Treating Opioid Use Disorder in the Criminal Justice Setting

Opportunities and Challenges

Outline

- Opportunities – saving lives, reducing recidivism
- Challenges – a brief review of recent developments
- Opioid Use Disorder in the CJS
- Consensus and guidelines for MAT in CJS
- Current status of MAT in CJS in MT
- Basic information about FDA approved medications
- Barriers to implementing MAT in jails and prisons
- How to plan for MAT in a CJ facility

49°

THE SALEM NEWS
Salem, Massachusetts

FEATURED

Amid epidemic, a new role for jails

Middleton Jail to offer opioid addiction treatment to inmates

By Paul Leighton Staff Writer Aug 30, 2019

1 of 5

MIDDLETON — The Essex County Sheriff's Department will begin providing opioid addiction medications to inmates for the first time beginning Sunday.

New inmates who arrive with a prescription will begin receiving one of the three drugs, while current inmates will be assessed and offered the medications 60 days before they are released, Essex County Sheriff Kevin Coppinger said.

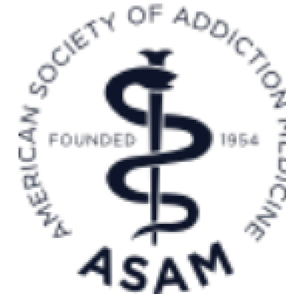
The medically assisted treatments are being offered under a pilot program that was established by state law in 2018 and is scheduled to begin on Sunday, Sept. 1. Six other county jails are in the pilot program along with Essex County.

A new, $600,000 dispensary is under construction at Middleton Jail and is expected to be operational around the first of November, Coppinger said. In the meantime, the medications will be dispensed from a temporary location inside the jail starting Sunday.

The medications will also be available at the department's pre-release centers in Lawrence and Salisbury. Officials estimated that 30-35% of the department's inmate population of 1,450 has a possible opiate-use disorder.

Coppinger described the program as "ground-breaking," saying it marks the beginning of a new role for jails in the fight against the opioid crisis.

"Jails today are the treatment centers for addiction as well as mental illness," he said. "This has totally changed the face of corrections."



JOINT PUBLIC CORRECTIONAL POLICY ON THE TREATMENT OF OPIOID USE DISORDERS FOR JUSTICE INVOLVED INDIVIDUALS

2018-2

Introduction:

Seventeen to nineteen percent of individuals in America's jail and state prison systems have regularly used heroin or opioids prior to incarceration.[i] While release from jail and prison is associated with a dramatic increase in death from opioid overdose among those with untreated opioid use disorder (OUD), there are considerable data to show that treatment with opioid agonists and partial agonists reduce deaths and improves outcomes for those with opioid use disorders.[ii,iii] Preliminary data suggest that treatment with an opioid antagonist also reduces overdose.[iv] As a result, the 2017 bipartisan Presidential Commission on "Combating Drug Addiction and the Opioid Crisis" has recommended increased usage of medications for addiction treatment (MAT) in correctional settings.[v]

Drug Alcohol Depend. 2018 Mar 1;184:57-63. doi: 10.1016/j.drugalcdep.2017.11.023. Epub 2018 Jan 31.

A randomized, open label trial of methadone continuation versus forced withdrawal in a combined US prison and jail: Findings at 12 months post-release.

Brinkley-Rubinstein L[1], McKenzie M[2], Macmadu A[2], Larney S[3], Zaller N[4], Dauria E[5], Rich J[6].

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Erratum in

Erratum to: A randomized, open label trial of methadone continuation versus forced withdrawal in a combined US prison and jail: Findings at 12 months post-release [Drug and Alcohol Dependence 184 (2018) 57-63]. [Drug Alcohol Depend. 2018]

Abstract

Recently, incarcerated individuals are at increased risk of opioid overdose. Methadone maintenance treatment (MMT) is an effective way to address opioid use disorder and prevent overdose; however, few jails and prisons in the United States initiate or continue people who are incarcerated on MMT. In the current study, the 12 month outcomes of a randomized control trial in which individuals were provided MMT while incarcerated at the Rhode Island Department of Corrections (RIDOC) are assessed. An as-treated analysis included a total of 179 participants-128 who were, and 51 who were not, dosed with methadone the day before they were released from the RIDOC. The results of this study demonstrate that 12 months post-release individuals who received continued access to MMT while incarcerated were less likely to report using heroin and engaging in injection drug use in the past 30 days. In addition, they reported fewer non-fatal overdoses and were more likely to be continuously engaged in treatment in the 12-month follow-up period compared to individuals who were not receiving methadone immediately prior to release. These findings indicate that providing incarcerated individuals continued access to MMT has a sustained, long-term impact on many opioid-related outcomes post-release.

