

# **“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 for people receiving OAT. 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 using the Consolidated Framework for Implementation Research.

**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. Providers’ beliefs influenced the breadth of adaptations at the clinic, specifically their perceptions of “safety” with regards to OAT dosing. Most people who received increased OAT takeaways and telehealth appointments reported improved quality of life due to greater flexibility and enhanced agency over their care. However, many providers were reticent to sustain clinic changes post-COVID-19, citing concerns of maintaining regular contact with service users and being uninformed about the possible occurrence of adverse events from increased OAT takeaways.

**Conclusion:** Increases in OAT flexibility during COVID-19 were positively received by people receiving OAT, but treatment providers had concerns about long term implementation. Additional evidence on adverse events associated with takeaways and further support from clinic managers may help providers to cope with new logistical challenges.

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