



# Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) **COVID-19's Impact on Opioid Treatment Programs**

December 2022

## Introduction

The COVID-19 pandemic has taken the lives of more than 1 million Americans and persists with over 26 million current cases worldwide.<sup>1</sup> The pandemic not only continues to adversely affect the lives of those infected but has also exacerbated the negative effects of the ongoing opioid crisis.<sup>2</sup> Results from an analysis of 500,000 urine drug tests showed significant increases in nonprescribed fentanyl (32%), methamphetamine (20%), and cocaine (10%) use from mid-March through May 2020. Suspected drug overdose submissions increased by 18 percent in the weeks following stay-at-home orders.<sup>2</sup> Since the onset of the COVID-19 pandemic, at least 30 states have reported increases in opioid fatalities.<sup>3</sup> Since mid-April 2020, emergency department (ED) visits for opioid overdoses increased by 28.8 percent, and the weekly rates of ED visits increased by 45 percent over that same period in 2019.<sup>4</sup> The recent increases observed in opioid use, opioid fatalities, and suspected overall drug overdoses are most likely due to factors such as social isolation, sobriety and accountability challenges, work-related stressors, and poor stay-at-home work environments.<sup>3</sup>

The COVID-19 pandemic continues to challenge efforts to provide high-quality addiction treatment and services to clients diagnosed with opioid use disorders (OUDs) while minimizing client, staff, and community risks of contracting the virus. In this article, we discuss the impacts of the COVID-19 pandemic on two opioid treatment programs (OTPs). Below, we briefly describe OTPs and then highlight the experiences of two OTPs during the COVID-19 pandemic. One of the OTPs, The Hope House, is a residential treatment program with two locations in Scottsdale, Arizona. The other, Western Wake Treatment Center, is a clinic-based OTP in Apex, North Carolina. Our objective is to help Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) sites determine the best strategies to handle the impacts of the pandemic on their OUD programming/OTPs.

## OTP Overview

OTPs have helped to mitigate the adverse effects of the opioid epidemic by providing individually tailored services to people diagnosed with OUDs. OTPs are programs or practitioners that dispense

and administer medications for OUD, including methadone, buprenorphine, and naltrexone.<sup>5</sup> In addition to providing medications for opioid use disorders (MOUDs), OTPs may offer primary care, mental health care, outpatient treatment, residential treatment, and court and day treatments. OTPs take holistic approaches to service provision by conducting screenings and risk assessments, providing mental health counseling and infectious disease prevention counseling (e.g., for human immunodeficiency virus [HIV], hepatitis C, and tuberculosis), and behavioral therapy.<sup>6</sup> OTPs serve people with OUDs of all backgrounds, including those involved in the criminal justice system and senior citizens. OTPs must be accredited by a federal accrediting body, certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), and registered with the U.S. Drug Enforcement Agency (DEA) through a local DEA office.<sup>6</sup>

OTPs can exist as unique models in various settings<sup>7</sup>:

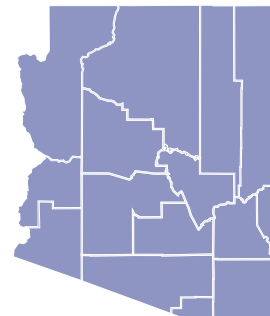
- ◀ Hospital/clinic-based outpatient OTPs can provide an enhanced continuum of care because of the enhanced access to medical and psychosocial services they offer, which has been shown to increase treatment adherence.
- ◀ Residential treatment programs are designed for recovering clients who require residential placement to support treatment and ensure their safety.
- ◀ Mobile treatment units offer a variety of services, such as MOUDs, drug testing, counseling, and transportation, via mobile units (e.g., recreational vehicles [RVs] and vans). The overall objective of mobile treatment units is to increase access to services in underserved regions and for people with limited resources.
- ◀ Office-based OTPs are intended for clients who prefer to receive services from a physician in a community. Clients under this treatment

are required to have a history of negative drug screenings, at least 1 year of stability, and a minimal need for psychosocial services.

- ◀ Criminal justice settings provide MOUD services in jails and prisons. These settings are limited but have been increasing in number because of need.

