



Curbing the Opioid Crisis

Medications for opioid use disorder have proven invaluable in combating the opioid overdose epidemic and reducing its impact on our communities. New York is making strides to increase access to medications (such as buprenorphine) for opioid use disorder among residents.

Introduction

Opioid overdoses have caused devastating harm across New York State (NYS). The crisis reached a peak in 2022 with 5,361 overdose deaths involving any opioid among NYS residents, before declining to 5,318 overdose deaths according to provisional 2023 data.¹ During 2021-2022, there were an estimated 223,000 New Yorkers with opioid use disorder (OUD) (1.3 percent of the population aged 12 years and older).² Medications for OUD treatment (MOUD) like methadone, buprenorphine, and extended-release naltrexone are crucial tools in addressing OUD and preventing overdoses, and many efforts have successfully improved access to these medications, particularly buprenorphine.^{3,4} With improved access comes the continued need for public health interventions that facilitate buprenorphine prescribing and support treatment maintenance.⁵

During 2023, approximately 79,000 individuals were in substance use disorder treatment programs for OUD and approximately 87,000 individuals were prescribed buprenorphine for the treatment of OUD.⁶ Buprenorphine is a medication approved for the treatment of OUD by helping to manage withdrawal symptoms and cravings while lowering the risk of respiratory depression associated with other opioids. Initiation and continuous use of buprenorphine has been shown to be effective in treating OUD, ultimately reducing opioid misuse and overdose deaths.^{7,8} Discontinuation of buprenorphine before 6 months is associated with increased risk of opioid overdose.⁹ Many factors can impact buprenorphine treatment maintenance, including daily prescribed and treatment induction doses – with lower doses being less effective, particularly in the era of widespread fentanyl use; patient participation in counseling or therapy as an adjunct to pharmacological treatment; and treatment plan flexibility – with low-threshold plans showing better retention outcomes compared to rigid high-threshold plans.¹⁰⁻¹⁸

New York State has been working to increase access to buprenorphine and maintain patients on this life-saving treatment. These include efforts such as MATTERS,¹⁹ a statewide rapid referral network to outpatient services for individuals with OUD used in emergency departments (EDs), obstetrician and gynecologist (OB/GYN) offices, correctional facilities, inpatient units, pre-hospital settings, community-based clinics, and peer navigation services, as well as the Buprenorphine Assistance Program (BUPE-AP), a payment assistance program for those who don't have any or enough insurance to cover the cost of buprenorphine.²⁰ A listing of current resources for these and related programs is provided in the resources section of this document.

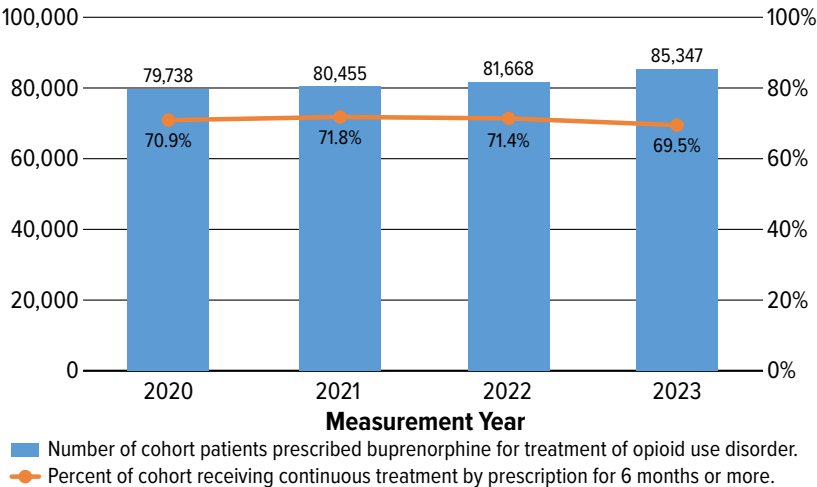
The New York State Prescription Monitoring Program (PMP) collects data on buprenorphine prescriptions dispensed by outpatient pharmacies. This analysis examines trends indicated by this data in continuous buprenorphine treatment among NYS residents, highlighting progress and areas for improvement in addressing the opioid crisis through continuous medication-assisted treatment.

