

PERCEIVED ACCESS TO OPIOID AGONIST TREATMENT IN PRISON AND POST-RELEASE AMONG PERSONS WITH A HISTORY OF INJECTION DRUG USE: A QUALITATIVE STUDY

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Background: Opioid agonist treatment (OAT) is associated with a reduced likelihood of hepatitis C incidence, non-fatal overdose, and (re)incarceration among people who inject drugs (PWID), yet factors underpinning decisions to access OAT in prison and post-release are not well understood. The aim of the qualitative study was to explore the perspectives of OAT access while in prison and post-release among PWID recently released from prison.

Methods: Eligible participants enrolled in the SuperMix cohort (n=1,303) were invited to take part in a semi-structured interview in Victoria, Australia. Inclusion criteria were informed consent, aged ≥ 18 years, history of injection drug use, incarcerated for ≥ 3 months, and released from custody < 12 months. Data was analysed via a candidacy framework to account for macro-structural influences.

Results: Among 48 participants (33 male; ten Aboriginal), most had experienced > 1 incarceration (n=46), most injected drugs in the prior month (n=41) with heroin most frequently injected (n=33) and nearly half (n=23) were currently on OAT (primarily methadone). While participants identified themselves as candidates for OAT in prison, the navigation and permeability of services was heavily prison dependent. If not on OAT pre-entry, prison policies often restricted access, leaving participants to withdraw in cells. In turn, some participants commenced OAT post-release to ensure OAT continuity if reincarcerated. Other participants who did not access OAT in prison stated no need to initiate post-release as they were now 'clean'. Implementation of OAT delivery in prison (e.g., lack of confidentiality) frequently led to changes in OAT type to avoid peer violence and participants reported mixed experiences of OAT continuity post-release.

Conclusion: Findings draw attention to simplistic notions of 'OAT accessibility' in prisons, illuminating how structural determinants influence 'choice' in PWID decision-making. Suboptimal access and acceptability of OAT delivery in prisons will continue to place PWID at risk of harm post-release.

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