**TOPIC:**

# Medication Administration with Diversion Considerations

## The Case for Providing Medications for Addiction Treatment in Jails and Prisons

While opioid use disorder (OUD) is rampant in our communities, it is especially so in jail and prison populations. Two-thirds of incarcerated persons have a history of a substance use disorder (SUD) and people with OUD leaving incarceration settings are at a much higher risk of overdose than the general population within the jail or in the community.[1] Providing Medications for Addiction Treatment (MAT) to people with OUD while they are incarcerated increases engagement with treatment upon release and decreases deaths from overdose[2] [3] and MAT is well-established as evidence-based treatment for OUD. However, more than 80% of incarcerated individuals who have a history of opioid use do not receive treatment.[4]

Barriers for treating individuals with OUD in the community include lack of medical insurance and transportation, and access to treatment resources. The controlled environment of a correctional setting can eliminate these barriers and correctional systems can increase MAT treatment capacity to respond to individuals with OUD within their walls to reduce risk for the incarcerated individual as well as for the staff and detention facility/system. Individuals with OUD who experience opiate withdrawal without appropriate medical treatment are at risk for adverse health outcomes, even death[5]. MAT can reduce this risk as well as risks associated with contracting HIV, Hepatitis C and other communicable diseases. Continuation of MAT after a person is released from jail/prison also greatly reduces the risk of overdose which is significantly higher among people with OUD leaving jail/prison due to a reduction in tolerance for the drug while incarcerated.[6] Steps to educate patients about this concern and educate them on harm reduction strategies is critical for saving lives.[7] One study of released prison inmates in Washington indicated that released inmates were at 129 times the risk of overdose within two weeks of release compared to other citizens.[8]

---

[1] Phillips, JK, Ford, MA and Bonnie, RJ. Eds. Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. National Academies of Sciences, Engineering and Medicine; health and Medicine Division; Board on Health Sciences Policy; Committee on Pain Management and Regulatory Strategies to Address Prescription Opioid Abuse; Washington (DC): National Academies Press; 2017 Jul 13.

[2] ASAM Public Policy Statement on the Treatment of Opioid Use Disorder in Correctional Settings. American Society of Addiction Medicine. July, 2020.

[3] Binswanger, I. A., Blatchford, P. J., Mueller, S. R., & Stern, M. F. (2013). Mortality after prison release: Opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. Annals of Internal Medicine, 159(9), 592-600.

[4] National Center on Addiction and Substance Abuse at Columbia University. (2010). Behind Bars II: Substance Abuse and America's Prison Population.

[5] Fiscella, K., Noonan, M., et al. 2020 Drug & Alcohol Associated Deaths in US Jails. Journal of Correctional HealthCare 26 (2): 183-93.

[6] *Ibid*.

[7] Merrall EL, Kariminia A, Binswanger IA, Hobbs MS, Farrell M, Marsden J, Hutchinson SJ, Bird SM. Meta-analysis of drug-related deaths soon after release from prison. Addiction. 2010 Sep;105(9):1545-54. doi: 10.1111/j.1360-0443.2010.02990.x. Epub 2010 Jun 23. PMID: 20579009; PMCID: PMC2955973.

[8] https://www.nejm.org/doi/full/10.1056/nejmsa064115

## Who provides MAT in correctional facilities?

MAT can be delivered by healthcare staff operating within the jail/prison who may be employees of the facility, the county health department, or a contracted vendor; or through partnering with an external provider. While custody and security staff are not providers of treatment they are critical to successful delivery of MAT. They serve in the role of assuring safety and security related to escorting and monitoring inmates in the delivery of treatment. Custody and security staff, as the front line in the correctional setting – those who have the most interaction with inmates – also can identify and engage people who could benefit from MAT. When custody and security staff understand and support MAT they serve as effective change agents to support the development of a systemic facility approach that promotes treatment for people with substance use disorders.

### *Healthcare Vendors*

The jail health care provider's role in MAT implementation is critical. The success of the initiative is highly depending on the engagement in and commitment to the initiative of the provider of health care in the jail or prison. When healthcare is operated by an external contracted vendor and jails have positive pre-existing relationships with the health provider, teams are able to make progress. When health providers or agencies are not supportive of the proposed expansion/adoption of MAT, contracts may have to be renegotiated to encompass the expanded scope of work and related costs.[9]

## Getting Staff Engagement in MAT:

It is common for staff at correctional facilities, both custody and healthcare professionals, to have concerns or questions about implementing MAT including "Why treat inmates?"; "Are we substituting one drug for another?"; "Is a correctional environment the right place to treat someone with an OUD"?

