

# COVID-19's Impact on Substance Abuse Treatment and Medication Assisted Therapy

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## Aim

- To assess the impact of COVID-19 on opioid use disorder (OUD) treatment and medication assisted therapy (MAT) in the U.S. using the RADARS® System Treatment Center Programs Combined.

## Methods

- Treatment centers across 37 states and the District of Columbia participating in the RADARS® System Survey of Key Informants' Patients and Opioid Treatment Programs were invited to take an online survey from 07 July through 16 August 2020 to report changes to their treatment practices in response to COVID-19.
- The survey utilized mixed methods containing quantitative and qualitative components
- Frequencies and percent of participating centers were calculated for multiple choice questions.

## Results

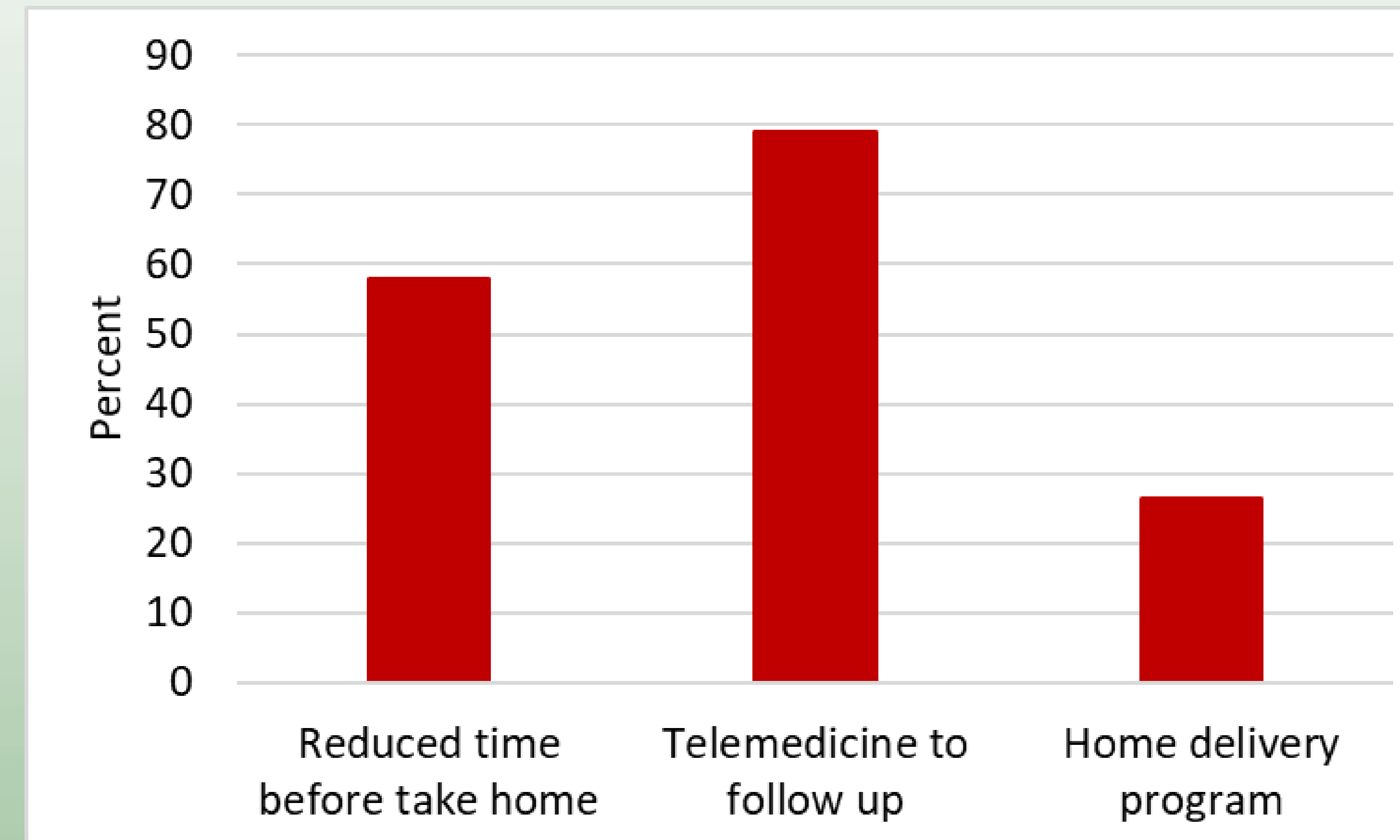
**Table 1. Changes in Center Operations  
RADARS® System Treatment Center Programs  
Combined  
March 1, 2020 through May 31, 2020**

Center Operations	Percent
Suspended new patients from entering treatment	15.3%
Temporarily closed and reopened	6.9%
Remained opened	76.4%

