

# The Release Study- comparing long-acting injectable buprenorphine to methadone post-release

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# • Acknowledgement of country



- I 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 & other First Nations people here today.

# Disclosures

A.D. reports grants from

- Camurus AB,
- Indivior

to conduct clinical studies with buprenorphine formulations to Hunter New England Local Health District, who employ A.D

# Comparing buprenorphine preparations to methadone post-release (The Release study)



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(16) Hunter Medical Research Institute (HMRI)

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# Summary of literature – OAT in custody/on release

Finding	NHMRC level of evidence	Author
OAT associated with reduced drug use in prison	Level I	Moore 2019, Hedrich 2011, Stallwitz 2006, Malta 2019 ( <u>not</u> Perry 2015)
OAT in prison associated with reduced deaths in prison	Level III-2	Larney 2012
OAT in prison is cost-effective	Level III-3	Gisev 2015
People who use opioids have an increased mortality post release from custody	Level I	Merrall 2010
<b>OAT associated with reduced mortality post release</b>	Level III-2	Marsden 2017
<b>OAT initiated in prison associated with increased engagement post release</b>	Level I	Moore 2019, Heidrich 2011
OAT initiated on release not associated with engagement in treatment or reduced mortality	Level III-2	Pierce 2018
OAT in prison associated with reduced crime post release	Level I	Perry 2015

# Summary of literature – LAIB retention post release

Outcome measure: script filled (administrative data)	Sample size	Author
<u>Design</u> : RCT <u>Intervention</u> : LAIB monthly injection at least 1 week prior to release <u>Key finding</u> : 69% retained in LAIB 8 weeks post release	n=26	Lee 2021 <a href="#">PMID: 34495340</a>
<u>Design</u> : retrospective cohort design <u>Intervention</u> : any LAIB while incarcerated <u>Key finding</u> : 61% engaged in any MOUD post release; 30% continued LAIB	n=54	Martin 2022 <a href="#">PMID: 35939914</a>
<u>Design</u> : observational pilot study (comparison of two jails) <u>Intervention</u> : any LAIB while incarcerated <u>Key finding</u> : 67% continued LAIB post release without interruption	n=70	O’Conner 2024 <a href="#">PMID: 38940853</a>



## Treatment of opioid dependence with depot buprenorphine (CAM2038) in custodial settings

Adrian J. Dunlop<sup>1,2,3</sup> , Bethany White<sup>3,4,5</sup> , Jillian Roberts<sup>3,6</sup> , Michelle Cretikos<sup>7</sup>, Dena Attalla<sup>6</sup>, Rod Ling<sup>8</sup> , Andrew Searles<sup>8</sup> , Judith Mackson<sup>9</sup>, Michael F. Doyle<sup>4,10</sup> , Elizabeth McEntyre<sup>11</sup>, John Attia<sup>2,8,12</sup> , Christopher Oldmeadow<sup>8</sup> , Mark V. Howard<sup>13</sup>, Terry Murrell<sup>13</sup>, Paul Steven Haber<sup>3,4,5</sup>  & Nicholas Lintzeris<sup>3,5,14</sup> 

## RESEARCH

## Open Access

### Depot buprenorphine as an opioid agonist therapy in New South Wales correctional centres: a costing model



R. Ling<sup>1,2\*</sup>, B. White<sup>3,4,5</sup>, J. Roberts<sup>3,6</sup>, M. Cretikos<sup>7</sup>, M. V. Howard<sup>8</sup>, P. S. Haber<sup>3,4,5</sup>, N. Lintzeris<sup>3,5,9</sup>, P. Reeves<sup>1,2</sup>, A. J. Dunlop<sup>1,2,10</sup> and A. Searles<sup>1,2</sup>

