

# **The effect of opioid co-prescription through BC's Risk Mitigation Guidance on Opioid Agonist Treatment Retention: A population-based observational study**

Category: Oral Presentation

## Abstract Body

**Background:** At the onset of the COVID-19 pandemic, a clinical guidance was released in British Columbia (BC), Canada to support physicians and nurse practitioners in prescribing pharmaceutical alternatives to the toxic drug supply. This included opioids and other medications under the auspices of the Risk Mitigation Guidance (RMG).

**Objective:** To determine the effect of hydromorphone tablets or sustained-release oral morphine (opioid RMG) co-prescription on OAT receipt among people with opioid use disorders (OUD).

**Methods:** We conducted a population-based retrospective cohort study of adults living in BC from 03/27/2020 to 08/31/2021 with indication of OUD and receiving OAT using health administrative databases. The exposure of interest was opioid RMG receipt, defined by at least 4 days, 1-3 days or no days of opioid RMG dispensed in a given week. The outcome was OAT receipt, defined as at least one dispensed dose of OAT in week t+1. Multiple logistic regression models were used to estimate propensity scores matched longitudinally. A marginal structural model was used to control for potential time-varying confounding.

**Results:** A total of 5,330 individuals received at least one opioid RMG dispensation during study follow-up. Among those initiating opioid RMG while on OAT, we found opioid RMG receipt of 1-3 days in a given week increased the odds of OAT receipt in the subsequent week (aOR: 2.6, 95% CI: (2.4,2.8)), while receipt of opioid RMG  $\geq 4$  days increased the odds of OAT receipt in the subsequent week (aOR: 12.0 (10.6,13.6)) compared to those not on opioid RMG. This association was stronger among those initiating opioid RMG and OAT concurrently and among those receiving methadone as opposed to buprenorphine/naloxone.

**Conclusion:** Our findings demonstrate that individuals receiving opioid RMG prescriptions alongside OAT had substantially higher adjusted odds of OAT receipt compared to no opioid RMG receipt.

## Key Words

- Opiate Agonist Therapy
- Safe Supply
- Substance Use Disorder (general)

## Learning Objective # 1

Learn about Risk Mitigation Guidance (RMG) dispensing (prescribed safer supply) in British Columbia (BC)

## Learning Objective # 2

Learn about impact of opioid RMG on opioid agonist treatment (OAT) receipt.

## Reference # 1

British Columbia Centre on Substance Use. Risk mitigation in the context of dual public health emergencies 2020 [Available from: <https://www.bccsu.ca/wp-content/uploads/2020/04/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.5.pdf>].

## Reference # 2

Nosyk B, Slaunwhite A, Urbanoski K, Hongdilokkul N, Palis H, Lock K, et al. Evaluation of risk mitigation measures for people with substance use disorders to address the dual public health crises of COVID-19 and overdose in British Columbia: a mixed-method study protocol. *BMJ Open*. 2021;11(6):e048353.

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