

HENNEPIN COUNTY
MINNESOTA

Criminal Justice System as a
Point of Intervention to
Prevent Opioid-related Deaths

*Incidence of opioid-related deaths after incarceration
in Hennepin County and Minnesota*

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Executive summary

Introduction

In 2015-2016, there were 775 opioid-related deaths in Minnesota, an increase of 26 percent from 2011-2012. Hennepin County residents comprised 252 (33%) of those deaths, despite making up just 22 percent of the state population. Most individuals with an opioid use disorder report contact with the criminal justice system and, without treatment, are at significantly higher risk of death following incarceration. In Minnesota, treatment for opioid use disorders is rarely available during incarceration or upon release.

The Hennepin County Opioid Initiative asked Hennepin County Public Health and the Office of Enterprise Analytics to examine the rate of opioid-related deaths following release from correctional facilities and the potential impact of opioids on other government services. This study will inform collaborative efforts within Hennepin County to address the ongoing opioid epidemic.

Findings

- **In Minnesota and Hennepin County, opioid-related deaths were common within a year of release from a state, county, or local correctional facility.**
 - Nearly 30% of all opioid deaths in Minnesota (228/775) and in Hennepin County (71/252) occurred within one year of release.
 - African-American (13/71) and Native American (13/71) Hennepin County residents were disproportionately represented among those who died following release.
 - Suburban Hennepin County residents made up nearly half (32/71) of deaths following release.
- **Opioid-related deaths were most common shortly after release.** Among Hennepin County residents, 55% (39/71) of opioid-related deaths within one year of release occurred in the first 90 days.
- **Hennepin County has an opportunity.**
 - One in 10 opioid-related deaths in Minnesota, and one in five in Hennepin County, occurred within one year of release from a Hennepin County correctional facility.
 - Among deaths following Hennepin County Adult Detention Center (ADC) involvement, 81% had at least one ADC booking of 24 hours or longer.

Recommendations

- Implement systematic screening for opioid use disorders at the Hennepin County Adult Detention Center (ADC) and Adult Corrections Facility (ACF).
- Provide medications for opioid use disorders at the Hennepin County ADC and ACF.
- Link individuals with opioid use disorders to community providers upon discharge from the Hennepin County ADC and ACF.

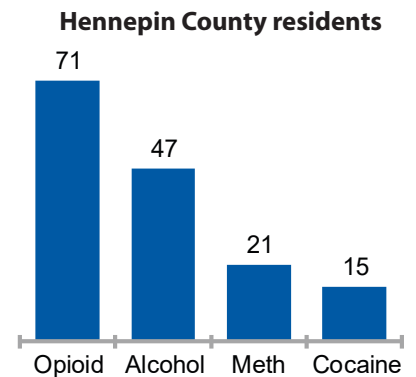
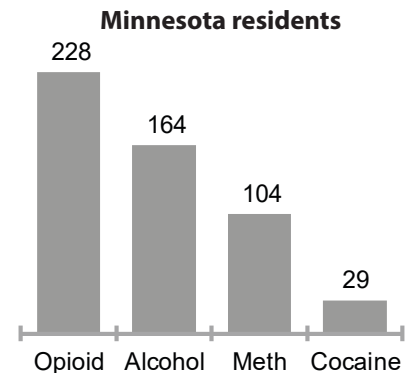
Opioid-related deaths in Hennepin County and across Minnesota

From 2015 to 2016, there were 775 opioid-related deaths in Minnesota; 252 of these deaths were Hennepin County residents (33%). In Hennepin County and across Minnesota, opioid-related deaths were more common within a year of release from incarceration in state, county and local correctional facilities than deaths related to other substances, including methamphetamine, alcohol, or cocaine.

