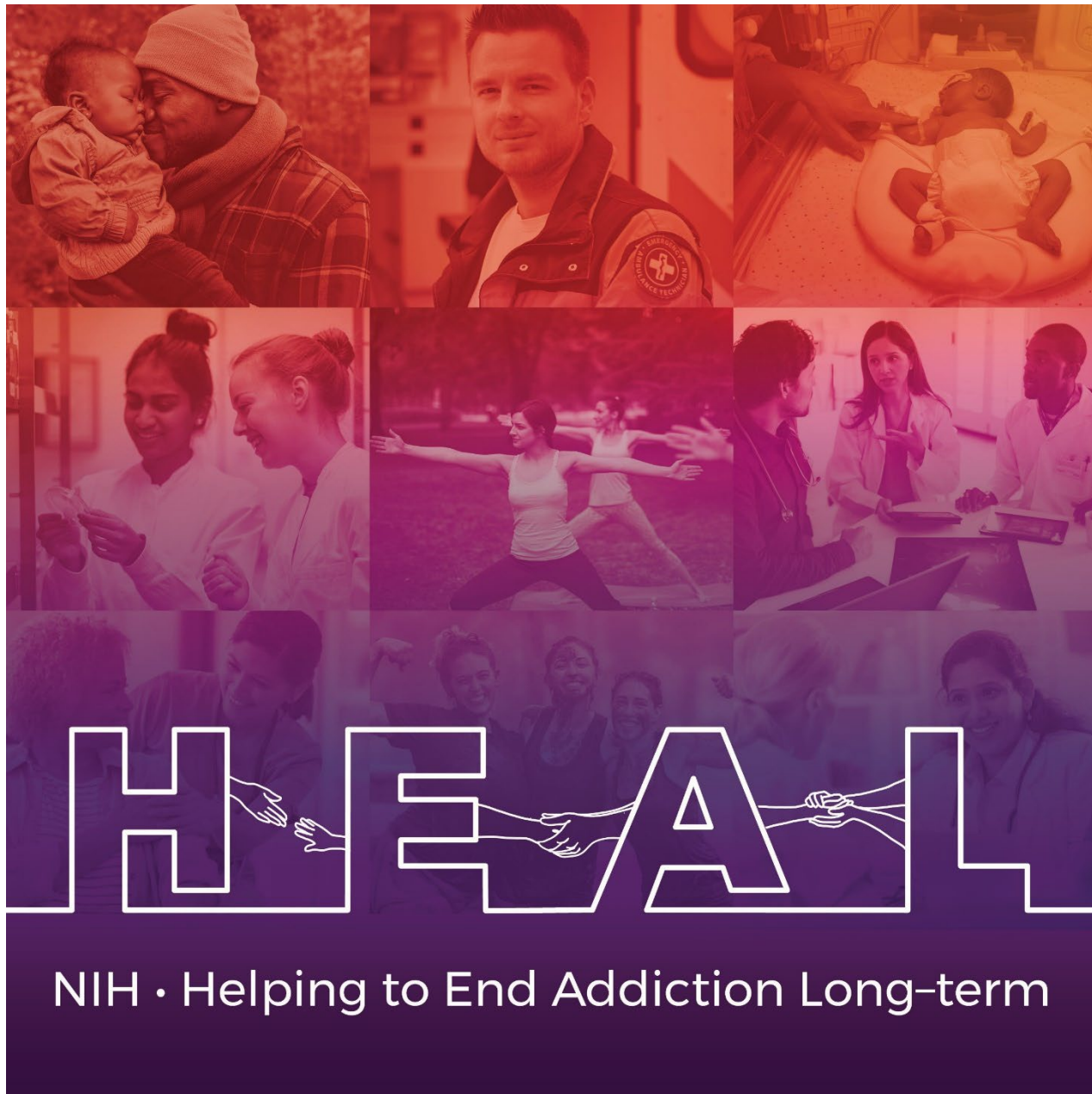




Availability of best practices for opioid use disorder in jails and related training and resource needs

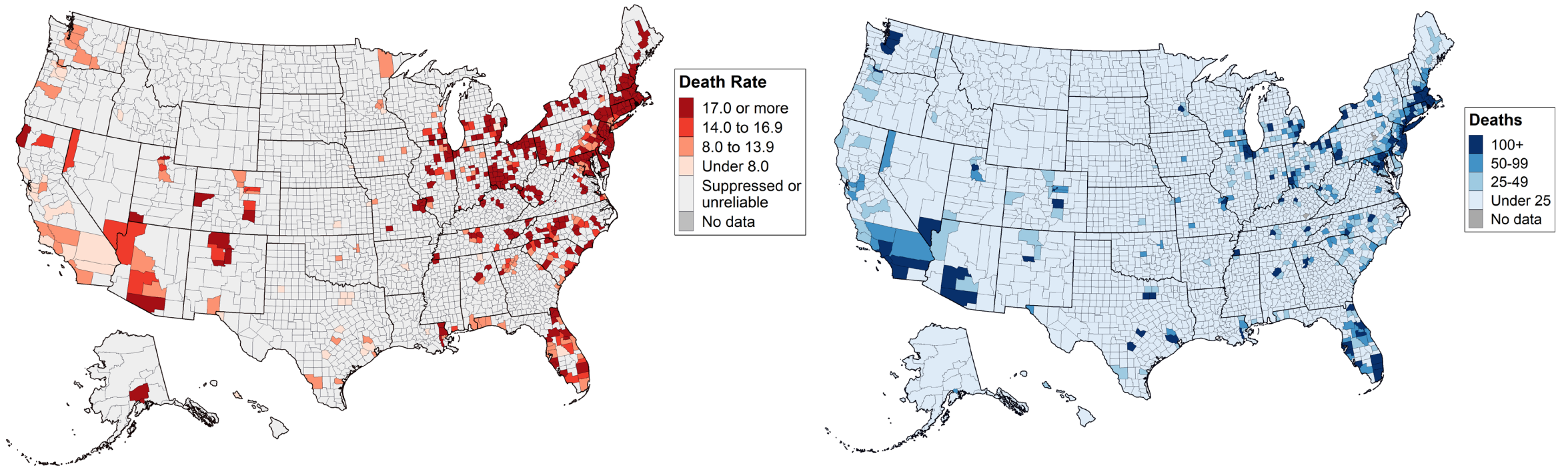
Michael L. Dennis, Ph.D. Chestnut Health Systems

12/5/2024 Presentation for the National Academy of Science, Engineering & Medicine (NASEM) Webinar, “Effective Models to Address Mental Health and Substance Use Disorders: Strategies for Successful and Equitable Abatement Using Opioid Settlement Dollars.