Maintenance: Continuous Receipt of Buprenorphine for Treatment of OUD for 6 Months or More

In NYS, the number of patients prescribed buprenorphine for treatment of OUD steadily increased by 7 percent, from more than 79,000 in 2020 to more than 85,000 in 2023. During the same period, the percentage of patients maintaining treatment for 6 months or more was relatively stable at approximately 70 percent (Figure 1). Increases observed in the number of patients prescribed buprenorphine for OUD may be due to efforts focused on increasing buprenorphine access in clinical and non-clinical community settings, including EDs, syringe access programs, and mobile treatment sites, or elimination of the federal Drug Enforcement Administration DEA X-Waiver that removed patient limits for prescribers.⁴

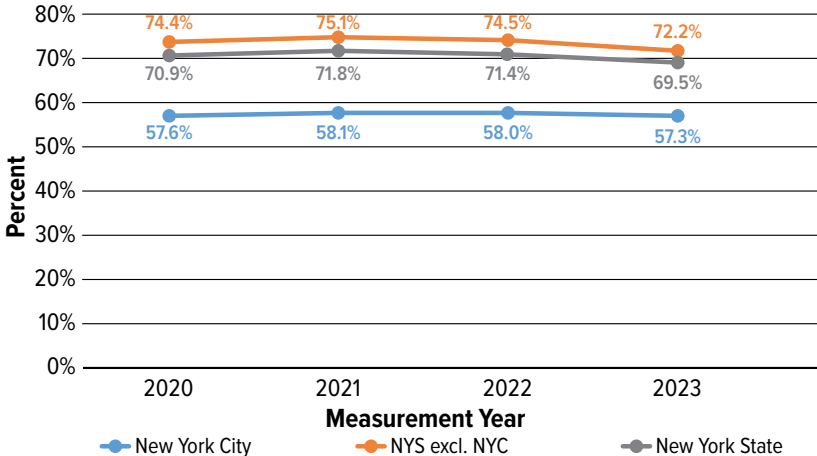
Regionally from measurement years 2020 to 2023, approximately 20 percent of patients prescribed buprenorphine treatment for OUD were New York City (NYC) residents, with the remaining 80 percent being residents of NYS (outside of NYC). During the same period, 6-month maintenance was consistently higher among patients in NYS (outside of NYC) at approximately 74 percent compared to 57 percent of NYC patients (Figure 2). Historically, NYC has had greater availability of methadone treatment for OUD as compared with NYS (outside of NYC).²¹

Figure 1: Patients prescribed buprenorphine for treatment of opioid use disorder and percent of cohort receiving continuous treatment by prescription for 6 months or more, New York State, 2020-2023



A treatment period is considered continuous or maintained when gaps between prescription supplies are no more than 30 days.
Data Source: New York State Prescription Monitoring Program Data as of April 2024.

Figure 2: Percent of cohort patients receiving continuous buprenorphine by prescription for treatment of opioid use disorder for 6 months or more by region, New York State, 2020-2023



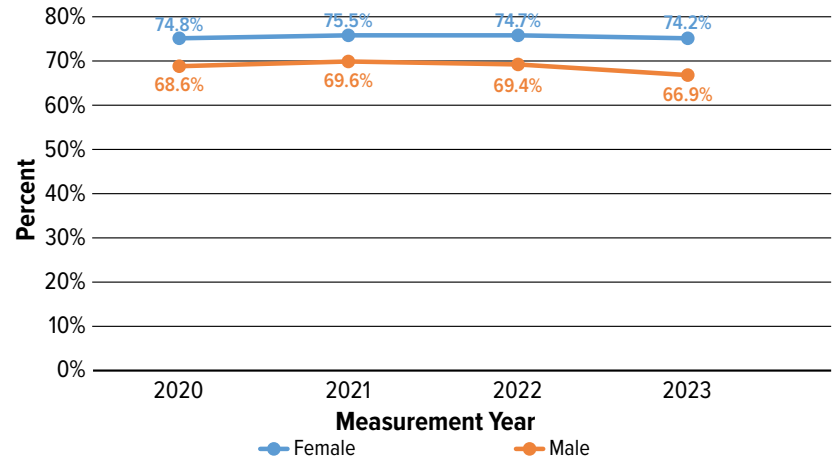
A treatment period is considered continuous or maintained when gaps between prescription supplies are no more than 30 days.
Data Source: New York State Prescription Monitoring Program Data as of April 2024.

