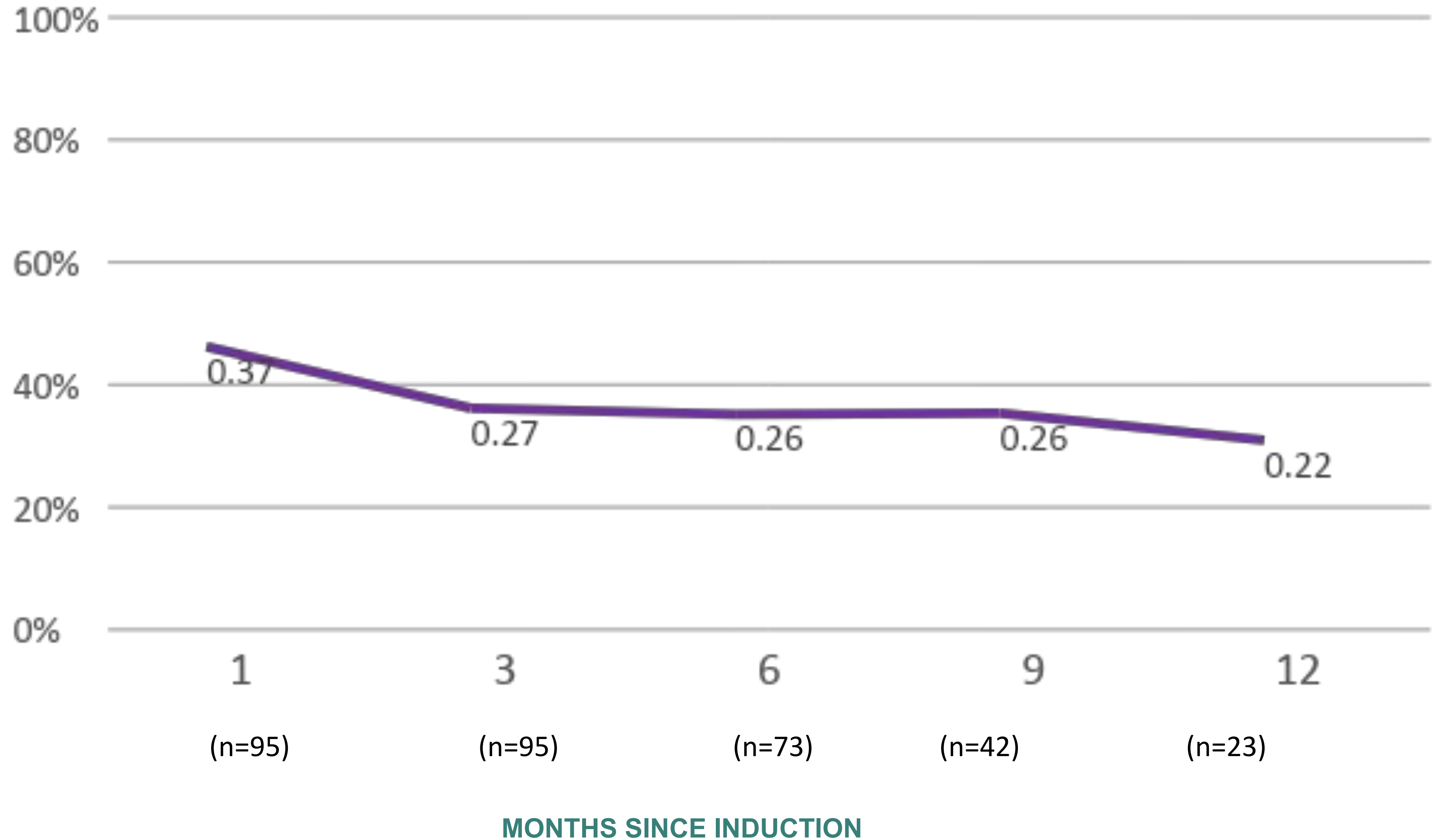
- 58% have a chronic medical condition
- 66% have a psychiatric condition
  - 26% have bipolar disorder or a psychotic disorder
- 24% previously sought buprenorphine treatment at the SF Office-Based Buprenorphine Induction Clinic (OBIC)



