THE UNLOC-T TRIAL: IMPLEMENTING DEPOT BUPRENORPHINE IN NSW CORRECTIONAL FACILITIES

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Background:
Opioid agonist treatment is effective but resource intensive to administer safely in custodial settings, leading to significant under-treatment of opioid dependence in these settings worldwide. This study assessed the safety of depot buprenorphine in custodial settings.

Methods:
We conducted an open-label, non-randomised trial in seven correctional centres in New South Wales, Australia. Sixty-seven men and women, aged≥18 years of various security classifications with a diagnosis of moderate to severe DSM-5 opioid use disorder currently serving a custodial sentence of ≥6 months were recruited between November 2018 and July 2019. Patients not in opioid agonist treatment at recruitment commenced depot buprenorphine (CAM2038 weekly for 4 weeks then monthly); patients already stable on daily oral methadone treatment were recruited to the comparison arm.

Results:
Retention in depot buprenorphine treatment was 92%. No diversion was identified. HCV antibody prevalence was similar between groups (74% vs, 84%, p=0.182) although depot buprenorphine patients were much more likely to be HCV RNA positive (33% vs, 4%, p<0.0001). The prevalence of self-reported non-prescribed opioid use among depot buprenorphine patients decreased significantly between baseline (97%) and week 16 (12%, OR=0.0035, 95% CI 0.0007-0.018, p<0.0001), as did injecting drug use (81% vs. 17%. OR=0.032, 95% CI 0.012-0.087, p<0.0001). Patient satisfaction (VAS) scores were high (82.18/100, SD 22.09). Monthly-per-patient NSW government service costs for depot BPN, methadone and SL BPN were $122, $466 and $1407 respectively.

Conclusion:
This first study of depot buprenorphine in custodial settings showed treatment retention and outcomes comparable to those observed in community settings and for other opioid agonist treatment used in custodial settings, without increased risk of diversion.

Disclosure of Interest Statement:

The NSW Ministry of Health were sponsors of the study. Camurus AB supplied study drug with no right of veto of publication or dissemination of results. AD, PH and NL have received funding to their institutions from Braeburn Pharmaceuticals (North American partners of Camurus AB) to support a previous community trials of Buvidal. No funds were provided directly to these individuals and none of the investigators or their families hold shares in Camurus or Braeburn pharmaceuticals or stands to make financial gains through their involvement with Camurus AB. NL has received funding for advisory boards from Mundipharma and Indivior, MC was employed by the NSW Ministry of Health, sponsors of the study. All other authors declare no competing interests.