

SAME MOLECULE, DIFFERENT WORLD: OPIOID AGONIST MAINTENANCE MEDICATIONS BEYOND BORDERS

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Description of session – What is the topic and what are the objectives of the session?

Opioid agonist maintenance treatment (OAMT) is frequently described in global health literature as a standardized, evidence-based intervention for opioid use disorder. However, while methadone and buprenorphine molecules remain constant, the experience of accessing them differs profoundly across—and even within—national contexts. Programs described as “low-barrier” or “low-threshold” vary widely in practice, raising important questions about how access is defined, measured, and experienced.

This discussion space will explore how OAMT systems diverge between policy design and lived reality. Speakers will briefly share experiences accessing and/or delivering OAMT across Europe, the Americas, Asia, and Australia as patients, prescribers, community practitioners, and researchers. The panel includes individuals with lived experience of opioid use disorder who have accessed (or declined to access) methadone or buprenorphine in multiple countries spanning high-coverage settings (e.g., Portugal) through intermediate and low-coverage systems (e.g., Lithuania, United States).

How will the session encourage debate and idea sharing

Following short introductory reflections from speakers, the majority of the session will be dedicated to facilitated dialogue among attendees. Participants will be invited to reflect on how researchers, clinicians, and policymakers conceptualize “access,” and how systems might better account for the lived experience underlying OAMT engagement and retention.

By moving discussion beyond methadone as a pharmacological intervention toward methadone as a lived system of care, the session will encourage attendees to interrogate their working definition of “low-threshold” treatment and exchange experiences across jurisdictions.

How will the session meet the aims of the conference / align with the conference themes?

The session aligns with INSHU's focus on harm reduction, health equity, and evidence-informed policy by foregrounding the human experience of treatment systems. Cross-national dialogue between clinicians, researchers, and people with lived experience will highlight how policy structures shape treatment access, retention, and outcomes. The session aims to strengthen connections between research, policy, and the communities these systems are intended to serve.

Speakers/Facilitators

Morgan Godvin (Facilitator) – University of California Los Angeles

Morgan Godvin is a researcher with Drug Checking Los Angeles at UCLA. Her work focuses on OAMT, overdose prevention, and illicit drug supply analysis. She previously served a four-year term on Oregon's Alcohol and Drug Policy and Measure 110 Oversight and Accountability Council.

Chelsea L. Shover-Darling – University of California Los Angeles / Bristol Drugs Project

Chelsea L. Shover-Darling is an Associate Professor in medicine and public health at UCLA and a community-embedded researcher at Bristol Drugs Project. Trained as an epidemiologist, her research examines international approaches to overdose prevention, addiction treatment, and drug policy.

Estera Avsiukevičiūtė – Young Wave (Jauna Banga), Lithuania

Estera Avsiukevičiūtė is a peer researcher and harm reduction worker with the Lithuanian youth NGO Young Wave. Their work combines lived experience with research and advocacy to highlight systemic barriers in drug policy and treatment access.

Katri Abel-Ollo – National Institute for Health Development, Estonia

Katri Abel-Ollo works on drug monitoring and harm reduction in Estonia, including residue-testing efforts using discarded paraphernalia and used test strips in a context where drug product testing is not legal. Her work focuses on detecting changes in synthetic opioid markets.

Liana Telfer – Horizons Bristol / Bristol Drugs Project

Liana Telfer is an OAMT practitioner at Horizons Bristol, part of the Bristol Drugs Project partnership. She leads the shared-care model delivering integrated, confidential drug and alcohol treatment services across Bristol.

David Goodman-Meza – Kirby Institute, UNSW Sydney

David Goodman-Meza is a clinician-scientist at the Kirby Institute specializing in infectious diseases and substance use disorders. His research uses artificial intelligence and electronic health record data to identify people who inject drugs and evaluate treatment outcomes.

Disclosure of Interest Statement

The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of

disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.