

Implementation of Revised Methadone Treatment Regulations at NYS Opioid Treatment Programs

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Background

- The ongoing opioid overdose crisis necessitates an urgent need for improved opioid use disorder treatment delivery. Methadone treatment for opioid use disorder (OUD) decreases overdose death by more than 50%, in addition to improving other important clinical and social outcomes.
- Methadone treatment dosing schedules ('take-home' doses) have been tightly regulated, limiting methadone's overall population effectiveness as OUD treatment. In Mar. 2020, temporary regulatory exemptions were made allowing for opioid treatment programs (OTPs; where methadone treatment for OUD is provided) to provide a greater number of daily methadone take-home doses than had previously been permitted and no longer requiring abstinence prior to use of take-home doses.
- In Apr. 2024, permanent revisions to the federal regulations were made making temporary changes permanent, allowing OTPs to be more responsive to patient needs. These sweeping, permanent revisions were informed by decades of high-quality efficacy and effectiveness data and from experience from the temporary regulation change.
- The Office of Addiction Services and Supports (OASAS) is the New York State (NYS) agency that oversees and regulates the largest OTP network in the US and serves as the State Opioid Treatment Authority (SOTA).

Objectives

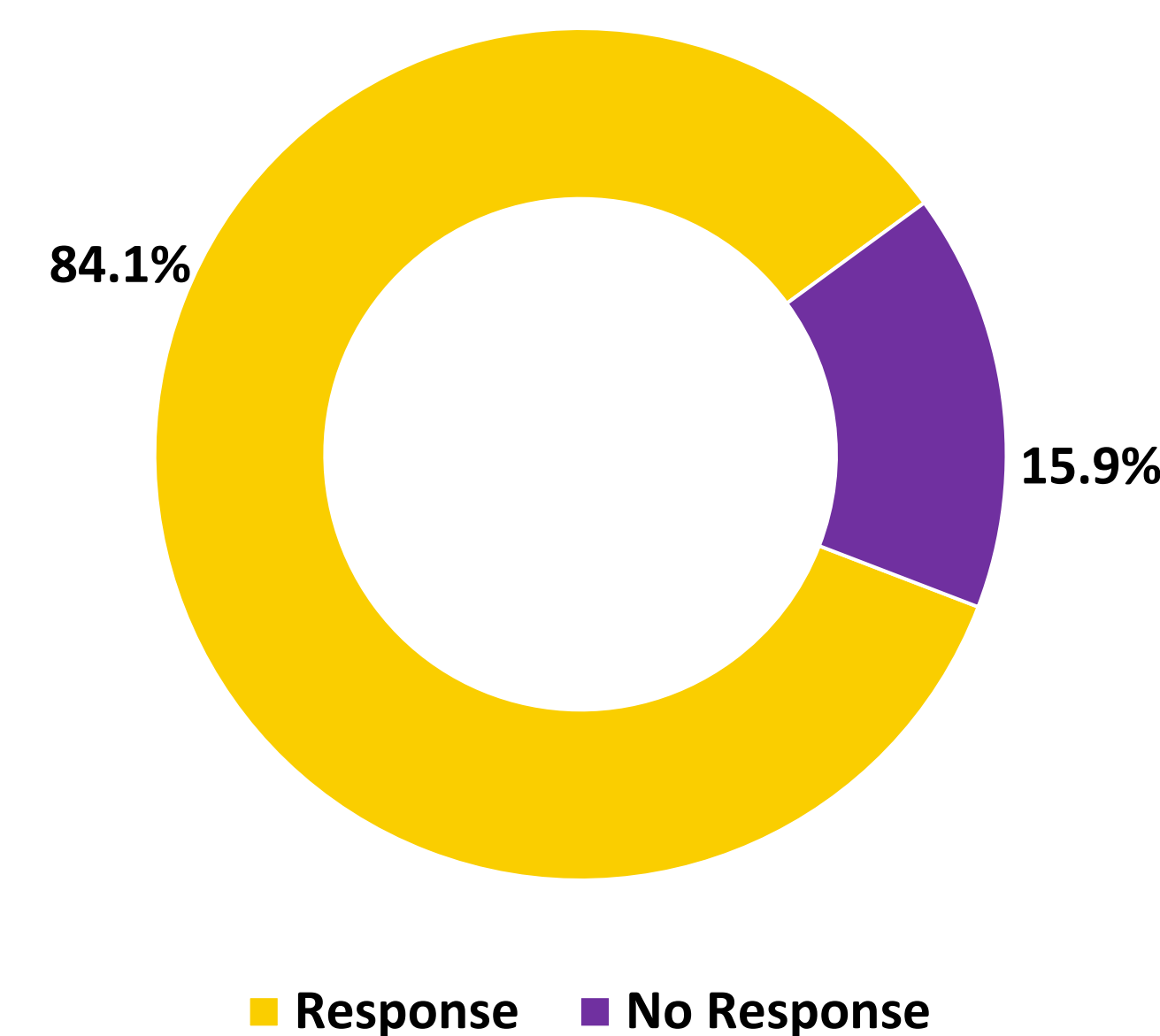
- Describe the roles of OASAS and the SOTA team in facilitating the implementation of the revised federal regulations.
- Survey NYS OTPs to assess progress towards full implementation of the revised federal regulations.
- Understand how the revisions to the federal regulations for methadone treatment for opioid use disorder have been implemented at the state level.
- Understand how local practice context and local practice implementation challenges impact adapting clinical care to revised regulations.

