

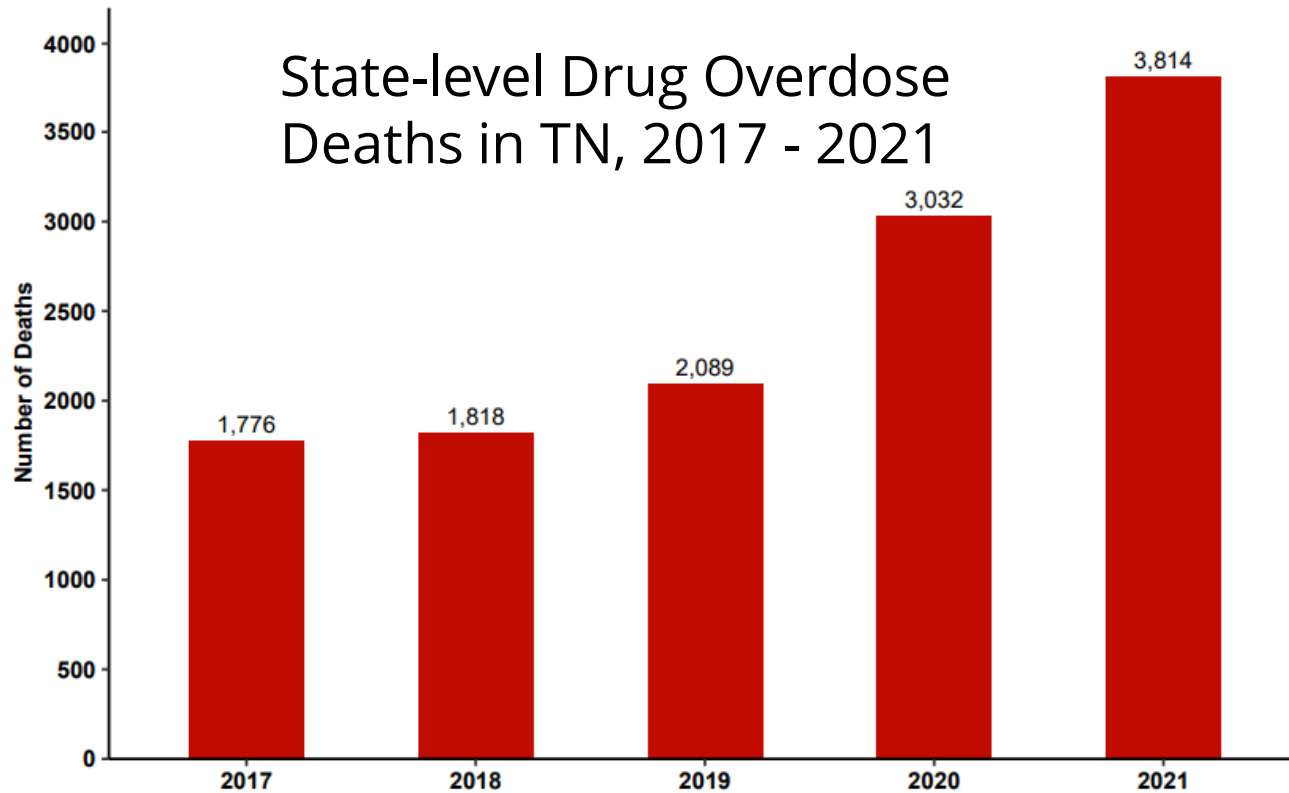


Medication for Opioid Use Disorder in Corrections Implementation Toolkit

Overdose Response Coordination Office

February 2024

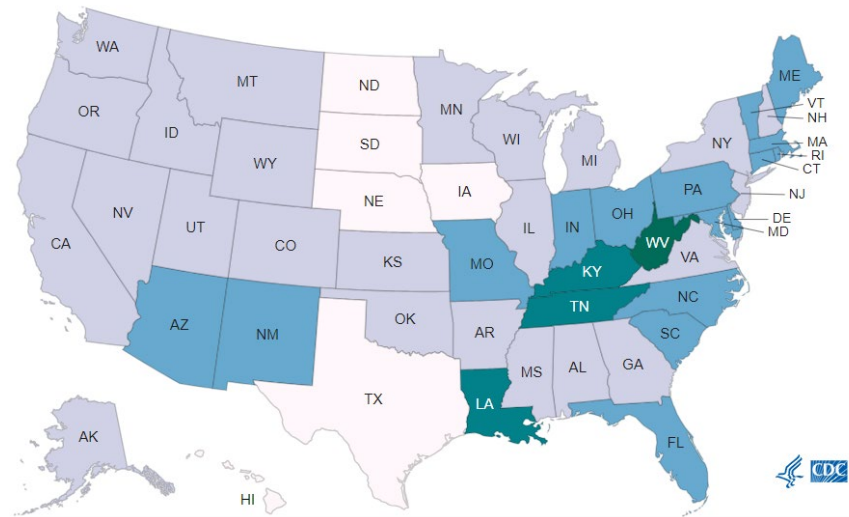
Magnitude of the Problem: TN Overdose Deaths



Analysis by the Office of Informatics and Analytics, TDH, (last updated October 27, 2022). Limited to TN residents. Data Source: TN Death Statistical File.

The Overdose Crisis in TN

- 2nd highest state in the nation for overdose deaths in 2021
- 80% of overdose deaths involved opioids



Source: Drug Overdose Mortality by State in 2021. wonder.cdc.gov

https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

Evidence for MOUD in Corrections

- It is estimated that 65% of the individuals incarcerated in the US have SUD (1).
- Drug overdose is the leading cause of death among those who have been incarcerated with the most acute risk within 2 weeks of release (2).
- As individuals become physiologically dependent on a drug, they experience increased tolerance for that substance. Individuals often lose this tolerance while incarcerated and, therefore at increased risk of overdose after release.
- Within 3 months of release, 75% of incarcerated people with an Opioid Use Disorder (OUD) relapse (3).
- 40-50% of those released from incarceration are arrested for a new crime within a year (4) .



MOUD

- MOUD is the standard of care for OUD. Three medications are approved by the FDA to treat OUD—methadone, buprenorphine, and naltrexone (5).
- Research demonstrates that buprenorphine and methadone are both associated with substantial reductions in mortality (6).
- Methadone and buprenorphine have been shown to increase entry and retention in treatment in the community after release (7). All 3 drugs have been shown to reduce illicit opioid use in jails and prisons (8), (9).
