

Disparities in the Medications for Opioid Use Disorder Continuum of Care in a US Carceral Setting

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Overview

This study examines disparities in referral and receipt of medications for opioid use disorder (MOUD) among incarcerated adults, using linked administrative and medical records to identify gaps in treatment across the carceral care continuum.

Background

- Incarcerated people face high risk of overdose after release .
- Medications for opioid use disorder (MOUD) save lives, but some people do not receive treatment despite being referred.
 - *This can leave people at risk for overdose after release.*
- Therefore, we wanted to understand: **Who is missing out on care while incarcerated and why?**
- Findings can help target **system-level changes** to make MOUD more accessible and equitable.

Objectives

This study evaluates...

1. What is the **prevalence of MOUD referrals and receipt** among adults in a unified carceral system in the United States?
2. What **individual-level factors** are associated with disparities in MOUD access and engagement during incarceration?
3. What **contextual factors** can be extracted from open-text notes in the electronic health records (EHR) to help explain disparities in MOUD access and engagement?

Methods

Participants

- N=10,087 adults who began an incarceration after January 2017 and were released from 2022 - 2023
 - 15,222 incarceration periods

Data

- Incarceration records
- Electronic health records (EHRs)

Predictors: Patient-Level Factors

- Age, Sex, Race/Ethnicity, Educational Attainment, Incarceration Length

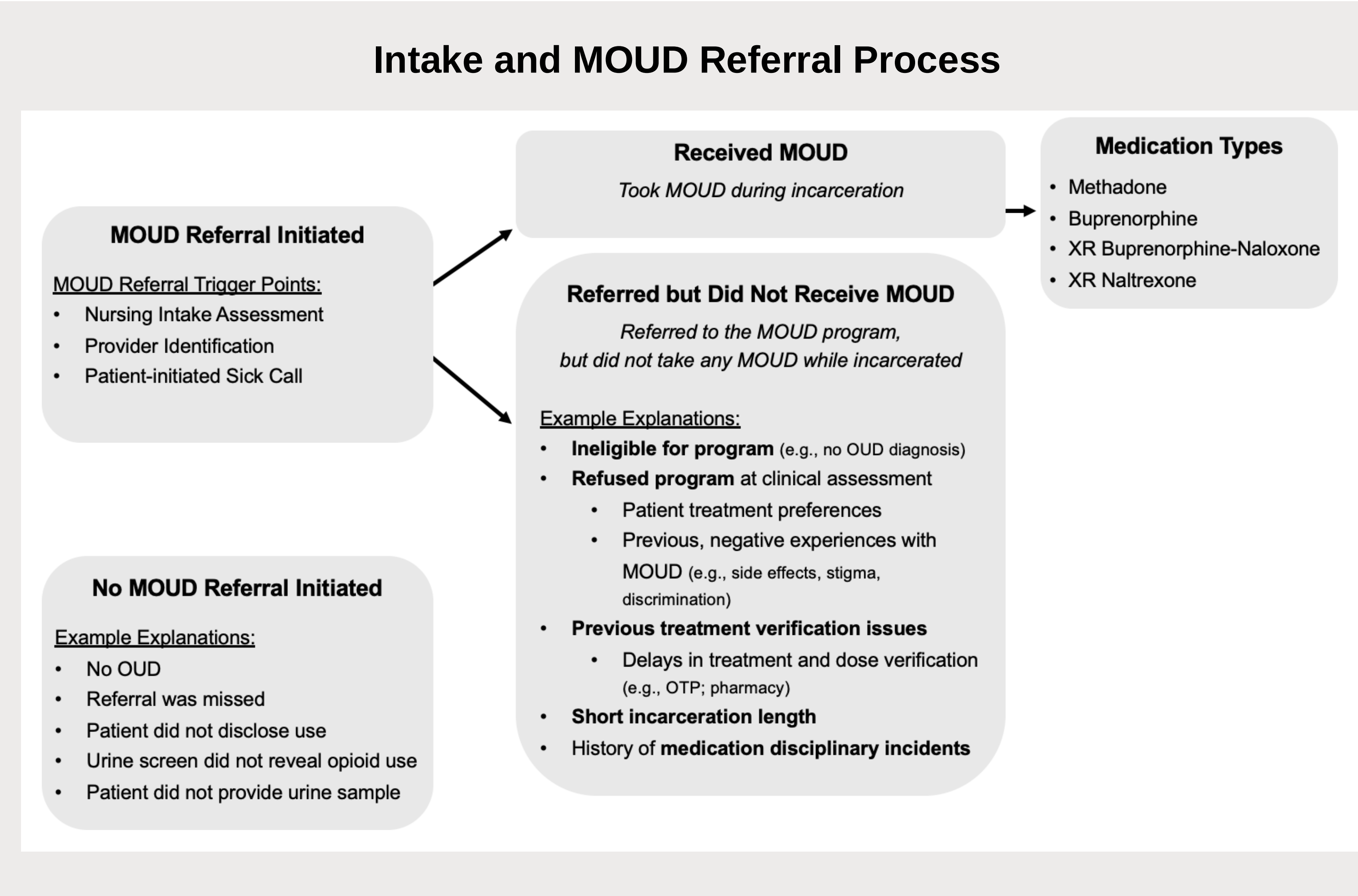
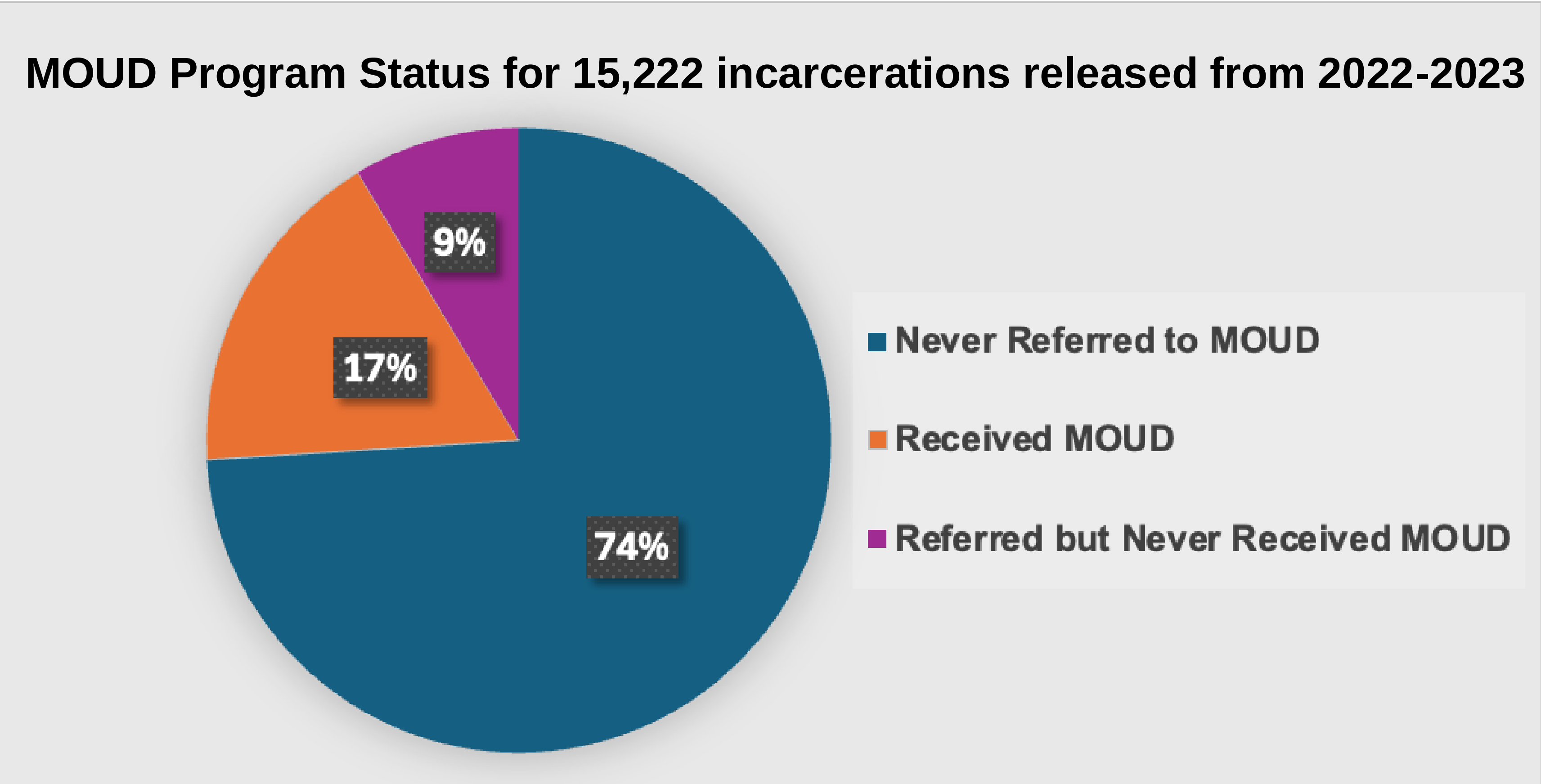
Outcome: MOUD Program Status

