

EXECUTIVE SUMMARY

BEYOND METHADONE

IMPROVING HEALTH AND EMPOWERING PATIENTS IN OPIOID TREATMENT PROGRAMS

*Hepatitis C, Overdose Prevention, Syringe Exchange, Buprenorphine
& Other Opportunities to Make Programs Work For Patients*

Overdose-Prevention

HIV HIV-Prevention
Any-Positive-Change

Methadone

Justice

OASAS

Coordination

Education

Criminal-Justice

SAMHSA



EXECUTIVE SUMMARY

Background

Over the last three decades, the War on Drugs has stripped people of myriad rights, blocked life-saving public health policies and created new social problems, such as housing and job discrimination. The negative consequences of criminalization are not felt equally, as communities of color and low-income people are much more likely to be targeted for drug-related law enforcement.

Increasingly, New York has recognized that drug use is more effectively addressed through a health and safety approach, rather than a criminal-justice approach. One important example is Opioid Treatment Programs (OTPs), which offer methadone and buprenorphine (synthetic opioids) to people who are dependent on heroin and other opioids.¹ Methadone treatment has been shown to be highly effective in reducing the risk of HIV and Hepatitis C Virus (HCV), drug overdose and incarceration while also improving a person's quality of life.² In fact, nearly 30,000 New York City residents rely on methadone maintenance treatment to manage their dependence on heroin and other opioids.³

Policymakers and public health officials should devote attention to improving OTPs for several reasons. First, serious health issues affecting active and former drug users, such as HCV and overdose, can be mitigated through effective methadone programs. Second, drug-policy reforms have diverted people into treatment programs over prison. Third, growing interest in reducing Medicaid spending has drawn attention to effective treatments for drug use and related harms. Lastly, the New York Office of Alcohol and Substance Abuse (OASAS), the state oversight agency, may soon be consolidated with other state agencies, opening up the possibility for review of its programs.

While methadone can reduce government spending and improve public health, VOCAL New York (VOCAL-NY) has identified a number of concerns related to the provision of care at OTPs in New York City. Accordingly, with the research support of the Community Development Project (CDP) of the Urban Justice Center, VOCAL-NY conducted the current study to gather detailed data from the perspective of OTP patients on the key challenges and opportunities for OTPs in New York City.

Findings

After conducting over 500 surveys and five focus groups with OTP patients, VOCAL-NY identified five key areas that require urgent attention by both OASAS as well as individual methadone programs.

Harm Reduction & Other Medical Interventions

► ***The study found that OTPs fail to provide harm reduction and other medical interventions, especially overdose prevention and syringe access, for patients who actively use drugs.***

- One out of ten survey respondents reported experiencing a drug overdose during the past two years and one out of five reported being in the presence of someone who overdosed;
- Seven out of ten survey respondents reported that there was no education to prevent overdose at their OTP;
- Three quarters of survey respondents supported making sterile syringes available at their program to prevent the spread of HIV and HCV.

Hepatitis C Virus (HCV)

► ***The study found that although HCV is an urgent and severely neglected health issue among OTP patients, most OTPs do not adequately address the virus.***

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- More than half of survey respondents who reported testing positive for HCV at their program said they did not receive a viral-load test, and less than 5% reported being referred elsewhere for a viral-load test;
 - More than half of survey respondents were not referred by their OTP to a medical professional for HCV care;
 - One quarter of survey respondents reported not receiving any services for HCV at their program.

Treatment Interruptions

➤ ***The study found that interruptions in methadone treatment occur because of limited clinic hours, delays in transportation assistance and Medicaid case closures, which undermine program effectiveness and lead to risky behaviors.***

- More than half of survey respondents reported missing a methadone dose due to limited clinic hours;
- About one-third of survey respondents reported missing a methadone dose due to a delay in transportation assistance;
- Nearly one in ten survey respondents reported missing a methadone dose due to a Medicaid case closure or “cut-off.”

Patient Rights & Involvement

➤ ***The study found that OTP patients are not properly informed of their rights regarding treatment alternatives, advisory bodies and grievance procedures. Increased patient control can improve treatment adherence, retention and overall well-being for patients.***

- Nearly four in ten survey respondents said they were not aware of a patient bill of rights posted at their program;
- More than one-third of survey respondents did not know how to file a grievance if there was a problem with their counselor, and more than two-thirds reported there was no information posted about how to file a grievance.

