

Barriers and enablers to providing long-acting injectable buprenorphine treatment to people recently released from prison: clinician perspectives

The Release Study

Mr Samuel Lawson

Research Officer – Drug and Alcohol Clinical Services, Hunter New England Health

Investigators

Prof Adrian Dunlop, Dr Jill Roberts, Prof Paul Haber, Prof Nicholas Lintzeris, Dr Robert Graham, Dr Gilbert Whitton, Dr Nadine Ezard, Mr Steven Childs, Dr Stanely Theodorou , Mr David Reid, Dr Bethany White, Mr Stephen Ward , Dr. Buddhima Lokuge, Dr Elizabeth McEntyre, Dr Michael Doyle, Prof Elizabeth Sullivan, Mr Martin Nean, Prof Lisa Maher

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Acknowledgement of country



We 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](#), [Yallaro](#) and [Yuin](#) Nations.

We pay our respects to Elders past, present and emerging, and extend these respects to Aboriginal and Torres Strait Islanders here today.

Overview



Background

Methods



Participants

Analysis



Findings

Conclusions



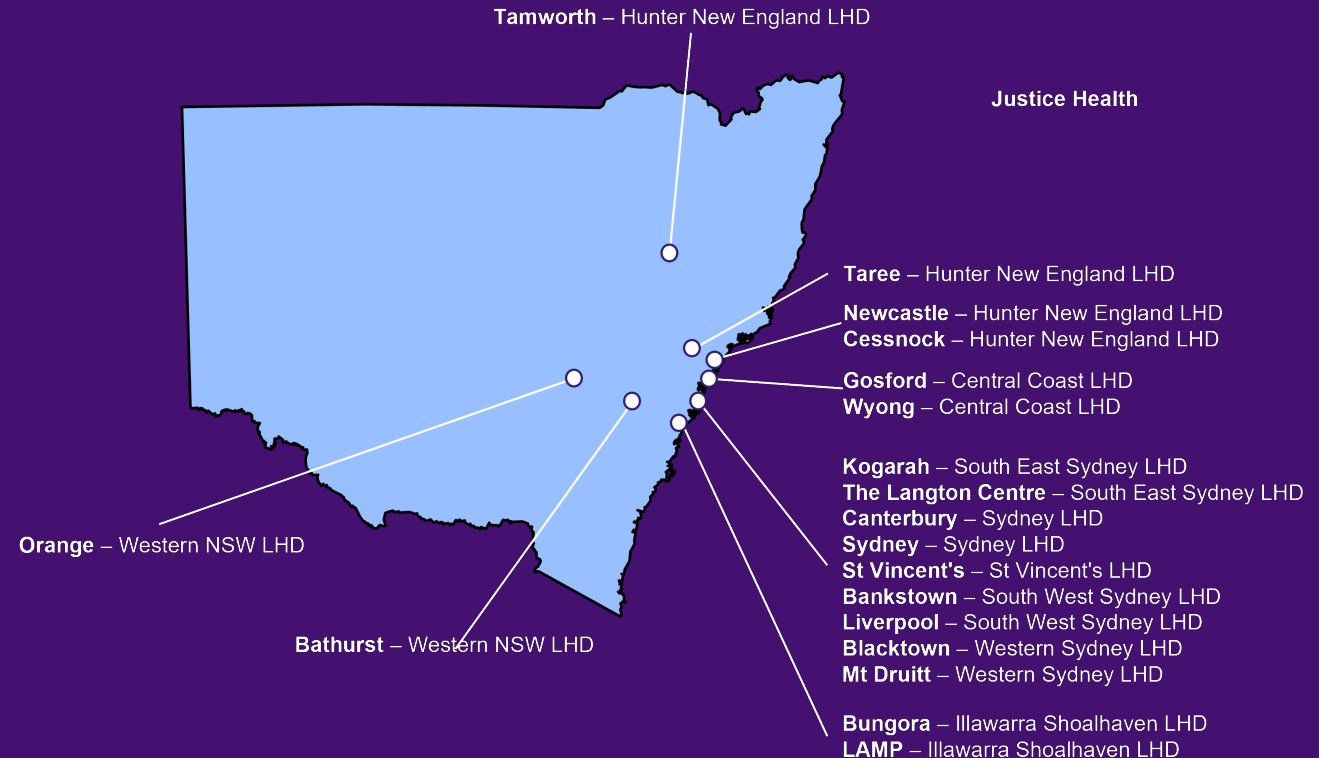
Background

Aim

Assess community-based opioid treatment program staff's perceptions of delivering opioid agonist treatment to patients recently released from custody

