

Improving access to quality treatment in the criminal justice system

Cross-cutting regulatory issues that impact access to methadone in prisons and jails

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Conflicts of Interest and Acknowledgements

- I have no Conflicts of Interest
- NIH research funding recipient
- Consultant to the RI Department of Corrections
- Board member of the Drug Policy Alliance
- Subject Matter Expert Consultant to the Office of Civil Rights and Civil Liberties of the US Department of Homeland Security
- Whistleblower, represented by the Government Accountability Project on COVID-19 in detention

The Fundamental Problem is Criminalizing People with Opioid Use Disorder

- Punishment has been the predominant response for over 5 decades
- Investment has been and remains predominantly in an ineffective punitive response rather than treatment
- Mass Incarceration Costs **\$182 Billion per year**
- Treatment for Opioid Use Disorder **\$2.8 Billion per year**

People Cycling Through....

2.1 Million People incarcerated each day (2/3 in prison, 1/3 in jail)

- 641,100 people were released from state and federal prisons in 2015.
- Another 10.6 million cycle through local jails (Bureau of Justice Statistics, 2016)

Prevalence of Opioid Use Disorder in the Criminal Legal System

- State prisons: 17%
- Local jail: 19%

Each year an order of magnitude more people with opioid use disorder pass through jails (well over~1,000,000) than in prisons (~100,000)

A defining characteristic of addiction is continued use despite adverse consequences

- Natural history of opioid use disorder, with the development of tolerance and withdrawal, leads to ever increasing use
- Often results in incarceration
- Those incarcerated have more advanced/severe disease

Increased risk of overdose upon reentry

129 times higher risk of fatal overdose in the first 2 weeks after release from incarceration (in absence of MOUD)

1. More severe disease
2. Tolerance decreases while incarcerated with limited access to opioids and medication
3. Incarceration disrupts psycho-social and other supports

Binswanger IA, Stern MF, Deyo RA, et al. Release from prison a high risk of death for former inmates [published correction appears in N Engl J Med. 2007 Feb 1;356(5):536]. N Engl J Med. 2007;356(2):157-165. doi:10.1056/NEJMsa064115

Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, D., & Marshall, S. (2018). Opioid overdose mortality among former North Carolina inmates: 2000-2015. *American Journal of Public Health*, 109(9), 1207–1213. <https://doi.org/10.2105/AJPH.2018.304514>.

Bukten, A., Stavseth, M. R., Skurtveit, S., Tverdal, A., Strang, J., & Clausen, T. (2017). High risk of overdose death following release from prison: Variations in mortality during a 15-year observation period. *Addiction*, 112(8), 1432–1439. <https://doi.org/10.1111/add.13803>.

MOUD is the gold standard for OUD treatment. This includes in Criminal Justice Settings

Belcher AM, Coble K, Cole TO, Welsh CJ, Whitney A, Weintraub E. Buprenorphine Induction in a Rural Maryland Detention Center During COVID19: Implementation and Preliminary Outcomes of a Novel Telemedicine Treatment Program for Incarcerated Individuals With Opioid Use Disorder. *Front Psychiatry*. 2021;12:703685. Published 2021 Oct 28. doi:10.3389/fpsy.2021.703685

Brinkley-Rubinstein L, Peterson M, Clarke J, et al. The benefits and implementation challenges of the first statewide comprehensive medication for addictions program in a unified jail and prison setting. *Drug Alcohol Depend*. 2019;205:107514. doi:10.1016/j.drugalcdep.2019.06.016

Grella CE, Ostle E, Scott CK, Dennis M, Carnavale J. A Scoping Review of Barriers and Facilitators to Implementation of Medications for Treatment of Opioid Use Disorder within the Criminal Justice System. *Int J Drug Policy*. 2020;81:102768. doi:10.1016/j.drugpo.2020.102768

Malta M, Varatharajan T, Russell C, Pang M, Bonato S, Fischer B. Opioid-related treatment, interventions, and outcomes among incarcerated persons: A systematic review. *PLoS Med*. 2019;16(12):e1003002. Published 2019 Dec 31. doi:10.1371/journal.pmed.1003002

Incarceration is not the answer

- No one should be incarcerated in order to get treatment for opioid use disorder.

... however, incarceration is critical point for treatment with medications for opioid use disorder

- Screen people for OUD and initiate or continue treatment
- Ensure connection to treatment in the community (warm hand off)

Racial Disparities in Corrections and in MOUD Treatment

- More people of color caught up in prisons and jails
- Fewer people of color on MOUD treatment in the community
- Expanding access to MOUD for people in and leaving corrections has the potential to offset racial disparities in MOUD in the community, if there is sufficient continuity of care after release.