## The Hope House

The Hope House is a residential treatment center in Scottsdale that has been open since 2017. Its mission is to use a dual-diagnosis, trauma-informed approach by providing clients with the necessary tools to properly and holistically treat their substance use disorders (SUDs) and heal their minds and bodies. The Hope House staff members believe in tackling the underlying mental health issues contributing to each person's SUD and assisting clients in identifying what compels them to use drugs. While frequently treating people with OUDs, their trauma-informed approach allows them to assess symptoms and patterns of trauma and educate their clients on the impacts of trauma. This ensures that clients' mental



The Hope House's unique provisions include:

- ◆ Cognitive behavioral therapy.
- ◆ Dialectical behavioral therapy.
- ◆ Motivational interviewing.
- ◆ MOUDs, such as naltrexone, buprenorphine, suboxone, and methadone.
- ◆ Alternative therapies, such as acupuncture, massage therapy, and somatic experiencing.
- ◆ Equine therapy.
- ◆ Family therapy.

health is stabilized, they have reasons to achieve and maintain sobriety, and they are well-equipped with the skills to prevent future relapse. The two locations offer 15-day and 30-day options and have a 24-hour nursing staff, a full-time therapist, and a full-time case manager at each house. Each therapist has a maximum caseload of 10 clients, and each location houses a maximum of 10 clients at a time.

## COVID-19 Challenges

When the pandemic began, The Hope House experienced changes in its staffing and service provisions. Specifically, the center moved to do the following:

- ◀ Suspend ancillary treatments, such as its equine therapy sessions and yoga lessons. The Hope House considers the equine therapy sessions to be highly valued by and effective for clients, so their cancellation has been hard for those who experience its benefit. (All of these services were reinstated in 2021.)
- ◀ Cease in-person family visitations, which was difficult for clients because family therapy plays a unique role in OTPs and has reportedly been effective for clients.
- ◀ Temporarily reduce staff and conduct treatments and therapies virtually. Half of the clinical staff were required to quarantine, while the other half remained on campus to ensure they were not exposed to COVID-19. The majority of The Hope House's services benefit from social interaction. As of 2021, the program is back to being fully staffed.

The Hope House staff took further steps to mitigate these challenges, including the following:

- ◀ The administrative team met in early March 2020 to devise a plan to maintain the safety of their clients and staff members and determine how to continue programs virtually. Throughout the process, they monitored guidance from the

Centers for Disease Control and Prevention and the Arizona Department of Health Services and immediately implemented policies based on that guidance.

- ◀ The administrative, clinical, and medical supply teams determined how they would administer COVID-19 tests. They began testing clients on admittance and during their stay if they exhibited symptoms. Clients were required to stay on campus to ensure safety. In addition to testing, The Hope House mandated masks and social distancing. At the time of the interview, The Hope House had not experienced any COVID-19 cases.
- ◀ Staff members at The Hope House implemented and enhanced their telehealth clinical services and therapies. It was initially difficult to engage clients in virtual groups since everyone was used to having in-person sessions, and the changes made due to the pandemic felt abrupt.
- ◀ The Hope House quickly updated its technology by investing in iPads in each of the houses so that clients could FaceTime families on weekends and by purchasing computers, cameras, and televisions to enhance clients' virtual experiences. Updating the technology was very costly but allowed The Hope House to reimagine service provision. For example, the technology allowed virtual family visitations in place of in-person visitations. The Hope House will continue to use the technology to enhance its programs.
- ◀ Staff members have been consistently finding ways to garner feedback to learn more about clients' needs and ensure that the program is at the forefront of best practices. The Hope House continuously trains and reinvests in all its staff members.

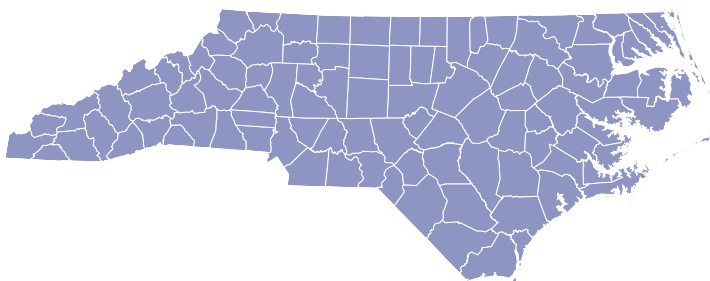
## Recommendations From The Hope House

The Hope House staff members consider COVID-19 testing to have been critical for the program's viability during the pandemic. Staff members have been

fortunate to be able to test their clients on admission. Similar programs experienced COVID-19 outbreaks and had to shut down. The Hope House has not experienced such challenges and attributes that success to testing, masks, and social distancing.

