

Retention in primary care-based opioid agonist treatment is associated with reduced ambulance and emergency department contact following release from prison

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Introduction and Aims: People recently released from prison frequently use emergency healthcare. Post-release opioid agonist treatment (OAT) involves frequent contact with primary healthcare, providing opportunities to identify and address concurrent health issues and potentially reducing emergency healthcare use. In a cohort of men who regularly injected drugs prior to imprisonment, we determined differences in the use of post-release emergency healthcare between those prescribed OAT and those who were not.

Design and Methods: Primary data from the Prison and Transition Health Cohort Study (N=400) were linked with primary and emergency healthcare and correctional datasets. Primary outcomes were the count of ambulance and emergency department (ED) contacts in the three months following prison release. We fit generalised linear models for each outcome, with self-reported post-release OAT use (none/interrupted/continuous), adjusted for sociodemographic, health, drug use and primary healthcare use covariates and time at-risk in the community. Results were reported as adjusted incidence rate ratios (aIRR) with 95% confidence intervals (95%CI).

Results: Analysis included 265 participants. Compared to no OAT use, continuous post-release OAT use was associated with reduced rates of ambulance (aIRR:0.36, 95%CI:0.16-0.80) and ED contact (aIRR:0.45, 95%CI:0.24-0.84). Compared to no OAT use, interrupted OAT use was not associated with a difference in rates of ambulance (aIRR:0.57, 95%CI:0.22-1.46) or ED (aIRR:0.51, 95%CI:0.22-1.21) contact in the three months after prison release.

Discussions and Conclusions: We found continuous retention in OAT was associated with a reduced risk of emergency healthcare contact following prison-release, suggesting OAT-driven primary healthcare contact may facilitate addressing a broader set of health needs. Our findings provide further evidence of improved post-release outcomes among those retained in OAT.

Implications for Practice or Policy: Initiatives which may promote increased post-release OAT retention such as improved OAT affordability, flexible community dosing arrangements and expanded access to long-acting injectable buprenorphine should be investigated.

Disclosure of Interest Statement:

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