

A novel, flexible drug and alcohol service in response to COVID-19 public health measures in a regional health service in NSW

CHARLOTTE ISMAY^{1,3}, EMMA AUSTIN^{1,3}, MELISSA JACKSON^{1,2,3,4} ALISON WARD¹, ADRIAN DUNLOP^{1,2,3,4}.

¹Drug and Alcohol Clinical Services, Hunter New England Local Health District, Newcastle, Australia

² Hunter Medical Research Institute, New Lambton Heights, Australia

³NSW Drug and Alcohol Clinical Research & Improvement Network, Surry Hills, Australia

⁴School of Medicine and Public Health, University of Newcastle, Callaghan, Australia

Charlotte.Ismay@health.nsw.gov.au

Introduction and Aims: People who use substances commonly face barriers accessing healthcare, which was highlighted during recent COVID-19 public health responses. During 2021 lockdown orders in New South Wales, Hunter New England Local Health District (HNELHD) residents who were using substances and at risk of withdrawal or absconding from isolation to access drugs were identified. In response, the COVID-19 Addiction Response Team (CART) was formed.

Method / Approach: CART was staffed by HNE Drug and Alcohol Clinical Services (DACS) clinicians including Addiction Medicine Specialists, nurses and allied health on a rotating, seven-day/week roster. Referrals were from other healthcare providers. Telephone assessments were undertaken and treatment provided focused on harm minimisation and supporting required isolation. Details of CART referrals, demographics, current substance use, care provided and future treatment referrals were collected.

Results: From 13 September-22 November 2021, 320 service requests were made for individuals in isolation. Of these, 65%(207/320) were aged 25-44 years, 59%(187/320) were male, 30%(97/320) identified as Aboriginal or Torres Strait Islander. 51%(162/320) were isolating in the community, 49%(149/320) in managed isolation settings. Tobacco was the main substance reported (44%;141/320), then cannabis (31%;101/320), methamphetamine (30%;97/320) and heroin/other opioids (15%;46/320). 24%(79/320) were receiving opioid agonist treatment (OAT). For nicotine dependence, 20%(65/320) received vaporised nicotine products and 8% (27/320) received nicotine replacement therapy. Cigarettes were supplied initially. 29%(94/320) received diazepam to manage substance withdrawal. One patient was commenced on medical cannabis for cannabis dependence.35 new referrals were made for ongoing DACS treatment. \$4500 of grocery vouchers were distributed.

Discussions and Conclusions: A range of services were provided to prevent adverse outcomes from substance use and withdrawal.

Implications for Practice or Policy: People who use substances are at risk of exacerbated health disparities in public health emergencies. Specialised care with a focus on harm minimisation strategies is essential to minimise adverse outcomes.

Disclosure of Interest Statement: *No conflicts of interest to disclose.*