- A large meta-analysis showed that providing MOUD in corrections reduces non-fatal and fatal overdoses both during and post-incarceration (7).

Evidence for the Effectiveness of MOUD in Corrections in Other Jurisdictions

- Full implementation in Rhode Island of MOUD in corrections resulted in a 61% reduction in deaths post-incarceration (10).
- California's phased implementation of MOUD in corrections in 2019 showed hospitalization and Hepatitis C infection rates were 48% and 29% lower among individuals who received MOUD vs those on the waiting list, respectively (11).
- A study of Franklin County Massachusetts showed that the county observed 32% less recidivism among the treated participants compared to a neighboring county with no treatment (12).
- A large study of 12,000 individuals in England found that a prison-based MAT program was associated with an 85% reduction in overdose deaths in the first month after release and a study of 16,000 individuals in Australia observed a 94% reduction in death during the first four weeks after release from prison (13,14).

MOUD in Corrections, Jefferson County, TN

- From August 2021 to November 2023, 1,203 individuals were referred to the Navigator for assessment and 125 patients were treated by the program (15).
- All patients were referred to community-based MOUD treatment before release and completed re-entry plans (15).
- Follow-up was attempted on all patients and 67% and 64% were retained in care at 3 months and 6 months post-release (15).
- Individuals who were previously treated with MOUD and individuals without a prior overdose had higher retention rates in community-based MOUD (16).