Methods

- Focus groups were mostly conducted in person
- Sites included
 - 20 Opioid Treatment Programs across 9 NSW LHDs
 - 1 NSW Justice Health focus group
- Dosing staff participated
- Dual facilitator method



Sample

Total
Sample

133

Mean age
44 (SD=11)

Age Range
23 - 75

Median Age
45 (IQR = 18)

Participant Characteristics

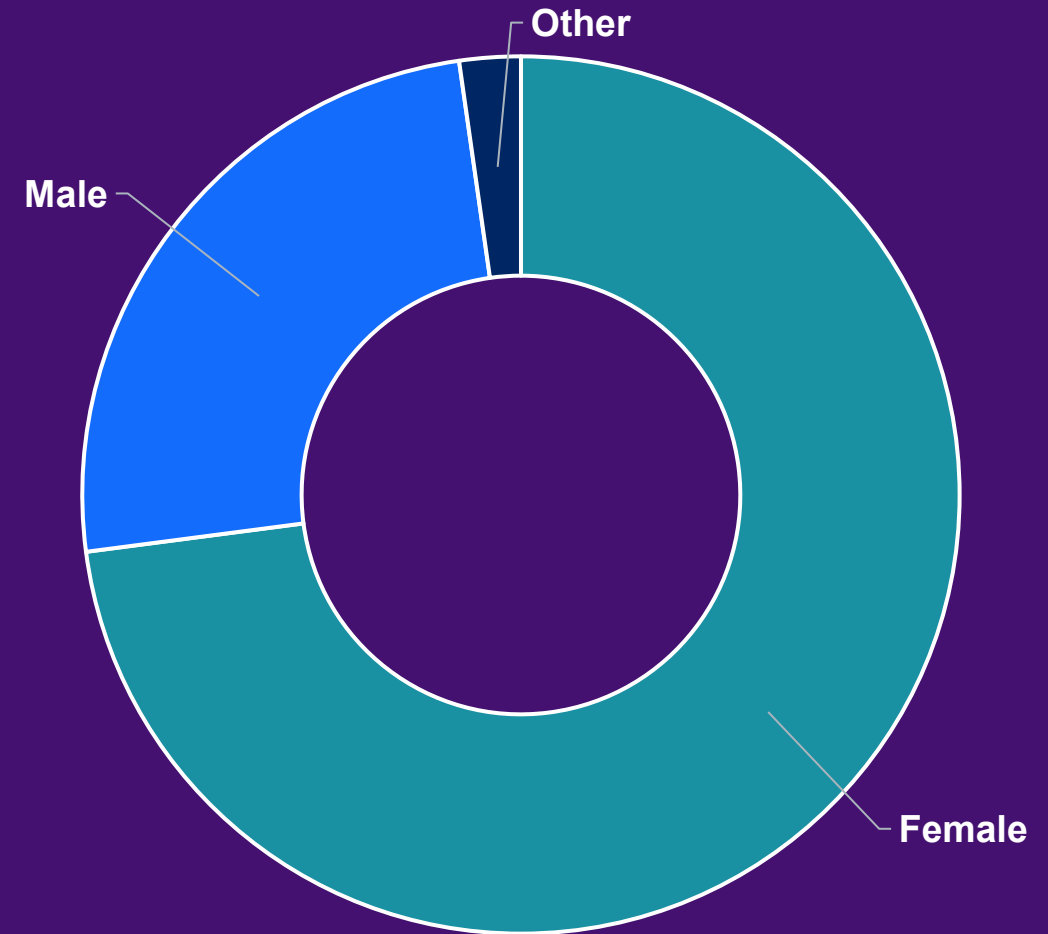
—Most participants were;

