

Buprenorphine prescription patterns in a county correctional facility: patient population and post-release outcomes

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Background

- Opioid overdose is a leading cause of death during immediate re-entry period after incarceration for those with opioid use disorder (OUD).
- Adjusted RR up to 129 that of non-incarcerated individuals with OUD.¹
- Re-entry buprenorphine (bup) reduces overdose deaths by 60%.²
- Slow adoption of bup in correctional systems due to concerns about diversion, stigma related to treatment, and logistics.³
- Aim to conduct first formal assessment of new correctional health bup program.

Setting

- San Mateo County, CA Correctional Health Services (CHS)
- 2020: Began prescribing bup maintenance in two county jails
- CHS coordinates with Behavioral Health & Recovery Services' (BHRS) Integrated Medication Assisted Treatment (IMAT) program to link county residents to outpatient treatment upon release.

Objectives

- Provide data on impact of new county correctional system bup program on health and criminal justice outcomes.
- Identify populations needing more intensive interventions for future program development.
- Strengthen the BHRS-CHS partnership.

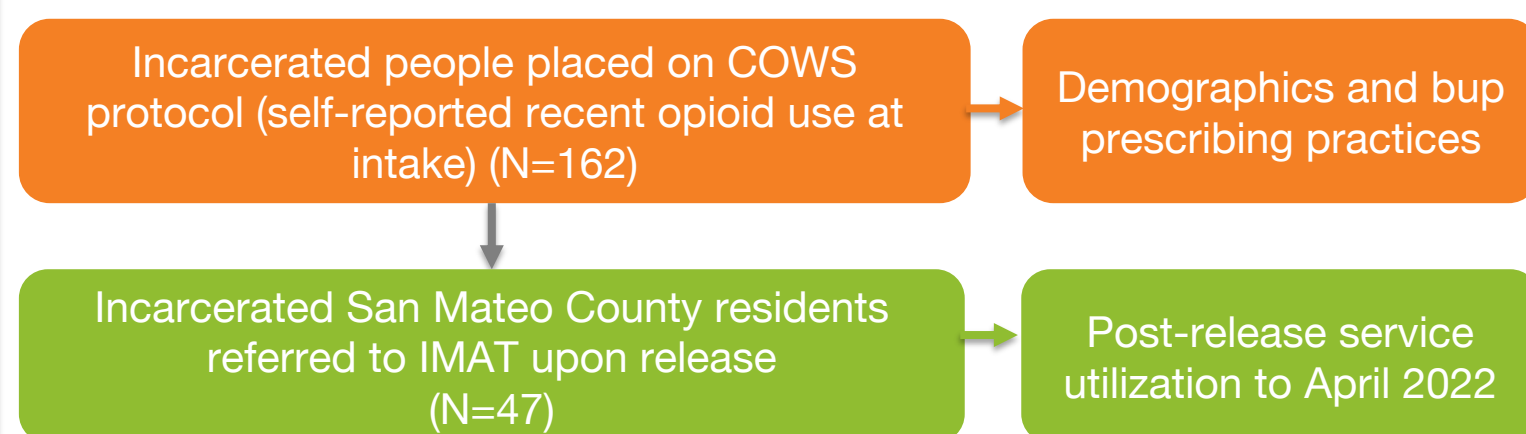
Methods

- Design:** Retrospective cohort analysis
- Data Source:** County EHR

References

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- Sample:** 162 individuals incarcerated in San Mateo County during the first year of active bup prescribing (Oct 2020 – Oct 2021) who self-reported opioid use.
- Median age=31, 83% male, median days incarcerated=51
- 46% White, 25% Black, 22% Hispanic/Latinx, 4% Other
- Procedures:** Examined bup prescription in jail and post-release outcomes (bup prescription, outpatient and emergency service utilization, reincarceration).
- Analysis:** Compared baseline characteristics and post-release outcomes between those prescribed bup vs not using two-sample t-tests or Wilcoxon rank-sum tests for continuous variables, and Chi-square/Fisher's exact tests for categorical variables. All data was analyzed using Stata/IC 15.1. This study was approved by UCSF and SMC BHRS IRB Committees.



