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## Limiting the Duration of Medication Assisted Treatment for Opioid Addiction: Will New State Policies Help or Hurt?

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# Limiting the Duration of Medication Assisted Treatment for Opioid Addiction: Will New State Policies Help or Hurt?

Medicaid Evidence-Based Decisions Project  
June 25, 2014

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This presentation is solely the responsibility of the authors and does not necessarily represent the views of the Massachusetts EOHHS or of NIDA. The authors have no conflicts of interest to disclose.

# Treatment for Opioid Dependence

- A variety of drug-free treatments, including professionally led and self-help
- Medication assisted treatment



– Buprenorphine

– Methadone

– Naltrexone



# Evidence strongly supports medication assisted treatment

- Effectiveness of drug free treatment varies widely
- Methadone is slightly more effective than buprenorphine
- Extended release naltrexone not available until late 2010

# Concerns about medication assisted treatment (MAT)

- Diversion
- Methadone overdose
- Cost of long-term maintenance
- Public opinion (e.g. “substituting one opioid for another”)

DAILY NEWS AMERICA | NEW YORK | LOCAL

HEALTH

**'Methadone may be 'legal,' but isn't it as deadly as the heroin and Oxycontin addiction it's supposed by curing?'**

As the nation's heroin addiction goes up, so does methadone. From 1999 to 2009, we have had a 600% increase in methadone prescriptions.  
NEW YORK DAILY NEWS / Friday, October 26, 2012, 10:31 AM

## THE IRISH TIMES

Long-term methadone use is form of 'State-sponsored social control'

Some addicts had been on the methadone treatment programme for 20 years



## The New York Times

THE DOUBLE-EDGED DRUG

### Addiction Treatment With a Dark Side

*In Demand in Clinics and on the Street, 'Bupe' Can Be a Savior or a Menace*

By [DEBORAH SONTAG](#) NOVEMBER 16, 2013

# These concerns shape treatment access for Medicaid beneficiaries

- Methadone maintenance is limited in many states
- Increasingly, Medicaid programs are limiting the lifetime duration of treatment (6 months to 3 years)

# The state policy perspective

1. How many long-term MAT users are there?
2. What might the effects of restricted MAT treatment length be?
3. Are non-drug treatments for opioid addiction a viable alternative?
4. Can states save money by limiting the duration of treatment?



# Sample

- 56,278 Medicaid members in MA treated for opioid addiction (2004 – 2010)
- 108,145 episodes of treatment lasting 3 months or more
- Allowing for a break of up to 60 days within an episode

# Data

- Medicaid claims and enrollment 2003 - 2010
- Merged with other Public Health treatment data
- Relapse event = detoxification, emergency department visit, or hospitalization for substance abuse

