

How proximity to substance use treatment programs affects opioid-related health outcomes

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Despite federal and state efforts to reduce opioid availability and increase treatment access, opioid-related deaths are on the rise in New

York and 29 other states. To examine whether geographic access to treatment options helped reduce opioid-related hospital visits and mortality in New York State between 2012 and 2014, CUNY SPH faculty Sean Haley, Andrew Maroko, and Katarzyna Wyka led a study with alumna Margaret Ryerson Baker published in the *Journal of Substance Abuse Treatment*.

The researchers used spatial error regression models to examine the relationships among opioid-related health outcomes and geographic access to opioid treatment programs, Federally Qualified Health Centers (FQHCs), and providers of buprenorphine, a medication used to treat [opioid addiction](#). The regression models showed significant negative relationships between county-level opioid-related mortality rates and geographic access to opioid treatment programs and FQHCs in 2012 and all three resources in 2014, suggesting that proximity to treatment services reduced opioid-related mortality in those years.

Access to treatment may not halt opioid overdoses or deaths, says Haley, but it may offset climbing mortality rates in certain New York counties.

"New York, like more than half the states, continues to experience increases in opioid related mortality," Haley says. "Ensuring access to substance abuse treatment is not a panacea for the opioid epidemic, but this study suggests that it likely remains an important strategy for reducing opioid related deaths."

More information: Sean J. Haley et al. The association between county-level safety net treatment access and opioid hospitalizations and mortality in New York, *Journal of Substance Abuse Treatment* (2019). [DOI: 10.1016/j.jsat.2019.02.004](https://doi.org/10.1016/j.jsat.2019.02.004)

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