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#### Research Paper

### Health and correctional staff acceptability of depot buprenorphine in NSW prisons

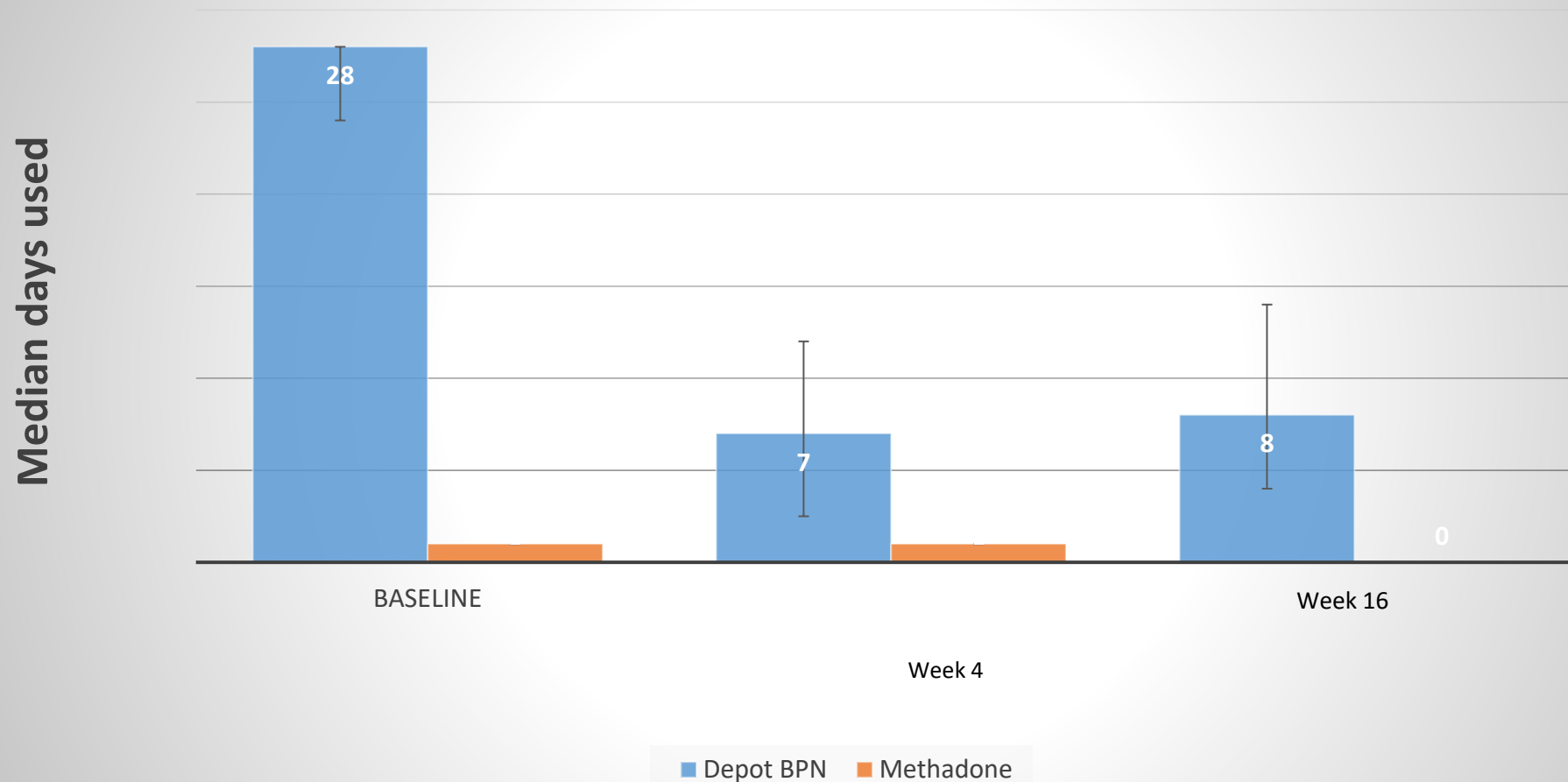


S.C. Little<sup>a,b,\*</sup>, B. White<sup>a,b,c</sup>, M. Moensted<sup>a,b</sup>, K. Butler<sup>d</sup>, M. Howard<sup>e</sup>, J. Roberts<sup>f,c</sup>, A. Dunlop<sup>g,c,h</sup>

