

## 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<sup>(1)</sup>. Opioid Agonist Treatment (OAT) is widely accepted as the treatment of choice for OUD<sup>(2)</sup>. It provides clients with a regular, legally-obtained opioid (methadone or buprenorphine) to reduce cravings and withdrawals<sup>(3)</sup>.

## Introduction

Since 2014, the number of OAT clients in NSW has increased by more than 70% from 14,255 to 24,475 in 2023<sup>(3)</sup>. 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<sup>(4)</sup>. 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.

## Acknowledgements

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