

US clinics slower to provide opioid treatment than Canadian clinics

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As opioid overdose deaths rose during the COVID-19 pandemic, people seeking treatment for opioid addiction had to wait nearly twice as long to begin methadone treatment in the United States than in Canada, a new

Yale study has shown.

In both countries during the pandemic, about one in 10 methadone clinics were not accepting new patients and a third of those cited COVID-19 as the reason, according to research published July 23 in the journal *JAMA Network Open*.

An estimated 90,000 people in the United States died from drug overdoses last year.

"We missed opportunities to save lives," said Paul Joudrey, assistant professor of internal medicine at the Yale School of Medicine and corresponding author of the paper.

The findings highlight shortcomings providing prompt access to people seeking treatment for [opioid addiction](#), the authors say.

Methadone has been used to prevent overdose deaths for decades, but the treatment remains highly regulated and difficult to access within the United States. In response to the rise in [overdose](#) deaths, however, Canada and its provinces relaxed regulations on methadone treatment.

For the study, the authors wanted to evaluate how timely treatment access compared between the countries during the pandemic. It has been shown that the faster people who seek help can access medication, the more likely they are to start treatment.

"How fast can you connect them to the medication is crucial," said Joudrey, who specializes in addiction medicine. "Delays as short as one day can reduce rates of treatment entry. It's important that addiction treatment systems are flexible to provide care quickly when patients are ready."

For the study, a team led by Joudrey and E. Jennifer Edelman, associate professor of general medicine and of [public health](#), contacted methadone clinics in 13 states and the District of Columbia in the U.S. and three Canadian provinces with the highest rate of [opioid overdose deaths](#). Posing as patients requesting methadone treatment, they asked whether clinics were accepting new patients and requested the first available appointment.

They found that slightly less than 90% of clinics of both countries accepted new patients during the pandemic. About a third of clinics who did not accept new patients cited COVID-19 as the reason. And they found that wait times for medication in the U.S. were much longer—3.5 to 4.1 days compared with 1.9 days at Canadian clinics.

The findings reflect shortcomings in how the U.S. handles care for people with [opioid addiction](#), Joudrey said. In both nations, clinics with an open access model—where patients can present for treatment without a prior appointment—provided timelier treatment access. But in the U.S., only about 30% of clinics offered open access, compared with 59% in Canada.

Also, the United States is hampered by many federal, state, and local regulations which make opening new clinics more difficult. This has helped create a [methadone](#) treatment shortage, Joudrey said.

"Regulation carries a heavy burden," he said.

Provided by Yale University

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