

# Accessibility to Diacetylmorphine Prescription Program among Patients Receiving Opioid Agonist Treatment

Preliminary Findings of a Qualitative Study

## Methods

We designed a qualitative research protocol to address the following questions:

- How do OAT patients perceive DAM program?
- Do the changes in the conditions of access to DAM program related to the Covid-19 pandemic influence this perception?

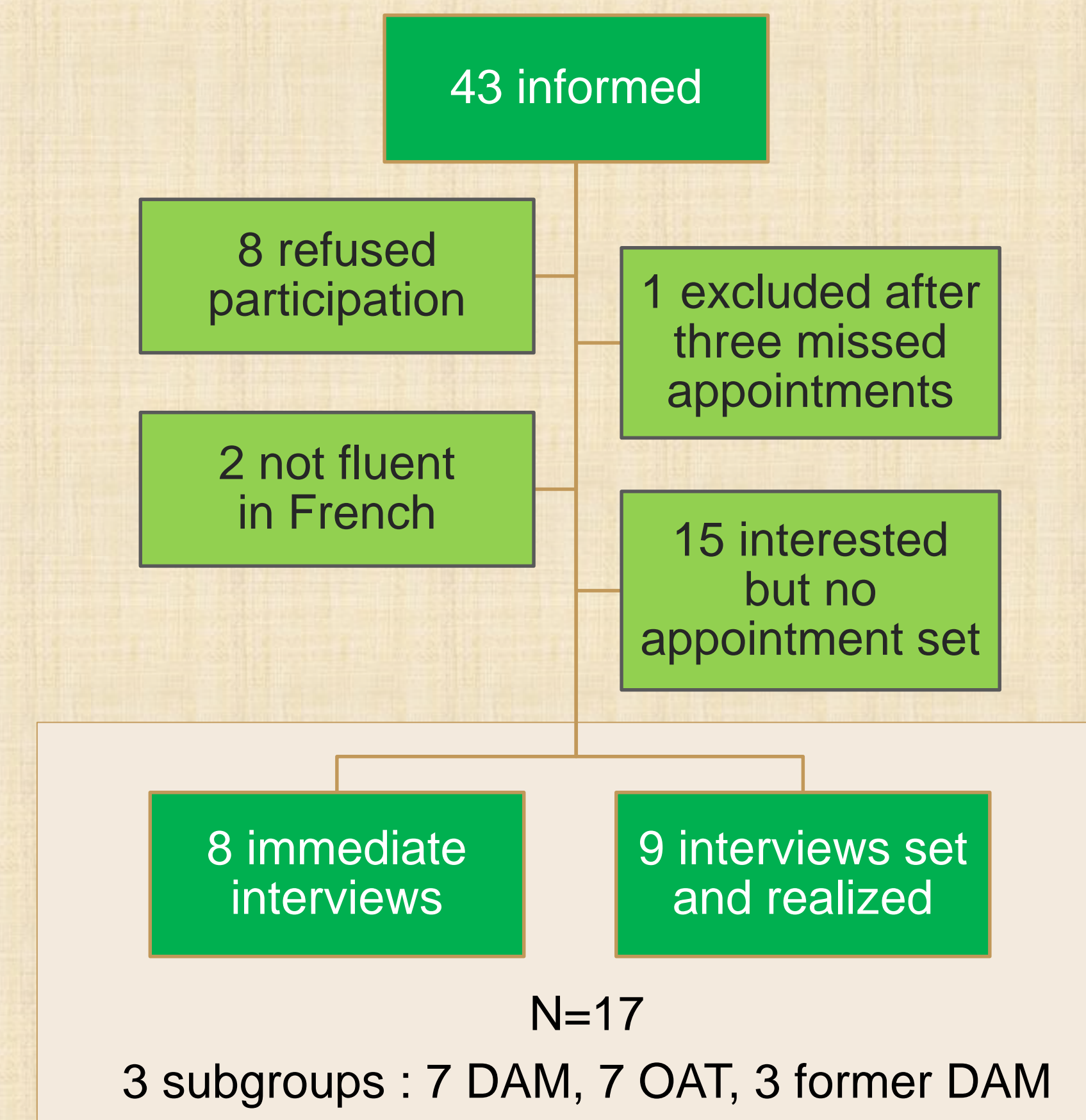
Semi-structured interviews were conducted with OAT and DAM patients from the Addiction Policlinic at Lausanne University Hospital (CHUV) between January and March 2021.

Informed consent was granted and all data were kept anonymous. Participants were compensated with a 20.- gift card.