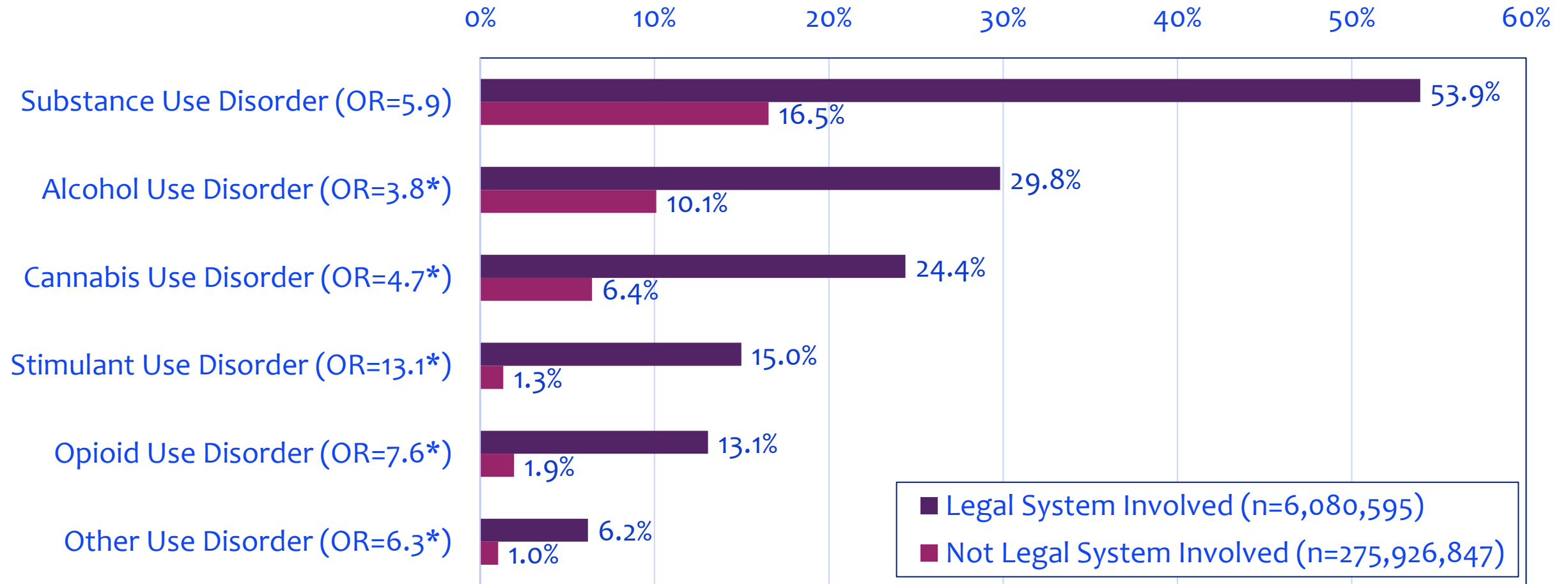
Conflict of Interest, Support, Acknowledgements, & Opinion

- The authors have no conflicts of interest to report.
- This research was supported by National Institute on Drug Abuse (NIDA) Justice Community Opioid Innovation Network (JCOIN) Grants# U01DA036221 (Dennis, Scott) & UG1 DA050065 (MPI: Dennis Grella) and uses data published from papers with these colleagues listed on the last page.
- The authors thank the respondents for completing the interview, several state and professional association leaders, Allison Mitchel and the interview coaches for doing the interviews, Rod Funk and Robin LaVallee for assistance with the analysis, David Theiss for his assistance with graphics, Casey Sarapas for his assistance with the maps.
- The opinions are those of the authors and do not reflect positions of the federal or state governments. Correspondence should be addressed to Dr. Michael Dennis, Director, Lighthouse Institute, Chestnut Health Systems, 1003 Martin Luther King Dr., Bloomington, IL 61701; Phone: (309) 451-7801; Email: mdennis@chestnut.org .

Background Point 1: Opioid Use is Unevenly Distributed: 2017 Opioid-Related Death Rates & Deaths by County



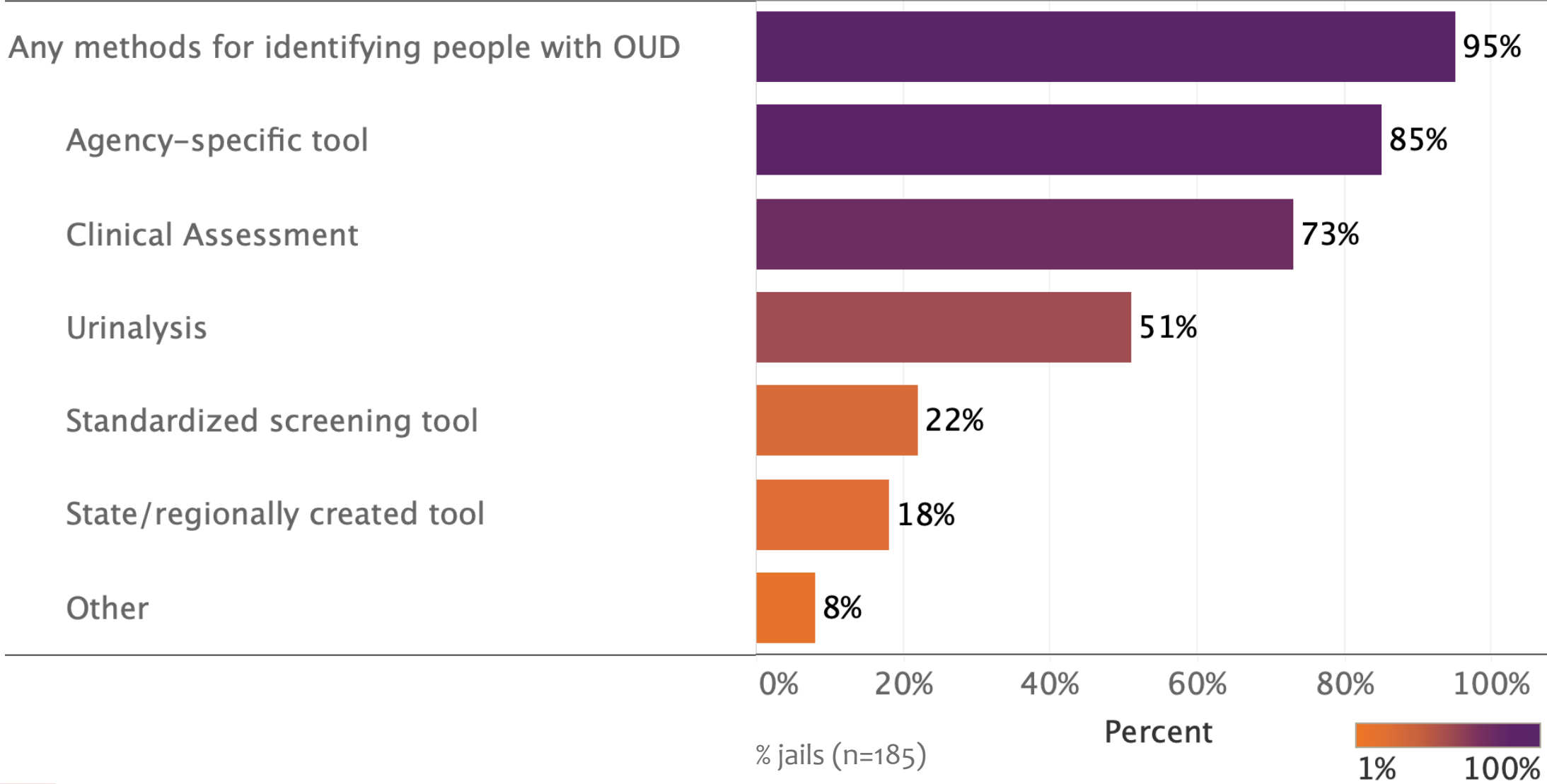
Background Point 2: Past Year Rates of Substance Use Disorder and Legal System Involvement are Highly Intertwined



