## Opioid addiction clinics adjust to pandemic

By ERICK BENGEL The Astorian

In the last week of January 2020, the Seaside Recovery Center, a clinic that uses methadone and other medication to treat people with opioid addiction, opened in the city's south end.

Less than two months later, the clinic had to rethink how to care for patients, as did Clatsop Behavioral Healthcare's clinic in Warrenton's Premarq Center.

Quietly operating in nondescript buildings where their services aren't outwardly advertised, both clinics provide medication-assisted treatment for opioid abuse. The medication - methadone and Suboxone in Seaside; just Suboxone in Warrenton — does not replace the euphoric experience of opioids like heroin, but works to suppress cravings and

Medication-assisted treatment is rooted in the idea that addiction is best seen as a chronic illness rather than a moral failing, said Alison Noice, the executive director of CODA, the Portland-based treatment provider that runs the Seaside facility.

Amid the coronavirus pandemic, the clinics had to rapidly adjust to a world where a setting based on closeness of care could itself become a health risk.

The Seaside clinic dispenses methadone, a heavily regulated pain reliever. Federal rules are strict about how the drug can be given to patients, down to how often patients need to check in and make direct contact with a nurse. Historically, patients in the early stages of treatment have needed to visit the clinic six times a week, often for months, if not years, before being allowed to leave the clinic with methadone, Noice said.

These rules held for decades, even as methadone clinics became more sophisticated in their care and their services more robust.

"Some — I think rightly — over time have come to feel like those rules were very, very restrictive, if not almost punitive," Noice said. "But it's been very difficult to get the federal regulations to change in any way."

Then came COVID-19 and the need for more flexibility.

## More freedom

Federal and state authorities and the U.S. Drug Enforcement Administration came together — "which, honestly, I've never seen them do this way before," Noice said — and agreed on two things: Patients would, for the most part, have to stay out of clinics, and the pandemic could not be allowed to interrupt their medications.

So the feds began to grant clinics like Seaside Recovery Center the freedom to deter-



Hailey Hoffman/The Astorian

John Bisson, a registered nurse, sits behind the glass at his station where patients receive methadone and other medications at the Seaside Recovery Center.

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mine whether patients could be trusted to take medicine home with them - to not sell, abuse or otherwise mishandle it and how often that person should have to visit the clinic. A patient who had been dropping by daily could now do so weekly.

"We actually got to make those decisions based on what we knew about the patient, and not necessarily just based on what these very old rules told us we had to do," Noice said.

One upshot is that Seaside patients missed out on a key part of their treat-

ment: group counseling. The clinic tried to hold electronic sessions, but individual phone calls between counselors and patients proved more successful.

Addiction treatment relies on peer groups; recovery involves building a network that supports a person's sobriety, Noice said. For about a month and a half, the few Seaside patients met in the group therapy room, but a strong cohort — the desired number is between 8 and 12, Noice said — couldn't get established before in-person meetings were

The clinic's doors remained open, medication went to everyone who needed it, new people signed up and care never ceased. Patients still underwent urine analyses, met with counselors if only briefly — and scheduled longer therapy sessions to take place later by phone or video.

"But we didn't build a community the way that you normally see a community develop in a clinic like that," Noice said.

The pandemic has so defined the experience of Seaside's staff and patients that it is hard to tell whether unforeseen challenges — for instance, the patient population has not increased as fast as CODA had expected are due to COVID or the

newness of the clinic.

Noice said the Seaside Recovery Center did not see an unusually high rate of relapse or ongoing opiate use among patients. What CODA has seen across their clinics, including Seaside's, is that once people get into treatment, they generally stay and do well. "We just didn't see people initiating treatment at the rate that we anticipated we would," she

The clinic can serve between 300 and 350 people. At the moment, they have about 120 patients, about 110 of whom are actively coming, and 60% of those pass through the clinic daily, according to Staci Donley, the senior clinical manager.

"If you're a person who has been struggling with the idea of whether or not you want to be sober, COVID was a lousy time to get sober," Noice said. "And so I worry a lot about how many people out there could have benefited from our help — maybe didn't know that we were still available — and I really hope we can help more."

'Zoom fatigue'

When Clatsop Behavioral Healthcare's medication-assisted treatment took its group counseling virtual, attendance remained at nearly its normal level, hovering between eight and 12 patients — at least at first, according to Rick Martinez, the lead clinician. Most patients were used to participating in group sessions twice a week.

'Zoom was very productive in the beginning," Martinez said. "Clients just wanted some kind of contact."

As the pandemic dragged on, however, "Zoom fatigue" began to set in and fewer patients began showing up at sessions.

'Not having that (in-person) interaction and peer support was really difficult for them," Martinez said.

The program, which works with prescribing doctors at Columbia Memorial Hospital in Astoria and Oregon Health & Science University's Primary Care Clinic in Scappoose, has about 60 patients on the roster, about 45 of whom work with Martinez. Clatsop Behavioral Healthcare, Clatsop County's mental health and substance abuse contractor, has served about 200 patients since the program opened in 2018, according to Dave Hsiao, an agency program manager.

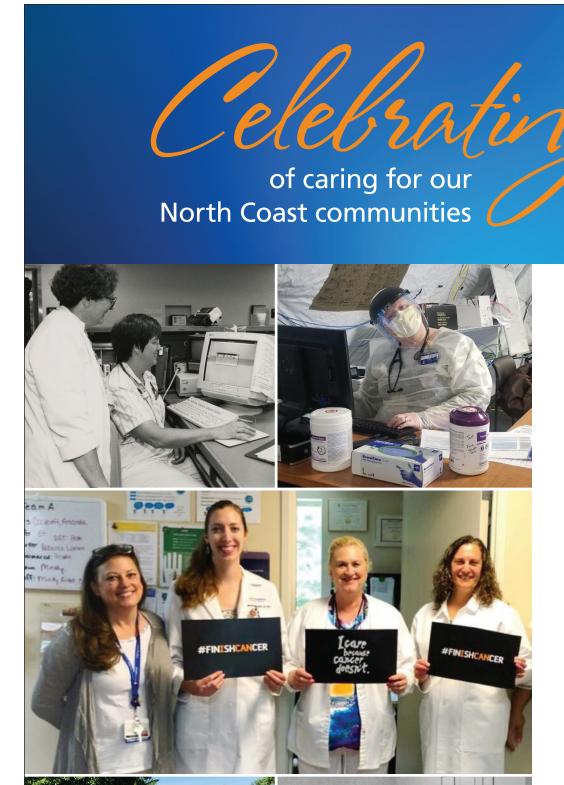
Suboxone contains buprenorphine and naloxone, which, like methadone, are approved by the U.S. Food and Drug Administration to treat opioid abuse. The medicine is intended to reduce cravings and withdrawal from opioids.

Martinez was doing assessments by phone, trying to bring in new patients that way, but that also started to slow down. "Folks didn't appear to be seeking treatment like they were when we were open," he said, adding that his caseload has recently increased.

Some patients who had managed to stay sober for a while before COVID started using again during the pandemic, Martinez said.

When vaccinations got underway and Oregon started opening up, patients began meeting for group therapy again. "People were very happy to be back — be back in the office and be back in the groups," Martinez said. The nearby Shilo Inn donated a large conference room for their sessions to help them spread out.

Now, as the delta variant circulates and virus cases climb, Martinez is watching attendance drop again. At least two of his patients recently contracted COVID, though not, he said, from the group therapy.



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