

“A qualitative study of the trajectories of people with OUD after incarceration”

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BACKGROUND

EVIDENCE

- 2.3 million incarcerated individuals in the U.S.
 - ~ 65% have substance use disorders (SUDs)
 - ~ 1 in 3 individuals diagnosed with opioid use disorder (OUD).
- Fatal overdose is often preceded by incarceration.
- Medications for OUD (MOUD) for incarcerated individuals is not the standard-of-care.

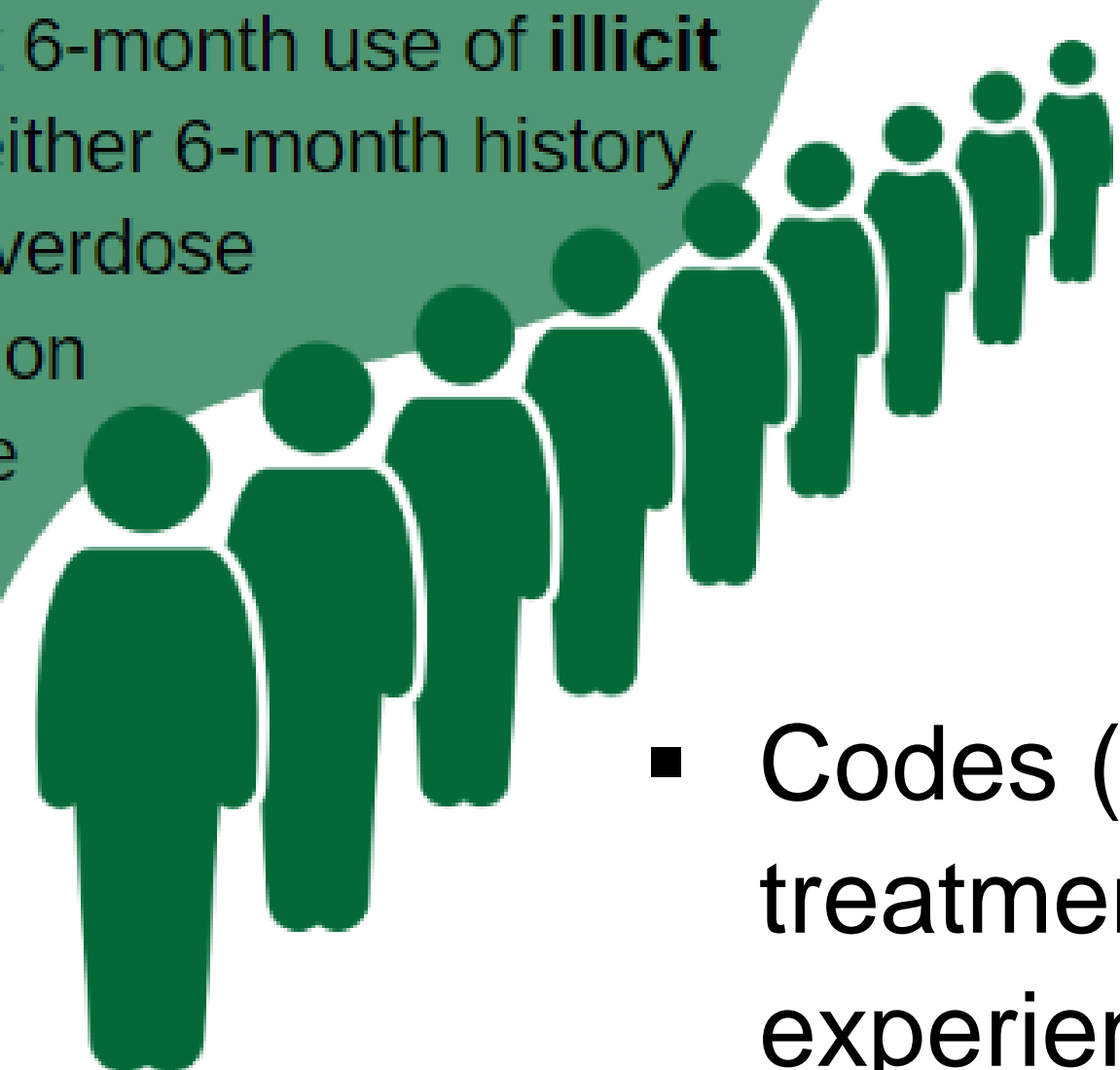
IMPORTANCE

- Our knowledge is limited on the thoughts, beliefs, and motivations of people while incarcerated and transitioning out of prison/jail.
- Study will highlight...
 - Reflections about this transition period.
 - Factors influencing decisions to seek treatment, attempt sobriety, or return to opioid use.
- Crucial to understanding and contextualizing the subsequent trajectories of incarcerated individuals.
- Trajectories will highlight the various mental, physical, and social barriers to treatment.

METHODS

Qualitative interviews were conducted with 20 individual who...

