

The ODPRN examined the impact that a patient's geographic status has on retention in methadone maintenance therapy (MMT). Key information and details from the study are highlighted

Higher accessibility to addiction programs associated with lower MMT retention rates

Northern geographic status is associated with improved treatment retention in first time MMT patients compared to individuals residing in southern regions of Ontario

Why did we do this study?

Presently there is a gap in knowledge with respect to MMT retention and mortality rates for patients residing in differing geographies, especially where access to addiction services are markedly reduced.

What were we investigating?

In this study we evaluated the relationship between location of residence and both treatment retention and mortality among first time MMT patients across Ontario.

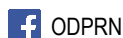
Where can I find more information?

The full study is available [here](#)

About ODPRN

We leverage cutting-edge research methodology and rapidly incorporate findings into policy reports for decision-makers on real-world drug utilization, safety, effectiveness, and costs.

Follow us on:



ODPRN



@ODPRN_Research

KEY POINTS

- Nearly half of patients initiating therapy in northern regions completed 1 year of treatment, whereas approximately 40% were retained in treatment in southern regions.
- Patients residing in northern urban and rural regions were more likely to be retained in treatment compared to those residing in southern urban regions.
- Mortality rates observed within 1 year of patients initiating treatment were highest in southern rural regions.

POLICY IMPLICATIONS

- Policy-makers may want to better understand barriers and facilitators to successful MMT and develop provincial strategies for improved treatment systems in all locations.

STUDY DETAILS

- The ODPRN conducted a retrospective cohort study and identified 17,211 publicly funded patients who initiated MMT for the first time between January 1, 2003 and March 31, 2012 in Ontario. Of these, the majority (81.7%; N=14,052) resided in a Southern Urban region, 5.9% (N=1,011) in a Southern Rural Region, 9.4% (N=1,620) in a Northern Urban region, and 528 (3.1%) in a Northern Rural region in Ontario.
- Nearly half of patients initiating MMT in northern regions successfully completed 1 year of continuous treatment (48.9%; N=258 and 47.0%; N=761 in Northern Rural and Urban regions, respectively). In Southern Rural and Urban regions, only 40.6% (N=410) AND 39.3% (N=5,518) successfully completed 1 year of treatment.
- After multivariate adjustment, patients residing in Northern Rural regions were 31% more likely to successfully be retained in MMT for at least 1 year compared to those residing in Southern Urban regions (adjusted odds ratio (aOR) 1.31, 95% CI 1.09 to 1.58). Similarly, those residing in Northern Urban regions were 14% more likely to successfully be retained in treatment for at least 1 year (aOR 1.14, 95% CI 1.02 to 1.27).
- Among this cohort, 585 deaths were observed within 1 year of MMT initiation. MMT patients in Southern Rural regions demonstrated a mortality of 4.9% as compared to 3.4% for patients from Southern Urban regions, 3.0% in Northern Rural regions and 2.8% in Northern Urban regions.