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BACKGROUND

- Hepatitis C (HCV) is disproportionately higher in U.S. carceral settings than the surrounding community due to the criminalization of substance use.¹
- Short lengths of stay² makes it difficult to connect to HCV or substance use disorder (SUD) care while in jail.
- Despite high rates of SUD in U.S. carceral settings, access to effective harm reduction measures is limited.^{1,3}

OBJECTIVES

- To characterize medication for opioid use disorder (MOUD) and HCV screening, treatment, and discharge planning capacity in New York State (NYS) local county jails, outside New York City.

METHODS

- Between August and September 2022, 46 of 58 (80%) local jails completed a survey developed by the NYS Department of Health.
- Surveys were distributed before the statewide mandate to provide jail-based MOUD access went into effect in October 2022.
- The survey contained 82 questions including questions specific to MOUD, HCV and syphilis services offered.
- MOUD module focused on jails' capacities to implement MOUD
- HCV module captured data on jails' capacity to screen and treat HCV.

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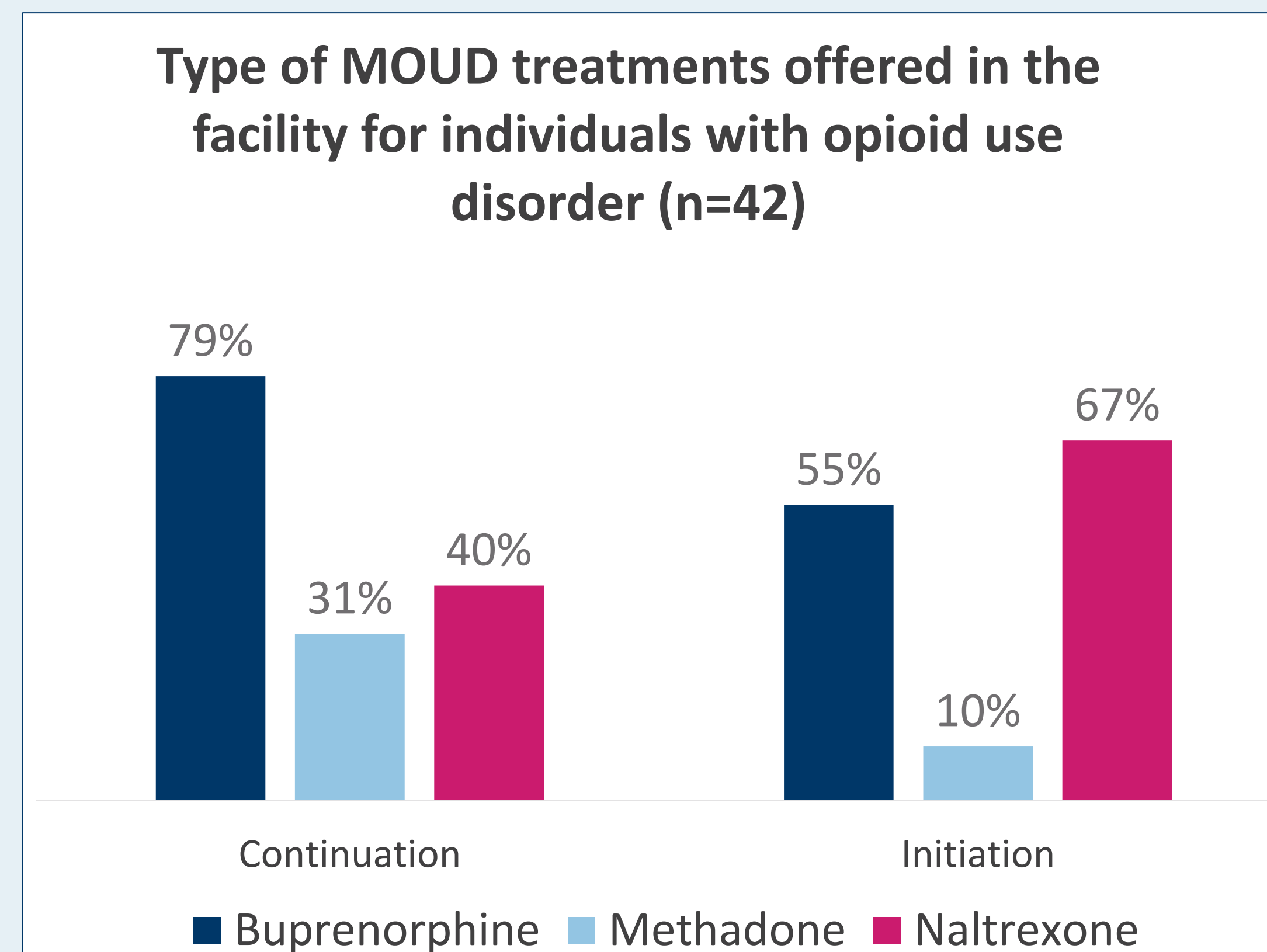
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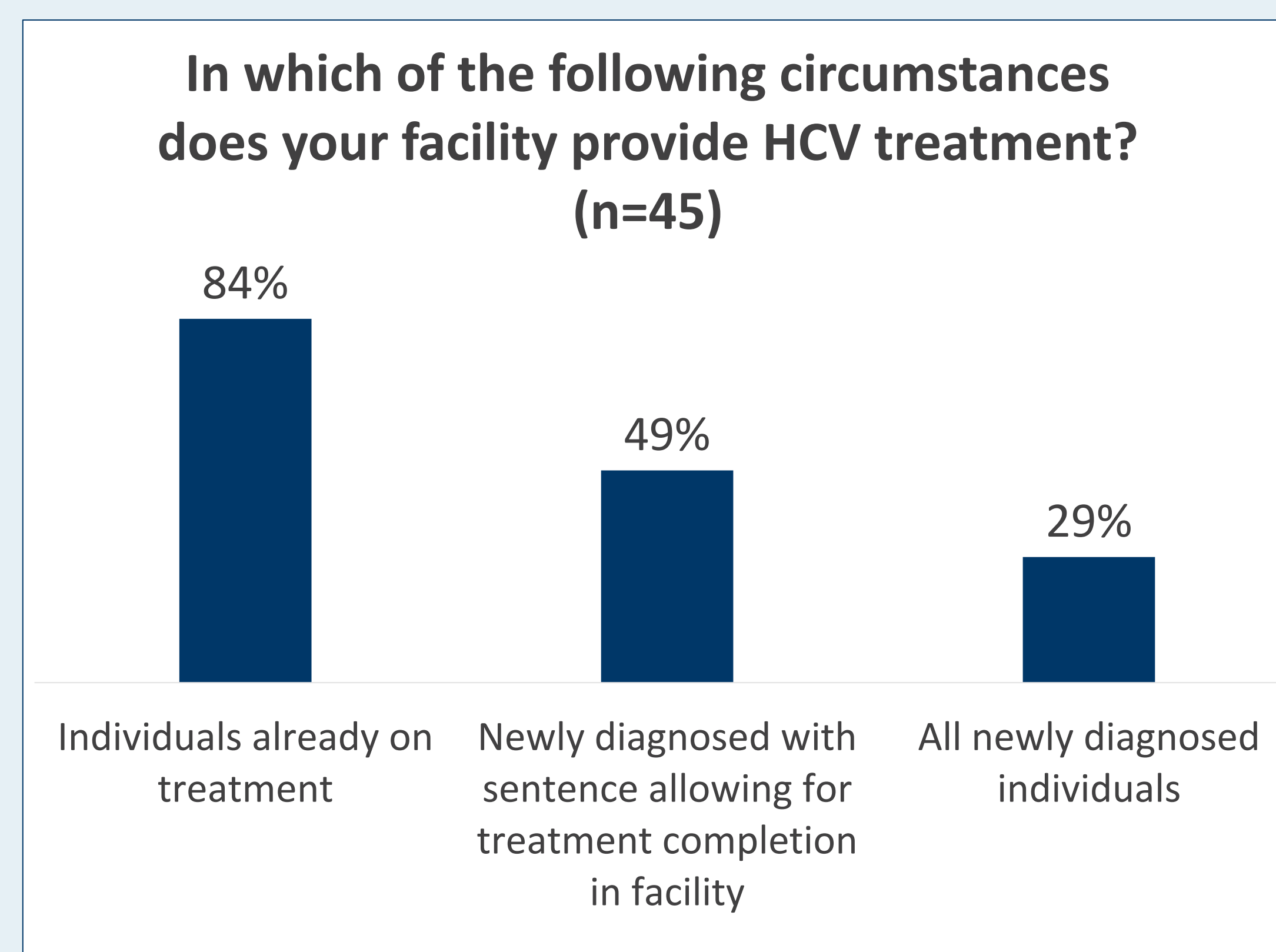
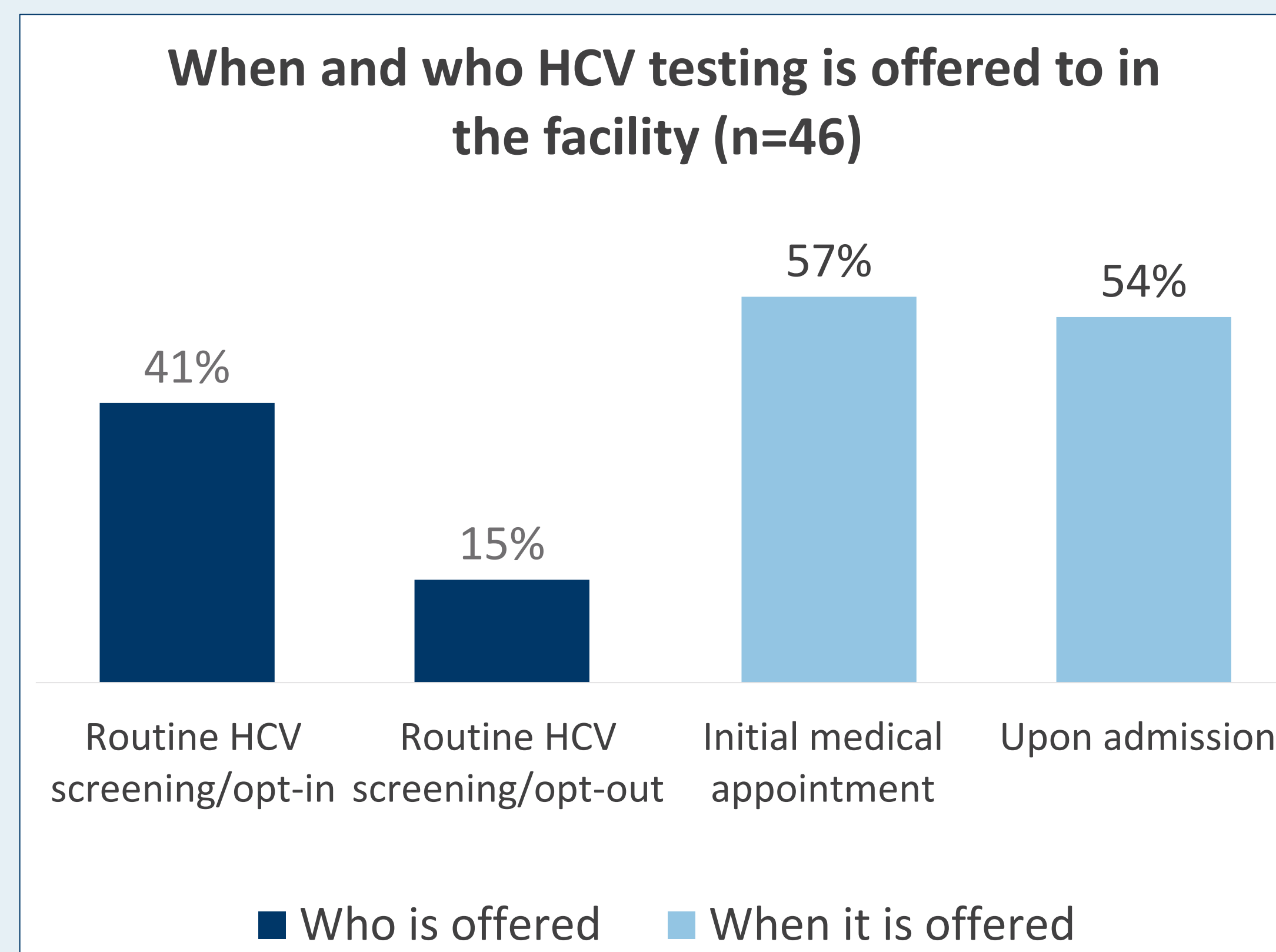


RESULTS

- Most NYS jails (90%) reported offering MOUD care continuation for new entrants and 88% offered initiation.
- Over half of facilities (56%) provide naloxone during discharge.



- Most jails(>80%) indicated capacity for HCV screening.



- Although 51% of facilities had referral agreements with a community provider to facilitate post-release linkage, 62% stated that to expand HCV services additional resources and training on discharge planning and linkage to HCV care would be needed.

CONCLUSIONS

- Availability of MOUD in NYS jails is promising, however increased methadone and buprenorphine coverage is needed, particularly initiation.
- Limited HCV service availability suggests support is needed to overcome financial and structural barriers including unknown discharge dates.
- Strategies to significantly improve jail-based and reentry-related care include universal HCV 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.

DISCLOSURES

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REFERENCES

- Dolan K, et al. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *Lancet*. 2016;388(10049):1089-102.
- Zeng Z. *Jail Inmates in 2021 –Statistical Tables*. 2022.
- Akiyama MJ, et al. Hepatitis C elimination among people incarcerated in prisons: challenges and recommendations for action within a health systems framework. *Lancet Gastroenterol Hepatol*. 2021;6(5):391-400.

