



Realizing the Potential of Integrating Opioid Use Disorder Treatment in Correctional Systems: Clinical Issues & System Barriers

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Disclosures

No conflicts of interest or relationships to disclose

The views presented today are my own and do not necessarily represent those of the WA DOC



CASE
Mr. J



Case of Mr. J

- Neglected as a child
- Multiple family members used illicit drugs; Father died in homicide
- Started using opiates at age 12
- Started selling drugs to support his heroin addiction in teens
- In and out of custody
- While in community, has never been off heroin
- 2009 got 3-year sentence for 2nd degree burglary when he is ~30 years old

Case Continued

- While in prison Mr. J occasionally used opiates, but off opiates the majority of the time
- Sent to work release in 2012 for last 6 mos. of incarceration
- Relapsed on heroin in work release during 2nd week and never returned
- Arrested soon after
- Charged with escape from prison and given another 2 years in prison

Case Continued

- Upon release from prison 10/2014, patient had mandatory intensive outpatient chemical dependency treatment (IOP)
- Patient felt that he needed medication to help him not use heroin
- Referred to methadone clinic upon release & given naloxone
- Methadone clinic assessment scheduled in early 11/2014
- Patient relapsed on heroin in the interim and sent to jail x 3d
- Jail SW attempted to reschedule assessment with methadone clinic prior to release, but not permitted to call on behalf of patient
- Upon release from jail, still using heroin daily. Wants Suboxone
- In clinic, referred to IOP, but going back to jail at end of week for another +Utox. Suboxone start delayed until after jail

Case Scenario 1 (The "Usual")

- Patient releases from jail over the weekend
- Takes first Suboxone dose on Tuesday
- Reports to CCO on Thursday and Utox is still positive for heroin (last use Monday)
- Goes to jail on Friday
- Jail does not provide Suboxone
- Mr. J suffers from withdrawal for 3 days
- He relapses on heroin upon release from jail and is lost to care, stops reporting, ...

Case Scenario 2 (The Real Story)

- Patient releases from jail over the weekend
- Takes first Suboxone dose on Tuesday
- Reports to CCO on Thursday and his Utox is still positive for heroin (last use Monday)
- Goes to jail Friday
- Mr. J. smuggles 3 days of Suboxone into jail
- Remains stable throughout his jail stay and thereafter
- Decides he doesn't like the side effects of Suboxone
- Gets assessment at methadone clinic & switches to methadone
- Mr. J remains on methadone 3 yrs later, holds a job, & remains out of prison



THE CASE OF MR. J
The Barriers & Their Solutions



Changing Views of Opiate Addiction

- Incarceration = Forced Abstinence ≠ Cure
- Mr. J had multiple markers for high risk of relapse:
 - Family history
 - Age of onset
 - Extent of use in community
 - [Occasional use while in prison]
- Reality is rates of relapse on opiates post-incarceration is high regardless (70-80%)
- Length of incarceration not particularly predictive of relapse upon release
- Treatment for opiate use needs to be individualized
 - Case of Mr. T

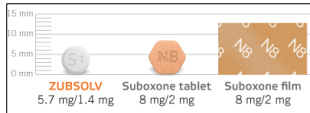
Timing

Mr. J was referred to methadone clinic upon release, but assessment was more than 2 weeks later

- Coordination with the community to avoid delays in treatment is difficult
 - Case of Ms. BG and Mr. B
- Risk of overdose highest in first 1-2 days
- Complicated to adjust dosing in the community
 - Too fast vs. too slow
 - Case of Mr. L
- Clinically simpler and less risk if started prior to release
- Improves ongoing engagement

Use of MAT Inside the Walls

- Methadone
 - Federal restrictions
 - Coordination with community dispensary
 - Geography



- Buprenorphine/Naloxone
 - More costly than methadone
 - More accessible upon release
 - Concerns about diversion
 - Mr. J. smuggled Suboxone into jail
 - Films vs. tablets

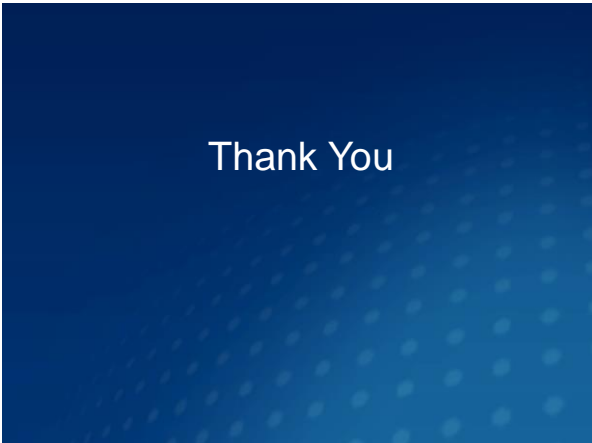
- Vivitrol
 - Very expensive, but...
 - Requires motivation and buy-in from patient

Swift & Certain and Other One Size Fits All Rules

- Clear rules are easier in large organizations
- Disincentive to violations during community custody
- Can be a barrier when people have already relapsed, but are motivated to seek treatment
- Systems need flexibility to allow for individualized plans

All for One and One for All

- Mr. J went to a jail that did not provide Suboxone.
- Correctional systems are complex and individuals cycle through the community, multiple jails and prison systems
 - The thought of going into withdrawal can be a deterrent to being on medications
 - Many describe the withdrawal from buprenorphine/methadone as worst than shorter acting opiates, like heroin
 - If treatment available in the community and at some facilities, but not others, it can result in patients being on and off therapy
 - Withdrawal is a trigger for relapse on opiates
 - Ideally all facilities have some, if not all, options



Thank You
