

TREATMENT DELIVERY AND PRESCRIBING MEDICATIONS FOR OPIOID USE DISORDER AMONG AMERICAN INDIAN AND ALASKA NATIVE ADULTS DURING THE HEIGHT OF THE COVID-19 PANDEMIC

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AIM

American Indian and Alaska Native (AI/AN) communities experienced a disproportionate increase in opioid-related poisonings during COVID-19, underscoring the need for accessible and culturally appropriate opioid use treatment (e.g. medications for opioid use disorder; MOUD) within AI/AN communities [1-5]

METHODOLOGY

- Completed sixty-minute semi-structured qualitative interviews
- Providers were from 6 rural Tribal and urban AI/AN treatment centers with a majority of centers in the Pacific Northwest (N= 25)
- A codebook was developed through thematic analysis by two independent coders; all the data were coded by two members of the research team
- Data were further analyzed in Dedoose and Excel for themes and sub-themes

RESULTS



- Four themes were identified
 - Beneficial policy changes for MOUD delivery during COVID
 - Opportunities and challenges to providing treatment via telemedicine
 - Need for hybrid treatment approaches
 - Creative solutions to maintain cultural engagement during COVID

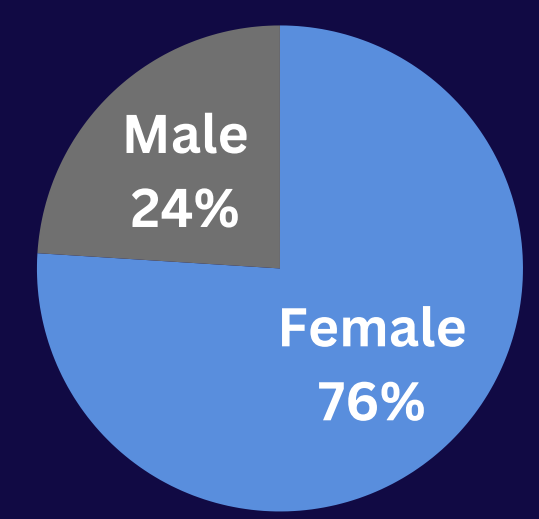


Figure 1. Participant Gender

Participant Age
Mean = 43.2
Std Dev = 8.1

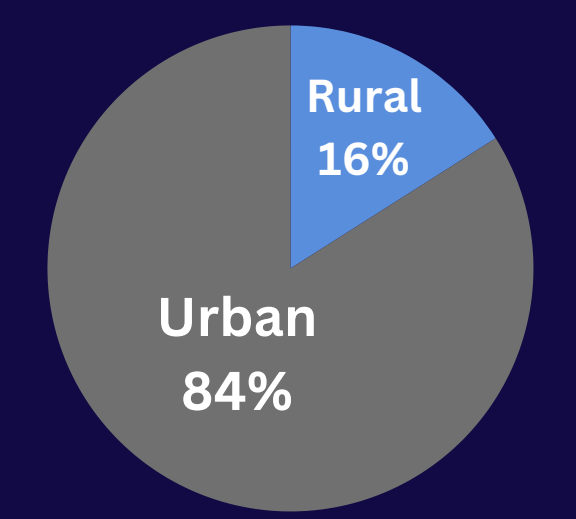


Figure 2. Participant Location

CONCLUSION

Cultural engagement, social support, and a menu of treatment options were emphasized as necessary to enhance AI/AN community-driven solutions in curbing the opioid public health crisis during COVID-19. Providers also highlighted the utility in the expansion and sustainment of telemedicine. Policy changes related to medications and telemedicine were highlighted as the most beneficial to increase and maintain access to OUD treatment during the height of COVID-19 and beyond [4].

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Policy Changes

“... Some people used to have to come in, say, six days a week. And maybe it’s because they still were using cannabis. Maybe they were compliant on methadone and they were attending groups, but their UA still showed cannabis... if they weren’t at high risk and they had a safe environment and a place to store their methadone, then they began to get some carries, so they would have a Sunday carry, but maybe they would also have a Tuesday and Thursday... So that this had less people coming into the clinic, and then these people traveling less. And we also offered transportation.”

Opportunities & Challenges

“...overall, pretty good, but definitely challenges, and since the beginning and to this day—it’s just something like they can’t get their microphone to work, or you get them up and rolling, and then something happens, and the connection’s lost, and you’re maybe 15 minutes into a visit, and then they drop out. There’s definitely been a lot of those just random issues, whether or not it’s on their end or sometimes our Teams or our internet’s having problems, and it seems like there’s less and less of that, but it’s definitely kind of been a constant—you have someone who’s getting maybe, a partial session, or they’ve gone through half a group. Then you’re trying to make up time. I think, overall, as a department, we’ve learned just to—we’ve become very flexible in letting them pop into a make-up group.”

Provider’s Perspectives

Cultural Engagement

“... We also did a really great couple series of indigenous medicine...like a cattail workshop. We also did a workshop for, a healing balm. We also did one for elderberry elixir...so we would post up this information to the community, on Facebook...all these other social outlets— and let them know that we’re having these webinars, and so people would register, and then we would send them the kits in the mail so they would receive everything that they needed to make along with the webinar....”

Need for Hybrid

“I think they should be able to offer those telehealth services to community members out of the area, out of state. You know, they were able to do it during the pandemic. And now, telehealth has become something that a lotta people are leaning on. It’s—whether it’s more convenient, they can squeeze it in between things, or they don’t have transportation. Or, it’s just so many different factors involved. But being out of state is one of those. And I feel like virtual—if they were able to make that exception during the pandemic, why not continue that? Or reevaluate that, and continue that so people can get that care?....”