



Opioid Agonist Therapy¹

What Opioid Agonist Therapy Is

Opioid agonist therapy (OAT) is life saving, safe and effective medications that are well-established as best practice treatment for opioid use disorder (OUD). OAT is a way to support people in achieving their health and well-being goals with the help of medication. For some, the goal may be to stop using opioids completely. For others, it may be to reduce their use.

The most common and widely used medications to treat OUD are methadone and buprenorphine. However, the medication selected to support someone's substance use health (SUH) is dependent on the individual's goals, what medical support is available, their preference and their SUH history.

Methadone has been officially used for treatment of OUD in Canada since 1964, and buprenorphine was approved for treatment of OUD in 2007 (Eibl et al., 2017; Mendell et al., 2023). Research studies with hundreds of thousands of participants have shown that OAT is currently the most effective treatment for OUD and the first-line response in many countries (Santo et al., 2021; Sordo et al., 2017).

What OAT Does

If someone wants to change their opioid use, stopping abruptly can be dangerous and put the individual at risk of death. Withdrawal or "detox" from opioids is a physically intense and disruptive experience that can be excruciating. Even following the withdrawal period, people are at a much higher risk of returning to opioid use and death without OAT.

The main goal of each OAT medication is to help reduce cravings and withdrawal symptoms. OAT medications have a long-lasting effect on the body, meaning they can be taken once a day or even less frequently, so an individual can focus on improving their quality of life.

¹ This document is part of a series of evidence briefs Canadian Centre on Substance Use and Addiction (CCSA) has created to help people and communities understand the contextualize complex health solutions and resources to address people's substance use health and wellness. Please also check out our briefs on Supervised Consumption Sites (CCSA, 2024a) and Drug Checking (CCSA, 2024b).

The research findings in the document are primarily based on a review of academic and grey literature from 2017 to 2024. Earlier studies were included when more recent research was unavailable. The focus was on evidence review articles and related Canadian resources; however, international studies were included when Canadian literature was unavailable.



Individuals can get a prescription for OAT in specialized clinics, primary care settings and some emergency departments. The individual works with a prescriber (i.e., doctor or nurse practitioner) to find the right dose to minimize the individual's withdrawal symptoms to a point that they are able to comfortably go through their day and engage in services and supports for their personal well-being goals (Koehl et al., 2019; Lim et al., 2022; McCarty et al., 2021; Musa & Yee, 2021). The individual may receive their medications from an OAT clinic or a community pharmacy. Pharmacists play an important role in dispensing the medication, providing education, monitoring treatment and offering support to people receiving OAT (Kosobuski et al., 2022). Pharmacy-based OAT is particularly important in times (e.g., COVID-19 pandemic) and areas (e.g., rural and remote communities) where specialized clinics may not be available (Panwala et al., 2023).

How OAT Benefits People

Saves Lives

For people living with an OUD, OAT reduces the risk of an overdose and death (by any disease, not just OUD) by half (Santo et al., 2021; Sordo et al., 2017). This treatment substantially reduces the risk of alcohol-related, suicide, cancer and cardiovascular-related deaths, likely because it increases access to and connection with health and substance use services, which can provide screening and treatment (Santo et al., 2021).

Improved Quality of Life and Mental Health

Receiving OAT improves the quality of life for people with an OUD (Golan et al., 2022) and is related to increased employment rate and engagement in family and social activities (McCarty et al., 2021; Musa & Yee, 2021). OAT used for the treatment of OUD improves overall mental health, such as depressive and anxiety symptoms, independent of psychosocial services (Moazen-Zadeh et al., 2021).

Impacts on Communities

Reduction in Cost and Burden Associated with OUD

OAT has several significant public health benefits, including reduction in cost and burden to the healthcare systems, social and welfare services, criminal justice services, and law enforcement (Onuoha et al., 2021).

Addressing Public Concerns About OAT

OAT Is Not Swapping One Drug for Another

OAT prioritizes the safety and well-being of individuals with OUD and the people around them. OAT helps bring consistency and support to help build positive physical and mental condition. This type of support provides people living with OUD an opportunity to engage more fully in counselling, psychotherapy and other supportive services to work their way toward improved well-being (McCarty et al., 2021; Musa & Yee, 2021).



OAT Does Not Get People High

Methadone and buprenorphine are made and prescribed in a way that they do not provide a person using the medication with a “high.” OAT medications’ main goal is to reduce cravings and symptoms of withdrawal. They are often formulated to decrease diversion (e.g., being used by people other than whom it was prescribed to) and potential for uses other than prescribed (Lofwall & Walsh, 2014; Strain & Stitzer, 2006). In fact, individuals on OAT medications found their use of substances was reduced, and they were less likely to experience harms related to substance use, such as HIV and hepatitis C infections (Ferraro et al., 2021; Palmateer et al., 2022).

Timing on OAT Can Vary and Longer-Term Use Can Have Better Outcomes

OUD is a chronic disease like diabetes or asthma that requires a combination of short- and long-term treatment and support. OAT can work as a short-term treatment for managing withdrawal symptoms and craving before seeking other services. It can also work as a long-term treatment to help people achieve their health and quality-of-life goals (Koehl et al., 2019; Lim et al., 2022).

While there are some risks to long-term OAT, they are similar to the risks of using any prescribed opioid for a long period. Some of the ways to reduce the risks include closely monitoring side effects, managing the dose, providing naloxone, educating people who receive OAT and their families about preventing overdose, and maintaining regular visits with supports after ending their OAT treatment.

Studies have found that longer-term OAT (more than one year) is associated with protective outcomes, which may include a lower risk of returning to opioid use or no use at all (McCarty et al., 2021; Weiss et al., 2015). Receiving methadone for at least one year is also effective in improving care plan outcomes, employment rates and engagement in family and social activities (McCarty et al., 2021; Musa & Yee, 2021). Individuals who want to reduce or stop their treatment can work with their prescriber to create a plan for slowly and safely tapering off OAT.

OAT Works on Its Own but Is Enhanced with Other Therapies and Supports

Receiving family, group or individual services and supports, such as counselling and psychotherapy, with OAT can address multiple components of an individual’s well-being, such as their mental health or housing status (Rice et al., 2020). Providing this care in a way that is personalized to an individual’s needs can further help them achieve their desired outcomes (Taha, 2018).



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About CCSA

CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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