LEXINGTON CENTER FOR RECOVERY, INC.

Providing Addiction Services Through a Holistic Approach to Recovery
Serving Dutchess, Rockland and Westchester Counties

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Hi – my name is Dr. Adrienne Marcus. I'm the Executive Director of Lexington Center for Recovery which is an outpatient treatment agency operating programs in three New York Counties, Westchester, Rockland and Dutchess. Germaine to this discussion, we operate 3 Methadone programs, one in each County. Of course, like most other treatment agencies in New York and elsewhere, we've seen a dramatic rise in the number of opioid cases admitted to all our programs.

Since 2000, the percentage of clients admitted to treatment in all our programs with a primary Opiate diagnosis has been steadily increasing. Opiate Users represented 10.2% of our client population in 2000. At that time, we were not operating Methadone Treatment Programs. In 2019, Opiate Users represent 29.2% of our client population which now includes clients in Lexington's 3 Opiate Treatment Programs (OTP's). Overall, the percentage of OUD's in our agency statistics includes clients participating in the methadone programs all of whom are opiate users. But when these methadone programs are excluded from the annual client data, the percentage of OUD's in outpatient treatment also shows a gradual increase. In 2010, the average percentage of opiate users in treatment was 13%. In 2018, that overall percentage had increased to 20% - an average increase of 7%. Since 2010, Lexington's Clinics have been serving over 2400 clients every year. We anticipate that these numbers will continue to increase.

In New York State, same day access to treatment has become a priority for all providers licensed and certified by OASAS. Drug addiction treatment is cost-effective in reducing drug use and its associated health and social costs. Treatment is less expensive than alternatives, such as not treating addicts or simply incarcerating addicts. For example, the average cost for 1 full year of methadone maintenance treatment is approximately $4,700 per patient, whereas 1 full year of imprisonment costs approximately $18,400 per person. According to several conservative estimates, every $1 invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also come from significant drops in interpersonal conflicts, improvements in workplace productivity and reductions in drug-related accidents.

Yet, in spite of the opiate crisis which is happening across the country, methadone treatment remains underutilized and stigmatized. When clients are referred to treatment by the Department of Probation or Parole, or the Department of Social Services, particularly Child Welfare, and the referents continue to exclude methadone treatment as an acceptable treatment modality. Methadone and to some extent Suboxone are seen as medications that substitute one drug for another, and do not move the client towards a life of recovery. This might have been true 20 years ago when methadone clinics were primarily medication dispensaries with little emphasis on counseling. But all Methadone Programs, now referred to as Opiate Treatment Programs, are required to provide the same Evidence-based counseling services that all Clinics provide, including family treatment, health care services and peer services.

A National Institutes of Health-funded study found that treatment of opioid use disorder with either methadone or buprenorphine following a nonfatal opioid overdose is associated with significant reductions in opioid-related mortality. Study authors analyzed data from 17,568 adults in Massachusetts who survived an opioid overdose between 2012 and 2014. Compared to those not receiving medication-assisted treatment, opioid overdose deaths decreased by 59 percent for those receiving methadone and 38 percent for those receiving buprenorphine over the 12 month follow-up period. The study, the first to look at the association between using medication to treat OUD and mortality among patients experiencing a nonfatal opioid overdose, confirms previous research on the role methadone and buprenorphine can play to effectively treat OUD and prevent future deaths from overdose. Despite compelling evidence that medication-assisted treatment can help many people recover from opioid addiction, these proven medications remain greatly underutilized. The study also found that in the first year following an overdose, less than one third of patients were provided any medication for OUD, including methadone (11 percent); buprenorphine (17 percent); and naltrexone (6 percent), with 5 percent receiving more than one medication.

In an editorial commenting on the study, Dr. Nora Volkow, director of NIDA, said, "A great part of the tragedy of this opioid crisis is that, unlike in previous such crises America has seen, we now possess effective treatment strategies that could address it and save many lives, yet tens of thousands of people die each year because they have not received these treatments. Ending the crisis will require changing policies to make these medications more accessible and educating primary care and emergency providers, among others, that opioid addiction is a medical illness that must be treated aggressively with the effective tools that are available."

Many people who are incarcerated have opioid use disorder (OUD). Evidence suggests that methadone maintenance treatment during incarceration can reduce prisoners' risks of overdose and other short-term adverse outcomes after release, but few jails and prisons in the United States offer it. A 2018 study by Larochelle et al appearing in the Annals of Internal Medicine reported the following:

- Prisoners who received methadone maintenance treatment (MMT) during incarceration were more likely than prisoners who did not receive MMT to engage in the treatment after being released.

- Those who received methadone during incarceration also reported less heroin use and had a lower risk of nonfatal overdose after being released.

Dr. Lauren Brinkley-Rubinstein from the University of North Carolina School of Medicine and her colleagues recently reported that continued methadone treatment during incarceration significantly improved engagement in treatment for Opiate Use Disorder and reduced overdose risk for at least 12

months after release. "Hopefully, the results of this study will help persuade correctional administrators to implement medication-assisted treatment programs in their facilities," says Dr. Brinkley-Rubinstein.

The Criminal Justice System in New York is finally recognizing the value of providing medication-assisted treatment to inmates in prisons across the state. In the past, opiate users who were incarcerated for years in prison did not receive any treatment in prison nor were there any arrangements in the community to receive treatment services after their release. We have since learned that those Opioid Users who are released to the community without the benefit of treatment in prison return to the same amount of opiates they were using before going to prison. Physiologically, their system cannot now tolerate prior usage levels, and this is the primary reason why overdose is so common for post-release inmates. By providing MAT in prison, opioid overdoses after release can be prevented. There are 52 prisons operating in the State of New York. Currently; 4 facilities are providing MAT for Opiate Use Disorder inmates. One facility will begin providing MAT today. Two other facilities are scheduled to begin providing MAT services in the coming days.

Lexington has been instrumental in making this transition to MAT in prison and a local jail possible. We are currently providing the methadone for inmates being transferred from Rikers Island to Downstate Prison in Fishkill for temporary re-assignment. These inmates are housed at Downstate for approximately 5 days and then transferred again to an upstate facility permanently. Lexington is providing the methadone for those inmates who were receiving methadone treatment at Rikers during their stay at Downstate. On October 8, Lexington will begin providing methadone to Opiate Use Disorder inmates at Wallkill Prison in Ulster County. The following procedure for both prisons will include: the prison staff from each facility will come to our treatment program in Poughkeepsie each week on a designated day to pick up enough methadone for all inmates who are receiving MAT at those facilities for the next week. Since most prisons are not licensed to directly provide MAT at their facilities, they can contract with an OASAS-licensed program to provide the medication which they can dispense at their facilities. This arrangement allows prisons to provide the medication without becoming licensed or following all the necessary regulations promulgated by the State. This model of medication-assisted treatment for incarcerated opiate users is a pioneering approach, and will soon be expanded to include other facilities in the State.