

Retention in opioid against treatment following release from custody: Impact of long-acting injectable buprenorphine in the post-release period (The Release Study)

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Aim: The Release Study was funded by the NSW Health Translational Research Grants Scheme (TRGS). The multi-site mixed methods study was designed to examine post-release retention on opioid against treatment among people released from NSW correctional centres. The symposium provides an opportunity to present preliminary findings of the four key components of the project and to examine relevance to clinical practice.

PRESENTATION 1: What can community opioid treatment programs data tell us about the impact of long-acting depot buprenorphine on the high-risk post-release period for people with opioid dependence?

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Introduction / Issues: The first 12 weeks post-release is a well-established high-risk period for people leaving custody to experience a variety of health, social and criminal justice-related harms. Continuation of opioid agonist treatment (OAT) post-release has been demonstrated to reduce these risks. This study aims to compare 12-week post-release outcomes among clients referred from prison-based methadone or long-acting injectable buprenorphine (LAIB) for ongoing treatment in the community.

Method / Approach: Deidentified extract of referrals (April 2023-March 2024) across nine NSW Health Local Health Districts (LHDs). Eligibility criteria: prison-based OAT clients referred to a participating community based LHD OAT. Client outcomes at 12 weeks were recorded.

Key Findings / Results: To date, n=1144 client referrals have been recorded. Most clients (83%) were “expected” (referral received prior to presentation). A majority (90%) were male; mean age was 37.2 years (SD=8.66, range 20-66). Seventy-nine percent of clients were receiving LAIB (21% methadone) in custody. Three-quarters (845/1144; 74%) received at least one dose post-release (89% methadone, 70% LAIB). By 12 weeks, n=537/1144 (47%) were still attending the clinic (dosing onsite or at pharmacy); n=152/237 (64%) methadone and n=385/907 (42%) LAIB. Other outcomes documented include transferred to another OAT program (n=91, 8%) and reincarceration (n=100, 9%), with smaller numbers of other documented outcomes, including unknown reason for OAT cessation (n=79, 7%).

Discussions and Conclusions: Rates of attendance for OAT dosing post-release were high at 70% or greater in both groups (70% LAIB; 89% in methadone). Preliminary results suggest acceptable 12-week retention in treatment; factors associated with retention, return to custody, referral and mortality will be discussed.

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

PRESENTATION 2: Post-release experiences of people released on long-acting injectable buprenorphine and methadone

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Introduction / Issues: People with opioid use disorder are at elevated risk of overdose following release from custody. Opioid agonist treatment (OAT; methadone and buprenorphine) is protective against overdose among other benefits. Long-acting injectable buprenorphine (LAIB) has been shown to be safe with low risk of diversion in correctional settings and is becoming the preferred OAT formulation in this context in some jurisdictions. However, it is unknown whether LAIB is as effective as methadone during the high-risk post-release period.

Method / Approach: A convenience sample of people receiving OAT in custody were consented by Justice Health clinicians across nine NSW prisons. The primary endpoint was post-release OAT retention while secondary outcomes included post-release substance use and treatment satisfaction.

Key Findings / Results: From November 2022- November 2023, 243/305 (80%) of eligible participants were surveyed 97 days (range 57-374) post-release. Mean age was 36.6 years (SD 8.5), 80% male, 50% identified as Aboriginal. The majority were released on LAIB (83% vs. 17% methadone); 21% of both groups were reincarcerated and completed the survey in custody. Preliminary, unadjusted analysis indicates that compared to participants released on methadone, those on LAIB were significantly younger (36 years [SD 8.5] vs. 41 years [SD 6.7], $p<0.001$), had been using opioids (16 [SD 9.4] vs 23 [8.2, $p<0.001$]) and injecting (16 [SD 10.4] vs. 22 [9.4], $p<0.001$) for fewer years; they were also more likely to have initiated OAT in custody (65% vs. 5%, $p<0.001$). Fewer on LAIB reported presenting for community dosing at least once post-release (80% vs. 95%, $p=0.022$), with less of the LAIB group remaining in treatment by 12 weeks (78% vs. 95%, $p=0.002$).

Discussions and Conclusions: As LAIB is being increasingly prescribed in custodial settings locally and internationally, and noting the limitations of this observational study, it is important and timely to understand if retention in treatment post-release is comparable to existing OAT and examine the effectiveness and acceptability of this treatment during the post-release period.

Implications for Practice or Policy: Identification of factors associated with treatment cessation post release will inform development of targeted strategies to support those at greatest risk and guide both policy and practice.

