

# Pandemic-based approach to methadone treatment restrictions should remain

July 21 2021, by Matthew Kristoffersen

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Methadone. [Abulic Monkey](#) . Credit: CC2.0 By: Abulic Monkey

When the COVID-19 pandemic ripped through New England and the rest of the United States in early 2020, substance use disorder treatment centers were forced to make massive changes to minimize the spread of coronavirus.

The fear of COVID-19 spread into crowded treatment programs run by the national Substance Abuse and Mental Health Services Administration, prompting them to relax stringent federal regulations on distributing methadone, a common treatment for opioid use. The agency allowed programs to increase the number of take-home methadone doses that patients could receive and reduce the frequency of counseling and [drug testing](#)—changes that sparked concerns over medication diversion and lapses in treatment.

But a new study by researchers at the Yale School of Public Health finds that these concerns appear unfounded. Relaxing the requirements for dispensing take-home methadone treatments did not significantly lead to an increase in fatal methadone-related overdoses in Connecticut at all, they found. The changes also did not result in reductions in the number of patients receiving treatment for their opioid use disorder.

Furthermore, the findings suggest that the changes to the restrictions on methadone implemented during the pandemic should continue indefinitely to improve access to the drug, the researchers wrote. Their study was published in the *Journal of Substance Abuse Treatment*.

"Since methadone treatment serves as a protective factor against overdose, HIV, and hepatitis C virus, reducing barriers to methadone treatment is all the more urgent," said Professor Robert Heimer, the study's lead author. "The relaxed guidelines reduced the burden on both treatment [program](#) and patients and allowed for social distancing to prevent the spread of COVID-19 without compromising treatment efficacy."

Five decades of research have repeatedly demonstrated that methadone is a safe and effective treatment for opioid use disorder. But national restrictions on the drug have made it difficult to administer. In the United States, certified treatment programs typically give methadone to

patients on a daily basis and under direct supervision. In Connecticut, the study's researchers found, more than half of patients were allowed only one or two take-home doses a week before the pandemic. None could take advantage of online health care appointments.

The push for social distancing during the pandemic and the relaxed federal requirements allowed Connecticut treatment programs to adopt new strategies. Many clinics began offering telehealth counseling appointments, personal protective equipment and even home delivery of [methadone](#). They also lowered the criteria for determining eligibility for take-home doses—an option usually limited to the most stable patients.

However, the clinics' scattershot adjustments to their practices made consistency difficult. The researchers also recommended that the state and federal government should retain and even further relax regulation of these treatments in the future.

**More information:** Sarah Brothers et al, Changes in methadone program practices and fatal methadone overdose rates in Connecticut during COVID-19, *Journal of Substance Abuse Treatment* (2021). [DOI: 10.1016/j.jsat.2021.108449](https://doi.org/10.1016/j.jsat.2021.108449)

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