From measurement years 2020 to 2023, the sex distribution of patients prescribed buprenorphine for treatment of OUD was comprised of approximately 64 percent males and 36 percent females. During this same period, females consistently showed higher rates of treatment maintenance over six months. Slight decreases were observed among both sexes in measurement year 2023 relative to 2022 (**Figure 3**).

During measurement years 2020 to 2023, younger age groups exhibited lower rates of buprenorphine treatment maintenance at 6 months, especially those in the 18-24- and 25-34-year age groups. These populations demonstrated yearly decreases in treatment maintenance. Conversely, individuals aged 35 years and older showed greater treatment stability, consistently maintaining 6-month retention rates of approximately 70 percent or above (**Figure 4**).

During the 2023 measurement year, there were 14 counties (New York, Bronx, Kings, Wyoming, Livingston, Oneida, Queens, Cayuga, Franklin, Putnam, Chemung, Onondaga, Westchester, and Orleans; **Table 2**) geographically dispersed across the state with maintenance percentages in the lowest quartile, ranging from 51 to 66 percent (**Figure 5**).

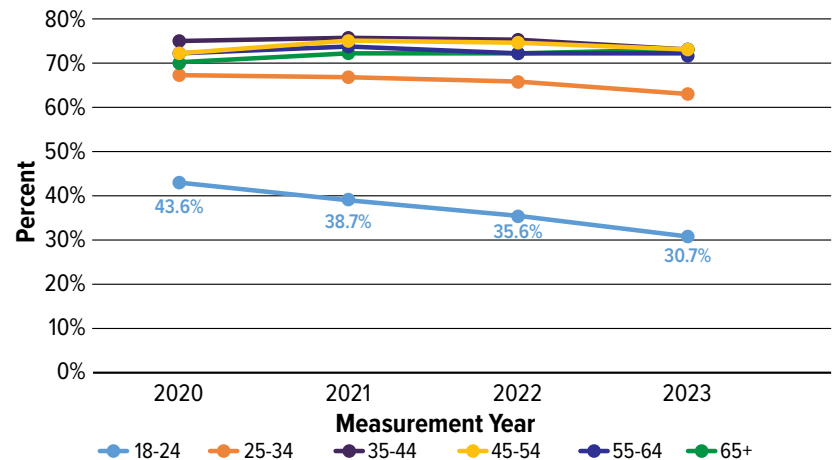
Figure 3: Percent of cohort patients receiving continuous buprenorphine by prescription for treatment of opioid use disorder for 6 months or more by sex, New York State, 2020-2023



A treatment period is considered continuous or maintained when gaps between prescription supplies are no more than 30 days.

Data Source: New York State Prescription Monitoring Program Data as of April 2024.

