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Understanding enablers and barriers in Opioid substitution therapy (OST) delivery at public health facilities and community centers

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Stop TB Partnership

COALITION FOR GLOBAL HEPATITIS ELIMINATION

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Disclosure

- Conflicts of interests: None
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About Me

- 2014-17: MD (Psychiatry), Post Graduate Institute of Medical Education and Research(PGIMER), Chandigarh, India
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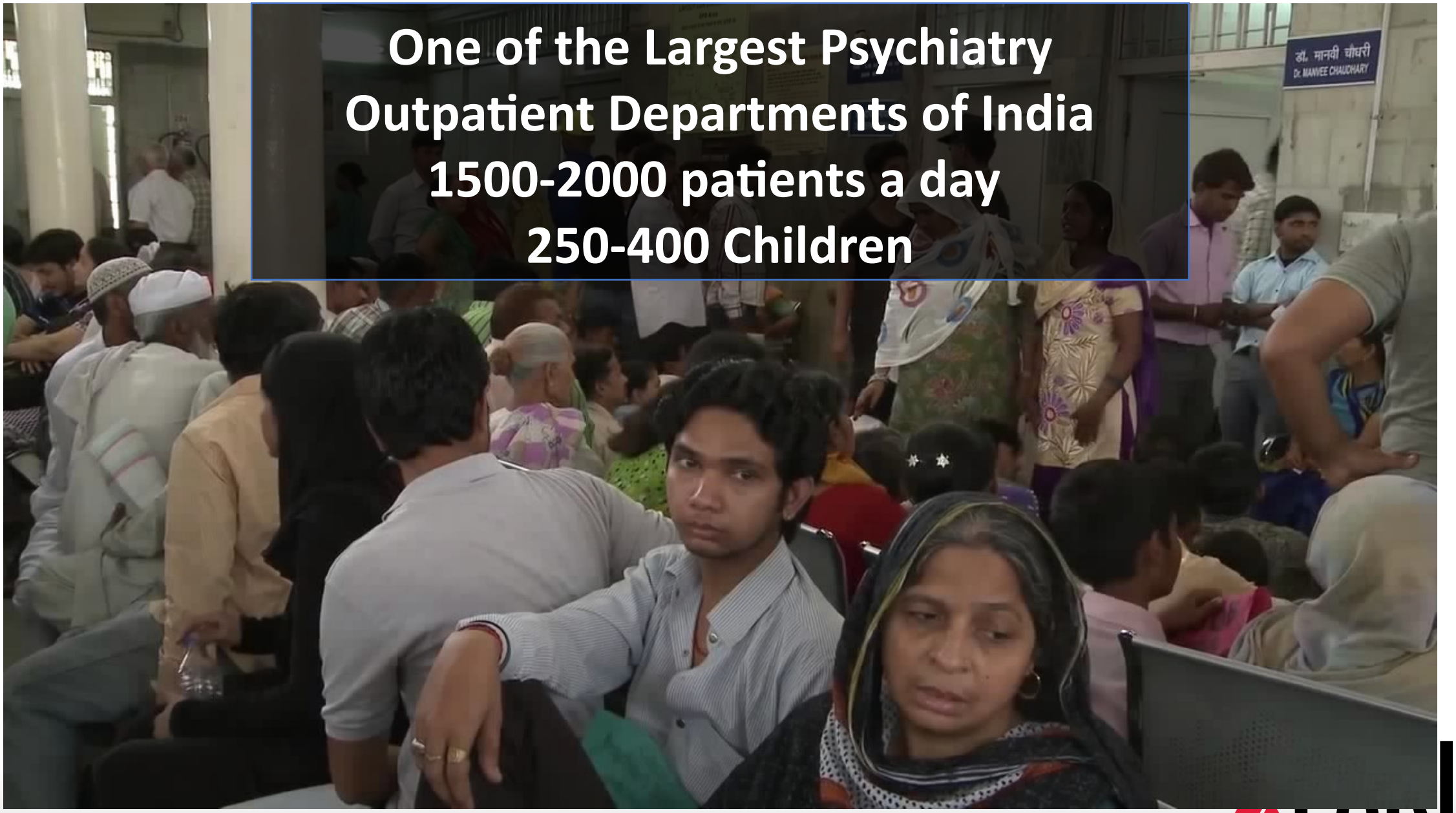


