

Opioid Addiction & Corrections

Medication Assisted Treatment in the Connecticut Department of
Correction

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Disclosure

- I have no actual or potential conflict of interest in relation to this program/presentation.

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- *CT DOC Addiction Services Staff*
- *DMHAS and DPH Staff*
- *CMHC Staff*
- *Community OTP Providers*
 - *APT Foundation*
 - *RNP*

Plan for Today

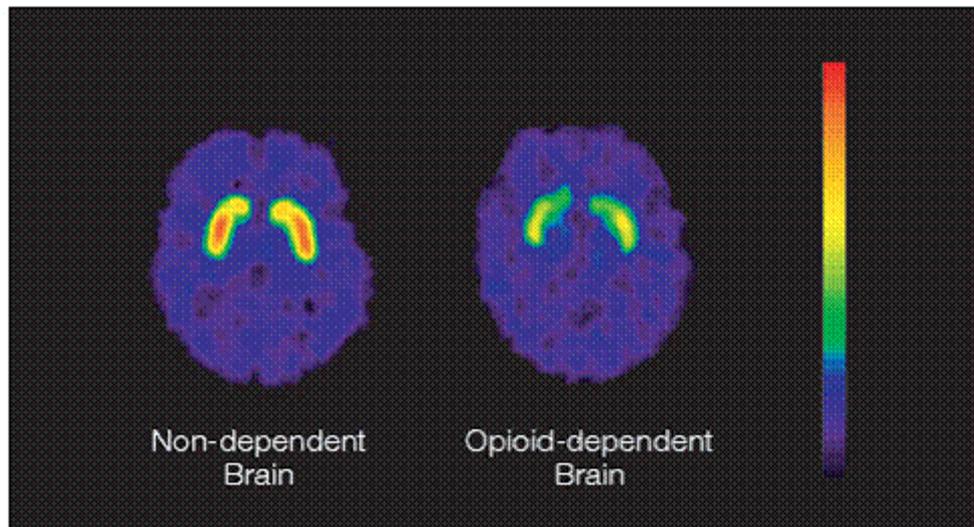
- Addiction and the Opioid Crisis
- Connecticut System
- Introduction of methadone program to Connecticut's criminal justice population
- Outcomes
- Discussion

Nature of Addiction

- National Institute on Drug Abuse (NIDA)—A *chronic, relapsing brain disease characterized by compulsive drug-seeking and use despite harmful consequences and by long-lasting structural and functional changes in the brain* ¹
- Other definitions exist, but all agree that addiction is:
 - –Chronic ^{2,3}
 - –Relapsing ^{3,4}
 - –Progressive ^{3,4}
 - –Compulsive ^{2,4}
- 1. National Institutes of Health National Institute on Drug Abuse. <http://www.drugabuse.gov/ScienceofAddiction/addiction.html>. Accessed July 7, 2011. 2. Robinson TE, Berridge KC. *Brain Res Rev.* 1993;18(3):247-291. 3. O'Brien CP, McLellan AT. *Lancet.* 1996;347(8996):237-240. 4. McLellan AT et al. *JAMA.* 2000;284(13):1689-1695.

Addiction Changes Brain Function

Non-Opioid-Dependent and Opioid-Dependent Brain Images



PET scan images show changes in brain function caused by opioid dependence. The lack of red in the opioid-dependent brain shows a reduction in brain function in these regions.

Reprinted by permission of Nature Publishing Group: *Neuropsychopharmacology*, 1997;16:174-182.

Wang GJ et al. *Neuropsychopharmacology*. 1997;16(2):174-182.

Complex Disease

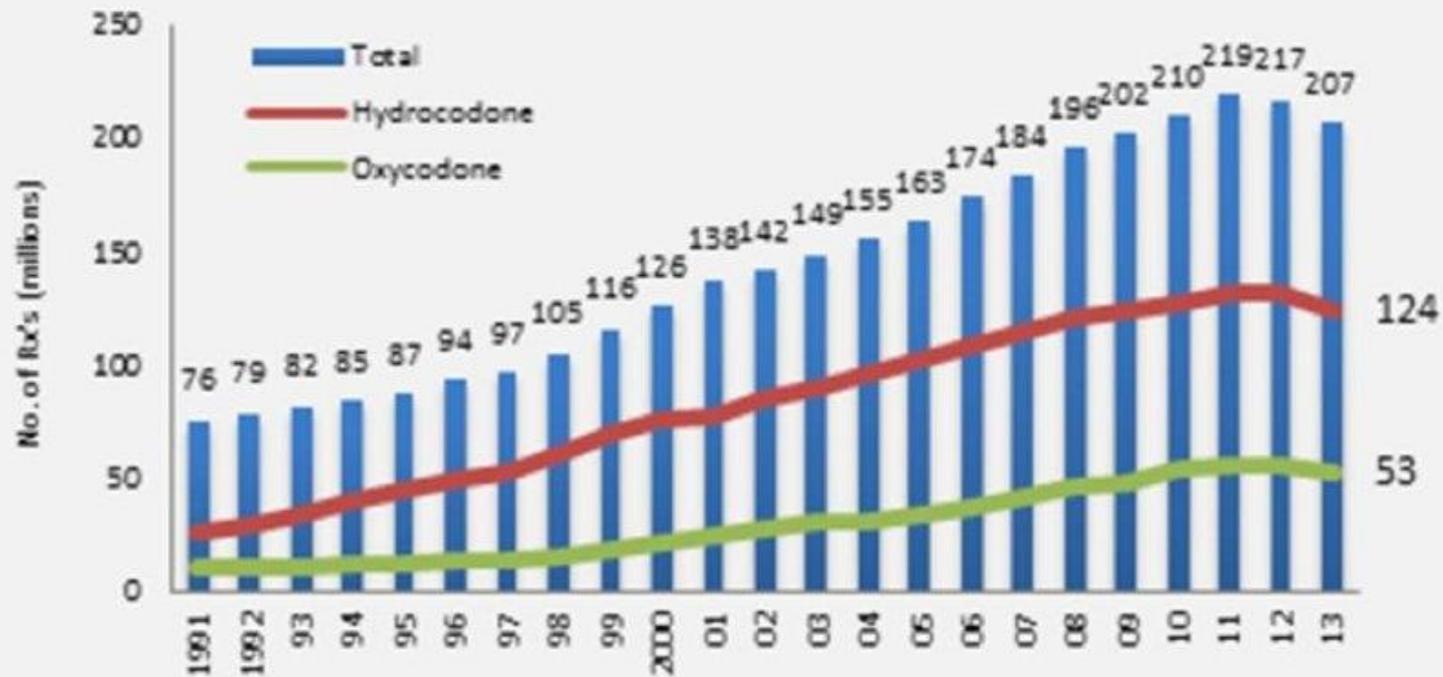
- Drug abuse has multiple components:
- –Neurobiologic
- –Behavioral, cognitive, and affective