Retention in Care By Month



Retention on Buprenorphine By Month



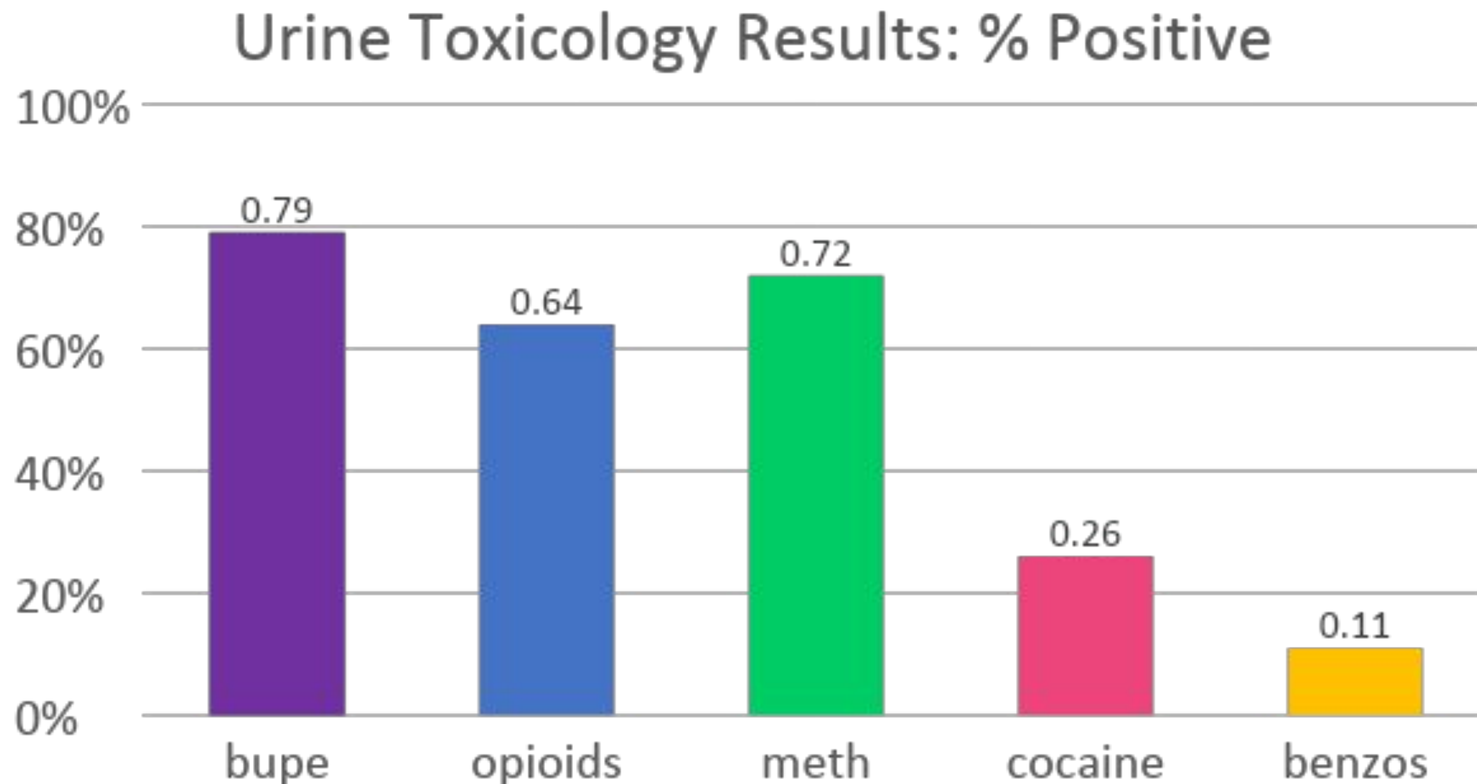
Results

- 70% of patients followed up after induction
- Interruptions in treatment were common: 42% of patients who followed up after induction had a treatment interruption of 1 month or greater with return to care
- Shorter treatment interruptions also very common
- Average maintenance dose of buprenorphine 20.6 mg
- 75% of patients used CBHS pharmacy

Results: Urine Toxicology

77% of patients who had any follow-up after induction had a utox test completed.

AVERAGE 2.7 UTOX TESTS PER PATIENT (range 0 – 16)



Results: Decreased Opioid Use

36%

of urine toxicology tests were opioid-negative

34%

of those with any follow-up after induction had at least one opioid-negative test

14%

of those with any follow-up after induction had abstinence from opioids on all toxicology tests

Challenges

- Demand outweighs capacity of team
  - Team with 1 MD, 1 part time fellow, and 1 NP
  - Team with many other priorities and demands on resources
- Barriers to transition to formal substance use disorder treatment
- Instances of diversion
- Current substance use pattern of combined methamphetamine and opioid use very difficult to treat
- Patients’ basic needs are unmet

