



Office of Addiction Services and Supports

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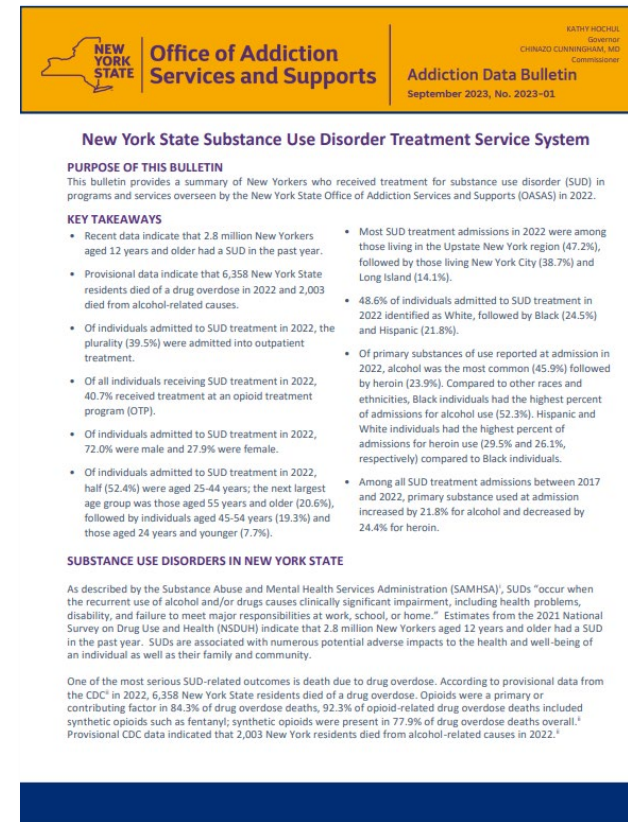
Expanding equitable methadone treatment in New York State

Ashly Jordan, PhD, MPH
Director of Research and Program Evaluation, NYS OASAS

Outline

- Methadone treatment in New York State (NYS)
- Preventative effectiveness of methadone treatment
- State and Federal policy changes impacting methadone treatment
- Leveraging recent policy changes at NYS Office of Addiction Services and Supports

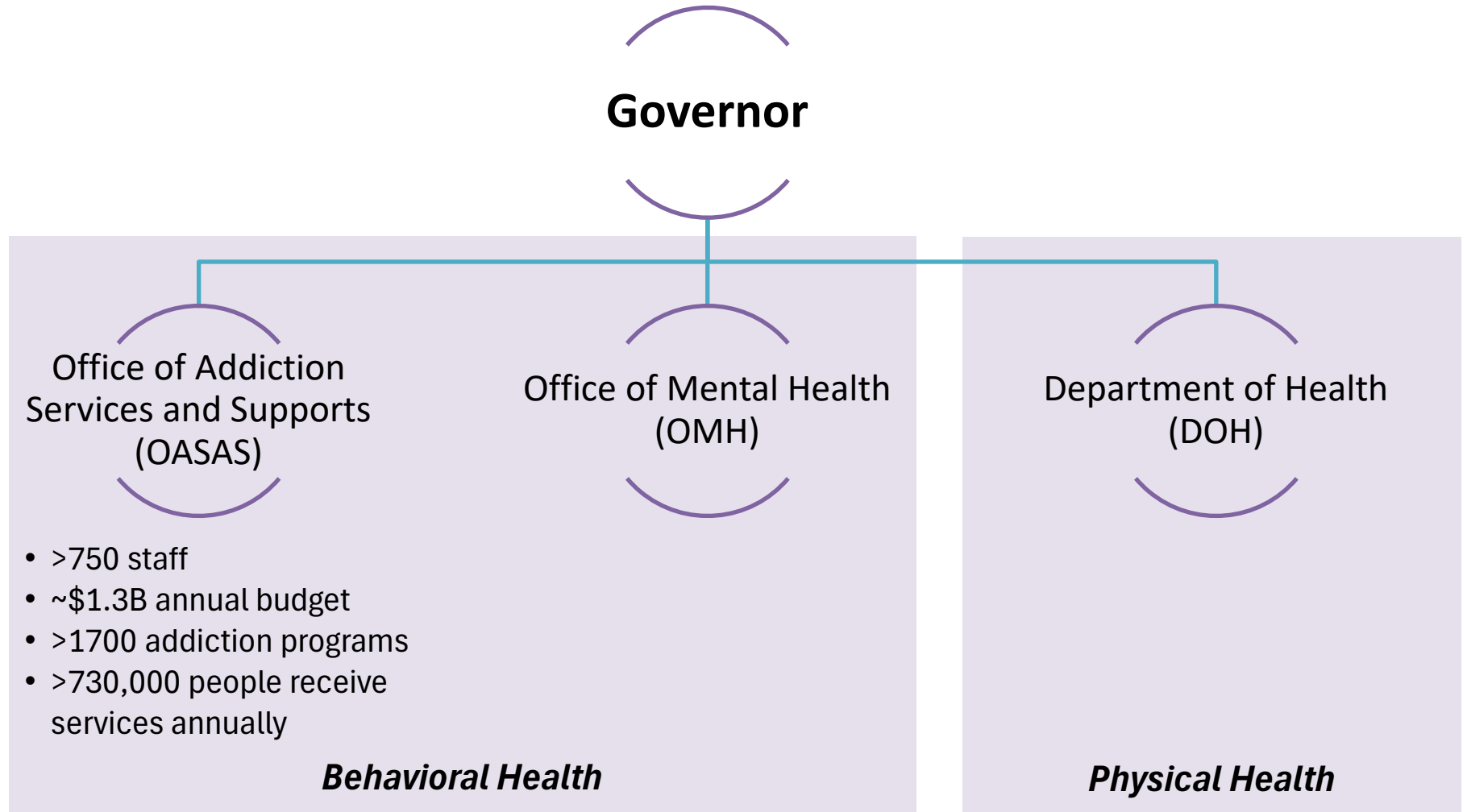
Please see our inaugural Addiction Data Bulletin No. 2023-01 (Jette, et al.) for descriptive statistics of our system of care.



Methadone Treatment in New York State

Behavioral and Physical Health in New York State¹

Singular focus of OASAS is to provide equitable, effective, and humanizing services to people who use substances, experience addiction and have substance use disorder, including their families and communities



