

A qualitative study of clients' experiences on North America's first take-home injectable opioid agonist treatment (iOAT) program

Category: Oral Presentation

Abstract Body

Background

To support public health measures during the COVID-19 pandemic, oral opioid agonist treatment (OAT) take-home doses were expanded in Western countries with positive outcomes. Injectable OAT (iOAT) take-home doses, which were previously not clinically recommended or accessible, were also made available for the first time in several iOAT sites to align with COVID-19 public health measures. Building upon these temporary risk-mitigating guidelines, a clinic in Vancouver, BC continued offering two of a possible three daily doses of take-home injectable medications to eligible clients. This study explores the processes through which take-home iOAT doses improved clients' quality of life and continuity of care in real-life settings.

Methods

Three rounds of semi-structured qualitative interviews were conducted over a period of seventeen months beginning in July 2021 with eleven participants receiving iOAT take-home doses at a community clinic in Vancouver, BC. Interviews followed a topic guide that evolved iteratively in response to emerging lines of inquiry. Interviews were recorded, transcribed, and then coded using NVivo 1.6 using an interpretive description approach.

Results

Participants reported that take-home doses granted them the freedom away from the clinic to have daily routines, form plans, and enjoy unstructured time. Participants appreciated the greater privacy, accessibility, and ability to engage in paid work. Furthermore, participants enjoyed greater autonomy to manage their medication and level of engagement with the clinic. These factors contributed to greater quality of life and continuity of care. Participants shared that their dose was too essential to divert and that they felt safe transporting and administering their medication off-site. In the future, participants would like to access longer take-home prescriptions, the ability to pick-up at different and convenient community pharmacies, and a medication delivery service.

Conclusions

Reducing the number of daily onsite injections from two or three to only one revealed the diversity of rich and

nanced needs that added flexibility and accessibility in iOAT can meet. Urgent action such as policy reform and licencing diverse opioid medications/formulations is necessary to make these measures permanent and meet the varied needs and preferences of OUD clients.

Key Words

- Caring in Crisis
- Opiate Agonist Therapy
- Opioids/Opiates
- Prevention/Harm Reduction
- Safe Supply

Learning Objective # 1

Describe the processes by which iOAT take-home doses positively impact clients' quality of life and supports their continuity of care.

Learning Objective # 2

Identify opportunities to expand care for people with opioid use disorder through the provision of take-home doses.

Reference # 1

Oviedo-Joekes E, MacDonald S, Boissonneault C, Harper K. Take home injectable opioids for opioid use disorder during and after the COVID-19 Pandemic is in urgent need: a case study. *Subst Abuse Treat Prev Policy*. 2021;16(1).

Reference # 2

Meyer M, Strasser J, Köck P, Walter M, Vogel M, Dürsteler KM. Experiences with take-home dosing in heroin-assisted treatment in Switzerland during the COVID-19 pandemic—Is an update of legal restrictions warranted? *International Journal of Drug Policy*. 2022 Mar 1;101.

Co-Author

Dr. Scott MacDonald
Lead Physician | Providence Crosstown Clinic

Co-Author

Mr. Murray Brown
Peer Consultant | Providence Crosstown Clinic

Co-Author

Ms. Sophia Dobischok
Research Assistant | Centre for Health Evaluation and Outcome Sciences

Lead Author

Dr. Eugenia Oviedo-Joekes

Professor | University of British Columbia

Co-Author

Mr. Jos Carvajal

Research Assistant | Centre for Health Evaluation and Outcome Sciences