

Risk factors for overdose among clients entering residential rehabilitation for opioid use

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Introduction: Opioid agonist treatment (OAT) is the 'gold standard' treatment for opioid use disorder, though some clients opt for residential rehabilitation (with/without OAT). The period following residential treatment is associated with increased risk of opioid overdose. Identifying risk factors early in a treatment episode may inform targeted overdose prevention strategies.

Method: 2994 (29.6% women) clients attending residential treatment for primary opioid use were drawn from the NADAbase (a system for non-government data collection/reporting). Latent Class Analysis was conducted to examine polydrug use profiles based on opioid, sedative and stimulant use. A multinomial logistic regression examined associations between class membership and sociodemographic risk factors for overdose (e.g., age, living arrangements, region), including interactions with gender.

Results: The following five classes had distinct patterns of polydrug use prior to treatment: 'heroin and stimulants' (n=1565, 52.3%), 'heroin, other opioids, sedatives and stimulants' (n=665, 22.2%), 'fentanyl, other opioids and stimulants' (n=53, 1.8%), 'pharmaceutical opioids, other opioids, sedatives and stimulants' (n=452, 15.1%), and 'methadone/buprenorphine, other opioids, sedatives and stimulants' (n=259, 8.7%). Compared to the 'heroin and stimulants' group, the 'fentanyl, other opioid and stimulants' group were more likely to be women; the 'methadone/buprenorphine, other opioids, sedatives and stimulants' group were more likely to be men under 35 and men living alone; and the 'pharmaceutical opioid, other opioid, sedative and stimulants' group were more likely to be men living in regional areas.

Conclusions: We identified distinct subgroups of people attending residential rehabilitation for opioid use based on their patterns of primary opioid and polydrug use, who differed in sociodemographic and overdose risk profiles.

Implications for Practice or Policy: A comprehensive opioid overdose risk assessment is important in targeting individualised and effective overdose-prevention interventions during and post residential treatment. Expanding provision of overdose education, take-home naloxone and OAT in residential rehabilitation settings is warranted.

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