

Retention in opioid treatment following release from custody: results from the Release Study

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Introduction: The first 12 weeks post-release is a well-established high-risk period for people leaving custody to experience a variety of health and social harms. Continuing opioid agonist treatment (OAT) post-release reduces these risks. We will report on 12-week post-release outcomes among clients referred from prison-based methadone or long-acting injectable buprenorphine (LAIB) for ongoing community-based treatment.

Methods: Records were extracted for deidentified referrals to 23 publicly-funded opioid treatment programs (~80% NSW) across nine NSW Health Local Health Districts (LHD, April 2023-March 2024). Eligibility criteria: prison-based OAT clients referred to a participating community based LHD OAT. Client outcomes at 12 weeks were recorded.

Results: There were 1,534 referrals recorded during the study period; 1,179 (77%) had received LAIB in prison, 331 (22%) had received methadone, 24 (1%) had received sublingual buprenorphine-naloxone. Of the 1,385 with data available, 90% were male, mean age 37.2 years (SD 8.6); 37% Aboriginal and/or Torres Strait Islander. Twelve-week retention in LAIB was 78%; people referred from private prisons were 0.91 times as likely (i.e. 9% less likely) as those from public prisons to be retained 12 weeks (95% CrI 0.81, 1.01, P(Direction) = 0.965). Clients with an unexpected referral were 1.16 times more likely than participants with an expected referral to be retained on LAIB at 12 weeks (95% CrI 1.09, 1.24, P(Direction) = 1.000). Retention at 12 weeks in methadone treatment was 94%; people released from private prisons were 1.07 times as likely as participants from public prisons to be retained on treatment in the community at 12 weeks (95% CrI 1.02, 1.11, P(Direction) = 0.989).

Discussions and Conclusions: Rates of attendance for OAT dosing post-release were high in both groups. While results suggest acceptable 12-week treatment retention, factors impacting retention may vary by medication, including referral source. Associations with post-release drug use and health and social functioning will be discussed.

Implications for Practice or Policy (*optional*): LAIB, now the predominant OAT in NSW custodial centres, appears to be associated with acceptable retention in treatment.