One of the Largest Psychiatry Outpatient Departments of India
1500-2000 patients a day
250-400 Children

Background/ Rationale (1)

- **PWIDs in Delhi is a critical key population** experiencing a large coverage gap of OST services and consequently characterized by an abysmal uptake of life-saving interventions.
- **Several barriers in accessing ART services like attitude of health care providers, homeless PWIDs, confidentiality issues and financial problems etc. have been reported**.
- But data related specifically to OST services have been undermined specially from Indian subcontinent.
- Moreover, there is a **gap in the coverage of OST as per the field observations** and interactions but there is no evidence of the same to understand the magnitude of the gaps which could help in developing strategies to address the same.

This mixed methods study aimed to assess the gaps and barriers in OST, to explore patients' and providers' experiences and perspectives and to provide suggestions for improving the uptake and efficiency of these services among PWIDs.

Objectives (1)

- To understand the enablers in OST delivery at public health facilities
- To understand the barriers in OST delivery at public health facilities
- To understand the acceptable methods to overcome these barriers in OST delivery

Methodology (3)

Phase 1 (Qualitative):

- All stakeholders including **patients attending OST clinics, their caregivers, local residents, local officials, and medical staff** would be recruited. (**Until themes saturated with minimum 30**)
- **Face to Face in depth interview**
- All adults consenting for the study will be recruited. Those not willing to participate and having severe comorbidity interfering with the interview process would be excluded.
- Participants already enrolled will be encouraged to disseminate information about the research to recruit further participants.
- All participants would undergo an in-depth interview with audio recording guided by a semi-structured proforma (designed for the study).

Methodology (3)

- The **interview data transcribed, coded and manual thematic analysis** will be applied to the transcripts. Interviews – recorded, translated & transcribed, cross-checked, themes generated.
- Thematic analysis – **explicit & implicit themes** describing the content. Directed content analysis - application of previously derived conceptual categories to a new context. **Grounded theory - generation of themes continues till the point of saturation, i.e., till no new themes emerge & constant comparisons between datasets & themes derived**. In case data collection is hampered by ongoing pandemic the data will be collected by **telephonic medium**.
- Codes and themes will be **reviewed by two additional investigators** to reduce bias and increase credibility. The decision on coding rules and theme generation will be done by using standard procedures and in consensus. Any differences were resolved by discussion

Methodology (3)

Phase 2 (Quantitative):

- Two districts will be randomly selected for the intake.
- Adults over the age of 18, currently engaged in OST or Tobacco Cessation Clinic (TCC) clinics will be recruited voluntarily. Socio-demographic variables would be recorded using semi-structured proforma. (**50 each group; convenience sampling**).
- The **themes emerged in phase 1 would be arranged in a list form and then validation from patients** attending OST and TCC clinics would be done.
- Descriptive analysis using means, standard deviations, frequencies, and percentages. Comparisons using independent sample t-test (continuous variables) and & chi-square or Fischer's exact test (categorical variables).

Inclusion criteria:

•Adult (≥18 years) •Males

•Diagnosis: Opioid Dependence Syndrome (ODS with Heroin as the predominant substance of use) or

Nicotine Dependence Syndrome (NDS) for control group (as per ICD-10)

•Currently (last one month) on OST

•Resident of Delhi

Exclusion Criteria:

•History of dependence on any other psychoactive substance (as per ICD-10)

•Significant psychiatric/ cognitive/ medical comorbidity (history and clinical examination)

•Unwilling to participate

Ethical concerns & management (5)

- In phase I of the study adults meeting the inclusion/exclusion criteria will be selected for the study after obtaining a written informed consent. Collection of socio-demographic details using the semi structured proforma. Collection of interviews using audio recording of the interview which will be later transcribed. The interview will be guided by a set of open-ended questions from the semi-structured proforma. The patient will be allowed to talk openly in a free-flowing uninterrupted dialogue**. A thematic analysis would be done after transcribing the audio recording of the interview by identifying the common and recurring themes for various factors**. The data will then be compiled to achieve the objectives of the study.

