

A LITERATURE REVIEW OF OAT AND IMPLICATIONS OF DEPOT BUPRENORPHINE IN CUSTODIAL SETTINGS

Authors: Brendan Hayward¹, Qi Ting Tan², Wei Rong Tan², Michael Bishop², V Ranjeeta², Nicholas Lintzeris^{3,4,5}, Paul Haber^{4,5,6}, Jill Roberts⁷, Dena Attalla⁷, Bethany White⁴, Monique Hourn⁸, Adrian J. Dunlop^{2,5,7,8}

¹ Faculty of Medicine, University of New England, ² Faculty of Medicine, University of Newcastle, ³ Sydney South East Local Health District, ⁴ University of Sydney, ⁵ Drug and Alcohol Clinical Research and Innovation Network, ⁶ Sydney Local Health District, ⁷ Justice Health & Forensic Mental Health Network, ⁸ Hunter New England Local Health District,

Presenter's email: Adrian.Dunlop@health.nsw.gov.au

Introduction: This review summarises the effectiveness opioid agonist treatment (OAT: methadone and buprenorphine), the rationale for treatment in custodial settings and examines the emergence of novel methods for the delivery of OAT that may present safety and cost-effectiveness benefits over current treatment.

Methods: Medline, Psychinfo, Embase and Cochrane databases were searched from 2000-; keywords: methadone, buprenorphine, RBP6000, CAM2038, prison, treatment, focussing on review articles for methadone and buprenorphine and clinical trials for depot buprenorphine.

Key Findings: OAT (methadone and buprenorphine) are effective and currently the first-line treatment for opioid dependence, but are far from universally provided in custodial settings. Opioid dependence among prison inmates, and the incarceration of opioid dependent individuals, are substantial problems in Australia and internationally.^{i ii iii iv} Opioid dependence among prison inmates results in harms that include overdose and violent death in jail and after release,^v with >40 fold increases in death post release, predominantly due to drug related deaths.^{vi}

Buvidal^{vii} and Sublocade^{viii} are small-volume, subcutaneous buprenorphine depot that allow weekly or monthly buprenorphine administration, with the potential to reduce the need for highly supervised dispensing. This may allow reduced staff time and costs, and the inconvenience and stigma of daily supervised dosing.^{ix}

Discussions and Conclusions: OAT protects inmates from the harms associated with illicit opioid use during incarceration, and also in the high-risk period following parole. Currently, Australian programs are resource-intensive, and safety concerns are raised by the potential for coercion and diversion of treatments to a lucrative black-market. Considering new evidence on novel buprenorphine depot preparations, this delivery method has the potential to mitigate these challenges.

Implications for Practice or Policy: Although the risks of opioid dependence and the potential benefit of OAT in the inmate population have been demonstrated, under-treatment in prison remains a substantial concern. The reasons for this include competing demands for finite health resources, concerns regarding diversion, and the stigmatisation of inmates receiving treatment – factors that can contribute to a reduction in the safety of OAT programs.

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