INCREASING ACCESS TO MAT SERVICES IN THE CRIMINAL JUSTICE SETTINGS

Johnny Alexander, LICSW, ACSW, MAC, SAP, CCBT, CCSOTS

Presentation Outline

I. Introductions

II. Criminal Justice Overview of MAT

III. Presentation

IV. Discussion Period

V. Resources
Increasing Access to MAT Services in the Criminal Justice Setting

Substance Addiction in Prisons and Jails

![Graph showing drug dependence and abuse among state prisoners, sentenced jail inmates, and the adult general population.]


Opioid Use and the CJ System

- Opioid use correlated with criminal justice (CJ) involvement
- Any level of opioid use was associated with involvement in the CJ system in the past year
- Involvement in the CJ system increased with intensity of opioid use
- People who report opioid use are more likely to report physical, mental health, and co-occurring substance use disorders

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The Opioid Epidemic and the Criminal Justice System

- In Connecticut:
  - 52% of people who died from a drug overdose in 2016 had at some point been incarcerated in jail or prison. (Maurer 2018)
- In Rhode Island:
  - 15% of those in DOC have an opioid use disorder
  - 60% of fatal overdoses victims in 2014 had been incarcerated (Clark, Hurley, Martin, 2018)
- In Washington state:
  - Opioids were detected in nearly 15% of all deaths over a 10-year period among those released.
  - Within the first two weeks after release, the risk of death was 129 times that of other state residents. (Binswanger et al 2013; Binswanger et al 2007)

The Americans with Disabilities Act and the Opioid Crisis

- This effort focuses on combating discrimination against people in treatment or recovery
- Drug addiction is considered a physical or mental impairment under the ADA
- Example: A jail does not allow incoming inmates to continue taking MOUD prescribed before their detention. The jail’s blanket policy prohibiting the use of MOUD would violate the ADA.

Corrections Priorities

• Safety, and security within the facility
• Meeting healthcare requirements
• Development of collaborative comprehensive reentry plans

Reentry Best Practices

• Planning and Coordination
• Behavioral Health Treatment and Cognitive Interventions
• Probation and Parole
• Recovery Support Services, Housing, and Other Supports in the Community
What is Medication Assisted Treatment?

- Medication Assisted Treatment (MAT) is the use of medications and behavioral therapy coupled with social supports to treat substance use disorders.

- It is used primarily to assist with opioid use disorders but can also benefit individuals with alcohol use disorders.

- It blocks the effects of alcohol and opioids, reducing physical cravings, and helps treat withdrawal symptoms.

Medication Assisted Treatment

- MAT is approved by the Food and Drug Administration. Providers are driven clinically to meet individual needs.

- MAT is not recommended as a standalone treatment option.
The Shift to Medication Assisted Treatment

- Ongoing medication management has proven to increase family reunification, employment and housing stability, and sustained recovery.

- Providing MAT is an evidence-based practice and is recognized as the gold standard in treatment for opioid treatment.

- MAT is a valuable therapeutic benefit to attain a level of normalcy and break the cycle of opioid addiction.

Poll Question

- Does your agency provide medication assisted treatment?
  - Yes
  - No
- If so, which medication assisted treatment is in use?
  - Methadone
  - Buprenorphine/Suboxone
  - Naltrexone/Vivitrol
  - All three
Types of Medication Assisted Treatment

- **Methadone**
- **Buprenorphine**
- **Naltrexone**

**Methadone**

- Long-acting opioid agonist that reduces opioid cravings and withdrawal and blocks the effects of opioids
- Taken daily orally
- Considered the treatment of choice for opioid use disorders in pregnant and breastfeeding women
- Administered by Opioid Treatment Programs (OTPs)
- Other medications may interact with methadone and can cause heart conditions
- Unintentional overdose is possible if not taken as prescribed
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**Buprenorphine (Suboxone)**

An opioid partial agonist that produces effects such as euphoria or respiratory depression at low to moderate doses.

Also considered the treatment of choice for opioid use disorders in pregnant and breastfeeding women.

Can be prescribed or dispensed in physician offices, significantly increasing access to treatment.

Increase safety in cases of overdose.

Lowers the potential for misuse.

**Naltrexone (Vitriol)**

Opioid antagonist that binds to opioid receptors in the brain and blocks the euphoric effects of opioids.

Can also be used to treat alcohol use disorder.

Not an opioid, is not addictive, and does not cause withdrawal symptoms when someone stops using it.

Intramuscular extended-release injectable that lasts 30 days.

Low potential for misuse.