Security and Policing

➤ ***The study found that police and security guards at or near OTPs target methadone patients for arrest and harassment. This creates barriers to treatment, health and safety for patients.***

- Nearly four in ten survey respondents reported being stopped and frisked by police outside their clinic site;
- Seven in ten survey respondents witnessed someone else being frisked or harassed by police while entering or leaving the clinic.

Recommendations

Opioid treatment is widely recognized as a highly successful and cost-effective treatment for dependence on heroin and other opioids, with numerous benefits for both individual patients and the broader community. However, as findings in this report indicate, the New York State Office of Alcohol and Substance Abuse Services (OASAS) and individual OTPs are failing to meet patients’ needs. Based on the findings in this report and current political and policy developments, **VOCAL-NY** recommends the following to OASAS and New York City OTPs (the complete list of recommendations can be found in full report).

1. Promote greater access to Hepatitis C Virus (HCV) prevention, care and treatment.

- OTPs should provide on-site HCV treatment and care at clinics equipped to provide primary care services. Programs that are unable to offer on-site viral load tests, liver biopsies and/or treatment for

HCV should establish a concrete referral system and enter into memoranda of understanding (MOUs) with medical providers for follow-up care for methadone patients with chronic HCV.

- OASAS should track how well OTPs link patients with chronic HCV to care and treatment by monitoring the following indicators at each program on an aggregate basis: prevalence of HCV; availability of diagnostics and on-site treatment; patients receiving treatment on-site; patients enrolled in treatment through the OTP; and participation in HCV support groups.

2. Offer harm-reduction services, including syringe access and overdose prevention, for methadone patients who continue using drugs.

- OTPs should register with the New York State Department of Health (DOH) for the Expanded Syringe Access Program (ESAP) and Safe Sharps Collection Program, which would allow them to make syringes available to patients without a prescription and offer safe disposal.
- OASAS should require OTPs to make naloxone and overdose prevention counseling available to all patients – especially those who are newly enrolled, are being discharged or have positive toxicologies for outside opioid use – and create an Ambulatory Patient Group (APG) reimbursement rate.

3. Provide complete and accurate information about treatment options to all patients, including information about buprenorphine as an alternative to methadone maintenance treatment.

- OASAS should require OTPs to offer all patients the option of receiving buprenorphine as an alternative to methadone during their initial intake, and to modify methadone enrollment consent forms so that they discuss buprenorphine as an alternative to methadone.
- OTPs should make buprenorphine prescriptions available on-site for patients who choose it as an alternative to methadone maintenance treatment and connect patients with a physician for ongoing buprenorphine treatment.

4. Improve coordination and delivery of services and programs for OTP patients in order to prevent treatment interruptions.

- OTPs should require counselors to immediately inform patients when they qualify for additional take-home doses, and document it in their record, in order to promote maximum patient autonomy.
- OASAS should advocate that officials at the federal level enact reforms that will enable patients to qualify for take-home doses sooner with fewer restrictions.

5. Increase patients' understanding of their rights, enhance patients' decision-making authority within the program, and take steps to reduce police harassment of patients.

- OTPs should invest in creating active, meaningful patient advisory committees (PACs) through staff support, funding and training opportunities that empower patients with greater decision-making authority.
- OASAS should educate law enforcement about opioid dependence and the importance of OTPs in order to prevent police harassment of patients.

Endnotes

¹ MMTPs have been largely replaced with the more inclusive term Opioid Treatment Program (OTP) because of the availability of buprenorphine in addition to methadone as a treatment option.

² Joseph H, Stancliff S, Langrod J (2000). "Methadone maintenance treatment (MMT): a review of historical and clinical issues". *Mt. Sinai J. Med.* 67 (5-6): 347–64.

³ The 69 OTPs in New York City for which OASAS had complete information in 2009 had an aggregate average daily enrollment of 27,831. Personal communication with the NYC Department of Health & Mental Hygiene (DOHMH). February 8, 2011.