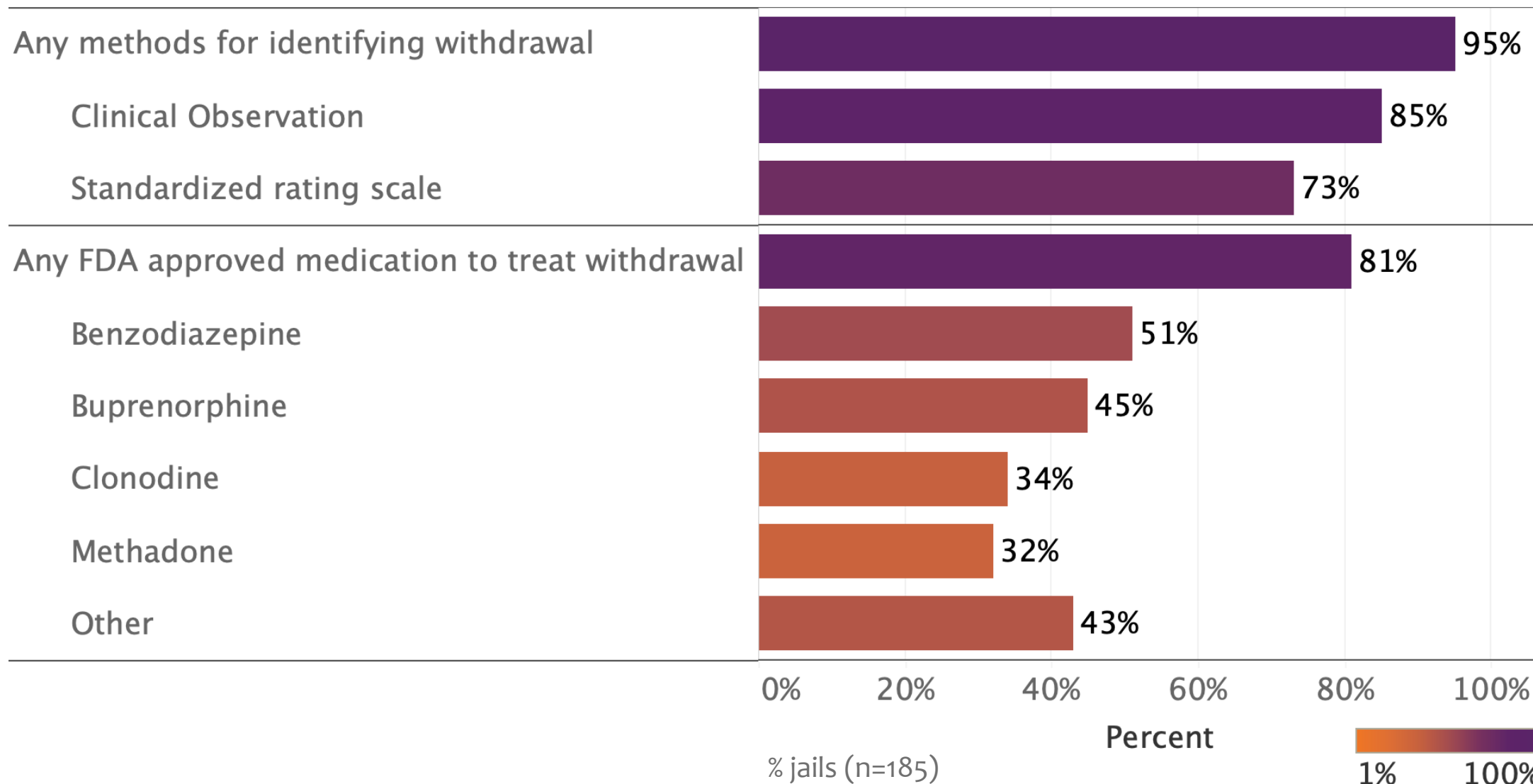
Data are From NIDA's JCOIN Surveys & Scoping Reviews

- National surveys of over 76% of county jails from 2019-2020 from a census of counties those hardest hit by the opioid epidemic; selected based on
 - 50%+ of opioid related deaths
 - Had death rates significantly higher than the US overall
 - Taken together, represented over 2/3rds of all deaths
- Over half the jails terminated Medicaid/other benefits after periods of 30 days or more; half were not from Medicaid expansion states
- Survey based on an OUD Service Cascade Framework (Screening, Withdrawal management, Medication for Opioid Use Disorder (MOUD) treatment, Overdose Prevention, Community Re-entry) recommended by NIDA, SAMHSA, NCCHC and NSA