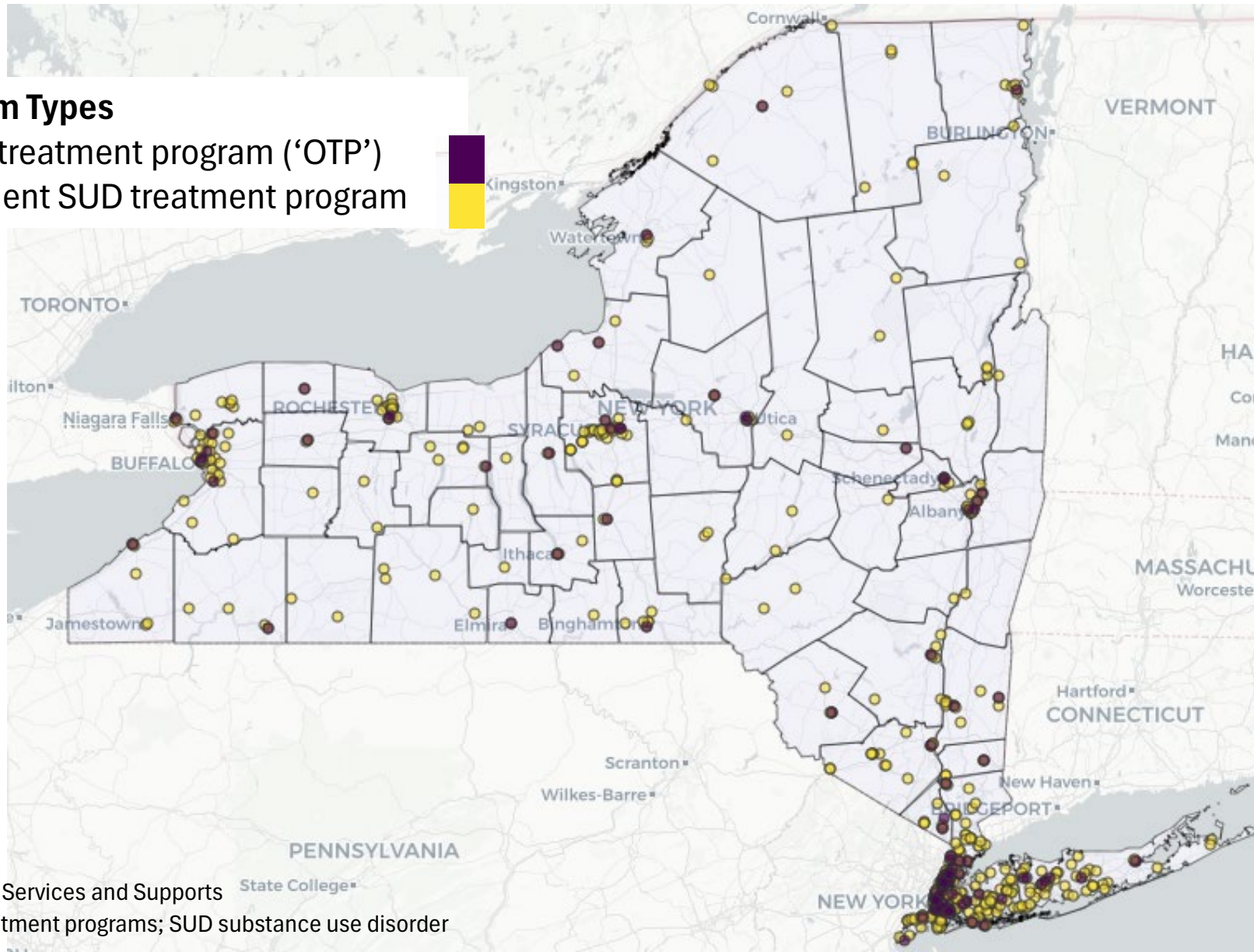
¹ Simplified

Access as Number of OTPs and Outpatient SUD Program Locations

Program Types

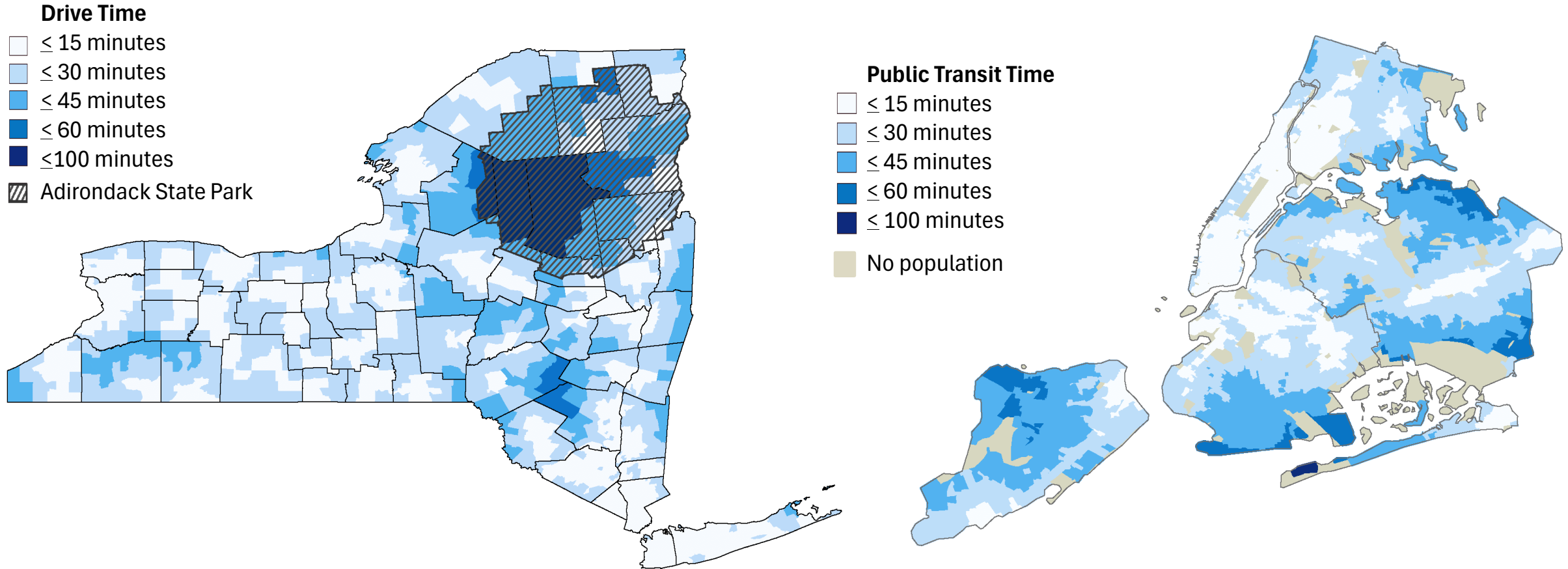
Opioid treatment program ('OTP')

Outpatient SUD treatment program



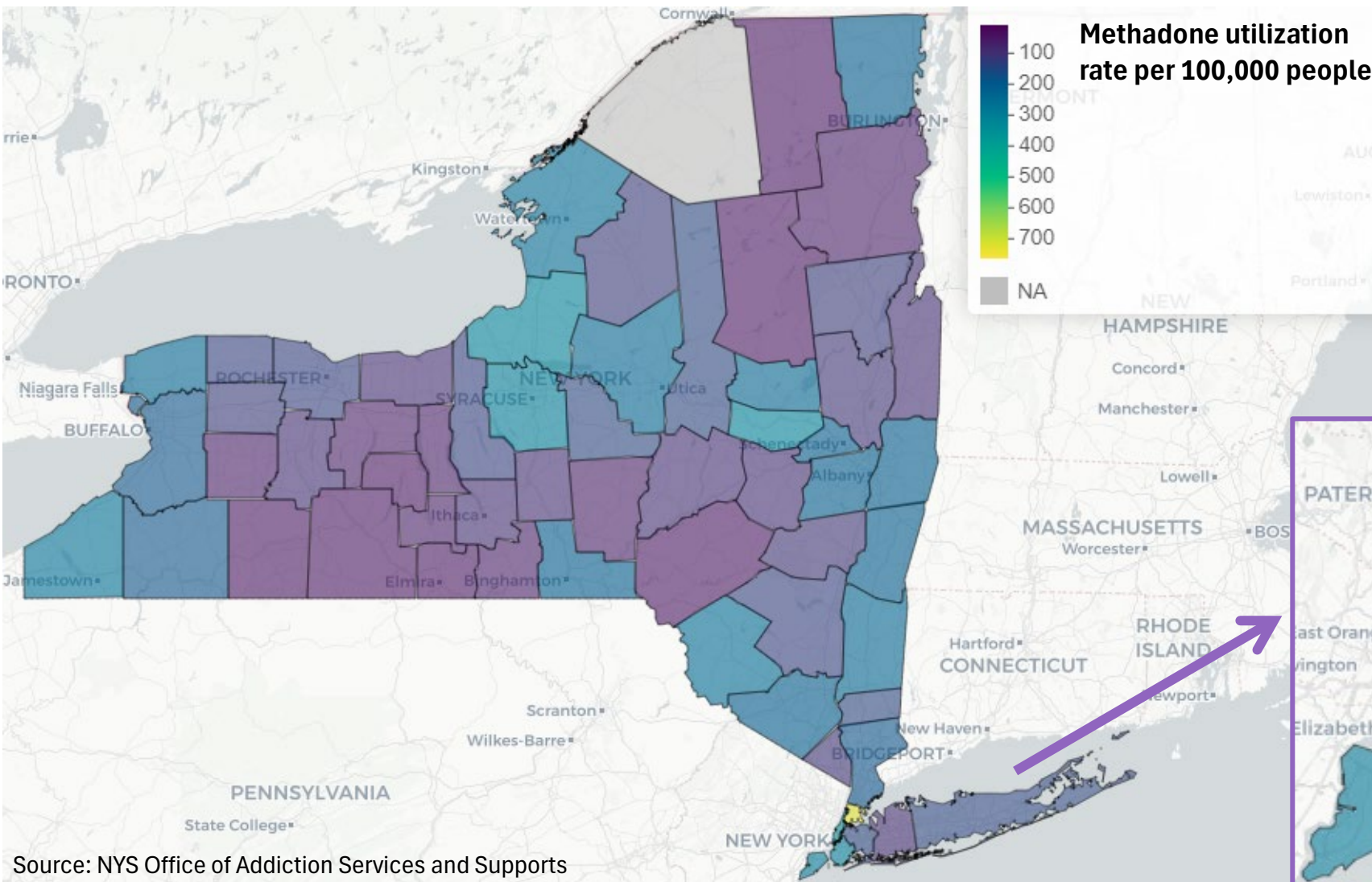
Source: NYS Office of Addiction Services and Supports
Abbreviations: OTPs, opioid treatment programs; SUD substance use disorder

