

“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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Background:

The COVID-19 pandemic required opioid agonist treatment (OAT) services to adapt quickly to ensure continuity of care. This study aimed to explore how OAT services responded to COVID-19 in relation to state-mandated restrictions in Australia.

Methods:

Semi-structured interviews were completed between August and December 2020 via telephone and videocall with people receiving OAT and providers. Prior to data collection, the interview guide was reviewed by a community reference panel comprised of people who use drugs to provide feedback on terminology and content. Data were thematically analysed to explore client and provider responses to COVID-19 adaptations implemented within clinic settings.

Results:

40 people receiving OAT (55% female, mean age=49, mean years receiving OAT=10, 78% injected drugs in past year) and 30 OAT providers (60% doctor, 30% nurse, 10% clinic manager, 90% working in public sector, mean years as OAT provider=11) were interviewed. Clinics broadly implemented three strategies to ensure continuity of care during COVID-19: 1) increasing access to unsupervised OAT dosing i.e., takeaways; 2) transitioning to telehealth appointments; and 3) redirecting people to community pharmacies for dosing. Implementation was impacted by the extent to which providers used OAT to surveil comorbidities unrelated to the treatment. Providers were supportive of the intervention when it aligned with their identity as an OAT provider or the perceived organisational identity. Providers consider systems of appraisal to be integral to the normalisation of the intervention, yet conceptions of appraisal were limited to a narrow set of indicators around overdose and hospitalisations.

Conclusion:

Increased OAT flexibility during COVID-19 had the unintended consequence of moving some services towards a more person-centered model of care. Providers call for appraisal of the changes but fail to consider how the voices of people receiving OAT could be centered or indeed, included in such appraisal.

Disclosure of Interest Statement:

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