RETENTION, INTERRUPTIONS, AND TREATMENT TRANSITIONS IN TWO OPIOID AGONIST TREATMENT PROGRAMMES IN MONTRÉAL, CANADA

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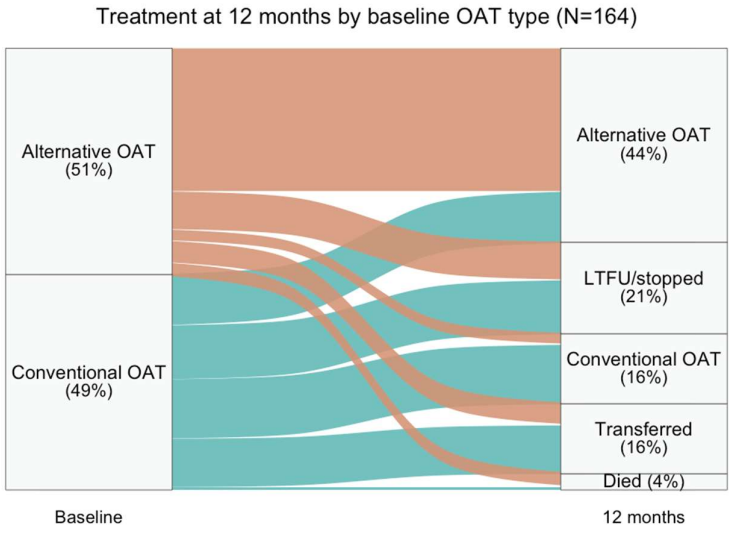
Background:
The widespread contamination of illicit drug markets in North America has transformed the clinical context of opioid agonist treatment (OAT). Some Canadian programmes prescribe short-acting opioids alongside traditional OAT to meet these challenges, creating a need to re-examine contemporary clinical practice. We describe 12-month retention and transitions between conventional and alternative treatment modalities in two Montreal OAT programmes.

Methods:
All consenting patients of a low-threshold outpatient OAT clinic (Relais, Jan.2022-Oct.2022) and a hospital-based addiction medicine programme (CHUM-SMT, Aug.2023-Apr.2024) were eligible. Baseline interviewer-administered questionnaires collected substance use and sociodemographic and health/service indicators. Self-reported treatment modality was categorized as conventional (methadone, slow-release morphine, buprenorphine-naloxone – "cOAT") or alternative (conventional + short-acting opioid / short-acting opioid alone – "altOAT"). Twelve-month data were abstracted from clinical records. Retention was defined as receiving OAT at 12 months, or transfer to a primary care provider since baseline. Additional outcomes included treatment modality at 12 months, transitions between modalities, and interruptions since baseline. Descriptive analyses were conducted.

Results:
164 participants were included (70.7% cismen; 86.0% White; median age 40.4). Past-month stimulant and fentanyl use were common and higher among altOAT vs cOAT recipients (stimulants: 78.6% vs 53.8%; fentanyl: 51.2% vs 27.5%). Overall, 77.4% participants were retained in OAT care at 12 months. Retention was similar according to baseline modality (76.2% altOAT; 78.8% cOAT). However, treatment trajectories were dynamic (Figure): among retained participants, 33.9% experienced ≥1 interruption, and 23.5% switched modality between baseline and follow-up. 82.6% of these changes favoured altOAT. Interruptions were more frequent among participants reporting past-month stimulant (48.6% vs 32.7%) and fentanyl use (56.9% vs 34.3%). Retention was lower among fentanyl users (70.8% vs 81.8%).

Conclusion:
OAT retention was high in this context despite frequent interruptions, transfers and transitions between modalities. Flexible regimens and concomitant substance use should be integrated into contemporary clinical evaluation frameworks.

Figure



Disclosure of Interest Statement:
The authors declare no conflicts of interest.