Results

- 91% placed on COWS protocol within a day**
- No difference in bup prescription by age, race/ethnicity, gender, county of referral, time incarcerated**
- 9 reincarcerated during the study period
- 47 out of 162 (29%) were SMC residents referred to IMAT upon release

Figure 1: Buprenorphine prescriptions during the first year of active buprenorphine prescribing

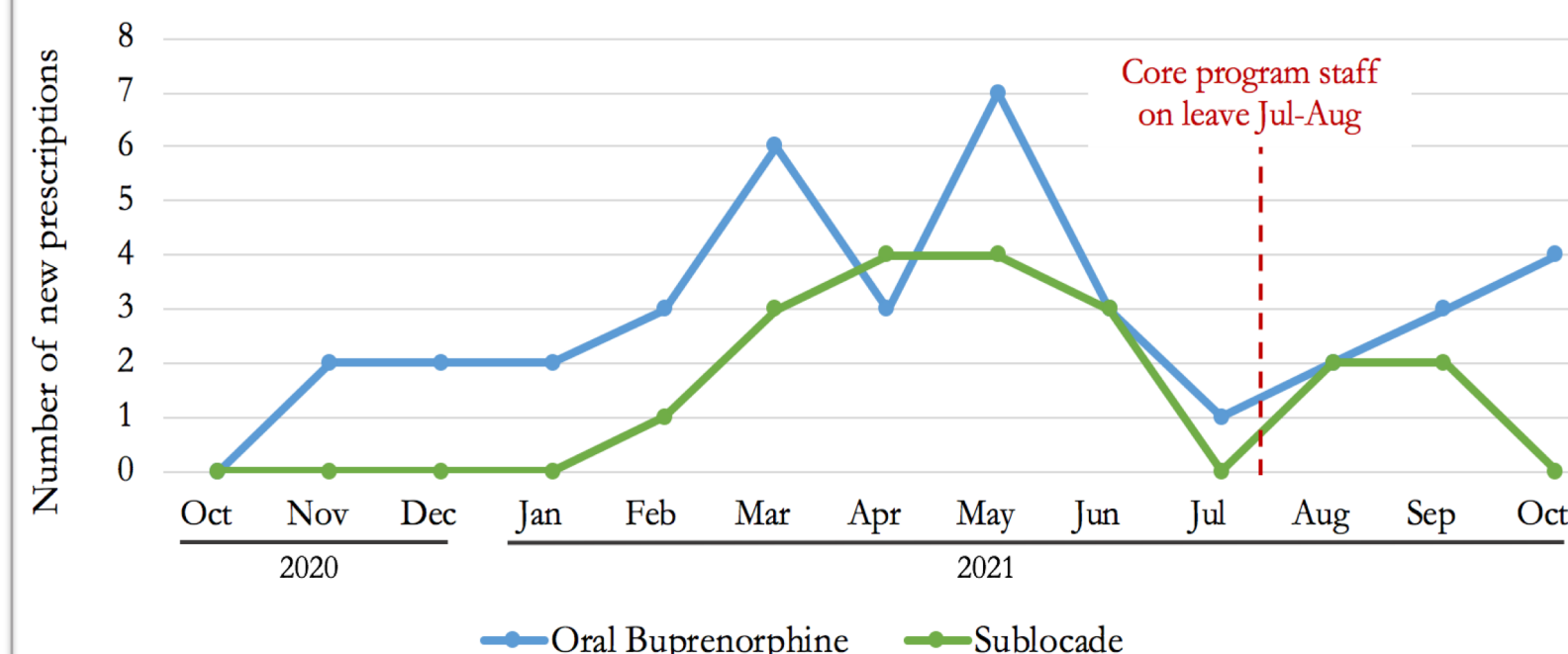
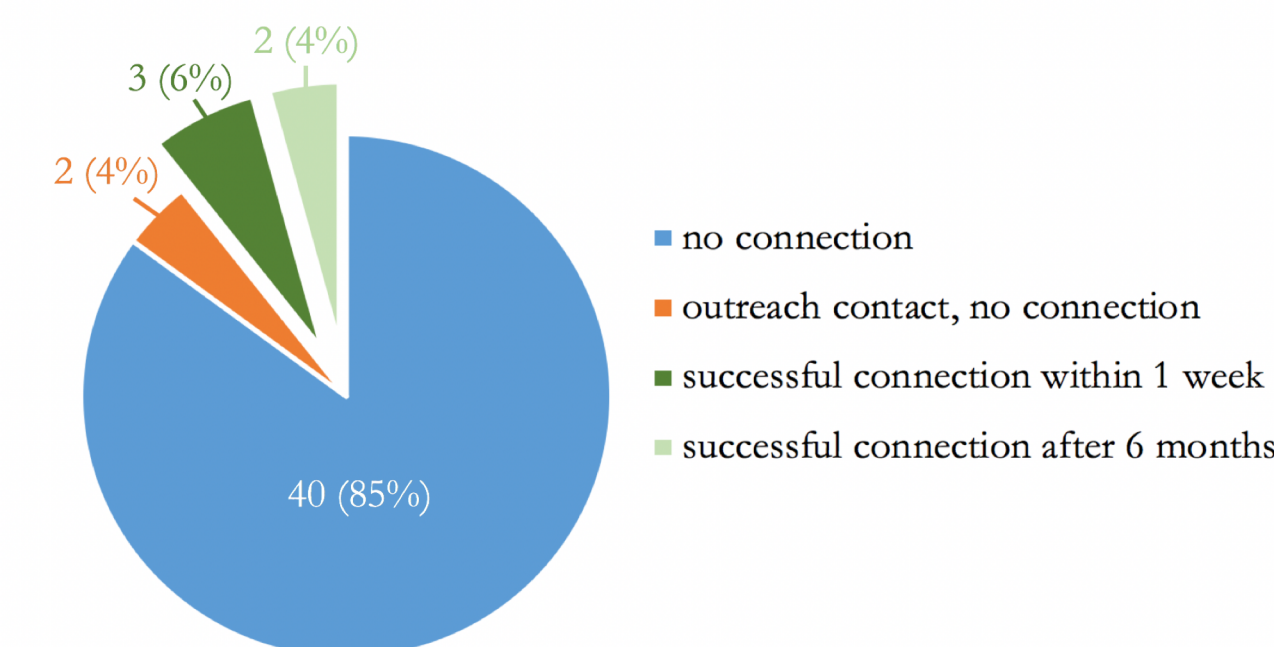