—Female (73%)

—Nurses (84%)

—Between 35-44 (26%) or 45-54 (26%)

—Had 2-5 years' experience in their current role (27%)



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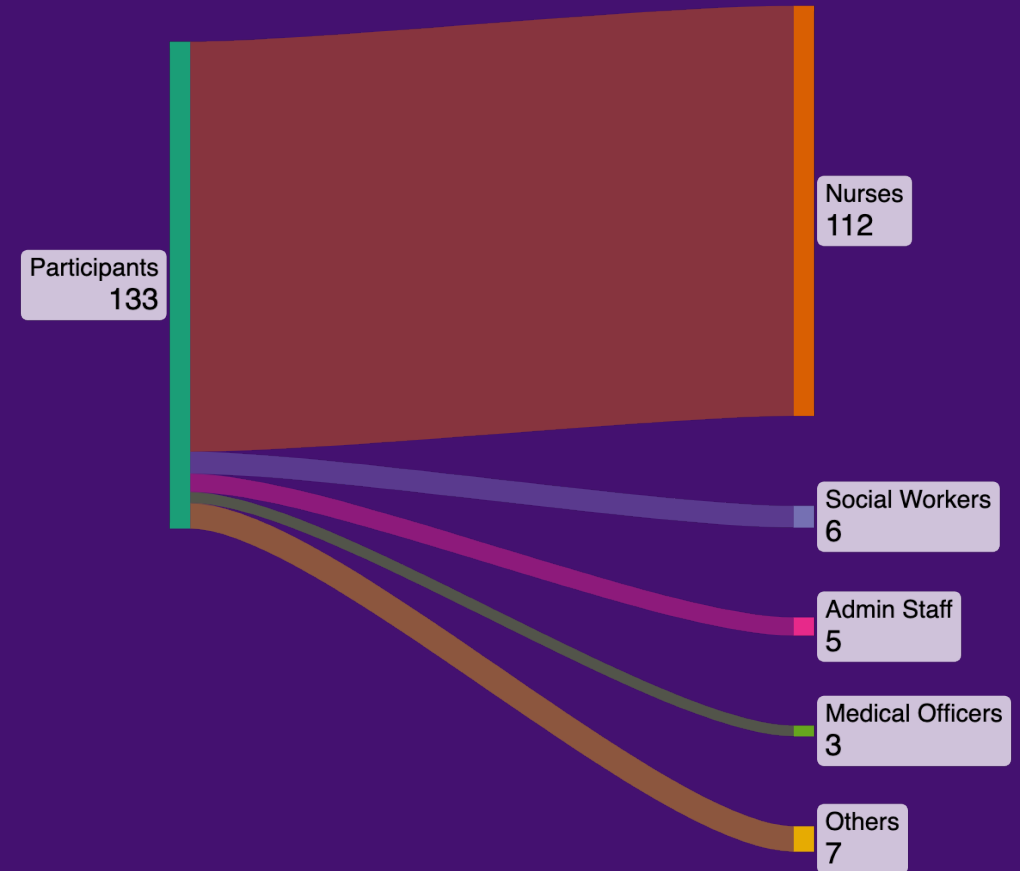
