



# Expanding Access to Medications to Treat Opioid Use Disorder in Corrections: Reducing Risk and Saving Lives

Presenter:

Sonia Canzater, JD, MPH – Senior Associate, O’Neill Institute for National and Global Health Law

# CONFLICT OF INTEREST DISCLOSURE

Sonia Canzater, JD, MPH



I have the following relevant financial relationship(s) with a commercial interest:  
Grant from Gilead Sciences, Inc.

# OPIOID USE DISORDER IN THE CRIMINAL JUSTICE POPULATION



- In the U.S., 1 in 38 adults is under some form of correctional supervision
  - 2.2 million adults in U.S. correctional facilities
  - 10.7 million cycle through local jails each year
- More than half of people held in correctional facilities have substance use disorder (SUD)
  - Compared to 3% of the general population
- In 2016, at least 20% of people with OUD experienced criminal justice involvement in the prior year
  - Some facilities reported monthly OUD prevalence as high as 65%

Kaeble D, & Cowhig M. Corrections Populations in the United States [Internet]. Washington: U.S. Department of Justice, Office of Justice Programs - Bureau of Justice Statistics; 2018 [cited 2020 May 12]. 16 p. Available from <https://www.bjs.gov/content/pub/pdf/cpus16.pdf>. Zeng Z. Jail Inmates in 2018 [Internet]. Washington: U.S. Department of Justice, Office of Justice Programs - Bureau of Justice Statistics 2020 March [cited 2020 May 12]. 19 p. Available from <https://www.bjs.gov/content/pub/pdf/ji18.pdf>; Bronson J, Stroop, J Zimmer, S, & Berzofsky, M. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009 [Internet]. Washington: U.S. Department of Justice, Office of Justice Programs – Bureau of Justice Statistics; 2017 June [cited 2020 May 12]. 27 p. Available from <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>. During 2007-09, an estimated 58% of state prisoners and 63% of sentenced jail inmates met the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria for drug dependence or abuse. Note that this survey utilized the criteria for substance dependence and abuse as defined in the DSM-IV. The criteria for substance use disorder were changed in the DSM-V. For more information on the change, see: Hasin DS, O'Brien CP, Auriacombe M, Borges G, Bucholz K, Budney A, et.al. DSM-5 criteria for substance use disorders: recommendations and rationale. Am J Psychiatry [Internet]. 2013 Aug [Cited 2020 May 15];170(8):834-51. Available from: doi: 10.1176/appi.ajp.2013.12060782; Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. [Internet]. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2019 [cited 2020 May 12]. 82 p. HHS Publication No. PEP19-5068, NSDUH Series H-54. Available from [https://www.samhsa.gov/data/Boutwell AE, Nijhawan A, Zaller N, & Rich JD. Arrested on heroin: A national opportunity. J Opioid Manag. 2007;3\(6\): 328-332.](https://www.samhsa.gov/data/Boutwell AE, Nijhawan A, Zaller N, & Rich JD. Arrested on heroin: A national opportunity. J Opioid Manag. 2007;3(6): 328-332.)

Ferguson WJ, Johnston J, Clarke JG. et al. Advancing the implementation and sustainment of medication assisted treatment for opioid use disorders in prisons and jails. Health Justice [Internet]. 2019 Dec 12 [Cited 2020 May 12];7(19). Available from: <https://doi.org/10.1186/s40352-019-0100-2>

