



RECOVERY SERVICES
OF NEW MEXICO

Jail-Based Medication Assisted-Treatment

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Opioid Use Disorder (OUD) in New Mexico

10% of New Mexicans are living with a substance use disorder (SUD)¹²

- 205,000 New Mexicans with SUD
- 39,000 New Mexicans with OUD

Only 35% of New Mexicans with an SUD are receiving treatment¹²

- 134,000 New Mexicans need treatment

In 2020, New Mexico had its highest drug overdose (OD) death rate – 766 deaths²⁰

- Majority (78%) attributed to fentanyl and methamphetamine

Incarcerated Individuals with OUD

Prisoners and jail inmates released to the community are between **10 to 40 times more likely to die of an opioid overdose** than the general population¹⁶

The U.S. has the second-highest incarceration rate in the world and the societal costs are estimated to be as high as \$1.7 trillion annually⁷

Nearly two-thirds of persons who are incarcerated have a history of SUD¹⁴

Incarcerated Individuals with OUD in NM

The number of inmates admitted to the prison system for drug possession in NM increased by 18% over the last decade¹³

NM three-year recidivism rate was 54% in FY19 and FY20 with substance use as one of the main drivers for return to prison after release¹³

Medication Assisted-Treatment (MAT)

MAT includes three generic FDA approved medications for the treatment of OUD:

1. Methadone
2. Buprenorphine (brand name of buprenorphine/naloxone formulation - *Suboxone*)
3. Naltrexone (brand name of extended-release formulation - *Vivitrol*)

Jail-based MAT: Benefits

Inmates who received methadone during incarceration were:

- More likely to engage in treatment post-release¹¹
- Less likely to use opioids post-release¹¹
- Had reduced odds of injection substance use post-release¹¹
- Reduced contraction of communicable diseases¹⁶

Provision of MAT reduced the rate of fatal OD among recently released individuals by more than 60%¹⁰

Jail-based MAT: Support

“The standard of care for all persons who are detained or incarcerated.”
– American Society of Addiction Medicine¹

“There is overwhelming evidence that medication-assisted treatment is an effective intervention for addressing OUD in criminal justice populations.” – SAMSHA¹⁶

“A central component of the contemporary standard of care for the treatment of OUDs.” – National Sherriff's Association⁸

Jail-based MAT: Reality

Only 30 out of 5,100 (0.5%) prisons and jails offered methadone or buprenorphine in 2017¹⁶

Only 14 states offered methadone or buprenorphine maintenance for jail or prison inmates in 2018¹⁶

Jail-based MAT: State and Federal Barriers

Methadone can only be dispensed through an accredited opioid treatment program (OTP)

- Accreditation and regulation through various entities:
 - Substance Abuse and Mental Health Services Administration (SAMSHA), Commission on Accreditation of Rehabilitation Facilities (CARF), Drug Enforcement Agency (DEA), NM Board of Pharmacy
- Additional accreditation for jail OTPs:
 - National Commission on Correctional Health Care (NCCHC)

Jail-based MAT: State and Federal Barriers

Concerns about MAT costs

- Medication, staffing, training, certification, storage, etc

Concerns about security

- Policies and staffing needed to reduce the risk of diversion

Lack of community-based MAT providers to provide services in correctional settings

Misunderstanding of MAT

- Stigma of “substituting one drug for another.”

Pioneering Jail-based MAT in NM

Through collaboration with the Bernalillo County Behavioral Health Services Department and Bernalillo County Metropolitan Detention Center (MDC):

- RSONM developed the first privately owned opioid treatment program (OTP) in a correctional facility in the nation
- One of only eleven programs accredited through the National Commission on Correctional Health Care (NCCHC)

History of RSONM MDC Program

2010: Methadone maintenance treatment (MMT) program

- Continuing community methadone during incarceration

2017: Methadone induction program

- Identifying untreated patients with OUD and starting them on methadone during incarceration

2021: Buprenorphine maintenance program

- Continuing community buprenorphine during incarceration

RSONM MDC Program: Components

- Screening
- Assessment
- Treatment – Medication and Counselling
- Re-entry



RSONM MDC Program: Components

Screening:

- MDC screens all inmates for OUD on intake
 - If on MMT in the community:
 - Dose is verified, enrolled in program
 - If not on MMT in the community:
 - RSONM staff identifies potential patients, and they are offered induction
 - Patients can also self request to be on program through kiosks at MDC



RSONM MDC Program: Components

Assessment:

- Potential patients are assessed and enrolled into the program by RSONM multi-disciplinary team:
 - Intake coordinator
 - Nurse
 - Counsellor
 - Physician (Addiction Psychiatrist)
- Collaborate with MDC partners:
 - Medical provider, correction officers, administration, security threat group and addiction treatment program (detox program)

RSONM MDC Program: Components

Treatment:

- RSONM provides comprehensive treatment consisting of a combination of MAT and substance use counselling
- Urine toxicology testing



RSOONM MDC Program: Components

Re-entry:

- Follow-up care is coordinated at discharge with community OTP partners in Albuquerque, NM
- Harm reduction:
 - All patients receive naloxone (brand name *Narcan*) training
 - Leave with Narcan in-hand at time of release



RSOONM MDC Program: Walkthrough

- Methadone is stored in a secure location
- Licensed staff pours medication in the secure area
- Nurse transports medication throughout MDC
 - One area (pod) of MDC at a time
- Nurse administers medication
 - Inspects mouth to ensure medication is consumed
- This cycle repeats for each jail pod/cell

Patient Dosing Process



Staff transporting methadone



Patient consuming methadone



Patient inspection

© Rosales, Roberto. *Albuquerque Journal*.