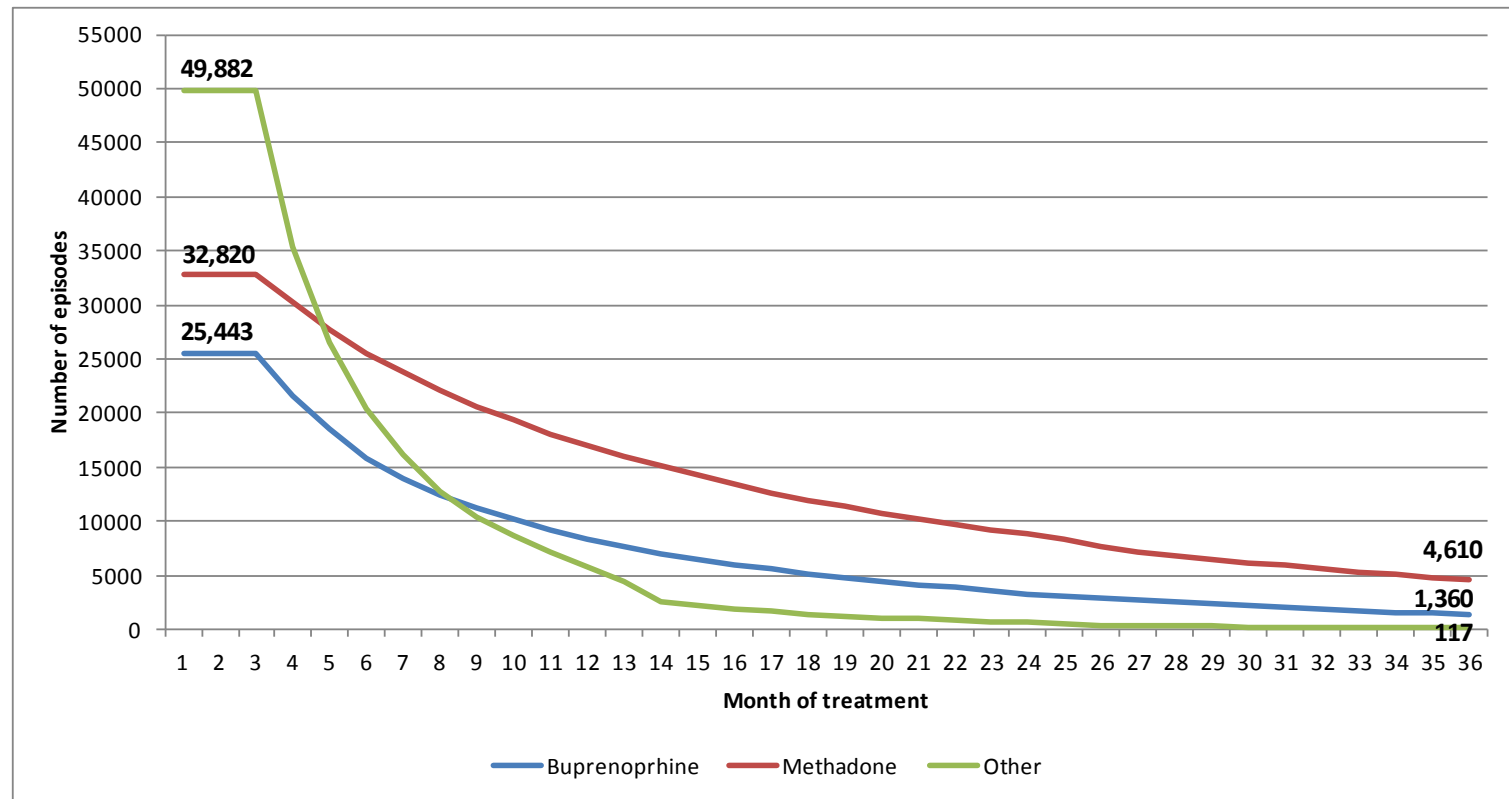
# Study design

- Compare buprenorphine, methadone and non-medication treatment episodes
- Outcome measures: episode length, relapses per month, Medicaid expenditures per month
- Adjust for demographics and clinical characteristics
- Members followed for up to 36 months

