

Treatment of Opioid Use Disorder in NM Jails and Prisons: now is the time

Bruce G. Trigg, MD
Addiction Consultant

Treating Drug Abuse and Addiction in the Criminal Justice System

Improving Public Health and Safety

- “Punishment alone is a futile and ineffective response to drug abuse, failing as a public safety intervention for offenders whose criminal behavior is directly related to drug use.”

Treating Drug Abuse and Addiction in the Criminal Justice System

Improving Public Health and Safety

- Addiction should be treated as a chronic disease, with strong genetic and environmental components, that in most instances requires MAT.
- The criminal justice system can provides a unique opportunity to intervene for individuals who would otherwise not seek treatment.

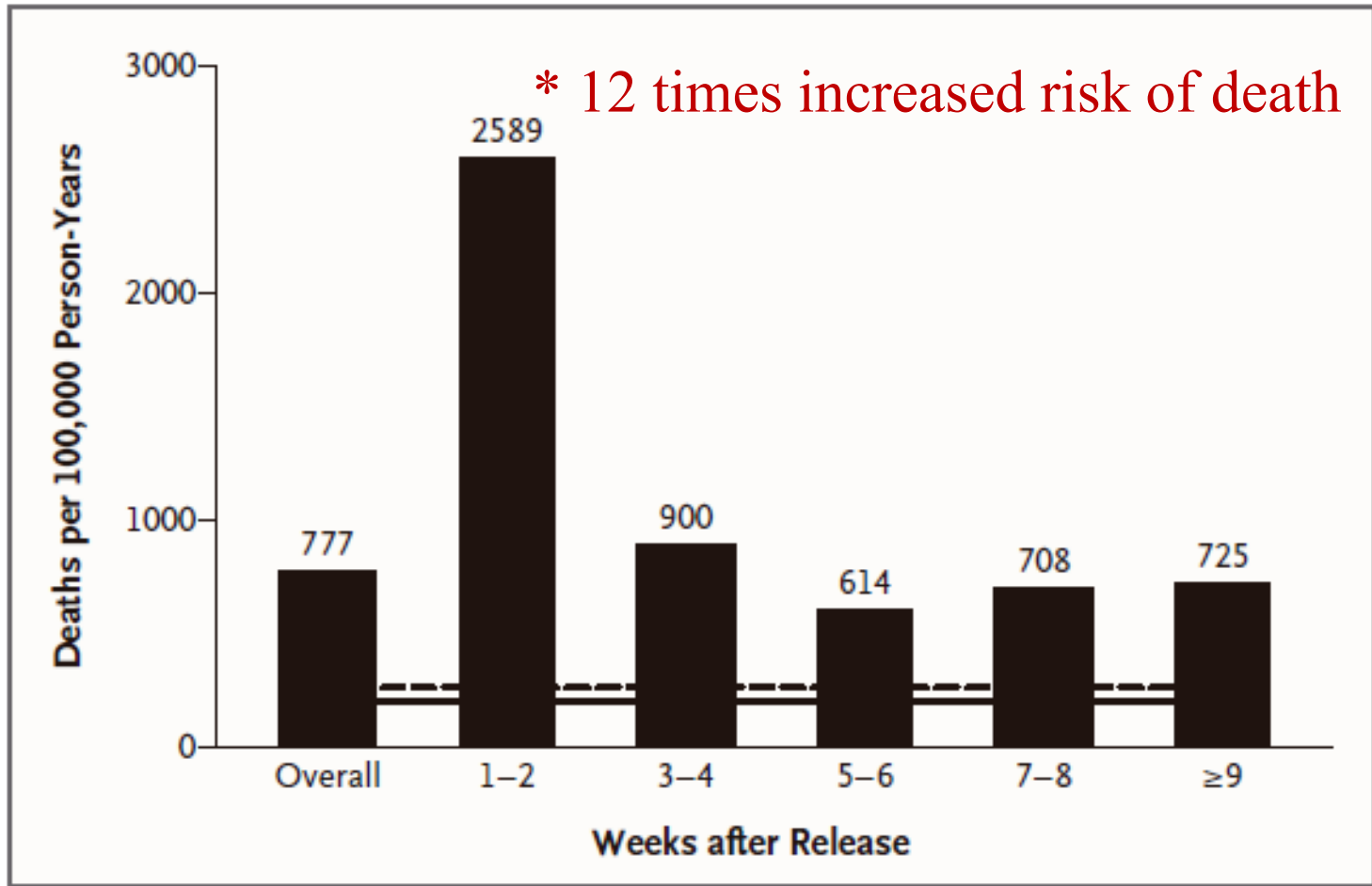
Successful MAT model at MDC

- MDC opened in 2003
- Methadone maintenance program for those already in treatment in community – started Nov. 2005. (Phase 1)
- Original funding from DOH, then HHS
- Attempt to shut down program in 2013.
- Study by UNM ASAP showed program success.
- Final approval to start methadone inductions announced last week!!!!
- It took 12 years to reach Phase 2!

Key Points

- Getting drugs out of someone's system does not cure addiction
- **Methadone and buprenorphine are the standard of care for opioid use disorder**
 - Feasible to use in jail, prison, community
- Release from incarceration is a high-risk period for overdose death

