

# Methadone Take-Home Policies and Associated Mortality: Permitting vs. Non-Permitting States

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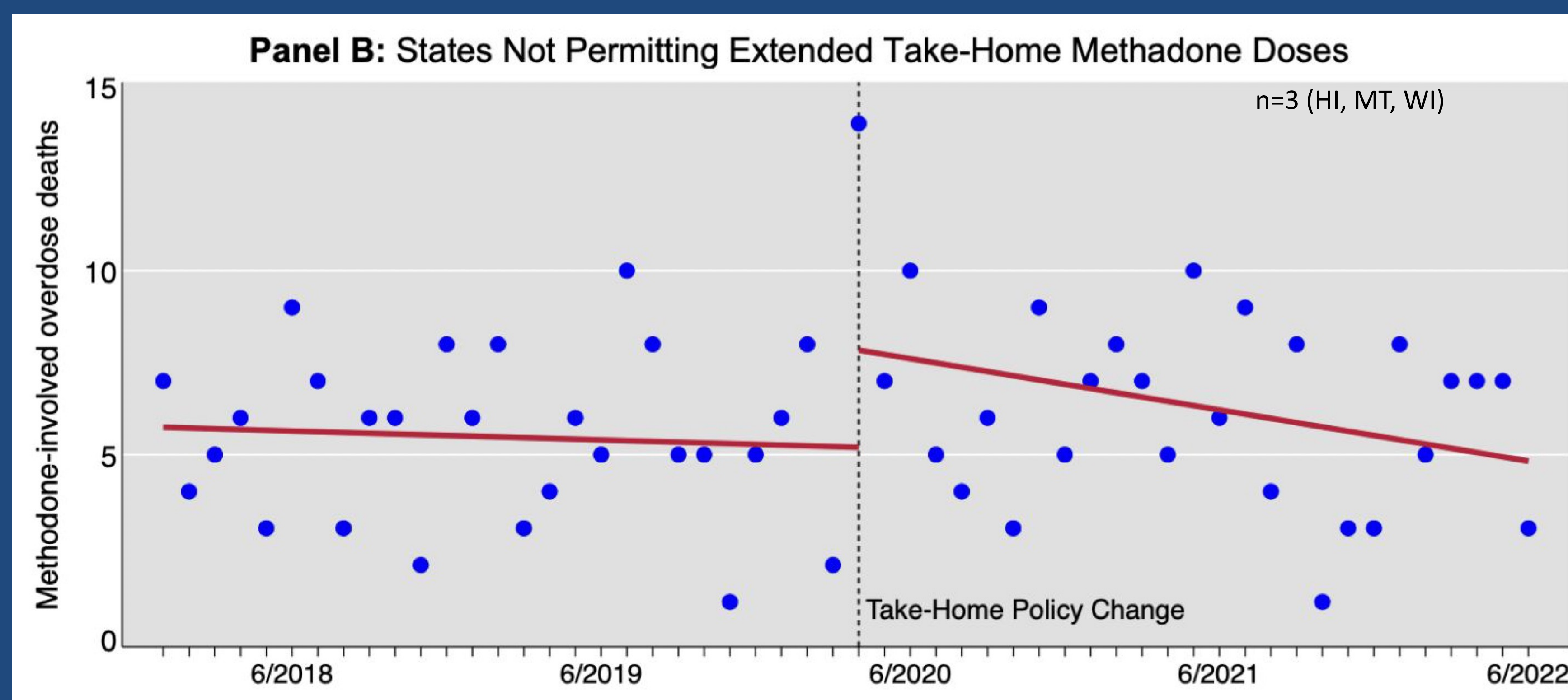
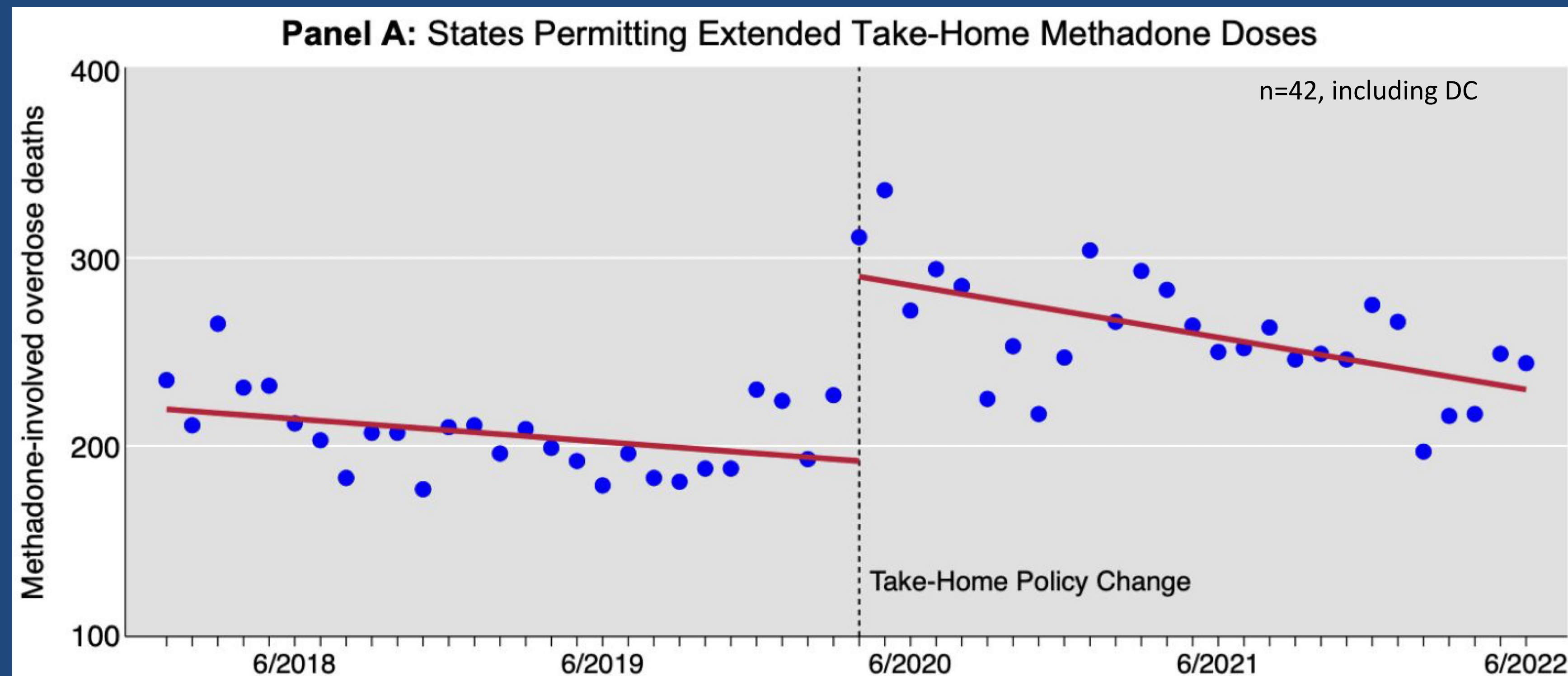
## Introduction