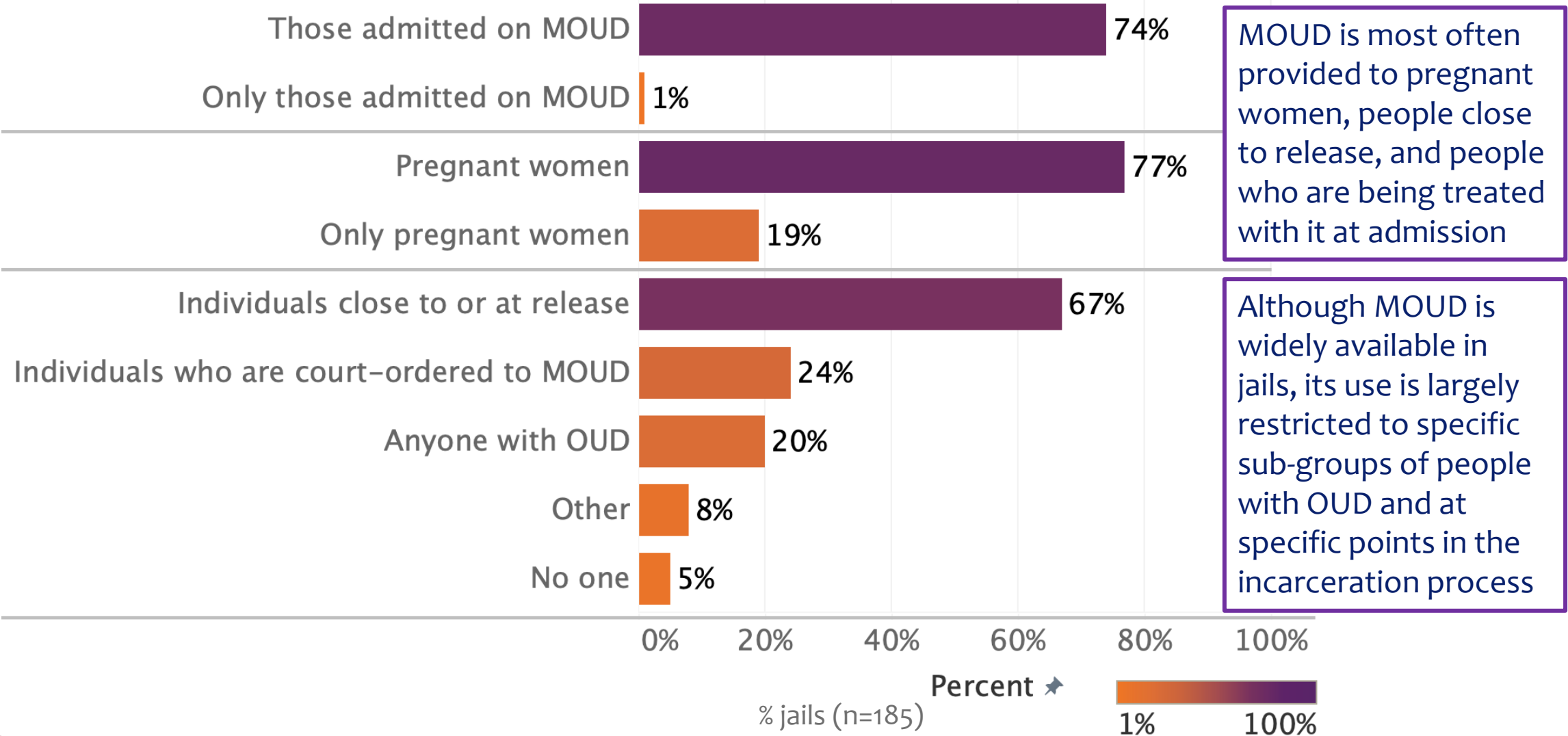
Screening for OUD in Jails



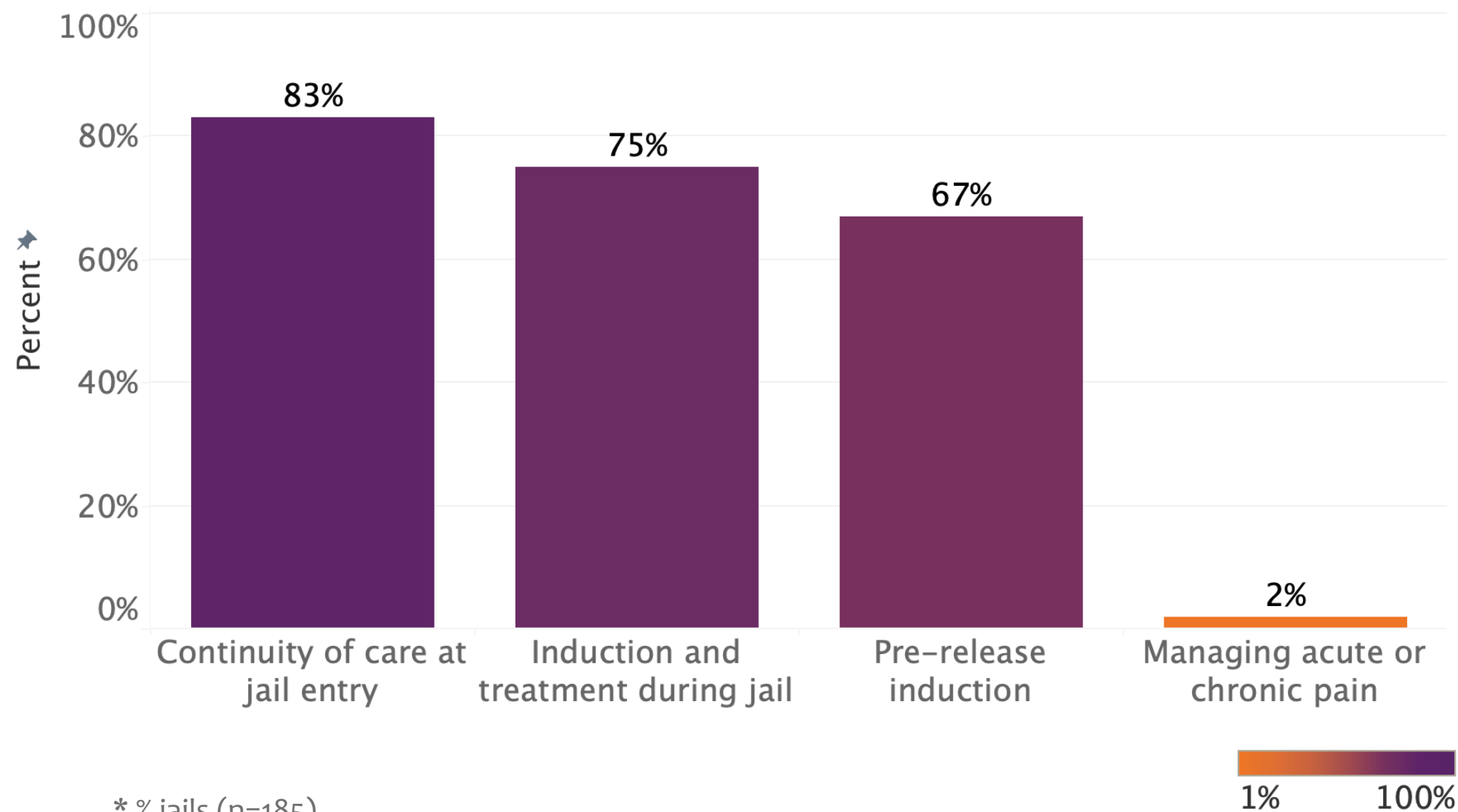
OUD Withdrawal Management in Jails



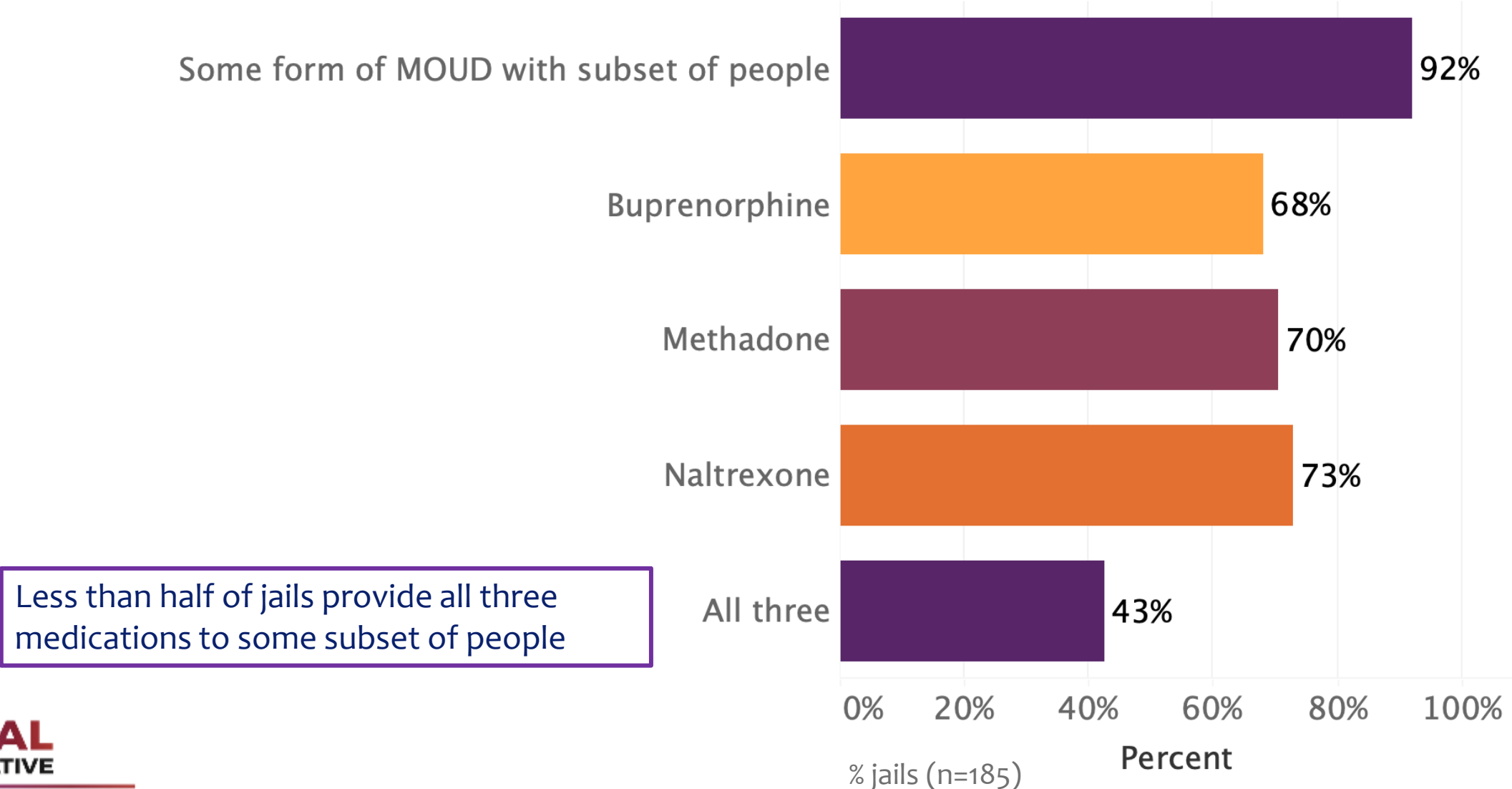
To Which of the Following Populations do Jails Provide MOUD