Letters

RESEARCH LETTER

Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System

As the epidemic of opioid use in the United States continues to shift from prescription opioids to illicit drugs,[1] more people living with opioid use disorder are encountering the criminal justice system. Most US correctional facilities do not continue or initiate medications for addiction treatment (MAT).[2] This is especially unfortunate given the higher rates of opioid overdose immediately after release from incarceration.[3]

In July 2016, a new model of screening and protocoled treatment with MAT (including methadone, buprenorphine, or naltrexone) launched at the Rhode Island Department of Corrections (RIDOC), a unified prison/jail. A community vendor with statewide capacity to provide MAT after release was engaged to help run the program in November 2016, and all sites were operational by January 2017. Individuals arriving into RIDOC while receiving MAT were to be maintained on their respective medications regimen without tapering or discontinuing their medications. Contemporaneously, a system of 12 community-located Centers of Excellence in MAT was established to promote transitions and referrals of inmates released from RIDOC. This analysis examines

In the 2016 period, 26 of 179 individuals (14.5%) who died of an overdose were recently incarcerated compared with 9 of 157 individuals (5.7%) in the 2017 period, representing a 60.5% reduction in mortality (RR, 0.4; 95% CI, 18.4%-80.9%; P = .01). The number needed to treat to prevent a death from overdose was 11 (95% CI, 7-43).

Thu, May 16, 2019

Newsweek

U.S. | World | Business | Tech & Science | Culture | Sports | Health

HEALTH

PRISON INMATES 40 TIMES MORE LIKELY TO DIE FROM OPIOID OVERDOSE TWO WEEKS AFTER RELEASE

BY SCOTTIE ANDREW ON 7/21/18 AT 8:30 AM EDT

https://www.newsweek.com/study-opioid-deaths-40-times-more-likely-prisoners-1035281