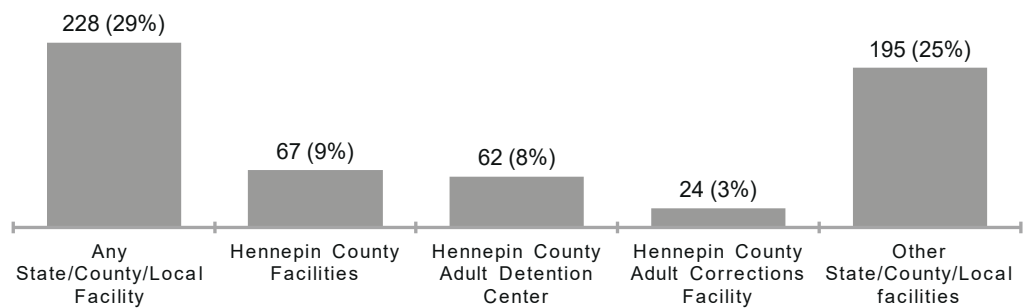
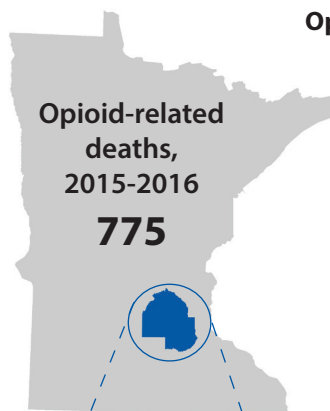
Opioid-related deaths following incarceration

Nearly 30% of opioid-related deaths in Hennepin County (71/252) and across Minnesota (228/775) occurred within one year of release from incarceration. Hennepin County facilities were a common point of contact for Hennepin County and Minnesota residents whose deaths were related to opioids. Among Hennepin County residents, 18% of opioid-related deaths (46/252) occurred within one year of release from the Hennepin County Adult Detention Center (ADC) or Adult Corrections Facility (ACF). Among all opioid-related deaths in Minnesota, nearly 1 in 10 (67/775) were released from a Hennepin County facility in the year before death.

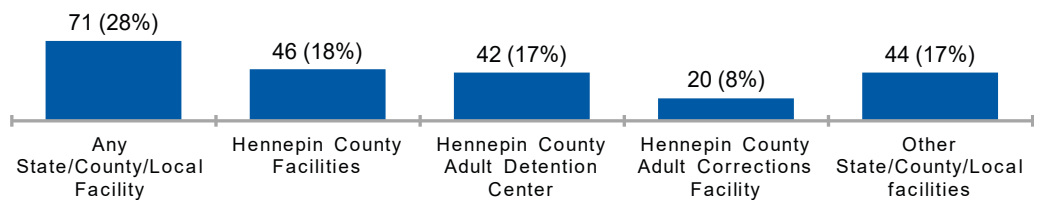
Deaths within one year of release in a Minnesota state, county or local correctional facility.



Opioid-related deaths occurring within one year of release, Minnesota residents



Opioid-related deaths occurring within one year of release, Hennepin County residents



Impact on residents across Hennepin County

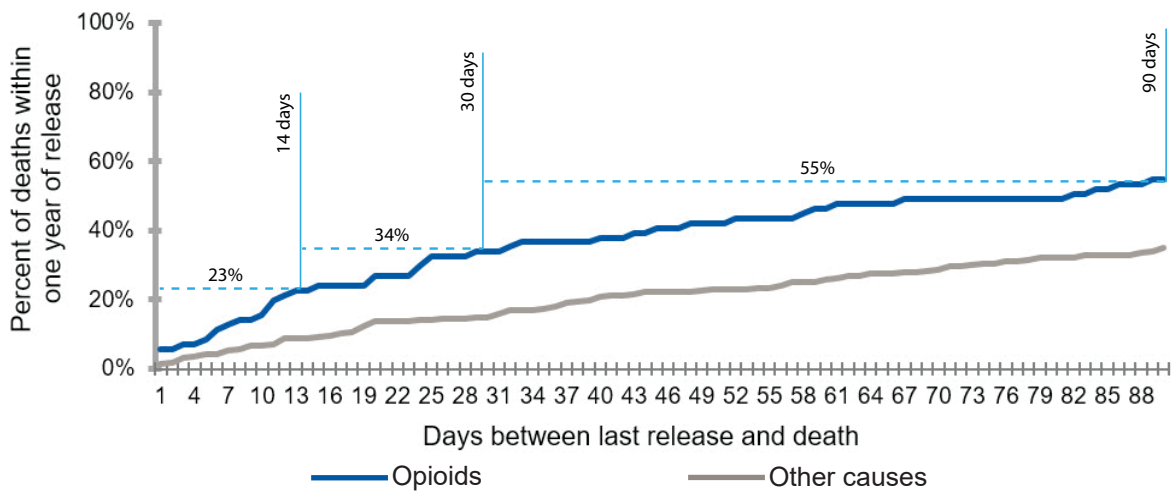
In 2015-2016, American Indian residents comprised 13 (18%) opioid-related deaths in Hennepin County following release, but represented less than one percent of the Hennepin County adult population. More American Indian women died than any other female racial/ethnic group (6 vs. 4 and fewer). African-American residents also made up 13 (18%) of opioid-related deaths following release from incarceration, but comprised just nine percent of the adult population in Hennepin County.