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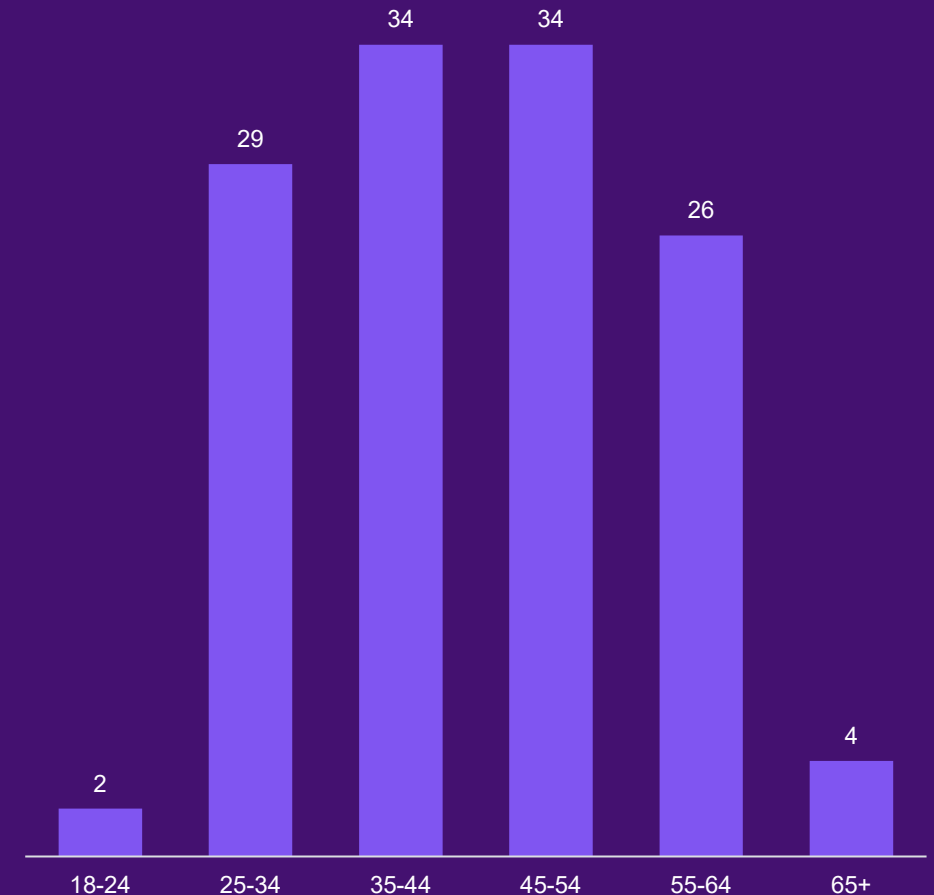
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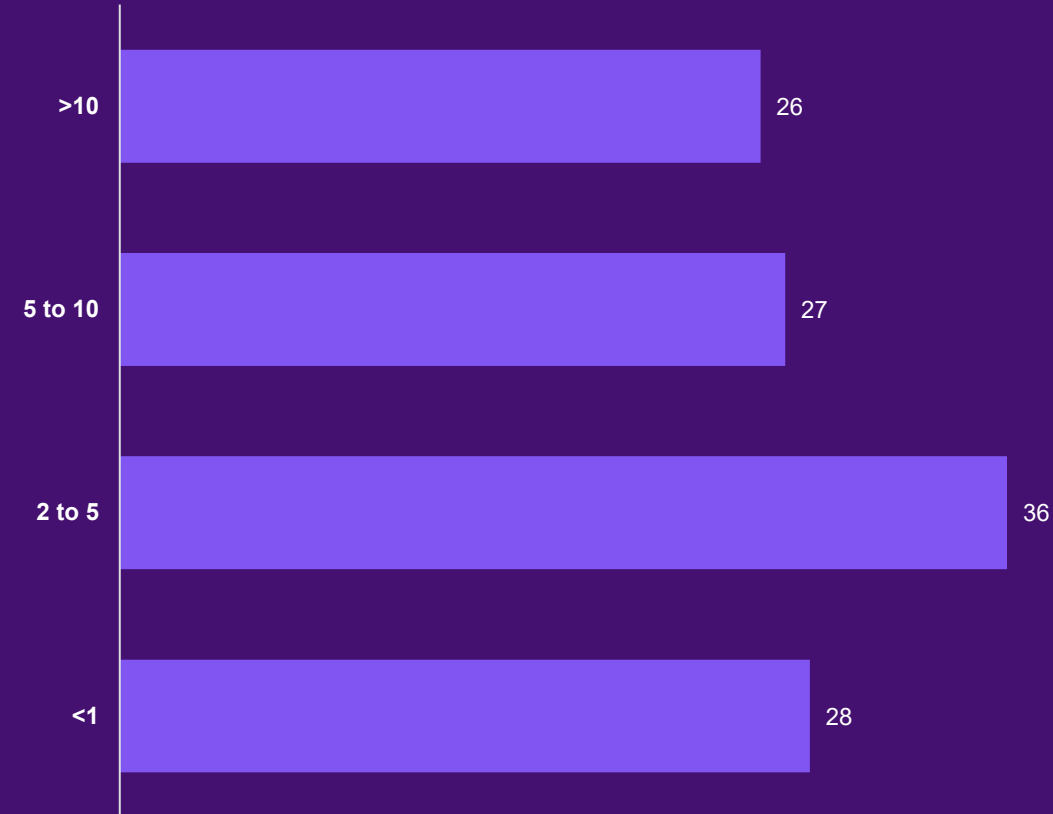
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Analysis