Methods

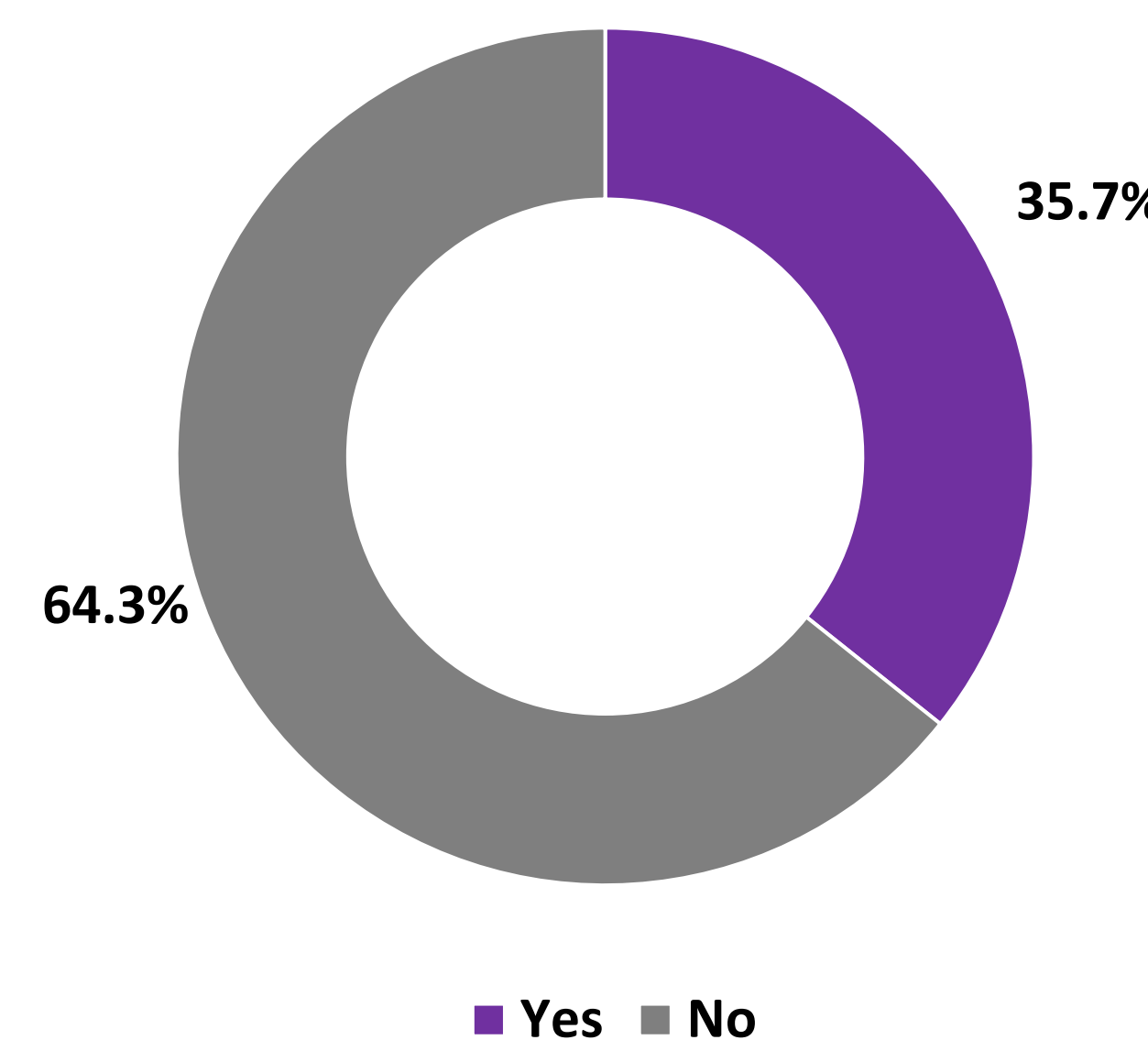
- In Oct. 2024, electronic surveys were distributed via email to all NYS OTP directors (administrative and/or clinical) by the OASAS SOTA team.
- The SOTA team, led by an addiction medicine-primary care physician with decades of experience in at the intersection of harm reduction and OUD treatment, oversees OTP compliance to federal and state methadone treatment regulations in NYS.
- Survey questions included perceptions of OTP administrative and clinical leadership regarding the degree to which their OTPs had implemented revised federal regulations as of Sept. 2024.
- Questions also sought to understand barriers related to implementation in order to identify how best NYS could support OTPs to align their clinical care and programming with revised federal regulations. We also included a question on OTP willingness to serve as mentors to OTPs that may be facing implementation barriers. Descriptive statistics are presented.

