Commentary

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The Role of Injectable Opioid Agonist Treatment

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Description

Opioid Use Disorder (OUD), particularly if untreated, poses great harms to the individual, families, and communities, and contributes substantially to the global burden of disease. Improving access to evidence-based OUD care is one way to curb Canada's public health crisis of opioid poisoning and overdose deaths, which has taken over 10,000 lives in British Columbia since the crisis was declared.

Opioid Agonist Treatment (OAT) with long-lasting oral opioids such as methadone or sub oxone has expanded in the wake of traditional non-pharmacological-based therapies' not reaching service users who might still use street opioids to meet their needs. OAT can retain clients in care and reduce the major risks of untreated OUD. At the same time, OAT retention rates can be much lower than the high rates its advocates anticipate, and clients who discontinue oral treatments face elevated overdose risk. Other opioid formulations are available for OUD, particularly when OAT is not fully effective, to widen the breath of treatment options and meet clients' heterogenous needs and preferences.

Injectable Opioid Agonist Treatment

Injectable opioid agonist treatment is an effective treatment for opioid use disorder. To our knowledge, no research has systematically studied client preferences for accessing IOAT. Incorporating preferences could help meet the heterogeneous needs of clients and make addiction care more person-centred. This paper presents a pilot study of a best-worst scaling preference elicitation survey that aimed to assess if the survey was feasible and accessible for our population and to test that the survey could gather sound data that would suit our planned analyses.

Current and former IOAT clients completed a BWS survey supported by an interviewer using a think-aloud approach. The survey was administered on PowerPoint, and responses and contextual field notes were recorded manually. Think-aloud audio was recorded on audacity.

Survey repetitiveness was the most consistent feedback. Working side-by-side with the interviewer was important to mitigate the repetitiveness. The introduction slides were updated to warn participants about the repetition so that interviewers could verbally manage participant expectations before the task, and the interviewing guide was updated with participant engagement strategies (explain the reason for the repetition, click for the participant, take breaks). Participants were excited to share their preferences which helped sustain their engagement.

Completing the interview side-by-side was also important to maintain task framing, as participants were occasionally unsure if they were choosing based on past/future wants, if they should select items that were already options or not currently present at their clinic, and sometimes slipped into alternate framings uniformly (no specific levels prompted alternate framings). To mitigate this, the interviewer verbally emphasized the three key elements of task framing described during the introductory slides and reinforced the framings throughout the interview.

Finally, one participant suggested a level that was not reflected (community support). Again, the interviewer reinforced to the participant that we were unable to cover everything, and that an open text box is available at the conclusion of the survey.

Clients Feedback

Framing of the task, accessibility, conceptualization of attributes and levels, formatting, and behaviour predicting questions. Survey repetitiveness was the most consistent feedback. The data simulation showed that 100 responses should provide an adequate sample size. This pilot demonstrates the type of analysis that can be done with BWS in our population, suggests that such analysis is feasible, and highlights the importance of the interviewer and participant working side-by-side throughout the task.

As part of a study whose overarching objective is to determine how IOAT can be improved to increase its effectiveness and uptake, we developed a BWS survey to assess preferences for IOAT delivery amongst current and former IOAT clients. During the pilot stage, we gathered feedback on key task elements to meet two goals: Assess if the survey was feasible and accessible for our population considering cognitive fatigue and policy inequities that make not all desired options available to clients in a timely manner and to test that the survey could gather sound data that would meet standards for planned analyses. Ultimately, our work can support researchers and clinicians who seek to implement quantitative person-reported

outcome measures by testing a framework of feasible data collection and output expectations.

In preparation for the pilot sessions, the interviewers worked with the investigators to develop a pre-written think-aloud interview script to probe participants consistently about specific aspects of the task. The interviewer led the participants through the educational material, then the participant navigated the survey with the interviewer's support. Throughout the pilot, the interviewers met before and after the sessions with the principal investigator to discuss emerging interviewing strategies specific to the task. These meetings provided opportunities for ongoing training since skills developed iteratively as the aspects of the task participants needed support on became clear. Previously, the principal investigator trained interviewers to work with the target population more generally, as our research projects interface directly with clients and require a person-centered perspective wherein the interviewer takes a listening role and provides space for the client to share their perspective. At all times, participants were reminded that they could take breaks and that participation was voluntary.