

SUBSTANCE USE, MENTAL HEALTH, AND HEALTHCARE COSTS AFTER RELEASE FROM AUSTRALIAN PRISONS

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Background: People leaving prison are at high risk of substance-use related harms, and often have other complex health needs. Healthcare costs during this period have not been well documented, and could help guide investment in prevention and treatment services.

Methods: We analysed linked data from a prospective cohort study of 1,178 men and women released from prisons in Queensland, Australia, a setting with a heavily subsidised single-payer health system. We calculated healthcare costs across primary care, subsidised medication prescribing, ambulance, emergency department, and in-patient hospital services. We compared costs in the cohort to those in the age- and sex-standardised general population. We also assessed the impact of diagnosed substance use disorder, mental illness, and dual diagnosis on costs.

Results: Healthcare costs were 1.7-fold higher in the cohort than among the age- and sex-matched general public, and a high proportion of encounters were due to harms from substance use, mental illness, violence, and other injuries. Dual diagnosis was strongly predictive of high healthcare costs: participants with a dual diagnosis were 5-fold more likely than those with no diagnosis to incur healthcare costs in the 90th percentile for the cohort.

Conclusions: People released from prison incur high healthcare costs due to high rates of engagement with emergency health services and hospital admissions, particularly those with a history of dual diagnosis. Many presentations were preventable, and better addressing the substance use and mental health needs of people leaving prison may be highly cost-effective.

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