# MassHealth Members Treated for Opioid Addiction between 2004 -2010

Characteristic	Total (N =56,278)	Type of Treatment Received <sup>1</sup>		
		Buprenorphine (N = 18,866)	Methadone (N = 24,309)	Other (N =31,220)
Gender, n (%)				
Male	32,636 (58.0)	10,999 (58.3)	14,089 (58.0)	17,274 (55.3)
Female	23,642 (42.0)	7,867 (41.7)	10,220 (42.0)	13,946 (44.7)
Average age <sup>2</sup> , mean (SD)	33.8 (10.4)	32.1 (9.5)	32.7 (9.8)	<b>34.5 (10.7)</b>
CDPS <sup>2</sup> , mean (SD)	3.2 (2.0)	3.0 (1.7)	2.8 (1.8)	3.4 (2.2)
Behavioral health diagnosis <sup>2</sup> , n (%)				
SMI	13627 (24.2.9)	3,878 (20.6)	3,877 (16.0)	<b>10,311 (33.0)</b>
Other	13,647 (24.3)	5,080 (26.9)	5,397 (22.2)	7,660 (24.5)
Major depression	8,113 (14.5)	2,564 (13.6)	2,982 (12.3)	5,397 (17.3)
Co-occurring substance use <sup>2</sup> , n (%)				
Alcohol	12,861 (22.9)	3,338 (17.7)	3,030 (12.5)	<b>10,019 (32.1)</b>
Other drug	19,266 (34.2)	<b>7,783 (41.3)</b>	7,111 (29.3)	11,157 (35.7)
Treatment episodes per person, mean (SD)	1.9 (1.2)	1.3 (0.7)	1.3 (0.7)	1.5 (0.8)
Medicaid expenditures <sup>3</sup> , mean (SD)	\$1,086 (2224)	<b>\$867 (1802)</b>	\$1,002 (1855)	<b>\$1,485 (3074)</b>
Relapse during treatment <sup>4</sup> , n (%)	19,578 (34.8)	3,901 (20.7)	4,786 (19.7)	<b>13,578 (43.7)</b>

