

## Patients in Public Hospital-Based Opioid Program More Likely To Stay in Treatment, Study Shows

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More patients with opioid addiction are getting into treatment thanks to a unique program at New York City Health + Hospitals that aims to fill a gap in specialized treatment for substance use disorder, a new study shows.

Hospitals are one of the most common medical touchpoints for people addicted to opioids and other drugs. The program, known as Consult for Addiction Treatment and Care in Hospitals, takes advantage of that setting to connect opioid users to medication, social workers, and peer support. Patients who went through the city-funded program were eight times more likely to start treatment and seven times more likely to remain on medication for 30 days, according to a study released Monday by NYU Grossman School of Medicine.

“That kind of addictions-focused treatment essentially never happens in the hospital unless you

have a program like this,” said Dr. Jennifer McNeely, an associate professor in the Departments of Population Health and Medicine and the study’s prime author. McNeely hopes the findings will encourage more hospitals to invest in similar programs.

NYU School of Medicine received a \$2.75 million grant from the National Institute on Drug Abuse to study the effectiveness of the initiative over three years in collaboration with Health + Hospitals. It is the first major randomized trial of hospital-based programs for opioid use disorder treatment, sometimes known as addiction consult programs.

The program launched in 2018 with \$7.5 million in initial funding under an opioid initiative known as HealingNYC, an offshoot of Mayor Bill de Blasio’s ThriveNYC, to curb an explosion in opioid deaths. It now receives \$8 million in city funds annually and is available at six H+H sites, according to spokeswoman Stephanie Buhle. Any patient who uses drugs or alcohol, regardless of insurance and the reason they entered the hospital, may participate.

While medication, like methadone and buprenorphine, have been proven to effectively treat addiction long term by satisfying the brain’s opioid receptors, lack of insurance, stigma and a history of mistreatment prevent many people from receiving it, McNeely said. Only 22% of Americans with opioid use disorder take them, according to an analysis of data from the National Survey on Drug Use and Health that was cited in the report.

In many cases, the emergency department is the first point of contact between a person with addiction and a clinician. People with substance use disorders are on average more likely to come to the emergency department because of another issue, McNeely said. In the three years prior to the study period, more than half had three or more emergency department visits, with an average of 13 visits per person over three years.

The study looked at the impact of the program on 2,315 adult participants receiving Medicaid between October 2017 and January 2021. While the participant pool roughly reflected the racial make-up of opioid users who are Medicaid recipients, McNeely said it may underrepresent the number of female opioid users in New York City.

More than 3,000 New Yorkers died of an unintentional overdose in fiscal year 2023, according to the Mayor’s Management Report. Meanwhile, the number of patients on buprenorphine from fiscal year 2021 to 2023 fell by 5%.

When it was first announced, the program aimed to reach 8,000 patients across the six hospitals each year when fully scaled up. Between September 2018 and June 2024, 18,700 patients passed through the program, receiving a total of close to 31,000 consultations, according to Buhle.

Despite the efficacy of the program, McNeely said more needs to be done to lower barriers to treatment.

“The rates of treatment initiation after hospitalization are still a lot lower than we would like them to be,” she said.