

Can we achieve health equity without addressing the US criminal legal system?

Emily Wang, MD, MAS
Yale School of Medicine
May 18, 2021

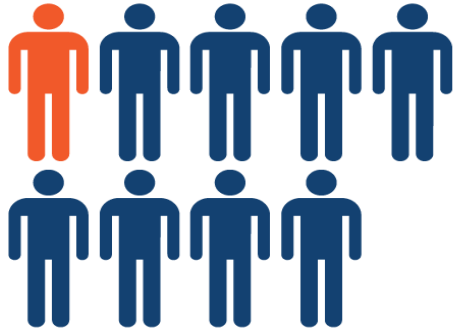


NIH • Helping to End Addiction Long-term



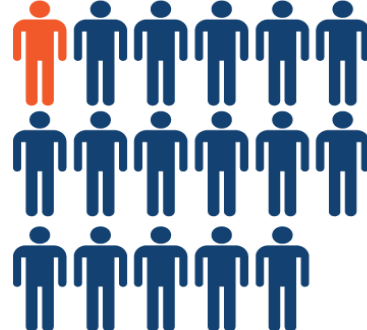
Lifetime Likelihood of Imprisonment

All Men



1 in 9

White Men



1 in 17

Black Men



1 in 3

Latino Men



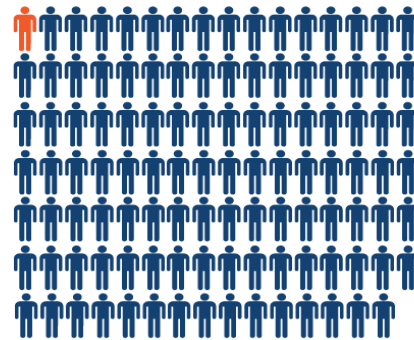
1 in 6

All Women



1 in 56

White Women



1 in 111

Black Women



1 in 18

Latina Women



1 in 45



- Forty percent of people who use heroin have spent time in a prison or jail in the past year.
- Medications for opioid use disorder are only available in some prisons and very few jails (<2%).
- Correctional leaders/sheriffs decide whether and which medications are available.

Access to and quality of care are variable in correctional health systems



Correctional healthcare is siloed from community healthcare

Barriers to Opioid Use Disorder Treatment Post Release



Two times **decreased odds of getting a primary care** appointment with a criminal record¹



Parole and probation officers often prohibit people from taking medications for opioid use disorder.²



Black people on medications for opioid use disorder are **more likely to be arrested** compared with White people.³

¹Fahmy et al., *Annals of Family Medicine*, 2018

²Brinkley Rubinstein et al., *Addictive Behav*, 2018

³Acevado et al. *Journal of Studies on Alcohol and Drugs*, 2019

Actions to Advance Health Equity

#1: Include people that have intimate experience of incarceration into the practice and governance of health research



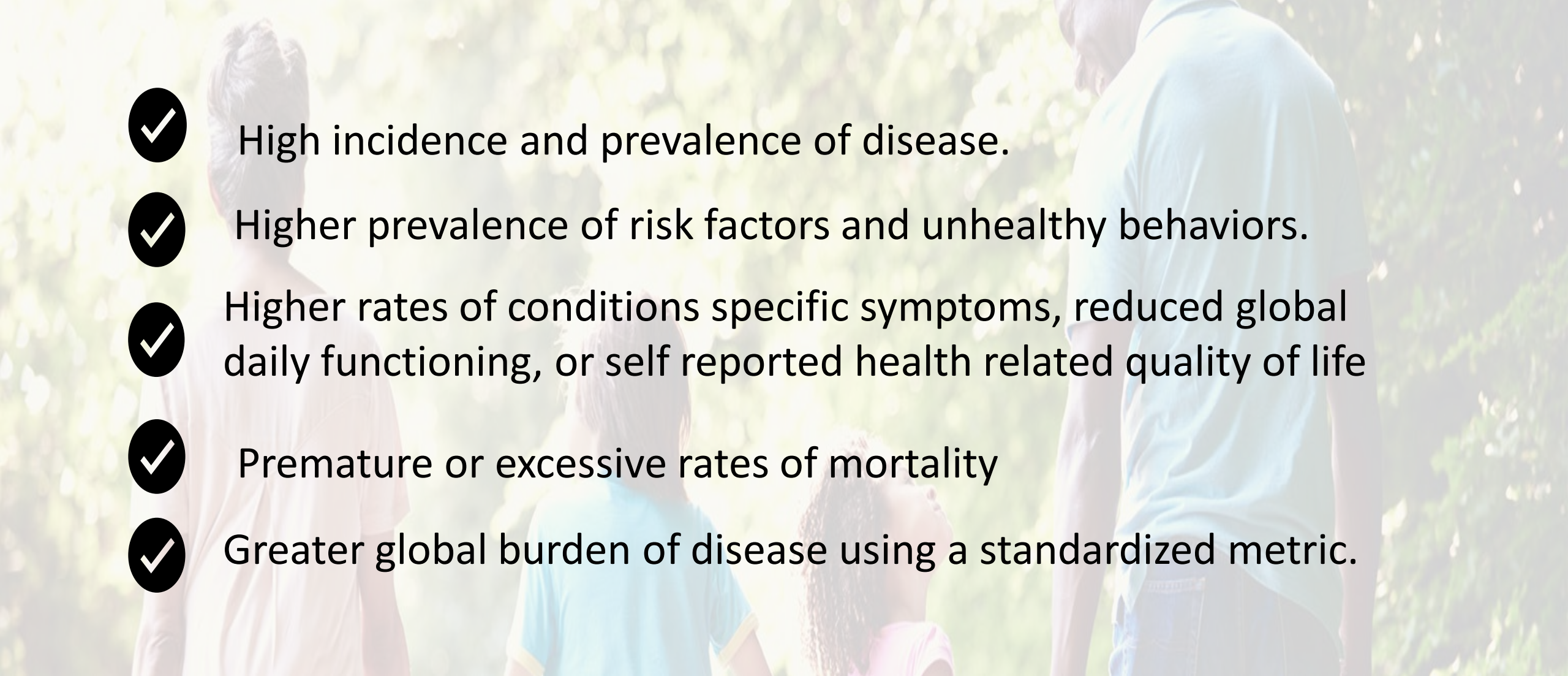
#2: Prioritize research on how incarceration impacts health outcomes and even more urgently on how to prevent incarceration

JCOIN Shared Vision

Every individual involved in the justice system with a substance use disorder **should have access to effective treatment**, while detained and while in the community.



#3: Include those impacted by mass incarceration as a NIH health disparity population

- 
- ✓ High incidence and prevalence of disease.
 - ✓ Higher prevalence of risk factors and unhealthy behaviors.
 - ✓ Higher rates of conditions specific symptoms, reduced global daily functioning, or self reported health related quality of life
 - ✓ Premature or excessive rates of mortality
 - ✓ Greater global burden of disease using a standardized metric.

Another suggestion I have that would follow my questionnaire idea (of course, after gleanng data from it) would be to set up a pilot program of intimate volunteers who would either participate in ongoing clinical trials for Covid-19 (or any virus for that matter) ^{like the one} or human challenge trials. Ms. Rose participated in it when another epidemic or pandemic rears its ugly head in the future. To me (and there are some prisoners in here who feel the same way) I should be able to volunteer my body to progressive scientific techniques to contribute