Can be prescribed by any health care provider that is licensed to prescribe medications.
## Benefits of Medication Assisted Treatment

<table>
<thead>
<tr>
<th>Decreases</th>
<th>Eliminates</th>
<th>Decreases</th>
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<tbody>
<tr>
<td>• Decreases risk for fatal and nonfatal overdoses</td>
<td>• Eliminates opioid withdrawal syndrome (OWS)</td>
<td>• Decreases opioid cravings</td>
</tr>
<tr>
<td>Increases</td>
<td>Normalizes</td>
<td>Decreases</td>
</tr>
<tr>
<td>• Increases patient functionality</td>
<td>• Normalizes brain anatomy and physiology</td>
<td>• Decreases transmission/acquisition of viral infections (Hepatitis B Virus, Hepatitis C Virus, HIV) and infection complications (abscesses, cellulitis, endocarditis)</td>
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### Benefits of Medication Assisted Treatment

<table>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Improves patient survival</td>
<td>Increases retention in treatment</td>
<td>Decreases illicit opiate use and other criminal activity among people with substance use disorders</td>
<td>Increases patients’ ability to gain and maintain employment</td>
<td>Improves birth outcomes among women who have substance use disorders and are pregnant</td>
</tr>
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**Whole Person Approach**

Treatment planning that focuses on treating every area of someone’s life and understanding that addiction is only a symptom of a much larger problem

- Medical
- Psychological
- Social
- Vocational
- Legal issues

**Elements of a Whole Person Approach**

- Cognitive Behavioral Therapy
- Contingency Management
- Detox
- 12 Step Programs
- Alternative Therapies
Medication Assisted Treatment in Correctional Facilities

- Increases successful treatment outcomes
- Reduces Morbidity and Mortality
- Minimizes Post-release Overdoses


Benefits of Medication Assisted Treatment in Correctional Facilities

- Less contraband coming into jails and prisons
- Increased overall health of incarcerated individuals
- Fewer safety and violence issues
- Improvement in breaking the cycle of arrest, incarceration, and release normally associated with substance use disorders
- Reduction in costs: comprehensive drug treatment programs in jails are associated with reduced system costs

Best Practices for Medication Assisted Treatment in Correctional Facilities

- Screening and assessing for substance use and mental health needs
- Providing appropriate medications
- Using MAT treatment approaches
- Offering therapeutic programming
- Partnering with community organizations
- Providing comprehensive reentry support
- Being culturally responsive
- Using data to make informed improvements


Sustainability and Program Resources: Funding

- SAMHSA: State Opioid Response grants, Medication Assisted Treatment Prescription Drug Opioid Addiction grants, Offender Reentry Grants
- Bureau of Justice Assistance: COSSAP grants, Second Chance Act grants, Justice and Mental Health Collaboration grants, Residential Substance Use Disorder Treatment Program for State Prisoners (RSAT)
- Municipal and state executive branch resources (e.g., Departments of Public Health)
- State legislatures
- Community partners and community foundations
- Post-release MAT can be funded through Medicaid for those eligible
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Left untreated, opioid withdrawal may "result in needless suffering, interruption of life-sustaining medical treatment, and rarely, death," says the National Commission on Correctional Health Care (NCCHC). "National research shows significant gaps in quality of care for opioid withdrawal in correctional settings, including underuse of recommended protocols and low use of drugs approved for detoxification by the FDA [Food and Drug Administration]."

As a result, NCCHC set the following guidelines:

• All inmates should be screened for potential opioid withdrawal;
• All those who screen positive should be formally assessed within 24 hours;
• All those with significant withdrawal should be treated with effective medication; and
• All those who receive opioid withdrawal treatment should be educated and referred for treatment.

Medication Assisted Treatment in Correctional Facilities

1. Detox Only (Medication Assisted as Indicated)
2. Detox and MAT Continuation for Pregnant Patients
3. Detox & MAT Continuation for Patients with Verified Community MAT Provider Engagement
4. Detox, MAT Continuation, & New Inductions
MAT and Pregnant Patients

- May continue pregnant patients with verified enrollment in a community provider for MAT
  - There may be stipulations regarding positive urine drug screen for other substances
- Pregnant patients without community MAT enrollment may still be medically detoxed
- MAT is almost always discontinued immediately after the patient gives birth (if the patient remains in custody)

MAT – Perinatal Considerations

- MAT is recommended for pregnant women with Opioid Use Disorder (OUD)
  - Pregnant women on MAT are automatically considered to be High Risk
  - Methadone has been the standard treatment for opiate dependence in prenatal care for over 40 years
  - New research indicates buprenorphine is safe & effective during pregnancy
- Medication-assisted withdrawal is not recommended during pregnancy due to increased risks for the mother and fetal stress
  - Withdrawal can cause a loss of pregnancy
  - Increased relapse rates for the mother
- Patients with a history of OUD experience hypersensitivity to pain and poor pain tolerance. Managing pain during delivery and postpartum with opiates has not been linked to increased relapse potential.
- Breastfeeding is not negatively impacted by MAT treatment and is encouraged