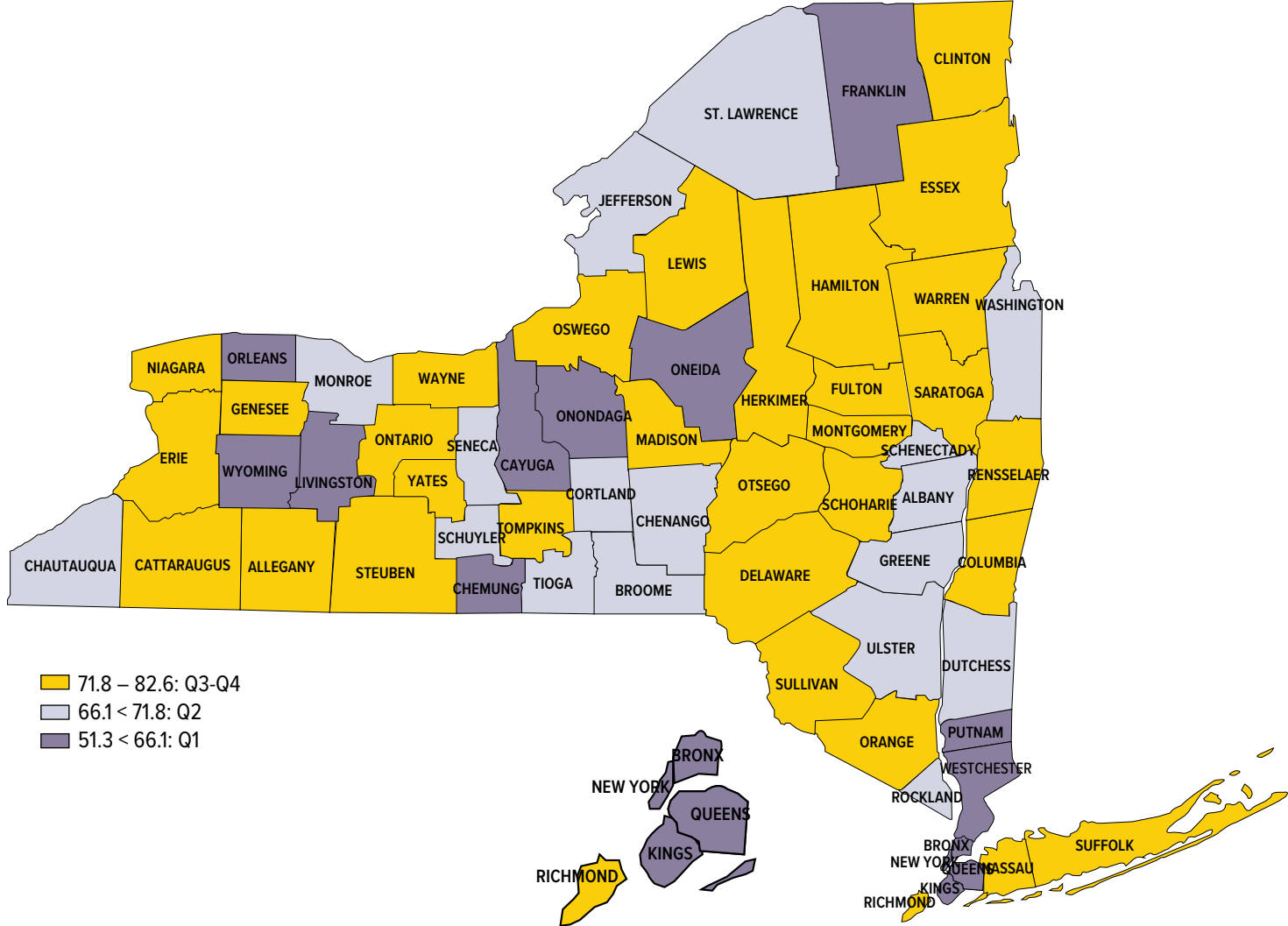
Figure 4: Percent of cohort patients receiving continuous buprenorphine by prescription for treatment of opioid use disorder for 6 months or more by age, New York State, 2020-2023



A treatment period is considered continuous or maintained when gaps between prescription supplies are no more than 30 days.

Data Source: New York State Prescription Monitoring Program Data as of April 2024.

Figure 5: Percent of cohort patients receiving continuous buprenorphine by prescription for treatment of opioid use disorder for 6 months or more by county, New York State, 2023



A treatment period is considered continuous or maintained when gaps between prescription supplies are no more than 30 days.
 Data Source: New York State Prescription Monitoring Program Data as of April 2024.

Recommended Actions and Resources

ACTIONS

State and Local Health Departments Can Work Together to:

- Continue outreach and public health detailing efforts that assist clinical prescribers in their initial prescribing of buprenorphine.
- Support the expansion of telehealth practices to increase availability of mental health resources, including talk therapy, follow-up appointments, and consultations through targeted technical assistance and guidance.
- Work with community-based organizations (CBOs) when possible, to identify ways to contact individuals with OUD and to navigate them into treatment services.
- Support and sponsor harm reduction strategies and implementation of Project ECHO (Extension for Community Healthcare Outcomes), a model that has been adapted to educate primary care providers about the treatment of substance use disorders including components of integrating low threshold buprenorphine access into care and treatment.
- Disseminate public-facing messages that dispel stigma as it relates to individuals with OUD or MOUD.
- Cultivate cross-system collaborations among various state partners – NYS Department of Health, Office of Mental Health, Office of Addiction Services and Supports (OASAS), School and Community Outreach Coordinators, Department of Corrections and Community Supervision – to improve coordinated responses and identify pathways to sustained follow-up care.
- Provide state-level technical assistance on best practices, frequently asked questions, and documents that assist in providing direction to community providers (e.g., clinical practices, billing inquiries, interpretation of state regulations, etc.).
- Build and sustain community partnerships and coalitions among multi-sector partners that work within various settings, such as jails, EDs, in-patient hospital settings, nursing homes and long-term care facilities, CBOs, and office-based providers (like obstetrics and gynecology, etc.) to improve access.
- Ensure the inclusion of people with lived and living experience in department [overdose surveillance and prevention](#) efforts.
- Promote the [Buprenorphine Assistance Program \(BUPE-AP\)](#).