- 1) Never Referred to MOUD Program
- 2) Referred, but Did Not Receive MOUD
- 3) Received MOUD

Statistical Analyses

- Multinomial Logistic Regression
 - Relative risk ratios (RRRs)
 - Reference group = Received MOUD

Results



Compared to people who received MOUD...

- **Black and Hispanic adults were more likely than white people to not receive MOUD**
 - Black: More than twice as likely
 - Hispanic: About 1.5 times as likely
- **Men** were more likely than women to not receive MOUD
- **Younger people** and those with **shorter incarcerations** were less likely to receive MOUD

Conclusion

- **MOUD is not received by everyone who needs it in carceral settings.**
 - Gaps are attributable to a combination of patient treatment preferences, implicit bias and stigma (e.g., providers’ assumptions about “drug seeking”; patients anticipating discrimination; unpleasant dosing experiences), complexity of co-occurring conditions and other health services needs, and structural barriers (e.g., delays in dose confirmations)
- **Addressing structural barriers and system-level delays is critical.**

What can we do?

- ✓ Provide trainings to **reduce stigma and bias** from correctional staff and providers
- ✓ **Build more trust** and **better communication** between patients and providers
 - Foster a **supportive environment that encourages open discussion** of drug use and treatment history
 - **Strengthen clinical assessments** by asking questions that explore drug use patterns, context, and goals – not just recent use
 - “Can you tell me about anything you’ve taken to help manage things like pain, stress, or sleep?”
- ✓ Leverage data-driven approaches to **connect prospective patients to peer recovery support** for MOUD decision-making support and treatment planning
- ✓ **Explore tailored support** strategies for younger adults
- ✓ Provide **faster access to MOUD** during short stays