Results

Of the 107 OTPs in NYS, 90 OTPs Responded to the Survey

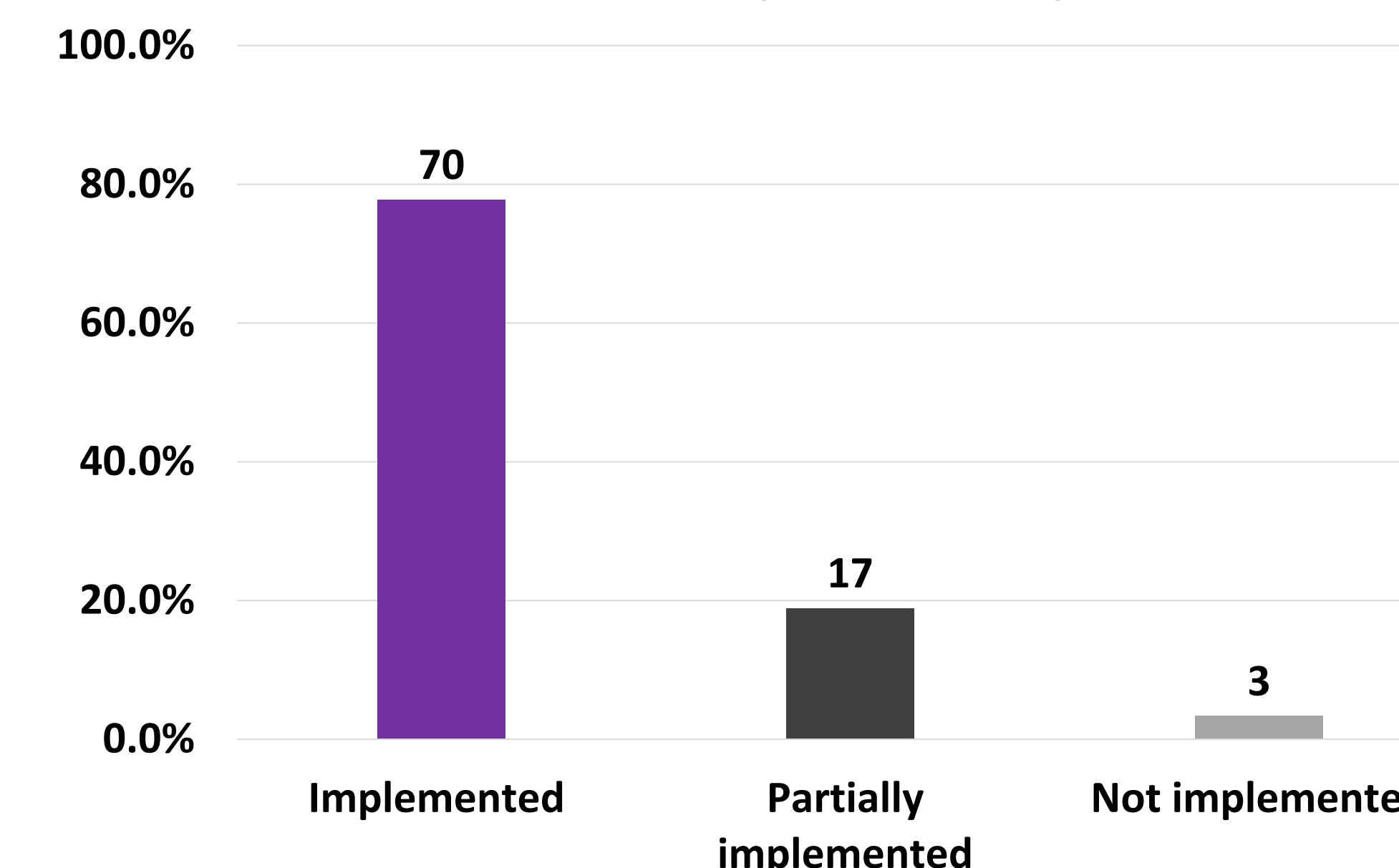


More Than One-Third of OTPs Were Willing to Serve as an OTP Mentor to Other OTPs to Facilitate Implementation

