



THE PEW CHARITABLE TRUSTS

# Treating Opioid Use Disorder In County Jails

An overview of evidence-based practices and  
Pew's New Jersey technical assistance

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[pewtrusts.org](https://www.pewtrusts.org)

# Speakers

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# Today's Topics

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- Pew's Substance Use Prevention and Treatment Initiative (SUPTI)
- Pew's New Jersey Technical Assistance
- Evidence-Based Jail Opioid Use Disorder (OUD) Treatment
  - Use of FDA-approved, lifesaving medication
  - Reentry and community linkage
- Q&A



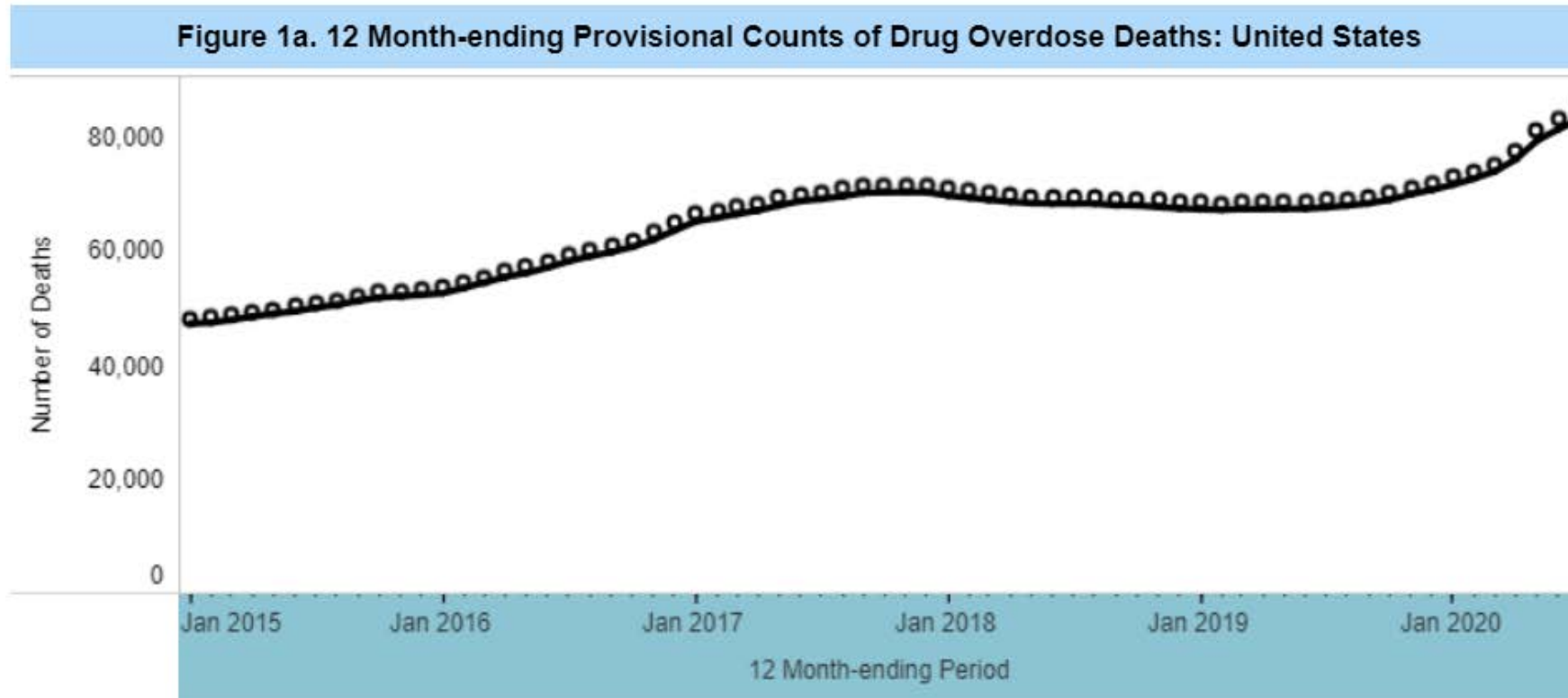
PROJECT

# Substance Use Prevention and Treatment Initiative



# The Epidemic Within the Pandemic – Overdose Deaths

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Source: CDC Provisional Overdose Data

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

# COVID-19 and Substance Use/Overdose

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- 13.3% of surveyed U.S. adults started/increased substance use to cope with pandemic-related stress or emotions (June 2020)<sup>[i]</sup>
  - Hispanic respondents: highest reported prevalence of increased substance use (21.9%), followed by Blacks (18.4%)
- 81,000 overdose deaths witness in the US from June 2019 – June 2020 the largest recorded overdoses in a single 12-month period<sup>[ii]</sup>
  - **17.59% increase in overdoses** in the wake of COVID-19 (January 1 – March 18, 2020 compared to March 19 – May 19, 2020)<sup>[iii]</sup>

[i] M.E. Czeisler et al., "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020," MMWR Morb Mortal Wkly Rep 2020;69:1049-1057, <http://dx.doi.org/10.15585/mmwr.mm6932a1>.

[ii] F.B. Ahmad, L.M. Rossen, and P. Sutton, "Provisional drug overdose death counts." National Center for Health Statistics. 2020. Available from: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

[iii] A. Alter and C. Yeager, "COVID-10 Impact on the US National Overdose Crisis," Overdose Detection Mapping Application Program, June 2020. Available from: <http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf>.

# The best treatment for OUD: Medications

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<https://youtu.be/McRJrv6sTKU>

<https://youtu.be/8Q8GH4B2r5g>



# FDA-Approved Medications to Treat Opioid Use Disorder

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
<b>Methadone</b>	Full agonist	Tablet, liquid, wafer	Daily	Opioid treatment program
<b>Buprenorphine</b>	Partial agonist	Tablet or film placed inside cheek or under tongue.	Daily	Any clinician with a waiver and appropriate license or under an OTP dispensing authority
		Monotherapy: Subutex		
		Includes naloxone (Suboxone)		
<b>Naltrexone</b>	Antagonist	Extended release injectable formulation (Sublocade)	Monthly	Any clinician with the authority to prescribe
		Implant beneath the skin (Probuphine)	Every six months	
		Tablet	Daily	
		Extended release injectable formulation	Monthly	

The Pew Charitable Trusts, "Medication-Assisted Treatment Improves Outcomes for Patients With Opioid Use Disorder" (2016), [https://www.pewtrusts.org/-/media/assets/2016/11/medicationassistedtreatment\\_v3.pdf](https://www.pewtrusts.org/-/media/assets/2016/11/medicationassistedtreatment_v3.pdf); U.S. Food and Drug Administration, "Information About Medication-Assisted Treatment (MAT)," accessed Aug. 15, 2019, <https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat>.





## Opioid Use Disorder Treatment in Jails and Prisons

Medication provided to incarcerated populations saves lives

### Overview

The most effective therapy for people with opioid use disorder (OUD) involves the use of Food and Drug Administration-approved medications—methadone, buprenorphine, and naltrexone. Despite evidence that this approach, known as medications for opioid use disorder (MOUD), reduces relapse and saves lives, the vast majority of jails and prisons do not offer this treatment. This brief examines what policymakers should consider when exploring how to best manage OUD in incarcerated populations.

It helps to first answer this question: How common is OUD in incarcerated populations? Data from 2007-2009 (the most recent available) showed that more than half of individuals in state prisons or those with jail sentences met the criteria for a non-alcohol and nicotine-related substance use disorder (SUD), meaning a problematic pattern of using a drug that results in impairment in daily life or noticeable distress, compared with only 5 percent of adults in the general population.



## How States and Counties Can Help Individuals With Opioid Use Disorder Re-Enter Communities

People need access to proven treatment, consistent care post-incarceration

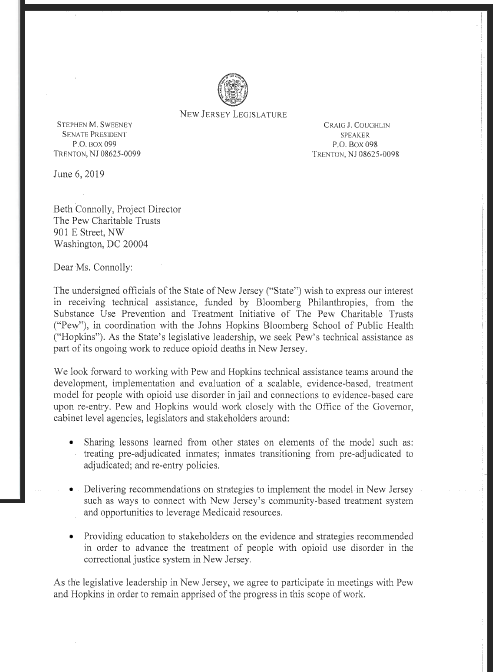
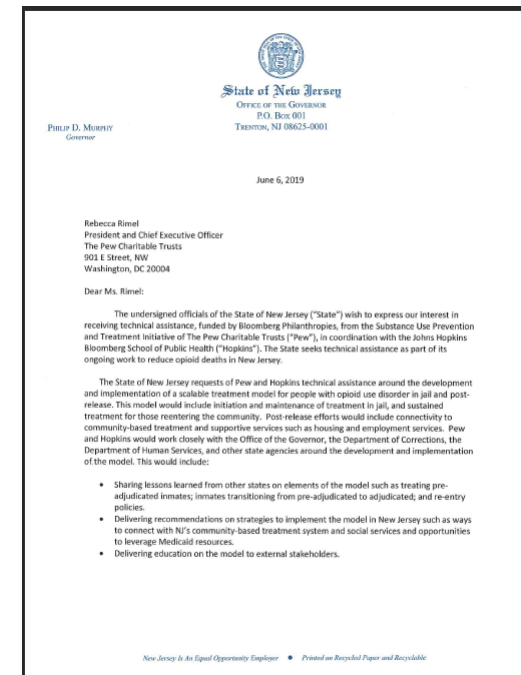
### Overview

At least 95 percent of individuals in state prisons will eventually return to communities. In fact, in a typical year more than half a million people do so, with many more coming from jails. A disproportionate share of these individuals have one or more chronic illnesses, including more than half who met the criteria for a non-alcohol and nicotine-related substance use disorder (SUD) from 2007 to 2009, according to the latest available data. The percentages are likely substantially higher now, however, because of what the Centers for Disease Control and Prevention has described as the current opioid epidemic.

The prospect for a successful re-entry by these individuals is strongly affected by their ability to access health care services post-release, particularly treatment for their SUD.<sup>1</sup> The ability to access care is critical, as the time immediately following release can be particularly dangerous for overdose. Individuals who have been relatively or completely opioid-free behind bars have a reduced tolerance to the drug, and therefore are at high risk of overdose if they resume use at their previous levels.

# New Jersey Jail OUD Treatment Technical Assistance Invitation

- Pew/Hopkins invitation letters from:
  - Governor Murphy
  - Senate President Sweeney
  - Speaker Coughlin
- Goal: help expand OUD treatment and reentry services in county jails
- NJ DMHAS Medication Assisted Treatment Initiative (MATI) collaboration



# Pew/Hopkins Scope of Work

## Jail Survey

Survey of wardens on OUD and reentry services provided at jails

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- Survey fielded in October and November 2019
- 19 of 21 jails responded

## In-Depth Interviews

Interviews with jail administrators, medical staff, and reentry coordinator on OUD services provided

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- 15 interviews conducted August 2020 to January 2021

## Correctional Officer Training

OUD, MOUD, and anti-stigma training

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- Rutgers to design and deliver a train-the-trainer course on OUD, expected mid to late 2021

# Pew/Hopkins Scope of Work

## Reentry Technical Assistance

Support the development of a jail reentry council

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- Formalize a way for jail reentry staff to share resources and best practices
- Work with the NJ Wardens Association to formalize a reentry council for jail staff

## Data Collection Technical Assistance

Develop and test an excel-based tool to support monthly Annex A data reporting

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- The data collection tool was piloted by a handful of jails
- Provide one-on-one data collection technical assistance by request

# Overview: Need for Jail OUD Treatment and Reentry Services

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- High substance use prevalence in jail/prison populations
- Lack of comprehensive OUD treatment in most jails across the nation
- Reentry overdose risk
- Benefits of OUD treatment and reentry services in jails (e.g., safety, security, and societal)

# High substance use prevalence in jail/prison populations

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- **More than half** of the state prison/jail population met substance use disorder criteria (non-alcohol/nicotine related)<sup>[i]</sup>
- **Only ~5%** of general adult population meet substance use disorder criteria (non-alcohol/nicotine related)<sup>[i]</sup>
- Most jails and prisons don't offer FDA-approved and lifesaving opioid use treatment medications<sup>[ii]</sup>
  - If offered, typically only one non-agonist formulation available

[i] <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>

[ii] <https://www.tandfonline.com/doi/full/10.1080/10550887.2015.1059217>

# Reentry Overdose Risk

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- A study in North Carolina found **40x increase in overdose deaths** among the formerly incarcerated compared to the general population<sup>[i]</sup>
- A study in Washington state found that over a four-year period, **drug overdose was the leading cause of death** among formerly incarcerated persons, with the risk of death elevated in the weeks immediately following release.<sup>[iii]</sup>

[iii] <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514>

[ii] <https://www.ncbi.nlm.nih.gov/pubmed/17215533>



# State/County Jail Opioid Treatment Example

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Using medication to treat opioid use disorders saves lives

- Rhode Island jails and prisons implementation example<sup>[i]</sup>:
  - ~61% decrease in post-incarceration overdose deaths
  - ~12% decrease in overall statewide overdose deaths

[i] <https://www.ncbi.nlm.nih.gov/pubmed/29450443>

# Effective Jail Opioid Treatment and Reentry Practices

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- Universal screening for opioid use disorders upon jail entry
- Capacity to initiate and continue all FDA-approved medications for opioid use disorder (e.g., buprenorphine, methadone, naltrexone)
- Comprehensive discharge planning (e.g. insurance reactivation, needs assessment, connection to care, self-management training)
- Prescription or take-home bridge medication, naloxone, and community appointment provided upon discharge (bonus: transportation, housing security, etc.)

# Effective Jail Opioid Treatment and Reentry Practices Cont...

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- Ensure people eligible for **Medicaid** are informed of and enrolled with **an active status** at the time of release.
- Implement a statewide data infrastructure facilitating the exchange of health information across multiple settings/sectors

# OUD Treatment Best Practices In New Jersey Jails

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- Implemented education/training of safety, security and medical staff
- Optimized intake practices, at booking jails:
  - Screen/identify for immediate initiation/continuation of opioid treatment
  - Start reentry/discharge planning
- Offered all forms of FDA-approved opioid treatment medications
  - Buprenorphine, Methadone, Naltrexone
- Assessed/implemented reentry best practices:
  - Coordinate/schedule community treatment
  - Assess for and provide transportation as needed
  - Ensure Medicaid activation
  - Offer bridge doses/scripts and naloxone

# Pew TA Engagement Status

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- Finalized jail survey and interview findings
  - Sharing with state partners
  - Creating research publication (barriers/facilitators to jail OUD treatment)
- Developing jail correctional officer training
- Supporting jail reentry council formation

# Acknowledgments

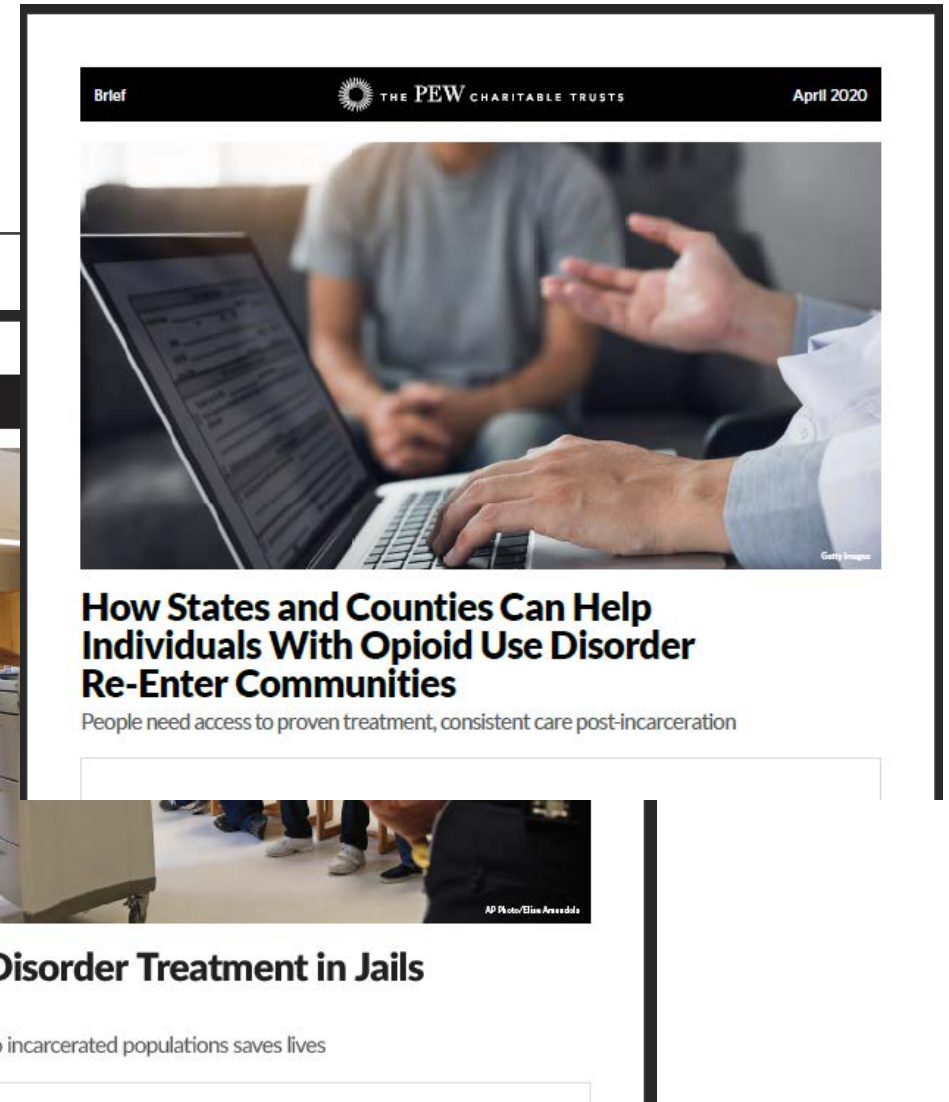
- **The New Jersey Division of Mental Health and Addiction Services**
- **Johns Hopkins University**
- **The Pew Charitable Trusts**
- **The New Jersey County Jail Wardens Association**
- **The New Jersey Centers of Excellence**

# Q&A / Resources

<https://www.pewtrusts.org/>

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**Brief** THE PEW CHARITABLE TRUSTS April 2020

**How States and Counties Can Help Individuals With Opioid Use Disorder Re-Enter Communities**  
People need access to proven treatment, consistent care post-incarceration

**Brief**

**Opioid Use Disorder Treatment in Jails and Prisons**  
Medication provided to incarcerated populations saves lives

**Brief**