Interviews were based on an interview guide focusing on 4 topics: 1) addiction treatment course and experience, 2) knowledge and interest in DAM program, 3) access to DAM program, and 4) experience with Covid-19 adaptations to OAT/DAM programs.

Interviews were transcribed verbatim and analyzed using inductive conventional content analyses (systematic process of coding and classification).

## Participants flowchart



## Introduction

The outbreak of the Covid-19 pandemic and the measures taken for tackling it lead to deep modifications in social, economic and health domains.

Many health structures had to adapt their offer and functioning. This was the case for opioid agonist treatment (OAT) programs in Switzerland.

Among these adaptations, an unprecedented relaxing of measures for diacetylmorphine (DAM) programs was implemented (e.g. reduced visits and opportunity to obtain several take-home doses, home delivery, facilitated program entry, see below).

The influence of these changes on the perception of DAM programs among OAT patients has never been investigated.

## Background - Relaxing of measures

**At the local level** (CHUV Addiction Policlinic):

- Extension of take-home doses
  - ↳ frequency of on-site visits to take treatment, therefore ↗ of take-home doses
- Treatment home delivery
  - For vulnerable patients
  - treatment modifications (e.g., oral vs. injectable due to the absence of emergency care)
- Changes in treatment schedules
  - ↗ hours for OAT (2 hours/day → 4) to better distribute on-site attendance
  - ↳ hours for DAM (4 hours/day → 1) compensated by home delivery and possibility to obtain up to 4 treatment doses to take-home.
- Facilitated program entry (→ faster procedures for enrolling in OAT/DAM treatment).

**At the national level** (Swiss Federal Office of Public Health):

- Amendment of the Ordinance on Narcotics Addiction and other Addiction Disorders (up to 31.12.2021)
  - DAM treatment can be administered at patient's home.
  - Patients considered as particularly vulnerable to Covid-19 can receive up to 4 daily doses if conditions are met.
  - For patients presenting with high-risk conditions such as comorbidities: up to 7 daily doses.

## Results

Based on content analyses, the following topics emerged:

### Perception of DAM program and Diaphin®

- The substance is the treatment
  - paradox → ambivalence
- Most discourse related to the substance itself (Diaphin®) and its effects
  - Interest / risk of injection
  - "Flash" effect (sought vs. avoided)
  - Comparisons with street-heroin / other OAT
- Less discourse about the structure of the program
  - Perception of other patients (look sluggish)

« I was fly, no need to rush to buy a beer, I was "oh... quiet..." [...] and besides a pleasant sensation of warmth, all that, what heroin provides and what you look for! »

« I don't like to hang around here. They stay here in summer, they node off... This isn't for me anymore »

« It's heroin sold by the state. I went to prison for that! »

« I mean it's heroin... The guy is still using... »

### Perceptions of Covid-19 measures adaptations

- Scarce spontaneous discussion of this topic
- Little awareness of what has been adapted
- Once broached:
  - Overall positive appreciation

« Oh well... that's more than very good... »

« I started the DAM program thanks to the Covid context »

### Considerations about DAM program development

- "I don't know..." (surprised about being asked)
- Hesitation and ambivalence
- Take-home doses, home delivery, pharmacies-delivery:
  - According to the patient's situation
  - Might be very good for someone stable
  - Risk of black market reselling
  - Access restricted to cases with long-lasting experience of substance use and treatments ("do not serve it on a silver platter")

« Welll, um... I don't know... honestly »

« Listen, it's up to the MD whether to decide, and to know the person, not to me... »

« You really need hindsight on your substance use, and that the MD has hindsight on their patient use »

« There must have been several trials, other steps before that.. before being set in a program which is yet not trivial »

### Pros and cons / barriers and facilitators of access

- Help to stop or reduce substance use (also other substances such as alcohol and cocaine)
  - Protection against withdrawal
  - Geographical access (limited for people outside downtown Lausanne)
  - Frequency of treatment visits (usually twice a day)
    - Constraint vs. give a rhythm for the day
- Ambivalence ++

« It was unbelievable that injecting medical heroin would make me stop my frenetic use of cocaine »

« It makes me go out, and see people going to work in the morning, and that I have about the same time schedule as them »

« I had come all the time... after a while... [sighs]... that's about it »

## Conclusions

- Topic of great interest for the patients
- Very rich qualitative data
- Preliminary findings (analyses still ongoing)
  - Great ambivalence about DAM program
    - Diaphin® is a treatment but it is also heroin
  - More discussion about effects and route of administration than about program structure and conditions
  - Covid-19-related adaptations well received overall
  - Ambivalence about program development
    - Program tailored to individual patient's needs and status
    - Relaxing of measures under certain conditions