Comparison of oral buprenorphine/naloxone, depot buprenorphine and methadone for patients released from custodial settings with Opioid Use Disorder

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Introduction / Issues: For those with opioid use disorder (OUD), the time immediately after release from a custodial setting involves heightened risk of overdose and death. Whilst there is a robust literature comparing sublingual buprenorphine/naloxone and methadone as opioid agonist therapy (OAT) in the general community, there is less known about the use of these agents in people with OUD in the post-release period. We therefore sought to evaluate the relative merits of these treatments in a clinical cohort released from custody and treated by Hunter New England Drug and Alcohol Clinical Services (HNE-DACS).

Method / Approach: This project assesses retention in treatment at 12 weeks for patients released from custodial settings in 12 months from April 2019 to March 2020. We use clinical records to construct a retrospective cohort of post-release patients treated by the service with either methadone, sublingual buprenorphine/naloxone or depot buprenorphine. We compare the real-world effectiveness of these treatments using the proxy retention in treatment at 12 weeks after their transfer to the service. Our conclusions regarding the depot formulation are limited by a small sample size (n ~500).

Results: Baseline demographics (age, gender, Aboriginality, treatment site) will be presented. Retention in treatment for methadone, sublingual and long acting depot buprenorphine will be described and between group comparisons made, alongside a Kaplan-Meier survival estimate.

Implications for Practice or Policy: There is currently limited literature comparing sublingual buprenorphine/naloxone and methadone for those who are released from a custodial setting. Given the significant scale up of long acting depot buprenorphine in custodial settings across Australia, an improved understanding of real world retention will help guide clinicians and policy makers.

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