Ethical concerns & management (5)

- In phase II of the study 2 districts will be randomly selected for the intake. Adults over the age of 18, currently engaged in OST or TCC clinics will be recruited voluntarily. Socio-demographic variables would be recorded using semi-structured proforma. **The themes emerged in phase 1 would be arranged in a list form and then validation from patients attending OST and TCC clinics would be done**. Statistical analysis would be done followed by report writing.

Ethical concerns & management (5)

- 10% of the data will be collected by the Principal Investigator
- Interviews will be recorded with consent
- The findings were reported by using the ‘Consolidated Criteria for Reporting Qualitative Research’.

Ethical concerns & management (5)

- There will be a full explanation about the requirements of the study.
- The subjects will be reassured that there will not be any interference or influence of the research process on the ongoing treatment received by the patient.
- Management of the patient will be given priority over the assessment of the study.
- Confidentiality of the patient will be maintained. The recordings will be kept under strict lock and key. The recordings will stay confidential and will not be used outside of this study.

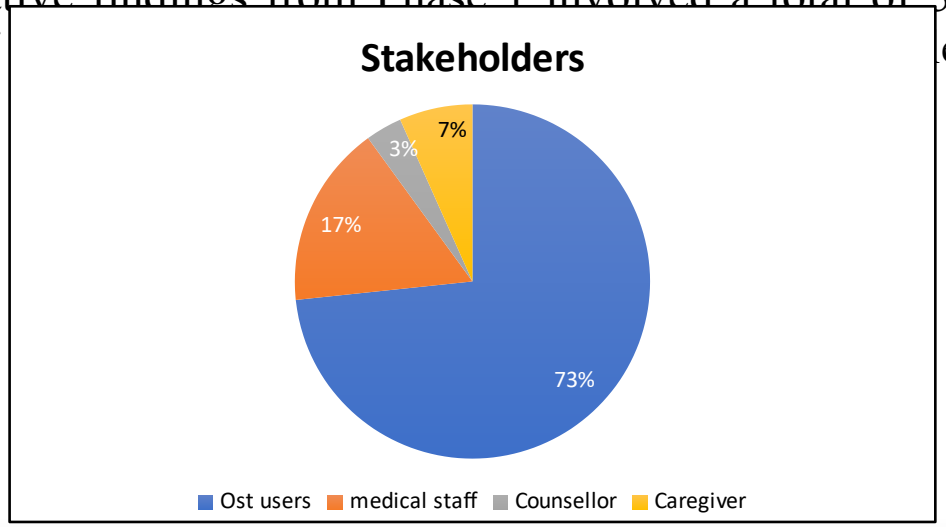
Ethical concerns & management (5)

- The subjects will be allowed to leave the study at any point and the same should not have any bearing on their management.
- Coded Data will be anonymized.