Access as Transportation Time to OTPs and Outpatient SUD Programs



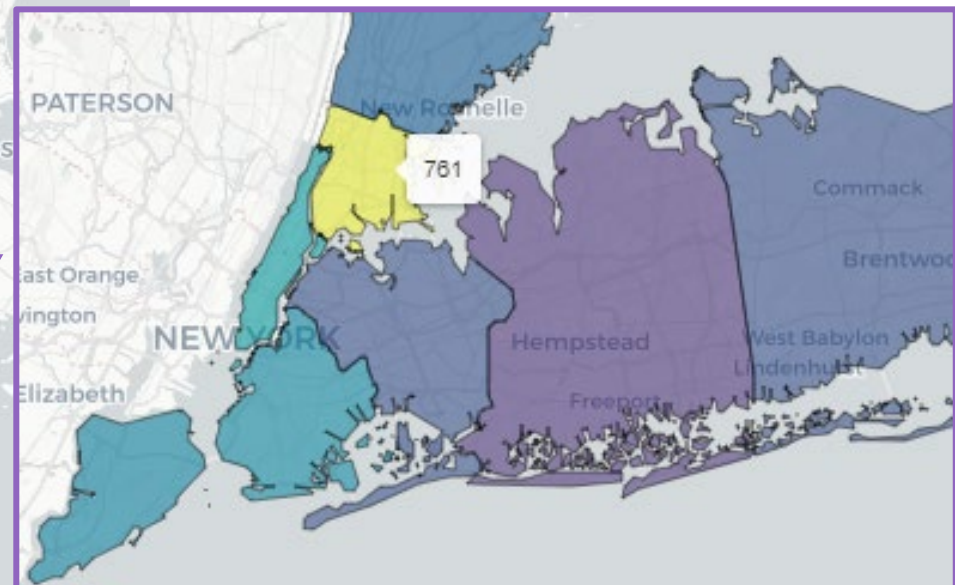
~98% of the NYS population lives within 30-minutes of an OTP or Outpatient SUD program

Utilization (Actualized Access) of Methadone Treatment by Patient County of Residence

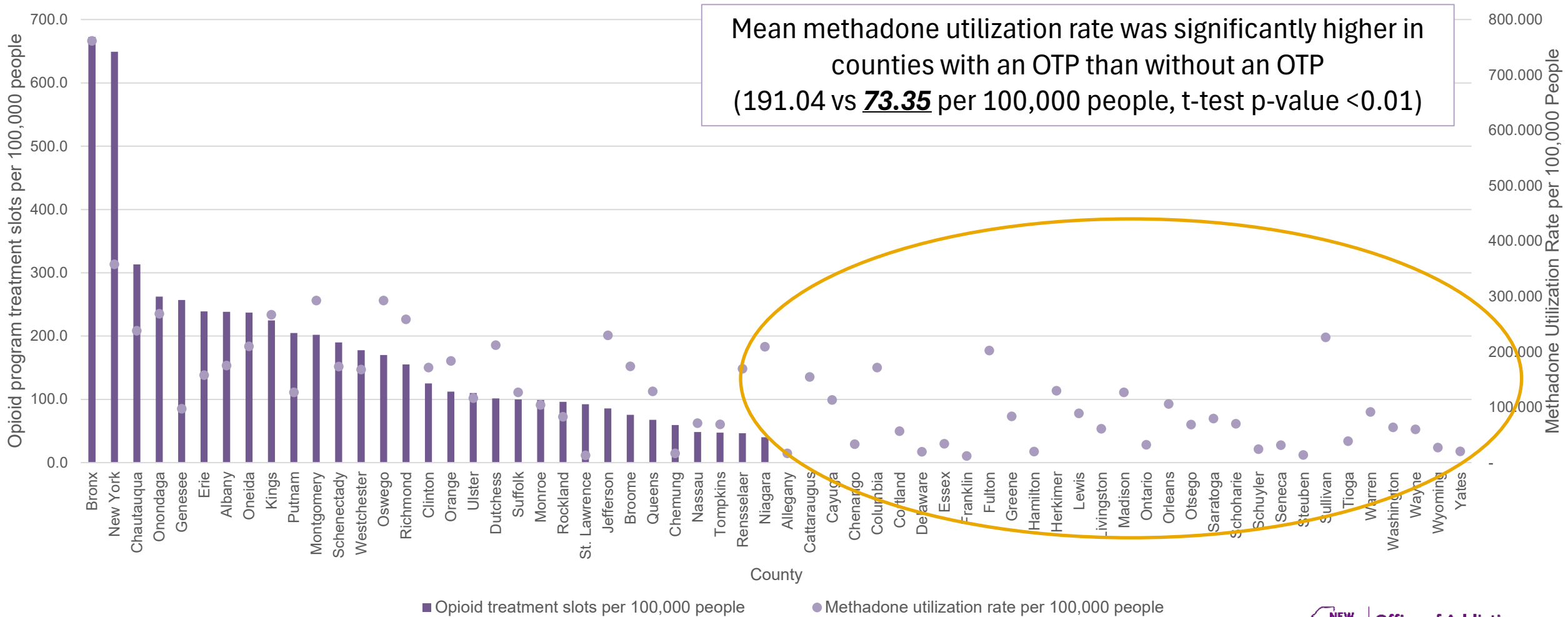


Mean methadone count per county: 772
(range 1-11,181)

Mean methadone rate per 100,000
people per county: 113 (range 11-761)



Interplay Between Area-Level Access and Individual-Level Utilization of Methadone Treatment



Source: NYS Office of Addiction Services and Supports

Abbreviations: MOUD, medication for opioid use disorder; OTP, opioid treatment program; OUD, opioid use disorder; SUD, substance use disorder

A Longitudinal Care Continuum of New Yorkers with Medicaid and New Opioid Use Disorder Diagnosis, 2016-2019

Goal: Estimate the OUD care continuum for all New Yorkers with Medicaid and new OUD

Design: Retrospective longitudinal cohort study with 18-month follow-up

Data source: New York State Medicaid data

Population: 18-63.5 years old, new OUD diagnosis, had continuous Medicaid

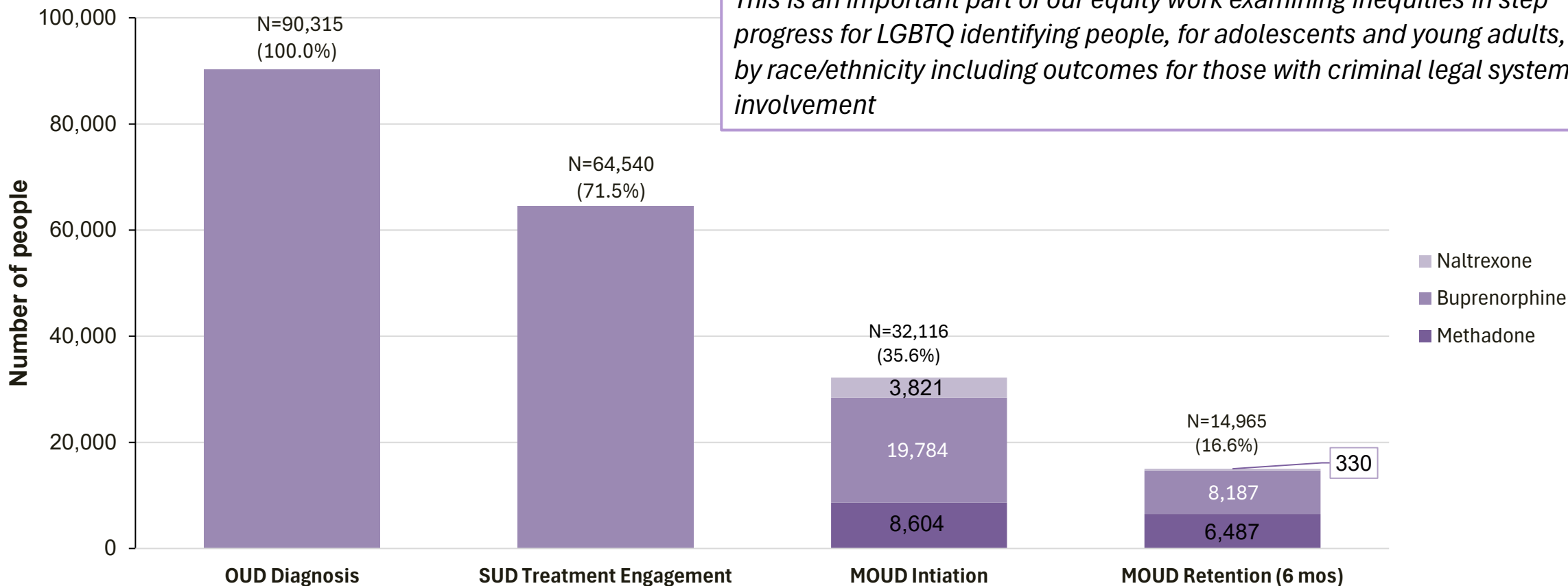
Study period: 2/1/16-2/31/19

Outcomes: Completion of each step: 1) engaged in SUD treatment, 2) initiated medication for OUD (MOUD; methadone, buprenorphine or naltrexone), and 3) MOUD retention for 6 continuous months

Analysis: Proportions completing each step using a constant denominator to estimate the overall impact of cumulative losses

Those Initiating MOUD Were Significantly More Likely to Be Retained in Treatment at 6 Months Compared to Buprenorphine

This is an important part of our equity work examining inequities in step progress for LGBTQ identifying people, for adolescents and young adults, and by race/ethnicity including outcomes for those with criminal legal system involvement