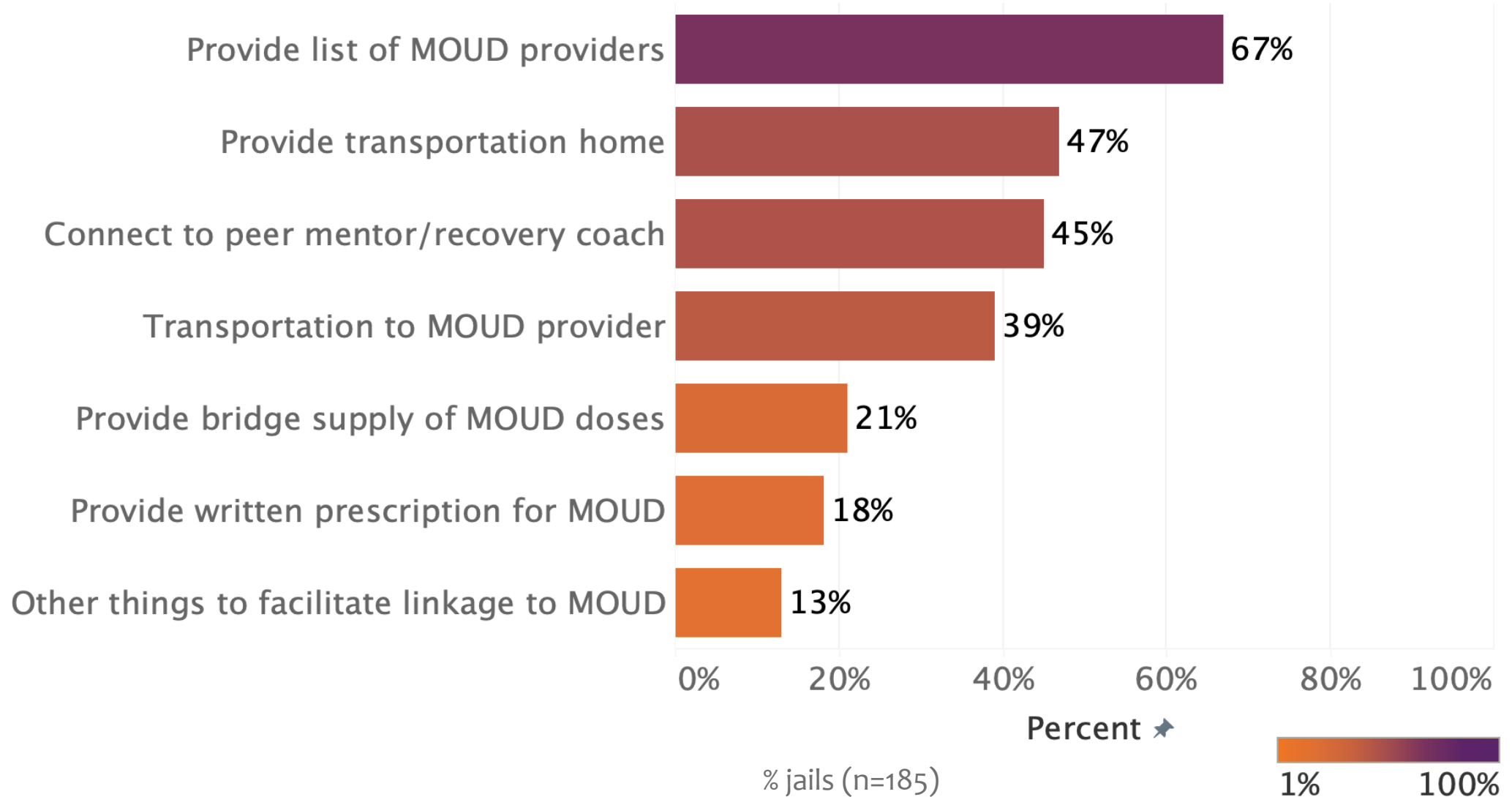
Timing and Uses of MOUD in Jails



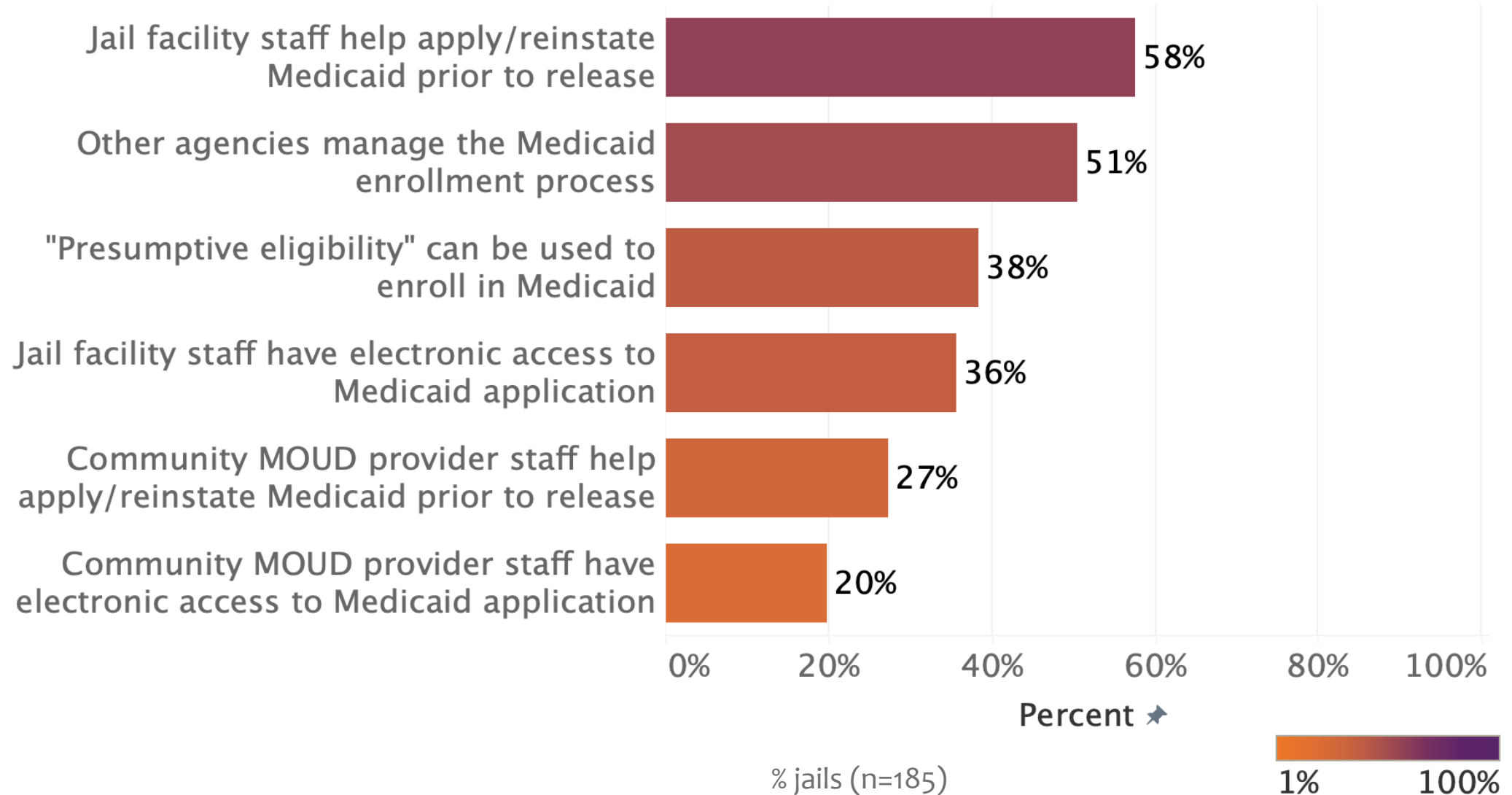
Type of MOUD Available in Jails



