

Preventing overdose from the inside, out: a clinical case presentation from a novel OBAT reentry program



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Background

- Risk of opioid overdose death for reentering citizens in Massachusetts is 56 times higher than that of the general public¹
 - Individuals with opioid use disorder from Brockton are disproportionately represented in the population of the county jail
 - Individuals who receive buprenorphine treatment following incarceration are at a lower risk of experiencing an overdose than those who do not²
- November 2018- Brockton Neighborhood Health Center (BNHC) stationed a Reentry Coordinator in the local jail using a grant from the RIZE Foundation.
- Reentry Coordinator responsibilities:
 - Provide referrals to Harm Reduction Clinic (HRC) to access medications for opioid use disorder (MOUD) immediately upon release
 - Facilitate Opioid Overdose Prevention group in the facility including:
 - Opioid Overdose Knowledge Scale (OOKS)³
 - Overdose prevention strategies, recognition, and response
 - Training in use of naloxone and rescue breathing
 - Build rapport with incarcerated population
 - Introduce harm reduction to incarcerated individuals and correctional staff

Learning Objectives

- Describe the advantages of harm reduction education in correctional facilities.
- Summarize strategies for offering access to MOUD to individuals reentering from incarceration.
- Highlight the importance of flexibility when engaging justice-involved individuals in treatment.

Case Presentation

This case presentation describes a 54-year-old English-speaking Hispanic/Latino male patient of the HRC who sought treatment services for opioid use disorder in the local county jail. This patient reported that he had maintained sobriety from opioids for several years and resumed intravenous use in 2018. Upon his resumption of use, this patient experienced seven separate overdoses, each of which required administration of naloxone in order to revive him. This patient's resumption of use contributed to his incarceration in early 2019, where he was first introduced to the Reentry Coordinator. It should be noted that the facility in which he was held does not offer MOUD to the individuals housed there.

During his initial incarceration, this patient attended approximately 15 Opioid Overdose Prevention groups, facilitated by the Reentry Coordinator. This patient also received a referral to the HRC to access buprenorphine treatment immediately after release.

In June of 2019, this patient was released from jail and did not attend his intake appointment with the HRC. With the help of HRC outreach workers, the Reentry Coordinator encountered this patient in a location in Brockton with a high incidence of substance use in July of 2019. Due to the flexibility of HRC providers, the Reentry Coordinator scheduled an intake for this patient to begin buprenorphine treatment the same day. This patient attended the initial intake, but did not attend any subsequent appointments.

In September of 2019, this patient became reincarcerated in the same facility. This patient shared with the Reentry Coordinator that he had resumed use of opioids but had experienced zero overdoses during his three month period of freedom. He reported that he avoided using alone because of the lessons he had learned in the groups he had attended while incarcerated. While this patient was incarcerated for the second time, he participated in every Opioid Overdose Prevention group offered to him, totaling about 30 sessions. During one of the groups, this patient attributed his lack of recent overdoses to his change in drug use behavior and stated: "This is why harm reduction is so important. This is why I attend this group every week".

In March of 2020, the Reentry Coordinator was displaced from the county jail due to COVID-19. At this time, the Reentry Coordinator left her contact information with this patient, in hopes that he would schedule an intake upon his reentry. This patient was released in April of 2020 due to the pressure placed on correctional facilities to reduce their population in order to curb the spread of the virus within the jail. In July of 2020, an HRC outreach worker encountered this patient in the city of Brockton, where he reported that he had resumed use of opioids following his re-release from incarceration. The HRC outreach worker was once again able to reengage this patient by connecting him with a provider to access buprenorphine the same day.

Discussion

- Patient attributed lack of overdoses due to change in drug use behavior
 - Patient no longer used alone because of Opioid Overdose Prevention group
- Benefits to reducing nonfatal overdoses in addition to fatal overdoses
 - Avoiding permanent damage of compartment syndrome⁴ and hypoxic brain injury⁵
- Impact of low-barrier treatment for justice-involved individuals
 - Synchronized efforts of Reentry Coordinator and HRC outreach workers
 - Flexibility of HRC providers
 - Reconnection after reincarceration
- Partnerships should be established between correctional facilities and treatment providers to promote continuity of care for justice-involved individuals who use substances.

References

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TIMELINE

