AVAILABILITY OF MEDICATIONS FOR OPIOID USE DISORDER AND HEPATITIS C SERVICES IN NEW YORK STATE JAILS: THE NYS INTEGRATED JAIL SURVEY

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Background:
There is a significant knowledge gap regarding medication for opioid use disorder (MOUD) and hepatitis C virus (HCV) service provision in U.S. jails. To address this gap, our goal was to characterize MOUD and HCV screening, treatment, and discharge planning capacity in New York State (NYS) jails, outside New York City.

Methods:
Between August and September 2022, 46 of 58 (80%) NYS jails completed a NYS Department of Health survey. Surveys were distributed as the statewide mandate to provide jail-based MOUD access was approaching. The MOUD module focused on jails' capacities to implement MOUD while the HCV module focused on capacity to screen and treat HCV.

Results:
Most NYS jails (90%) reported offering MOUD care continuation for new entrants and 88% offered initiation. Naltrexone was most frequently used for initiation (67%) followed by buprenorphine (55%) and methadone (10%). Buprenorphine had the highest continuation rates (79%). Over half of facilities (56%) provide naloxone during discharge. Despite high self-reported staff capacity for HCV screening (>80%), only 41% offered routine opt-in screening and 15% offered opt-out. Over half screened at the initial medical appointment (57%) or admission (54%). Most facilities (84%) continued HCV treatment for new entrants, while 29% initiated for newly diagnosed individuals. Although 51% of facilities had referral agreements with a community provider to facilitate post-release linkage, 62% stated additional resources, and discharge planning and community-based linkage training are important for expanding HCV services.

Conclusion:
Availability of MOUD in NYS jails is promising, however increased methadone and buprenorphine access is necessary. Limited HCV service availability suggests support is needed to overcome financial and structural barriers including unknown discharge dates. Strategies such as universal opt-out testing at intake, increasing jail capacity to provide MOUD and HCV care, and task shifting jail-based discharge planning from staff to patient/peer navigators could significantly improve jail-based and reentry-related care.

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