Opioids in The US

- 2.1 million people have opioid substance use disorder in US related to prescription opioids
- 467,000 people in US addicted to heroin

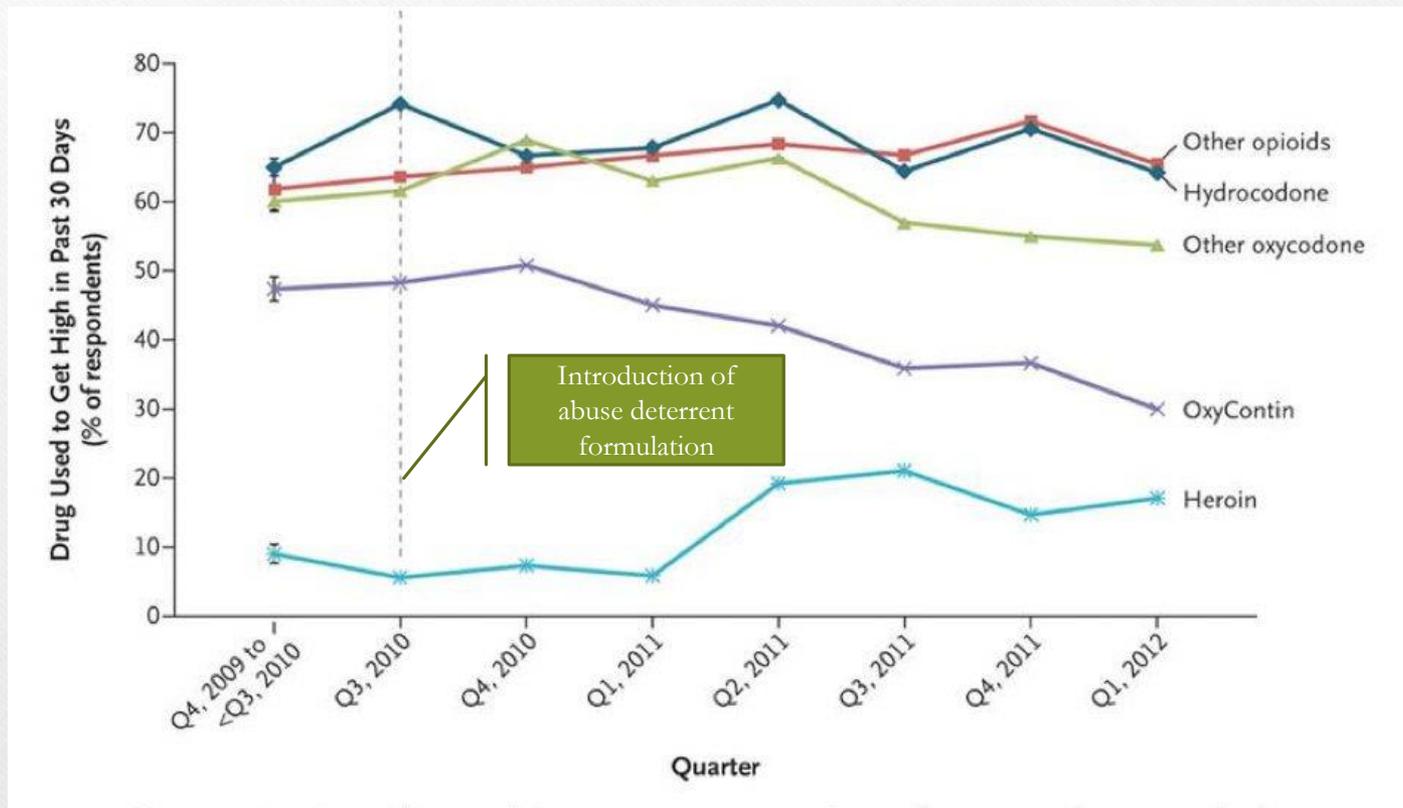
• N. Volkow, NIDA, 2014

Opioid Prescriptions Dispensed by US Retail Pharmacies

