Medication for Opioid Use Disorder in Correctional Settings

Shifting the Paradigm:
Creating a Balanced Correctional and Rehabilitative Approach

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Since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids. -- CDC
Source: IQVIA National Prescription Audit, data extracted 2016-2018
The Opioid Epidemic

National Vital Statistics System, Centers for Disease Control, 2017
Summary

- Prescription drug abuse continues to decrease even as opioid deaths increase
- Methadone decreasing and buprenorphine increasing
- Abuse of prescription stimulants and other non-opioid drugs are increasing
- Anything that restricts the opioid drug supply will increase heroin abuse
- Illicit fentanyl is our biggest challenge
SAMHSA Certified Opioid Treatment Programs

Number of Active OTPs Per State

Source: SAMHSA, CSAT. OTP Database. February 27, 2018.
Heroin addiction is a devastating reality. It is also a treatable disease. According to the White House Office of National Drug Control Policy, there are more than 800,000 heroin-dependent individuals in the United States.

Drug Enforcement Administration data indicate that heroin is increasingly available at purer levels and the National Institute on Drug Abuse has cited an alarming increase in the number of young people using heroin in suburban and urban areas.

The New York State Division of Substance Abuse Services completed a study in 1991 and found that the annual per person cost of untreated heroin addiction amounts to $45,000.00.

Another study was completed in California in 1994 and found that drug and alcohol abuse creates an annual cost to taxpaying citizens in the amount of $3.1 billion with 35 percent of the costs being absorbed by the nation’s criminal justice system.
AATOD Fact Sheet
Medication-Assisted Treatment for Opioid Use Disorder in the Justice System
October 2017

Introduction

Many publications over the last decade have documented the alarming increase in use and abuse of prescription opioids and heroin (Cicero, Inciardi, & Munoz, 2005; Davis, Severtson, Bucher-Bartelson, & Dart, 2014; GAO, 2009; Paulozzi, Budnitz, & Xi, 2006; Pletcher, Kertesz, Kohn, & Gonzales, 2008; Reifler, et al., 2012; Schneider, et al., 2009). This surge resulted largely from the significant increase in physician/dentist prescription of opioid medications to treat chronic pain during the 1990s, when a sizeable subset of patients became dependent on and/or addicted to the medications. A report from the Substance Abuse and Mental Health Services Administration (SAMHSA) cited that 79.5 percent of heroin users had previously used prescription pain relievers for nonmedical reasons (Muhuri, Gfroerer, & Davies, 2013). More recent media reports have indicated that over 120 people die of an opiate related overdose each day (2017).

The National Institute on Drug Abuse (NIDA) has clearly established that Medication-Assisted Treatment (MAT) “increases patient retention and decreases drug use, infectious disease transmission, and criminal activity” (NIDA, 2012). This type of treatment combines counseling with medications that block opioids’ euphoric effects and relieve relapse-inducing cravings. “To
Opioid substitution treatment in prison and post-release: Effects on criminal recidivism and mortality

Sarah Larney, BA, BSc (Hons.)

A thesis submitted in accordance with the requirements for admission to the degree of Doctor of Philosophy

National Drug and Alcohol Research Centre,
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University of New South Wales
JAIL-BASED MEDICATION-ASSISTED TREATMENT

PROMISING PRACTICES, GUIDELINES,
AND RESOURCES FOR THE FIELD

October 2018
A prisoner at Rhode Island’s John J. Moran Medium Security Prison, watches television during free time on December 10, 2013 in Cranston, Rhode Island. | Getty

**LAW AND ORDER**

**How the Smallest State is Defeating America’s Biggest Addiction Crisis**

Rhode Island inmates get opioid replacements while they’re locked up and it seems to be keeping them from overdosing when they get out.

By ERICK TRICKEY | August 25, 2018

CRANSTON, R.I. — By the time police caught Paul Roussell with heroin last summer, the 58-year-old lobster fisherman had been addicted to the drug for almost 10 years. He’d gone from sniffing two baes of heroin a day to 10. Then as

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ACLU files civil rights suit, says Whatcom County jail policy violates U.S. law

BY DENVER PRATT

JUNE 07, 2018 01:13 PM

Maximum security cell block at the Whatcom County Jail in Bellingham. STAFF THE BELLINGHAM HERALD FILE

The American Civil Liberties Union filed a federal civil rights lawsuit Wednesday against the Whatcom County Jail and the Whatcom County Sheriff’s Office for allegedly denying inmates with opioid use disorder access to medication.

The lawsuit filed in Seattle in the U.S. District Court for the Western District of Washington alleges...
Arapahoe County’s New Program to Prevent Opioid Withdrawal Jail Deaths

More and more users of heroin and other opioids are winding up in metro Denver jails, where they’re generally required to withdraw from whatever drug they’re taking, even if the substance was prescribed to them as part of an addiction treatment program. But now the Arapahoe County Sheriff’s Office has instituted a new protocol that allows people who had been taking methadone and the like to help them kick their habit to keep doing so in the jail.
Santa Fe jail steps up effort to help inmates with addiction

By Sami Edge | The New Mexican
Apr 14, 2018

Jeanetta Campbell, program director at New Mexico Treatment Services methadone clinic in Santa Fe, said Santa Fe County plan to offer naltrexone is a move in the right direction. ‘That’s at least something,’ she said. Olivia Harlow/The New Mexican

As a devastating and costly opioid epidemic continues to ravage the nation, pressure is mounting for better addiction treatment in places where illicit drug users often end up: jails and prisons.

Not only is a lockup a revolving door for people caught in the cycle of substance abuse and crime, but studies show inmates who struggle with opioid use disorder also face a severe risk of overdose in the days and weeks after release.
H. R. 3496

To authorize the Attorney General to make grants to, and enter into cooperative agreements with, States and units of local government to develop, implement, or expand one or more programs to provide medication-assisted treatment to individuals who have opioid use disorder and are incarcerated within the jurisdictions of the States or units of local government.

IN THE HOUSE OF REPRESENTATIVES
JUNE 26, 2019

Ms. Kuster of New Hampshire (for herself, Mr. Turner, Ms. Blunt Rochester, and Mrs. Walorski) introduced the following bill, which was referred to the Committee on the Judiciary.

A BILL

To authorize the Attorney General to make grants to, and enter into cooperative agreements with, States and units of local government to develop, implement, or expand one or more programs to provide medication-assisted treatment to individuals who have opioid use disorder and are incarcerated within the jurisdictions of the States or units of local government.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Community Re-Entry through Addiction Treatment to Enhance Opportunities Act” or as the “CREATE Opportunities Act”.

SEC. 2. MEDICATION-ASSISTED TREATMENT CORRECTIONS AND COMMUNITY REENTRY PROGRAM.

(a) Definitions.—In this section—

(1) the term “Attorney General” means the Attorney General, acting through the Director of the National Institute of Corrections;

(2) the term “certified recovery coach” means an individual—

(A) with knowledge of, or experience with, recovery from a substance use disorder; and

(B) who—

(i) has completed training through, and is determined to be in good standing by—

(I) a single State agency; or
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