# UNLOC-T

- In custody (9 custodial centres NSW) – pre Covid19
- LAIB induction & treatment (methadone comparator)
- Adverse events – common but mild
- Good retention (>80%)
- **No LAIB diversion detected**
- **Treatment satisfaction – convenience for participants**
  - **Support by correctional officers**

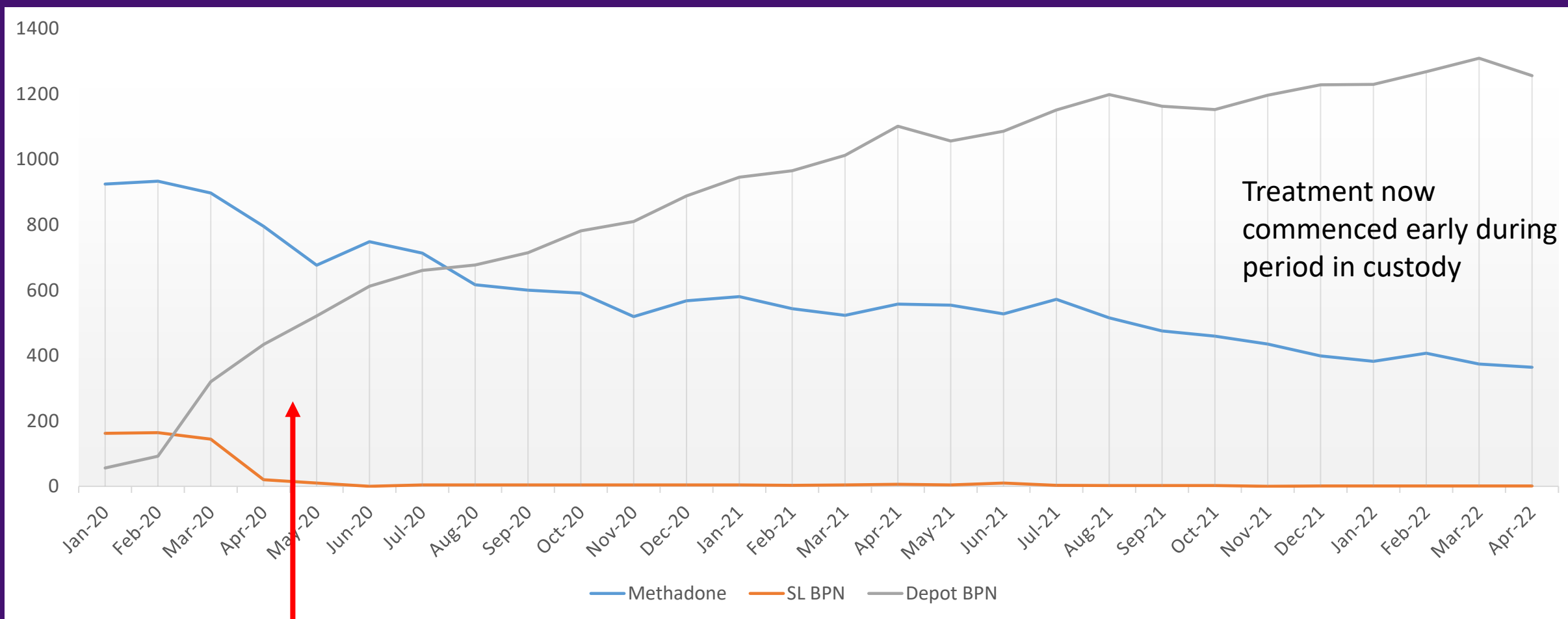
# Frequency of self-reported non-prescribed opioid use last 28 days- depot and methadone patients, median (IQR)