The following links have more specific information about The Hope House's program and responses to the pandemic:

- ◀ Medication-assisted treatment program: <https://www.thehopehouse.com/programs/medication-assisted-treatment/>
- ◀ COVID-19 treatment certification: <https://bit.ly/3TEAMpM>
- ◀ COVID-19 policies: <https://www.thehopehouse.com/addiction-treatment/related/covid-19-protocols/>



## Western Wake Treatment Center

Western Wake Treatment Center in Apex, North Carolina, established in 2007, provides methadone and buprenorphine maintenance, individualized counseling, and education to opioid-dependent adults in a supportive, therapeutic environment. These comprehensive efforts aim to help clients lead normal and healthy lives. Staff members take a multidisciplinary approach by conducting and administering physical examinations, urinalyses, full blood analyses, individual and group counseling, case management and referrals, patient and family education, and relapse prevention skills. The center

The center's daily fees cover the following for clients:

- ◆ Dosing
- ◆ Urine drug screens
- ◆ Counseling (two sessions per month required for the first year and one session per month after the first year)
- ◆ Group therapy sessions
- ◆ Bloodwork (hepatitis C and HIV testing)
- ◆ Medical examinations/high-risk visits

is open 7 days a week and requires a \$25 admission fee to cover first-time medical expenses and the assessment and intake process, a \$12 per day fee for methadone treatment, and a \$14.50 per day charge for buprenorphine maintenance. The clinic is staffed with a physician who specializes in substance misuse, two full-time nurses, one part-time/weekend nurse, one full-time caseload counselor, and a program director, who takes on a smaller caseload. The center does not receive full Medicaid and state funding; therefore, it operates mostly on a self-pay basis and has a few single case agreements.

## COVID-19 Challenges

The pandemic slightly exacerbated problems the treatment center already faced due to a lack of state and Medicaid funding. Specifically, the treatment center experienced the following challenges:

- ◀ **Unemployment among clients.** Some clients who lost their jobs because of the pandemic were no longer able to pay for services, or tapered off from or were inconsistent with their dosing. For these clients, the treatment team paused tapering activities because they did not want to see destabilization due to the negative

impacts of unemployment. Clients who needed financial assistance because of COVID-19-related unemployment were referred to more affordable or state-funded clinics that were, unfortunately, farther away. Since the lockdown in North Carolina ended and clients returned to work, affordability of and accessibility to the treatment center have improved.

◀ **Pausing in-person group therapy sessions.**

The center's physical space did not allow social distancing for in-person group therapy sessions, so staff members had to put the sessions on hold. The center reported that in-person group therapy was vital for many clients because it allowed them to develop relationships, build camaraderie, share ideas with their peers, and acclimate themselves to a positive, supportive environment. In place of in-person group therapies, the center referred clients to Self-Help Addiction Recovery (SMART Recovery). SMART Recovery is a global community that hosts virtual mutual-support groups. Staff members also referred their clients to socially distant community-based programming and activities designed to increase their community involvement, sense of belonging, and sense of self-worth. The treatment center team has discussed transferring their group therapies to virtual platforms (i.e., Zoom), but most of their clients strongly prefer in-person counseling.

## Recommendations From the Western Wake Treatment Center

- ◀ Although the pandemic has increased the stress load at clinics, it is essential for staff members to continue treating clients with respect and meeting them where they are.
- ◀ Promoting community involvement among clients and encouraging them to prioritize self-care will help enhance their self-love, self-worth, and feelings of belonging. Western Wake encourages clients to participate in community-based activities (e.g., outdoor yoga, classes) and befriend their

peers from therapy sessions and provide them with social support.

