Features Of Service Provision That Improve Outcomes Of Treatment For Opioid Use Disorder: Systematic Review And Metaanalysis

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Introduction: Despite proven efficacy, access to pharmacotherapies for the treatment of opioid use disorder (OUD) remains limited, and coverage low. These medicines, such as methadone and buprenorphine, are typically delivered in specialised outpatient clinics, often under daily supervision, with strict requirements for entry and continuation. Alternative models of service provision aimed at expanding access and uptake have been evaluated; we aimed to synthesise this evidence.

Methods: We conducted a systematic review and meta-analysis of randomised controlled trials (RCTs) and non-randomised intervention studies (NRIS) examining any feature of service provision for OUD treatment. We searched the Cochrane Central Register of Controlled Trials, PubMed, EMBASE, and PsycINFO. Rate ratios for retention, treatment satisfaction, treatment contact coverage and non-medical opioid use were pooled using random-effects meta-analyses.

Results: We found 33 eligible RCTs and 74 NRIS. Trials assessed different settings for delivery of pharmacotherapy (e.g. primary care, office-based) as well as low threshold models for entry into pharmacotherapy (e.g. same day initiation), settings for swifter initiation into pharmacotherapy (e.g. ED initiation), digital health interventions and different levels of supervision of dosing for pharmacotherapy (e.g. take-home doses). We found non-specialised delivery models may be associated with client satisfaction with treatment and early retention in treatment. Treatment coverage was higher with models that enable swifter access to pharmacotherapies. Increasing take-home doses had little to no effect on retention in treatment. We found limited evidence regarding digital health interventions, integrated settings and expanding non-specialist roles. Pooled estimates from RCTs and NRIS will be presented.

Discussions and Conclusions: Treatment engagement for OUD can be improved through modifying features of service provision. There are clear opportunities for future research to evaluate a range of features of service delivery that remain rarely examined through randomised trials.

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