

ADMISSIONS TO PUBLICLY-FUNDED RESIDENTIAL TREATMENT FOR OPIOID USE DISORDER AND OPIOID TOXICITY OUTCOMES AFTER DISCHARGE IN ONTARIO, CANADA: A POPULATION-BASED REPEATED CROSS-SECTIONAL STUDY

Authors

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Background

With Canadian provinces expanding investments for bed-based inpatient (i.e., residential) substance use treatment, it's important to understand who accesses these programs and client outcomes. We described residential treatment admissions for opioid use disorder (OUD), including rates of admissions, characteristics of and treatment received by admitted individuals, and opioid toxicities rates following discharge, in Ontario, Canada.

Methods

We conducted a population-based repeated cross-sectional study of publicly-funded residential treatment for OUD in Ontario, Canada, between July 1, 2013 and June 30, 2022. We calculated population-adjusted residential treatment admission rates and used joinpoint regression models to characterize monthly percent changes (MPC) in admission trends. We reported characteristics of clients discharged from residential treatment and weekly rates of fatal or non-fatal opioid toxicity 1-year post-discharge. Among the first identified residential treatment episodes for each client, we measured opioid toxicity events 28-days post-discharge, overall and by admission date, age, sex, mandated treatment, and discharge reason.

Results

Admissions fluctuated monthly (ranging from 1.5 [N=18] to 11.9 [N=136] per 1,000,000), declined gradually until December 2019 (MPC: -0.3%; p-value=0.0009), dropped abruptly between January and April 2020 (MPC: -20.3%; p-value=0.44) coinciding with COVID-19, and increased soon thereafter (MPC, 2.5%; p-value=0.0001). Overall, 60.8% of clients (N=9,388; mean age, 33.1+/-10.2 years; 64.1% male) completed their treatment program. Within 28 days post-discharge from their first admission, 1.4% experienced an opioid toxicity, with higher rates among clients who were male (1.7%), mandated to treatment (2.1%), and discharged early voluntarily (2.0%) and involuntarily (2.8%).

Conclusion

Residential treatment admissions for OUD dropped substantially in Ontario early in the COVID-19 pandemic and remained below pre-pandemic levels in the subsequent two years despite rising investments into these programs. High rates of early discharge and opioid toxicity soon thereafter

underscore the need to implement quality standards for residential treatment programs in Ontario and throughout Canada.

Disclosure of Interest Statement

Dr. Gomes reports consulting fees from Canada's Drugs Agency, honoraria from Indigenous Services Canada, and contracts with the Ontario College of Pharmacists and the Auditor General of British Columbia unrelated to this work. She has also been paid for expert testimony in an inquest led by the Ontario Office of the Chief Coroner. No other competing interests were declared by abstract authors.

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