

New York City Methadone Delivery System

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HealingNYC: Decreasing opioid overdose deaths by 35% over 5 years



- \$60m investment announced by the Mayor in March 2017
- 13 overall strategies to achieve 4 goals
- Collaborative effort across multiple NYC agencies

HealingNYC's 4 goals and 13 strategies

Goal 1: Prevent opioid overdose deaths

- Strategy 1: Distribute 100,000 naloxone kits citywide

Goal 2: Prevent opioid misuse and addiction

- Strategy 2: Invest in early interventions for youth to prevent opioid misuse and addiction
- Strategy 3: Educate New Yorkers about effective treatment for opioid misuse and addiction
- Strategy 4: Connect up to five of the communities at highest risk with targeted prevention messages and care
- Strategy 5: Educate clinicians to reduce overprescribing
- Strategy 6: Expand crisis intervention services for nonfatal overdose

Goal 3: Connect New Yorkers to effective treatment

- Strategy 7: Increase access to medication for addiction treatment for 20,000 additional New Yorkers by 2022
- Strategy 8: Make NYC Health + Hospitals a system of excellence, delivering increased and effective opioid services
- Strategy 9: Target treatment and expand resources to people in the criminal justice system
- Strategy 13: Establish Health Engagement and Assessment (HEAT) Teams

Goal 4: Reduce the supply of dangerous opioids

- Strategy 10: Use data to target outreach and take action
- Strategy 11: Expand the NYPD's enforcement against dealers of opioids that cause overdose deaths
- Strategy 12: Expand the NYPD's capacity to disrupt the trafficking of opioids into New York City

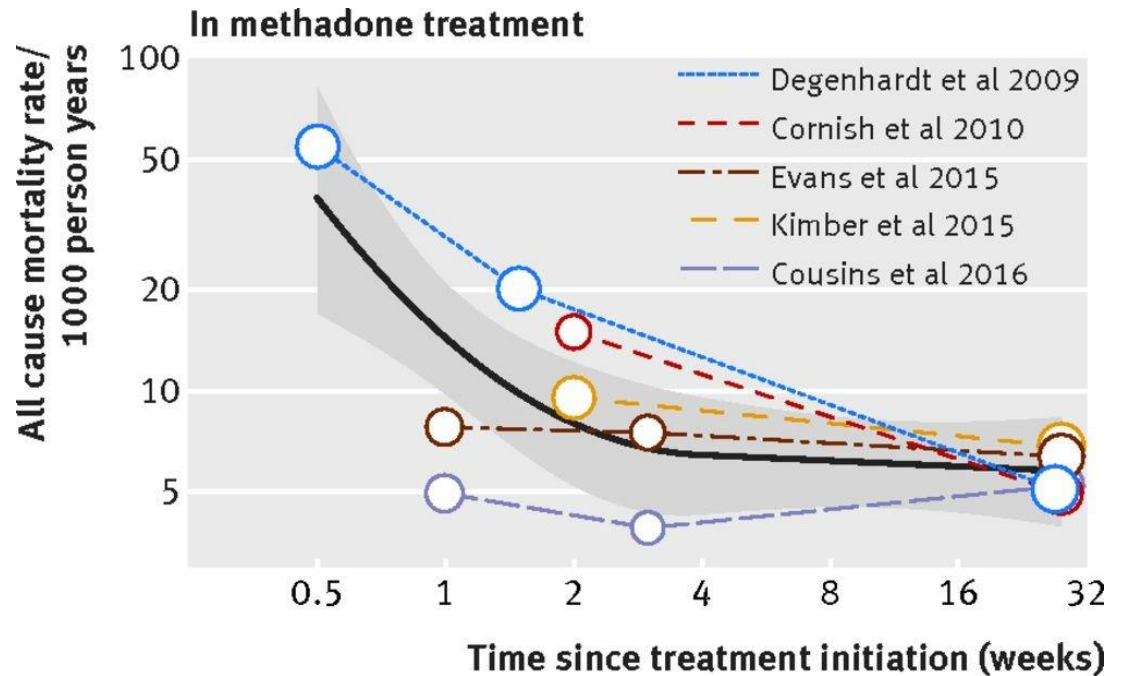
City pledged additional \$2 million in outreach and overdose prevention resources

- Expand access to buprenorphine treatment
- Increase outreach to and services for people who use drugs
- Establish harm reduction vending machines to make naloxone readily available

Methadone is among the most highly regulated medications in the U.S.

- Gold-standard treatment for opioid use disorder
- Schedule II-controlled substance
- Dispensed at specialty clinics separated from the mainstream health care system
- Directly-observed dosing for most patients

All cause mortality rates by time since treatment initiation and cessation in methadone cohorts and pooled all cause mortality risk trends, 2009-16.