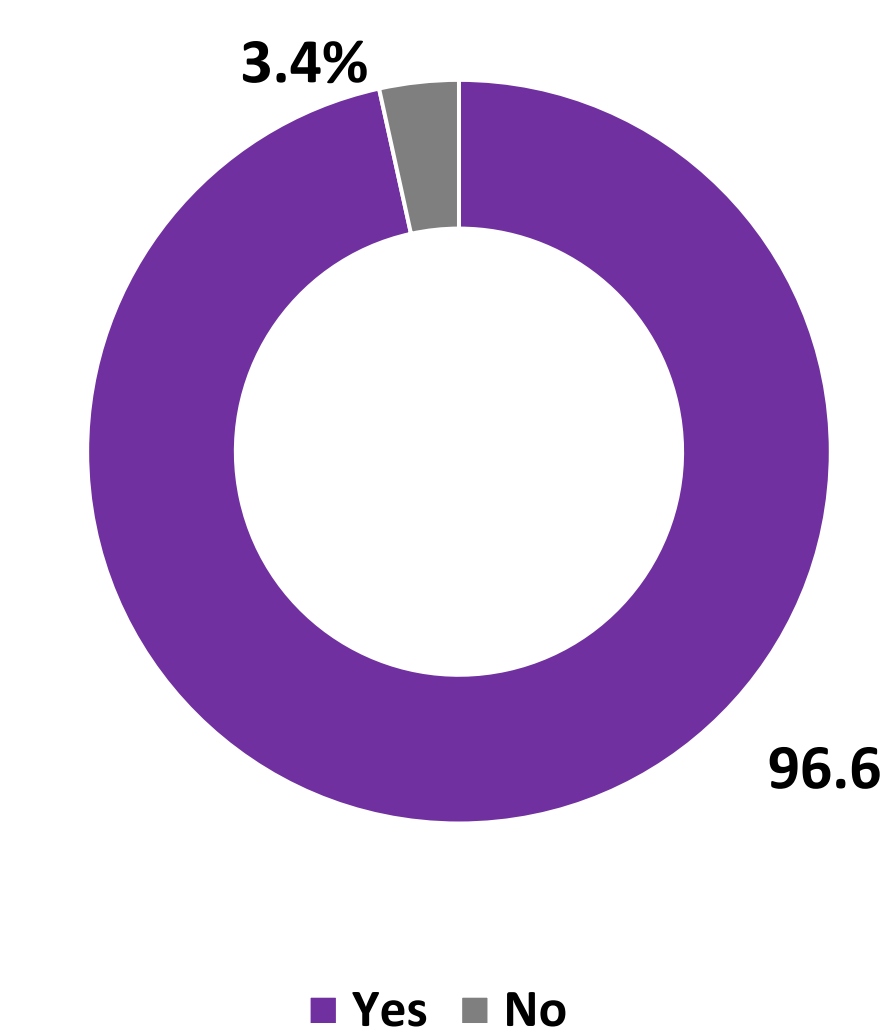


- Of the 90 OTPs that responded to the survey (response rate of 84.1% [90 of 107 OTPs reported]), 76.7% (n, 69) of surveys were completed by a healthcare administrator (e.g., Program Director).
- Among OTPs reporting, 77.8% (n, 70) reported that they had implemented revised regulations whereas 18.8% (n, 17) and 3.3% (n, 3) reported having partially implemented or not having implemented revised regulations, respectively.
- The regulation changes allowing take-home dose flexibilities based on clinical relevancy with flexibilities considered at treatment initiation were reported to be implemented by 96.6% of OTPs reporting (n, 84 [of 87]) and not requiring complete abstinence for take home