Drug Overdose is the Leading Cause of Death Among Former Inmates

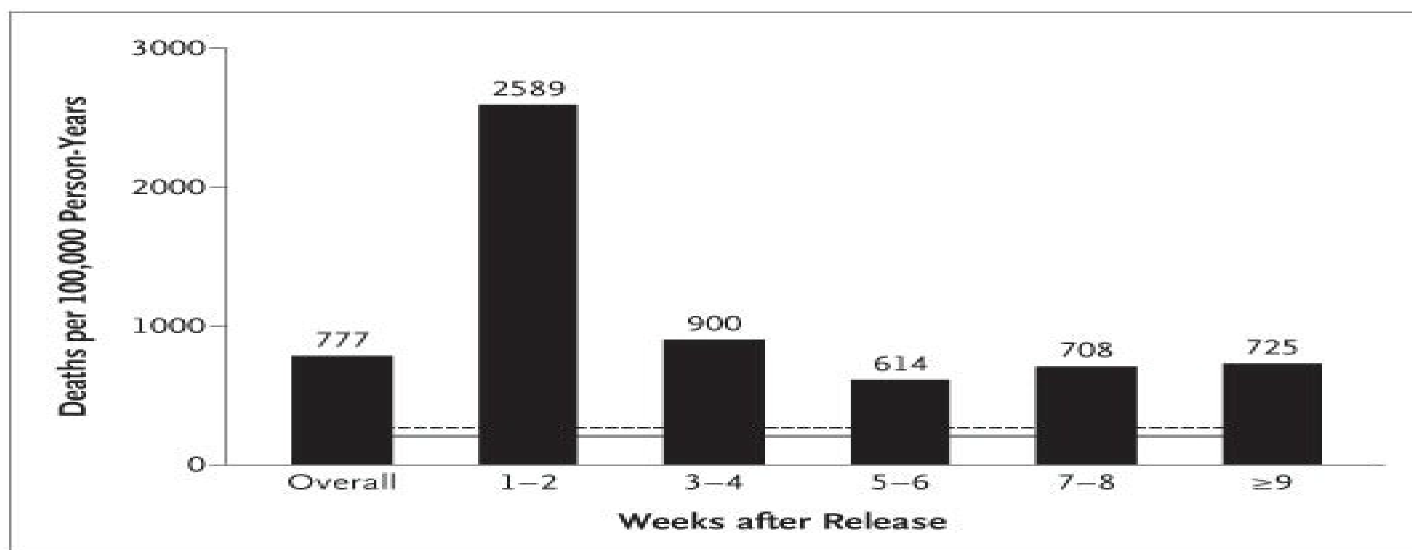

Figure 1. Mortality Rates among Former Inmates of the Washington State Department of Corrections during the Study Follow-up (Overall) and According to 2-Week Periods after Release from Prison.

The dashed line represents the adjusted mortality rate for residents of the State of Washington (223 deaths per 100,000 person-years), and the solid line represents the crude mortality rate among inmates of the state prison system during incarceration (201 deaths per 100,000 inmate person-years).

Anchorage

Their daughter died while withdrawing from heroin in an Anchorage jail. They just won a wrongful-death claim against the state.

Author: Zaz Hollander   Updated: April 28   Published April 26

Kellsie Green in a photo on her Facebook page and taken in 2015. Relatives say Green died after she went through heroin withdrawal at the Anchorage jail. Her father filed a wrongful-death lawsuit against the Alaska Department of Corrections.

https://www.adn.com/alaska-news/anchorage/2019/04/26/their-daughter-died-while-withdrawing-from-heroin-in-an-anchorage-jail-they-just-won-a-wrongful-death-claim-against-state/

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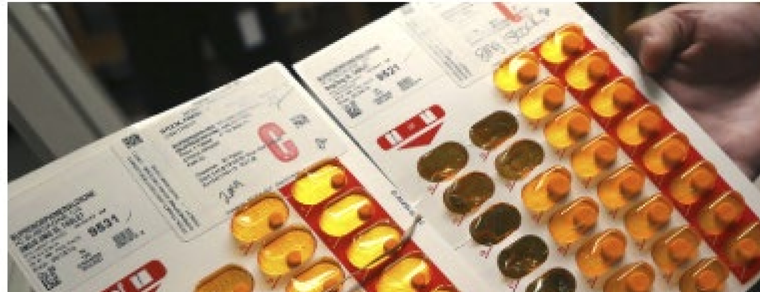
PUBLIC HEALTH

Setting Precedent, A Federal Court Rules Jail Must Give Inmate Addiction Treatment

May 4, 2019 · 10:32 AM ET

WILLIS R. ARNOLD

FROM maine public



Bureau of Prisons sued for refusing to let people with opioid use disorder stay on their prescribed medication

News Release: Thursday, September 19, 2019

Federal prison policy violates Eighth Amendment and Rehabilitation Act, ACLU-WA lawsuit asserts.

The ACLU of Washington has filed a civil rights lawsuit against the federal Bureau of Prisons (BOP) for denying people with opioid use disorder (OUD) medications necessary to treat their addiction. The lawsuit, brought on behalf of Melissa Godsey, challenges BOP's policy of refusing to provide people access to "Medication-Assisted Treatment" (MAT), including Suboxone (buprenorphine and naloxone), even though it provides other clinically appropriate medications to inmates.

This policy is harmful, unfair, and illegal. The Americans with Disabilities Act and the Rehabilitation Act forbid discrimination against people with OUD, who are just as entitled to medication as those suffering from any other ailment requiring medical treatment.

"People taking doctor-prescribed medications have a right to continue those medications while incarcerated," said ACLU-WA Staff Attorney Lisa Nowlin. "This is as true for someone with opioid use disorder as it is for someone with diabetes. For the federal prison system to pick and choose who gets to continue medical treatment and who doesn't is unsafe and discriminatory."