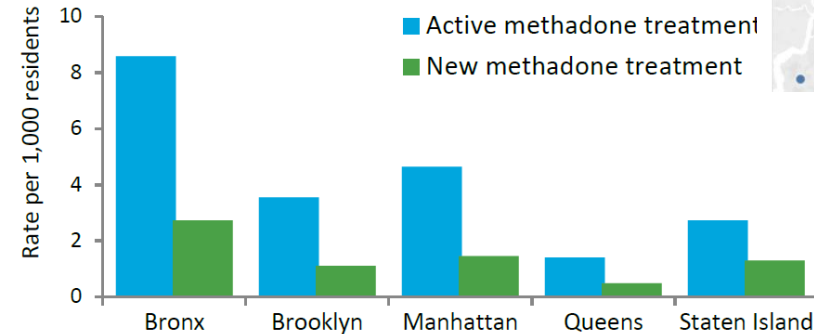
<https://www.bmj.com/content/357/bmj.j1550>

NYC has a large methadone population

There are more than **28,000** patients who use methadone in NYC across **68** opioid treatment programs (OTPs):

- More than half of the patients are over age 45
- Many patients have underlying health conditions

Rate of methadone treatment by borough of residence, New York City, 2016

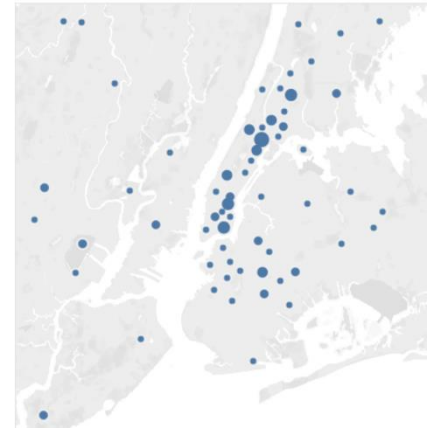


Source: New York State Office of Alcoholism and Substance Abuse Services, 2016

<https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief96.pdf>

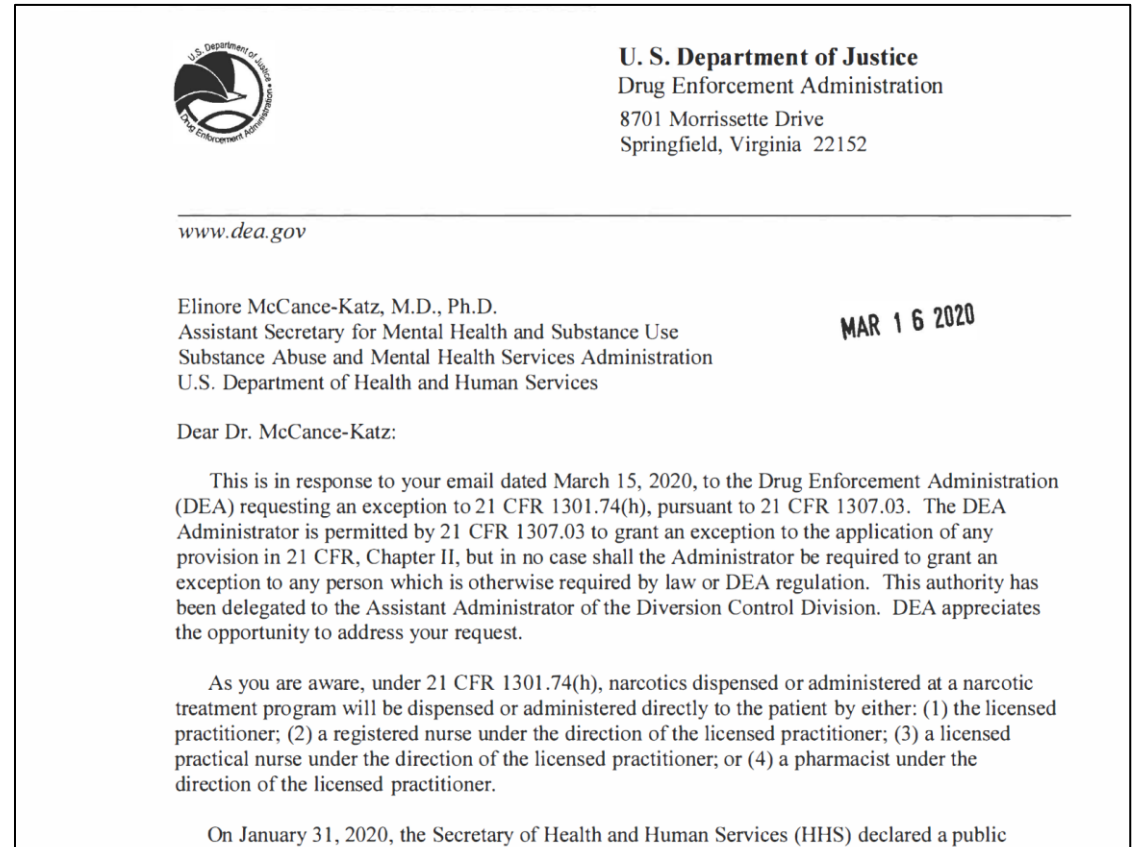
<https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/10/31/long-stigmatized-methadone-clinics-multiply-in-some-states>

