

Background

- Opioid agonist therapy (OAT) with methadone or buprenorphine/naloxone reduces the risk of opioid-related death in patients with opioid use disorder.
- Public health measures put in place due to the COVID-19 pandemic, including stay-at-home orders and reduced operating hours at healthcare facilities, raised concerns that access to OAT could be negatively impacted.
- To reduce the impact of these changes on OAT recipients, new guidance for the management of OAT was released on March 22, 2020 to increase access to take-home doses, utilize telephone or virtual clinical assessments, and reduce the requirement for urine drug screens. However, it is unknown how the pandemic and these new guidance changes have impacted treatment adherence among patients on OAT.

What did we investigate?

The impact of the pandemic and the associated changes in OAT guidance on treatment discontinuation.

Key findings

- COVID-19 and the associated changing OAT guidance had no impact on the percentage of Ontarians who discontinued OAT, regardless of whether they were stabilized on treatment when the pandemic began.
- There remains a high prevalence of opioid toxicity events and all-cause mortality among individuals who recently discontinued OAT, both before and during the pandemic.

How was the study conducted?

Design: Retrospective, population-based propensity-weighted cohort study

Population: Ontario residents who were stable (>60 days of continuous use) compared to those not yet stable on:

1. OAT overall,
2. Methadone, or
3. Sublingual buprenorphine/naloxone

Study period: Between April 2, 2019, and November 30, 2020.

Outcome: Weekly percent of individuals who discontinued OAT, defined as no prescription refill for methadone or buprenorphine/naloxone within 14 days beyond the day's supply of the previous prescription.

Secondary analysis: Comparison of demographic characteristics and patient outcomes between individuals who discontinued OAT during the pandemic (between March 17, 2020 and November 30, 2020) and prior to the pandemic (July 3, 2019, to March 16, 2020).



What did we find?

- 63,941 individuals (41,919 methadone; 24,320 buprenorphine/naloxone) were stable on OAT treatment and 84,325 individuals (49,486 methadone; 41,773 buprenorphine/naloxone) were not yet stable on therapy.
- The weekly prevalence of OAT discontinuation across the study period ranged between 0.6% and 1.1%, among those stable on treatment compared to 7.3% and 16.6%, among those not stable on treatment.
- Among individuals stable on treatment, discontinuation of buprenorphine/naloxone was generally more frequent (range 0.7% to 1.5%) than discontinuation of methadone (range 0.6% to 1.0%). Among individuals not yet stable on therapy, the weekly prevalence of methadone discontinuation was generally more frequent (range 6.5% to 21.5%) than discontinuation of buprenorphine/naloxone (range 7.6% to 12.3%).
- COVID-19 and the associated changing OAT guidance led to no significant change in the percentage of Ontarians who discontinued OAT, regardless of whether they were stabilized on treatment.
- Among those stable on OAT, a similar proportion of patients restarted therapy and experienced opioid-related harm following an OAT discontinuation prior to and during the pandemic.

Recommendations

- Supports for continuity of care among people with OUD should be maintained throughout unprecedented times, such as increased access to take home doses, adoption of virtual visits, and reduced frequency of urine drug screening.
- The expansion of harm reduction services (i.e., safer spaces to use drugs, access to naloxone and recovery support services) are needed to support safer opioid use after OAT discontinuation.

For more information

Garg, R., Kitchen, S., Men, S., Campbell, T., Bozinoff, N., Tadrour, M., Antoniou, T., Wyman, J., Werb, D., Munro, C. & Gomes, T. (2022). [Impact of the COVID-19 pandemic on the prevalence of opioid agonist therapy discontinuation in Ontario, Canada: A population-based time series analysis.](#) *Drug and Alcohol Dependence.*