Opioid Use Disorder in the Criminal Justice System

- 63% of people incarcerated have a substance use disorder
- 24-36% of opioid-dependent adults cycle in and out of jails each year
- People with OUD who are released have a 10-40^{+}x risk of death from OD
- Withdrawal is frequent in the jail setting – disruptive, can be expensive and even fatal
- The CJ system has become the de-facto treatment system for many people with OUD

Joint Statement American Correctional Association and ASAM

- Individuals who enter the system and are currently on MAT and/or psychosocial treatment should be considered for maintenance
- 4-6 weeks prior to reentry or release, all individuals with a history of OUD should be re-assessed . . . to determine whether MAT is medically appropriate
- The standard of care for pregnant women with OUD is MAT and should therefore be offered/continued for all pregnant detainees and incarcerated individuals
- The decision to initiate MAT and the type of MAT treatment should be a joint decision between the provider and individual
- MAT should not be mandated as a condition of release
- Education regarding the nature of OUD and its treatment should be provided to all justice system personnel

OUD in the MT CJ System

- Less than 1% of US jails and prisons currently offer MAT
- Several county jails in MT are allowing doses to be brought in for incarcerated individuals in some cases
- MAT not used in the MT prison system
- MAT not initiated prior to release from MT DOC treatment programs
- MAT largely absent from MT drug courts

Montana Drug Courts (Currently 31)

Montana Drug Courts:
An Updated Snapshot of
Success and Hope

Produced by Montana Supreme Court
Office of Court Administrator
January 2019

Montana Jail Support

- Gallatin County Detention Center – have supported inmates with medication tapers/withdrawals (methadone only)
- Missoula County Detention Center - inmates supported on both buprenorphine and methadone
- Flathead County Detention Center -- allows buprenorphine and methadone for established CMS clients although taper is usually initiated upon entry
- CMS has strong relationships with Probation and Parole in these areas along with other system partner providers

FALSE IMPRESSIONS OF MAT

- MAT is just "substituting one addiction for another"
- MAT providers "get people addicted to methadone"
- People on MAT "just want to get high"
- People on MAT should get off as soon as possible
- People on MAT are not really "in recovery"

Methadone vs. Buprenorphine

Methadone

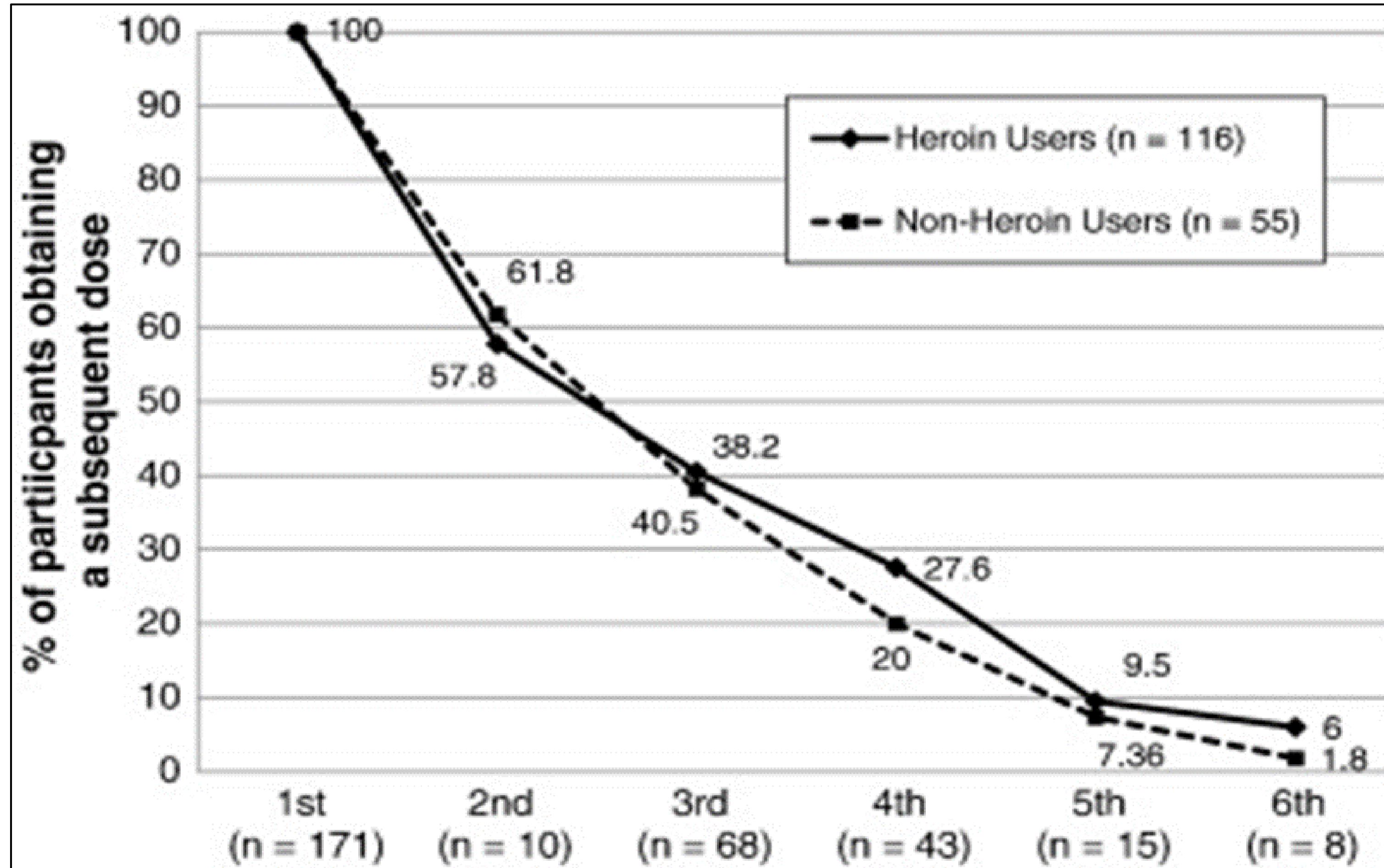
- Only in OTPs
- More effective
- More structure
- More hassle to pt
- No pt limit
- More risky in OD

