What C-OST?

IMPACT OF THE COVID-19 PANDEMIC ON PEOPLE WHO RECEIVE OPIOID SUBSTITUTION THERAPY IN RURAL AREAS.

Interim Report - Number 1

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TURNING POINT
inspired by possibility

The Covid-19 pandemic necessitated a change in the frequency of dispensing of opioid substitution therapy (OST) in order to protect clients and pharmacy staff. The majority, but not all people in receipt of OST have received take home doses, including weekly and fortnightly supplies. Often addiction research is conducted in cities. We cannot assume people living in rural areas have the same experiences.

The What C-OST? study seeks to understand how people in receipt of OST in rural areas have experienced the pandemic changes. The purpose of this interim report is to give some headline impressions so far, mainly to support care providers. It is important to note that wider conclusions about the impact of changes to prescribing of OST under Covid-19 cannot be drawn. Future reports will be issued as the study progresses and final synthesis of the findings will be published in due course.

This study links with the LUCID-B study, conducted in Bristol city, so we can compare findings once completed. Participants are recruited via their key workers and interviewed by telephone. They receive a £10 shopping voucher as a thank you. So far, we have interviewed **six people**, four men and two women. They range in age from 31 to 54 years, with an average of 42 years. They live in either rural villages or towns in Somerset and Wiltshire, South West England. What follows is what we have learned from them so far.....

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Everyone so far has experienced reduced OST collections during the pandemic. Most had been told of these by their drugs service and one by their pharmacist. Decisions to reduce pick up frequency were made by the prescribing service, not jointly, and it was understood that this was to reduce visits out during Covid. This was welcomed, and felt to be less inconvenient and less intrusive on other aspects of participants lives. For example, going to work or caring for family. Not having to leave the house everyday was seen as beneficial if living with anxiety and depression, from the perspective of the individual. This greater control over OST has allowed for flexibility in dosing. For example, being able to take methadone at night to help with sleep, which was welcomed. One person self-reduced their dose, ahead of discussing with their prescriber, and relapsed onto street drug use. They were able to stop this quickly when they talked to their prescriber and returned to daily pick up. They felt happy with this as they are now homeless and felt their medication was safer. They have however missed pickups due to work, which they saw as a negative effect of daily supervised dosing.

All but one person has housing issues, living in vehicles, unstable conditions or temporarily with family. Sofa surfing has been more difficult, due to fears about Covid transmission of participants and the people they approach to stay with. Hostels were seen as giving a lot of support under the 'Everybody In' scheme, which has been beneficial to one.

It was felt that Covid has brought more isolation, which was welcomed due to depression and anxiety, and also to avoid others who use drugs. There was however some accepted sadness in this isolation, which interplayed with closure of community activities previously engaged with and protecting the health of family due to Covid. One person talked of people who use drugs being at less risk of Covid because they are isolated, they felt that people who use drugs do not mix in big social groups or go to crowded places like pubs. They felt this was protective, but a consequence of being outside of society. One person described their alcohol intake increasing during the lockdown when the boundaries of going to work were removed, but resolving when work restarted. No one interviewed so far has experienced escalating drug use under Covid.

Some people had experienced queues at pharmacies in the early pandemic lockdown, but this was understood and accepted. Others have had no problems. There was a general sense that pharmacies and drug treatment services were doing their best in difficult times. However, one person has lost access to sterile needle and syringes as the pharmacy they can access withdrew from NSP in lockdown. This has led to reuse of equipment.

There was general support for telephone clinic appointments and key worker calls. This was seen as easier to engage with, more convenient and practical problems like finding the bus fare ahead of travel were not an issue. Travel was seen as expensive and difficult in their areas. However, one person's key worker had been changed and they had not been told why, which they found difficult as the person was trusted. One person welcomed the reduced contact because they were angry with their key worker for making a referral to social services. They felt less visible without face to face appointments.

Recruitment continues through Turning Point services, thanks to them for supporting this work.