Buprenorphine Treatment during the COVID-19 Pandemic

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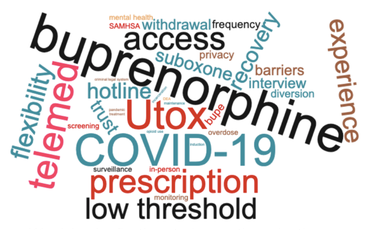
OBJECTIVES

- Examine the impact of low threshold buprenorphine prescribing practices implemented in response to the COVID-19 pandemic on patient-level outcomes across the state of Rhode Island.
- Identify practices allowed during this state of emergency that may inform improved treatment guidelines following the COVID-19 pandemic.
- Narratively explore the experience of buprenorphine treatment as an aspect of recovery for people with opioid use disorder.

METHODS

- The researchers will recruit two sets of participants:
  - 20 DEA-waivered providers
  - 20 participants (compensated) who receive buprenorphine for opioid use disorder (OUD)
- Consented participants will answer structured questionnaires about their experiences prescribing buprenorphine or receiving it for treatment prior to and during the COVID-19 pandemic.
- Interview audio recordings will be transcribed and analyzed in Nvivo for thematic analysis to determine relationships and typologies within the responses.
- Approach to qualitative analysis will utilize grounded theory and/or applied thematic analysis models.



Wordcloud reflecting study questionnaire themes

BACKGROUND

Buprenorphine for opioid use disorder:

- **Initiating and maintaining buprenorphine treatment improves social functioning and reduces risk of illicit opioid use, overdose death, and transmission of infectious disease.[1]**
- **Buprenorphine is underutilized, largely due to historically rigid requirements for treatment entry and continuation.[2]**
- **"Low threshold" care is a strategy to remove barriers to treatment and improve overall access and health.[3,4]**
- **There has been slow, limited adoption of the low threshold approach.[5]**

Treatment of OUD during Covid-19:

- **Social distancing practices have been implemented to mitigate risk of viral transmission.**
- **SAMHSA and DEA guidelines from March 2020 encouraged "flexibility in the prescribing and dispensing of controlled substances to ensure necessary patient therapies remain accessible."[6]**
- **It is currently unknown how systematic changes prompted by the COVID-19 pandemic affect buprenorphine prescribing, treatment utilization and patient outcomes.[7]**

Telemedicine for induction & maintenance

Prescribing flexibility in take home dosing

Urine toxicology frequency reduction

Hotline access, referrals & same day care

*Characteristics of **low threshold care** include offering non-traditional settings to engage with providers (e.g., telemedicine), a harm-reduction philosophy, flexible program requirements, decreased reliance on drug testing, and same-day "on demand" treatment.[4]*

Personal interests related to this study and field of research:

- Application of a collaborative research approach[8]
- Association between the criminal legal system and medicine[9]
- Exploration of surveillance and attitudes of presumed noncompliance in buprenorphine treatment

PRELIMINARY RESULTS

Results to date include:

- Qualitative research training completed
- Community groups consulted, interviews piloted
- IRB approved on September 21, 2020
- One completed provider interview
- In recruitment and interview phase of project

FUTURE DIRECTIONS

- Leverage results to support community advocacy and inform best-practice guidelines for buprenorphine prescribing to ensure safety and efficacy of OUD treatment
- Conduct quantitative analysis of related data
- Submit articles for publication

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