Emergency Medical Service Providers and Emergency Departments/Hospitals

- Develop mechanisms to better understand barriers to help patients access buprenorphine in ED settings or after discharge from ED settings.
- Integrate screening mechanisms to assist in the identification of OUD for those receiving care within the ED.
- Expand buprenorphine initiation within the EDs for opioid-related incidents or when OUD is identified.
- Foster a network of providers with expertise to train ED physicians on buprenorphine prescribing and provide addiction consults.
- Continue developing a network of community-based providers that can accept referrals from hospitals and assist in the streamlining of individuals to care.
- Utilize a pharmacy voucher program that individuals can redeem at participating pharmacies and ensure their financial status is not a barrier to accessing medication while they await linkage to ongoing care.
- Ensure there is a system in place to address transportation challenges for individuals to attend follow-up appointments with treatment providers and other supportive services.
- Provide education and support for initiation of buprenorphine and methadone when patients are admitted to the hospital.

- Integrate people with lived and living experience to provide supportive care coordination for patients with OUD.
- Register as a MATTERS Referral Partner to get access to rapid referrals to long-term care and wrap-around services including medication and transportation vouchers for initial clinic appointments and pharmacy pickups.
- Provide connection to MATTERS Telemedicine providers for OUD evaluation and linkage to long-term care and wrap-around services.

Correctional Settings

- Develop statewide protocols and best practices in correctional settings to support implementation of buprenorphine for OUD in correctional settings.
- Develop and integrate evaluation mechanisms that can assist in determining attitudes, experiences, barriers, and resources needed as they relate to MOUD accessibility.
- Provide or participate in state-level technical assistance and training for correction facilities to expand access to MOUD, including correction health-related forums on MOUD implementation models, program outcomes, and success stories of individuals on MOUD while incarcerated.
- Coordinate with local county facilities, community providers, and Drug User Health Hubs, for ongoing care and assist in configuring multidisciplinary teams to support the implementation of MOUD in correction facilities.
- Address transportation challenges for individuals leaving correction facilities to ensure connection to care for MOUD maintenance.
- Foster a network of providers with expertise to provide peer-to-peer consultation to correctional health personnel; consultation should include MOUD implementation, harm reduction practices, overdose prevention, and programming to ensure standard of care is met for individuals being transitioned into the community.
- Address barriers to MOUD continuation when incarcerated and on release.
- Connect individuals on MOUD to services, preferably with staff with lived and living experience to support continuity of MOUD.

Pharmacies

- Pharmacists should maintain knowledge about buprenorphine including dosages and length of treatment.
- Pharmacists should become acquainted with the policies of their distributors for obtaining increased buprenorphine supply during periods of increased demand.
- Address issues related to patient-reported difficulties in filling prescriptions.

Healthcare Providers

- Be willing to prescribe buprenorphine.
- Become familiar with buprenorphine prescribing regulations which have been simplified.
- Use adequate doses of buprenorphine based on patient need, as higher doses promote better retention¹⁰⁻¹² (NYS Medicaid allows up to 32mg without prior authorization).
- Explain potential benefits of counseling and offer patients the choice of being referred while ensuring continued access to buprenorphine treatment regardless of the patient's decision.
- Be aware of evidence-based psychosocial and other ancillary services that may be beneficial referrals for patients on MOUD, such as motivational interviewing, cognitive behavioral therapy, peer support services, and other recovery supports.

Healthcare Insurance

- Address reimbursement concerns among medical providers engaged in buprenorphine prescribing.
- Set public and private reimbursement rates for telehealth-based OUD services on a par with in-person treatment.
- Continue to have no prior authorization of buprenorphine products including up to 32mg/day of buprenorphine.

Community and Family Members

- Provide further education and disseminate materials that pertain to general information about buprenorphine, explanatory models of addiction, harm reduction, and OUD.
- Emphasize cultural competency in organizational trainings and include culturally sensitive messaging for public-facing materials.
- Increase the prevalence of peer support services to provide follow-up care in the community.
- Address societal stigma, such as the belief that those who have an addictive disorder have a poor character or beliefs that deemphasize the biological contributions to addiction.
- Educate employers that individuals on medications for OUD are capable of being effective employees and are protected by the Americans with Disabilities Act.

