



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony

of

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**New York City Department of Health and Mental Hygiene**

before the

**New York City Council**

**Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and  
Disability Services, and Subcommittee on Drug Abuse**

regarding

**Oversight: Has Buprenorphine proven itself to be a worthy complement to  
Methadone as an Opioid Replacement Regimen?**

April 29, 2008

Council Chambers, City Hall  
New York City

Good morning Chairman Koppell, Chairwoman Palma and members of the New York City Council Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services, and the Council Subcommittee on Drug Abuse. My name is Daliah Heller, and I am the Assistant Commissioner for the Bureau of Alcohol and Drug Use Prevention, Care and Treatment at the Department of Health and Mental Hygiene.

Opioid misuse and dependence remains a critical problem in New York City. Data from the National Household Survey on Drug Use suggest that in the past month 45,000 people in New York City have used heroin, a rate of 0.7% in comparison with a national rate of 0.3%. In contrast, although 131,000 people in New York City have used a narcotic pain reliever such as Percocet or Vicodin that was not prescribed to them in the past month, this data reflects a rate of 2.1%, which is less than half the national rate of 5.2%. While some of these individuals may engage in occasional misuse, many may be dependent on opioids - it is this population of New Yorkers that we will focus on today.

People with untreated opioid dependence are at very high risk of dying from a drug overdose, becoming infected with diseases like HIV and hepatitis, and experiencing numerous social problems affecting themselves, their families, and their communities. Drug overdose is the fourth leading cause of early adult death among New Yorkers. In 2006, 979 individuals in New York City were determined to have died from a drug overdose, and the annual number of overdose deaths has remained consistent since the early 1990s. Heroin and other opioids were implicated in more than two-thirds of these deaths.

Treatment for opioid dependence has been proven effective in improving health outcomes and helping individuals lead productive lives. Buprenorphine is the first major innovation in opioid dependence treatment in over 40 years. In 2002, the United States Food and Drug Administration (FDA) approved buprenorphine for the treatment of opioid dependence, allowing certified physicians to prescribe it to treat heroin and other forms of opioid dependence (including prescription drug dependence) in private offices, clinics, and traditional drug treatment programs. Like methadone, buprenorphine can be used to withdraw from heroin or it can be used continuously as a medication-assisted treatment to eliminate cravings and help an individual remain opioid-free. However, unlike methadone, which is dispensed in single or very limited doses at heavily regulated clinics and can have some narcotic effects, buprenorphine can be dispensed by pharmacies via prescription and has no narcotic effects. For these reasons,

buprenorphine is a real breakthrough and has tremendous potential to expand treatment capacity and coverage for opioid-dependent New Yorkers.

The Department is pursuing a multi-pronged strategy to increase awareness of and access to buprenorphine treatment. We have built relationships with public, private and non-profit partners, as well as with consumer, provider and other stakeholders, including the Council, to expand buprenorphine supply and demand in New York City. Thanks to the efforts of the Department, the Council, and others, more than 2,000 New Yorkers received a prescription for buprenorphine in December 2007, which is a more than 50% increase from the previous year.

With the Council's support, the Department has sponsored physician trainings that have resulted in hundreds of physicians becoming certified to prescribe buprenorphine. In addition, the Department has implemented a mentoring program to pair doctors experienced in providing buprenorphine treatment with doctors who are newly-certified. This program began just last month, and already, twelve physicians are receiving mentoring services. The Department also recently issued an updated City Health Information bulletin for clinicians entitled "Buprenorphine: An Office Based Treatment for Opioid Dependence."

To increase demand for buprenorphine treatment, the Department provides peer education group sessions at venues where opioid dependent individuals may receive services. Two peer educators conduct interactive education sessions describing what buprenorphine is, how it works, and where it's available; they also dispel misconceptions that might exist about the medication. These sessions are held in shelters, licensed drug treatment programs, and community-based organizations such as HIV/AIDS service organizations and syringe exchange programs, and have reached 766 individuals to date.

The Department continues to collaborate with the State Office of Alcoholism and Substance Abuse Services (OASAS), the NYC Health and Hospitals Corporation, and community providers to develop a patient-centered opioid dependence treatment system, integrating buprenorphine and methadone treatment under one roof. However, challenges to expanded coverage remain. Buprenorphine has not been sufficiently incorporated into primary care settings, methadone programs, and other drug and alcohol treatment settings. Primary care settings in particular provide a novel opportunity to expand treatment capacity into, as well as reduce the stigma associated with drug dependence and treatment.

Unfortunately, although the number of certified physicians in New York City has increased significantly, there remains a shortage of practicing

physicians who prescribe buprenorphine. This is in large part because of the time and costs associated with providing buprenorphine induction services. At a minimum, the induction process involves two visits. We are advocating at the State level to enhance the Medicaid rate structure to support the medication initiation phase, which would not only address a barrier to physicians providing maintenance services, but would also provide an incentive to providers to offer buprenorphine to their patients.

The Department remains committed to expanding buprenorphine capacity and coverage in New York City and to reducing the number of drug-related overdose deaths. We appreciate the attention and support the Council has provided to address the problems of opioid dependence in New York City and we look forward to continuing our partnership to address this urgent public health concern.

I am pleased to answer any questions you may have at this time.

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