

Treatment cessation or change: experiences of long-acting injectable buprenorphine among people recently released from NSW prisons

The Release Study

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Acknowledgement of country



We acknowledge the Traditional Custodians of the land upon which we meet today; [the Ngunnawal people](#)

The Release Study was conducted in New South Wales by Local Health Districts located on the lands of the following Nations: the lands of the [Aniawan](#), [Awabakal](#), [Bahtabah](#), [Banbai](#), [Barindji](#), [Barrinbinja](#), [Barundji](#), [Bediagal](#), [Bidjigal](#), [Biripi](#), [Bundjalung](#), [Darkinyung](#), [Dharawal](#), [Dharug](#), [Gadigal](#), [Geawegal](#), [Gomilaroi](#), [Gundungurra](#), [Gunu](#), [Gweagal](#), [Kamilaroi](#), [Muruwari](#), [Nganyaywana](#), [Ngoorabul](#), [Thungutti](#), [Wailwan](#), [Wangal](#), [Wiradjuri](#), [Wongaibon](#), [Wonnarua](#), [Worimi](#), [Yallaroi](#) and [Yuin](#) Nations.

We pay our respects to Elders past, present and emerging, and extend these respects to Aboriginal and Torres Strait Islanders here today.

Overview

- Methods
- Participant characteristics
- Results
- Conclusions

Aim: Explore the factors impacting LAIB cessation post-release for people released from NSW prisons

Methods

- Eligibility: reported ceasing LAIB or switching formulations (LAIB to SBL-BNX) during quant survey
- Majority of community-based interviews (n=23) and custody-based interviews (n=13) conducted via phone or videoconference; (one f2f)
- Open deductive coding used to identify themes using iterative categorization (Neale, 2016)

Results

Participant characteristics		n = 36 (%)
Mean Age (years, range)		34.4 (21-54)
Male		27 (75)
Aboriginal		20 (56)
Prior OAT experience		
None (first treatment occasion initiated in custody)		19 (53)
Methadone		12 (33)
Suboxone		15 (42)
Subutex		4 (11)
LAIB (Buvidal or Sublocade)		2 (6)
LAIB activity post-release		
No doses received		18 (50)
1 dose received prior to cessation		10 (28)
2 doses received prior to cessation		4 (11)
Transfer to sublingual buprenorphine		4 (11)

1. Stigma and misinformation

- Stigma from community
 - Particularly evident in Aboriginal communities
 - “Ashamed” of being on treatment
 - LAIB as another “addiction”
- Misinformation from friends, families and other substance users
 - LAIB is a “poison”
 - LAIB “doesn’t stop you from using”

I was eight months pregnant. Was going to do my Buvidal injections and then everyone scared me saying ‘you need to get off it or your daughter is going to be affected’, so it scared me, and I jumped off (Emma, 21 year-old Aboriginal female, treatment ceased).

I felt totally secure but then I was telling my mate...and he said the Buvidal injection doesn’t stop you using, it’s not like the Suboxone or Subutex (George, 47-year-old Aboriginal male, treatment switched)

2. Limited transition supports

- Difficulty adjusting to independence
- Challenges of competing priorities
- Strong positive experiences with Connections Program
- SL-BNX switch participants noting “isolation” and reduced engagement with service when monthly dosing
- Ability to “get a dose in me” everyday for SL-BNX participants (improved sense of agency and control over treatment)

When you get out, you're back into society and you've got to sort out money, you've got to sort out this and sort out that. There's just so much. I know I was doing it beforehand but after nearly two years in jail of not needing to do anything, coming back out it's like, 'What do I do?' (Colin, 27 year-old Aboriginal male, treatment ceased).

3. Illicit drug use and associated social networks

- Return to opioid and methamphetamine use leading to treatment disengagement
- Exposure to substance user networks and drug use at clinics work to deter attendance
- Return to housing or communities where drug use is prevalent

I ended up relapsing on to ice [crystal methamphetamine] and heroin and I didn't get to follow up with my treatment, which then spiralled down into it and then back onto the same road that I was before (Mia, 29 year-old non-Aboriginal female, treatment ceased).

4. Custody treatment motivation no longer relevant in community

- Easier access to illicit substances in community compared to custody
- High cost and burden of sourcing illicit SL-BNX in custody
- Risk of BBVs in custody due to sharing of injecting equipment
- No access to SL-BNX in custody thus required to engage in LAIB temporarily

I found it a lot more beneficial when I was inside than when I was outside ... when you're on the outside it's a lot easier to access [drugs] and you kind of go more in that direction (Tracey, 27 year-old Aboriginal female, treatment ceased).

5. Mental health issues

- Heroin use as more 'beneficial' for mental health management compared to LAIB
- Decline in mental health during post-release period
 - Attending for LAIB dose "one extra burden that I couldn't afford to have"

When it [LAIB] works it works ... but when you've got other things in play like trauma and s..t like that it's hard because people just want to block it. I just wanted to block it and bupe wasn't doing that for me (Ben, 38 year-old Aboriginal male, treatment ceased).

6. Structural barriers

- Homelessness and unstable housing leading to stress and vulnerability
- Referral to clinics not easily accessible from community or place of residence
- Return to regional areas with transport barriers to clinic access
 - Missing appointments due to travel issues

[What would have needed to be different for you to stay on the Buvidal program?] More secure housing ... I could have focused a bit more on medication, but it just didn't work out that way (Anthony, 49 year-old non-Aboriginal male, treatment ceased).

7. Perceived side effects and withdrawal of LAIB

- Reduced libido and erectile dysfunction on LAIB
- LAIB side effects similar to heroin use (drowsiness, low mood)
- Psychological benefits of receiving a dose daily for SL-BNX participants
- Less withdrawal symptoms with SL-BNX compared to LAIB

It's more easy and kicked back in jail because you're pretty much confined to a cell. You're sitting around stoned on the fucking Buv [LAIB] ... but being on it you don't have a high sex drive, you don't have all that shit so you're not really fucked in jail but when you're out it's not a good look (Thomas, 31 year-old Aboriginal male, treatment ceased).

Conclusions

- Improve patient education on LAIB and other OAT options prior to release from custody
 - Information about potential side effects
 - Information about community OAT access and processes (including alternative OAT formulations)
 - Encourage tailored treatment post-release to meet patient needs in community
- Targeted education to communities to improve attitudes towards LAIB and reduce misinformation and stigma
 - Culturally appropriate education for Aboriginal families and communities
- Increase access to intensive and individualised support in post-release transition period
 - Upscale specialised post-release support services e.g. Connections Program.

These findings are preliminary and still in the process of analysis and consultation (i.e. consultation with Aboriginal communities)