

Treatment for Opioid Use Disorder in Carceral Settings: Background, Implementation, Risk Mitigation, Acceptance

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Disclosure:

Dr. Weintraub, faculty for this activity, has no financial relationship(s) to disclose. None of the planners for this activity have financial relationships to disclose.

Objectives

- Explain the need for and the challenges associated with OUD treatment in criminal justice settings
- Describe a clinical telemedicine addiction treatment program embedded in a rural jail
- Discuss the importance of staff acceptance of telemedicine for OUD

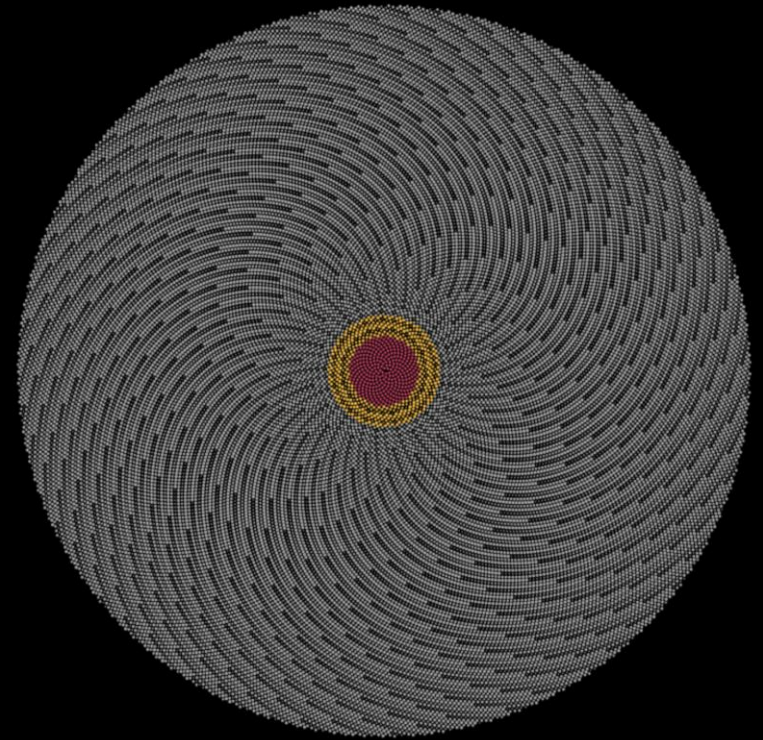
Drug Overdose Death Data

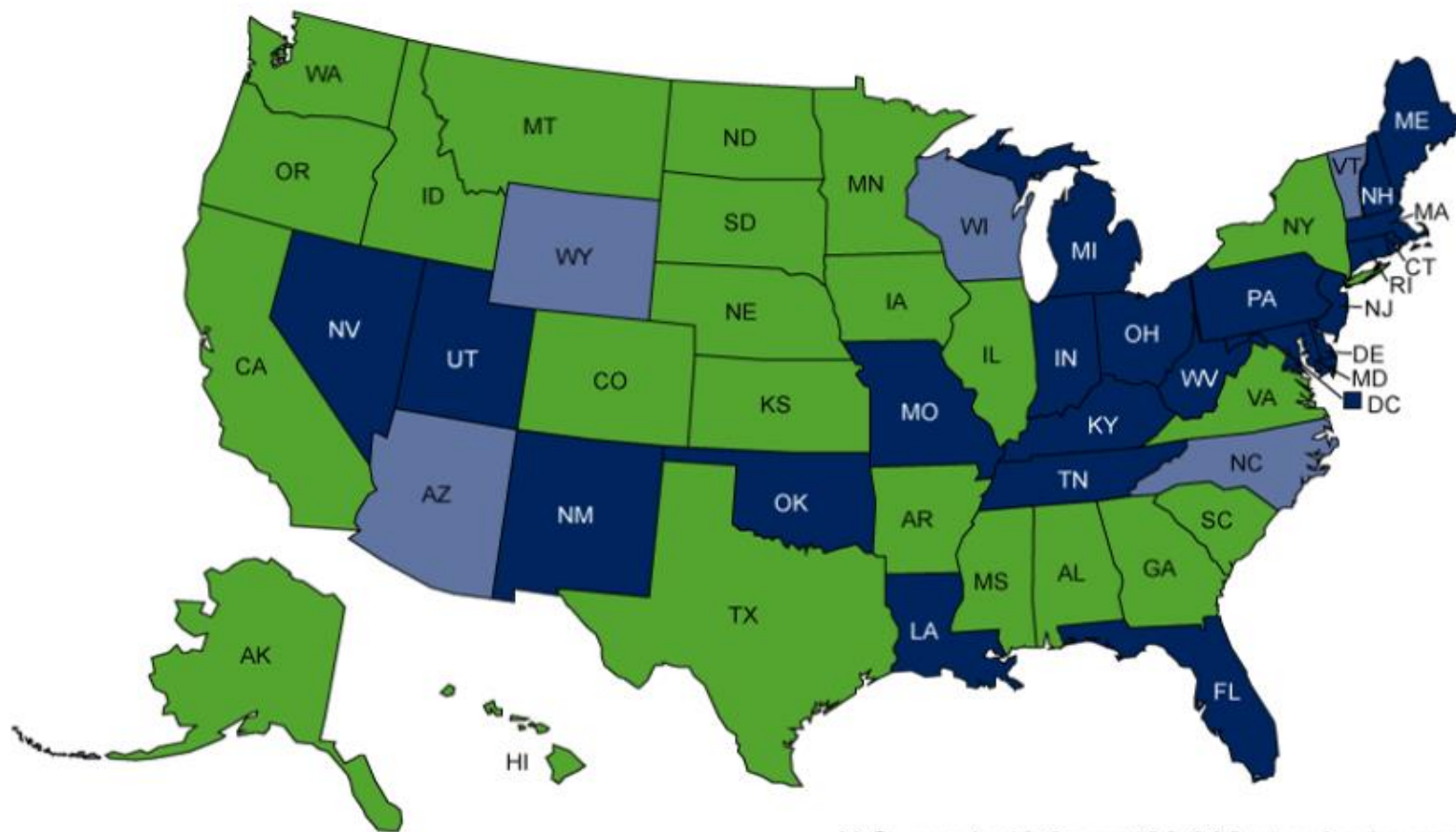
107,699 people died of drug overdose in the US

2,523 deaths were in Maryland

992 deaths were in Baltimore City

1 dot = 3 people who died in
The US Maryland Baltimore





U.S. rate is 19.8 per 100,000 standard population.

- Statistically lower than U.S. rate
- Statistically the same as U.S. rate
- Statistically higher than U.S. rate

Rural Overdose Deaths

- In 2006 rates for rural areas surpassed those of urban areas
- 2015: rural rates 17/100,000, urban rate 16.2/100,000
- Majority of overdose deaths occur at home, long EMT transport times, lack of public access to EMT, increased number of basic EMT's who cannot give naloxone
- *CDC 2017*

Medication Based Treatment

Combination of medications with
counseling and behavioral therapies to treat
substance use disorders

Medication Based Treatment

Recommended as treatment for opioid use disorders by the following:

- United States Federal Government
- American Society of Addiction Medicine(ASAM)
- World Health Organization
- United Nations

Medication Based Treatment

- Increases retention in treatment
- Decreases illicit opioid use
- Decreases rate of overdoses by up to 50%
- Improves social functioning
- Decreases transmission of infectious diseases
- Decreases criminal activity

Medication Based Treatment

Only a small percentage of Americans with OUD who could benefit from medication-assisted treatment are receiving it

Availability of Medication Based Treatment in Rural Areas

In 2020, 45% of counties had a facility offering any MOUD.