Before implementing MAT it is essential to understand and address reservations and concerns about addiction treatment among staff. Bias and stigma toward persons with substance use disorders are common. Creating a forum for people to express their opinions and responding to them with fact-based information is an important foundation to MAT implementation. When MAT is implemented there will be instances of detainees misusing or diverting their medication. Laying the groundwork at the beginning of the implementation effort to surface and address bias and stigma, and creating a treatment-supportive culture, is important to developing protocols for addressing incidents of misuse or diversion. (Reference Toolkit element specific to Custody Support for more information.)

## The Chronic Disease Model of Addiction:

Addiction is a chronic brain disease. There is clear evidence that medical interventions (and psychosocial interventions along with medication) work effectively to treat this disease, reducing mortality and significantly improving the chances of individual recovery. A person in a correctional facility having opioid withdrawal without appropriate medical intervention and treatment is in opposition to medical standards of care and has been grounds for litigation with findings on behalf of plaintiff inmates against jails and prisons. The American Society for Addiction Medicine (ASAM) Criteria is the nation's most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of patients with addiction and co-occurring conditions. ASAM's Public Policy Statement on Treatment of Opioid Use Disorder in Correctional Settings

[9] An Implementation Process Evaluation for the Planning Initiative to Build Bridges between Jail and Community Treatment for Opioid Use Disorder. Shannon Gwin Mitchell, S.G., Monico, L.B., Gordon, M.S., et al. Friends Research Institute. November 6, 2020.

(2018)[10] states that those in jails/prisons "should be assessed and offered medication and psychosocial treatment as clinically indicated".[11] ASAM National Practice Guideline revisions for criminal justice populations (2020)[12] specify that forced withdrawal should not occur; all FDA approved medications for OUD should be available; patients should not be forced to transition to antagonists; and that absence of psychosocial treatment or the patient's decision to decline it, should not preclude or delay pharmacotherapy for OUD.

Someone with OUD who takes MAT for a short period of time and who ultimately wants to live a life of abstinence may consider MAT to be a means to this end. Others may need to remain on MAT for an extended time, or indefinitely, to maintain their recovery. Just as someone with diabetes may need to take insulin, or another may take statins for high cholesterol, MAT should be seen as effective, evidence-based treatment for a chronic disease, with the person's individual health status and goals and consultation with their provider driving decisions about the type and extent of treatment. Recovery is a "process" for those with OUD. Although some individuals do not relapse, many others do have periods of use before returning to treatment goals. The conditions for relapse and steps of re-engagement and intervention should be developed and planned for as part of all treatment plans for substance use.

### The Benefits of MAT in Jails/Prisons and Planning for Potential Diversion and Misuse:

There is anecdotal evidence emerging from MAT implementation in jails and prisons to date that increased access to MAT reduces diversion incidents as availability of MAT increases due to inmates' ability to manage their cravings. Correctional facilities who have implemented MAT are also reporting a reduction in disciplinary infractions. The California Department of Corrections and Rehabilitation has reported a 58% reduction in Rules Violation Reports in individuals receiving MAT[13]. A study from Riker's Island indicated that detainees receiving methadone continuation during incarceration are three times less likely to receive disciplinary tickets than those on forced methadone withdrawal.[14] As sites evolve in their MAT implementation these benefits may emerge, while preparations for inevitable diversion or misuse of medication must be part of the facility's MAT procedures.

There are clear benefits of MAT for individuals with OUD but administration of MAT includes incidents of diversion and misuse. Correctional facilities frequently deal with diverted prescription and over the counter ("keep on person") medications. Facilities implementing MAT should review their existing medication administration policies and procedures closely and make any necessary changes to minimize misuse and diversion. Lack of understanding about MAT and related apprehension about its implementation, and bias or stigma toward substance use disorder, often results in elevated concerns about diversion or misuse of MAT. Facilities should determine, and establish in policies and protocols, how diversion will be addressed as both a clinical and disciplinary issue. Clinical best practice is to not immediately discharge patients from the MAT program after they have been found to be diverting medication. Clinicians should evaluate treatment benefits and