Re-Entry Practices: Day of Release

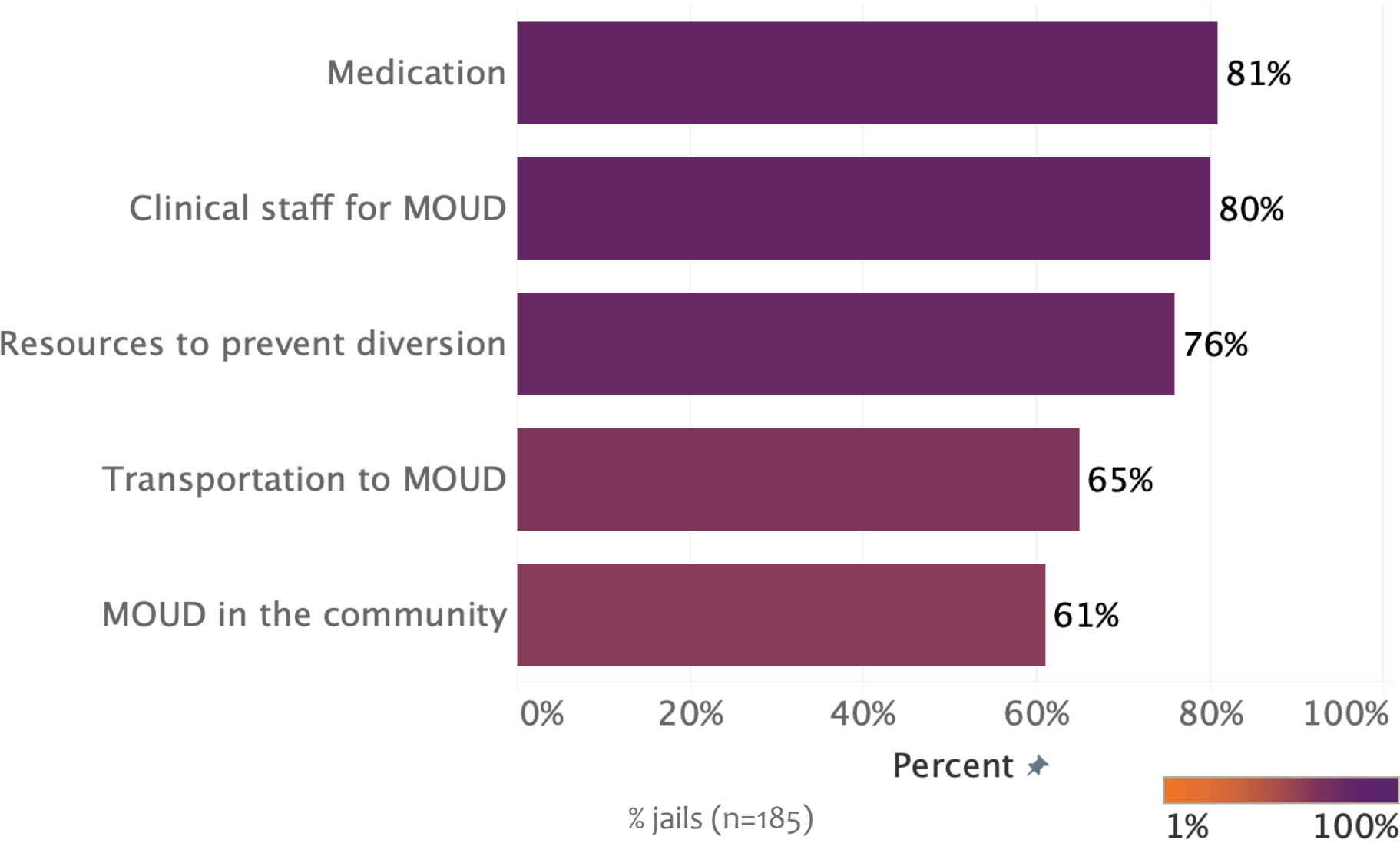


Re-Entry Practices: Medicaid Assistance

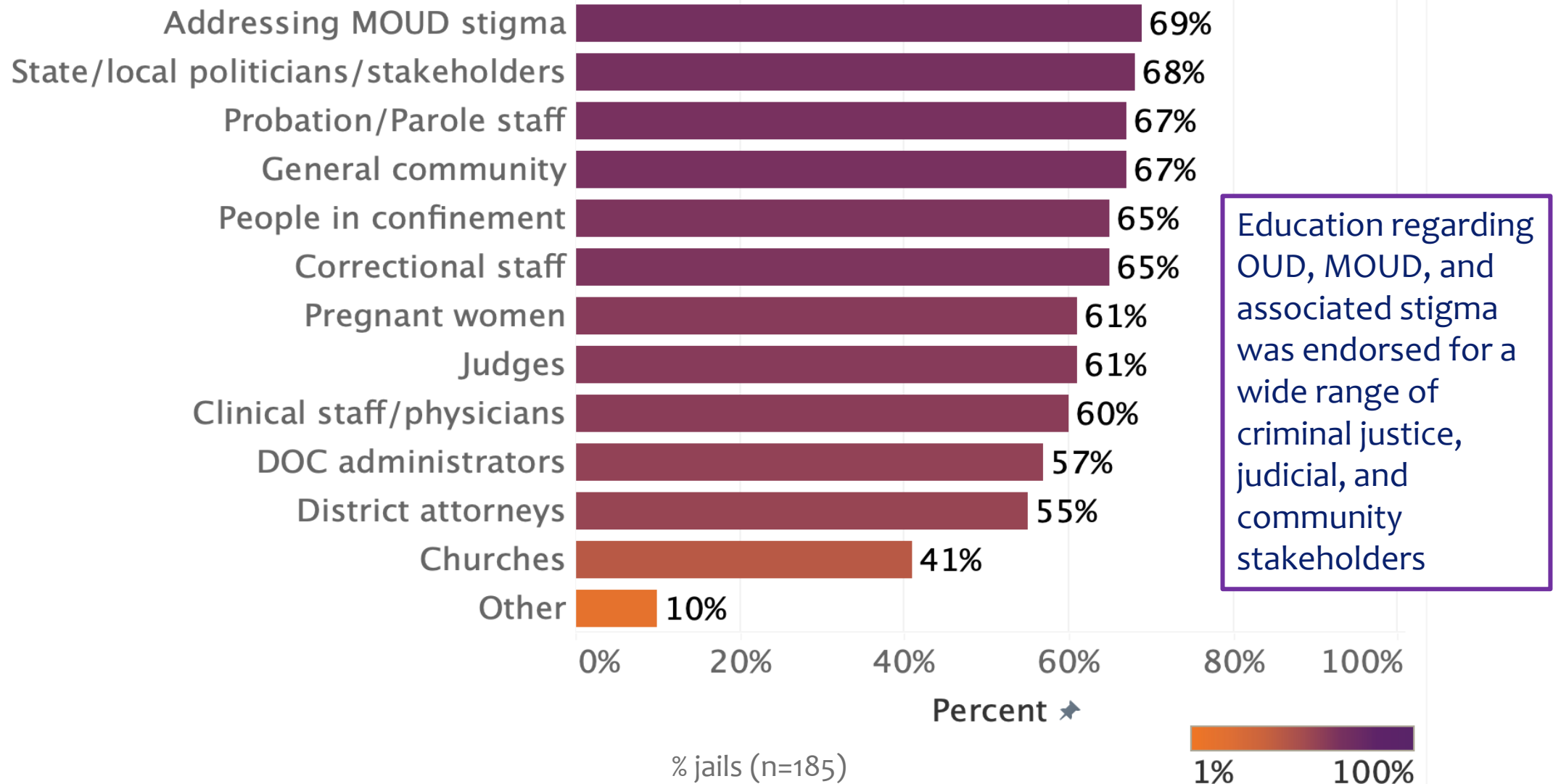


Need Additional Funding for