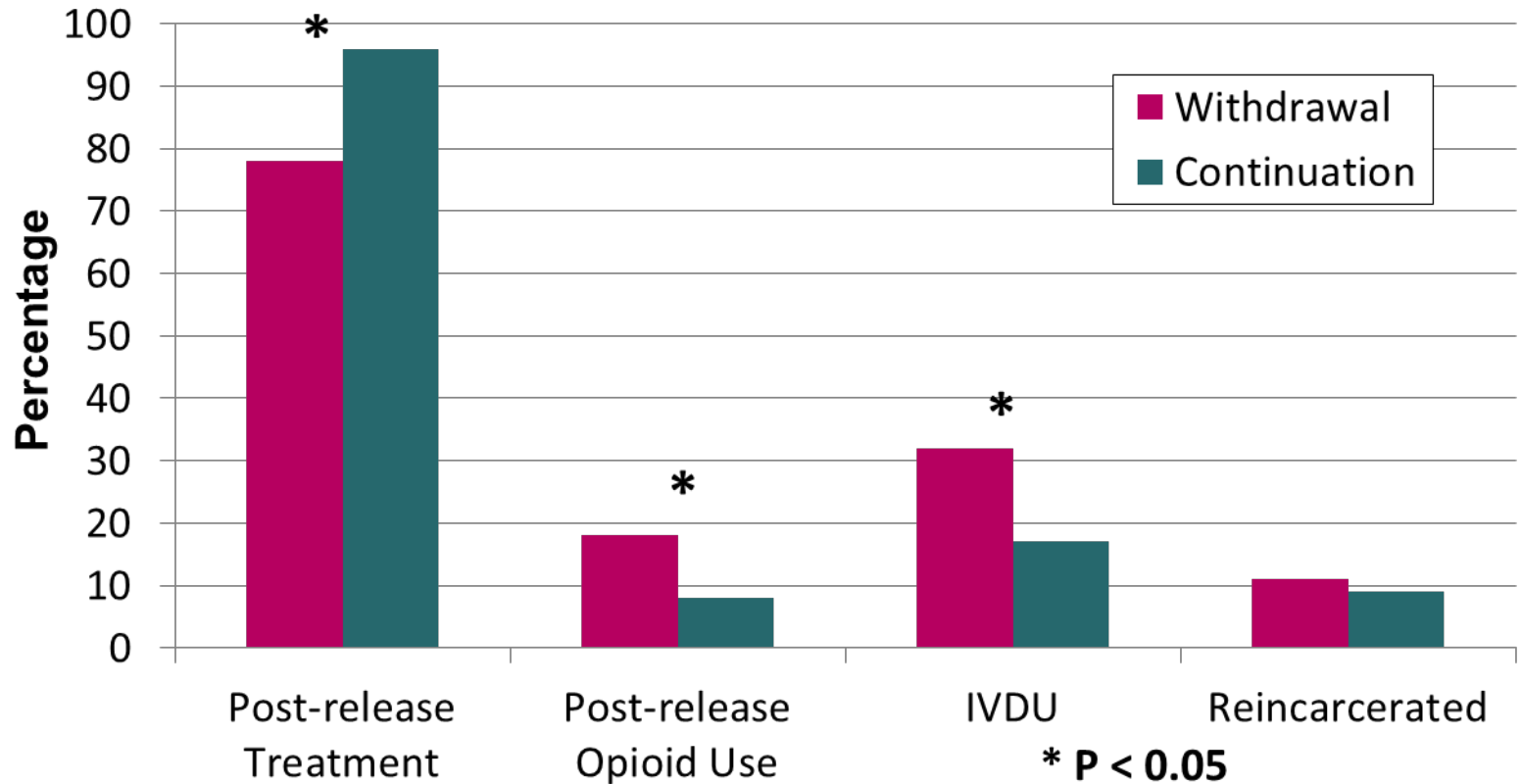
Reentry and mortality



Rationales for MAT in Corrections

- Equivalence of care – **MAT is the community standard.**
- Positive effect on correctional environment; decreases drug seeking behaviors and associated coercion and violence during incarceration
- Prevention of HIV and hepatitis C transmission during incarceration (less IDU) and afterwards
- Reduction in post-release relapse and re-incarceration
- Reduction in post-release mortality

Methadone continuation vs. forced withdrawal



Ways of using opioid agonist treatment in jails

- To manage detox (opioid withdrawal syndrome) (buprenorphine)
- To continue treatment if receiving it in community before arrest and arrange for return to home program after release (methadone or buprenorphine)
- Offer induction at admission (or afterwards) with maintenance treatment continued for duration of incarceration and arrange for continuation in community (buprenorphine or methadone)
- Initiate treatment 2 to 4 weeks pre-release with “warm handoff” to treatment in community (buprenorphine)
- For persons in community corrections; Drug Courts, parole or probation (buprenorphine or methadone)

Leading Organizations endorsed MAT within Corrections

- **National Commission on Correctional Health Care**
(October 2010, 2016)
- **American Society of Addiction Medicine** (June 2015)
- **National Governors Association** (July 2016)
- **National Association of Counties and National League of Cities** (August 2016)
- **President's 2017 Commission on Combating Drug Addiction and the Opioid Crisis** (August, 2017)
- **The American Correction Association** (August 2017)



**MEDICATION ASSISTED TREATMENT
FOR OPIOID USE DISORDER**

2017-2

BE IT FURTHER RESOLVED, four to six weeks prior to reentry or release, all individuals with a history of latent or active opioid use disorder should be re-assessed by a licensed, trained clinician to determine whether MAT is medically appropriate and evidence-based information and options should be offered to the individual; and

MAT in NM Prisons

- Methadone and buprenorphine are NOT currently used (legally!) in state prisons (perhaps in pregnancy),
- Legislation was passed 3 X for a pre-release buprenorphine pilot program at the Grant's Women's Prison for those who were addicted to heroin before they entered the prison – and it never happened!
- Some extended release naltrexone (Vivitrol) may be in use (how many?), however this is considered a second line treatment by most addiction specialists. Concerns with increased risk of overdose death after discontinuation and poor retention rates.