Developing MOUD in Correctional Facilities

- 1987 - Rikers Island NYC Jail KEEP program provides methadone
- 2016 - Rhode Island Department of Corrections unified (combined statewide prison and jail) began the first statewide comprehensive MOUD program- all patients screened for OUD, all with OUD offered MOUD, all 3 medications (methadone, buprenorphine, naltrexone) available, Linkage to care in the community
- Developed through **collaboration** with administrators, politicians and advocates
- Others developed through **legislation** or **litigation**



Welcome to the Jail and Prison Opioid Project (JPOP)

Medication for opioid use disorder (MOUD) is the gold-standard treatment for opioid use disorder, however, it remains widely unavailable to people involved in the criminal legal system.

The mission of this website is to increase access to MOUD for people who are incarcerated and who are transitioning back to the community. We 1) track, share, and collect information on MOUD programs in prisons and jails and, 2) serve as a repository for resources and a catalyst for the development of MOUD programs.

We encourage you to engage with the resources and tools here. Ultimately, we hope this website will lead to increased access to medication, and by doing so reduce overdoses and health disparities.¹

 [Learn more](#)

Facts and Resources



Key Toolkits



Resources



Literature



Explore the Data



News and Events

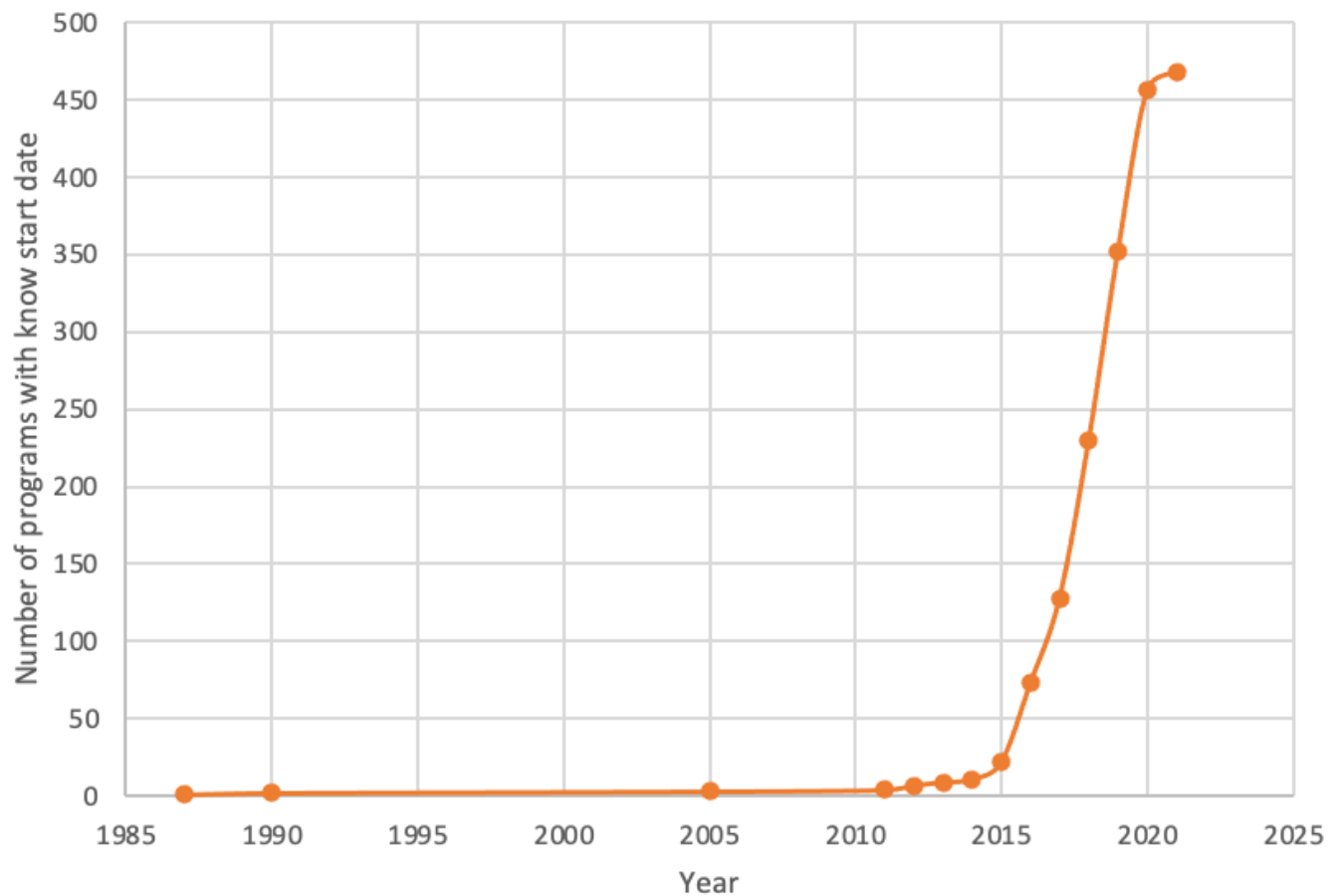
Jail and Prison Opioid Project: Methodology

- Web scraping for publicly available data, including news reports and press releases.
 - Published reports and policy guides found on correctional facilities websites
 - Information provided by correctional staff and administrators
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- PrisonOpioidProject.org