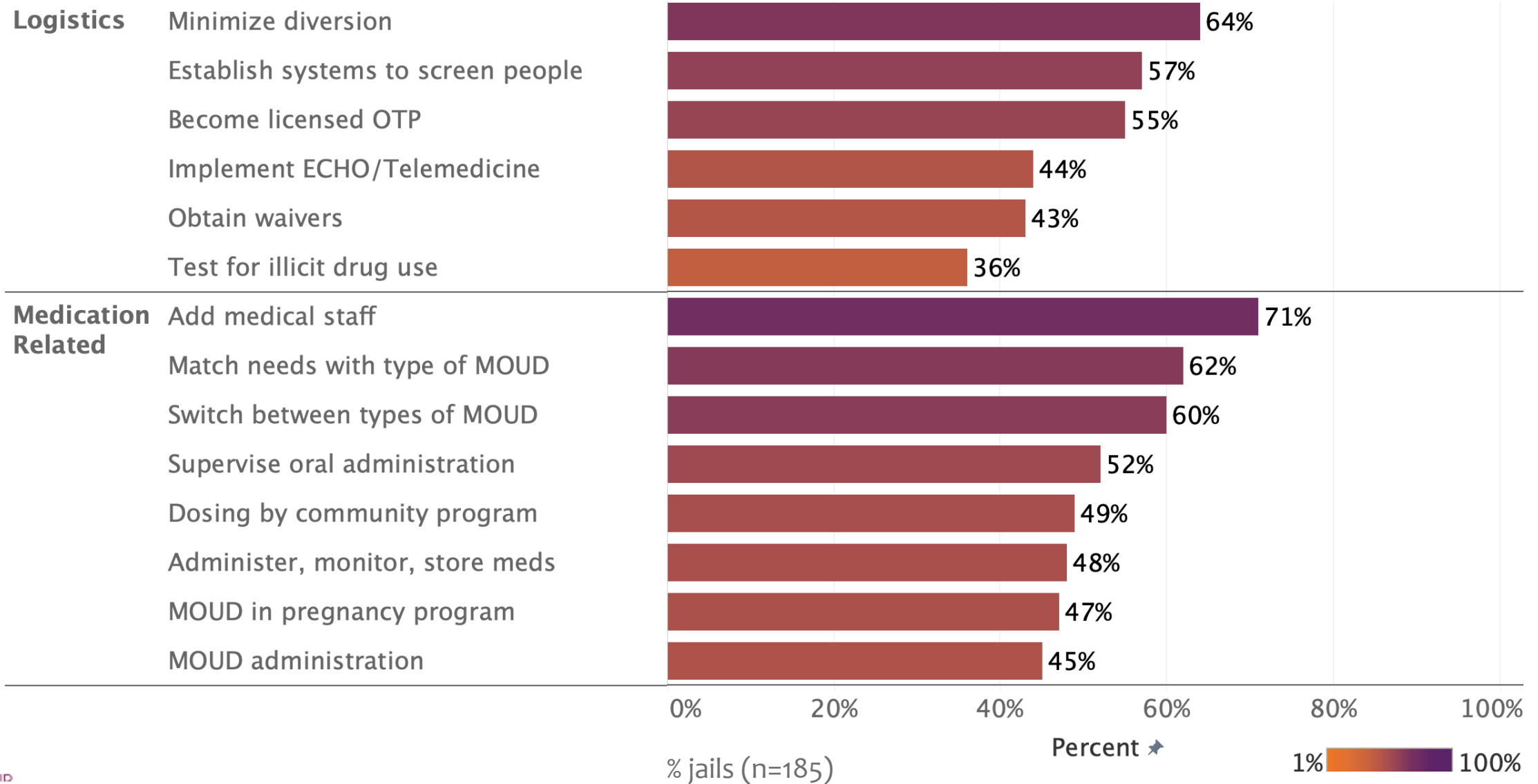
Most frequent funding/resource needs were for cost of MOUD, clinical staffing and education, and diversion prevention



