Barriers and Facilitators to Buprenorphine Treatment in Los Angeles County Jails

David Geffen School of Medicine

Victoria Lewis, MSW, MPP[1], Andrew Park, MPP[2], Lynn Kysh, MPP, MLIS[2], Mark A. Peterson, PhD[2]

[1]David Geffen School of Medicine at UCLA

[2]Department of Public Policy, UCLA Luskin School of Public Affairs

We are the Drug Policy Alliance.

Background

Individuals recently released from jail or prison are at increased risk of opioid-related overdose secondary to reduced opioid tolerance and lack of access to opioid agonist therapies (OAT) such as buprenorphine and methadone.

Less than one percent of individuals in U.S. prisons and jails receive access to medications for opioid use disorder (MOUD) in custody. Buprenorphine, a partial opioid agonist, can be prescribed in outpatient and correctional settings but has been underutilized.

The LA County jail system is the largest in the world with an average daily population between 17,000 – 22,000 across 7 jail sites.

- 68% of individuals have a substance use disorder
- Among this population, 72% have a co-occurring mental health disorder
- Black individuals, comprising 9% of the county population but 29% of the jail population, are the most overrepresented group
- Buprenorphine is currently only available to pregnant individuals

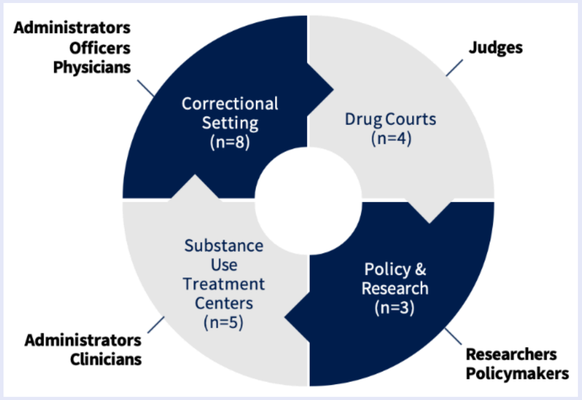
Objectives

Identify barriers and facilitators to buprenorphine in LA County jails

Provide recommendations on how to increase buprenorphine access for justice-involved populations

Methods

We conducted 20 semi-structured interviews with professionals working with justice-involved individuals on issues of OUD treatment access.



Interviews explored the participant's professional role, experience working with justice-involved individuals with OUD, perspective on buprenorphine and other MOUD access in jails, and thoughts on policies needed in LA County.

Results: Barriers

1) Stigma and Misinformation
2) Culture of Punishment
3) Inconsistent Leadership
4) Limited Infrastructure
5) Lack of Education and Training
6) No Consistent Funding
7) Fear of Diversion
8) Lack of Community Buprenorphine Providers
9) Abstinence-Only Treatment Models

Results: Facilitators

1) Medication-First Treatment Models
2) Harm Reduction Principles
3) Targeted Education and Training
4) Funding Attached to Deliverables
5) Consistent Leadership and Collaboration
6) Community Treatment Linkage and Expansion
7) Utilizing Existing Infrastructure

Recommendations

Data Collection

- Run a pilot study to estimate prevalence of OUD and opioid withdrawal in the jails
- Track fatal and non-fatal opioid overdoses upon release from jail

Funding

- Attach funding to deliverables such as the purchase of buprenorphine
- Identify consistent county funds for jail MOUD services

Treatment

- Pilot a buprenorphine treatment program
- Develop a pipeline to existing MOUD community treatment programs

Conclusions

Justice-involved individuals are disproportionately suffering from OUD and dying from opioid-related overdose. Nevertheless, justice-involved individuals are frequently denied access to gold standard OUD treatments such as buprenorphine. Our findings highlight systemic barriers to OUD treatment and opportunities to improve care for marginalized populations.