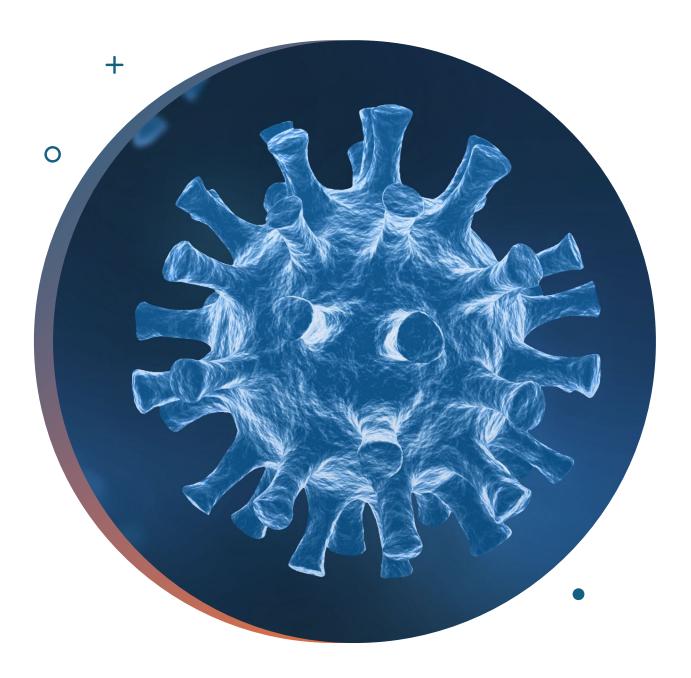
The Opioid COVID Risk Assessment Project: a study of opioid agonist treatment in a public outpatient service in New South Wales Australia

<u>Dr Stacey Weedon</u>, Dr Adrian Dunlop

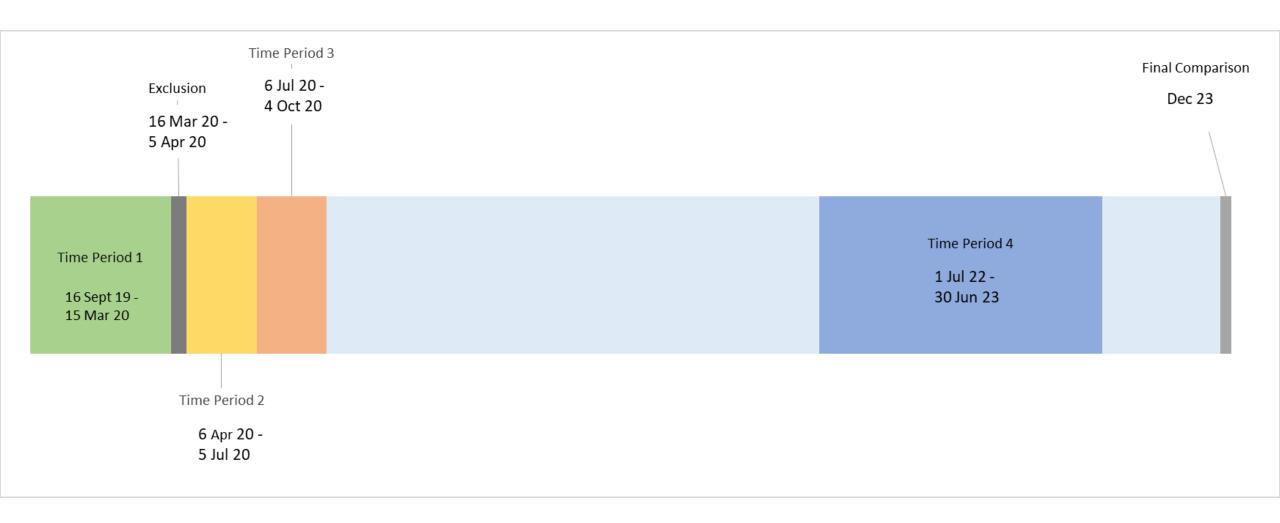
Acknowledgements, Affiliations and Conflicts

- Acknowledgements to Samual Lawson and Dr Melissa Jackson for assistance with statistical analysis
- I work for Hunter New England Local Health District, Dr Dunlop also works for Hunter Medical Research Institute and University of Newcastle, Drug and Alcohol Clinical Research and Improvement Network, NSW Australia
- I have no disclosures or interests, Adrian Dunlop has served (in an honorary capacity) on the advisory board for Mundipharma; his organisation has received research-related funding from Braeburn Pharmaceuticals/Camurus (manufacturers of buprenorphine), and he served as an honorary investigator in an Indivior-funded study of buprenorphine—naloxone formulations.



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 C	AT 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 O	AT type)		% of C	AT type	n=213	% of O	AT type		% of O	AT 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%)

	Time 1			Time 4			Dec'23 Group		
		Clinic	Pharmacy		Clinic	Pharmacy		Clinic	Pharmacy
OAT type (% of toal OAT)		(% 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
Alaskal			Tests
Alcohol	44 /25 00/\	24/24 40/\	
Used	41 (25.8%)	34 (21.4%)	. 0.572
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	50 (40 40)	70 (47 00)	
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	0.55 (5), 0	6 (3.77%)	p 0.200
Injecting		3 (3.7.73)	
	26 (22 60/)	22 /4 // 50/\	
Used	36 (22.6%)	23 (14.5%)	n=0.035
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 routinelycollected patient outcome data to allow continuous evaluation.