Effective Practices for MOUD Programs in County Corrections- Building a Team

- Jail Administrator
- SUD Treatment Provider
- Correctional Healthcare Manager
- Correctional Navigator
- Optional- Project Manager, Evaluator, Counselor

Effective Practices for MOUD Programs in County Corrections- Training

- Introduction to OUD
- Prevalence of OUD in jails
- How MOUD works and its effectiveness in treating OUD
- Dispelling common myths of MOUD
- Outcomes of MOUD in corrections and growing acceptance of MOUD among national law enforcement and correctional organizations
- Standard program operations to implement MOUD in correctional settings
- The role of correctional staff in the program

Effective Practices for MOUD Programs in County Corrections- Securing a Treatment Provider

- Program Model- bringing a licensed OTP onsite, becoming a licensed OTP, collaborating with a community-based provider.
- Determining medication offerings and forms
- Medication first vs. medication plus behavioral health services

Effective Practices for MOUD Programs in County Corrections- Screening and Assessment

- All inmates should be screened for OUD upon intake. Those who screen positive should receive a full assessment.
- Validated screening tools:
 1. Rapid Opioid Dependence Screen (RODS)
 2. Current Opioid Misuse Measure (COMMS)
 3. Drug Abuse Screen Test (DAST-10)
 4. CAGE-AID Substance Abuse Screening Tool
- Validated Assessment Tools:
 1. ASAM Criteria (American Society for Addiction Medicine)
 2. Addiction Severity Index

Effective Practices for MOUD Programs in County Corrections-Treatment Plans and Medication Distribution

- Treatment should be individualized according to medical standards and patient needs.
- Many patients require long-term treatment.
- Blanket policies on type or duration of medication are not medically appropriate.
- Determine distribution methods
- Partner with a pharmacy

Effective Practices for MOUD Programs in County Corrections- Addressing Diversion Risk

- Comprehensive protocols should be developed to discourage diversion. Strategies can include:
 - Medline or distribution room
 - Patient hands away from mouths during distribution
 - Mouth checks, rinsing, hand washing after distribution
 - Urine drug screens
 - Housing inmates on MOUD together

Effective Practices for MOUD Programs in County Corrections-Program Monitoring

Potential metrics to gauge success in a MOUD in corrections program include:

- Number of patients who screened positive for OUD and were determined eligible for the program.
- Number of eligible patients enrolled in MOUD services.
- Number of reentry plans developed with patients.
- Number of clients the navigator referred to community-based treatment.
- Number of clients referred to community-based treatment who successfully made it to their first appointment.
- Number of clients referred to other services during the reporting period (housing, employment, social services, recovery supports).
- Number of patients receiving follow-up during this reporting period at 72 hours, 30 days, 60 days, etc.

Effective Practices for MOUD Programs in County Corrections- Developing Re-entry Plans and Follow-up

- Continuity of care after release is critical to treatment success
- In addition to treatment, connection to other services addressing the social determinants of health is important for many patients. Such services can include:
 - Housing, including recovery housing
 - Employment services
 - Mental health services
 - Transportation services
 - Recovery services such as Alcoholics Anonymous/Narcotics Anonymous
 - Harm Reduction programs
 - Testing for HIV and Viral Hepatitis
 - Primary care and immunizations
 - Nutrition support (food banks, SNAP, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC))