PRESENTATION 3: Long-acting injectable buprenorphine in the post-release period: Factors influencing treatment cessation or formulation change

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Introduction / Issues: Among other benefits, opioid agonist treatment (OAT; methadone and buprenorphine) is protective against overdose for people with opioid use disorder following release from custody. Long-acting injectable buprenorphine (LAIB) is safe with low risk of diversion in correctional settings and is becoming the preferred OAT formulation in this context. Factors that influence retention in LAIB post-release are unknown.

Method / Approach: Participants in a convenience sample of people receiving OAT in custody consented by Justice Health clinicians across nine NSW prisons who reported ceasing or switching formulations within 12-weeks of release were interviewed via phone or videoconference in the community, or in custody if reincarcerated, using a semi-structured interview guide. Interview transcriptions underwent iterative categorization and thematic analysis.

Key Findings / Results: Between November 2022 and March 2024, 32 participants (75% male) aged ≥18 who ceased LAIB within 12-weeks post-release were recruited. Mean age was 34 years (SD 9.31; range 21-54) and 53% identified as Aboriginal. Key themes to emerge regarding treatment cessation were stigma, limited transition supports, illicit drug use and associated social networks, mental health issues, structural factors (housing, regionality, clinic distance and service mistrust), and side effects. Enablers of retention included a supportive community/family, access to post-release support services and stable housing or employment. Some participants who discontinued identified positive impacts of LAIB and some expressed regret regarding treatment cessation. Interviews were also conducted with 4 participants who switched from LAIB to sublingual-BPN prior to 12-weeks post-release. Key factors impacting switching were regimen preferences, attitudes towards certain formulations, and withdrawal/side effects.

Discussions and Conclusions: Numerous structural and psychosocial factors impacted participants motivations and capacity to continue LAIB prescribed at release from custody. Understanding these factors is necessary to support treatment retention and increase program acceptability and uptake during the post-release period.

Implications for Practice or Policy: Findings from this study will support the development of policy recommendations/clinical guidelines for Justice Health and the NSW Opioid Treatment Program.

PRESENTATION 4: Exploring barriers and enablers of long-acting injectable buprenorphine in a post-release patient population: community opioid treatment program staff perspectives

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Background: As part of the larger study evaluating long-acting injectable buprenorphine (LAIB) retention in participants recently released from custody, we examined community-based opioid treatment program (OTP) staff perceptions of patient care post-release.

Method / Approach: We conducted focus groups with staff from public NSW OTPs. Researchers approached Nurse Unit Managers (NUMs) to gauge interest; employees present on days groups took place were invited to participate. Group discussions were recorded and transcribed verbatim. Data were analysed using a thematic coding approach, with codes checked by two authors.

Key Findings / Results: From January- March 2024, 21 in-person groups were conducted across nine NSW Local Health Districts and five were completed via videoconferencing. Of 133 clinician participants, most were female (73%) and nursing staff (84%). Participants identified structural (distance constraints, transport costs), systemic (unplanned releases) and programmatic factors (poor post-release transfer of care) as barriers impacting OTP retention generally. Barriers specific to LAIB were identified such as reduced opportunities for brief intervention, delayed contact with OTP clinic post-release and the potential impact of methamphetamine use. Enablers included the Connections Program (pre/post-release support), supportive parole officers and timely receipt of Justice Health referral paperwork. Participants reported that retention could be improved by targeting clients initiated onto LAIB while in custody for the first time with education and support for accessing community-based OTPs.

Discussion and Conclusions: OTP staff identified strategies to reduce barriers and enhance retention post-release. Strategies to improve engagement included better linking of patients initiated for the first time in custody to community-based OTP and expanding the Connections Program. Increasing opportunities for clinicians to provide brief intervention was identified as a protection against relapse, as well as reducing time between last custody-based dose and first community LAIB dose. This period was identified as an important timepoint to establish structure around treatment and build rapport with patients, both important factors in retention.

Implications for Practice: Results identified the need for changes which better support smooth transition from custody to community OTP. Improvements to LAIB programs in this period could lead to increased retention which is related to reduced illicit drug use, decreased risk of overdose and improved health outcomes.

Discussion Section: The symposium will conclude with a panel facilitated discussion of study results and implications for policy and practice. As LAIB is emerging as the predominant prescribed OAT in custodial settings across Australia, the impact on continuity of care in the post-release period for community providers is of practical and policy importance. Audience members will also be invited to share their experiences managing this patient population; we will have an interaction with audience members on experience using a real time feedback mechanism (e.g. Slido).

Discussants: Harnessing the establishment of the Drug and Alcohol Clinical Research & Improvement Network (DACRIN), NSW D&A service Directors from participating LHDs will be discussants along with Paul Haber, Nick Lintzeris, Jill Roberts and a Justice Health & Forensic Mental Health representative.

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