LOST IN TRANSLATION: U.S. FEDERAL POLICY CHANGES DID NOT RESULT IN SUSTAINED METHADONE TREATMENT CHANGES DURING COVID, ARIZONA

Authors:
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Background:
In March 2020 and during the COVID pandemic, U.S. federal agencies regulating methadone and buprenorphine treatment for opioid use disorder enacted several regulations to allow flexibilities to assure treatment access while reducing COVID exposure. Methadone is regulated differently than buprenorphine, with more carceral and patient-coercing approaches. This study examined the impact of federal regulatory changes on methadone access.

Methods:
A two-part study examined patient policy experience through a) interviews with 131 people in treatment conducted by trained and supported investigators with lived/living drug use experience; and b) provider policy implementation in a survey of 74 treatment providers using a hybrid paper-to-online survey process with follow up recruitment waves and measuring 3 time periods: pre COVID, during the Arizona COVID shut down and at the time of survey (16-23 months after the state's COVID shutdown).

Results:
Beyond telehealth (experienced by 70% of people on methadone), methadone treatment accommodations generally not experienced. When providers reported them, they tended not to be sustained beyond the shutdown. While there was evidence of multiday dosing increases, they were nothing close to the 14- and 28-day allowed dosing for unstable and stable patients respectively. Further, multiday dosing was the only accommodation to experience substantial retraction after the COVID shutdown period: from 41% to 23% at the time of survey. Services were also structured to benefit treatment providers: telehealth required patients to come to the clinic while providers were off site. Despite intent to reduce COVID exposure, >50% of methadone patients who were at high risk for COVID severe outcomes were required to come to the clinic daily for their medication.

Conclusion:
Federal regulatory changes are insufficient to produce change in methadone treatment protocols and clinic practices. Evidence-based practice change interventions and alternative models of service delivery outside of the OTP clinical setting will be necessary.

Disclosure of Interest Statement:
Authors have nothing to disclose.