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>Methadone vs Buprenorphine in Pregnancy*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient preference</td>
<td>Provided daily in licensed methadone clinics</td>
</tr>
<tr>
<td>Risk of overdose mortality</td>
<td>Higher</td>
</tr>
<tr>
<td>Risk of drug interaction</td>
<td>Higher</td>
</tr>
<tr>
<td>Risk of neonatal abstinence syndrome</td>
<td>Equal</td>
</tr>
<tr>
<td>Duration of neonatal abstinence syndrome</td>
<td>Longer</td>
</tr>
<tr>
<td>Breastfeeding consideration</td>
<td>Safe (assuming no other contraindications)</td>
</tr>
<tr>
<td>Neurodevelopmental outcome in exposed children</td>
<td>Favorable</td>
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by Agatha S. Critchfield, MD and Wendy F. Hansen, MD
Babies Born to Mothers on MAT Protocols

- Babies born to women addicted to opioids fare better when their mothers are treated with either the addiction medication buprenorphine or methadone than babies whose mothers are not treated at all.
- The National Institute on Drug Abuse (NIDA) has published research indicating buprenorphine may be superior to methadone in reducing withdrawal symptoms in newborns
  - Required less medication (1.1 versus 10.4 milligrams)
  - Less time spent in the hospital for the newborn (10 versus 17.5 days)

Continuation with Verified Community Enrollment

Limited In-Jail MAT Programming

- Patient will be asked in booking about MAT involvement
- UDS performed to confirm presence of MAT medications
  - May be restrictions based on positive results for other substances
- Consent signed to confirm active enrollment in community MAT program
- In-Jail MAT program has to conform with Florida’s 65D-30 standards including enrollment criteria & counseling
- Can be facilitated by the jail medical staff or in coordination with community organizations
**New Patient MAT Inductions**

- Must have set criteria for who qualifies
  - Based on history of use
  - Detox scores
  - Ability to continue MAT in the community
- In-jail MAT program guidelines
  - NCCHC is optional but provides guidelines
  - OTP vs OBOT Models
  - Florida programs under 65D-30 license

**Discharge Planning**

- Connection to community providers
- Transportation
- Employment
- Insurance
- Prosocial support
Increasing Access to MAT Services in the Criminal Justice Setting

Operational Challenges: In-Jail MAT Programs

- Housing considerations
- Attempts at medication diversion
- Staffing – Impacts on MAT
  - Patient movement
  - Transportation to outside appointments
  - Medication timeframes
- Jail clearance for community agency personnel
- Space and staff for counseling
- Accreditation is voluntary and many facilities choose not to pursue this
- Regulations for OTP

Cultural Obstacles – Stigma & Common Misconceptions

- "Buprenorphine is an opioid that inmates can get high on." When used as directed, buprenorphine does not cause euphoria; it quells cravings. The "taper" method for managing withdrawal has been used for more than 20 years, and is FDA-approved for treating OUD.
- "Sudden cessation may be uncomfortable, but not fatal." For the young and healthy, this is usually true, but for those in poor health (common among jail detainees), the added physiological stress of withdrawal can be life-threatening.
- "Opioid misuse is a consequence of moral failing, lack of willpower, or weak character." Like other addictions, OUD is a chronic brain disease that has biological, psychological, and social components. Understanding the biology of opioid addiction helps explain the necessity of MAT, as well as the need to manage the condition as you would any other chronic, relapsing medical condition—with medication and lifestyle changes.
- "MAT medications are too costly." While administration of buprenorphine, naltrexone, and/or methadone does carry a cost, it usually isn’t borne completely by the jail offering it as a treatment. NaphCare has worked with clients to obtain more than $1.5 million in grant funding and in-kind contributions to support MAT programs.

MAT programs can also reduce liability for local governments. Two courts have ruled that OUD meets the definition of a "disability" under the ADA, and that the continuation of MAT for OUD patients is a reasonable accommodation jails must provide. Other assumptions that give justice professionals pause about MAT programs—that they are ineffective, difficult to administer, or provide easily misused and diverted drugs—have little foundation. And while a handful of criminal justice officials feel that MAT "rewards" criminal activity or addiction, most admit that MAT is more effective than non-pharmacological treatment approaches.

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**Sustainability and Program Resources: Implementation**

- Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)  
  [https://www.cossapresources.org/](https://www.cossapresources.org/)
- Jail-based MAT: Promising Practices, Guidelines, and Resources, National Sheriffs Association,  
  [https://www.sheriffs.org/jail-based-mat](https://www.sheriffs.org/jail-based-mat)
- Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit, National Council for Mental Wellbeing,  
- Medication Assisted Treatment (MAT) in Jails and Community-Based Settings, The Council of State Governments Justice Center,  
- Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States, Substance Abuse and Mental Health Administration,  
  [https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf)
- Reentry Best Practices for People with Opioid Addiction, The Council of State Governments Justice Center,  