Figure 2: Post-release care connection for SMC residents (N=47)



- 3/5 people had clinic visits and bup rx \leq week, 2 were 200+ days after release
 - 2/3 received bup while incarcerated
- 1 had f/u \leq week, 1 200+ days after release
- 15 emergency visits (14 ED, 1 PES) by 9 patients during 12 month f/u
 - Median days to first ED visit=123
- 4 SMC residents reincarcerated (1 received bup during first incarceration, 0 connected to outpatient care)

Discussion

- During first year of CHS bup prescription:
 - Quick opioid use screening of new inmates
 - Equitable bup prescription
 - Many referrals for outpatient care on release
- Core staffing levels impacted bup prescription.
- Significant IMAT and CHS coordination and referral efforts included in-person and virtual visits with IMAT case manager prior to release.
- Very few patients (6.5%) connected with outpatient care during high-risk re-entry period.
- All successful IMAT connections were prescribed bup.
- Limited published literature on expected rates of post-release bup.
- Recommend additional study examining barriers to care and patient interest in services during the first month of release.

Limitations:

- Unknown how many inmates met OUD criteria, were offered bup but refused.
- Data unavailable on 40% of inmates prescribed bup:
 - Released with bup in their property and given IMAT flyers without formal referral
 - ~11/2021 to 3/2021, decreased over study period
- Bup protocol changed throughout study period due to continuous practice improvements:
 - Amount prescribed increased over Nov 2021 to Feb 2022
 - Referral protocol changed over time
 - Data do not reflect current practices

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