

“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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Introduction: The COVID-19 pandemic required opioid agonist treatment (OAT) services to adapt quickly to ensure continuity of care. This study aimed to explore how OAT services responded to COVID-19 in relation to state-mandated restrictions in Australia.

Method: 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. The analysis considers how the OAT service response to COVID-19 impacted the risks of: COVID-19 transmission, treatment non-adherence and adverse events related to increased access to unsupervised OAT.

Key Findings: 40 people receiving OAT (22 women, mean age=49, mean years receiving OAT=10, 31 recently injected drugs) and 30 OAT providers (10 women, 18 doctors, 9 nurses, 3 managers, mean years as OAT provider=11, 26 working in the public sector) 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. Potential risks produced by these service changes were largely mitigated by the provision of patient-centred care.

Discussion: Increased OAT flexibility during COVID-19 had the unintended consequence of moving some services towards a more person-centred model of care. Results reinforce the need to centre or indeed, include the voices of people receiving OAT in appraisals of this period to ensure optimal care.

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