NDARC
National Drug & Alcohol Research Centre

The Difference is Research

UNSW AUSTRALIA

Patient experiences of opioid substitution therapy in prison: Reasons for seeking and ceasing treatment

Sarah Larney, Deborah Zador, Natasha Sindicich and Kate Dolan

Medicine | National Drug and Alcohol Research Centre

Incarceration is common among opioid dependent people

- NSW opioid treatment program: 43% of men, and 24% of women, incarcerated 1993-2011
- US: Between 1/4 and 1/3 heroin users are incarcerated annually

Incarceration is common among opioid dependent people

- Considerable harms associated with incarceration of this group:
  - Infectious diseases through prison injecting
  - Deaths in custody (suicides and overdoses)
  - Poor post-release outcomes
    - High re-incarceration rates
    - High mortality

1 in 200 opioid-using prisoners will fatally overdose within one month of release

Opioid substitution therapy improves post-release outcomes

- 75% reduction in post-release mortality risk
- 20% reduction in re-incarceration risk
- Both these outcomes rely on continuity of care from prison to the community
  - Best way to encourage community OST is prison OST

Clinicians in prison report challenges in retaining OST patients as they near release

- Some OST patients seek to withdraw from OST prior to release
  - Clinicians trained to provide information about post-release risks and encourage patients to stay in treatment – but ultimately it is the patient's choice
- Need to explore tension between evidence-informed clinical practice and patient preferences

Aims

- To examine patient perspectives of OST in prison:
  - Reasons for seeking OST in custody
  - Reasons for cessation of OST prior to release

Methods

- Qualitative interviews with 46 people in correctional centres in greater metro Sydney area
- All history of opioid use/dependence; various exposure to OST

Methods

- Interviews focused on:
  - Perceptions and experiences of OST in custody
  - Intentions to cease, continue or re-enter OST in custody and post-release
- Thematic analysis (NVivo):
  - Exploratory, inductive, iterative approach to coding

Participants

- N=46
  - 70% male
  - 39% Aboriginal or Torres Strait Islander
  - Median age 35 years (21-56 years)
  - 58% currently in OST

Expected benefits of OST in custody were reported

- Managing opioid withdrawal and cravings:

  I'm not agitated and I don't get pains in my legs or stomach cramps (36yo man, on OST)
- Avoiding risky injecting and prison drug trade:

  It's better to be on methadone than have hep C (28yo man, on OST)

  You're always spending your buy-up paying for the drugs, instead of buying food and getting healthy, you're just chopping in (37yo man, on OST)

But some patients expressed concerns, or found OST incompatible with their goals

- Chronic pain patients would prefer other opioids (e.g. oxycodone)
- Some participants wanted to be "drug-free" and did not consider OST to be compatible with this:

  I didn't want to be on it anymore. I thought it was basically replacing one addiction with another (28yo woman, ceased OST in custody)

  You're saying 'I don't want to get clean' [on OST] (38yo man, ceased OST in custody)

Some participants identified OST as providing stability post-release

I know that when I get back outside that any little thing happens, any little thing could trigger me, you know, where now I've been stable on the methadone, I find that if I stay on that I'm sort of on the right track to staying clean – 44yo man, current OST, intending to stay in treatment until after release

But several patients wanted to transfer to buprenorphine post-release

- Perception of easier withdrawal than methadone when they did choose to cease OST
- Potential for less frequent dosing
- Relative lack of stigma compared to methadone:
  Well, they know what methadone is for. Bup, you can tell them it's an injury or something (25yo man, no OST in custody)

Minority of participants reported 'traditional' concerns about post-release OST

- Difficulties imposed by constraints of daily dosing
- Logistics of transport to and from clinics
- Opening hours conflicting with working hours

For some, withdrawing from OST prior to release was a strategic decision

- Believed that methadone withdrawal would be easier to endure in custody
  - Few other commitments
  - Less chance of relapse as dose is reduced

For some, withdrawing from OST prior to release was a strategic decision

- Attending clinics was thought to be high-risk for drug use and offending
  It ties me in with crime, with the wrong people (28yo woman intending to cease OST in custody)
  And I was planning for when I do get released, I don't want to have to go to a methadone clinic and be picking up every day and run into the old crowd (28yo woman, ceased OST in custody)

Discussion

- Treatment sought to manage withdrawal/cravings
  - Better than using in prison
- But, much ambivalence towards OST
  - Preference for buprenorphine post-release
  - Preference to be "drug free"
- For some, cessation of OST in custody was a rational decision taken to reduce post-release risk
  - But data would suggest may not work as planned

Discussion

- How is risk communicated to patients? Can it be improved?
- Can post-release OST be made more attractive to patients?
- Harm reduction for all, but especially patients not interested in post-release OST: Naloxone

s.larney@unsw.edu.au @SarahLarney