

Paper 383 – On Demand

SYMPOSIUM: OPIOID AGONIST TREATMENT SERVICE CHANGES IN NEW SOUTH WALES DUE TO COVID-19: IS THE 'NEW NORMAL' HERE TO STAY?

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Presentation 1

THE IMPACT OF COVID-19 UPON OPIOID AGONIST TREATMENT SERVICES IN SOUTH-EAST SYDNEY, AUSTRALIA: OUTCOMES FOR CLIENTS AND IMPLICATIONS FOR ONGOING PRACTICES

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Introduction and Aims: In early 2020, many opioid agonist treatment (OAT) services modified their delivery in response to the COVID-19 pandemic, to limit potential viral spread and maintain treatment continuity. We describe the changes in South-East Sydney, impacts upon client outcomes and evaluate whether changes in treatment conditions were associated with adverse outcomes.

Design and Methods: A before-after comparison of treatment conditions and client outcomes using data from electronic medical records in the five months before (December 2019-April 2020) and after (May 2020-September 2020) changes were implemented in three public treatment services in the South East Sydney Local Health District.

Results: Data were available for 429/460 (93%) of clients. Few (21; 5%) dropped out of treatment. There were significant increases in the use of depot buprenorphine (12-24%), access to any take-away doses (24-69%), access to ≥ 6 take-away doses per week (7-31%), pharmacy dosing (24-52%) and telehealth services. There were significant reductions in self-reported opioid and benzodiazepine use, increases in cannabis use, with limited group changes in social conditions, or client-rated quality of life, psychological and physical health. At an individual level, 22% of clients reported increases in their use of either alcohol, opioids, benzodiazepines or stimulants of ≥ 4 days in the past 4 weeks. Regression analysis indicates increases in substance use was associated with higher levels of supervised dosing.

Discussions and Conclusions: Treatment changes did not result in significant deterioration in outcomes for most patients. The future model of care for these OAT services is being modified in response, with clinician and consumer input. This will ensure safe, effective and continuous OAT treatment, readily able to pivot in response to pandemic and other environmental challenges.

Implications for Practice or Policy: The COVID-19-driven changes in OAT, shown to be safe and effective, are influencing ongoing service design. Findings will be of relevance to other OAT services.

Disclosure of Interest Statement: NL has received research funding from Camurus for unrelated research. VH has received money from Camurus and Viiv for providing education and training sessions. TC has received money from Camurus for providing education sessions.

Presentation 2

RETHINKING OPIOID TREATMENT IN RESPONSE TO COVID-19: CO-DESIGNING A NEW MODEL OF CARE FOR PUBLIC SECTOR OPIOID SERVICES IN SOUTH-EAST SYDNEY, AUSTRALIA

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Introduction and Aims: Opioid agonist treatment (OAT) delivery changed dramatically in response to COVID-19 to ensure safety and continuity of treatment. South Eastern Sydney Local Health District Drug and Alcohol Services set about learning from these experiences, embarking on a co-design process with consumers and clinicians to develop a sustainable OAT model of care for its public clinics.

Design and Methods: We used a human-centred design process with a multidisciplinary project team including consumer workers. The process incorporated findings from the quantitative evaluation of the South Eastern Sydney Local Health District COVID-19 OAT changes and client outcomes (presented separately). Consumer and clinician perspectives regarding their experience of these OAT changes and preferred future approaches to treatment was gathered by anonymous confidential surveys. Issues identified in the surveys were further explored in focus groups with consumers and staff. These findings were brought together in a one-day Design Thinking Laboratory.

Results: Survey data (n=133 consumers; n=36 clinicians) demonstrated strong support to retain many of the service changes. Focus groups (six groups) identified a number of challenges, including the need for new approaches to implementing integrated health, 'case management', clinic and community provider relationships, and better communication with consumers. The new model was developed in the 'Design Lab' and the subsequent implementation is described.

Discussions and Conclusions: Environmental challenges (e.g. pandemic, lockdowns, floods and bushfires) highlight the difficulties of continuing the Australian OAT model that is predicated on supervised dosing of OAT medications. New approaches are required that

ensure patient and community safety, while enabling service continuity in response to these challenges.

Implications for Policy and Practice: The project has established a new model of care for OAT services that sits outside of conventional Australian OAT guidelines, with implications for future OAT policy and guidelines. Implications for Translational Research: The co-design methodology was an effective approach to harness the perspectives of consumers and clinicians in rethinking how OAT services are delivered.

Disclosure of Interest Statement: NL has received research funding from Camurus for unrelated research. VH has received money from Camurus and Viiv for providing education and training sessions. TC has received money from Camurus for providing education sessions.

Presentation 3

THE COVID-19 RISK ASSESSMENT PROJECT: A RETROSPECTIVE ANALYSIS OF SERVICE DELIVERY CHANGES TO OPIATE TREATMENT DELIVERY IN REGIONAL/ RURAL NEW SOUTH WALES

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Introduction: The COVID-19 pandemic required changes in opiate agonist treatment (OAT) to facilitate social distancing/home isolation. Changes in take-away policy were supported by NSW Health by rescinding requirements in the 2018 New South Wales opiate treatment guidelines regarding take-away doses, with clinicians able to individually assess risk and operate outside these guidelines. This project aimed to assess the impact of local changes in OAT treatment during the pandemic, using a method developed by South East Sydney Local Health District.

Methods: Data were extracted from the Hunter New England electronic medical record system for patients on methadone or sublingual/ depot buprenorphine six months before the COVID-19 pandemic (September 2019-March 2020) and six months during (April 2020-October 2020), including demographics, treatment type, changes in treatment including dosing site and drug use (using the Australian Treatment Outcomes Profile).

Results: Patients reported on include baseline (n=281) and follow up (n=251): 33.5% female, mean age 44.3 (±9.5) years, Aboriginal or Torres Strait Islander 25.3%. Changes in treatment included an increase the proportion of patients on depot buprenorphine (9-20% pre-post), decrease in clinic dosing (38-28%) and increase in unsupervised dosing (up to six methadone doses per week, up to 27 buprenorphine doses per month) (14-45%). While drug use overall did not increase significantly in any group, increases in drug use occurred for a sub-population not provided unsupervised doses ($\chi^2 P=0.046$ 3 dof).

Discussions and Conclusions: These data support the introduction of a local model of care during the COVID-19 pandemic to facilitate access to depot buprenorphine, pharmacy transfer and unsupervised methadone and sublingual buprenorphine for selected patients who wanted these treatment options.

Implications for Practice or Policy: A flexible model of opiate agonist treatment remains important during the current COVID-19 pandemic. A premature 'snap-back' to pre-COVID-19 requirements has risks and may not be necessary for all people on OAT.

Disclosure of Interest Statement: AJD has served (in an honorary capacity) on the advisory board for Mundipharma; his organisation has received research-related funding from Braeburn Pharmaceuticals/ Camurus (manufacturers of buprenorphine), and he served as an honorary investigator in an Indivior-funded study of buprenorphine– naloxone formulations. NL has served on the advisory boards for GW Pharmaceuticals, Indivior and Mundipharma, received speaker's honoraria from Chiesi Pharmaceuticals and Mundipharma, and received research-related funding from Braeburn Pharmaceuticals/Camurus.

Discussion Section

The discussion will focus on:

- the benefits of systematically collecting clinical information (e.g. an Australian Treatment Outcomes Profile) in drug treatment services, and the barriers and enablers for this to occur; and
- the design of opioid treatment program treatment services moving forward from COVID-19-driven changes.

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