References

- (1) Behind Bars II: Substance Abuse and America's Prison Population. Center on Addiction. February 2010. <https://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america's-prison-population>.
- (2) Ingrid A. Binswanger, Patrick J. Blatchford, Shane R. Mueller, and Marc F. Stern. Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009. *Annals of Internal Medicine*. 2013. 159, no. 9 (2013), 592–600. <https://perma.cc/L49X-7M77>.
- (3) Fox, A. D., Maradiaga, J., Weiss, L., Sanchez, J., Starrels, J. L., & Cunningham, C. O. Release from incarceration, relapse to opioid use and the potential for buprenorphine maintenance treatment: A qualitative study of the perceptions of former inmates with opioid use disorder. *Addiction Science & Clinical Practice*, 2015; 10, 2. doi: 10.1186/s13722-014-0023-0.
- (4) Alper, M, Markman, J. Special Report: 2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014). Us Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. May 2018. <https://bjs.ojp.gov/content/pub/pdf/18upr9yfup0514.pdf>.
- (5) Substance Abuse and Mental Health Services Administration. Medications for Substance Use Disorders. Accessed September 2023. <https://www.samhsa.gov/medications-substance-use-disorders>.
- (6) Sordo, L., Barrio, G., Bravo, M. J., Iciar Indave, B., Degenhardt, L., Wiessing, L., Ferri, M., & Pastor-Barriuso, R. Mortality risk during and after opioid substitution treatment: Systematic review and meta-analysis of cohort studies. *British Medical Journal*. April 2017; 357, j1550. <https://www.bmj.com/content/357/bmj.j1550>.
- (7) Moore, K. E., Roberts, W., Reid, H. H., Smith, K. M., Oberleitner, L. M., & McKee, S. A. (2019). Effectiveness of medication-assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *Journal of Substance Abuse Treatment*, 2019; 99, 32-43.
- (8) Bahji, A. The effectiveness of naltrexone for opioid use disorder among inmates: Systematic review and meta-analysis. *Journal for Advancing Justice*. August 12, 2019; 2: 73-92. https://www.researchgate.net/publication/335758217_The_Effectiveness_of_Naltrexone_for_Opioid_Use_Disorder_among_Inmates_Systematic_Review_and_Meta-Analysis.
- (9) de Andrade, D., Ritchie, J., Rowlands, M., Mann, E., & Hides, L. Substance use and recidivism outcomes for prison-based drug and alcohol interventions. *Epidemiologic Reviews*. 2018; 40, 121-133. <https://doi.org/10.1093/epirev/mxy004>. <https://academic.oup.com/epirev/article/40/1/121/4992689>.

References (continued)

(10) Green TC, Clarke J, Brinkley-Rubinstein L, et al. Post-incarceration fatal overdoses after implementing medications for addiction treatment in a statewide correctional system. *JAMA Psychiatry*. 2018;75(4):405–407. doi:10.1001/jamapsychiatry.2017.4614.

(11) California Correctional Health Care Services. 2019-2021 Transforming substance use disorder treatment in California's prison system: Impacts of the Integrated Substance Use Disorder Treatment Program. April 2022. <https://cchcs.ca.gov/wpcontent/uploads/sites/60/ISUDT/Impacts-ISUDT-Program2019-22.pdf>

(12) Evans EA, Wilson D, Friedmann PD. Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder. *Drug Alcohol Depend*. 2022;231:109254. <https://www.sciencedirect.com/science/article/abs/pii/S0376871621007493>.

(13) Marsden J, Stillwell G, Jones H, Cooper A, Eastwood B, Farrell M, Lowden T, Maddalena N, Metcalfe C, Shaw J, Hickman M. Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England. *Addiction*. 2017 Aug;112(8):1408-1418. doi: 10.1111/add.13779. Epub 2017 Mar 1. PMID: 28160345.

(14) Larney S, Gisev N, Farrell M, Dobbins T, Burns L, Gibson A, Kimber J, Degenhardt L. Opioid substitution therapy as a strategy to reduce deaths in prison: retrospective cohort study. *BMJ Open*. 2014 Apr 2;4(4):e004666. doi: 10.1136/bmjopen-2013-004666. PMID: 24694626; PMCID: PMC3987723.

(15) Reporting to Tennessee Department of Health via REDCap from McNabb Center, August 2021-November 2023.

(16) Cooper, Lyle & Ginn, Loren. Evaluation of East Tennessee Medication for Opioid Use Disorder in Jail. Meharry Medical College for the TN Department of Health. December 2023.