

Flexible delivery of opioid agonist treatment
during COVID-19 in Norway: a cross-sectional
survey of provider experiences

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There are no competing interests

Background

- Several countries introduced longer take-home intervals for opioid agonist treatment (OAT) medications, less supervised dosing and less drug screens in March 2020
- Generally perceived as positive
- Less is known about the medium and long-term experiences of these adaptations

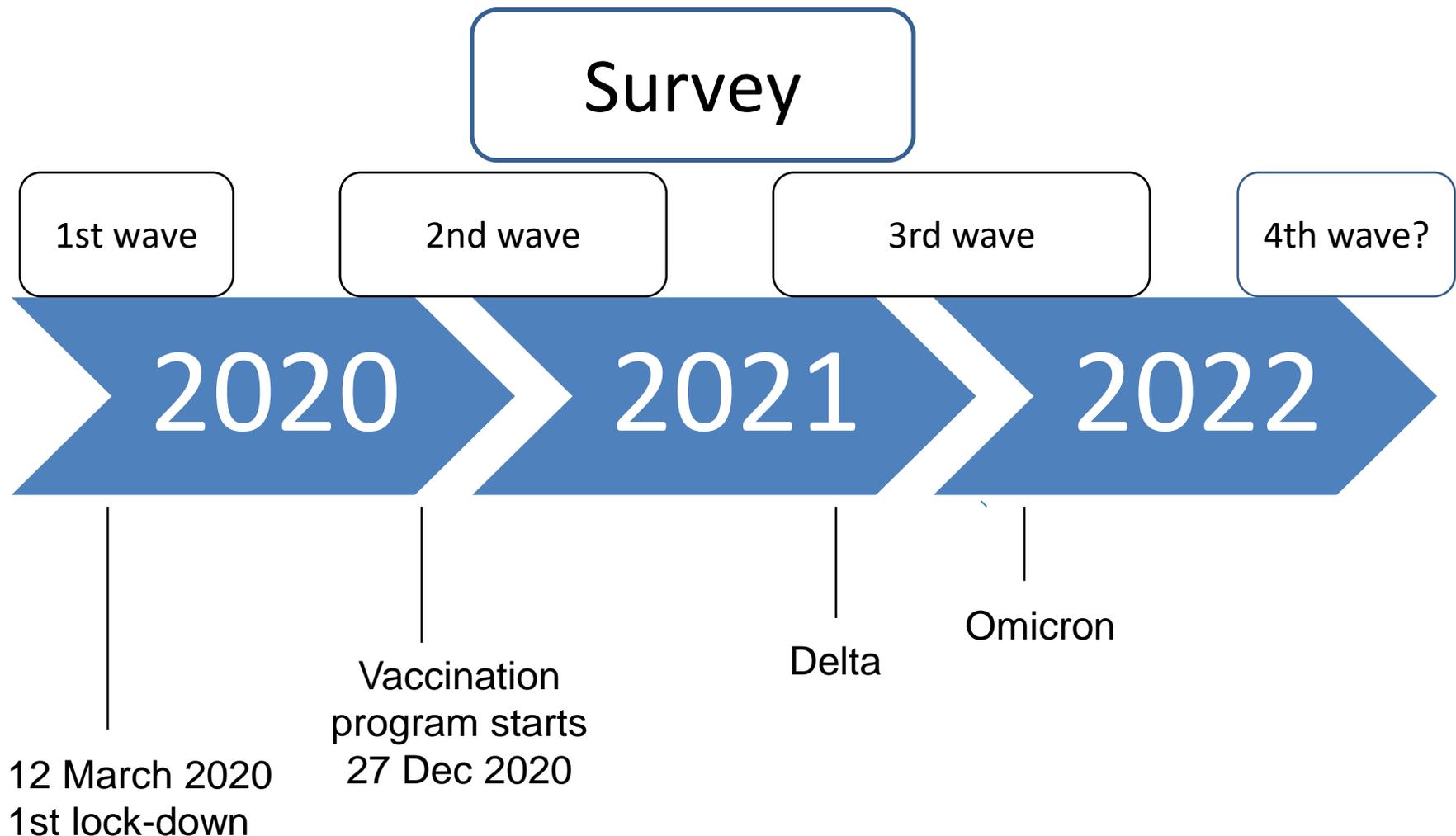
Research question

How did OAT providers in Norway experience adaptations in service delivery in the second year (i.e., 2021) of the COVID-19 pandemic?

OAT in Norway

- OAT initiated in OAT units in hospital trusts
- Involves collaboration between OAT units, municipal health and social services and GPs
- 8198 patients in 2021, 30% women ¹
- Methadone 33%, buprenorphine 66% ¹
- Mean age 47 years ¹

COVID-19 The Norwegian context



Design and participants

- Nationwide cross-sectional study
- Online questionnaire with closed and open-end questions
- Participants were managers or lead clinicians from 23 OAT units
- Median 283 patients per clinic
- Responsible for >90% of OAT patients

Results

Medication dispensing

- More than half (52.2%) still practised extended take-home intervals
- 47.8% requested less supervised dosing
- Most patients handled adaptations well (according to the providers)

Medication dispensing

*“(..) Patients spend less time collecting the medication, which improve their quality of life. Home delivery of the medication has allowed us to get a better sense of the patients’ living situation and needs”
(ID #1)*



Photo: Colourbox

Depot buprenorphine

- Buprenorphine used by 2/3
- Depot bup available in Norway from 2019
- Substantial increase in the use of depot buprenorphine 2019-2021 (from 2 to 15%)

“Many patients express positive experiences and satisfaction with [depot buprenorphine], where for some the pandemic has been decisive for this medication choice” (ID #04)

Drug screening

- More than half (56.5%) requested less drug screens
- Some units switched to saliva samples
- Key factors necessitating a reintroduction of drug screens were patients' substance use, comorbidity or co-prescribing of benzodiazepines

Drug screening



*“Recently, urine drug screening has been resumed for some patients where there has been a need to assess their drug use”
(ID #11)*

Telemedicine

- Use of phone (91.3%) and video (87%) consultations common in 2021
- Provider experiences were mixed
- Saved time and made services available
- One challenge was patients' lack of digital equipment or digital access

Telemedicine

[Without face-to-face contact, one loses] “essential observations in treatment, such as a patient’s smell, skin color, tremor, etc» (ID #1)



Photo: Colourbox

Collaboration



- Generally good collaboration between OAT units, municipal services and GPs

Photo: Colourbox

Vaccination

- 70% of the units promoted COVID-19 vaccination

«Some do not want the vaccine, and do not comply with infection control measures. These tend to be the most vulnerable patients, with severe mental illness» (ID # 4).



Photo: Colourbox

Strengths and limitations

- Recall bias
- Different level of detail
- Limited sample size
- No patient outcomes, only providers' experiences
- All regions and health trusts covered
- Representative of the Norwegian OAT program

Conclusions

- In 2021, OAT delivery was still affected by the pandemic
- OAT units embraced innovation in technology and drug development
- Increased use of depot buprenorphine
- Telemedicine might be useful as adjunct to face-to-face treatment



Photo: Anne Bech

Thank you for
your attention!

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