# Treatment costs – \$AUD

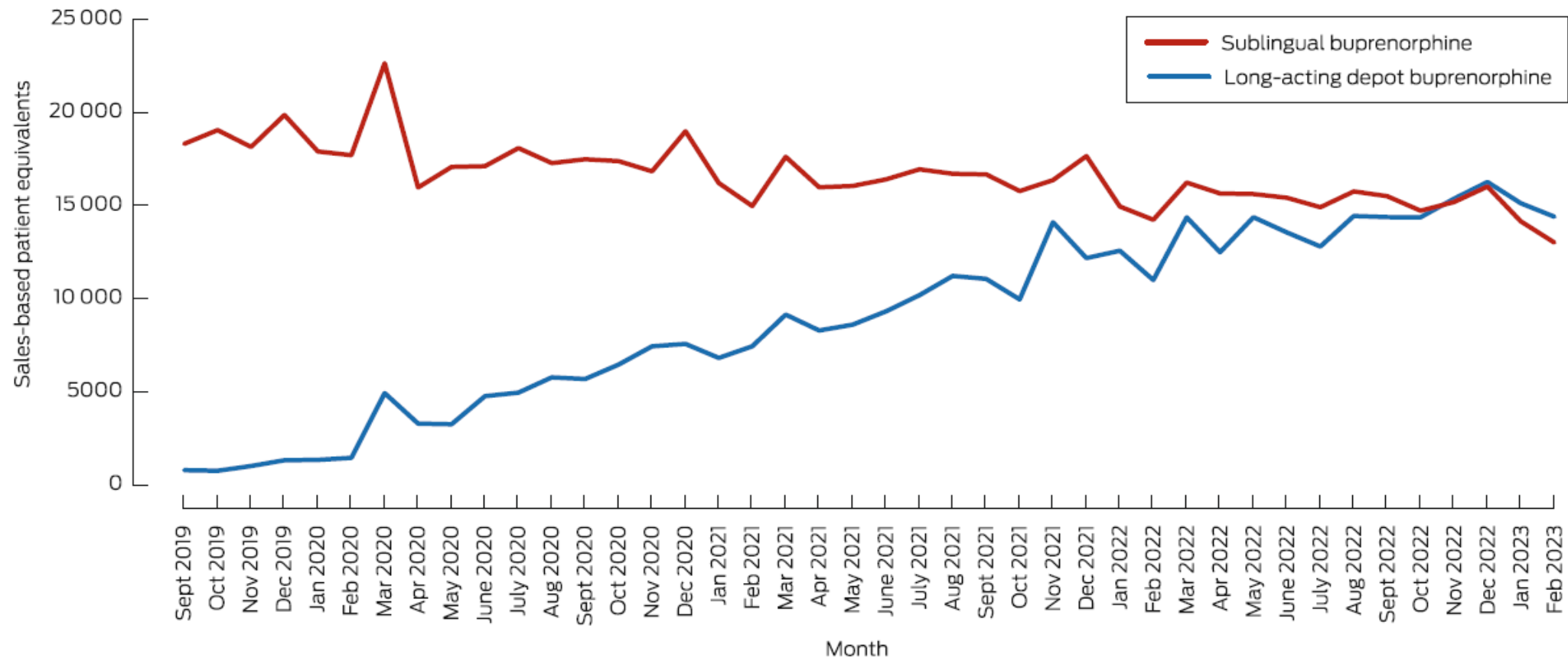
	Depot BPN	Methadone	SBL BPN
<b>Justice Health &amp; Forensic Mental Health</b>			
Pharmacy	\$24	\$5	\$32
Inventory management	\$26	\$4	\$16
Clinic OAT administrations	\$49	\$208	\$879
Total	\$98	\$216	\$927
<b>Corrective Services NSW</b>			
Movement Supervision	\$32	\$72	\$300
Clinic Supervision	\$20	\$91	\$202
Total	\$52	\$162	\$601
<b>Total NSW Government (\$)</b>	<b>\$151</b>	<b>\$379</b>	<b>\$1,529</b>
Patients (n)	50	239	40
Administrations (n)	84	7,409	1,240
Orders to Pharmacy (n)	21	24	24
<b>Commonwealth Government</b>			
OAT supply costs per patient	<b>\$434</b>	<b>\$80</b>	<b>\$525</b>