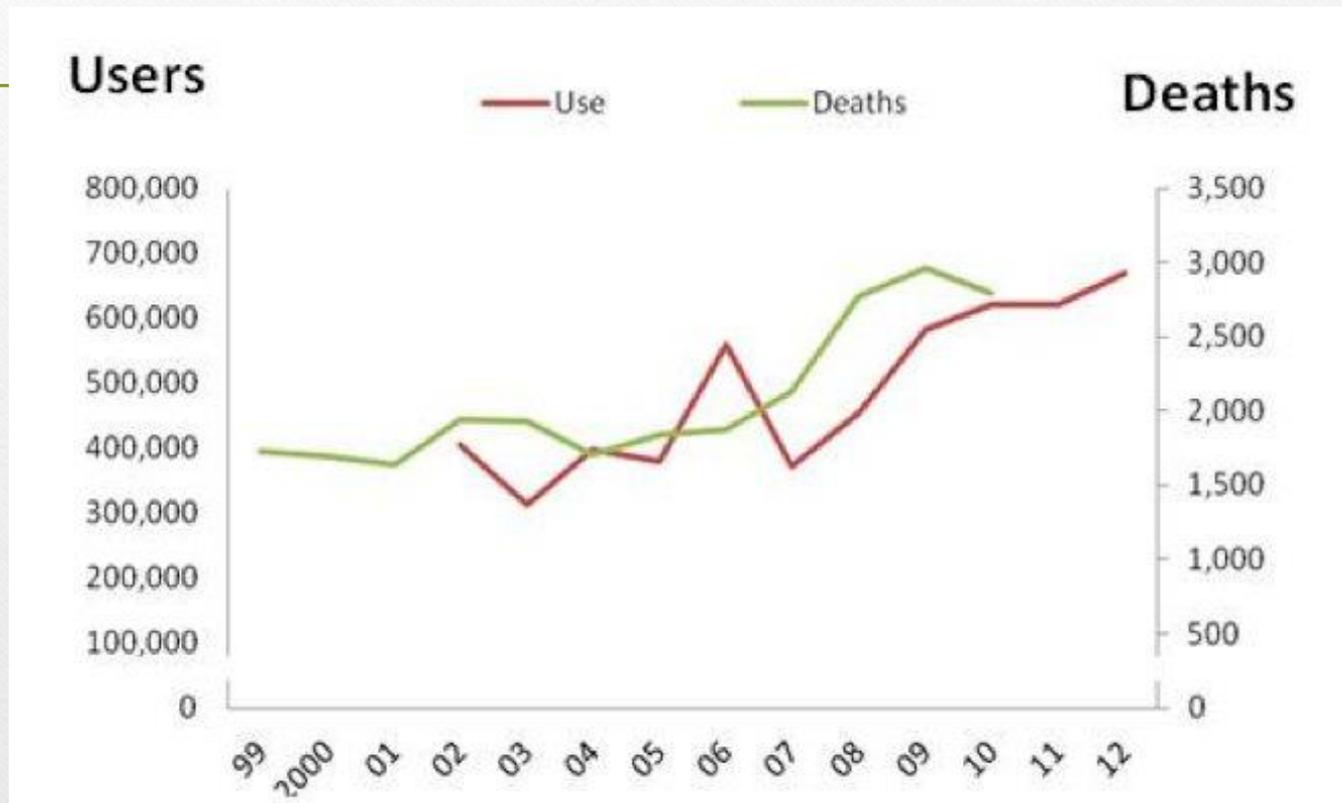


NIDA, 2014

Drug Use Last Month



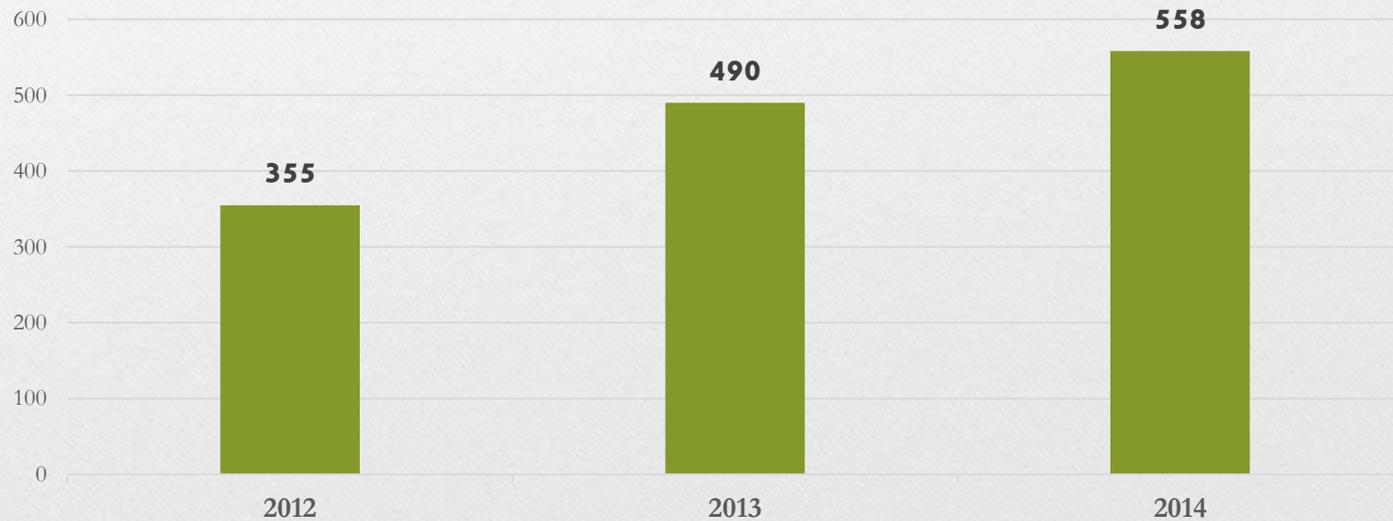
Heroin Use and Deaths--USA



NIDA, 2014

Overdose Deaths in CT

Connecticut Accidental Overdose Deaths 2012-2014



Most Common Drugs In Overdose Connecticut--2014

(N=558)