- Have a past-history of incarceration.
- Reported past 6-month use of **illicit opioids** and either 6-month history
 - nonfatal overdose
 - incarceration experience
- >18 years of age



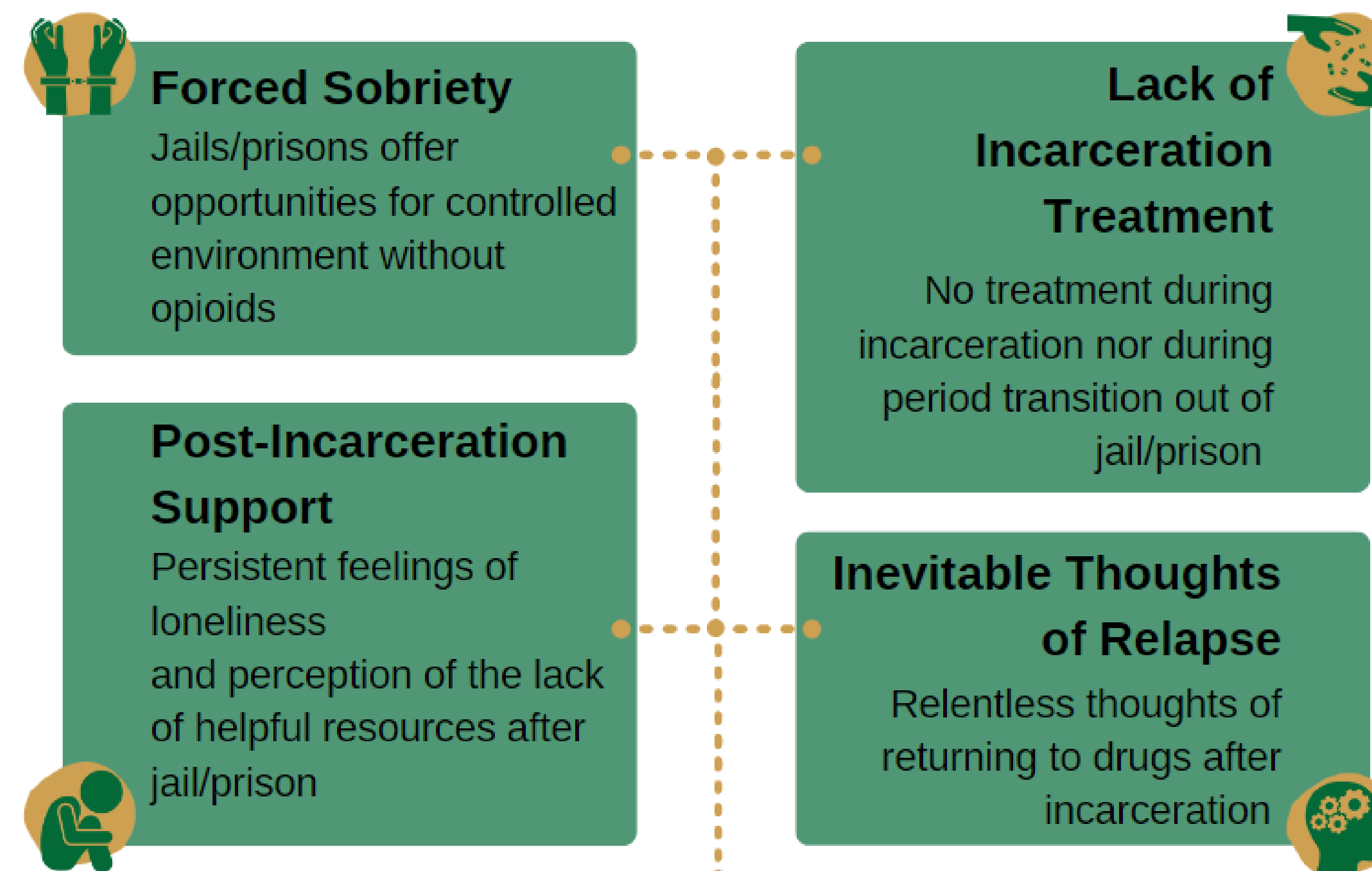
- Interviews transcribed and coded.
- Interdisciplinary team: anthropology, public health, and psychiatry.

- Codes (e.g., barriers to treatment, incarceration experiences, transitions out of incarceration).