# Covid lockdowns → scale up NSW prisons

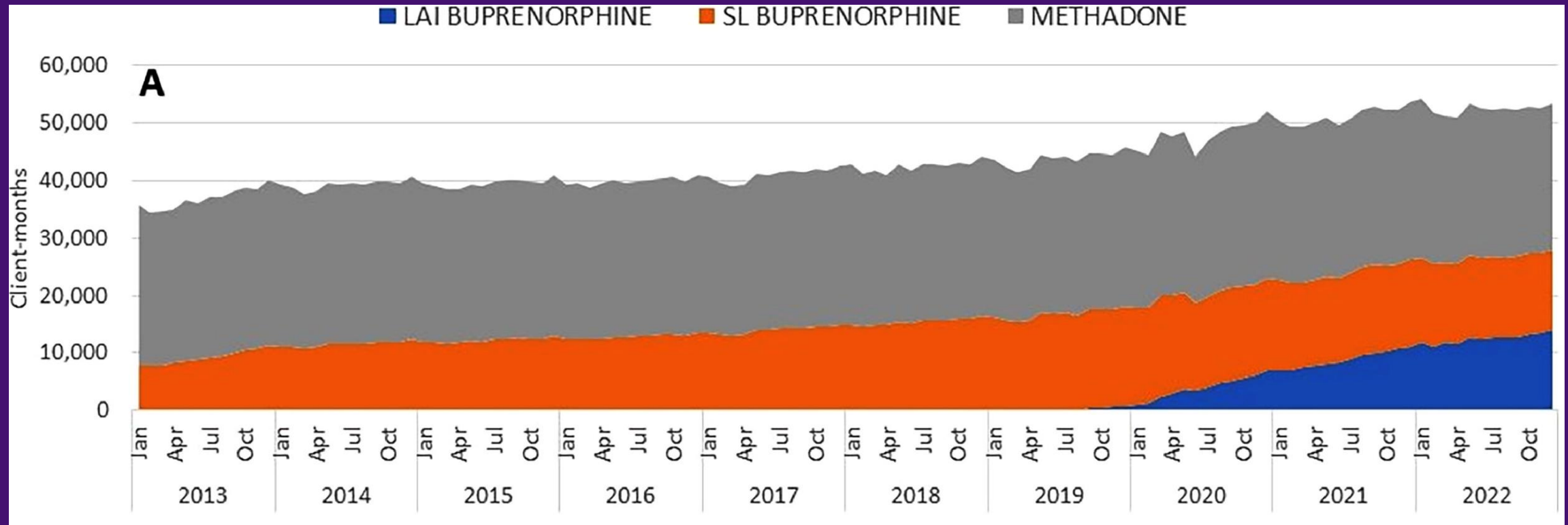


# Uptake Long Acting Injectable Buprenorphine – across Australia

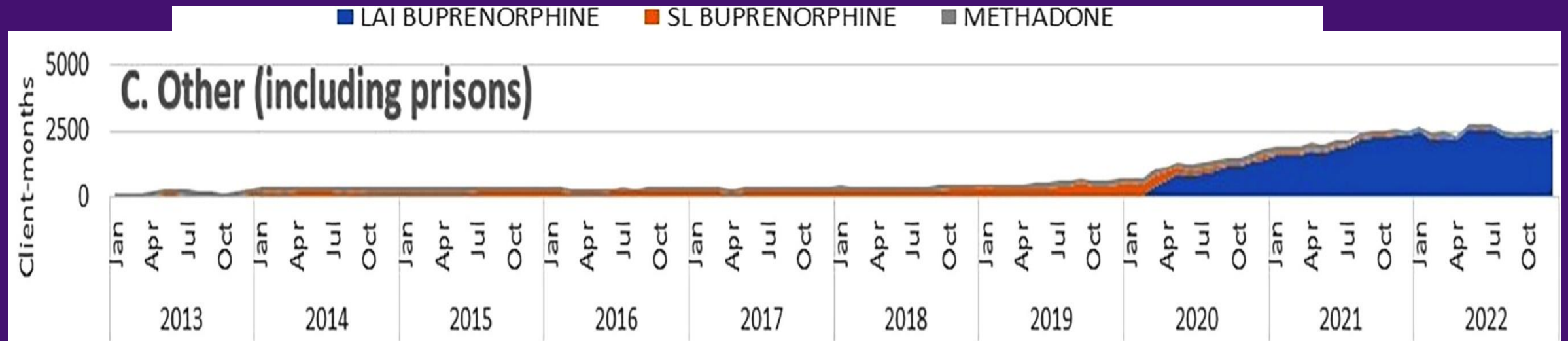
1 Estimated number of people who received buprenorphine for treatment of opioid dependence, Australia, 1 September 2019 – 28 February 2023, based on reported sales numbers: by formulation type



# Now more buprenorphine (sublingual + long acting) than methadone



LAI B most common OAT in prison in Australia ~10% all OAT



# Release Study

- Funded by NSW Health – translational research grant scheme
- People released from NSW prisons referred to NINE DACRIN – LHDs (SSE, S, StVs, WS, SWS, IS, CC, HNE, WNSW & JHFMHN)
  - 23 publicly-funded opioid treatment programs (~80% NSW)
- Non randomized comparison of patients released on methadone and LAIB
- Outcomes
  - Retention in treatment – 3 months
  - Substance use, return to prison, mental health, overdose, ED, hospitalisations, death
  - Co-variates: support post release, planned/unplanned release, rurality, take home naloxone access



# Overview

1

## 1. Prospective eMR extraction

- Timeframe: April 2023- June 2024
- Population: people on OAT referred from public + private prisons to 23 participating services
- Data sources: site-level register of all prison referrals linked to NSW MDS + ATOP + iDose

2

## 2a. Post release survey

- Timeframe: Nov 2022- Nov 2023
- Population: People in custody on OAT expected to be released within 6 weeks
- Data source: telephone survey 12 weeks post release