RESOURCES

Treatment and Recovery Resources

- AIDS Institute Provider Directory
 - <https://providerdirectory.aidsinstituteny.org/>
 - To join the AIDS Institute Provider Directory, visit <https://providerdirectory.aidsinstituteny.org/Register/RegisterCreate>
- OASAS Provider and Program Search
 - <https://webapps.oasas.ny.gov/providerDirectory/index.cfm>
- New York Medication for Addiction Treatment & Electronic Referrals (NY MATTERS)
 - <https://mattersnetwork.org/treatment/#connecttovirtualcare>
- Buprenorphine Assistance Program (BUPE-AP)
 - https://www.health.ny.gov/diseases/aids/consumers/prevention/oduh/buprenorphine_assistance.htm

Trainings / Technical Assistance

- Providers Clinical Support System (PCSS) online medication for opioid use disorder (MOUD) training
 - <https://pcssnow.org/medication-assisted-treatment/>

To see upcoming webinars that showcase evidenced-based clinical practices in the prevention of OUD through proper opioid prescribing practices, identifying patients with OUD, and the treatment of OUD, visit <https://pcssnow.org/education-training/webinar-events/>.

- New York State Department of Health Clinical Education Initiative Drug User Health Center of Excellence trainings
 - <https://ceitraining.org/>

To access Drug User Health Resources, visit <https://ceitraining.org/resources/drug-user-health>

- Requirements of Prescribing Buprenorphine
 - <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>
- NYS HIV/AIDS Hotlines (English and Spanish)
 - <https://www.health.ny.gov/diseases/aids/general/about/hotlines.htm>
- National Clinician Consultation Center focusing on substance use in primary care
 - <https://nccc.ucsf.edu/clinical-resources/substance-use-resources/>

- Pregnancy and Substance Use Toolkit
 - https://issuu.com/harmreduction/docs/pregnancy_and_substance_use-_a_harm_2fa242e7fb6684
- Please direct all questions relating to medication for addiction treatment and buprenorphine provision to: buprenorphine@health.ny.gov.

Reports, Guidance Documents, and Additional Information:

- New York State Department of Health Opioid Annual Report
 - https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2023.pdf
- [New York State Opioid Dashboard](#)
- Best Practice for the Implementation of Buprenorphine for the Treatment of Opioid Use Disorder (OUD) from the New York State Department of Health Office of Addiction Services and Supports (OASAS)
 - https://health.ny.gov/diseases/aids/consumers/prevention/buprenorphine/docs/bupe_best_practices_2024.pdf
- New York State Department of Health AIDS Institute Clinical Guidelines:
 - Treatment of Opioid Use Disorder
 - <https://www.suguidelinesnys.org/guideline/opioid-use-disorder/>
 - Substance Use Harm Reduction in Medical Care
 - <https://www.suguidelinesnys.org/guideline/substance-use-harm-reduction/>
 - New York State Department of Health Buprenorphine for OUD Modules
 - [Buprenorphine Public Health Detailing Initiative Overview](#) (PDF)
- New York State Department of Health MOUD Correctional Health Implementation Toolkit
 - https://health.ny.gov/diseases/aids/providers/prevention/harm_reduction/buprenorphine/docs/moud_toolkit.pdf
- Substance Abuse and Mental Health Services Administration (SAMHSA) Buprenorphine Quick Start Guide
 - <https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf>

Methodology

Data Source

The Prescription Monitoring Program (PMP), maintained by the New York State Department of Health Bureau of Narcotic Enforcement collects information on controlled substances in schedules II-IV dispensed in outpatient settings. The data presented includes buprenorphine prescriptions for the treatment of OUD and reported to the NYS PMP as dispensed from 2020-2023. The demographic characteristics included age, sex, and county of residence. If the patient had more than one address, the patient was counted in the county of the last reported residence. PMP data do not collect race/ethnicity information.

Definitions

Measurement Year: A calendar year, during which cohort patients were followed for at least 6 months. For example, to be counted in the calendar year 2023 (measurement year), cohort patients needed to have at least one buprenorphine prescription between July 1, 2022, and June 30, 2023. This made them eligible to have at least 6 months of follow-up during calendar year 2023.

