Challenges to opioid treatment programs after Hurricane Sandy

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Literature


Methadone Maintenance Treatment (MMT)

- One of three approved medication-assisted treatments for opioid addiction
- Only available via licensed opioid treatment programs (OTPs)
- Prevents withdrawal
- Reduces/eliminates craving
- Blocks euphoric effects of other opioids
- Effective when taken daily and in proper doses
OTPs in the US (>1,500 OTPs; >400K patients)
Mixed-methods study: Participatory Action Research

• Round 1 data collection:
  – Emergency preparedness plans
  – Focus groups with clients
  – Staff surveys & focus groups
  – Interviews with OTP directors

• Analyze data & draft recommendations

• Round 2 data collection for feedback

• Revise & disseminate recommendations

• Webinar & survey w/OTPs across the US

• Interviews with SOTAs, state and federal officials
Vulnerability and Impact

- Most patients report to their program daily for medication
- Higher functioning patients may receive multiple take-home doses
- Medication disruption precipitates withdrawal
- Relapse: injection, HIV/HCV risk behaviors, overdose
Sandy’s Impact on OTP Services (N=9)

- 6 OTPs were able to remain open
- 1 OTP was destroyed
- 2 OTPs were closed temporarily - in one of those cases, for 7 months
- 5 of the open OTPs operated without electricity
- Only one program was able to continue at normal capacity
Emergency Manuals; AKA Continuity of Operations Plans (COOPs)

Among the 9 participating OTPs

- 7 emergency manuals found
- 1 destroyed with clinic
- 1 not readily available
- 3 no provisions for alerting patients
- 5 did not address transportation
- 3 did not address alternative local programs (Guest dosing)
Sandy’s Impact on Service

Problems concentrated in 3 domains:

Communication
Transportation
Technology
Communication: Informing Patients

Several patients said there were no discussions before the storm about what to do in an emergency.

Patients and staff had difficulty communicating after the storm.
Transportation: Connecting Patients to Medication

- Take-home doses were sometimes inadequate
- OTPs did not know where and how long transportation would be stopped
- Inability to travel resulted in stress and sometimes relapse
Technology

Cell phone service was interrupted
Lack of electricity
ATMs were not working
Recommendations: Basic Elements

• Comprehensive emergency management plan
• Regularly update patient contact information
• Emergency kit for current and incoming patients
• Flexible take-home policy
• Guest relationships with other local OTPs & ERs
• Secure national data base with up-to-date dosage information
• Provide all patients w/naloxone & overdose training
• Interagency cooperation (e.g., SOTA, SAMHSA, DEA, first responders)
Current steps

• Best-practices online resource for opioid risks in disaster/emergency contexts (supported by an ASTHO grant)

• Key stakeholders
  ➢ Out of treatment opioid users
  ➢ Harm reduction CBOs
  ➢ OTP patients
  ➢ OTP staff
  ➢ State health officials