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| **Drugs and Disasters: Access to opioid substitution treatment** |
| **Oral presentation.**  **Key words:** Opioid Substitution Treatment (OST), emergency management, health, harm reduction  **Background/objective**  This presentation discusses the complexities of providing opioid substitution treatment (OST) after a disaster in Aotearoa New Zealand. OST (methadone and suboxone) is a harm reduction approach to health and wellbeing that reduces illicit opioid use and associated harms, such as crime or Hepatitis C. OST medications are tightly regulated, therefore people receiving OST must consume doses at specified pharmacies each day or up to three times per week. Without OST, people can experience physical and psychological withdrawals, including flu-like symptoms, diarrhoea, agitation and obsession about using drugs. Studies in the US following hurricane events noted that people were not able to access opioid medications for several days after the hurricane events. In these instances, people needed to use street drugs to cope. However, little or no research currently exists on OST disaster preparedness planning in Aotearoa New Zealand.  **Method**  To understand how OST will be managed after a disaster, qualitative semi-structured interviews were conducted with 22 health and emergency management professionals and 21 people receiving OST in Aotearoa New Zealand. Thematic analysis was conducted on the participants’ talk to identify and organise the views and perceptions about OST and disaster preparedness.  **Results**  The qualitative analysis identified a central theme of *service continuity in OST preparedness planning* for among the health professionals. This framed concerns about the health and wellbeing of the OST clients, having appropriate emergency management plans and potential problems with access to stock and scripts after a disaster. For the people receiving OST, access to health care was the central theme that represented how people experience psychological distress without their OST, fear of withdrawals, lack of agency over takeaway doses, doing whatever necessary to access drugs, and being unprepared for a disaster.  **Discussion**  The findings from this research argues for the need to ensure collaborative and flexible preparedness practices that support the physical, psychological and social safety and wellbeing for people receiving OST, their whānau/families and communities. It further contribute Aotearoa New Zealand’s committed to the sustainable development goals as it supports the promotion of disaster preparedness practices for people who experience social and political vulnerability while constrained in the ability to prepare for a disaster. |