

The Opioid Covid Risk Assessment Project: a study of opioid agonist treatment in a public outpatient service in New South Wales Australia before and after COVID-19 related changes.

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Introduction: The emergence of the SARS Cov-2 “COVID-19” pandemic in 2020 necessitated significant changes to the delivery of Opioid Agonist Treatment (OAT) in New South Wales. This study describes changes that were made to treatment type, dosing location, takeaway provision and clinician-assessed stability in a cohort of patients in the Hunter New England Local Health District between 2019 and 2023.

Methods: A pre-post study of adult patients using routinely collected data extracted from the electronic medical record between September 2019 and June 2023 with a comparison group from December 2023.

Results: 236 patients were included, with patient-reported substance use and psychosocial outcomes in both pre- and post-COVID-19 groups for 159 patients. Compared to September 2019, an increased proportion of patients were treated with long-acting injectable buprenorphine, were dosing a public clinic; were prescribed a greater number takeaways (including methadone takeaways); and were categorised as ‘low treatment needs’. There was an increase in patients reporting risk of eviction ($p=0.02$), and an increase in benzodiazepine use ($p=0.004$). Other social stability and substance use measures did not change, but in each group there was a proportion of patients who reported clinically meaningful deterioration. There was no association between level of takeaway provision and clinically meaningful deterioration.

Discussions and Conclusions: The COVID-19 pandemic has given us the opportunity to examine the long-held treatment paradigms for OAT and to redesign services to fit the changing landscape of OAT. Many of the changes instituted early in the COVID-19 pandemic have been retained into 2023. There is a pressing need to evaluate the effects of such important changes to treatment.

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