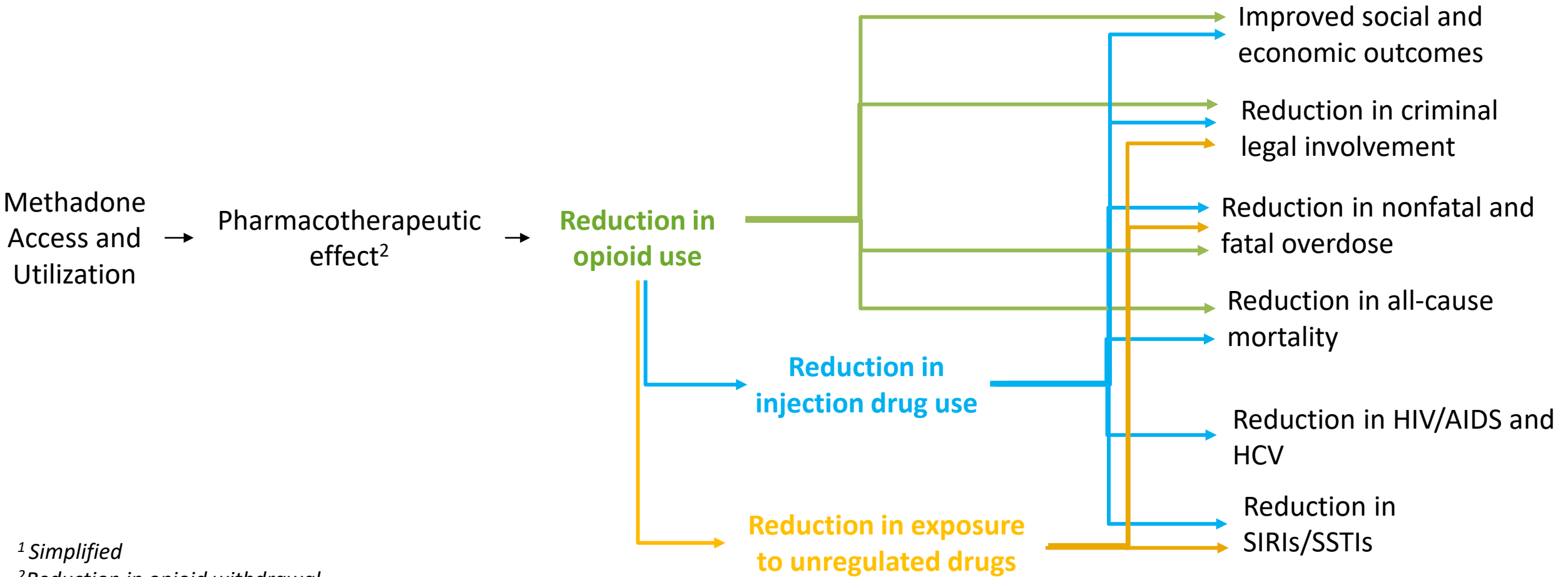


Source: New York State Medicaid; data are preliminary and subject to change

Abbreviations: mos, months; MOUD, medication for opioid use disorder; OUD, opioid use disorder; SUD, substance use disorder

Preventative Effectiveness of Methadone Treatment for Opioid Use Disorder

Pathways of Methadone Treatment Effectiveness¹



¹ Simplified
² Reduction in opioid withdrawal

HCV Seroconversion in a Retrospective Longitudinal Cohort of People Receiving Methadone Treatment

Study Design: Retrospective longitudinal open cohort

Population: People receiving methadone treatment for OUD

Setting: All 11 NYC OTPs at Beth Israel Medical Center (now Mount Sinai)

Timeframe: 1/1/2013 – 12/31/2016

Data sources: OASAS, Avatar and Beth Israel EMRs, commercial laboratory data

Exposure: Time in methadone treatment

Outcome: Incident HCV infection (antibody seroconversion)

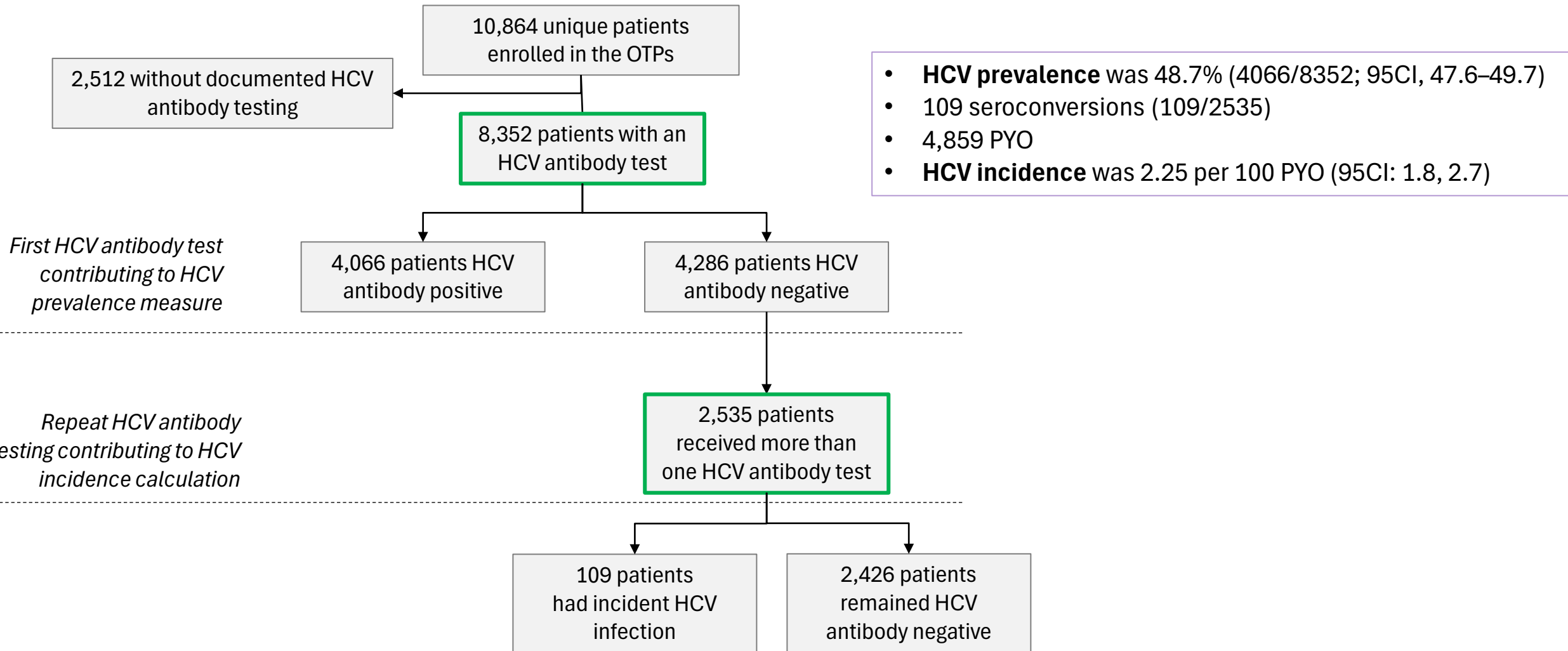
Data analysis: Survival analyses using Kaplan-Meier and Cox proportional hazard models

Abbreviations: EMR, electronic medical record; HCV, hepatitis C virus; NYC, New York City; OTPs, opioid treatment programs; OUD, opioid use disorder

Jordan AE, et al (2020) Hepatitis C Virus (HCV) Care Continuum Outcomes and HCV Community Viral Loads Among Patients in an Opioid Treatment Program. *J Infect Dis* doi: 10.1093/infdis/jiz686

Jordan AE, et al (2020). Hepatitis C Virus Incidence in a Cohort in Medication-Assisted Treatment for Opioid Use Disorder in New York City. *J Infect Dis*. doi: 10.1093/infdis/jiz659

Cohort Derivation Chart of Study Population



Abbreviations: HCV, hepatitis C virus; NYC, New York City; OTPs, opioid treatment programs; OUD, opioid use disorder

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Key Findings

- Components of quality methadone treatment were significantly and independently associated with higher HCV seroconversion
 - Methadone doses <60mg (aHR: 1.52, 95CI: 1.03, 2.24)
 - Discontinuous methadone treatment (aHR: 1.01, 95CI: 1.00, 1.02)
- Ensuring high quality methadone treatment is needed to enhance the preventative effectiveness of methadone treatment
 - Findings point to addressing underdosing at the patient-/provider-/program-level
 - Findings point to addressing discharge criteria

Methadone Dosing Schedules Among NYS OTP Patients Before and After Federal Dosing Regulation Changes

Goal: Examine patterns in methadone dosing schedules from NYS OTPs before and after initial temporary revisions to federal methadone dosing regulations were put in place

Design: Retrospective cohort study

Population: Patient dosing schedules in all 99 NYS OTPs

Timeframe: Baseline period (02/2020) and period after policy revisions (05/2020-08/2021)