In 2020, 9% of counties had a facility offering all forms of MOUD.

In 2020, 83% of individuals are 10 miles from a facility offering MOUD treatment.

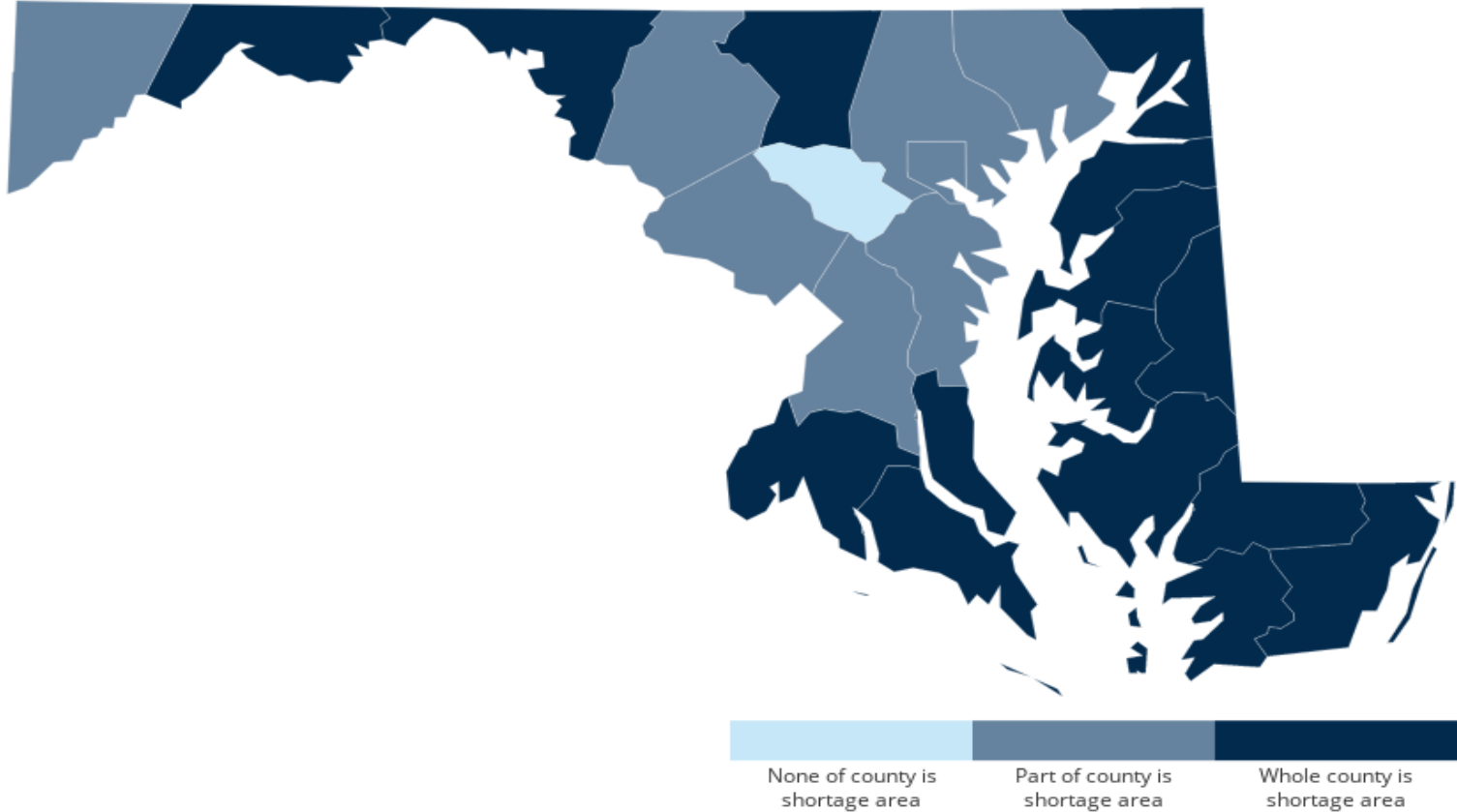
More population dense areas have higher rates of facilities providing MOUD.