- Heroin in any death 325
- Cocaine in any death 126
- Oxycodone in any death 101
- Methadone in any death 51
- Hydrocodone in any death 15
- Fentanyl in any death 75
- Hydromorphone in any death 9

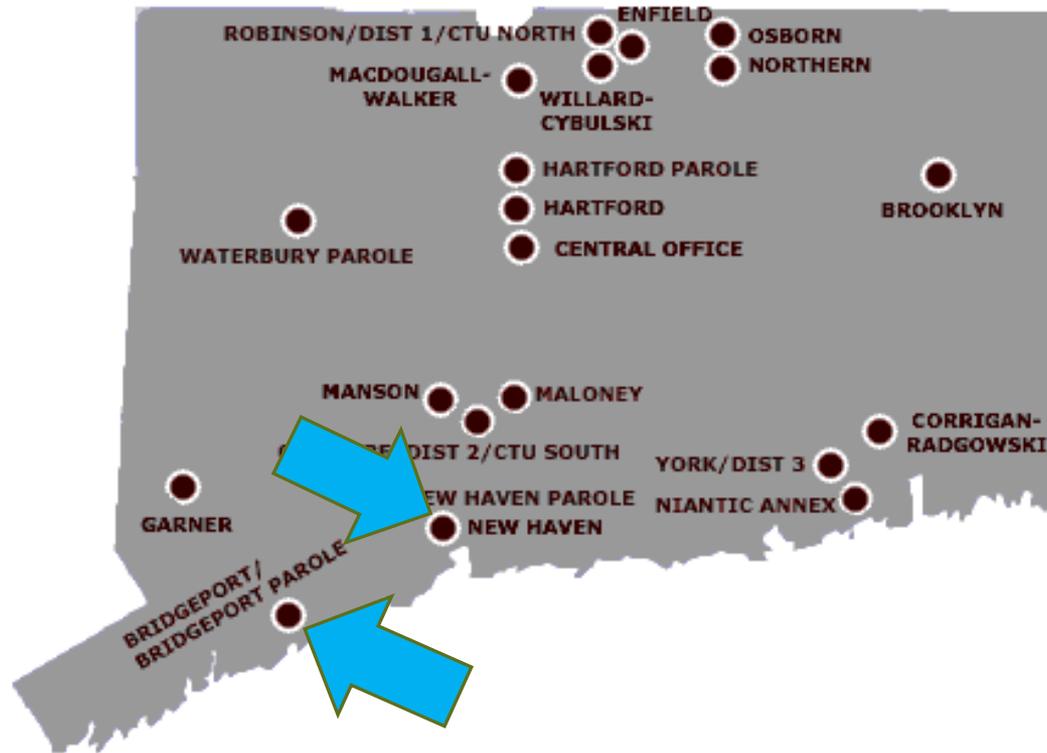
Opioid Addiction in New England

- I-95 called the heroin corridor because it formed a major route for transport of heroin
- New York City important distribution center
- Recent concern over the “heroin epidemic” in New England brought together Governors of 5 New England states to initiate multi-faceted opioid control program
- Prescription drug monitoring, naloxone programs, prescriber training, regional treatment availability
- In CT, expanded drug treatment programs in corrections

Connecticut System

- Unified System
- 15 Facilities
- 5 Jails, 10 Prisons
- Daily Census--~16,100
- Approximately 25% Unsentenced
- 75% - 85% of population has substance use disorder
 - 25% opioids

Connecticut Correctional System MAT Programs



What is MAT—Medication Assisted Treatment?

- Medication utilized as an adjunct to other substance use disorder treatment such as cognitive behavioral therapy and other counseling modalities
- For opioid treatment several pharmaceuticals available including:
 - Methadone
 - Buprenorphine-naloxone combination
 - Naltrexone

Rationale For Methadone Treatment

Demonstrated reduction in Recidivism:

- Reduction in risk for re-incarceration
- Reduction in drug related infractions

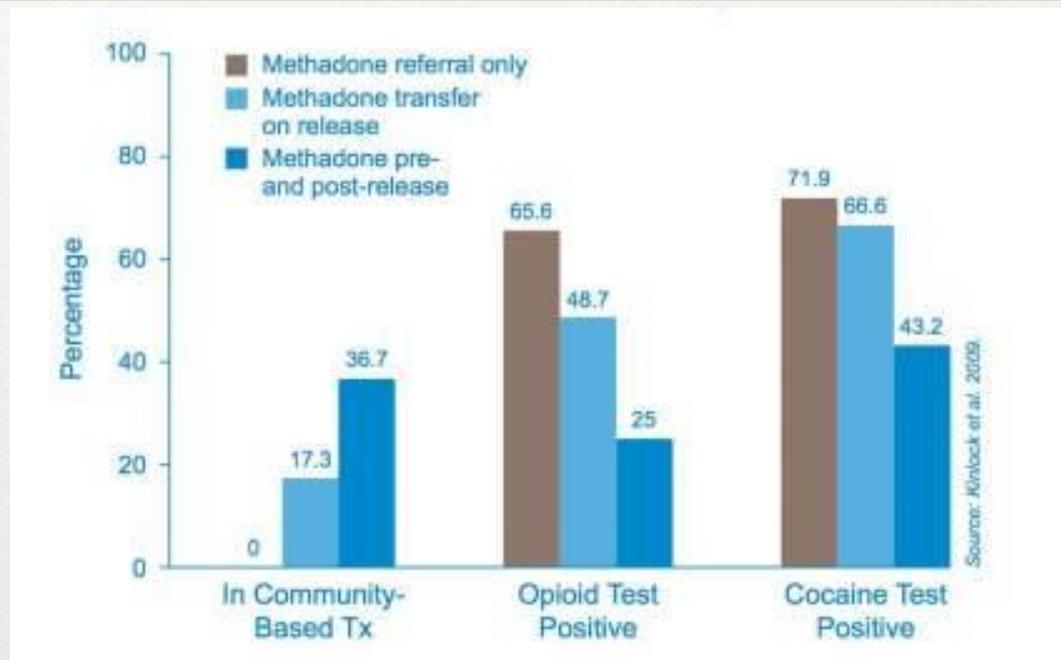
Demonstrated reduction in health care costs:

- Reduction in illicit opioid use
- Reduction in needle sharing
- Lower rates of HIV and HCV

Improvement in quality of life:

- Reduction in mortality rate
- Continuity of treatment
- Improved social outcomes

Methadone Treatment in the Criminal Justice Population



Methadone Treatment Pre-and Post Release Increases Treatment Retention and Reduces Drug Use (Findings at 12 months post-release).

Methadone History

- Methadone Maintenance Treatment (MMT) has been widely accepted as an effective tool in the treatment of opiate addiction since the 1960's (Dole, 1965).
- Worldwide, increasing number of prison systems are offering MMT to prisoners, including most Western European systems.
 - *Evaluations of prison-based programs have consistently yielded positive results (Jürgens, 2004)*
- Few U.S. correctional facilities offer MMT despite success in community based settings (Nunn, 2009; Ball, 1991).

Ball, J. C., & Ross, A. (1991). *The effectiveness of methadone maintenance treatment: Patients, programs, services, and outcome*. Springer-Verlag Publishing.

Dole VP, N. M. (1965). A medical treatment for diacetylmorphine (heroin) addiction: A clinical trial with methadone hydrochloride. *Jama*, 193(8), 646-650.

Jürgens, R., Kerr, T. (2004) Methadone maintenance therapy in prisons: reviewing the evidence. *Canadian HIV/AIDS Legal Network*

Nunn, A., Zaller, N., Dickman, S., Trimbur, C., Nijhawan, A., & Rich, J. D. (2009). Methadone and buprenorphine prescribing and referral practices

In US prison systems: Results from a nationwide survey. *Drug and Alcohol Dependence*, 105(1-2), 83-88.

CT Methadone Program History

12/12—Published RFP for provider of methadone for New Haven Correctional Center

06/13—Changes to Public Health Rules paved the way for a Pilot Methadone Maintenance Program in a correctional facility.

07/13--CT DOC negotiated a contract with APT Foundation to provide MMT to incarcerated population in New Haven Correctional Center.

10/13—Initiated MMT pilot program with APT Foundation, allowing those on methadone pre-incarceration to continue their treatment if they meet program criteria.

Program Criteria

Clinical

- Previous methadone patient
- Within 5 days of last dose
- Verification by methadone OTP
- Agreement with program rules
- Mandatory weekly counseling
- Random urine testing
- Must stay at NHCC

Custody

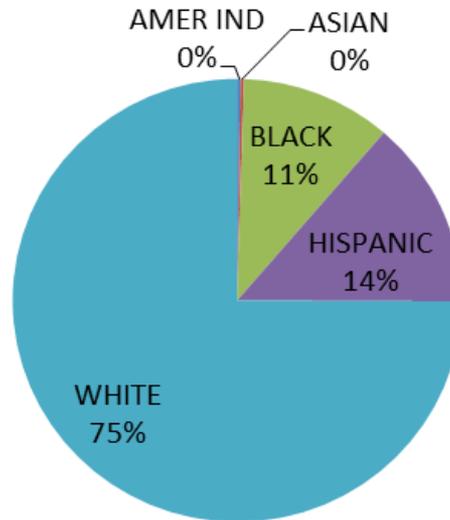
- Unsentenced with bond <\$50,000
- Sentence < 2 years
- Medical/Mental Health Score <4
- No profiles with staff or inmates
- No protective custody
- No SRG affiliation

NHCC Pilot Program Update

- 196 Patients Treated from October 2013 to February 2015
- 397 Referrals (49%)
- Must come into jail already in methadone treatment program
- Support of custody staff, DMHAS, DPH has been remarkable