# Length of Episodes: Methadone, Buprenorphine & Other Treatment



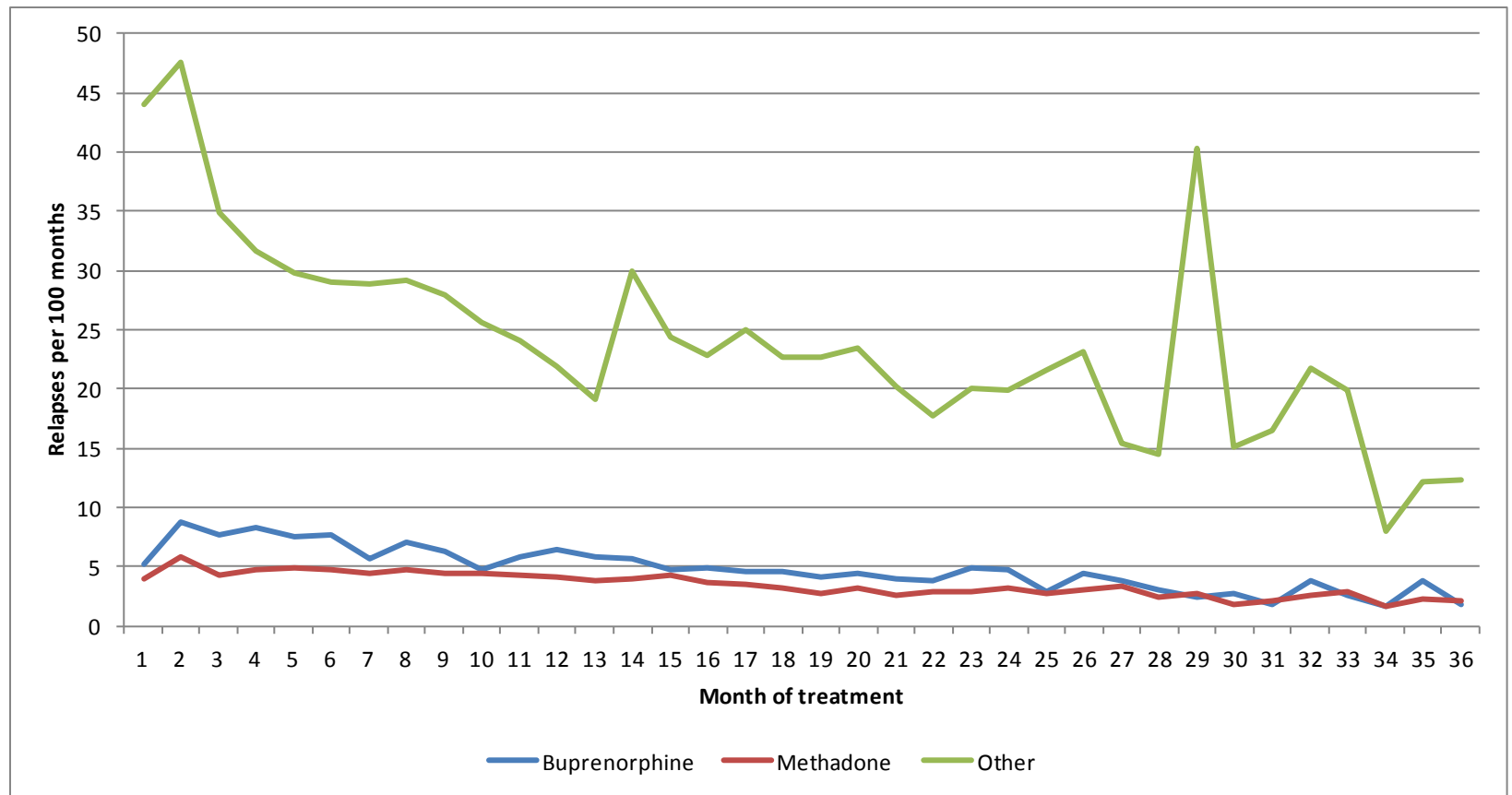
# Percentage in treatment

Treatment length	Buprenorphine	Methadone	Other
Month 1	100%	100%	100%
Month 6	62%	78%	40%
Month 12	33%	52%	12%
Month 24	13%	27%	1%
Month 36	5%	9%	< 1%

# Statistical comparisons

- Cox proportional hazards for time to 1<sup>st</sup> relapse
- GEE for expenditures
- Adjusted for age, gender, mental health diagnoses, other substance abuse, disease burden, relapses prior to the current episode, prior costs