# MEDICATION-BASED TREATMENT FOR OPIOID USE DISORDER (M-OD)



## Agonists

Methadone

Buprenorphine

## Antagonist

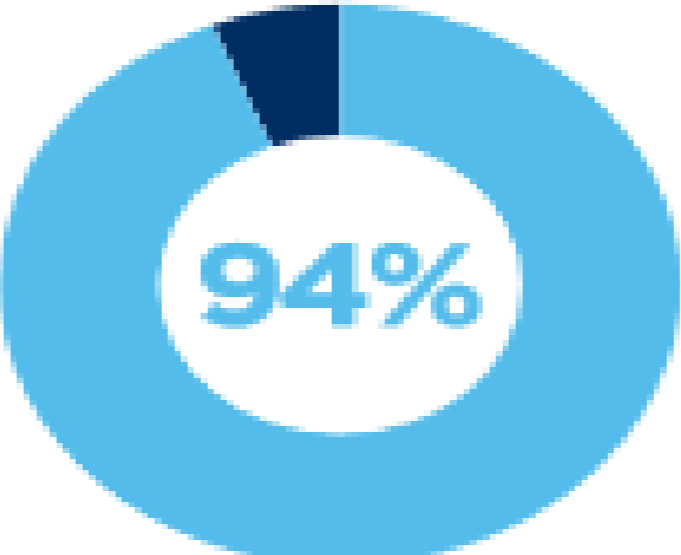
Naltrexone

# MEDICATION-BASED TREATMENT FOR OPIOID USE DISORDER (M-OUD)

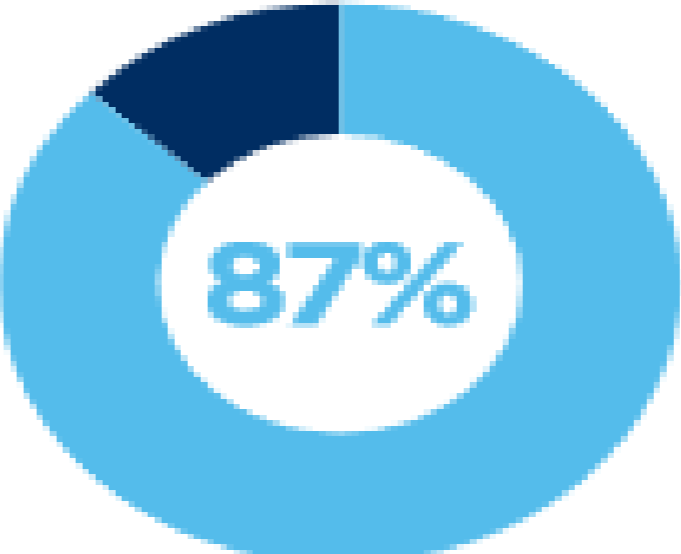


Recognized standard of care to treat OUD  
Shown to reduce relapse, post-release mortality, overdose mortality, recidivism, acquiring an IDU-related infectious disease

## MORTALITY RATES FOR PEOPLE WHO RECEIVED MEDICATIONS FOR OPIOID USE DISORDER WHILE INCARCERATED



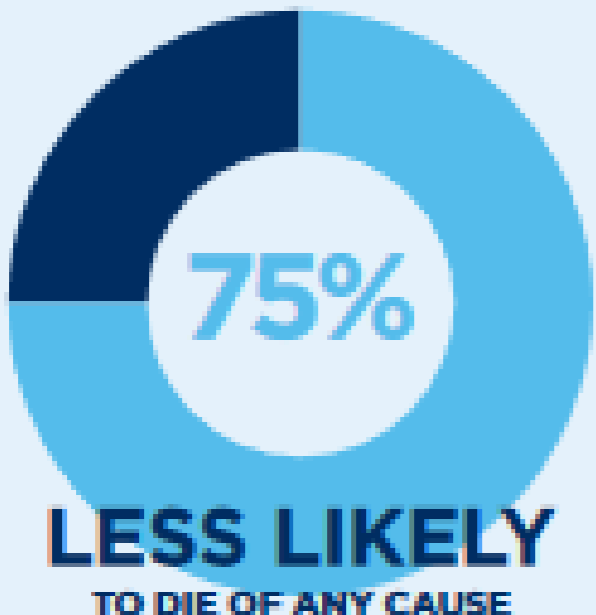
**LOWER**  
RECEIVED M-OUD  
IN THE FIRST 4 WEEKS  
OF INCARCERATION



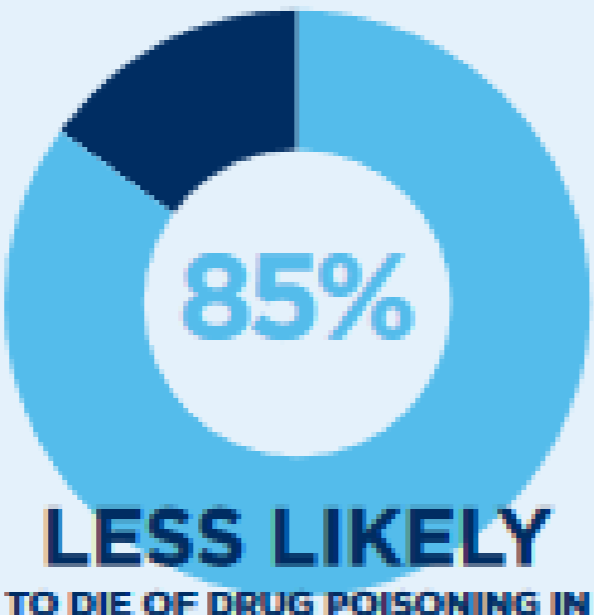
**LOWER**  
RECEIVED M-OUD AT  
ANY TIME DURING  
INCARCERATION

SOURCE:  
Larney, et al., Opioid  
Substitution Therapy as a  
Strategy to Reduce Deaths  
in Prisons: Retrospective  
Cohort Study.