In Hennepin County, opioid-related deaths following release from a correctional facility occurred for residents of both urban and suburban areas. Nearly half (45%) of opioid-related deaths within one year of release from a correctional facility were among individuals who lived in suburban Hennepin County.

Time to opioid death following release

Over half of opioid-related deaths in the year after release occurred in the first 90 days. Among Hennepin County residents, 23% of opioid-related deaths following release from a correctional facility occurred within two weeks (16/71), 34% within one month (24/71) and 55% (39/71) within 90 days.

Percent of deaths within one year of release by time to death, opioid-related (n=71) v. other causes (n=223) among Hennepin County residents



Opportunity for intervention at the Hennepin County Adult Detention Center

At the Hennepin County ADC, most stays preceding an opioid-related death were longer than 24 hours. Opportunities for screening, referral, and/or treatment exist. Among the 62 opioid-related deaths within one year of release from the Hennepin County ADC, 97% were booked in the ADC at least six hours and 81% were booked for 24 hours or longer, excluding those who were transferred to state prison or correctional facilities in other counties.

Longest length of stay at Hennepin ADC in year prior to opioid-related death	n	%
0-6 hours*	1	2%
6-12 hours*	4	6%
12-24 hours*	6	10%
More than 24 hours*	50	81%
Transferred to non-Hennepin facility	1	2%

*Includes bookings transferred to ACF

Practice and policy recommendations

In addition to opioid-related deaths documented in this report, there are over 20 nonfatal overdoses for every fatal overdose. Thus, the overall public health impact of opioid use disorder treatment in correctional facilities could be substantial.⁵ Research has shown that treatment of opioid use disorders in correctional facilities can indeed save lives and money.^{6,7}

Individuals who take medication (naltrexone, buprenorphine, or methadone) for their opioid use disorder should be continued on their medication during incarceration.

For individuals with an opioid use disorder who wish to begin treatment, medications should be started during incarceration. Treatment initiated during incarceration is more likely to prevent opioid use relapse after release than treatment referrals alone.^{8,9}

Individuals who wish to start medication for their opioid use disorder should be offered naltrexone and buprenorphine-based treatments while in Hennepin County correctional facilities. Physician recommendation along with patient preference should guide which medication is ultimately chosen.

Starting individuals with an opioid use disorder on methadone treatment is possible during periods of incarceration, but there are substantial regulatory and financial hurdles. Further, linkages to community-based providers who treat opioid use disorders must be developed to ensure treatment continues after release.

Endnotes

- 1 Minnesota Demographic Center. County Data. (2018, September 28). Retrieved November 16, 2018, from <https://mn.gov/admin/demography/data-by-topic/population-data/our-estimates/>
- 2 Winkelman, T. N., Chang, V. W., & Binswanger, I. A. (2018). Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use. *JAMA Network Open*, 1(3), e180558-e180558.
- 3 Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison—a high risk of death for former inmates. *New England Journal of Medicine*, 356(2), 157-165.
- 4 In this report, the term “incarceration” refers both to pretrial detainment and post-trial incarceration. Correctional facilities include state prisons, county corrections facilities, county and local detention facilities in Minnesota.
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- 6 Green, T. C., Clarke, J., Brinkley-Rubinstein, L., Marshall, B. D., Alexander-Scott, N., Boss, R., & Rich, J. D. (2018). Postincarceration fatal overdoses after implementing medications for addiction treatment in a statewide correctional system. *JAMA psychiatry*, 75(4), 405-407.
- 7 Krebs, E., Enns, B., Evans, E., Urada, D., Anglin, M. D., Rawson, R. A., ... & Nosyk, B. (2018). Cost-effectiveness of publicly funded treatment of opioid use disorder in California. *Annals of internal medicine*, 168(1), 10-19.
- 8 Kinlock, T. W., Gordon, M. S., Schwartz, R. P., Fitzgerald, T. T., & O’Grady, K. E. (2009). A randomized clinical trial of methadone maintenance for prisoners: results at 12 months postrelease. *Journal of substance abuse treatment*, 37(3), 277-285.
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