



OPIOID AGONIST THERAPY VITAL AFTER PRISON RELEASE

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WITHIN the first two weeks of release from Victorian prisons, people are at greater risk of both fatal and non-fatal opioid overdose. The authors of research published today by the Medical Journal of Australia have called for the reintroduction of public opioid agonist therapy (OAT) clinics, an increase in routine OAT prescribing in general practice, and the maintenance of prison-based take-home naloxone programs.

Mr Michael Curtis, a PhD candidate at the Burnet Institute and Monash University, and colleagues, linked data for a prospective cohort of 400 men who injected drugs at least once a month prior to imprisonment in Victoria, with ambulance records to estimate the incidence of post-release non-fatal opioid overdose.

"[Of 400 participants] 355 reported having injected heroin at least once (86%), including 220 (55%) in the month preceding imprisonment, and 121 reported current opioid agonist therapy (30%)," reported Curtis and colleagues.

"Twenty-seven people died during the observation period. Forty-seven participants (12%) reported a total of 70 non-fatal opioid overdose events during 1222 person-years of observation. Non-fatal opioid overdose incidence was highest during the 14 days following release (nine events).

"The incidence of post-release non-fatal opioid overdose in our study was almost 13 times as high as that in [a] recent Queensland study, but we probably underestimated it by including only events attended by ambulances," they wrote.

"Our findings indicate that better harm reduction measures are needed during and after release from prison to reduce the overdose rate.

"Retention in OAT programs substantially reduces fatal overdose risk, and has similar benefits for averting non-fatal opioid overdose.

"Prior to release, people receiving OAT in Victorian prisons are referred to private primary health care providers for treatment, as there are no public clinics.

"The number of people in Victorian prisons receiving OAT increased by 46% between 2020 and 2021 (from 842 to 1230), while the proportion of community-based GPs prescribing OAT fell from 23% to 12%; 7-9 66% of Victorian prescribers (698 of 1059) were treating five or fewer patients each in 2021.

"Re-introducing public OAT clinics in Victoria could improve accessibility for some, and meet the complex needs of people recently released from prison," Curtis and colleagues wrote.

"However, as equitable access will remain a problem because of geographic and capacity constraints, OAT prescribing should become a routine part of general practice. Prison-based take-home naloxone programs also reduce post-release opioid-related mortality.

"A take-home naloxone pilot program was initiated in some Victorian prisons in 2020; our findings suggest that it should be maintained.



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"Finally, as dispensing fees and other costs (eg, travel) reduce retention in OAT programs, the affordability of OAT must be improved."

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