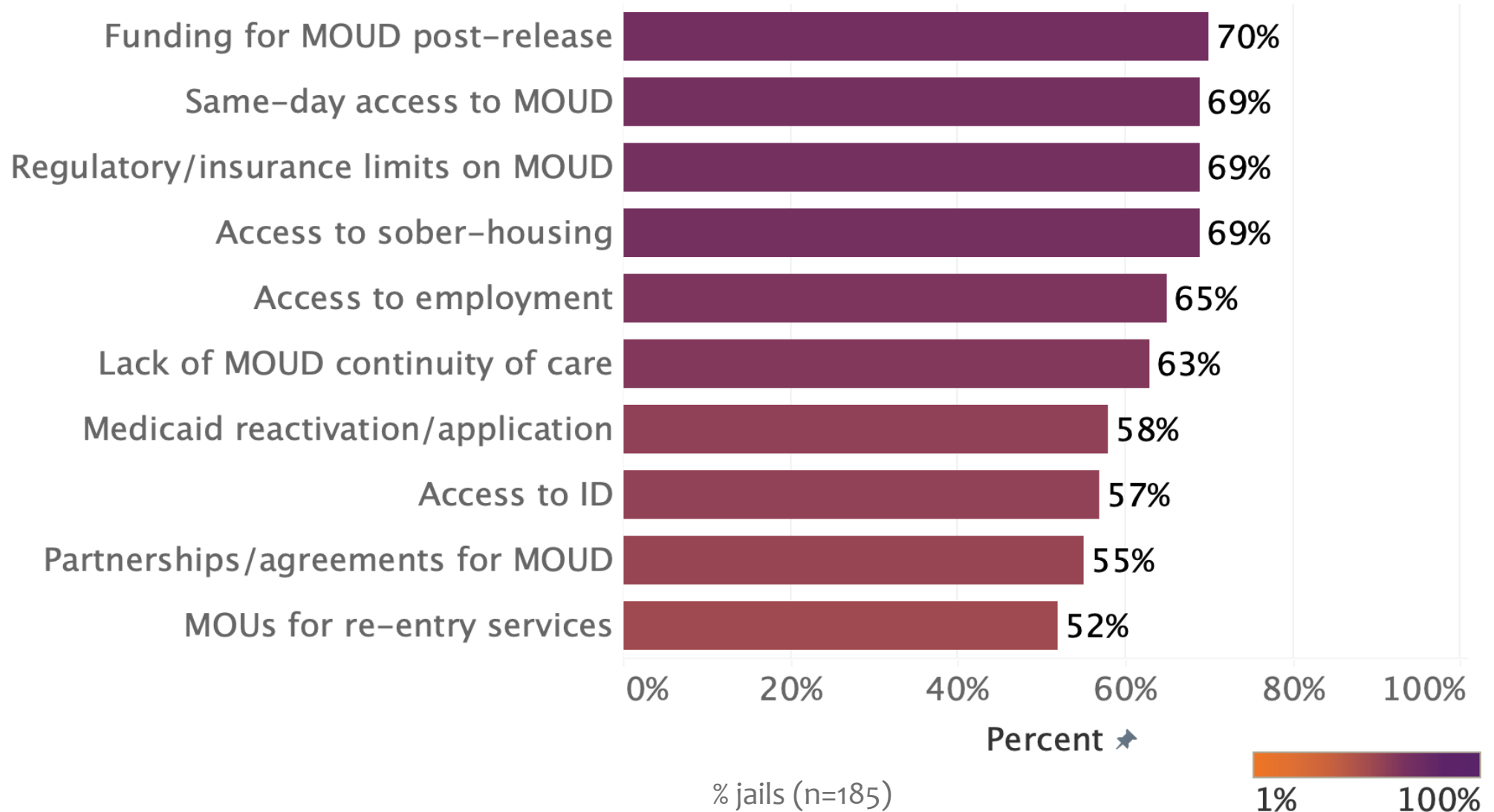
Educate Stakeholders about Stigma, OUD and MOUD



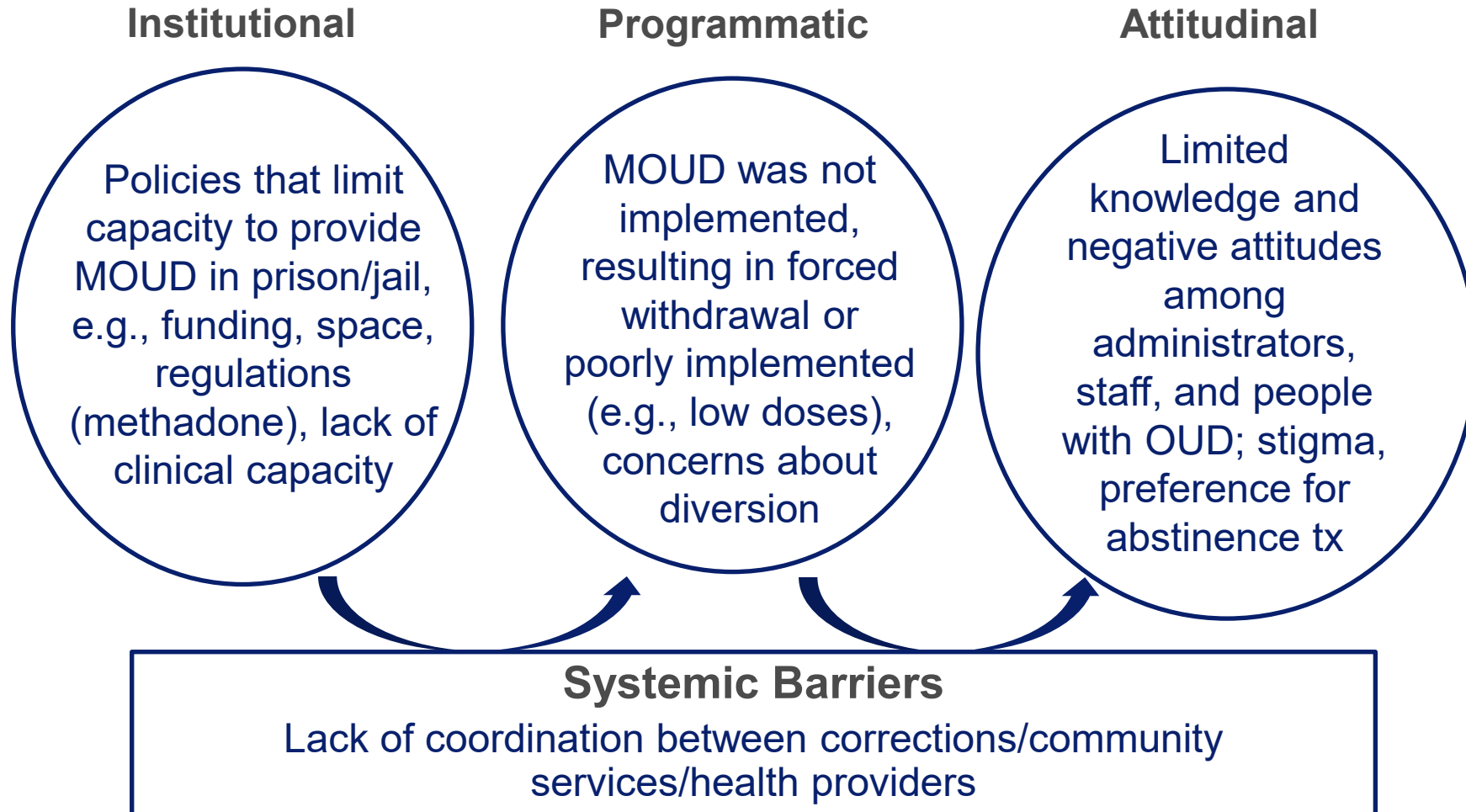
Help Inside the Walls Related to



Help During Re-Entry Related to



Barriers to MOUD Implementation in Prison/Jail: Systematic Review of 52 Studies



Source Grella et al. (2020).

Further Readings & Resources

- Grella, C. E., Ostlie, E., Scott, C. K., Dennis, M., & Carnavale, J. (2020). A scoping review of barriers and facilitators to implementation of medications for treatment of opioid use disorder within the criminal justice system. *International Journal of Drug Policy*, 81, 102768.
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- Scott, C. K., Grella, C. E., Dennis, M. L., Carnevale, J., & LaVallee, R. (2022). Availability of best practices for opioid use disorder in jails and related training and resource needs: findings from a national interview study of jails in heavily impacted counties in the US. *Health & Justice*, 10(1), 36.