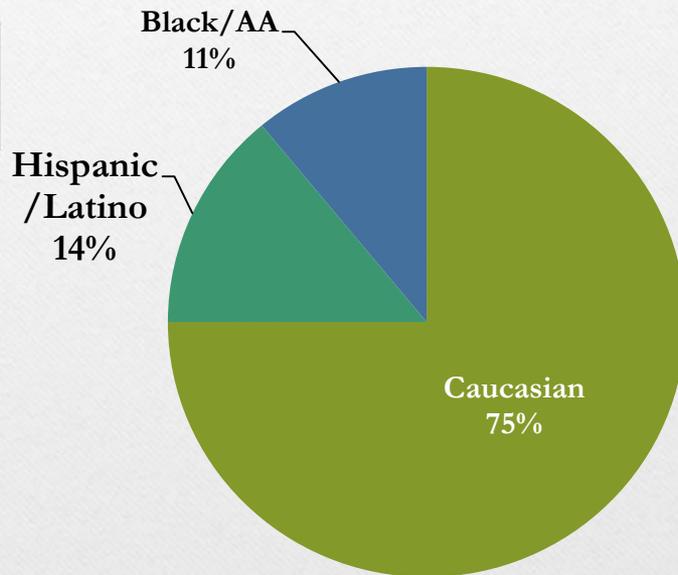
Demographics of Treated Population

MAT Program Race Distribution

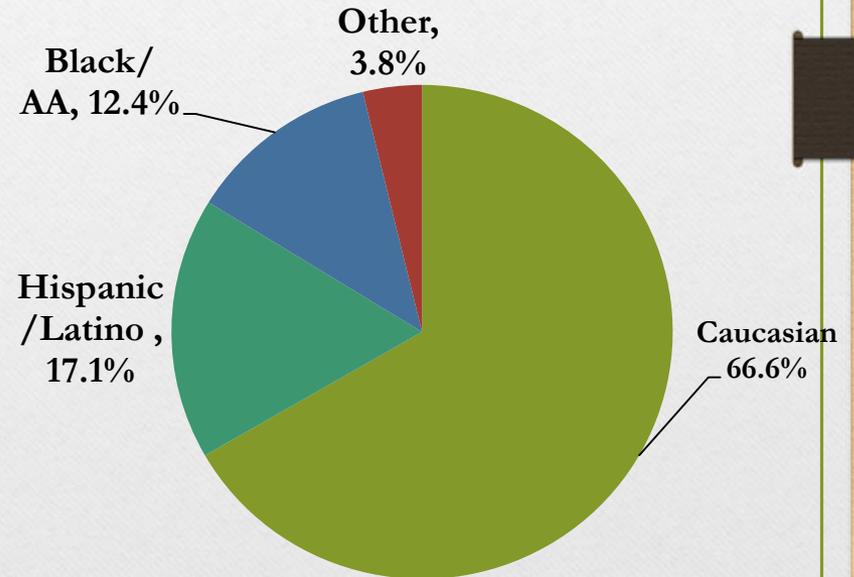


Racial & Ethnic Breakdown

NHCC MAT Program Racial & Ethnic Distribution

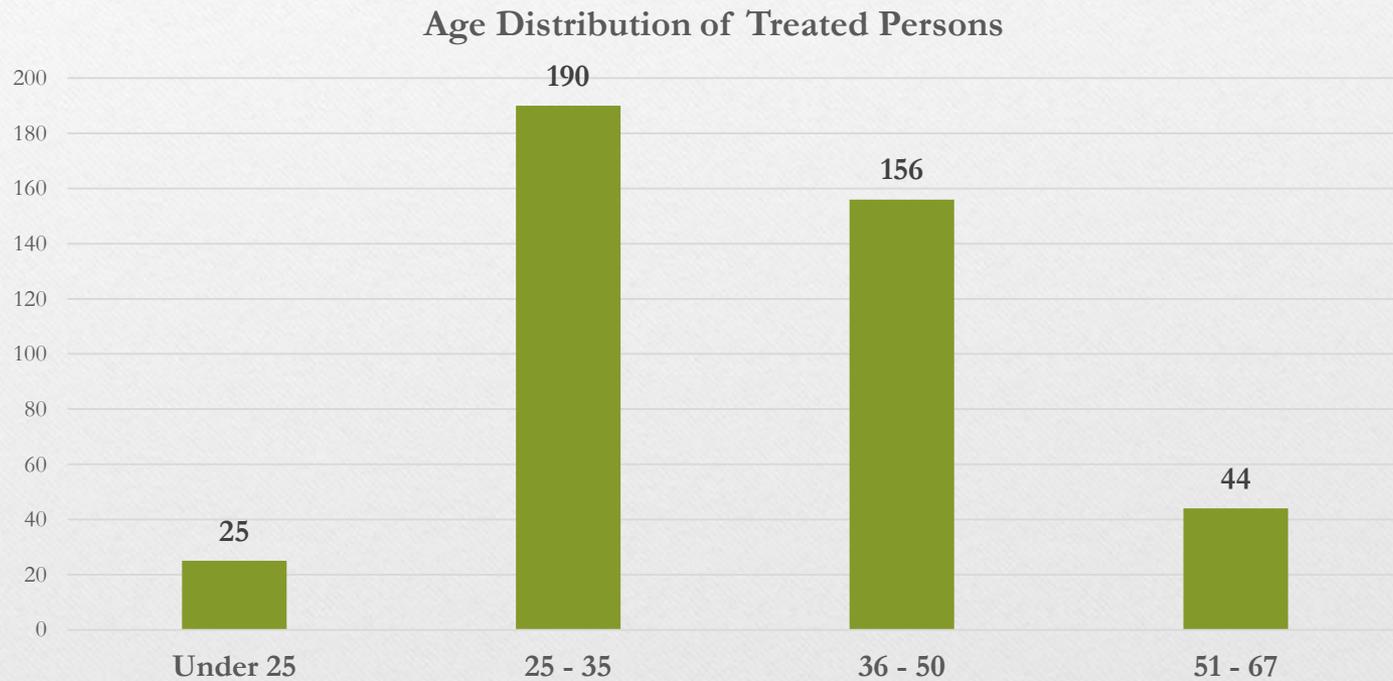


Current APT Male Patient Racial & Ethnic Breakdown



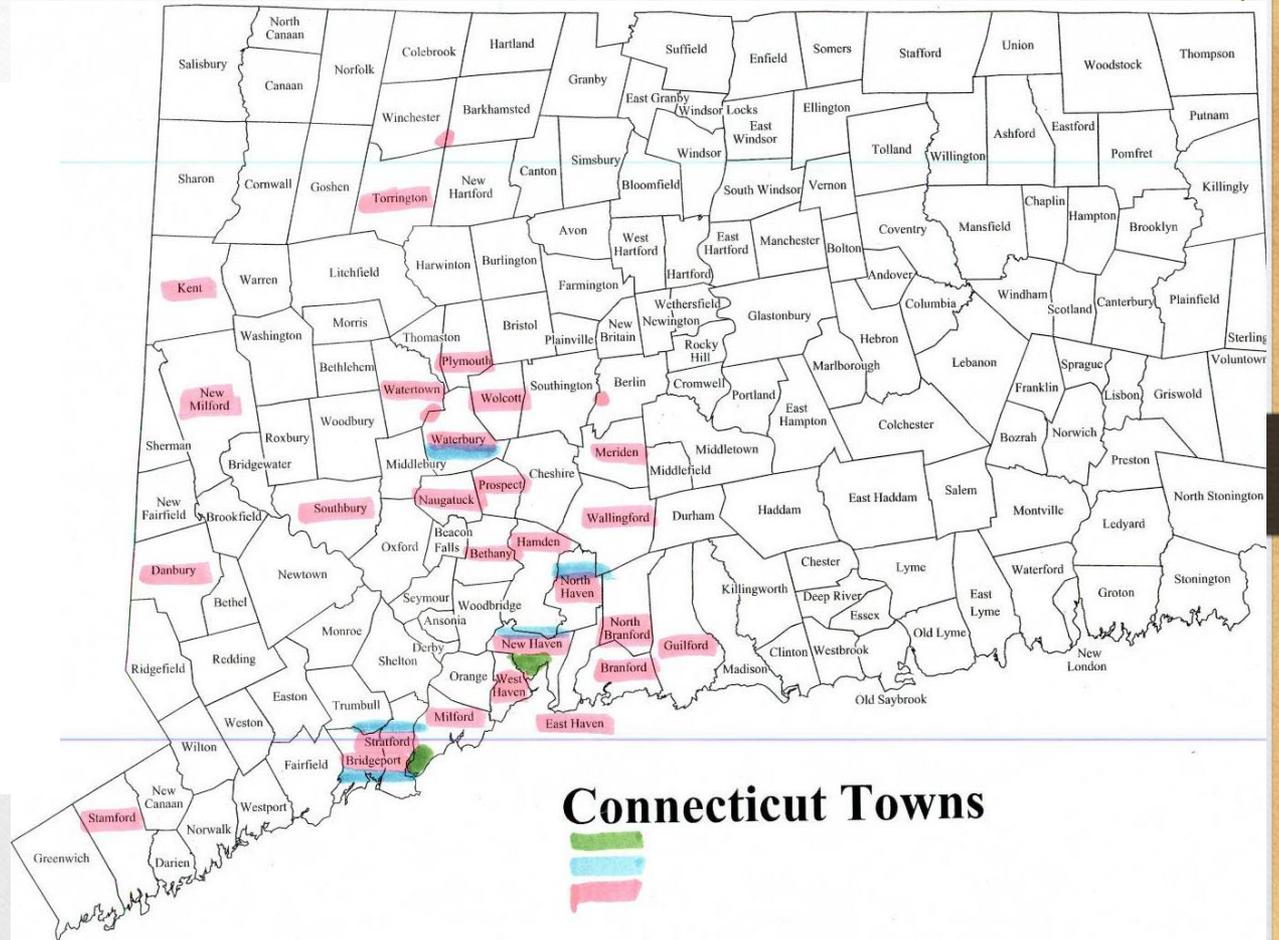
Data Courtesy of APT Foundation, 2015

Age Distribution Treated Persons

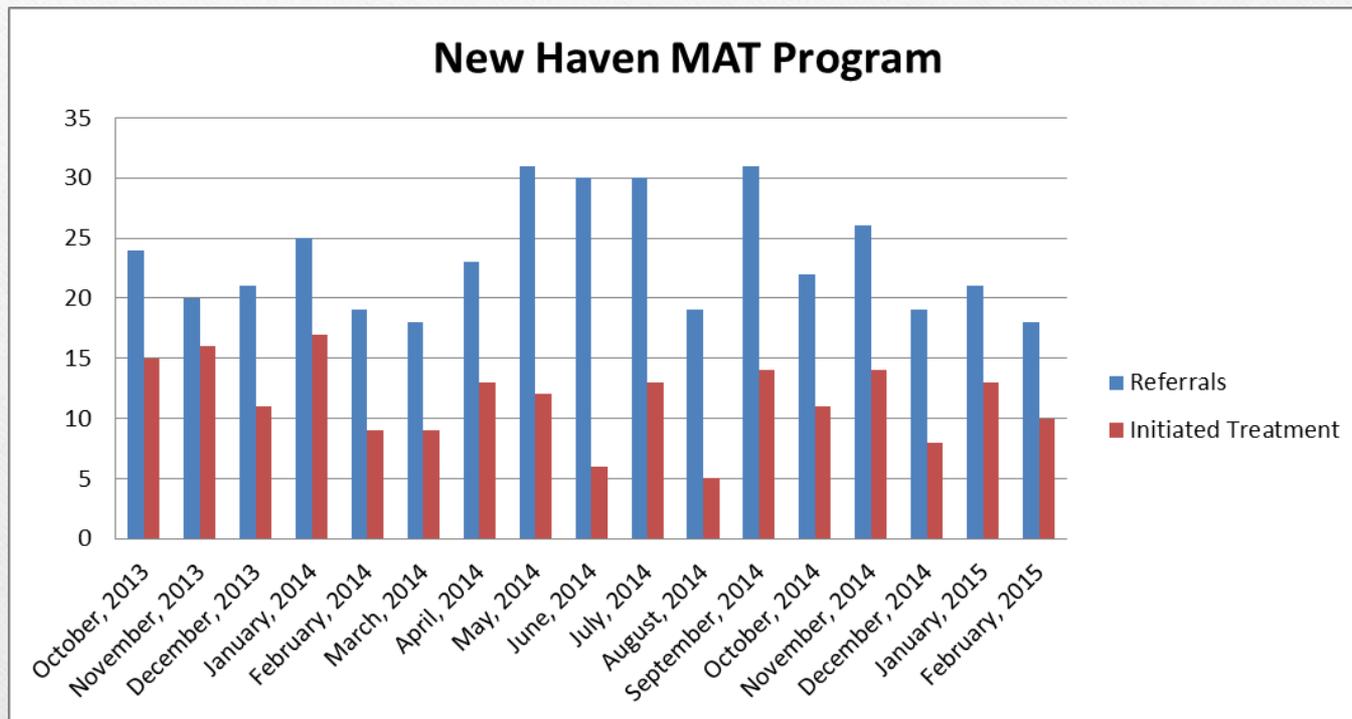


Key Locations

- Opiate Treatment Providers
- *Patient Residence*
- *Correctional Facilities*

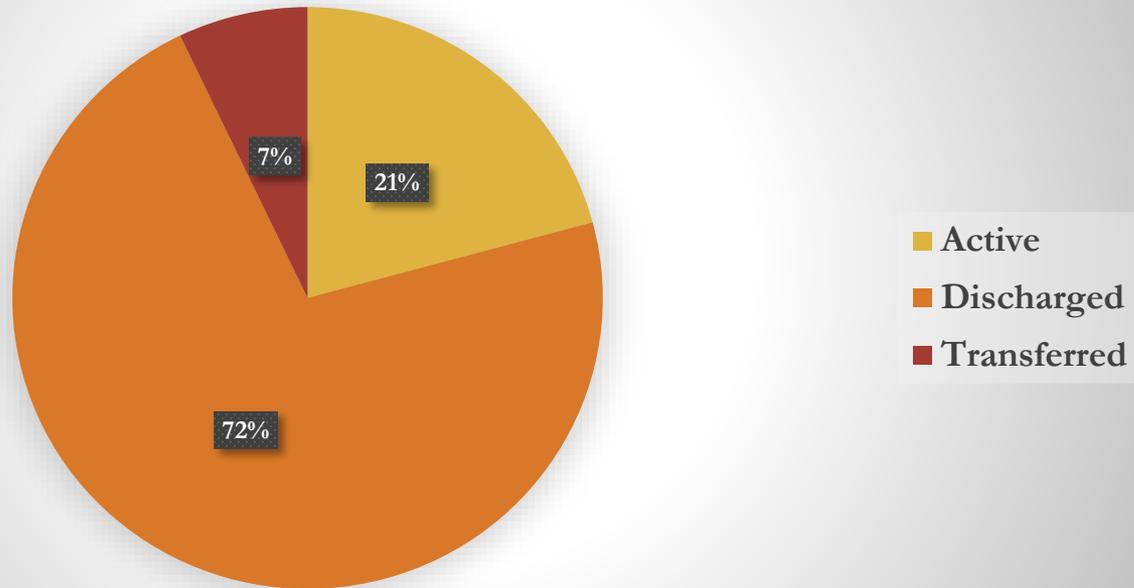


Referrals and Treated Patients New Haven Correctional Center MAT Program



Participant Status

Current Status of Participants



Pattern of Recurrent Visits

Number of Treatments Initiated	Number of Patients
1	150
2	16
3	5

Discharged with Continuity of Care

- Discharges admitted < 1 day $33/76 = 43\%$
- Discharges admitted <30 days $28/76 = 36\%$
- Discharges not in MAT /
