

# Treatment for drug addiction—how do patients cope in lockdown?

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There are encouraging signs that people in treatment for drug addiction can manage their medication when they are entrusted with a substantial quantity of opiate substitutes and told to take it in small daily doses, finds a new 'early insight' report from researchers at the Universities of Bristol and Bath.

Before COVID-19, it was the norm for a patient to be dispensed a daily dose of opiate substitutes such as methadone, and this was often taken under the supervision of a pharmacist. However, treatment protocols have been turned on their head during the pandemic, with the majority of patients taking home with enough medication to last a week or two. This change was introduced to minimize contact between patients and pharmacists, and to keep people safely at home.

The study, led by Dr. Jenny Scott from the Department of Pharmacy and Pharmacology at the University of Bath, set out to explore the impact of these new prescribing habits on people living in rural South West England. Through telephone interviews, participants share their experiences of drug use and services during the pandemic.

Dr. Scott explained: "There was a big concern when people in [drug treatment](#) were first given quantities of supplies to cover up to two weeks. Drug-related deaths are higher than they've ever been (In 2019, 2,160 drug poisoning deaths in the UK involved opiates) and no one knew whether people would manage to take their take-home treatment as prescribed.

"Everyone we interviewed so far has been grateful for the take-away regime and they've all managed well. Some have changed the time of day when they take their medication, others have split the dose to suit themselves. All have reported managing to cope and not taking more than the prescribed dose."

Even before the disruption of COVID-19, researchers were keen to discover how people in drug treatment might respond to the interval being stretched between opiate substitutes prescriptions, however the stakes were too high for this idea to be investigated.

"There was a belief that tightly controlling opiate substitutes reduced

overdosing, but though there was little evidence to support this, it would have been totally unethical to experiment in a controlled way," said Dr. Scott. "Then wholesale overnight we had to switch to a new practice because of the pandemic."

To date, six people have been interviewed for the study. Dr. Scott is planning to recruit a further 24 before the study ends in March. Those interviewed to date say less frequent trips to the pharmacy have brought cost-saving benefits, with less being spent on transport.

Fewer visits has also helped patients avoid some of the stigmatization associated with [drug addiction](#).

The NHS would also stand to benefit from more patients managing their own medication for a week or two at a time, allowing pharmacists to focus their supervision on those who are most vulnerable and in need of intensive support.

However, Dr. Scott is quick to point out the downsides of patients making less frequent visits to their local pharmacy.

"Some people—for instance, those with unstable use of multiple substances—might be at higher risk of overdosing if they are given a lot of take-away medication," she said. "Long-term, it would be great to pinpoint people and situations that need strict controls over their dispensing regimes and identify those that don't, so they can be given more freedom."

Loneliness was another problem for patients interviewed for the study. "The pandemic means drug-treatment services have gone largely to telephone appointments, and though most people seemed reasonably happy with this and welcomed not having to spend on travel—which is difficult in rural areas—some have felt isolated and lonely, and their

mental health has suffered," said Dr. Scott.

"So we need to think holistically about the services that are offered, bearing in mind that isolation and related [mental-health](#) issues are all risk factors for addiction."

Dr. Joanne Kesten, Senior Research Associate at the NIHR Health Protection Research Unit in Behavioural Science and Evaluation at the University of Bristol and NIHR ARC West, said: "It is great to collaborate with Dr. Jenny Scott at the University of Bath on this project. I've done a lot of work with people who inject drugs in the Bristol area, so it was important that we extended our research to the rural community who often get overlooked. I am pleased that so far we found that largely the changes to prescribing were well received by this community. This is much needed evidence to understand how best to support people receiving opiate substitutes now and in the future."

**More information:** What C-OST? The Impact of the Covid-19 pandemic on people who receive opioid substitution therapy:  
[www.hprubse.nihr.ac.uk/research ... -opiate-substitutes/](http://www.hprubse.nihr.ac.uk/research...-opiate-substitutes/)

Provided by University of Bristol

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