RSOONM MDC Program: Walkthrough

- Average daily patient census: 200-300 patients
- Staff administers medications daily –weekends and holidays
- Physician completes inductions 6 days a week



Outcomes: Patients Treated

Methadone maintenance (11-2017 to 1-2021):

- 1,395 total patients
- 465 patients/year

Methadone inductions (11-2017 to 1-2021):

- 2,124 total patients
- 700 patients/year



RSOONM MDC MMT Independent Research

- 1) Westerberg, V. S., McCrady, B. S., Owens, M., & Guerin, P. (2016). **Community-Based Methadone Maintenance in a Large Detention Center is Associated with Decreases in Inmate Recidivism.** *Journal of substance abuse treatment, 70*, 1–6.
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- 3) Horn, B. P., Li, X., McCrady, B., Guerin, P., & French, M. T. (2020). **Cost-effectiveness analysis of a large jail-based methadone maintenance treatment continuation program in New Mexico.** *Journal of substance abuse treatment, 115*, 108042.

Outcomes: Reduces Recidivism

Inmates with OUD on MMT compared to those with OUD who underwent detoxification:

- **MMT inmates were less likely to be rebooked (53.4% vs 72.2%)²⁰**
- **MMT inmates had longer time periods between rebooking (236.3 vs 257.6 days)²⁰**



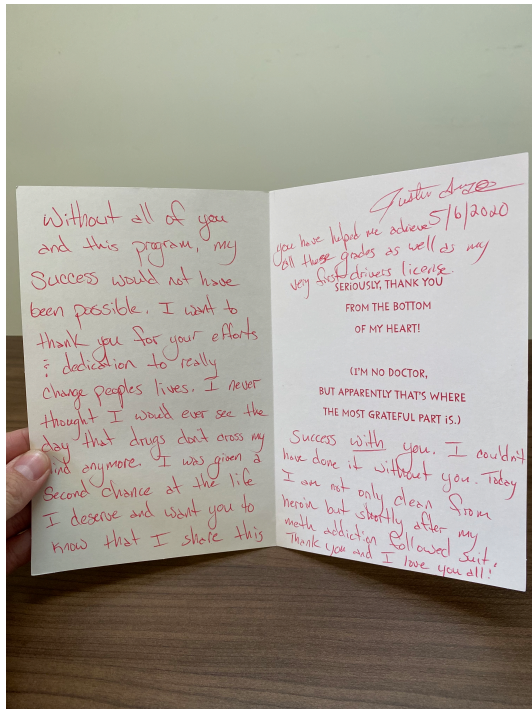
Outcomes: Cost-effective Treatment

- **MMT inmates were incarcerated less days due to reduced recidivism (29.33 days less)⁷**

It costs less to provide jail-based MMT than the subsequent cost associated with higher recidivism:

- **Average per-day cost of incarceration is \$116.49**
- **Costs \$23.49 to prevent an incarcerated day using jail-based MMT⁷**

Outcomes: Patient Success



“Without all of you and this program, my success would not have been possible. I want to thank you for your efforts and dedication to really changing people's lives.

I never thought I would ever see the day that drugs don't cross my mind anymore. I was given a second chance at the life I deserve and want you to know that I share this success with you. I couldn't have done it without you. Today I am not only clean from heroin but shortly after my meth addiction followed suit. Thank you and I love you all!

You have also helped me achieve these grades and my very first driver's license!” - RSONM Methadone Induction Patient



Future Directions

- Current UNM study on methadone induction data
- Buprenorphine maintenance program started 9-2021
- Buprenorphine induction program on the horizon
- Continuation of MMT and methadone induction program
- Developing and disseminating “best practices” for jail-based MAT

Supported Legislation

- SB-0046, introduced by Senator Michael Padilla, establishes that RN's and LPN's employed by an OTP may dispense methadone for take-home purposes
 - There is no current medical evidence that pharmacists enhance safety or the security of methadone. Nurses are allowed to dispense methadone in other states and the pharmacist requirement is an additional barrier to treatment.
- HB-0290, introduced by Representative Andrea Romero, establishes that methadone-dependent inmates be provided with methadone therapy.

Summary and Key Points

Inmates with OUD are marginalized and have poor access to MAT and have higher risk of OD compared to the general population

The BernCo BHSD, MDC and RSONM collaborative jail-based program is the first of its kind program in the the U.S., it is nationally accredited, and it is pioneering treatment for inmates with OUD

The program has been serving the community for over 10 years and has treated several thousand patients

The program has been shown by independent studies to reduce recidivism and is cost effective

The program is expanding and is now offering buprenorphine maintenance therapy and will soon offer buprenorphine inductions

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