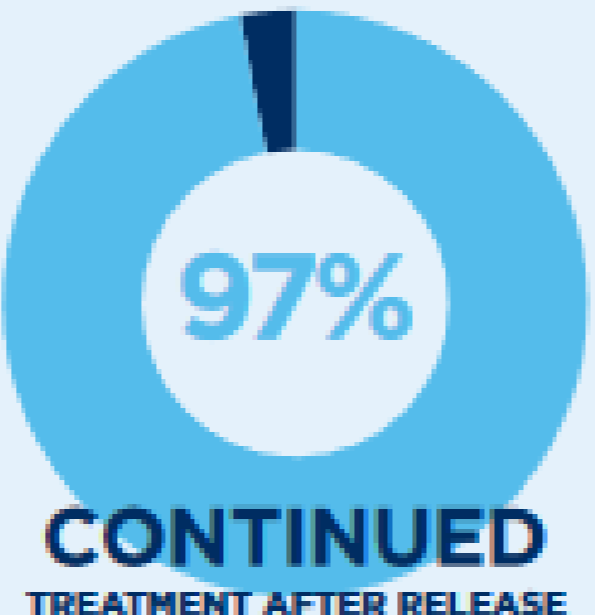
## UPON RELEASE FROM INCARCERATION, PEOPLE WHO RECEIVED MEDICATIONS FOR OPIOID USE DISORDER WHILE INCARCERATED



**LESS LIKELY**  
TO DIE OF ANY CAUSE



**LESS LIKELY**  
TO DIE OF DRUG POISONING IN  
FIRST MONTH UPON RELEASE.



**CONTINUED**  
TREATMENT AFTER RELEASE

SOURCE: Shabbar I. Ranapurwala et al., Opioid Overdose Mortality Among Former North Carolina Inmates.  
SOURCE: Nicholas Zaller, Initiation of Buprenorphine During Incarceration and Retention in Treatment Upon Release; Verner S. Westerberg, et al., Community-Based Methadone Maintenance in a Large Detention Center is Associated with Decreases in Inmate Recidivism.

# LACK OF M-LOUD ACCESS IN CORRECTIONAL FACILITIES



- 128 people in the U.S. die each day of opioid-involved overdoses
  - 46,800 deaths in 2018
- People reentering their communities are 40x more likely to die of an opioid overdose within 2 weeks of release; 10x more likely within 1 year of release



- Disproportionate rates of HCV, HIV, and infective endocarditis associated with injection drug use
  - 40% of PWID also have HCV
  - 1 in 3 people with HCV pass through the correctional system each year
- 1 in 10 new cases of HIV attributed to IDU
- 7.5 fold increase in infective endocarditis among PWID from 2000 to 2016

# Legal Claims for Lack of Withdrawal Protocol and Lack of OUD Treatment Medication Access



## **Eighth Amendment**

**Federal Civil Rights Act (42 U.S.C. § 1983)**

**Americans with Disabilities Act (ADA)**

**State Torts**

**Civil Rights of Institutionalized Persons Act (CRIPA)**



# WHO IS AT RISK FOR LEGAL LIABILITY?



**Governments**

**Public Officials**

**Correctional staff**

**Medical staff**

**Third parties providing services**

# MEDICATION-BASED TREATMENT FOR OPIOID USE DISORDER (M-LOUD)



Victoria Herr



Daniel Sisson



Oscar Wilkie III

# POTENTIAL OUTCOMES



- Were it available, widespread M-OUD screening and treatment in U.S. prisons and jails could have saved 1,840 - 4,400 lives in 2016
- Ten times more likely to acquire IDU-related HCV if didn't receive M-OUD while incarcerated

Macmadu A, Goedel WC, Adams JW, Brinkley-Rubinstein L, Green TA, Clarke JG, et. al. Estimating the impact of wide scale uptake of screening and medications for opioid use disorder in US prisons and jails. *Drug Alcohol Depend* [Internet]. 2020 [cited 2020 May 12];208. Available from: <https://doi.org/10.1016/j.drugalcdep.2020.107858>  
Nolan, et.al. The impact of methadone maintenance therapy on hepatitis C incidence among illicit drug users. (2014) *Addiction*: 109, 2053-2059

# LEGISLATION



- **Vermont:** MAT must be offered at or facilitated by correctional facilities as a medically necessary component of treatment for incarcerated individuals diagnosed with OUD.
- **Maryland:** a phased-in approach to requiring county jails to offer M-OUD.
- **Colorado:** jails that receive funding from state behavioral health services to develop a plan for access to medications by January 1, 2020.
- **Massachusetts:** the Department of Correction must offer buprenorphine and methadone at seven state prisons as part of a pilot program.

# REFERENCES



- O'Neill Institute at Georgetown Law: Advancing the Evidence Project
- <https://oneill.law.georgetown.edu/projects/advancing-the-evidence/>
- NCCHC and National Sheriffs' Assn Jail-Based MAT Resource
- <https://www.sheriffs.org/Jail-Based-MAT>  
National Council for Behavioral Health Toolkit
- <https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/>

QUESTIONS? COMMENTS? CONCERNS?



**THANK YOU!**

**Sonia Canzater**

**[sc1574@georgetown.edu](mailto:sc1574@georgetown.edu)**