- ◀ Prevent hopelessness from getting in the way of treatment provision. It is hard not to feel hopeless at times, but clients need to feel positively supported by staff members.
- ◀ To learn how to build trust with and a strong rapport with clients, treatment center staff members recommend "[8 Ways Addiction Counselors Can Build Trust With Clients.](#)"

## Key Takeaways

Both OTPs noted the following strategies as being effective and feasible for other OTPs to use during this time:

- ◀ The transition from in-person therapy sessions to virtual therapy sessions
- ◀ Mandate masks and testing for anyone exhibiting COVID-19 symptoms
- ◀ Continuously regroup and hold meetings with administrative staff members to determine which strategies have been effective
- ◀ Refer clients to community-based organizations and activities in place of treatment center activities to ensure that they are maintaining self-care and community involvement

OTPs continue to overcome the many barriers resulting from the pandemic. As essential public facilities, they have remained open and staffed to provide services for clients while enacting strategies to prevent and reduce transmission and overcome challenges. OTPs are tackling the opioid crisis and the COVID-19 pandemic—while assisting clients through their personal hardships. COSSAP grantees who are interested in learning about new methods to mitigate the adverse effects of the pandemic on their programming can consider these

recommendations and strategies. In addition, the Office of Inspector General at the U.S. Department of Health and Human Services studied the challenges that OTPs encountered during the pandemic and the actions taken to address them; its report can be viewed at <https://www.oig.hhs.gov/oas/reports/region9/92001001.pdf>.<sup>8</sup>

## Acknowledgments

We thank the officials at The Hope House and Western Wake Treatment Center who took the time to speak with us about their OTPs, the challenges they experienced during the pandemic, and the strategies used to overcome those challenges.

## Endnotes

1. CNN Health, 2021, *World Covid-19 Tracker: Latest Cases and Deaths by Country*, retrieved from <https://www.cnn.com/interactive/2020/health/coronavirus-maps-and-cases/>.
2. Stacy Weiner, 2020, "COVID-19 and the Opioid Crisis: When a Pandemic and an Epidemic Collide," Association of American Medical Colleges, retrieved from <https://www.aamc.org/news-insights/covid-19-and-opioid-crisis-when-pandemic-and-epidemic-collide>.
3. Worker Training Program, National Institute of Environmental Health Sciences, n.d., *Opioids and the Workplace: Prevention and Response: The COVID-19 Pandemic Is Fueling the Opioid Crisis!* Retrieved from [https://tools.niehs.nih.gov/wetp/public/hasl\\_get\\_blob.cfm?ID=12121](https://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=12121).
4. Nicholas Nissen, 2021, "Opioid Overdoses 29% Higher in 2020 Than Before the Pandemic: Study," ABC News, retrieved from <https://abcnews.go.com/Health/opioid-overdoses-29-higher-2020-pandemic-study/story?id=75785104>.
5. Substance Abuse and Mental Health Services Administration, January 2015, *Federal Guidelines for Opioid Treatment Programs*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/pep15-fedguideotp.pdf>.
6. Substance Abuse and Mental Health Services Administration, n.d., *Certification of Opioid Treatment Programs (OTPs)*, retrieved from <https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program>.
7. Batki, Steve L., Janice F. Kauffman, Ira Marion, Mark W. Parrino, & George E. Woody, 2005, *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs: A Treatment Improvement Protocol TIP 43*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, retrieved from <https://files.eric.ed.gov/fulltext/ED491573.pdf>.
8. Office of Inspector General, U.S. Department of Health and Human Services, November 2020, *Opioid Treatment Programs: Reported Challenges Encountered During the COVID-19 Pandemic and Actions Taken to Address Them*, U.S. Department of Health and Human Services, Report No. A-09-20-01001, retrieved from <https://www.oig.hhs.gov/oas/reports/region9/92001001.pdf>.

Visit the COSSAP Resource Center at [www.cossapresources.org](http://www.cossapresources.org).

## About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit [www.bja.gov](http://www.bja.gov) and follow us on Facebook ([www.facebook.com/DOJBJA](https://www.facebook.com/DOJBJA)) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

This project is supported by Grant No. 15PBJA-21-GK-01074-MUMU awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this document are those of the author and do not necessarily represent the official position of policies of the U.S. Department of Justice.