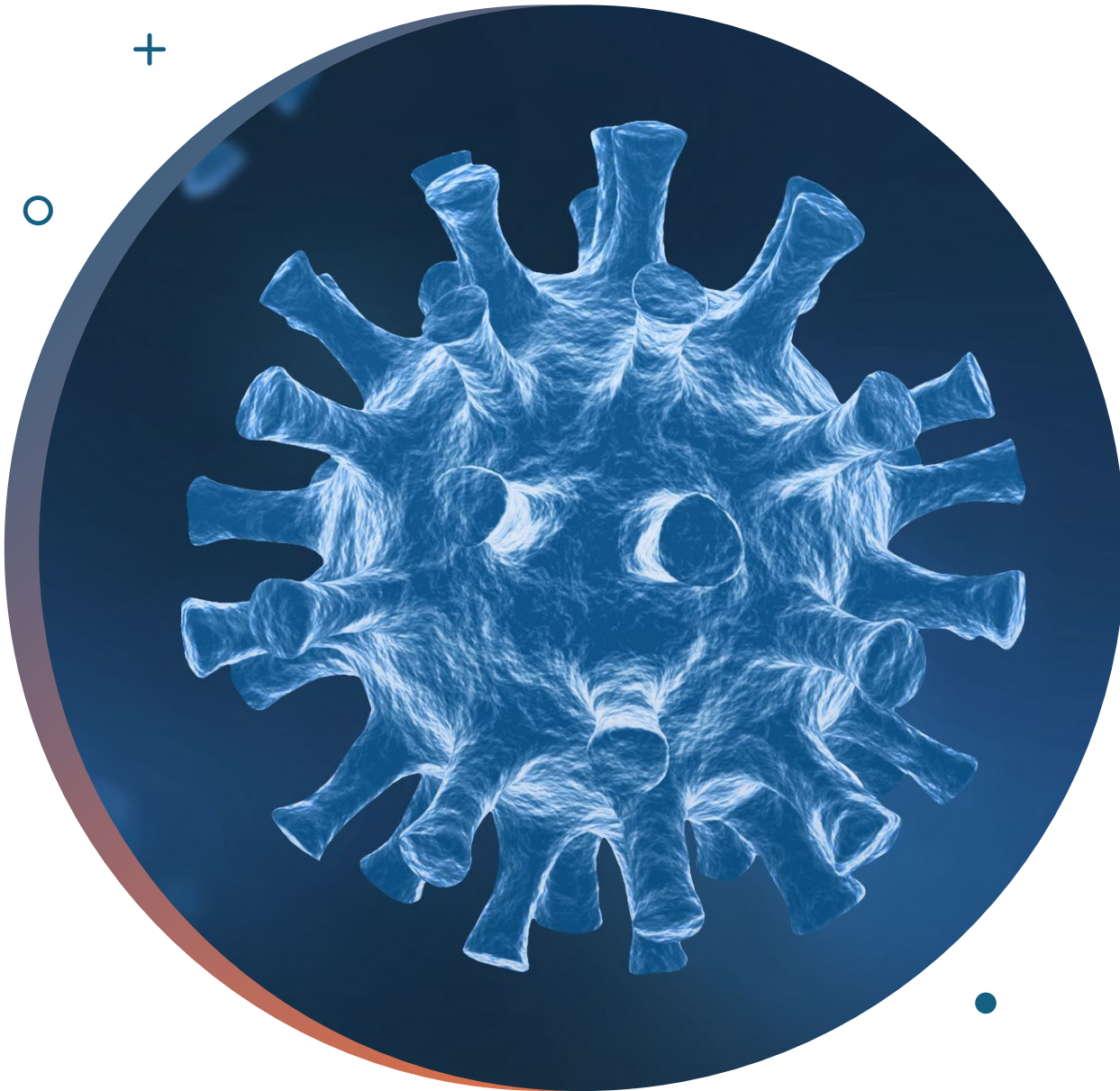# The Opioid COVID Risk Assessment Project: a study of opioid agonist treatment in a public outpatient service in New South Wales Australia

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Acknowledgements, Affiliations and Conflicts

Background

- Increase in the number of takeaways

- Shifting patients from clinics to retail pharmacies

- Availability of new OAT formulations (LAIB)

	Time 1		
		Clinic	Pharmacy
OAT type (% of toal OAT)		(% of OAT type)	
Methadone	143 (61%)	40 (28%)	102 (71%)
Buprenorphine SL	71(30%)	22 (31%)	49 (69%)
LAIB	20(9%)	20 (100%)	0 (0%)
Total	**234**	**82 (35%)**	**151 (65%)**
Total -exluding LAIB	214	62 (29%)	151 (71%)