Methadone Clinics



Due to COVID-19, methadone regulations were relaxed on March 16, 2020

- The U.S. Drug Enforcement Administration (DEA) permits doorstep delivery of methadone to people in quarantine or isolation
- The U.S Substance Abuse and Mental Health Services Administration (SAMHSA) permits and encourages OTPs to provide medication under blanket exception:
 - Up to **28 doses** for patients who are clinically stable
 - Up to **14 doses** for patients who are clinically **less** stable



[https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-015\)%20SAMHSA%20Exemption%20NTP%20Deliveries%20\(CoronaVirus\).pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-015)%20SAMHSA%20Exemption%20NTP%20Deliveries%20(CoronaVirus).pdf)

NYC established the **Methadone Delivery System** (NYC MDS) in response to COVID-19

NYC MDS prevents methadone treatment disruption and provides a means for people to stay in isolation or quarantine



<https://www.nytimes.com/2018/01/12/nyregion/opioid-addiction-knows-no-color-but-its-treatment-does.html>

Eligibility Criteria for NYC MDS

01

Isolating due to a positive COVID-19 test result

OR

02

Quarantining due to COVID-19-like symptoms, travel or exposure to COVID-19

OR

03

Quarantining due to being age 50 or older **and** having certain underlying health conditions **and** OTP is willing to provide a maximum of two deliveries per week.

How does NYC MDS work?

Eligible patients are identified.

Identification occurs primarily by OTP medical directors, as well as isolation hotel site managers.



NYC Health Department dispatches delivery teams.

NYC Health Department receives names of patients who require delivery and dispatches delivery teams.



Courier and driver team delivers methadone.

Delivery teams pick up medication from guest-dosing OTPs and deliver methadone to patients' homes or isolation hotels.



Methadone is delivered.

Methadone arrives in a lockbox for safe-keeping with a naloxone kit.

NYC MDS deliveries to date



- **More than 4,500 deliveries** since launch on April 20, 2020

More than 50 NYC Health Department staff have worked as drivers, couriers, coordinators, data analysts and operational support staff

<https://www.npr.org/sections/coronavirus-live-updates/2020/05/27/863187526/federal-government-approves-methadone-deliveries-during-pandemic>

Challenges

- NYC MDS delivery protocol had to account for a number of priorities, including:
 - Preventing treatment disruption among patients
 - Abiding by DEA and SAMHSA regulations
 - Ensuring safety and health of delivery staff
 - Managing logistics among State and City stakeholders and OTPs that have never managed a system together

Implications of MDS

- Stigma surrounding the provision of methadone treatment is prevalent at many levels:
 - Institutional
 - Individual
- Buy-in among stakeholders at all levels is critical to ensure the system is utilized

I am living proof that methadone treatment works.

I started using heroin when I was 20. I went from once in awhile to every day. When you wake up sick from withdrawal, all other needs and responsibilities are subordinate. It's only through methadone treatment that I was able to stop. Today, life is centered on my kids, my family, and my music. Methadone made it possible.

— Erik

Opioid addiction treatment with methadone and buprenorphine is available in New York City.

If you or someone you know needs help, call 888-NYC-WELL or visit [nyc.gov/health/addictiontreatment](https://www1.nyc.gov/health/addictiontreatment) for more information.

I am living proof that methadone treatment works.

I had a horrible addiction to heroin. I didn't really care if I lived or died. My family wanted me to change, but I didn't know how. I started methadone treatment. It's medicine. It helped me stop craving and taking drugs. Today I have my family. Every Sunday I cook at home. My kids and grandkids come to visit. Thanks to methadone treatment, I'm living life.

— Camille

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I am living proof that methadone treatment works.

When I was 15 years old, I started using heroin and freebasing crack. That was the beginning of a very bad life. I was living on the street in a cardboard box. I started methadone treatment. It gave me the strength to say, "you can." Now I have an apartment, a job, friends, and a girlfriend.

— Melvin

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<https://www1.nyc.gov/assets/doh/downloads/pdf/basas/opioid-living-proof-campaign.pdf>

Future of NYC MDS

- Due to COVID-19, DEA and SAMHSA relaxed federal regulations surrounding methadone provision
- This potentially provides an avenue for advocating for fewer methadone treatment regulations
- NYC MDS will be evaluated to influence future policy

Other adaptations: Preserving naloxone distribution during COVID-19

- **Developed alternative naloxone distribution systems**
 - Made free naloxone available at 18 chain pharmacy sites
 - Directly mailed naloxone and authorized Opioid Overdose Prevention Programs to mail naloxone
 - Included naloxone with methadone deliveries
 - Provided naloxone to isolation and quarantine hotels
 - Shifted to holding virtual naloxone trainings

Conclusions

- Pandemic necessitated numerous adaptations to ensure continued access to MOUD, naloxone, nonfatal overdose response, and harm reduction services
- Responses, including MDS and alternate naloxone distribution mechanisms, need to be evaluated to inform future policy and overdose prevention strategies

Conversation

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