dose flexibilities reported to be implemented by 98.9% of OTPs reporting (n, 86 [of 87]). (There were 3 OTPs with incomplete responses for this question).
- The most frequently cited challenges to implementation were provider disagreements with specific aspects of the revisions (45.6%, n, 41 [of 90]), workforce shortages (28.6%, n, 26 [of 90]), and difficulty in understanding revisions (16.7%, n, 15 [of 90]).
- OTPs reporting having fully implemented revised regulations (n, 70), 35.7% (n, 25 [of 70]) stated willingness to serve as an OTP mentor to an OTP that had not yet fully implemented the revised regulations.

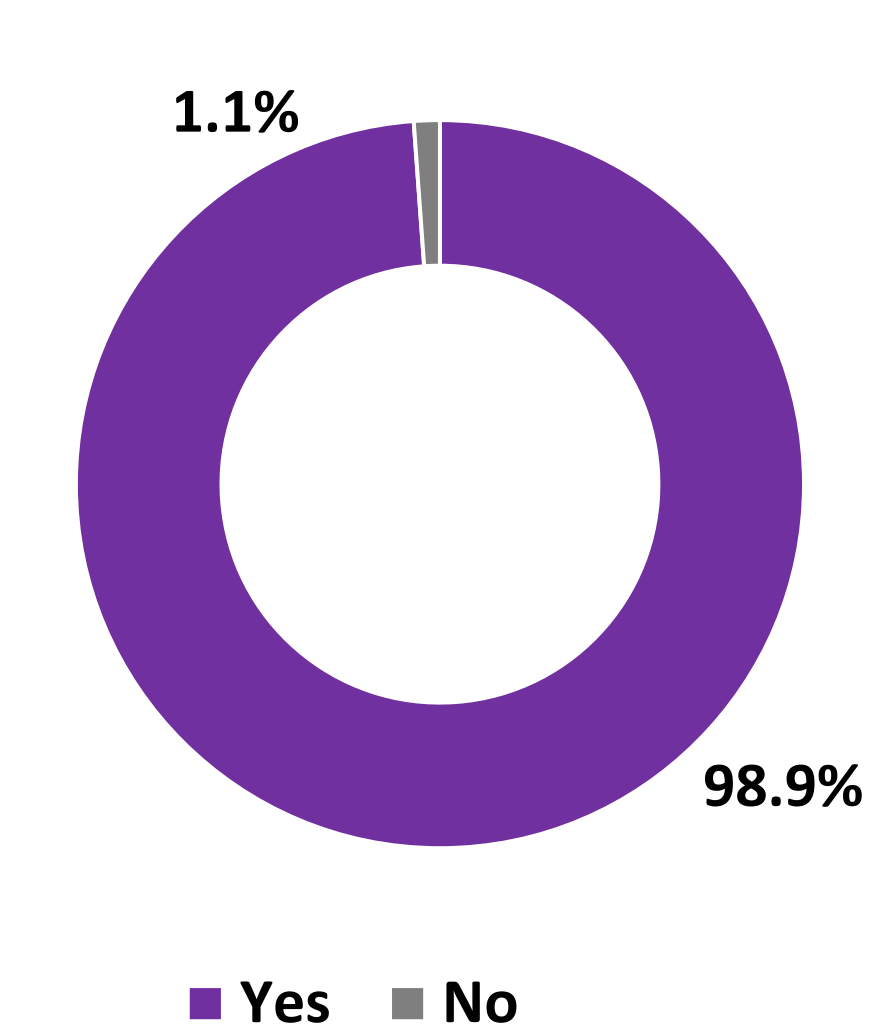
Degree To Which Revised Regulations Were Perceived To Be Implemented By OTPs