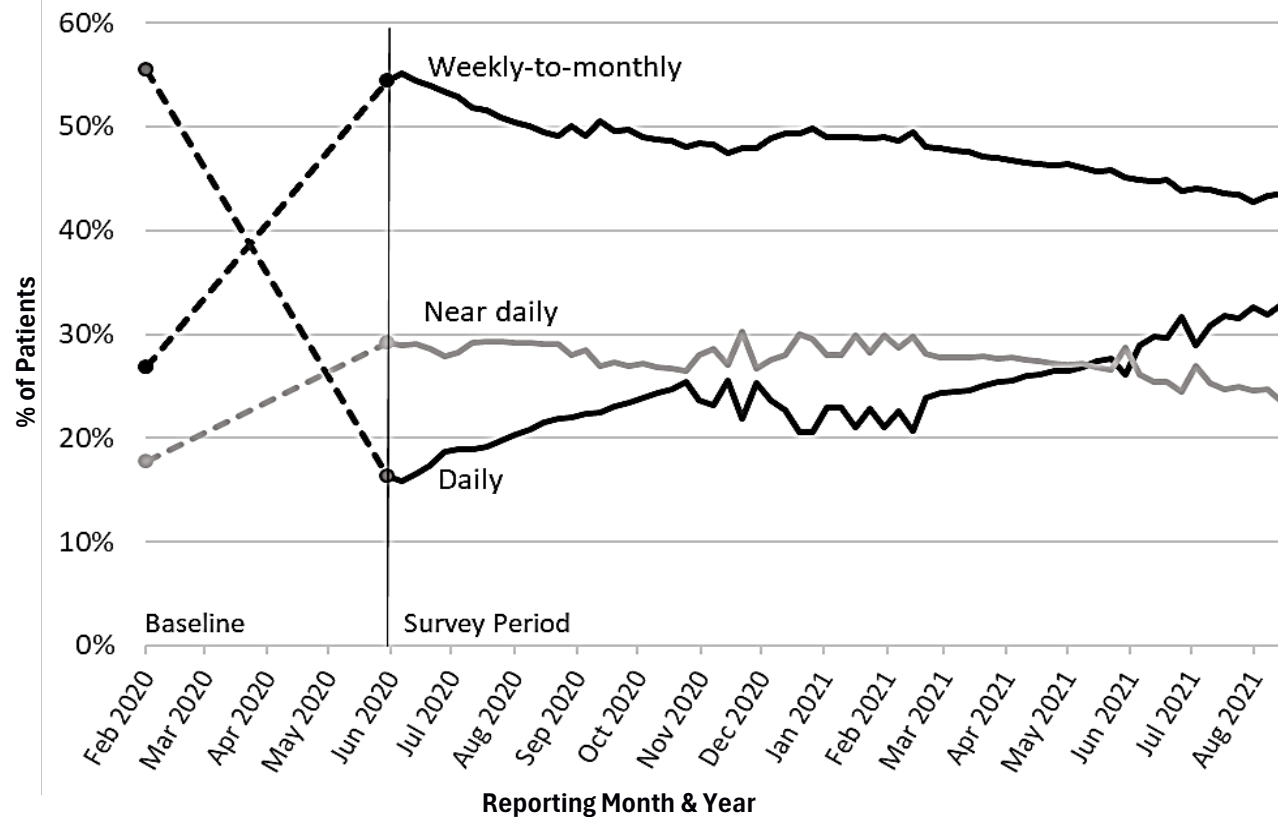
Data sources: OASAS client data and OASAS/NYC DOHMH administered weekly OTP surveys

Exposure: Policy change (regulatory and financing changes) facilitating flexible methadone dosing schedules

Outcome: Changes in methadone dosing schedules over time

Analyses: Trend analyses using chi-square tests and Poisson regression

Methadone Dosing Schedules Among NYS OTP Patients Before and After Federal Dosing Regulation Changes



- Significant differences between baseline/start and end of survey
- OTPs initially adapted, but reverted over time
- **Changes now permanent**
- Must support OTPs to transform methadone treatment delivery

Showed Initial Progress but Did Not Sustain Methadone Treatment Delivery Changes

Jordan AE et al (2024). *Drug Alcohol Depend* In Press.

Abbreviations: OTP, opioid treatment program

“Weekly-to-monthly” schedules of weekly or less frequently; “Near daily” schedules of 2-4 days per week; “Daily” schedules of 5-7 days per week

Unintentional Drug Overdose Deaths Following SUD Treatment Termination (2016-2019)

Goal: To determine the probability of unintentional drug overdose death in the 3-month period following SUD treatment termination

Design: Retrospective longitudinal cohort study

Population: 51,171 NYC residents with OUD who had SUD treatment termination (for any reason) between 2016-2019

Data sources: NYS OASAS and NYC OCME

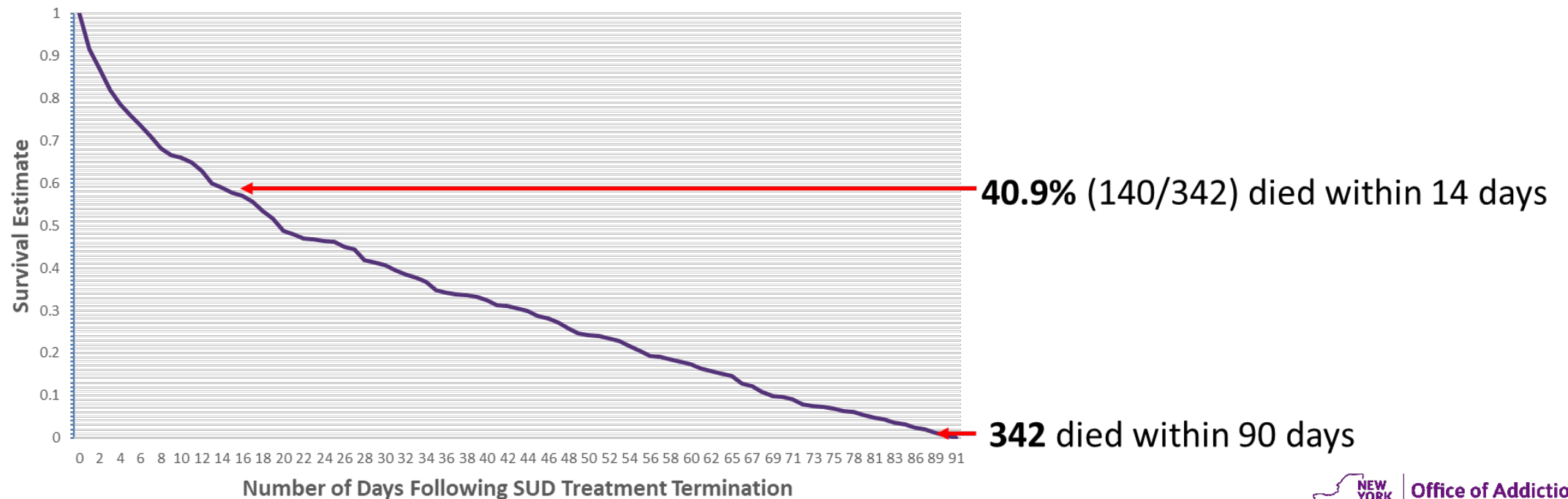
Exposure: SUD treatment termination

Outcome: Unintentional drug overdose death

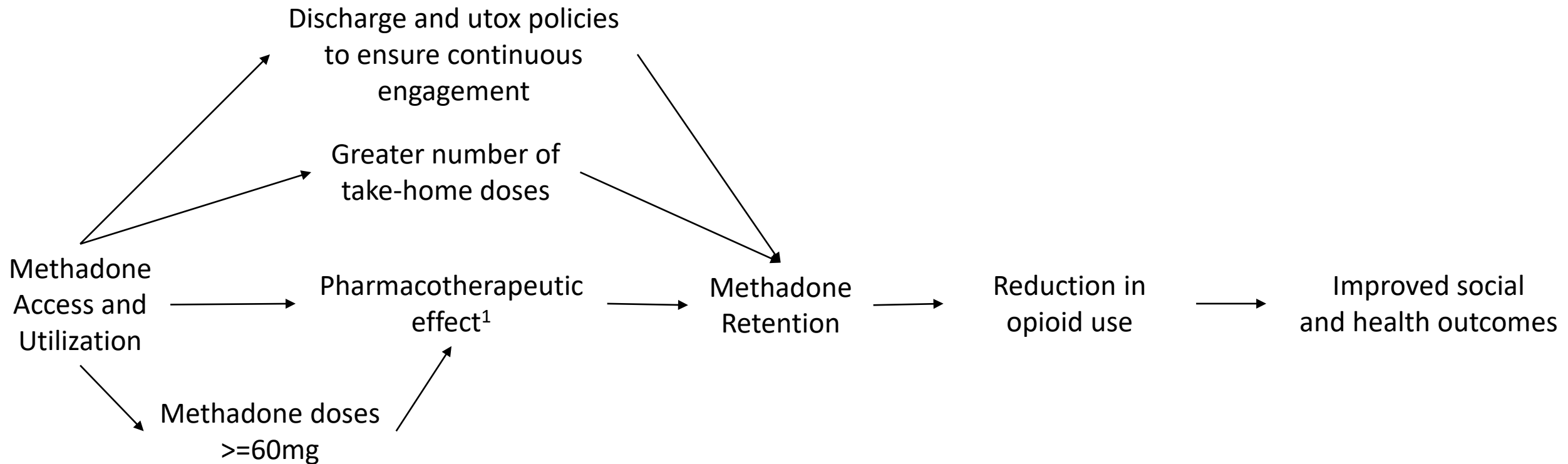
Analyses: Survival analysis, Cox Proportional Hazards Model

