

Background

Opioid use disorder (OUD) is a significant public health issue in Australia and internationally. It is characterized by an inability to control opioid use, leading to physical, social, and psychological harms⁽¹⁾. Opioid Agonist Treatment (OAT) is widely accepted as the treatment of choice for OUD⁽²⁾. It provides clients with a regular, legally-obtained opioid (methadone or buprenorphine) to reduce cravings and withdrawals⁽³⁾.

Introduction

Since 2014, the number of OAT clients in NSW has increased by more than 70% from 14,255 to 24,475 in 2023⁽³⁾. Of these, 26% (n=6,345) are dosed through public AOD services which often have high numbers of long-term low-risk clients, reducing their capacity to take on clients with a greater need for assertive management⁽⁴⁾. Primary care is the stable in nBm04 3q.000035525 0 238iceET.gd6sbu2(de) towite0.0000n0q(1)-2seET10o

practitioners. Researchers also sought to determine the longer-term experience of clients and Primary Health Providers (PHPs) when transitioning OAT to primary care, and what participants believe the ideal conditions might be for PHPs to prescribe OAT.

Methods

A tailored support intervention was implemented to transition clients from public OAT services to primary care. This intervention included nurse-led support, access to a local helpline, in-service education, administrative advice, and patient advocacy. To assess the intervention, client and health professional interviews were conducted at intervals from transfer and up to 15-months post-transfer.

Implications

The service delivery model addresses a key gap in integrated service provision, providing a framework for feasible and acceptable transfer of stable OAT clients to primary care with retention of supportive and feasible shared care following transfer.

Conclusion

With appropriate selection and preparation, people who are stable in treatment can successfully be transitioned to primary care. By combining tailored interventions with a concierge approach, health services can increase the capacity of PHPs to provide OAT and reduce the potential impact of losing rural prescribers with high numbers of clients.

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