Driving times to treatment providers urban vs rural

12 to 61 minutes for OTP

5 to 21 for buprenorphine provider

Health Professional Shortage Areas: Mental Health, by County, 2022 - Maryland



UM Telemedicine Program-
Brief history, different
models, and the opportunity
expand treatment into
county jails

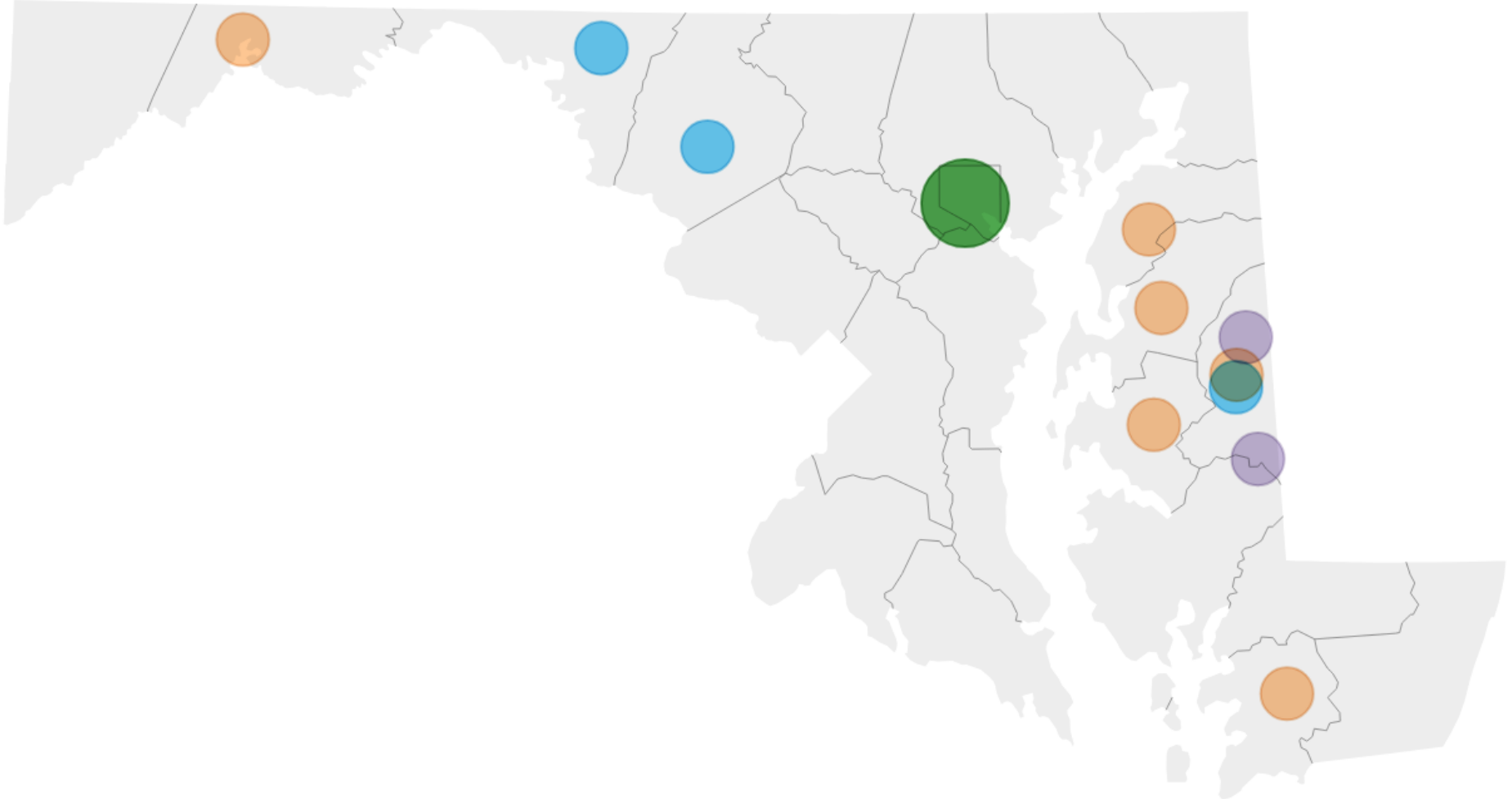


...with a second van just on the
road

Clinical Programs

Column 2

■ Addiction Programs at UMMC ■ Mobile Treatment Unit (SUD and IHV Care) ■ Tele MOUD Care in County Detention Centers ■ Tele MOUD Care in Outpatient Clinic



Maryland Telemedicine Buprenorphine Model

Develop relationship with a rural treatment center in an area in need of buprenorphine prescribers.

All programs now receive DEA certification prior to starting clinical program

All patients receiving buprenorphine by telemedicine are enrolled in a treatment program

