



## Decision Support Tool for Granting Unsupervised Doses

Unsupervised doses should only be offered after weighing the benefits against the anticipated risks. This means that even in the presence of a certain level of risk, it may be deemed appropriate to offer unsupervised dosing if this can improve autonomy, quality of life, adherence and retention, given the logistics required by OAT (regular visits to a pharmacy and clinic, transportation time, etc.). This tool is intended to assist prescribers and members of the partner care team, but it should never replace their clinical judgment.

The following questions can guide deliberations over the decision of whether to grant unsupervised doses. These questions allow for an objective and person-centered view of the recovery process. We have provided real-world clinical examples for each question, although the list is not exhaustive:

### 1. What are the expected benefits of providing unsupervised doses?

- Less travel time and a reduction in the costs associated with travel to a pharmacy
- Enabling a return to or a continuation of school, work, family obligations, etc.
- Increased adherence to treatment
- Facilitating a stay in therapy, in a rehabilitation centre, etc.
- Facilitating a stay with relatives, holidays, travel outside Québec, etc.

### 2. What are the expected risks?

- Intravenous injection
- Severe intoxication or overdose
  - ⇨ Uncontrolled active use of a central nervous system depressant, whether prescribed or not (e.g. alcohol, benzodiazepines, GHB, etc.)
- Diversion or resale

### 3. How is this person able to stay safe?

- By understanding the risks and their ability to provide consent
- Through the stability of his or her doses and SROM intake in recent weeks
  - ⇨ By not missing appointments (at the clinic and the pharmacy)
  - ⇨ By not having missed doses at the pharmacy in recent weeks
- Through a lack of suicidal ideation, a psychotic disorder or cognitive impairment

### 4. How is this person able to ensure the safety of the community?

- By having a safe place to store unsupervised doses
  - ⇨ By paying particular attention to high-risk living environments: e.g. where young children or people who use psychoactive substances are present, etc.
- Through stable living arrangements
- Through no history of stolen or lost unsupervised doses

💡 For more information on unsupervised OAT dosing, see [Le traitement du trouble lié à l'utilisation d'opioïdes – lignes directrices](#) (CMQ, OIIQ, OPQ, 2020), Section 3.2.3 (in French only).