Unintentional Drug Overdose Deaths Following SUD Treatment Termination, NYC (2016-2019)

- **342 overdose deaths occurred in the 90 days following SUD treatment termination**
- Median number of days to death was 20 days (IQR, 43 days)
- 6.6 drug overdose deaths per 1,000 treatment terminations
- ~2,604 overdose deaths per 100,000 people



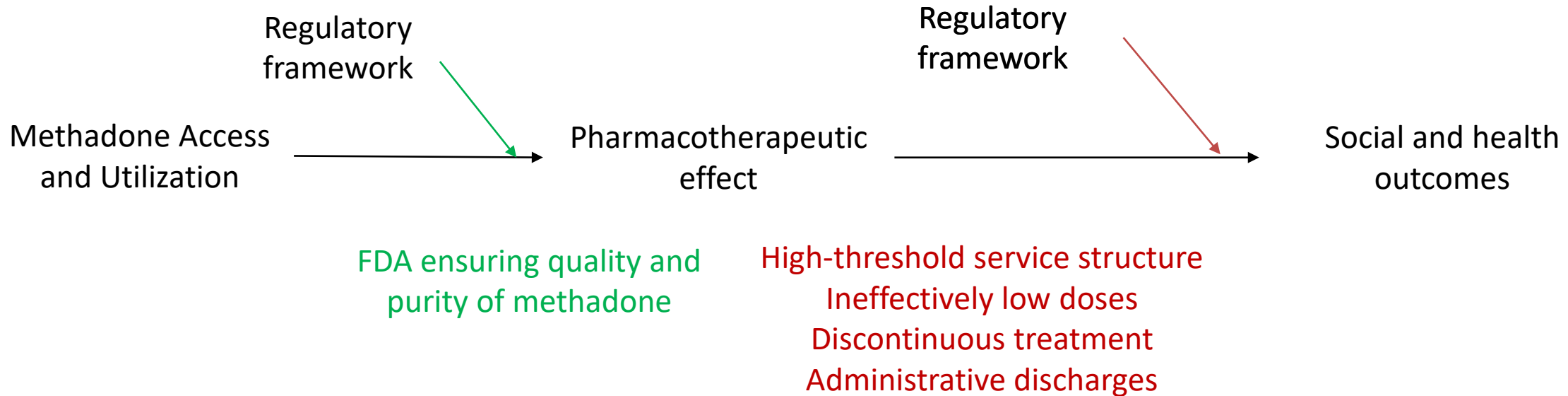
Improving the Quality of Methadone Treatment to Increase Individual- and Population-Level Effectiveness



¹Reduction in opioid withdrawal

State and Federal Policy Changes Impacting Methadone Treatment

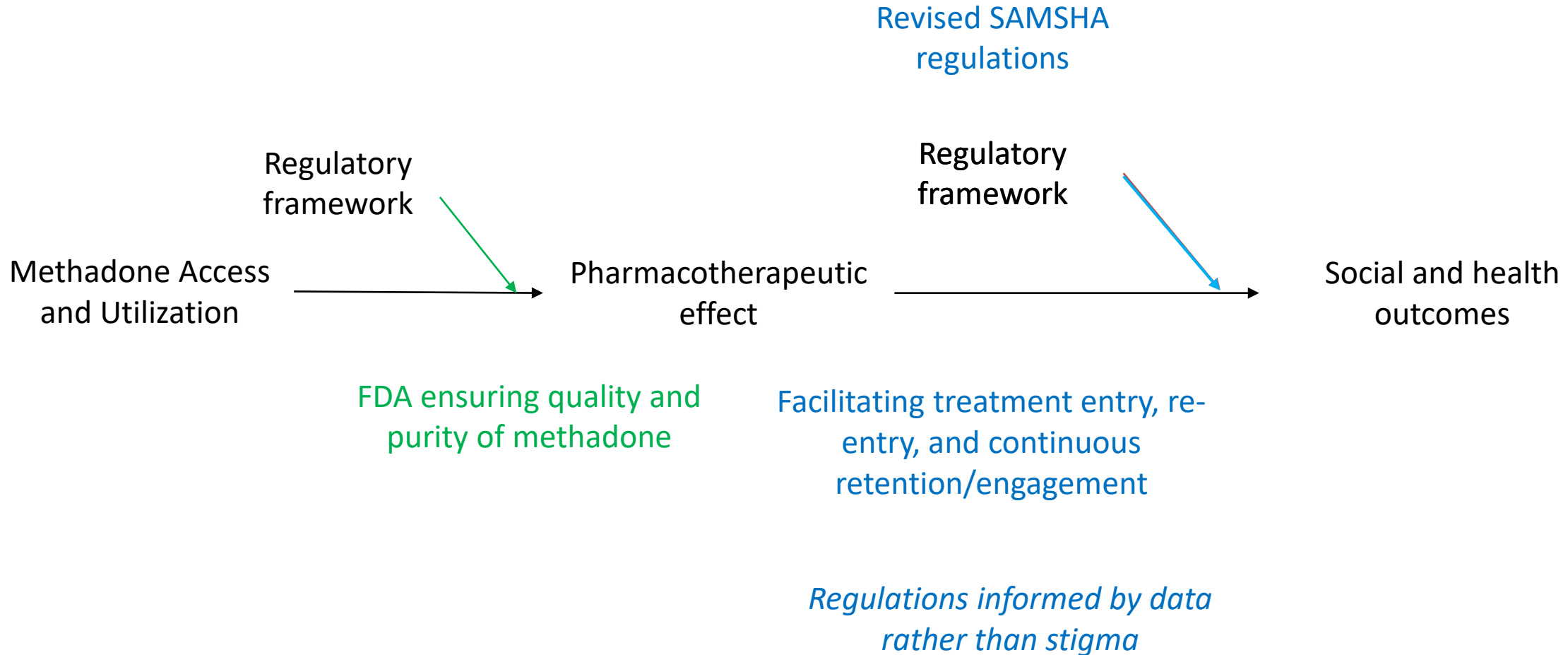
New Regulatory Framework Can Enhance the Population-Level Effectiveness of Methadone



Abbreviations: FDA, food and drug administration; SAMSHA, Substance Abuse and Mental Health Services Administration

Citations: Dole & Nyswander, 1965; Kreek MJ, 1976; Newman RG, 1979; Des Jarlais, 1984; Novick, 1994; Jordan, 2020

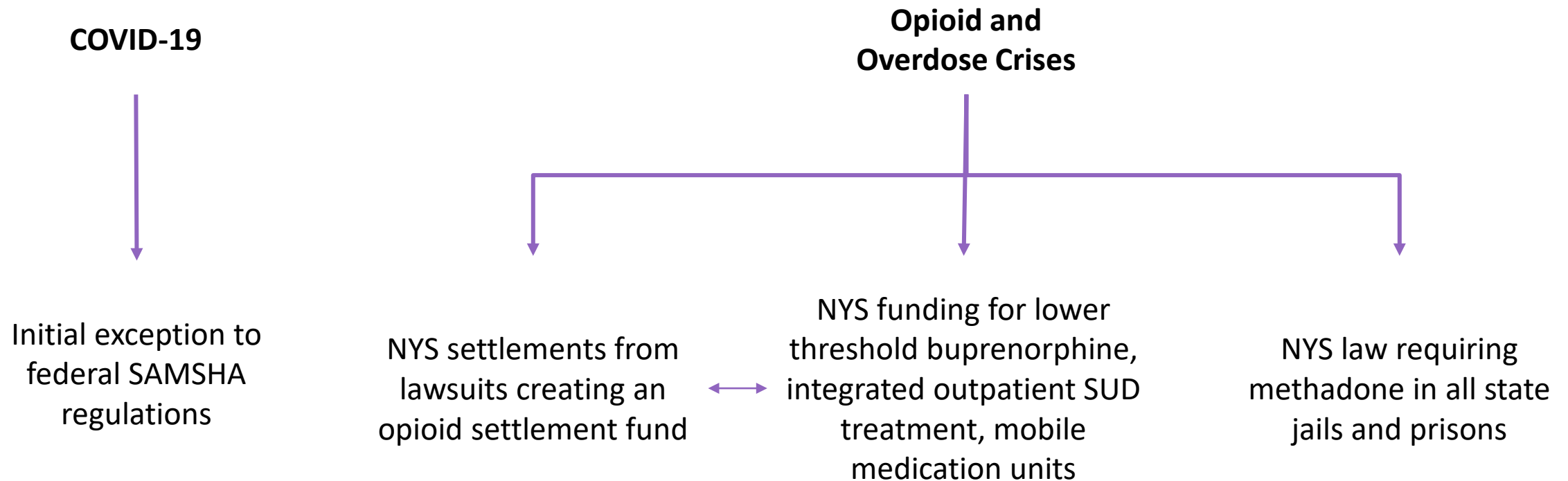
New Regulatory Framework Can Enhance the Population-Level Effectiveness of Methadone