Cohort Patients (Denominator): The number of patients with at least one buprenorphine prescription for treatment of OUD between July 1st of the year prior to the current measurement year and June 30th of the current measurement year. For example, for measurement year 2023, those included in the cohort are patients with at least one buprenorphine prescription for treatment of OUD between July 1, 2022, and June 30, 2023.

Continuous Treatment of at Least 6 Months (Numerator): Patients in the cohort receiving buprenorphine prescriptions for an OUD treatment period of at least 6 months (without any gaps of more than 30 days) in the measurement year.

Percent Calculations: number of patients with continuous dispensed buprenorphine prescriptions for 6 months or more for treatment of OUD (Numerator) divided by the number of cohort patients in a given measurement year (Denominator).

Exclusions

- 1) Prescriptions for out-of-state patients
- 2) Prescriptions for patients without a valid New York ZIP code
- 3) Buprenorphine prescriptions for pain
- 4) Veterinary prescription records
- 5) Prescriptions for patients not in outpatient settings

Appendix

Table 1: Patients prescribed buprenorphine and percent of cohort receiving continuous buprenorphine by prescription for treatment of opioid use disorder for 6 months or more by region, sex, and age, New York State, 2020-2023

			MEASUREMENT YEAR			
			2020	2021	2022	2023
Overall	New York State	Numerator	56,501	57,736	58,283	59,338
		Denominator	79,738	80,455	81,668	85,347
		Percent	70.9%	71.8%	71.4%	69.5%
Region	New York City	Numerator	9,625	9,193	8,937	8,797
		Denominator	16,706	15,833	15,404	15,347
		Percent	57.6%	58.1%	58.0%	57.3%
	NYS excl. NYC	Numerator	46,873	48,541	49,344	50,538
		Denominator	63,028	64,618	66,261	69,993
		Percent	74.4%	75.1%	74.5%	72.2%
Sex	Female	Numerator	21,735	22,379	22,490	22,544
		Denominator	29,045	29,642	30,104	30,365
		Percent	74.8%	75.5%	74.7%	74.2%
	Male	Numerator	34,758	35,355	35,790	36,776
		Denominator	50,678	50,795	51,549	54,946
		Percent	68.6%	69.6%	69.4%	66.9%
Age	18-24	Numerator	1,044	756	600	532
		Denominator	2,397	1,952	1,686	1,732
		Percent	43.6%	38.7%	35.6%	30.7%
	25-34	Numerator	16,861	15,676	14,179	12,716
		Denominator	24,868	23,392	21,455	20,164
		Percent	67.8%	67.0%	66.1%	63.1%
	35-44	Numerator	18,762	20,217	21,172	22,265
		Denominator	24,918	26,646	28,079	30,658
		Percent	75.3%	75.9%	75.4%	72.6%
	45-54	Numerator	9,961	10,495	11,037	11,767
		Denominator	13,786	14,014	14,792	16,101
		Percent	72.3%	74.9%	74.6%	73.1%
	55-64	Numerator	7,337	7,673	7,959	8,298
		Denominator	10,149	10,452	11,020	11,500
		Percent	72.3%	73.4%	72.2%	72.2%
	64+	Numerator	2,533	2,917	3,334	3,754
		Denominator	3,608	3,985	4,613	5,154
		Percent	70.2%	73.2%	72.3%	72.8%

A treatment period is considered continuous or maintained when gaps between prescription supplies are no more than 30 days.
Data Source: New York State Prescription Monitoring Program Data as of April 2024.

Table 2: Counties in the lowest quartile for percent of cohort patients receiving continuous buprenorphine by prescription for treatment of opioid use disorder for 6 months or more, New York State, 2023

COUNTY	NUMERATOR	DENOMINATOR	PERCENT
New York	1,479	2,884	51.3%
Bronx	1,683	3,132	53.7%
Kings	2,435	4,478	54.4%
Wyoming	259	451	57.4%
Livingston	427	718	59.5%
Oneida	1,368	2,259	60.6%
Queens	1,690	2,756	61.3%
Cayuga	375	601	62.4%
Franklin	583	920	63.4%
Putnam	289	454	63.7%
Chemung	471	730	64.5%
Onondaga	1,667	2,562	65.1%
Westchester	1,294	1,985	65.2%
Orleans	357	545	65.5%

A treatment period is considered continuous or maintained when gaps between prescription supplies are no more than 30 days.
 Data Source: New York State Prescription Monitoring Program Data as of April 2024.

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