

## Introduction

- In March 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) permitted states to relax restrictions on take-home methadone doses for treatment adherent patients to minimize COVID-19 exposures.
- In this study, we assess whether the methadone take-home policy change was associated with drug overdose deaths among different racial, ethnic, and gender groups.

# Methods

#### Data

- US Centers for Disease Control and Prevention Wide–Ranging Online Data for Epidemiologic Research (CDC WONDER) 2018–2021 final and 2022 (January–June) provisional mortality data.
- We extracted monthly drug overdose deaths that involved methadone for six demographic groups: Non–Hispanic Black men and women, Hispanic Black men and women, and non–Hispanic White men and women

### Design

 Interrupted time series analysis (January 2018) to June 2022)

#### Hypotheses

• Based on the 2022 ITSA study by Jones et al., we hypothesized that the policy change would not be associated with changes in slope (null hypothesis).



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# **Expanded Methadone Take-Home Use Lowered** Methadone-Related Deaths in Black and Hispanic Men

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### Results

Easing of the restrictions on take-home methadone doses for treatment adherent patients to minimize **COVID–19 exposures may have reduced overdose** deaths among Black and Hispanic men.

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#### **Conflict of Interest Disclosures** None reported

#### **Selected References**





#### Conclusion

In March 2020, all six demographic groups experienced a sharp increase in the number of methadone-involved deaths, very likely due to the arrival of the COVID–19 pandemic.

For Black and Hispanic men, methadone-involved overdose deaths sharply decreased after the policy change but had no effect on Black, Hispanic, or White women, or White men.

The decline in methadone-involved drug deaths post-intervention does not appear to have been a function of fewer people on methadone

Fentanyl raised the number of both pre- and post-policy change methadone-involved deaths across all groups, but does not appreciably strengthen, mitigate, or make conditional the associations (or lack of associations) between the policy change and methadone-involved overdose deaths

Limitations: lack of external comparison (control variable or secular trend variable), COVID-19 related concurrent trends, inability to distinguish methadone-involved overdoses due to methadone received through OTPS v. pharmacy dispensed prescriptions for pain

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