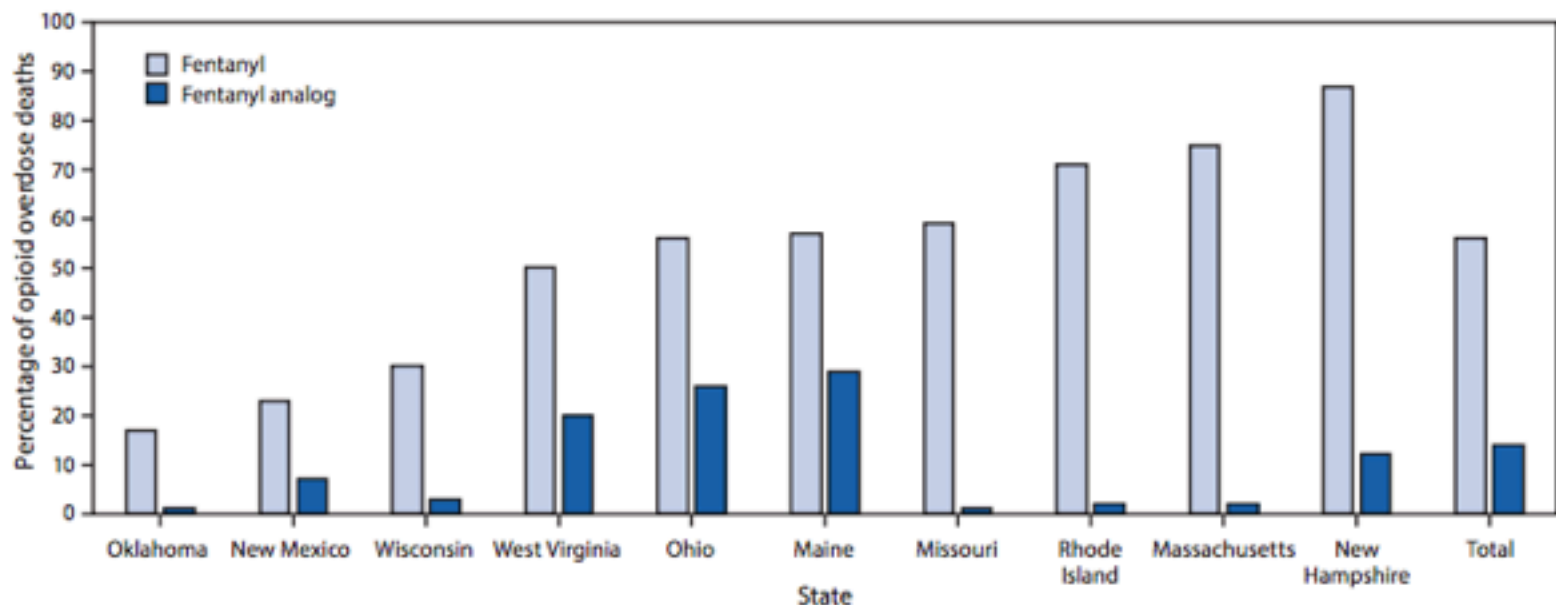
MAT in NM Jails

- Other county jails: Santa Fe, Farmington, Las Cruces have in the past used buprenorphine but not currently
- NM Drug Courts have a mixed record of allowing methadone and buprenorphine

MAT - Why Now?

- Medicaid expansion allows most of the people who need treatment to qualify for Medicaid at re-entry
- Medicaid covers methadone and buprenorphine treatment
- There are a growing number of office-based providers who are able to prescribe buprenorphine and more Opioid Treatment Programs (OTPs) in NM