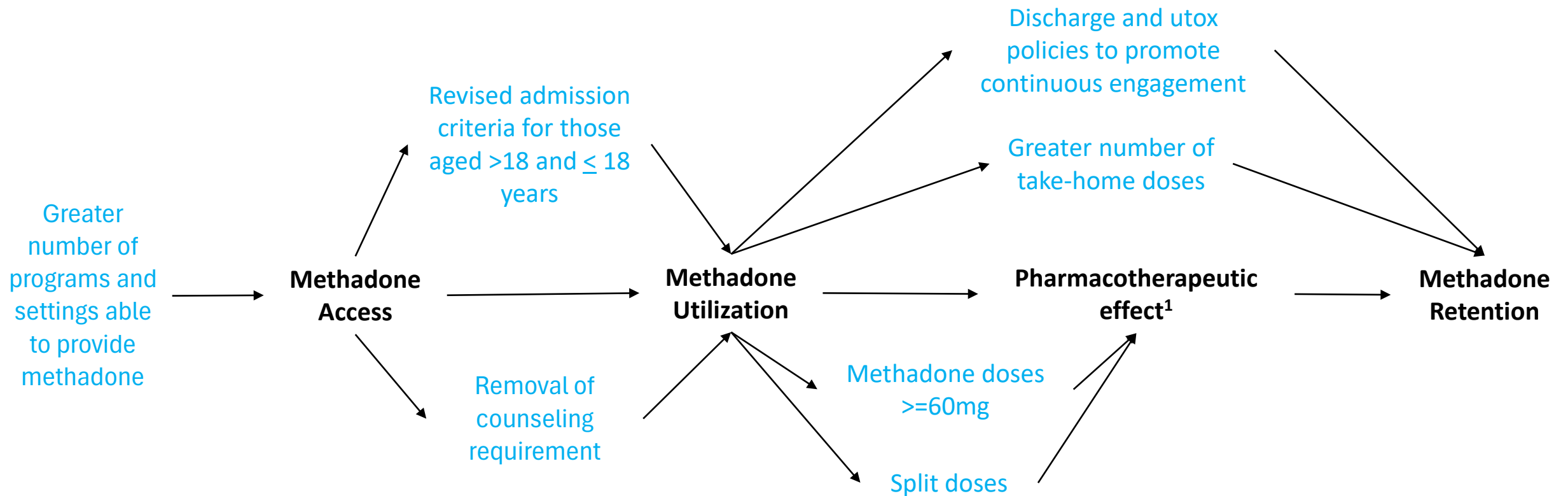
Abbreviations: FDA, food and drug administration; SAMSHA, Substance Abuse and Mental Health Services Administration

Citations: Dole & Nyswander, 1965; Kreek MJ, 1976; Newman RG, 1979; Des Jarlais, 1984; Novick, 1994; Jordan, 2020

Big Events Leading to State and Federal Policy and Funding Changes: Fundamental and Sustainable Impacts on Methadone Treatment



Pathways for Methadone Treatment Effectiveness Now Modifiable due to Revised Federal SAMSHA Regulations

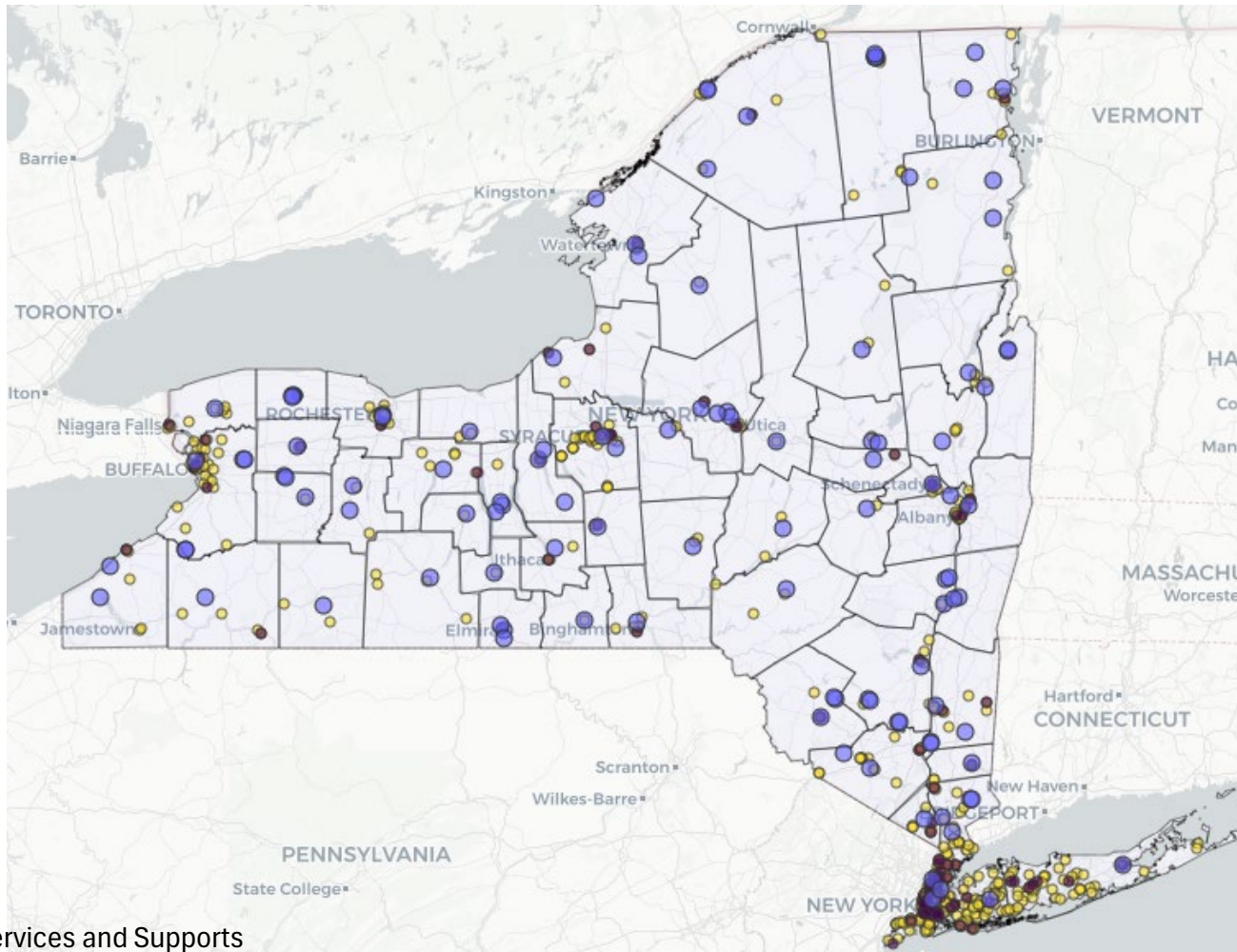


¹Reduction in opioid withdrawal
Abbreviations: mg, milligrams; utox, urine toxicology testing

NYS Enacted Legislation Requiring Medication for Opioid Use Disorder in All State Jails and Prisons

- In October 2022, NYS enacted legislation requiring all three FDA-approved medications for OUD treatment
 - Applies to all 44 prisons and 58 jails have implemented all three FDA-approved medications for OUD treatment
- **Largest implementation of MOUD in a state carceral system in the US**
- Approach is consistent with the rights guaranteed under the Fourteenth Amendment and the Americans with Disabilities Act
- Given the structural racism embedded in the carceral system, and the structural racism embedded in the opioid epidemic, implementing this legislation is a great opportunity to further anti-racist equity work

Largest Implementation of Medication for Opioid Use Disorder in a State Carceral System in the US