Providing Take-Home Doses Guided by Clinical Judgement and Considered at Treatment Initiation



Allowing Take-Home Doses Without Requiring Abstinence



Conclusion & Discussion

- Federal methadone regulation changes represent a sustainable and unprecedented opportunity transform methadone treatment delivery and to improve access, utilization, retention, and outcomes for those with OUD.
- A majority of OTPs in NYS reported implementing the revised federal methadone regulations in Sept. 2024.
- Understanding the degree to which OTPs adapted to initial revised regulations is important to guide efforts to support programs to leverage federal regulatory changes to expand flexible take-home methadone dosing.
- Willingness of OTPs that have implemented the revised regulations to serve as mentors to OTPs that had not yet fully implemented revised regulations suggests the potential for collaborative capacity building within the OTP network to facilitate statewide treatment change.
- To address cited implementation challenges, OASAS has implemented regular OTP Medical Director meetings to facilitate collaborative capacity building to address provider concerns and understanding of the revisions.
- To address need for addiction workforce expansion, OASAS has implemented a range of addiction workforce training initiatives for clinical professionals at all levels.
- It is essential for state agencies overseeing SUD treatment to support OTPs support to leverage this opportunity, which will improve access, engagement, and retention in methadone treatment, and ultimately reduce overdose deaths.

References

- Jordan, A. E., Bachhuber, M. A., Tuazon, E., Jimenez, C., Lincourt, P., Hussain, S., ... & Cunningham, C. O. (2024). Methadone dosing at New York State opioid treatment programs following initial revisions to federal regulations. *Drug and Alcohol Dependence*, 258, 111283..
- Joudrey, P. J., Edelman, E. J., & Wang, E. A. (2020). Methadone for opioid use disorder—decades of effectiveness but still miles away in the US. *JAMA psychiatry*, 77(11), 1105-1106.
- Substance Abuse and Mental Health Services Administration. (2024). Federal guidelines for opioid treatment programs. Available at: <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8>. Accessed on Jan. 20, 2025.
- Suen, L. W., Coe, W. H., Wyatt, J. P., Adams, Z. M., Gandhi, M., Batchelor, H. M., ... & Jordan, A. (2022). Structural adaptations to methadone maintenance treatment and take-home dosing for opioid use disorder in the era of COVID-19. *American Journal of Public Health*, 112(S2), S112-S116.
- Volkow, N. D. (2020). Collision of the COVID-19 and addiction epidemics. *Annals of internal medicine*, 173(1), 61-62.

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