

USE OF PRIMARY CARE BASED MEDICATION FOR OPIOID USE DISORDER FACILITATES BROADER HEALTH SERVICE UTILISATION FOLLOWING RELEASE FROM PRISON

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Background:

The health of people in prison often deteriorates following release, especially among those with histories of injecting drug use (IDU). In Victoria, Australia, medication for opioid use disorder (MOUD) involves frequent contact with primary care, potentially facilitating broader health service utilisation. Among a cohort of men with histories of IDU, we determined differences in the use of primary care and medication prescription between those who received MOUD and those who did not following release from prison.

Methods:

Data came from the Prison and Transition Health Cohort Study. Three-month post-release follow-up interviews were linked with administrative data from Corrections Victoria, Medicare Benefits Schedule and Pharmaceutical Benefits Scheme (PBS). Generalised linear models were fit with one exposure (MOUD: none/partial/complete) for general practitioner (GP), pathology, and medication prescription outcomes, adjusted for confounders and time at-risk in the community. Coefficients were reported as adjusted incidence rate ratios (aIRR). Partial MOUD included participants who reported incomplete MOUD exposure during follow up.

Results:

Analysis included 268 participants. Compared to no MOUD exposure in the three-months post-release, complete and partial MOUD was associated with increased rates of standard (aIRR:3.6, 95%CI:2.7-4.8; aIRR:2.9, 95%CI:2-4.1), extended (aIRR:2.6, 95%CI:1.6-4.1; aIRR:2.8, 95%CI:1.7-4.7) and mental health (aIRR:2.2, 95%CI:1.3-3.5; aIRR:2.5, 95%CI:1.1-5.5) GP consultations, and benzodiazepines (aIRR:7.6, 95%CI:3.9-14.8; aIRR:4.7, 95%CI:2-11) and gabapentinoids (aIRR:6.2, 95%CI:2.4-16.2; aIRR:11.2, 95%CI:3.8-32.5) prescription, respectively. Additionally, complete MOUD exposure was also associated with increased pathology requests (aIRR:2.4, 95%CI: 1.3-4.3) and total PBS prescriptions (aIRR:2.2, 95%CI:1.5-3.3) and partial MOUD exposure with increased after-hours GP consultations (aIRR:4.7, 95%CI:2.2-10.1).

Conclusion:

We observed increased rates of health service utilisation among partial and complete MOUD recipients three months after prison release. Our findings suggest that MOUD access following release from prison facilitates broader health service utilisation, and may support improved health outcomes; emphasising the importance of retaining people receiving prison-based MOUD in post-release treatment.

Disclosure of Interest Statement:

Professor Dietze has received funding from Gilead Sciences and Indivior for work unrelated to this study. He has also served as an unpaid member of an Advisory Board for an intranasal naloxone product. Professor Stoové has received funding from Gilead Sciences,

AbbVie and Bristol Myers Squibb for work unrelated to this study. The authors declare that they have no competing interests.