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## 2b. Qualitative study

- Timeframe: Feb- Nov 2023
- Population: Survey participants reporting ceasing or switching treatment post release
- Data source: telephone interview

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## 3. OAT provider consultation

- Timeframe: Jan- Mar 2024
- Population: OAT providers across 21 participating services
- Data source: focus groups

# Methods

- Study period: **1 Apr 2023 –30 Jun 2024** (12 months + 12 weeks follow-up)
- Outcome at 12 weeks manually identified by local project team and recorded in REDCap
- Health information managers and research staff matched these with extracts:
  - Dosing information (iDose)
  - Client, treatment and service characteristics (NSW Minimum Data Set for Drug and Alcohol Treatment Services; MDS)
  - Substance use, health and social characteristics (Australian Treatment Outcomes Profile; ATOP)
- Results will focus on the manual data collection from REDCap
  - Linkage with iDose, MDS and ATOP extracts ongoing

# Preliminary results

- n=1,612 referrals made to participating OTPs
  - 270 (17%) attended unexpectedly (client presented without advance notice)
  - 111 (7%) referrals were repeat presentations to the same OTP following reincarceration (NB. *reincarceration within study period only tracked within each OTP*)
- OAT type in prison
  - n=1,283 (80%) long-acting injectable buprenorphine (LAIB)
  - n=329 (20%) methadone

*Results exclude n=6 people receiving sublingual BPN and n=14 OAT type unknown by agency*