ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

Letter to the Editor

INTEGRATING EPISODES OF IMPRISONMENT AND THE CASCADE OF CARE FOR OPIOID USE DISORDER

The study by Piske and colleagues makes a valuable contribution to the literature by describing the opioid agonist treatment (OAT) cascade of care for people experiencing opioid use disorder (OUD) [1]. Monitoring cascades of care have been fundamental to informing comprehensive public health responses to bloodborne viruses [2,3] and offer similar utility for addressing OUD. While a number of studies have demonstrated the importance of OAT retention in improving health outcomes [4,5], this study makes a novel contribution by identifying stages of attrition in a large administrative data set spanning two decades. The study demonstrated substantial increases in people experiencing OUD and modest increases in engagement, but persistently low rates of retention [1].

These results reflect a substantial rise in the burden of disease attributable to illicit opioid use in North America [6]. In this context, criminal justice-involved populations are at particular risk of OUD morbidity and mortality, especially during the immediate post-release period [7,8]; therefore, we must also enhance our understanding of the impact of transitioning in and out of prison on OAT retention. Finding ways to enhance OAT initiation and retention care in prison and through transition programmes therefore represents a significant public health priority, particularly in light of the unacceptable number of people in prison and increased frequency of people transitioning in and out of prison.

OAT is demonstrably effective in improving health and social outcomes, decreasing substance use and risky injecting practices [9,10]. Some studies have also demonstrated a significant impact of OAT on reducing recidivism and, therefore, victimization and economic costs [10]. However, significant barriers remain to initiating, maintaining and retaining people on OAT, particularly in the early stages [11]. Episodes of imprisonment provide a public health opportunity to both initiate and maintain people on OAT and support positive health and social outcomes post-release. Despite estimates that half of North Americans in prison meet clinical criteria for drug use or dependence, fewer than 20% receive any treatment with even less initiated and maintained on OAT [12].

While Piske and colleagues note the importance of continuity of treatment after release from prison, they did not account for periods of incarceration in their analyses. To our knowledge, comprehensive descriptions of OAT retention and OUD care cascades have not been documented among people experiencing incarceration. This is a significant gap in knowledge, and limits the development of strategies to improve justice health systems and processes to ensure the continuity of care for people on OAT (i.e. in the community, upon entry to custody, during custody, during community transition and upon return to the community). The failure to facilitate OAT in prison can lead to potentially hazardous involuntary treatment cessation while not retaining people in custody, and post-release on OAT increases the risk of returning to substance use, overdose, all-cause mortality, communicable disease and, ultimately, re-offending [10,13].

Piske and colleagues' important work informs clear actionable opportunities to strengthen strategies to support OAT retention in the community; however, extending these findings to understand the role of incarceration in this process and strengthen health systems in criminal justice settings is a priority.

Declaration of interests

None.

Keywords Addiction, cascade of care, justice-involved populations, opiate substitution therapy, opioid use disorder, prisons.

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