Increased take-home doses of opioid agonist therapy significantly associated with lower rates of treatment interruption and discontinuation

COVID-19 measures prompted new guidance in Ontario, recommending that clinicians extend the number of opioid agonist therapy (OAT) take-home doses provided to their patients to promote treatment retention during the pandemic.

Transitioning from **daily dispensed methadone** to take-home doses was significantly associated with:

- 27% lower risk of opioid-related overdose
- 20% lower risk of treatment discontinuation
- 20% lower risk of treatment interruption

There was no change in any outcomes among people transitioning from **daily dispensed buprenorphine/naloxone** to take-home doses.

Transitioning from **weekly take-home doses of methadone** to extended take-home doses was significantly associated with:

- 28% lower risk of treatment discontinuation
- 31% lower risk of treatment interruption

No change in risk of opioid-related overdose

Transitioning from **weekly take-home doses of buprenorphine/naloxone** to extended take-home doses lowered the risk of:

- Treatment interruption by 26%

and no change in risk of other outcomes.

For more information: