

Why MAT is essential for criminal justice opioid/alcohol use disorder treatment

Police/Pre-Trial: Every 25 seconds in the US, someone is arrested for simple possession of drugs for their personal use, leading to 89,000 held in jail on any given day, mostly awaiting trial.

(B. Stauffer, *Every 25 Seconds*, Human Rights Watch, Oct. 2016)

Drug Courts: Majority do not successfully graduate drug courts; 40 -60% fail overwhelmingly abstinence-only treatment

(Mitchell, O. et al. (2012). *Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts*, Journal of Criminal Justice 40, 60–71; BJA Adult Drug Court Discretionary Grant Program, Jan-Mar, 2013)

Prison/Jail Drug Treatment Reentry Rates: Half of inmates do not show for post-release treatment at least 2 times in 30 days; and less than half then complete aftercare program

(Justice Center, Access to Treatment, 2016)

Probation/Parole: Up to a third of those incarcerated are revoked probationers/parolees

(Bureau of Justice Statistics, Revised Jan. 21, 2015)

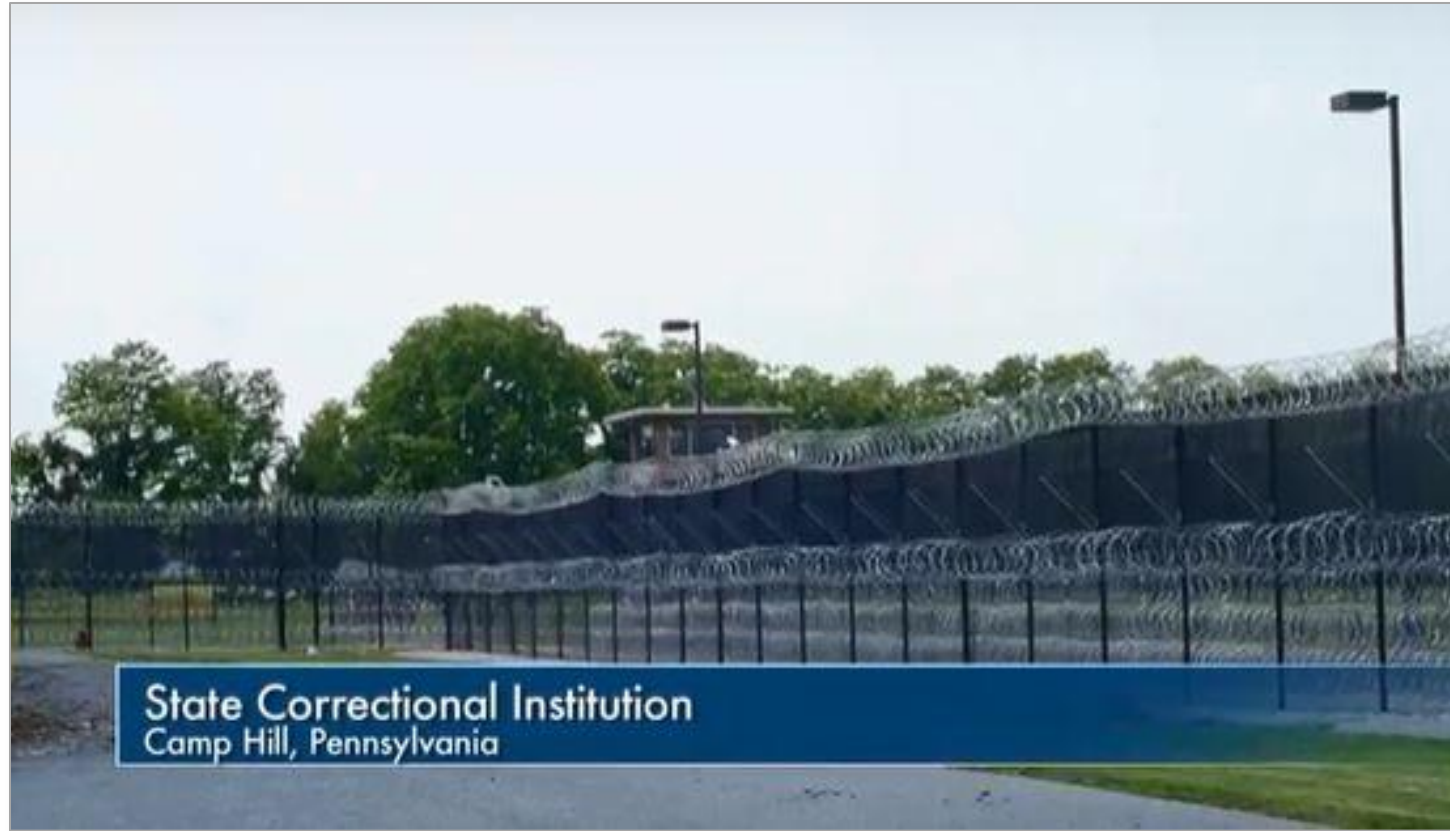
Today's Take Away

MAT should and can be available to all persons with opioid/alcohol use disorders, especially justice-involved persons.

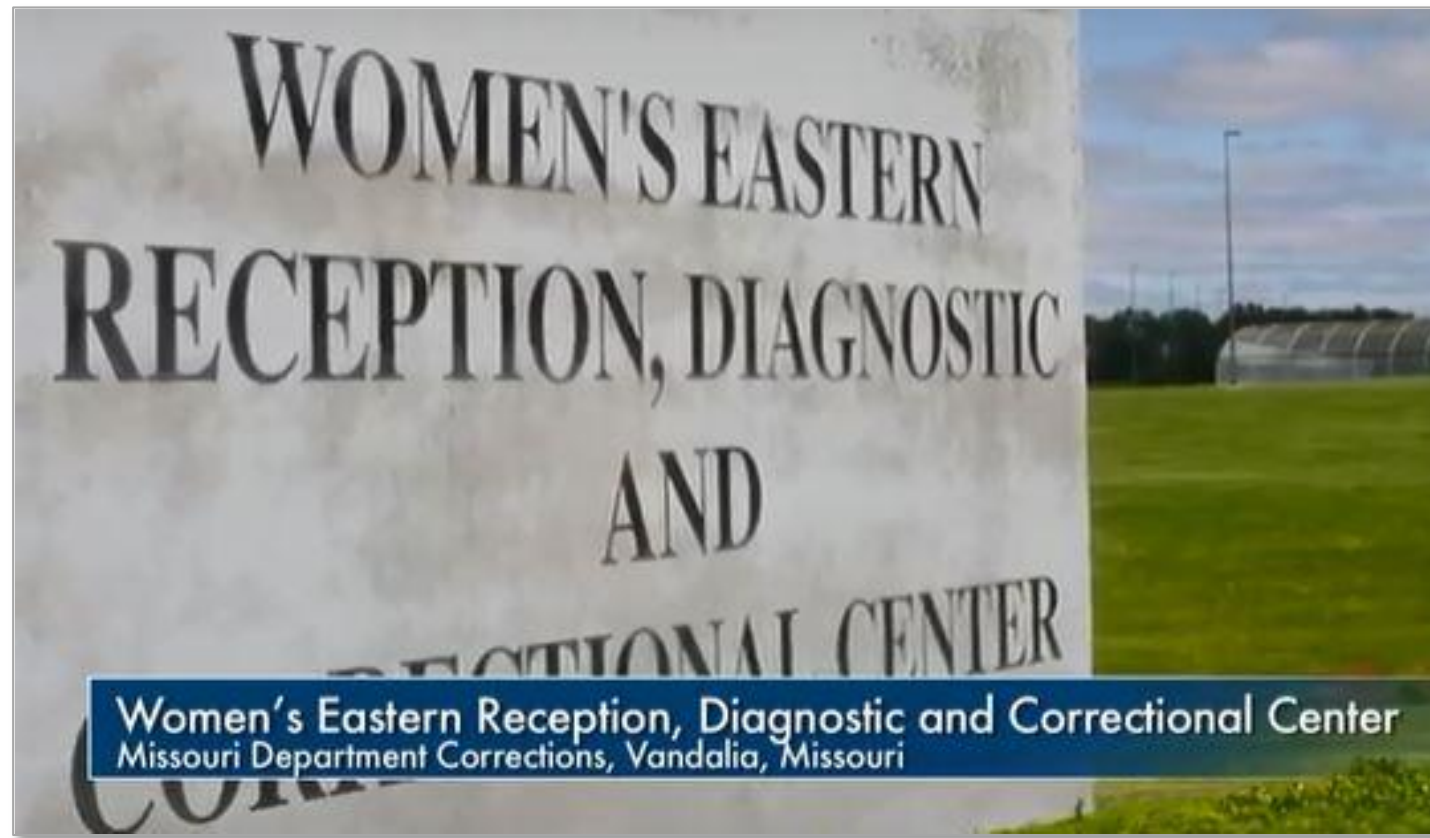
Offering MAT to justice-involved persons requires criminal justice administrators to restructure current responses and work with community-based substance use disorder treatment providers and state Medicaid and Health Insurance administrators to offer and cover the full panoply of FDA approved medications.

Issues of diversion can be addressed by well-run correctional programming.

Pennsylvania Department of Corrections



Missouri Department of Corrections



Massachusetts Department of Correction



Barnstable, MA County Jail



Prison and Jail MAT Re-Entry Initiatives

COMMON ELEMENTS

- Opioid &/or Alcohol Use Disorders
- Complete in-house substance abuse treatment programs (6 months)
- Informed about all FDA approved medications
- Volunteer to participate
- Enroll in Medicaid, health insurance exchanges, etc.
- If choice is Naltrexone (Vivitrol™):
 - medical examination (liver, drug test for 7 day abstinence, etc.)
 - potential adverse effects explained
 - oral Naltrexone dose test
 - injection week to 2 days before release (lasts 28 days)

Post-Release

- Warm hand off to treatment that also provides access to FDA approved medications
- Some Provide Continuity of Recovery Support Navigator before/after release
- Client may choose to remain on injected Naltrexone or switch to other medication after consultation with physician/treatment provider
- Encouraged/required to remain in treatment/medication to avoid relapse one year
- While treatment/abstinence may be mandated by parole/probation, medication is not

Common Challenges Establishing MAT in Prison/Jail

- Getting buy-in and leadership from DOC/Behavior Health Agency, correctional officials, including correctional officers
- Getting buy in from inmates, their families
- Getting contracted prison medical physicians to prescribe medications, educating them about medications
- Getting network of community-based treatment providers on-board so continued medication/counseling accessible to released inmates across state/county
- Getting state Medicaid managed care plans and health insurance providers to include funding of medication without pre-conditions

Prison MAT Reentry Programs

Alaska (Prison Farm, Vivitrol & Methadone)

Kentucky (reentry-two Vivitrol injections)

Indiana DOC Therapeutic Community/Drug Court
(Vivitrol)

Massachusetts (Vivitrol reentry)

Missouri (Vivitrol reentry)

New Hampshire (Oral Naltrexone maintenance &
Vivitrol reentry)

New York (Vivitrol reentry, Edgecombe prison, 45-day
parole diversion program offenders and
a small number of female work release participants.

Pennsylvania (Vivitrol Re-entry and
methadone/Suboxone maintenance)

Rhode Island (Vivitrol Re-entry and
methadone/Suboxone maintenance)

Tennessee (reentry-two Vivitrol
injections)

W. Virginia (Vivitrol reentry)

Wisconsin (Vivitrol reentry)

Federal Bureau of Prisons (field trial,
reentry-2 Vivitrol injections, to roll out
in Northeast thru Residential Reentry
Centers)

Prison MAT Reentry Programs in the works

Alaska (Point Mackenzie
Correctional Farm)

California (Donovan Correctional
Facility, pilot)

Colorado

Florida

Indiana (DOC funded county jail
MAT programs/DOC Therapeutic
Communities/Court Program)

Ohio

Utah (DOC funded county jail MAT
program, Salt Lake City)

Jail MAT Re-entry Programs (131)

California (3)	Maryland (13)	Penn. (14)
Colorado (1)	Michigan (5)	Tennessee (2)
Connecticut (1)	Missouri (1)	Utah (2)
Florida (5)	Mississippi (1)	Vermont (1)
Illinois (4)	Montana (1)	Wisconsin (9)
Indiana (9)	New Jersey (1)	Wyoming (1)
Kentucky (3)	New York (18)	
Mass. (12)	Ohio (24)	

Prison and Jail Methadone/Buprenorphine Programs

Jails (Methadone)

Arizona (3)
California (2)
Connecticut (2)
District of Columbia (1)
Florida (1)
Illinois (1)
Maryland (2)
New Mexico (1)
New York (3)
Pennsylvania (4)
Washington (1)

State (Methadone)

Connecticut
Vermont
Rhode Island
Alaska (and Vivitrol)

Buprenorphine Programs

New York City Jail
Vermont Prisons
Rhode Island Prisons
Port Angeles, Washington

But do they work?

- Uniformly very high rates of entrance into post release treatment, even where inmates are no longer under correctional supervision (83% Methadone, 78% Vivitrol)
- Uniformly low re-incarceration rates within one to three years (18%) (Barnstable)
- Half the recidivism rate of California state average, cost avoidance \$125 per day (Sacramento)
- Relapse and re-arrest rate after six shots in PA convinced DOC officials to encourage one year of injections
- Methadone/Suboxone in prison/jail require special security measures (CN & RI)

Drug Courts & MAT

*2012 Census of Problem Solving Courts:**

Adult Drug Courts

Medication as a treatment strategy: 26.5%

*Strong, S., R. Rantala, & T. Kyckelhahn (Sept. 2016).

NCJ 249803

Drug Courts and MAT

As of April 2015:

Drug Courts in 17 states reported using MAT, including Suboxone, Vivitrol, Oral Naltrexone, & Methadone.

Some allow defendants to enter drug court with MAT but will then detox in consultation with the MAT provider.

* BJA Drug Court TA/Clearinghouse Project, American University, revised April 23, 2015

Special Issues Noted by Drug Courts

- (1) misuse and diversion of the medication
- (2) cost, particularly for Vivitrol
- (3) need to educate all stakeholders on the role of MAT in a drug court's available resources
- (4) need to disseminate relevant research on MAT and its import as an adjunct to SUD treatment
- (5) need to build relationships with the medical community, particularly physicians specializing in addiction medicine
- (6) need to have appropriate administrative protocols in place

John Buzzard was recognized on Wednesday in Meigs County (Ohio) Common Pleas Court as being Meigs County's first individual to successfully complete the Vivitrol program as ordered by the court. Bbuzard is pictured with his daughter.

Daily Sentinel, Pomeroy, Ohio, Oct. 26, 2016



Take Away

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Offering MAT to justice-involved persons requires criminal justice administrators to restructure & work with community SUD treatment providers and state Medicaid and Health Insurance administrators to offer and cover the full panoply of FDA approved medications.

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Prison/Jail Medication Assisted
Treatment Manual



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Examples of (outstanding, exciting, exemplary, innovative & model) New England MAT Programs for Justice-Involved

1) Law Enforcement: Outstanding Example of a Police Assisted Addiction Recovery Initiative:

Fred Ryan, Chief, Arlington Police Department

2) Pretrial Services: Exciting Example of Pretrial MAT Services

Elizabeth Simoni, Executive Director, Maine Pretrial Services

3) Drug Courts: Examples of Model Rural and Urban Court MAT Programs

Hon. Steven Houran, Stafford, NH Superior Court & Hon. James LaMothe, Lynn, MA District Court

4) Jail MAT: Two Examples of Exemplary Jail MAT Reentry Programs

James Cummings, Sheriff, Barnstable County, MA , Gail Dufault, Barnstable Vivitrol Manager, Brandon Olson, Substance Abuse Prgm Manager, Vermont Dept of Health, & Joshua Ruhterford, Superintendent, Marble Valley Regional Correctional Facility, Vermont

5) Two Examples of Innovative Prison MAT Programs:

Dr. Jennifer Clarke, RI DOC, Dr. Kathleen Maurer, CN DOC, John Hamilton, CN Recovery Network