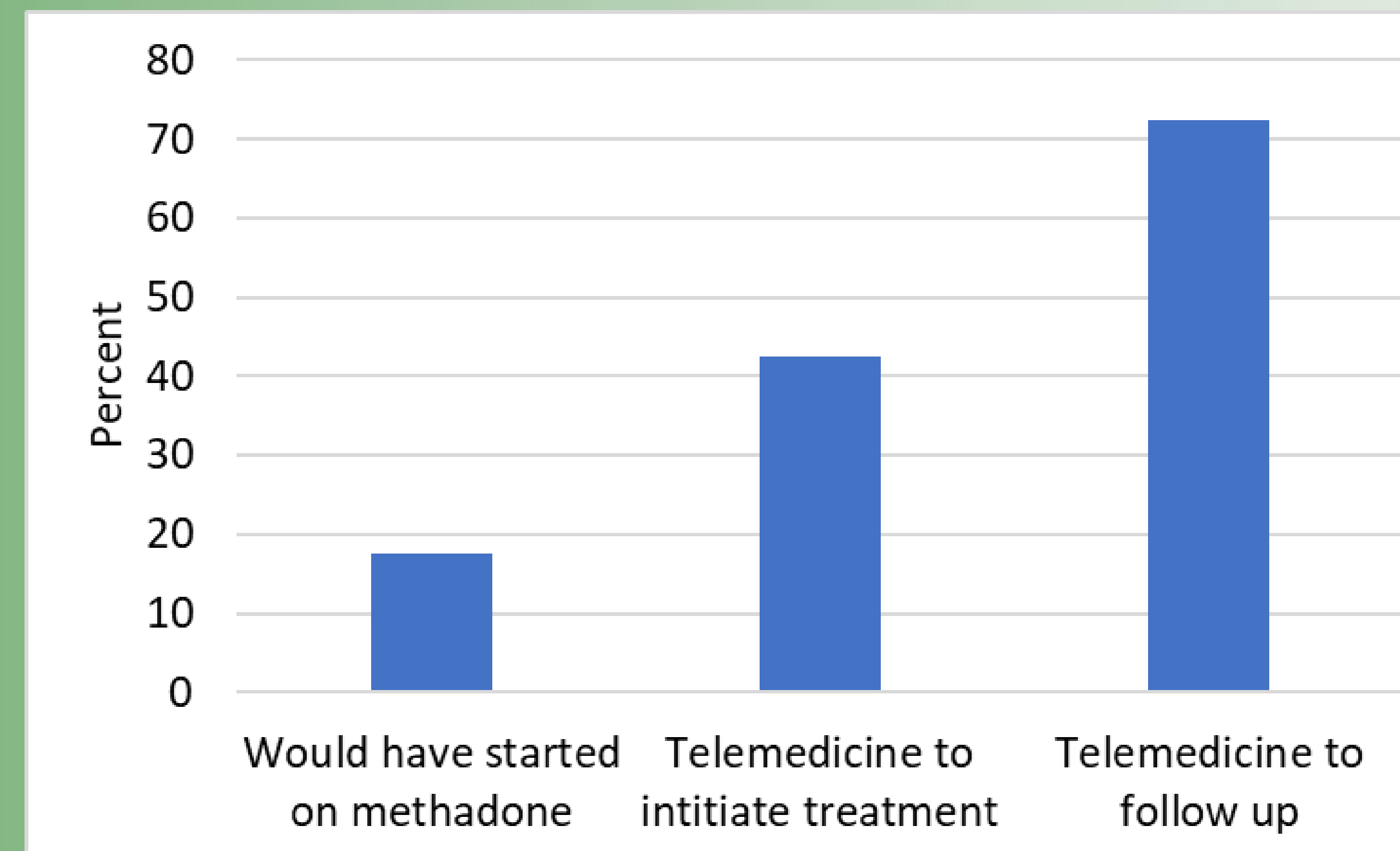
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## Results

**Figure 1. Changes in Methadone Treatment due to COVID-19  
RADARS® System Treatment Center Programs Combined  
March 1, 2020 through May 31, 2020**



**Figure 2. Changes in Buprenorphine Treatment due to COVID-19  
RADARS® System Treatment Center Programs Combined  
March 1, 2020 through May 31, 2020**



## Results

- 162 centers were invited to take the survey; of 103 respondents, 72 (69.9%) participated in the optional questions related to COVID-19 and are included in this analysis.
- Between March 2020 and May 2020, 15.3% of centers reported suspending new patients from entering treatment, 6.9% temporarily closed and reopened, and 76.4% remained open.
- Thirty-eight centers provided methadone as a MAT to patients at their facility, of which 57.9% reported that they reduced the amount of time before patients received take-home doses of methadone.
- Most centers providing methadone as MAT (79.0%) utilized telemedicine to follow up with patients receiving take-home doses of methadone and some (26.3%) centers started a home delivery methadone program.
- Forty centers provided buprenorphine as MAT to patients. A portion of centers (17.5%) reported starting patients on buprenorphine who would have otherwise received methadone.
- Telemedicine was reported as a way to initiate buprenorphine treatment (42.5%) and to follow up with patients receiving buprenorphine (72.5%).

## Conclusions

Many centers altered their MAT practices to accommodate stay at home orders and continue providing care. Some centers temporarily closed or suspended new patients from entering treatment, influencing access to care for people seeking treatment for OUD. Further research is needed to understand how changes in treatment provision for OUD in response to COVID-19 impacts long-term treatment retention and success, including increased risk for negative health outcomes.