

A COST-EFFECTIVENESS ANALYSIS OF OPIOID SUBSTITUTION THERAPY (OST) UPON RELEASE FROM PRISON

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Introduction and Aims: Drug-related mortality is high post release from prison, and OST in this post-release period reduces mortality but the cost-effectiveness of this strategy has not been assessed. The aim of this study was to undertake a cost-effectiveness analysis of the immediate receipt of OST at the time of prison release compared to not receiving OST immediately in terms of saving lives.

Design and Methods: Study population was a cohort of people who entered OST between 1985 and 2010, and who were released from custody for the first time between 01/01/2000 and 30/06/2011 (n=16,073). Mortality and costs were evaluated at 6 months post-release. Propensity score matching and regression analyses were used to account for imbalance between the two groups.

Results: A total of 13,468 individuals were matched (6,734 in each group). Twenty (0.3%) people released onto OST died, compared to 46 people (0.7%) not released onto OST. The final average costs were lower for the group that received OST post-release (\$7,206 vs. \$14,356). The incremental cost-effectiveness ratio showed that OST post-release was dominant, incurring lower costs and saving more lives. The probability that OST post-release is cost-effective per life-year saved is 96.7 % at a willingness to pay of \$500.

Discussion and Conclusions: Compared to no treatment on release, OST is cost-effective in reducing mortality among opioid-dependent prisoners in the first 6-months of release.

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