

## COVID-19 - Opioid Agonist Treatment Guidance – January 5, 2022 update

The [COVID-19 Opioid Agonist Treatment \(OAT\) Guidance](#) was created in March 2020 to help support ongoing access to OAT care when public health recommendations emphasized limiting non-essential in-person contacts in all settings in order to reduce the spread of the novel coronavirus.

Over the course of the last 22 months some clinicians have resumed more traditional approaches to carries and office visits, while others have continued to implement a more flexible approach to carries and virtual visits. Reassuringly, a number of studies, both published and in-press, have demonstrated that increased numbers of take home doses have not been associated with increases in adverse events, including overdoses (1-3).

As of January 3, the government of Ontario has announced time-limited measures to preserve hospital capacity in the face of the Omicron variant. While not as extensive as the initial lock-down implemented in 2020, these measures include closing or drastically reducing indoor gatherings and encouraging work from home whenever possible. **In light of these measures and to support our patients in being able to engage in public health precautions, we recommend that clinicians once again consider utilizing the COVID-19 OAT Guidance as a framework for guiding decision making around take-home doses, the necessity of in-person visits and the use of virtual care.**

The COVID-19 OAT guidelines, as with other OAT guidance, should be implemented with clinical knowledge and judgement and through discussion with patients about their circumstances and concerns. Maintaining access to OAT through the pandemic remains a vital public health measure. Patients with opioid use disorder who are receiving OAT are at lower risk of death from opioid overdose than patients who are not receiving OAT.

We encourage all clinicians to support their patients in accessing [COVID vaccines](#) and up to date guidance regarding [symptoms and exposure to COVID-19](#).

Finally, included are links to two resources regarding therapeutics: [Outpatient Therapeutic Management of Adults with Mild COVID-19](#) and the [Ontario Science Table Clinical Practice Guideline Summary](#) for Drugs and Biologics in Adult Patients with COVID-19. It is worth noting that fluvoxamine inhibits methadone metabolism and can be associated with increased serum methadone levels, while methadone may enhance the serotonergic effect of fluvoxamine (4).

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## References

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