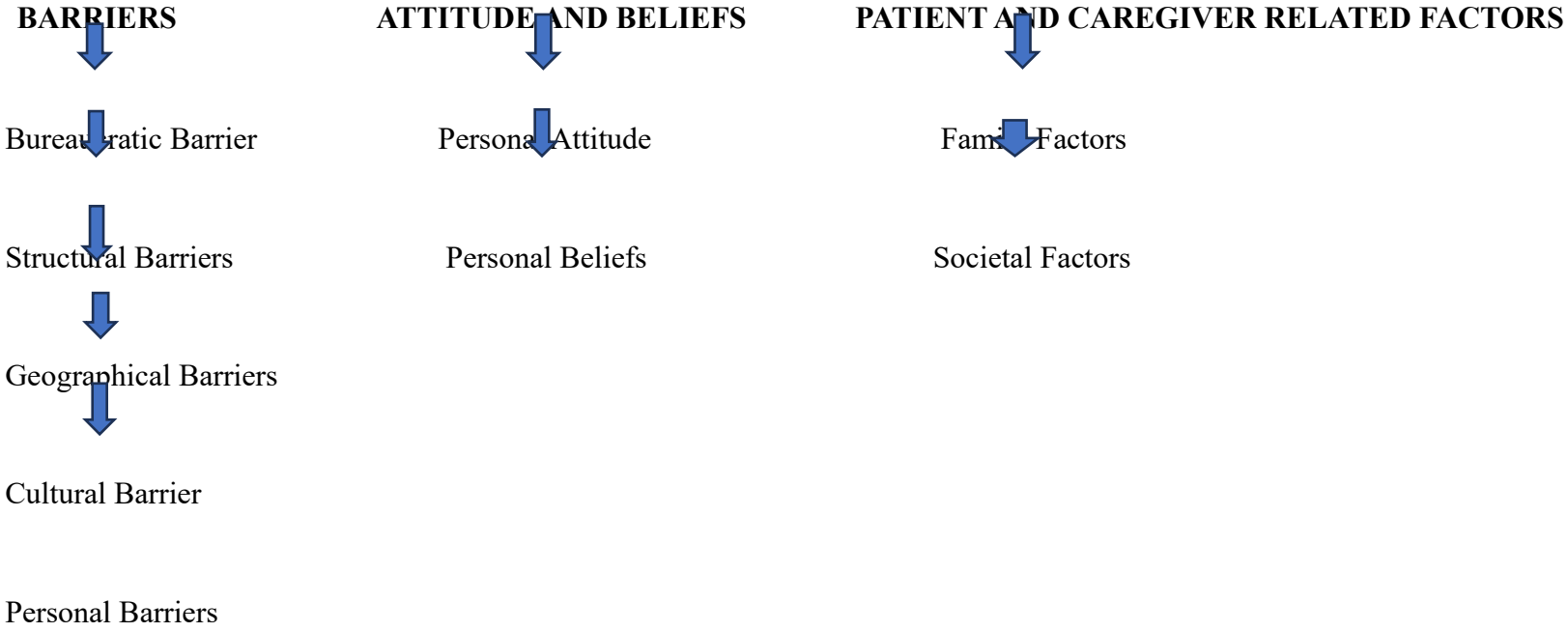
Major issues faced (1)

The data of 30 participants was collected from different OST centres.

Phase 1 (Qualitative): Qualitative findings from Phase 1 involved a total of 30 participants, includes 22 Ost uses (22 males), 5 medical staff e), 1 counsellor (1 female).



Themes, Sub-themes, Emerged In Phase 1



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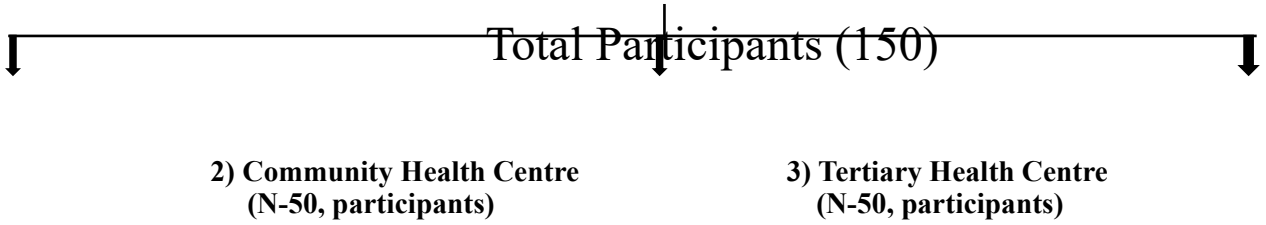
Major findings (2)

Socio Demographic Profile:

In Phase 2 of the study, 150 adults over the age of 18 were voluntarily recruited for quantitative analysis following insights gained from Phase 1.

The (N-150) adults were divided equally, (50 each) OST users into three treatment centre,



Q-1: Are the attitudes of health workers become barriers for Opioid Substitution Therapy (OST) service delivery.

Name of Treatment Centres		Frequency	Percent
	System	1	100.0
Primary Health Centre	Agree	18	36.0
	Neutral	13	26.0
	Disagree	19	38.0
	Total	50	100.0
Community Health Centre	Agree	30	60.0
	Neutral	16	32.0
	Disagree	4	8.0
	Total	50	100.0
Tertiary Health Centre (TCC Clinic)	Agree	3	6.0
	Neutral	10	20.0
	Disagree	37	74.0
	Total	50	100.0

Main Results

Stigma and Accessibility Issues:

- 65% of participants perceived significant barriers to accessibility.
- 42% of participants identified stigma as a major deterrent to seeking OST services.

Overall Satisfaction:

- 78% of participants expressed overall satisfaction with the OST services, emphasizing the positive impact of structured addiction treatment programs.