Buprenorphine

- In office (with waiver)
- Not as effective as methadone
- No daily dosing requirements
- 30, 100 or 275 pt limit
- Ceiling on respiratory effects
- More expensive

(ER-naltrexone – non-opioid option)

Injectable naltrexone retention rates in outpatient setting



Journal of Substance Abuse Treatment, Volume 63, April 2016, Pages 66-71

Methadone vs. Buprenorphine vs. Naltrexone

	% of Patients	Avg LOS	Decrease in OD Rate
Methadone	37%	5 months	60%
Buprenorphine	55%	4 months	40%
ER-naltrexone	6%	1 month	0%

Overdose following initiation of naltrexone and buprenorphine medication treatment for opioid use disorder in a United States commercially insured cohort. Jake R.Morgan, Bruce R.Schackman, Zoe M.Weinstein, Alexander Y.Walley, Benjamin P.Linas. Drug and Alcohol Dependence. Volume 200, 1 July 2019, Pages 34-39

ER-Naltrexone for OUD

- “Enforces” abstinence by blocking disabling effects of opioids
- Medication “works” when patients are compelled to take it
- Patients won’t generally continue it on a voluntary basis
- Suppresses OUD when in CJ system but only defers the problem until later
- No long-term efficacy in treating OUD
- Does not decrease OD risk
- More effective alternatives are available

The Importance of Methadone in Treating OUD

"Switching non-responding buprenorphine patients to methadone can result in a major reduction in offences and incarceration rates."

Int J Drug Policy. 2017 Jan;39:86-91. doi: 10.1016/j.drugpo.2016.08.005. Epub 2016 Oct 19.

"Enrollment in office-based buprenorphine treatment did not appear to have the same beneficial effect on subsequent criminal charges as methadone maintenance."

Subst Use Misuse. 2016 Jun 6;51(7):803-11. doi: 10.3109/10826084.2016.1155608. Epub 2016 Apr 20.