- Thematic analysis
- Inductive and deductive coding
- NVivo



Enablers

- Increased freedom
- Decreased OD risk

Barriers

- Decreased brief intervention
- Poorer therapeutic relationships
- Lack of immediacy

Enablers of transfer of long acting injectable Buprenorphine treatment from custody to the community

Increased Freedom

“The young men that want to **go out and get jobs** and stuff and they can't do that with methadone. So at least if they're only asking them **once a month** to come in, it's a lot less demand than daily dosing.” – Nurse at a regional OTP

Enablers of transfer of long acting injectable Buprenorphine treatment from custody to the community

Decreased overdose chance

*“You don't have the **risk of overdose**. It's a lot less likely with buprenorphine, plus a takeaway dose is always a risk in terms of diversion, childhood consumption, stuff like that. **We just don't see as many overdoses**”* – Nurse at a regional OTP

Barriers to LAIB treatment retention in the community

Decreased opportunity for brief intervention

*“When clients were on methadone, you have more opportunity to work with them, do more **relapse prevention**, more **in-depth reviews**, support them a lot more...where someone is released, and potentially **doesn't see anyone for a month**, and by the time you realise they haven't turned up.” – NUM at a metro OTP*

Barriers to LAIB treatment retention in the community

Poorer therapeutic relationship

*“Limited engagement once a month creates that situation where you get to the **crisis point** rather than having the opportunity to have an **intervention earlier** in the process when you can see what's going on.” – Social Worker at a regional OTP*

Barriers of transfer of LAIB treatment from custody to the community

Lack of immediacy

*“They're due for us in four weeks' time, that's a **long window**, whereas those on methadone will turn up the next day because they have to... Four weeks is a huge window to **change the phone number, changing your address, move out of the city.**” – NUM at a regional OTP*

Conclusions

Increased access to
outreach programs
in the post release
period



“They need to be with Connections for a longer period just so that they're stable, who can get them stable and they have more time to sort out their life.”

– Nurse at a rural OTP

Conclusions

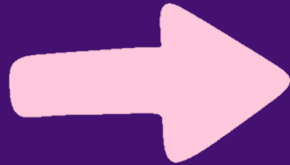
Increased access to outreach programs in the post release period



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– Nurse at a rural OTP

Increase access to multidisciplinary teams



“We need a whole lot more resources I guess, for the growing complexity of our clients really. We can only do so much as case managers.”

– Nurse at a regional OTP

Conclusions

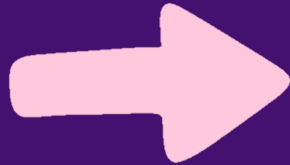
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Targeted education for first time LAIB / OAT clients



“I think even more information given to them in custody ... a lot of them they just think, oh, I'll just rock up there whenever I want and get an injection, so I think a lot more education around our service

– Nurse at a regional OTP

Acknowledgments

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Thank you!

Samuel Lawson
Research Officer
Hunter New England Health
Drug and Alcohol Clinical Services
samuel.lawson@health.nsw.gov.au