Strengths

- Team already working with population
- Prescriber with extensive experience prescribing buprenorphine
- Opportunity to work with pharmacy with commitment to population and skilled clinical pharmacists
- Support from SFDPH (commitment to harm reduction)

Discussion

- Pilot successfully engaged and retained a subset of highly vulnerable patients in care and in continued treatment with buprenorphine
- Continuous treatment with buprenorphine in about 25% of patients over 1 year
  - Intermittent buprenorphine use more common
  - Frequent brief and prolonged treatment interruptions
- While many patients continue to use heroin and meth, evidence of decreased opioid use and abstinence in some patients
- Value of dedicated clinical expert clinical pharmacists at CBHS pharmacy cannot be overstated
- **While continuous treatment with buprenorphine and abstinence are goals, intermittent treatment with buprenorphine and decreased opioid use likely confer significant reduction in opioid and injection-related harms**

Update on Low Barrier MAT

AS OF 4/15/19

- **509** patients prescribed buprenorphine at least once
- **150** Active Patients
- **More than 1/3** retained in care after 1 year
- *Many kinds of success stories*

“I succeeded in having a happy baby and forming a family. My husband is employed and we are housed. I am so thankful for the love and compassion I received from Street Medicine.”

—Street Medicine client

“I haven’t felt this good since I was 15 years old...”

—Street Medicine client after receiving a long-acting Buprenorphine injection

“Now a patient with heroin addiction is my favorite to see because we have a fantastic treatment and model.”

—Dr. Zevin, Medical Director of San Francisco’s Street Medicine and Shelter Health

San Francisco Department of Public Health
Street Medicine and Shelter Health

Home Our Principles Our Program About Us Resources FAQ

Meeting people where they are.

Increasing access to medication for addiction treatment.

Visit our website
sfstreetmedicine.org

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Street Medicine and Shelter Health

Visit www.sfstreetmedicine.org
Email street.medicine@sfdph.org

Meeting people where they are

Increasing access to medication for addiction treatment

World tour…
Conference Lisbon, Portugal

…ow-Barrier Buprenorphine Program is an innovative …dicine approach, with the mission of providing …r individuals experiencing homelessness who use …ing the care they needed elsewhere in the system.

…uses on reducing the most severe harms, including fatal …us diseases, neglect of overall health, needle waste in the street, and violence and crime.

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We define success as retention in care, improvements in health, and progress towards goals. In the first year of our pilot:

73% of patients returned for a follow-up visit

61% of patients were retained in care at one month

34% of patients who followed-up after intake had at least one opioid-negative urine

14% showed evidence of abstinence from opioids on all tests

GUIDING PRINCIPLES

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Street Medicine client after receiving a long-acting Buprenorphine injection

"Now a patient with heroin addiction is my favorite to see because we have a fantastic treatment and model."
Dr. Zevin, Medical Director of San Francisco's Street Medicine and Shelter Health

Coming soon?
Safe Consumption Services

Thank you!

Thank You To My Colleagues and My Patients Who I Learn From Every Day

Street Medicine and Shelter Health
SFDPH / UCSF Addiction Medicine Fellowship – Jamie Carter MD
San Francisco Whole Person Care
UCSF Evaluation of Whole Person Care
San Francisco Department of Public Health

Barry Zevin (barry.zevin@sfdph.org)
Whole Person Care (www.sfdph.org/WPC)

Procedures

- Patients with opioid use disorder engaged by trained peer outreach workers
- Offered evaluation by medical team in usual streets and parks location, at a local harm reduction syringe access program, in a small open access medical clinic, or in a navigation center

Procedures

- Comprehensive assessment and extensive education by medical provider
- Prescription for buprenorphine
  - Typically through Community Behavioral Health Services pharmacy
- All inductions non-facility based
- Care plan determined in flexible manner with attention to prior barriers patients have faced in accessing treatment
- Primary goal is retention in care
- Secondary goals of improved health, reduction in opioid use, and abstinence

Procedures

- Typical follow-up 2-4 days after initial visit
- During maintenance, typical visit frequency weekly to biweekly and no less than monthly
  - Drop-in clinic access 4 days per week
  - Outreach to those unable to come to clinic
  - Clinician availability at other community sites (harm reduction center, navigation center)
- Counseling available through Center for Harm Reduction Therapy

Procedures

- Urine toxicology and urine buprenorphine testing done on schedule determined by clinical indications, patient stability, and patient preference
  - Typically done at least monthly
  - In some cases, utox testing is a barrier to care and may be deferred
- For patients who are unstable, options include:
  - observed dosing up to 5 days per week at CBHS pharmacy
  - referral to OTP
  - referral to medically-supported detox or residential treatment program