	Time 1			Time 2			Time 3			Time 4		
		Clinic	Pharmacy		Clinic	Pharmacy		Clinic	Pharmacy		Clinic	Pharmacy
OAT type (% of toal OAT)		(% of OAT type)			% of OAT type		n=213	% of OAT type			% of OAT type	
Methadone	143 (61%)	40 (28%)	102 (71%)	132 (61%)	11 (8%)	121 (92%)	121 (57%)	8 (7%)	113 (93%)	130 (56%)	9 (7%)	121 (93%)
Buprenorphine SL	71(30%)	22 (31%)	49 (69%)	46 (%)	2 (4%)	44 (96%)	46 (22%)	2 (4%)	44 (96%)	48 (21%)	5 (10%)	43 (90%)
LAIB	20(9%)	20 (100%)	0 (0%)	37 (17%)	36 (97%)	1 (3%)	46 (22%)	45 (98%)	1 (2%)	56 (24%)	36 (64%)	20 (36%)
Total	**234**	**82 (35%)**	**151 (65%)**	**215**	**49 (23%)**	**166 (77%)**	**213**	**55 (26%)**	**158 (74%)**	**234**	**50 (21%)**	**184 (79%)**
Total -exluding LAIB	214	62 (29%)	151 (71%)	178	13 (7%)	162 (93%)	167	10 (6%)	157 (94%)	178	14 (8%)	164 (92%)

OAT type (% of toal OAT)	Time 1	Clinic	Pharmacy	Time 4	Clinic	Pharmacy	Dec'23 Group	Clinic	Pharmacy
		(% of OAT type)			% of OAT type		n=794	% of OAT type	
Methadone	143 (61%)	40 (28%)	102 (71%)	130 (56%)	9 (7%)	121 (93%)	333 (42%)	50 (15%)	283 (85%)
Buprenorphine SL	71(30%)	22 (31%)	49 (69%)	48 (21%)	5 (10%)	43 (90%)	117 (15%)	4 (3%)	113 (97%)
LAIB	20(9%)	20 (100%)	0 (0%)	56 (24%)	36 (64%)	20 (36%)	344 (43%)	131 (38%)	213 (62%)
Total	**234**	**82 (35%)**	**151 (65%)**	**234**	**50 (21%)**	**184 (79%)**	**795**	**185 (23%)**	**610 (77%)**
Total -exluding LAIB	214	62 (29%)	151 (71%)	178	14 (8%)	164 (92%)	450	54 (12%)	396 (88%)

ATOP Item	Pre COVID	Follow Up	Paired Tests
Alcohol			
Used	41 (25.8%)	34 (21.4%)	
Days used, mean (SD); median	2.29 (6);0	2.06 (5.72); 0	p=0.572
N (%) clients increased use by ≥ 4 days		8 (5.03%)	
Cannabis			
Used	69 (43.4%)	73 (45.9%)	
Days used, mean (SD); median	8.64 (12.07); 0	9.16 (12.10); 0	p=0.556
N (%) clients increased use by ≥ 4 days		30 (18.87%)	
Amphetamines			
Used	25 (15.7%)	31 (19.5%)	
Days used, mean (SD); median	1.32 (4.52); 0	1.67 (5.16); 0	p=0.354
N (%) clients increased use by ≥ 4 days		11 (6.92%)	
Benzodiazepines			
Used	24 (15.1%)	35 (22%)	
Days used, mean (SD); median	2.45 (7.01); 0	4.52 (9.81); 0	p=0.004
N (%) clients increased use by ≥ 4 days		21 (13.21%)	
Heroin			
Used	25 (15.7%)	13 (8.2%)	
Days used, mean (SD); median	0.83 (3.23); 0	0.62 (3.46); 0	p=0.462
N (%) clients increased use by ≥ 4 days		3 (1.89%)	
Other Opioids			
Used	10 (6.3%)	6 (3.8%)	
Days used, mean (SD); median	0.99 (4.9); 0	0.42 (2.62); 0	p=0.208
N (%) clients increased use by ≥ 4 days		6 (3.77%)	
Injecting			
Used	36 (22.6%)	23 (14.5%)	
Days used, mean (SD); median	1.69 (4.78); 0	1.58 (5.39); 0	p=0.825
N (%) clients increased use by ≥ 4 days		13 (8.18%)	

ATOP Item	Pre Covid	Follow up	Paired tests
Employment			
Any days, n (%)	28 (17.61%)	36 (22.64%)	p=0.056
Days, mean (SD); median	3.09 (6.95); 0	4.21 (8.1); 0	
Study / Training			
Any days, n (%)	5 (3.14%)	4 (2.52%)	p=0.379
Days, mean (SD); median	0.25 (1.47); 0	0.16 (1.09); 0	
Homeless, n (%)	4 (2.55%)	4 (2.55%)	p=1.000
At risk of eviction, n (%)	2 (1.27%)	10 (6.41%)	p=0.02
Caring for children			
<5 Years, n (%)	11 (7.01%)	11 (6.96%)	p=1.000
5-15 years, n (%)	35 (22.15%)	30 (19.11%)	p=0.355
Arrests, n (%)	1 (0.63%)	1 (0.64%)	p=0.565
Violence to you, n (%)	1 (0.64%)	2 (1.29%)	p=0.565
Violence to others, n (%)	3 (1.90%)	2 (1.29%)	p=0.656

Conclusion

- The landscape of OAT has changed since COVID – and persist despite some of the legislative accommodations being wound back

- As we are now in "COVID-normal", some of the guidelines have been re-adjusted, but we are still in the process of evaluating the effect of this new landscape on patient outcomes

- There is an ongoing need for robust systems to use routinely-collected patient outcome data to allow continuous evaluation.