Carfentanil's growing role in overdose deaths



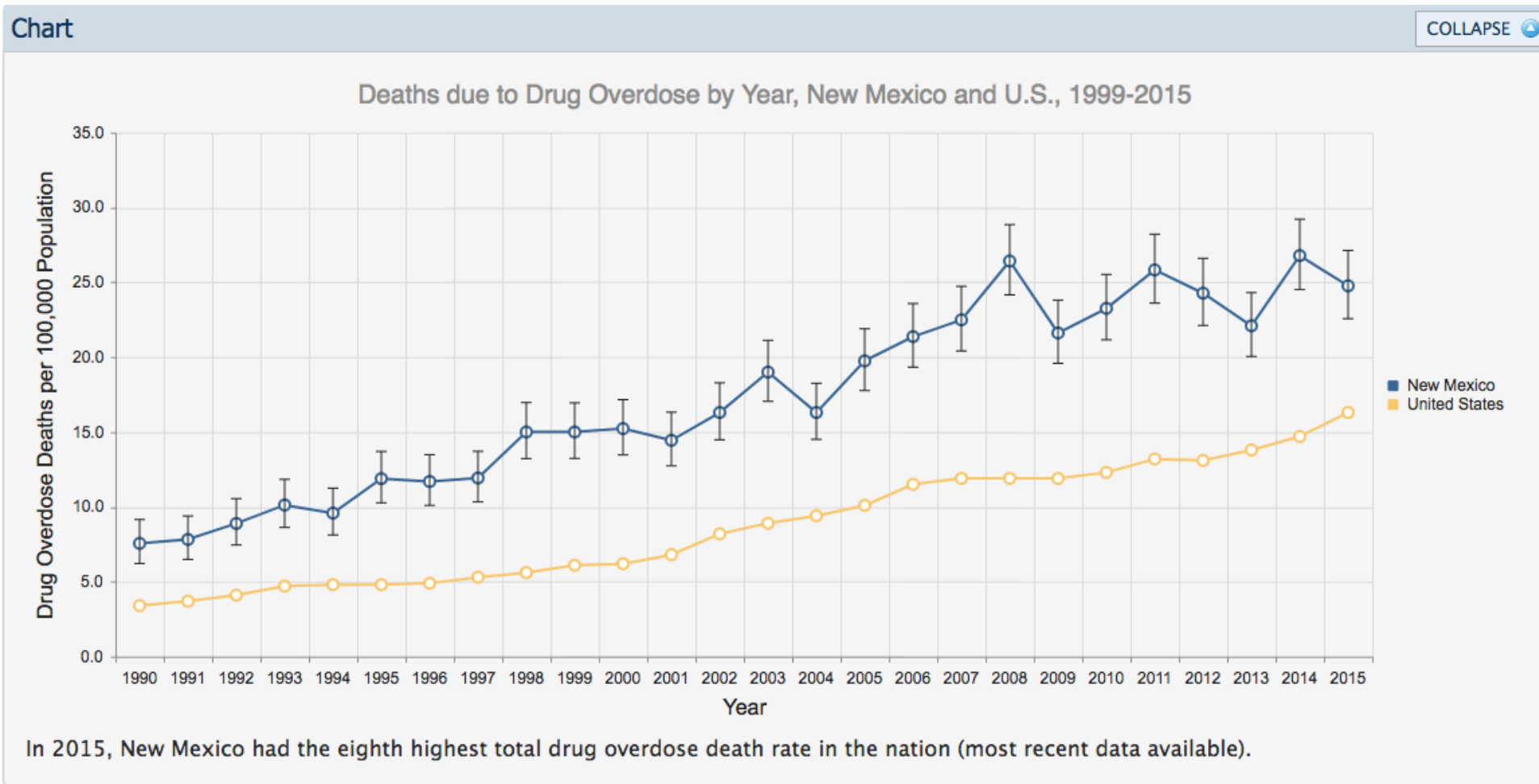
(CDC)

The CDC is out with new [data](#) from nearly a dozen states that are tracking the role of fentanyl and synthetic opioids like carfentanil in overdose deaths. It's been difficult for health officials to put hard numbers on fentanyl analogs, which are chemically similar to fentanyl but require special toxicology testing. But the new report — which details expanded opioid overdose data from 10 states — found that 720 overdose deaths in those states between July and December 2016 involved one of fentanyl's cousins. The most common: carfentanil. The drug was strikingly prevalent in Ohio — of the 389 deaths involving carfentanil, 354 occurred in Ohio.

Why now is the time?

- The overdose death epidemic fueled by fentanyl contamination of heroin makes it more urgent than ever that people leaving jails and prisons be provided with appropriate treatment BEFORE release
- Growing consensus among gov't authorities, funding agencies, addiction experts and correctional organizations that evidence-based treatments should be provided in jails and prisons.

Here is what we know for certain; people in New Mexico are dying of a preventable disease



Here is what we do not know for certain

- How many overdose deaths occur inside NM jails and prisons?
- How many overdose deaths happen shortly after release from NM jails and prisons?
- How many suicides, deaths, and injuries are directly related to untreated Opioid Use Disorder inside jails and prisons?
- How many lives can be saved, and improved, if people receive proper medical treatment for their addiction when they enter these facilities?