Extended Release Injectable Buprenorphine

- Dosing regimen every 28 days, but effectively lasts 6-8 weeks or longer
- May stabilize patients who are not able to comply with daily observed dosing
- Expensive (roughly 10x more than sublingual buprenorphine)
- Creates a palpable nodule under the skin of the abdomen that slowly dissolves over several weeks
- No risk of diversion or misuse by the patient and no problems with compliance for the duration of the medication

Barriers to Implementing MAT in CJ Systems

- Lack of knowledge of management and staff
- Punitive attitudes – people deserve to suffer for their choices
- Lack of agreement with MAT
- "One more thing to do"
- Communication and education with all prison staff is critical to program success

Important Factors to Consider

- Finding time and location for dosing
- Funding
- Personnel – assessments, dosing, transport, counseling
- Maintaining security
- Preventing diversion
- Transfers within the system
- Arrangements for post-release and follow up

Implementing MAT in Prisons

- Working out the details – what, where, when, and who
- Finding partners to provide screening and assessments – use of telemedicine
- Protocols for medication delivery/storage/administration/transportation
- Dealing with episodes of diversion or attempted diversion
- Working out transitions within the system
- Working out details of post-release treatment
  - Inmates may be released with minimal notice
  - May not live in the area of the facility
- Identifying a "champion" within the CJ system who is committed to moving forward

Implementing MAT in Jails

- Selecting a community MAT provider to partner with
- Making all options available when possible
- Methadone – must be done in an OTP setting – doses delivered from OTP
- Developing protocols for medication delivery, storage, dosing

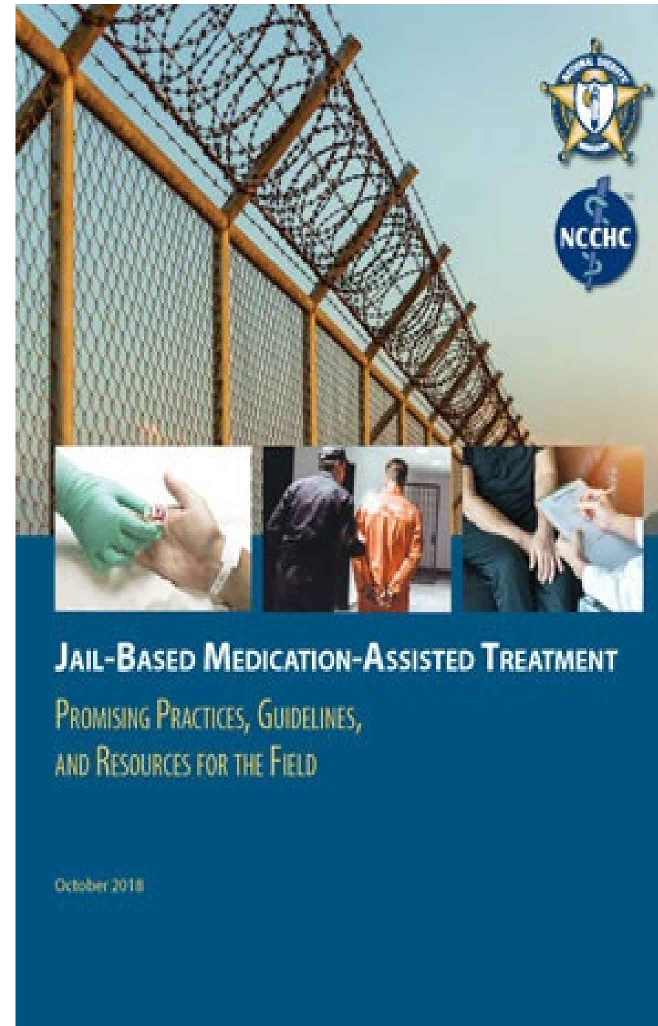
Justice Systems Announcements and Guidelines

- American Correctional Association and American Society of Addiction Medicine Release Joint Policy Statement on Opioid Use Disorder Treatment in the Justice System