# Relapse Rates: Methadone, Buprenorphine & Other Treatment

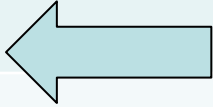




# Factors contributing to relapse

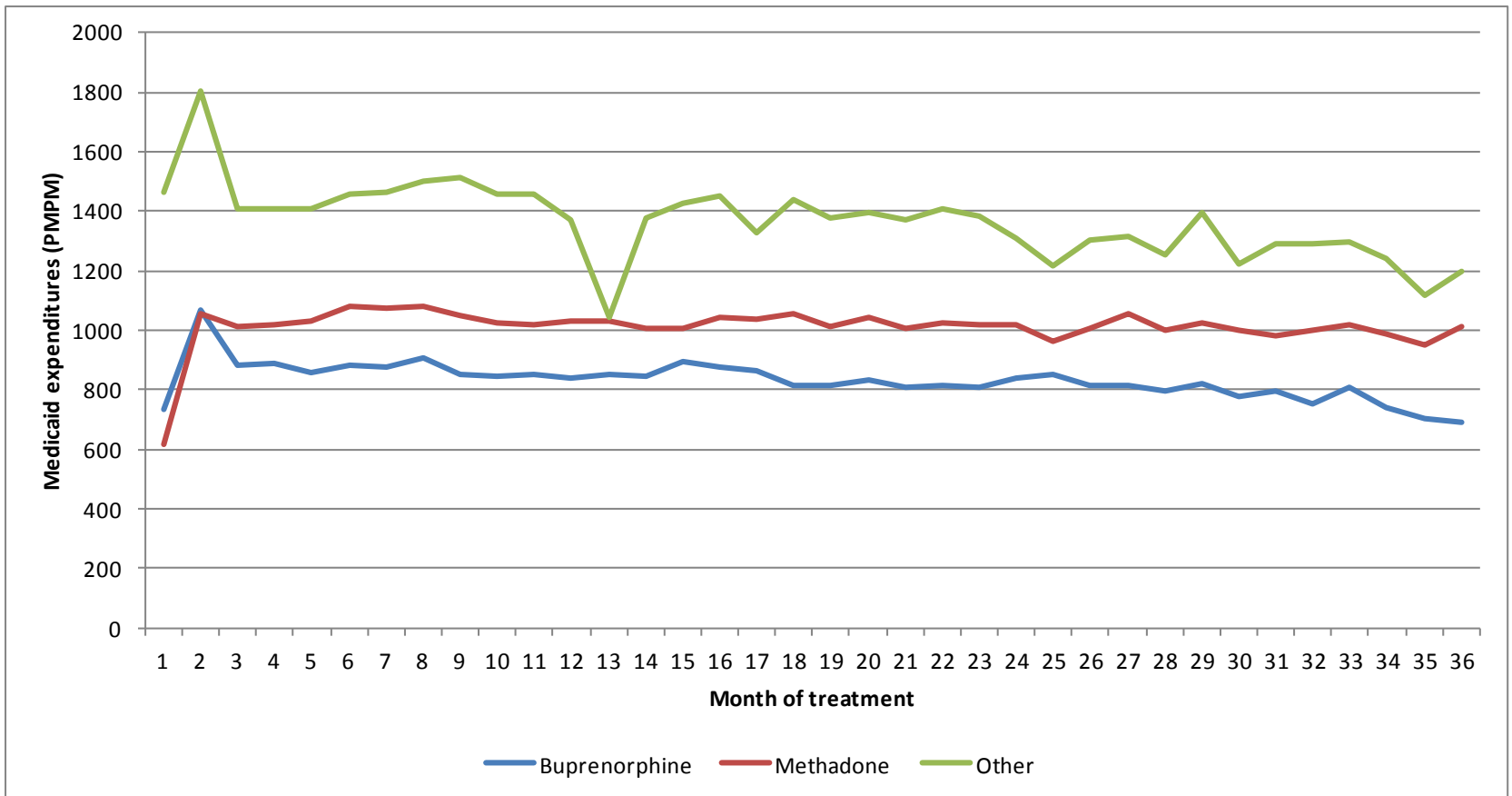
Cox proportional hazards survival model

Factor	Hazard rate
Alcohol abuse	3.7
Other drug abuse	2.1
Relapses 6 months before treatment	1.9
Severe mental illness	1.8
Buprenorphine treatment	<b>0.31</b>
Methadone treatment	<b>0.26</b>



Full model includes: age, gender, disease burden, relapses 6 mos. before tx., severe mental illness, major depression, other mental illness, alcohol abuse, other drug abuse, treatment type.

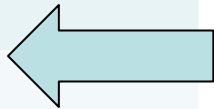
# Average Monthly Medicaid Expenditures



# Adjusted Monthly Costs — selected factors<sup>1</sup>

Generalized Estimating Equations

Factor	Regression coefficient (CI)
Alcohol abuse	\$396 (360, 430)
Severe mental illness	\$249 (220, 277)
Other drug abuse	\$106 ( 86,125)
Disease burden (per CDPS point) <sup>2</sup>	\$146 (135, 158)
Buprenorphine treatment	- <b>\$386</b> (- 409,- 363)
Methadone treatment	- <b>\$146</b> (- 170,-123)



<sup>1</sup> Full GEE model includes: age, gender, disease burden, cost before tx, severe mental illness, major depression, other mental illness, alcohol abuse, other drug abuse, treatment type. Clustered by year of treatment start.

<sup>2</sup> Chronic Illness and Disability Payment System. Kronick et al 2000

# Limitations

- Relied on administrative data
- Non-randomized study. Cannot control for unobserved differences in individuals using different treatments.
- Other important outcomes were not included—abstinence, arrest, incarceration, death

# Conclusions

- Most treatment episodes last less than 2 years
- Relapse rates are lower for MAT
- Medicaid costs are lower for MAT
- Relapses and costs decrease with longer treatment

# Policy implications

- 6 month treatment limits would affect most MAT users
- Limiting MAT is likely to increase relapse rates and costs
- Current non-drug treatment does not appear to be a dependable alternative to MAT