not admitted in 30 days $13/76 = 17\%$

Quotes from Patient Interviews

“Before methadone, I was like a living hell where I just did whatever I could to get drugs, chasing money or stealing to help my addiction.”

“When I was on methadone I could go to work and felt like a normal, productive part of society.”

“While on methadone here in jail I have energy and strength to do my job. Detox is painful and I don’t want myself or others to be in that situation.”

Lessons Learned

1. **MMT needs to follow patients from jail to prison and through release and re-entry for continuity of care**
2. **There are challenges to data collection across agencies**
3. **Factors affecting the ability to expand on site program capacity:**
 - **Court schedules**
 - **Sentencing**
 - **Space**
 - **Security needs**
 - **Resources**

Lessons Learned Continued

4. Facility staff originally not in favor of such a program have articulated the many benefits they see in the program
5. Despite many fears, only 2 incidents have occurred in the year
6. Cap waiting list creates need for detox or induction
7. Treatment model very effective for criminal justice population
8. Induction is next and critical component of program

Observations about MAT in Corrections

- Many challenges involved in initiating new medical program in a safety and security-oriented custodial environment
- Multiple state agencies (DOC, DMHAS, DPH) joined together to make this program work
- Data management is essential but represents a huge challenge
- Difficult to assess programs and outcomes without an in house research capacity
- Corrections organizations need research capacity in house

Summary

- Opioid addiction is a chronic, relapsing disease similar to other chronic diseases
- Medication assisted therapy is the standard of care
- Disease is multi-faceted with neurobiologic and behavioral components
- Combining pharmacotherapy and psychosocial intervention is needed to effectively treat this disease