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

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.


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

Introduction of abuse deterrent formulation

NIDA, 2014
Heroin Use and Deaths--USA

NIDA, 2014
Overdose Deaths in CT

Connecticut Accidental Overdose Deaths 2012-2014

Data courtesy of CT Medical Examiner
## Most Common Drugs In Overdose

Connecticut -- 2014  
(N=558)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin in any death</td>
<td>325</td>
</tr>
<tr>
<td>Cocaine in any death</td>
<td>126</td>
</tr>
<tr>
<td>Oxycodone in any death</td>
<td>101</td>
</tr>
<tr>
<td>Methadone in any death</td>
<td>51</td>
</tr>
<tr>
<td>Hydrocodone in any death</td>
<td>15</td>
</tr>
<tr>
<td>Fentanyl in any death</td>
<td>75</td>
</tr>
<tr>
<td>Hydromorphone in any death</td>
<td>9</td>
</tr>
</tbody>
</table>
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)


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

- WHITE: 75%
- HISPANIC: 14%
- BLACK: 11%
- ASIAN: 0%
- AMER IND: 0%
Racial & Ethnic Breakdown

NHCC MAT Program Racial & Ethnic Distribution
- Caucasian: 75%
- Hispanic/Latino: 14%
- Black/AA: 11%

Current APT Male Patient Racial & Ethnic Breakdown
- Caucasian: 66.6%
- Hispanic/Latino: 17.1%
- Black/AA: 12.4%
- Other: 3.8%

Data Courtesy of APT Foundation, 2015
Age Distribution Treated Persons

Age Distribution of Treated Persons

- Under 25: 25
- 25 - 35: 190
- 36 - 50: 156
- 51 - 67: 44
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

- Active: 72%
- Discharged: 21%
- Transferred: 7%
Pattern of Recurrent Visits

<table>
<thead>
<tr>
<th>Number of Treatments Initiated</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>150</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
</tr>
</tbody>
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Discharged with Continuity of Care

- Discharges admitted < 1 day \(\frac{33}{76} = 43\%\)
- Discharges admitted < 30 days \(\frac{28}{76} = 36\%\)
- Discharges not in MAT / not admitted in 30 days \(\frac{13}{76} = 17\%\)
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