[10] Joint Public Correctional Policy on the Treatment of Opioid Use Disorders for Justice Involved Individuals. 2018-2 ASAM and American Correctional Association available at: https://www.asam.org/docs/default-source/public-policy-statements/2018-joint-public-correctional-policy-on-the-treatment-of-opioid-use-disorders-for-justice-involved-individuals.pdf?sfvrsn=26de41c2_2

[11] https://www.asam.org/docs/default-source/public-policy-statements/2020-statement-on-treatment-of-oud-in-correctional-settings.pdf?sfvrsn=ff156c2_2

[12] American Society of Addiction Medicine available at: https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline

[13] Corey Waller, MD, Personal Communication, November 5, 2020

[14] Addiction Medicine Mar/Apr 2, 2018

harms for each patient and develop a treatment plan accordingly that minimizes harm without removing the benefits. Custody and clinical leadership should lead efforts to educate and engage each other and staff on the importance of assuring adequate and effective treatment for persons with OUD to reduce mortality. This treatment approach informs the development of a standardized response to diversion incidents. Disciplinary practice is a matter for legal and custody professionals and is separate from clinical practice.

Medication forms such as pills and film can be hidden easier than liquid, however, liquid remnants on sleeves can later result in misuse. Security procedures involving mouth checks before and after taking medicine, ingestion of water afterwards, and close monitoring before and after medication administration are among strategies that minimize diversion opportunities. Facilities must expect diversion and have a thoughtful plan that incorporates principles of treatment and recovery into response to infractions. **See "Key considerations and points to support implementation and clinically manage Diversion" below for additional information.**

### Information and Tools to Support Policy Development and Implementation:

Policies and procedures are critical to inform and support safe and efficient jail/prison operations. A comprehensive and clear policy and procedure for MAT is critical to guide all staff in effectively administering MAT. As an example, reference the Sample MAT Policy within this Toolkit element.

**Documented pathways** that define decision points and actions steps in administering MAT and clinical protocols for response to misuse or diversion of medications are helpful to plan for and guide decisions regarding MAT administration. See these examples within the Toolkit:

- Medication pathway for managing OUD
- Critical Pathway and components regarding Diversion and Decision to continue MAT

1. **Key decision points on Pathway**
   - Patient-The patient and provider must make a collective decision on the decision to use MAT, what medication to use and ancillary treatments (e., counseling) as part of the care plan. There must be informed consent and information provided to the patient to assist in these decisions. The SAMHSA provides excellent, easy to read, and informative information for patients.[15] Patients also will benefit from reviewing the pocket guide created by the American Society of Addiction Medicine (ASAM) and the National Association of Drug Court Professionals (NADCP)[16] and additional resources listed within this Toolkit element.

2. **Key considerations and points to support medication implementation and clinically manage Diversion**
   - Anecdotal evidence emerging from implementation of MAT in incarceration settings: increased access to MAT reduces diversion incidents as availability of MAT increases due to inmates' ability to manage their cravings. Sites who have implemented are also reporting a reduction in disciplinary infractions.

   - Diversion control protocol formalizes the systems in place to reduce events of diversion. Protocols include guidance on chain of custody, roles of staff, medication formulation, dispensing and ingestion practices, medication storage and steps to take in the event of a

[15] https://www.samhsa.gov/medication-assisted-treatment

[16] https://www.ndci.org/wp-content/uploads/2019/02/Pocket-Guide-C_Participants.pdf

diversion incident. The roles and responsibilities of correctional staff, health care staff and patients should be clearly delineated.

» Best practice is not to immediately discharge patients from the MAT program after they have been found to be diverting or misusing medication. Custody and clinical leadership should lead efforts to educate and engage each other and staff on the importance of assuring adequate and effective treatment for persons with OUD to reduce mortality. This treatment approach informs the development of a standardized response to diversion incidents. Clinicians should evaluate treatment benefits and harms for each patient and develop a treatment plan accordingly that minimizes harm without removing the benefits. Protocol should include a mechanism for discharging from treatment for security/safety concerns, which is also developed by consensus by the integrated custody/clinical leadership team.

» Have a systematic approach for understanding the patient's reasons for misusing or diverting medication to inform solutions.

For more information and resources as part of the MOUD Implementation Toolkit, please visit www.healthmanagement.com/pajailmoud or contact **Mary Kate Brousseau**, *TA Program Manager*, at mbrousseau@healthmanagement.com