



# **“WE’VE HAD A CIRCUIT BREAKER FOR AN OLD DOGMA OF MORE THAN 20 YEARS”: CHANGES TO OPIOID AGONIST TREATMENT SERVICES DURING COVID-19, THE CHOICE STUDY**

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## **CHOICE study**

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## **Community reference panel:**

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Esha Leyden (Queensland Injectors Health Network )  
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Hunter Morgan (Harm Reduction Victoria)  
Jane Dicka (Harm Reduction Victoria)  
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# Background and methods

- Opioid Agonist Treatment in Australia is heavily dependent on daily, supervised dosing so services needed to rapidly adapt to COVID-19
  - Emergent adaptation may have addressed risk environments and produced enabling environments (Grebely et al 2020)
  - Interviews with 40 people who receive OAT and 30 providers across Australia
  - Interviews conducted by phone or Zoom between August-December 2020
  - All participants compensated AUD\$50
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# OAT services: risk of interrupting treatment adherence

*Obviously, we wanted to be considerate for the client [when home delivering OAT] if they wanted to keep it confidential because, being in public and going to their homes, **we don't want them to feel like they're being stigmatised against.***

Clinical nurse, QLD

- Services demonstrated rapid, responsive adaptations – some offering home delivery
- Centring the person in their own care improved understanding of their risk environment

# OAT services: risk of interrupting treatment adherence

*[A potential outcome of charging people for dosing in pharmacy] is if a whole lot of people jump off treatment because they've been told, "Well, you just have to pay for it," and they say, "Well, fuck you. I can't afford it", and then we had a series of overdoses...*

Addiction medicine specialist, NSW

- People receiving Centrelink may have been financially better off during COVID-19 but this improvement was temporary and unpredictable
- Implications beyond COVID-19

# OAT services: risk of adverse events associated with increased unsupervised dosing

*The doctor just stuffed [the extra takeaways] on my script... I didn't even notice for a couple of weeks.*

Tom, ACT,  
receiving OAT ~15 years

- Imbalance of power in the patient-provider relationship
- Lack of clear communication left some people with increased anxiety in relation to continuity of care
- Few people receiving OAT were engaged in decision-making around unsupervised dosing

# Conclusions

- Increased takeaways, subsidised dispensing in pharmacies and flexible care can create “enabling environments”
- Breakdowns in communication could have been mitigated by patient-centred care
- Appraisal should be broad and include voice of person receiving OAT<sup>1</sup>

<sup>1</sup>Rance & Treloar (2015). “We are people too”: Consumer participation and the potential transformation of therapeutic relations within drug treatment

# Questions?

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