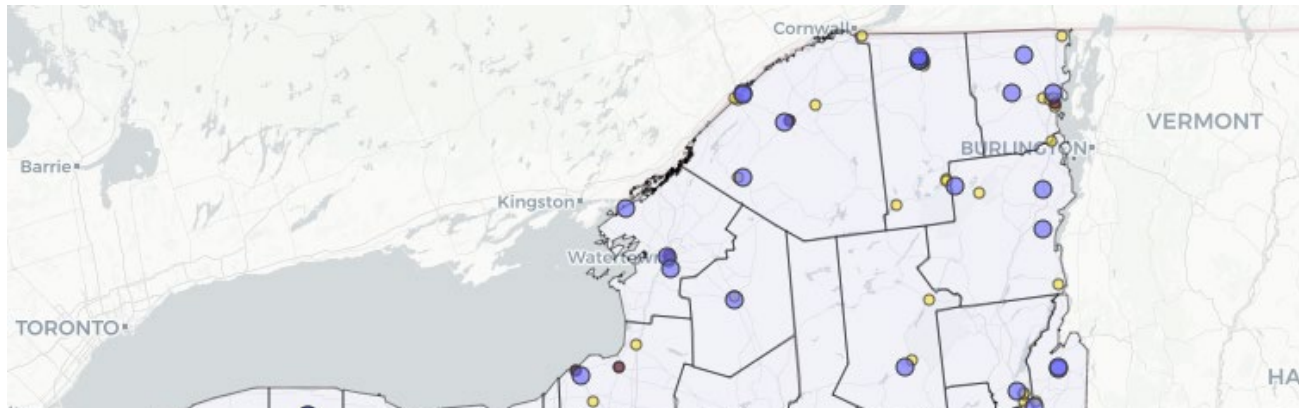


- Program Types**
- Opioid treatment program ('OTP') ■
 - Outpatient SUD treatment program ■
 - Expanded Methadone Access** ■
 - NYS Jails and Prisons ■

Source: NYS Office of Addiction Services and Supports

Abbreviations: hepatitis C virus; MOUD, medication for opioid use disorder; OUD, opioid use disorder; SIRIs, serious injection-related infections; SSTIs, skin and soft tissue infections; SUD, substance use disorder

Largest Implementation of Medication for Opioid Use Disorder in a State Carceral System in the US



Program Types

- Opioid treatment program ('OTP')
- Outpatient SUD treatment program
- Expanded Methadone Access**
- NYS Jails and Prisons

Unprecedented opportunity to:

- Ensure equitable access to MOUD during and through periods of incarceration
- Ensure continuity bridge to community treatment following periods of incarceration
- Reduce overdose deaths and other harms such as HCV, HIV, and SSTIs/SIRIs

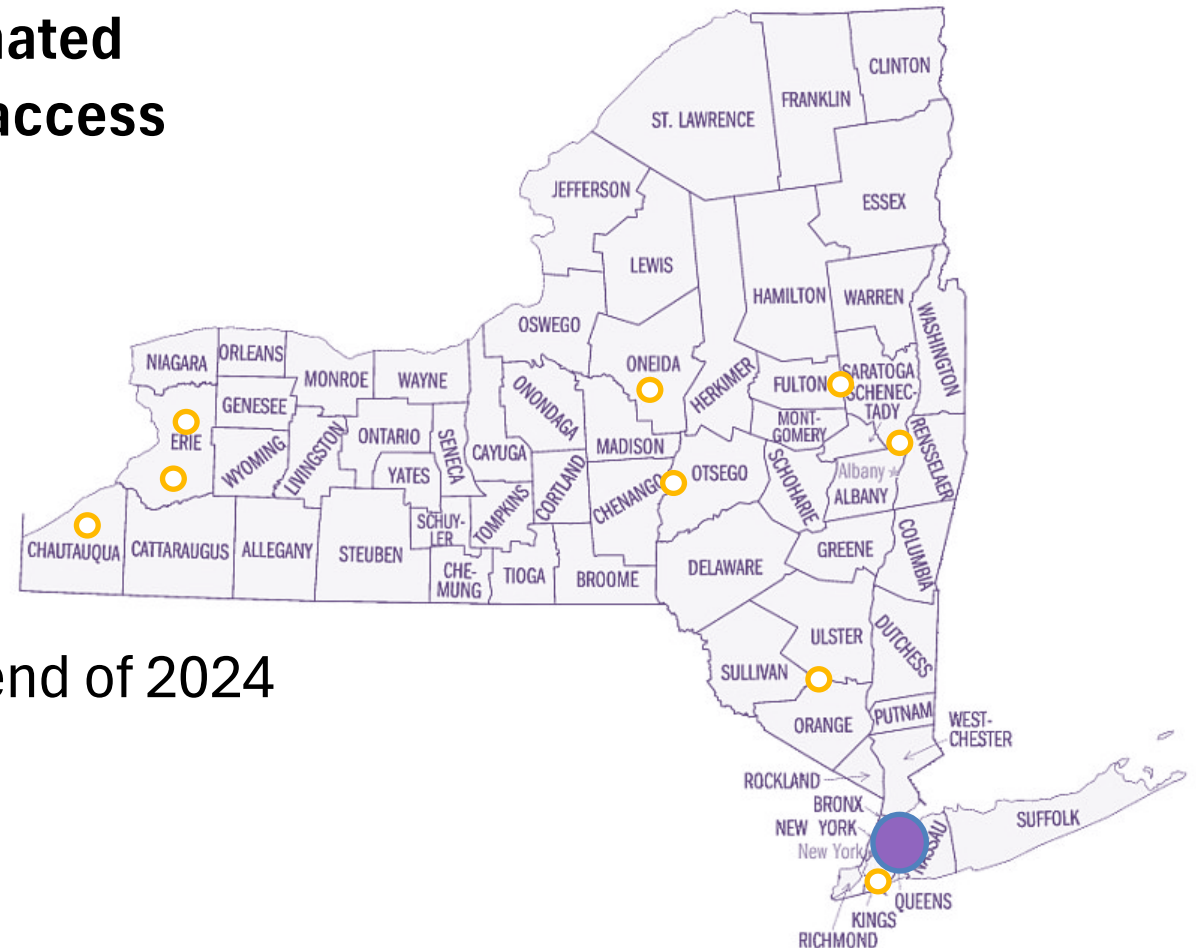


Source: NYS Office of Addiction Services and Supports

Abbreviations: hepatitis C virus; MOUD, medication for opioid use disorder; OUD, opioid use disorder; SIRIs, serious injection-related infections; SSTIs, skin and soft tissue infections; SUD, substance use disorder

Mobile Medication Units

- The DEA released a rule expanding methadone access by allowing OTPs to create mobile medication units
- **New York is the first state to launch a coordinated statewide investment in mobile methadone access**
- Services include (but are not limited to):
 - Methadone admissions and dosing
 - Buprenorphine admissions and dispensing
 - Clinical services including wound care
 - Harm reduction counseling and supplies
 - Peer-delivered services
- Total of 11 mobile medication units in NYS by end of 2024
 - 2 currently operational ●
 - 9 planned ○



Integrated Outpatient Substance Use Disorder Treatment Programs

- Expand methadone access by integrating OTP program services into existing outpatient SUD treatment
 - Focus on areas with limited access to MOUD
- Since 2022, through this new program mechanism, the number of NYS counties without opioid treatment program services has decreased from 32 to 21
- 24 new integrated outpatient SUD treatment programs have opened since 2021
 - An additional 26 opening within the next 12-18 months

Evaluation of Current Programs and Impact of New Initiatives Over Time

- **Using** quantitative and qualitative methods
- **Prioritizing** implementation science and process evaluation
- **Analysis plans** include both effectiveness and comparative effectiveness
- **Equity** both population-based and geographic access
- **Diverse outcomes** over time
 - Mortality (e.g., drug overdose deaths)
 - Changes in substance use, housing status, employment status over time
 - Other outcomes in collaboration with other agencies
- A key priority is to evaluate methadone access and utilization, and individual-, population-level effectiveness

Research Projects Funded by the National Institutes of Health

Project Title	Grant	Principal Investigators
Coaching performance driven practice change in the context of value-based purchasing under New York Medicaid	R61/R33	C. Neighbors (NYU) P. Lincourt (OASAS)
Addictions treatment organizational response to COVID-19: impact on disparities in quality of care	R01	C. Neighbors (NYU)
Organizational factors associated with quality of care for opioid use disorder among transition-age adults in Medicaid	R01	C. Neighbors (NYU)
Leveraging regulatory flexibility for methadone take-home dosing to improve retention in treatment for opioid use disorder: A stepped-wedge randomized trial to facilitate clinic level changes	R61/R33	C. Neighbors (NYU) Y. Bao (Cornell) A. Jordan (OASAS)
Person-centered quality measurement and management in a system for addictions treatment in New York State	RM1	C. Neighbors (NYU) P. Lincourt (OASAS) C. Burke (OASAS)
Implementation of Mobile Medication Units for Patients with opioid use disorder in New York	R21	B. Saloner (JHU) A. Jordan (OASAS)

Conclusion

Conclusion

- The opioid overdose crisis prompts an urgent need for improved methadone treatment systems
- Aspects of methadone access and utilization, components of quality methadone treatment are modifiable at the population-level
- Federal methadone regulation changes represent a sustainable and unprecedented opportunity transform methadone treatment delivery and improve quality treatment
- NYS OASAS is leveraging both federal regulations and concomitant State-level structural and fundings changes to fundamentally and sustainably improve access, utilization, retention, and outcomes for those with OUD

OASAS. Every Step of the Way.



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Thank you

Contact Information

Ashly Jordan

Ashly.Jordan@oasas.ny.gov



@NYSOASAS



nys_oasas



NewYorkStateOASAS



nyssoasas