Healthcare Provider Attitudes:

- Attitudes of healthcare providers had a substantial impact on service delivery ($\chi^2 = 50.214$, $df = 4$, $p < .001$).

Accessibility Challenges:

- Significant barriers included transportation and difficulties in reaching remote areas ($\chi^2 = 21.789$, $df = 4$, $p < .001$).

Main Results

Shortage of Healthcare Workers:

- The study identified a prevalent shortage of healthcare workers, impacting service provision (χ^2 = 22.123, df = 4, p < .001).

Cultural and Literacy Barriers:

- Cultural barriers and low literacy levels were significant obstacles to OST delivery (χ^2 = 24.815, df = 6, p < .001; χ^2 = 38.988, df = 4, p < .001).

Impact of Homelessness and Illegal Employment:

- Homelessness and illegal employment were found to significantly influence access to OST services (χ^2 = 45.456, df = 4, p < .001; χ^2 = 44.872, df = 4, p < .001).

Conclusion and Recommendations

•In conclusion, the present research findings have shed significant light on the multifaceted challenges encountered in the delivery of opioid substitution therapy (OST) across public health facilities and community centres. The study uncovers critical barriers such as societal and healthcare provider stigma, inconvenience commuting, cultural practices and superstitions, resorting to illegal employment, difficulty accessing in remote areas, peer pressure, lack of support from society, toxic environments in the community, harassment and discrimination, and inflexible programme structures that hinder effective OST implementation. These findings emphasise the necessity for tailored interventions that address both systemic and cultural impediments to enhance OST accessibility and effectiveness.

•Moreover, the research highlights the importance of adopting innovative approaches, such as peer-led models, to overcome these barriers and improve service delivery, particularly in underserved and rural areas. The variation in attitudes and practices across different centres indicates a pressing need for standardised training and policies that can adapt to local cultural contexts.

Ultimately, addressing these challenges requires a concerted effort involving policy reform, community engagement, and continuous education campaigns. These efforts must aim to shift societal attitudes and reduce stigma while improving economic and geographic accessibility to OST services. Through such comprehensive approaches, it is possible to significantly improve the uptake and effectiveness of opioid substitution therapy, ultimately contributing to the broader goal of public health improvement in the face of the opioid crisis.

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Recommendations:

A number of recommendations can be summed up based on the research findings,

- **Enhancing service flexibility**,
- **Extending service hours**
- **Decentralising OST delivery** to reach a broader population can help accommodate the varying schedules and geographical locations of patients.
- **Integrating services** means linking OST programmes with other social and health services to provide a more holistic approach to care, addressing not only opioid dependence but also associated social and health issues.
- **Implementing educational initiatives** that target both the public and healthcare providers could reduce stigma and improve the therapeutic alliance between patients and caregivers.
- Furthermore, there is a need for longitudinal studies to assess the long-term effectiveness of these recommended changes.

Major issues faced (1)

- Attitude of health worker
- Difficulty in getting medicine
- Time constraints
- Inconvenience commuting
- Beliefs and faith healer
- Homelessness
- Illegal employment
- Lack of treatment knowledge
- Low literacy rate
- Difficulties in job
- Discrimination
- Feeling of worthlessness
- Feel ashamed
- Problem from Police

- Stigma from family and friends
- Negative treatment perception
- Trust issues
- Side effects
- Low self-esteem
- Cooperation of family members
- Lack of support from the society
- Habit of needle prick
- Communication gap
- Difficultly in registration
- Lack of health facilities
- Shortage of health staff
- Difficulty to access in remote areas
- Caregiver burden
- Interpersonal relation with family
- Toxic environment in the community
- Peer pressure
- Need for a special program (relapse prevention)
- Counselling needs

Implications for HIV/AIDS Programme (1)

- As part of the National AIDS Control Programme (NACP) strategy to reach out to key populations, the Targeted Intervention (TI) project provides specific prevention and treatment services for each population
- Identify areas for intervention and future research
- The stigma surrounding OST has been a barrier to the widespread use of the medication
- Comorbidity between mental disorders and non-communicable diseases often occur
- Qualitative studies have found that healthcare providers experience personal stigma towards OUD patients
- Help develop focused strategies to reduce barriers

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Thanks

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Thank You

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