

## **Completion matters? Demographics and health care utilisation for The Magistrates Early Referral into Treatment (MERIT) Program.**

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**Introduction:** The Magistrates Early Referral into Treatment (MERIT) program is a voluntary, pre-plea, 12-week diversion initiative for people with alcohol and other drug issues appearing in Local Courts in New South Wales (NSW), Australia. Operating since 2000, MERIT is available in 80 Local Courts across the state.

**Methods:** Data for people accepted into MERIT between 1 January 2008 and 30 June 2018 were linked to health and justice administrative datasets. Multivariable logistic regression was used to estimate the effect of MERIT completion on three outcomes within two years of acceptance: Unplanned Emergency Department (ED) presentations, hospital admissions, and ambulance callouts.

**Results:** There were 17,726 people accepted into MERIT and 12,138 (68%) completed the program. Completion rates remained stable for men but declined among women from 72% in 2008 to 58% in 2017. In the follow-up period, proportion of people with ED presentation (64%) was more common than hospital admission (45%) or ambulance callout (37%).

Preliminary results suggest that post program acceptance, MERIT completion was associated with reduced odds of unplanned ED presentations with stronger effect among women [OR: 0.69 (0.58–0.83)] than men [OR: 0.87 (0.78–0.96)]. Completion was also associated with fewer hospital admissions for people living in major cities [OR: 0.79 (0.72–0.88)] but not in regional and remote areas [OR: 0.95 (0.83–1.1)]. Ambulance callouts were 22% lower (16%–28%) among completers than non-completers.

### **Discussions and Conclusions:**

MERIT completion was associated with reduced use of acute health services use in the two years post program acceptance, especially for women. The absence of a measurable impact of MERIT completion on hospital admission in regional and remote areas may reflect differences in healthcare utilisation pattern in those settings.

### **Implications for Practice or Policy:**

The findings underscore the importance of maximising MERIT completion among all participants accepted into MERIT potentially improving health outcomes.

### **Disclosure of Interest Statement:**

None to declare.

### **Ethics approval statement**

The research and use of linked data was approved by the NSW Population and Health Services Research Ethics Committee (REF No. 2021/ETH00616)