Snapshot 2022

- 634 known facilities that offer any MOUD
- 249 facilities known to offer methadone to at least some patients in some circumstances
 - Roughly 10% of all correctional facilities

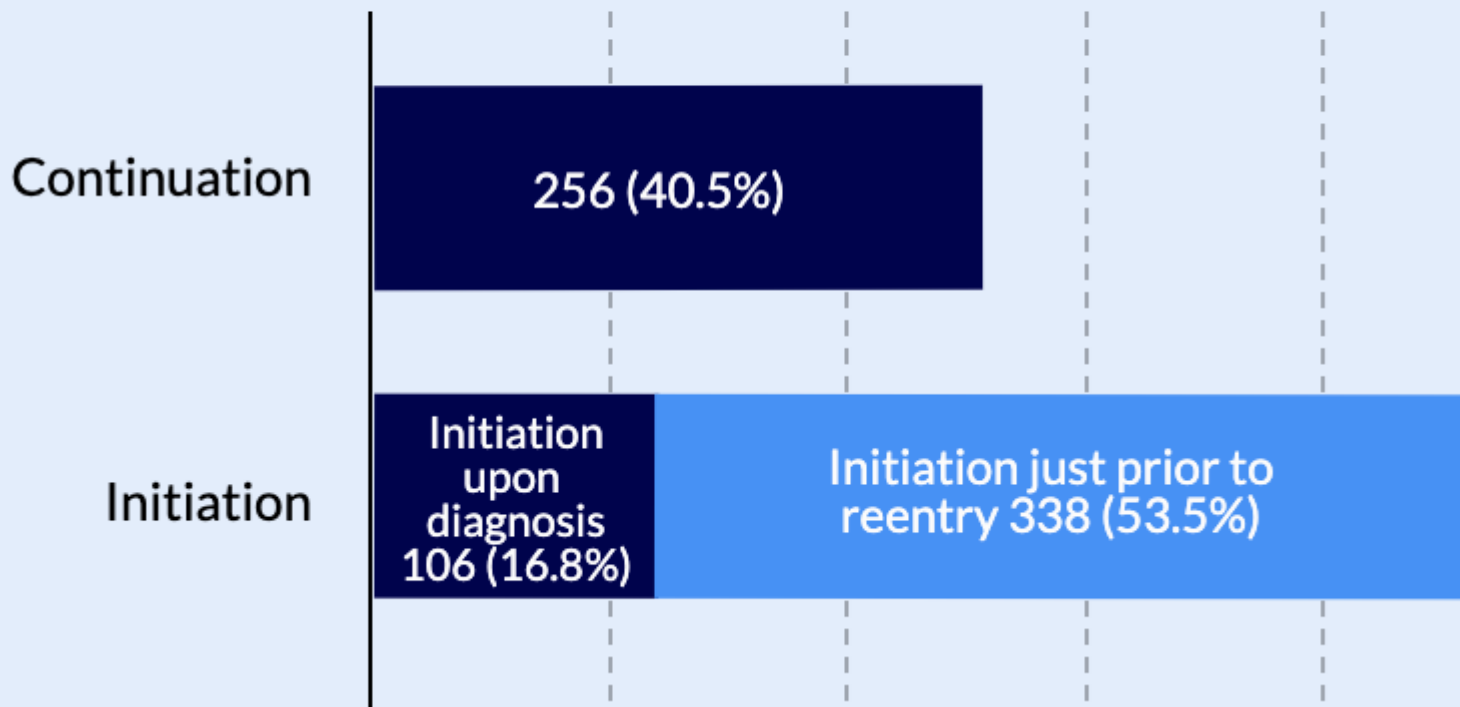
Number of Programs Over Time



Count of MOUD Programs by Treatment Type



Total Count of Service Type



Goal of Methadone Regulation Revisions

- Encourage and facilitate expansion of methadone in correctional facilities
- Connection to treatment in the community after release (Reentry) is critical
- This is probably better addressed by clinical practice guidelines rather than regulation
- There is a critical need to dramatically expand community treatment capacity to accept patients during re-entry- ie expanded OTPs, office based and pharmacy based treatment capacity.

More specific suggestions

- Regulations that make it easier for prisons and jails to implement MOUD programs and administer Methadone- regulations were generally not designed for correctional facilities
- Facilitate Correctional Systems to become OTPs with changed regulations – less drug testing, flexible physical security regulations, telehealth, clinician requirements, use of stock methadone, single designation for system, not single facility
- Facilitate collaboration with OTPs to have correctional facilities to act as additional medication sites.
- Develop parallel regulatory structure to that utilized in hospitals
- White Paper: Access to Methadone in Correctional Facilities. J. Rising, B Saloner, et al. 2022.

Summary

Expanding access to MOUD in general, and to methadone in particular in criminal justice settings is a critical opportunity to address a very high risk population at a very high risk time and an opportunity to have a substantial impact on the growing opioid epidemic. Regulatory changes that facilitate the expansion of methadone provision to people with OUD who are incarcerated is desperately needed now.