- In March 2020, SAMHSA permitted states to relax restrictions on take-home methadone doses for treatment adherent patients to minimize COVID-19 exposures.
- Six states (AZ, FL, IN, OH, MI, MS) and a growing number of OTPs throughout the country are rescinding their policy of extended take-home privileges.
- We examined the association between the policy change and fatal methadone overdoses, comparing states that permitted the expansion of take-homes with states that did not.

## Methodology

- Mortality data were obtained from the CDC WONDER 2018–2021 (final) and 2022 (provisional) databases, covering Jan 2018-Jun 2022 (54 months), with 27 months before and after the policy change, and stratified by whether the state permitted extended take-homes.
- Interrupted time series analysis was used to model trends in monthly overdose deaths.
- The average treatment effect on the treated (ATET) was calculated using the difference-in-differences (DID) method, where the treated group consisted of permitting states and the control group consisted of non-permitting states.

## Results



\*A state was excluded if information on methadone take-home status was inconsistent or missing (MI, SC, TX, VT), authorization was rescinded (OH), or the state did not have an OTP (WY)

- Preintervention Trends:** Permitting states saw a non-significant decline in methadone deaths (−1.02; 95% CI: −2.31, 0.28). The trend line was flat in prohibiting states (−0.02; 95% CI: −0.13, 0.09). The difference between groups was non-significant (−0.99; 95% CI: −2.28, 0.28), indicating the null hypothesis of parallel trends was not rejected.

- Change in Mortality Level with the Onset of COVID-19:** In March 2020, both groups experienced a sharp increase in the number of methadone-involved deaths, very likely due to the COVID-19 pandemic.
- Postintervention Trends:** In permitting states, the rate of deaths decreased (−2.31; 95% CI: −3.86, −0.76). In non-permitting states, there was a nonsignificant decrease (−0.12; 95% CI: −0.26, 0.03). The difference between the two was significant (−2.19; 95% CI: −3.73, −0.66).
- ATET:** The ATET was 52.89 additional deaths/month (95% CI: 38.61, 67.17) in permitting states.
- DID in slope:** Between the two groups, the difference in the change of slope before and after the policy change was non-significant (−1.19; 95% CI: −3.24, 0.85).

## Conclusion

- The findings suggest the pandemic emergency take-home policy did not increase methadone-involved mortality.

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## Conflict of Interest Disclosures

None