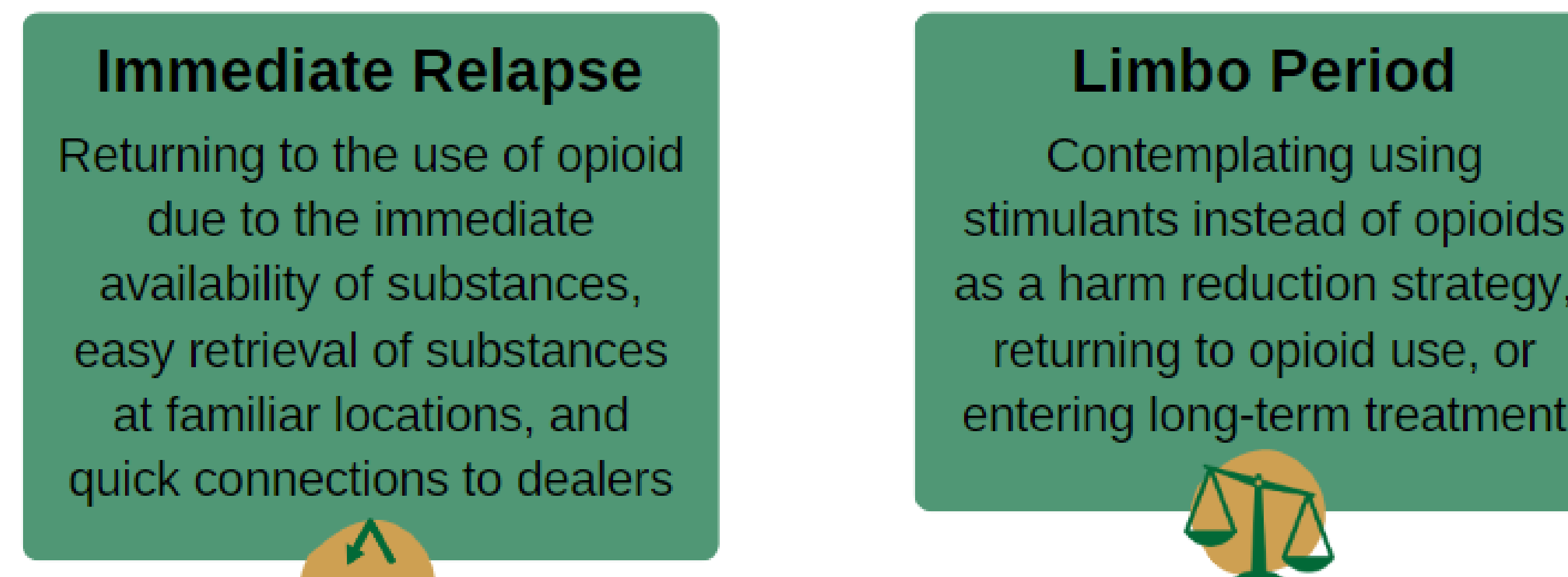
- Analysis: iterative categorization.

RESULTS

THEMES



TRAJECTORIES



ILLUSTRATIVE QUOTES

I knew I was going to end up f**king up. When I got out of prison, [I had] no where to go, literally homeless. I instantly went to the trap house. [2 months later,] I start doing dope like a f**king idiot, you know what I mean.

The whole time I was in there I was thinking about that dope and I wanted to go to the suboxone clinic... To be honest I don't think it even mattered if the suboxone clinic was open, I just thought about that dope the whole time.

I didn't have to think about this sh**. I was always busy, and I had at outlet...I don't know, I didn't need, **I couldn't really use drugs because I had to stay on point you know I mean**

DISCUSSION

HIGHLIGHTS

- This study's findings will offer insight to health care providers and peer-support counselors on the breadth of concerns that incarcerated individuals possess.
- Themes/trajectories prompt **more purposeful initiation of treatment** (e.g., MOUDs) in incarceration settings.
- Themes/trajectories provide an awareness for the benefits of continuation of care (e.g., **MOUD continuation, peer support, recovery housing, link to treatment, harm reduction services**) post release.
- Trajectories provide insight for policy-makers and health care providers to initiate changes to current laws and recommendations.

HEALTH EQUITY

- This population faces many negative perceptions (e.g., dangers to society, lacking the ability to change, undeserving of rights/liberties), which may lead to **substandard medical care**.
- Incarcerated individuals with SUD face **difficulties establishing social support systems and engaging in treatment** during a vulnerable period post release.
- Qualitative research permits, highlights, and necessitates studied populations to be **experts in their narrative**. It provides essential insight into specific perspectives of **marginalized and underrepresented populations** to better inform public health, preventative health, and medicine measures.

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REFERENCES

- Fazel S, Yoon IA, Hayes AJ. Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction*. 2017;112(10):1725-1739. doi:10.1111/add.13877
- Green TC, Clarke J, Brinkley-Rubenstein L, et al. Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA psychiatry*. 2018;75(4):405-407. doi:10.1001/jamapsychiatry.2017.4614
- Malta M, Varatharajan T, Russell C, Pang M, Bonato S, Fischer B. Opioid-related treatment, interventions, and outcomes among incarcerated persons: A systematic review. *PLoS Med*. 2019;16(12). doi:10.1371/journal.pmed.1003002
- Grella CE, Ostlie E, Scott CK, Dennis M, Carnavale J. A Scoping Review of Barriers and Facilitators to Implementation of Medications for Treatment of Opioid Use Disorder within the Criminal Justice System. *Int J Drug Policy*. 2020;81:102768. doi:10.1016/j.drugpo.2020.102768
- Velasquez M, Flannery M, Badolato R, et al. Perceptions of extended-release naltrexone, methadone, and buprenorphine treatments following release from jail. *Addict Sci Clin Pract*. 2019;14(1). doi:10.1186/s13722-019-0166-0