Health service and custodial staff acceptability of depot buprenorphine in NSW correctional centres

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Introduction: Provision of opioid agonist treatment (OAT) in custodial settings is resource-intensive and may be associated with diversion and related violence (threats, coercion, or intimidation to divert doses to others) with implications for staff working these settings. A clinical trial of a new a long-acting subcutaneous depot formulation of buprenorphine, requiring weekly or monthly rather than daily dosing (the UNLOC-T study), provided the opportunity to obtain health and custodial staff perspectives regarding this new treatment prior to widespread implementation.

Methods: Sixteen focus groups with 52 participants were conducted, including 44 health staff (nurses, nurse practitioners, doctors, and operational staff) and eight correctional staff.

Results: Key challenges to providing OAT in custodial settings identified as potentially being addressed by depot buprenorphine included 1) access to patients, 2) OAT program capacity, 3) treatment administration procedures, 4) medication diversion and other safety issues; and 5) impact on other service delivery.

Conclusions: The introduction of depot buprenorphine into correctional settings was considered to have the potential to increase safety for patients, improve staff / patient relations and advance patient health outcomes via expanded treatment coverage and efficiencies gained through enhanced health service delivery. Support was almost universal from both custodial and health staff participating in this study.

Implications for Practice:
These findings build on emerging research regarding the positive impact of more flexible OAT programs and could be used to engage support for the implementation of depot buprenorphine from staff in other secure settings.

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