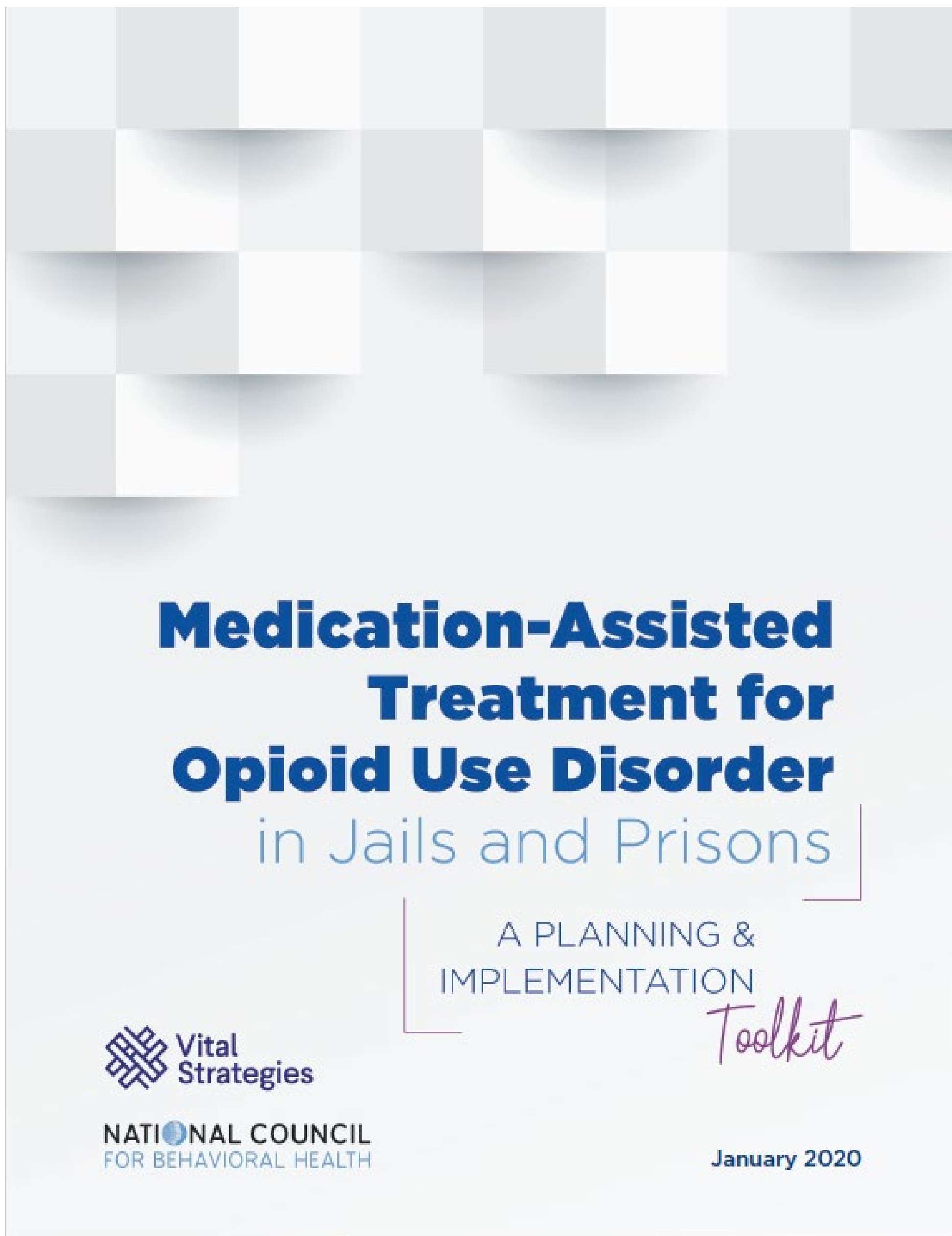
https://www.aca.org/ACA_Prod_IMIS/DOCS/ACA_ASAM%20Press%20Release%20and%20Joint%20Policy%20Statement%203.20.18.pdf

- Jail-Based Medication Assisted Treatment

https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf



https://store.samhsa.gov/system/files/pep19-matusecjs.pdf



https://www.thenationalcouncil.org/wp-content/uploads/2020/01/19_CDC_MAT_Jails-and-Prisons_Toolkit_011420.pdf

Summary

- Working towards providing MAT in CJ settings is the right thing to do
  - Saves lives
  - Improves recidivism
  - Improves inmate behavior
- All FDA approved medications should be available whenever possible
  - The decision of which one to use should be made by a licensed medical provider
- While there are significant issues to be worked out, they can be dealt with – and implementing MAT can provide tremendous benefits