

Background

- Opioid agonist therapy (OAT) with methadone or buprenorphine/naloxone is the first-line treatment for opioid use disorder.
- Treatment with OAT typically requires regular interaction with the prescribing clinician and daily supervised dosing in community pharmacies until people are deemed eligible for take-home doses.
- Healthcare disruptions and physical distancing measures put in place in response to the COVID-19 pandemic prompted concerns around access to OAT. On March 22, 2020, Ontario released new guidance recommending that clinicians use their judgement to increase the number of take-home doses for people already receiving them, and to provide limited numbers of take-home doses for individuals who may not have been eligible under the existing treatment guidelines.
- The degree to which the introduction of this new guidance led to changes in practice during the COVID-19 pandemic is currently unknown.

What did we investigate?

The impact of COVID-19 associated public health restrictions and changes in guidance for the provision of OAT on patterns of take-home doses of methadone and buprenorphine/naloxone.

Key findings

- Small increases in the duration of take-home doses supplied were observed immediately following the onset of COVID-19 public health restrictions and updated OAT guidance in March 2020.
- Trends in the prescribing of take-home doses began to revert back to pre-pandemic patterns towards the end of the study period.
- Approximately 1 in 3 methadone recipients and 1 in 5 buprenorphine/naloxone recipients continued to receive daily doses during the pandemic.

How was the study conducted?

Design: Retrospective, population-based interrupted time-series analysis.

Population: Residents of Ontario, Canada receiving methadone or buprenorphine/naloxone for OAT.

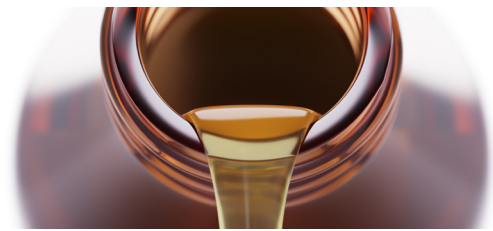
Study period: Between June 25, 2019 and November 30, 2020.

Intervention: COVID-19-related public health restrictions and associated modified guidance for dispensing OAT.

Outcomes: Percentage of individuals dispensed methadone or buprenorphine/naloxone who received take-home doses of OAT in each week of the study period.

For more information

Kitchen, S., Campbell, T., Men, S., Bozinoff, N., Tadrous, M., Antoniou, T., Wyman, J., Werb, D., Munro, C., & Gomes, T. (2022). [Impact of the COVID-19 pandemic on the provision of take-home doses of opioid agonist therapy in Ontario, Canada: A population-based time-series analysis.](#) *International Journal of Drug Policy.*



What did we find?

Methadone

- There were 45,309 methadone recipients during the study period.
- In the week following the updated guidance, there was a:
 - Significant immediate increase in the percentage of people receiving 7-13 take-home doses (3.6%; 1,071 additional people; $p=0.033$) and 14+ take-home doses of methadone (0.8%; 229 additional people; $p<0.001$),
 - Significant decrease in the percentage of people receiving 1-6 take-home doses (-4.5%; 1,328 fewer individuals; $p=0.001$), and a non-significant decrease in the prevalence of people receiving daily dispensed methadone (-1.9%; 570 fewer individuals; $p=0.062$).
- Among methadone recipients, take-home doses began to trend towards pre-pandemic levels by the end of November 2020, although there remained a slightly higher prevalence of people dispensed 7 or more take-home doses.
- 30% of methadone recipients continued to receive daily dosing during the pandemic.

Buprenorphine/naloxone

- There were 31,680 buprenorphine/naloxone recipients during the study period.
- In the week following the updated guidance, there was a:
 - Significant immediate increase in the percentage of people receiving 7-13 (4.3%; 574 additional people; $p=0.001$), 14-27 (2.8%; 378 additional people; $p<0.001$), and 28+ take-home doses of buprenorphine/naloxone (0.3%; 40 additional people; $p=0.008$),
 - Significant decrease in the prevalence of people receiving daily dispensed buprenorphine/naloxone (-3.1%; 409 fewer people; $p=0.001$) and 1-6 take-home doses of buprenorphine/naloxone (-4.9%; 646 fewer people; $p=0.001$).
- Take-home doses among buprenorphine/naloxone recipients started to return to pre-pandemic levels towards the end of November 2020, although there remained a slightly higher prevalence of people receiving 7 or more take-home doses relative to March 2020.
- 18% of buprenorphine/naloxone recipients continued to receive daily dosing during the pandemic.

Recommendations

Clinical practice shifted early to prevent barriers to accessing OAT during the COVID-19 pandemic. However, changes were not sustained, and many patients continued to receive daily dispensed therapy, suggesting that more comprehensive strategies are required to ensure equitable access to take-home dosing.