

What C-OST?

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

Interim Report - Number 2

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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.

This study links with the LUCID-B study, conducted in Bristol city. In this study here, we are looking at the experiences of living under Covid for people who live in rural areas and who receive treatment from drug and alcohol services in those areas. We are specifically interested in how people have experienced changes to their opioid substitution therapy under Covid and what impact this has had on them.

We have interviewed 15 people so far, seven men and eight women. Their ages range from 31 to 56 yrs, with the mean age being 43 years. They live in either isolated settings (e.g. hamlets), villages or towns in Somerset, Wiltshire and Suffolk.

The purpose of this interim report is to give some headline impressions which have come from interviews eight to 15 (conducted between Jan and March 2021) . Interviews one to seven are covered in the first interim report. It is important to note that wider conclusions about the impact of Covid or of prescribing changes cannot be drawn from this report. Future reports will be issued as the study progresses and the full and final synthesis of the findings will be published in due course.

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What we have found...

Participants had all experienced **less frequent opioid substitution therapy (OST) collection under Covid**, typically reduced to fortnightly pick up and latterly weekly. This was largely welcomed. Some felt weekly was better as it was less to carry or risk accidental breakage and less to hold at home. For those on methadone, most received daily dose bottles and welcomed this, but some received dispensed volumes in large bottles. One person described having accidentally measured the wrong dose and taking 20ml too much one day. So far everyone who has had large bottle dispensing described being given a measuring cup or having already owned one.

With regard to **support from and contact with drugs services**, a very mixed picture was expressed. Some have felt the lack of face to face contact has impacted negatively on them, increasing their isolation and 'leaving them to it' with regard to recovery from substance use. Telephone appointments were not felt to provide the same personal support. However, others have really welcomed telephone appointments, both with key workers and prescribers, and expressed a preference for this over face to face appointments. They described less personal disruption, such as reduced need to take large chunks of time out from employment, childcare or family responsibilities. They also described increased convenience from lack of travel to face to face appointments, particularly in more rural locations with poor or no public transport. Getting lifts from friends or family was problematic due to pandemic restrictions. Related to this, people who described stability on OST and not using street drugs talked of the need for a more individualised approach in how attendance requirements for appointments are handled. As an example, someone who worked on call described being penalised for giving less than 48hr notice of appointment cancellation. Some felt very concerned at the thought of telephone appointments being suddenly withdrawn as they felt they had adjusted to a new normal where their OST and past drug use was background to a more forward facing life away from drugs. Attendance at drugs service premises triggered a reminder of past life that was unwelcomed.

There was a strong hope that **online groups** continue, even if face to face resume also, as physical attendance was impeded by rural locations, rural transport issues and the time, cost and difficulty in navigating these challenges. Online attendance was seen as less intimidating. Others talked of missing face to face groups and appointments, feeling a hope that things can return to 'as before'. One person spoke of how they felt face to face appointments and groups could have resumed already, with prior calls, social distancing and temperature checking, comparing it to GP practice attendance.

Loneliness has continued as a strong theme, with some participants feeling this has worsened due to the pandemic. The pandemic restrictions have intersected with their rural location to compound this. Feelings of isolation, linked to locality and lack of human contact were commonly expressed. This has led to increased anxiety and boredom, which has impacted negatively on mental health. For some, this has triggered a lapse in drug use or increased alcohol use. Others who expressed isolation, felt comfortable staying at home, because going out worsens their anxiety.

Some described increasing their online activities. In some cases this was to pass time e.g. gaming, making music, but for others it was to support their mental health or substance use (e.g. online support groups).

Transport remained an issue with, unsurprisingly, those who described their living location as 'rural' or 'middle of nowhere' having the most difficulties. Rural bus services have been reduced and for some, timings have impacted on collection of OST from pharmacies. One person described not being able to attend their Covid vaccination appointment due to lack of transport and unfamiliarity with the location of the vaccination centre.

Unstable housing and rural homelessness during the pandemic continued to be experienced by some. Hostels although available, were not in the rural locations where the person chose to be, usually because family were located there.

One person talked of how the landscape had changed in the pandemic for those who beg, their **struggles getting money** and an increased hostility and desperation that they detected whilst in the town centre. They talked of how county lines had taken advantage of the pandemic situation and moved in on rural locations further, creating unsafe and fearful environment. They talked of seeing child exploitation escalate and was worried for the future drug use environment.

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