Develop SOP's focusing on clinical communication

Program Coordinator

MTU: New Program Elements

- Injectable Buprenorphine
- Harm Reduction/Needle Exchange
- Tele Health Psychotherapy
- School Based Services

Current Telemedicine Buprenorphine Programs

- Wells House Treatment Center-Frederick/Washington County
- Caroline County Health Department
- Eastern Shore Mobile Care Collaborative (MTU) Caroline County
- JTEAM: Justice Telemedicine Across Maryland Six County Detention Centers

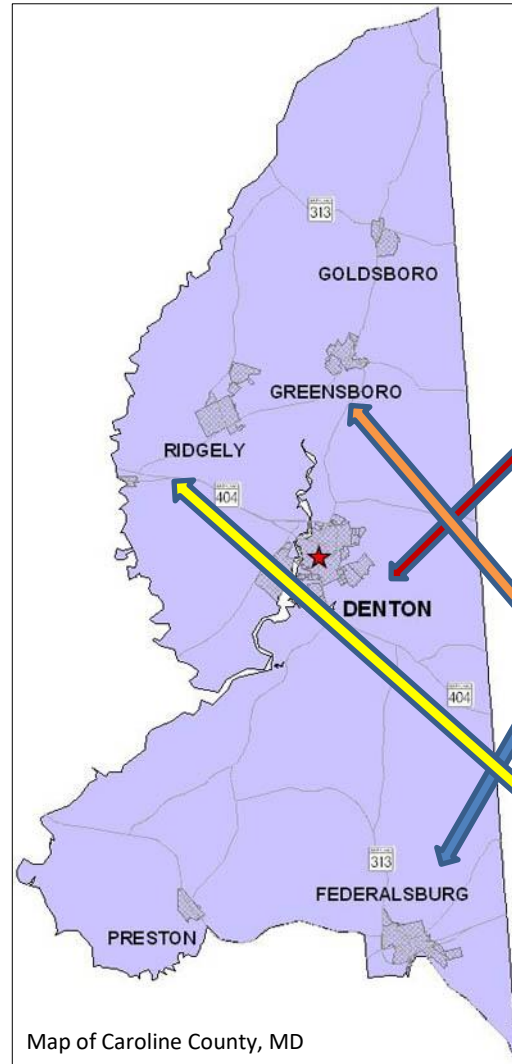
Eastern Shore Mobile Care Collaborative



HRSA Funded Program in collaboration with Maryland State BHA
Provides services in Caroline, Kent, and Talbot County
Weekly clinics in different towns
Walk-ins and follow-up
Injectable long-acting buprenorphine available
Multidisciplinary approach to treatment
Low threshold approach

The Mobile Treatment Unit is currently serving patients in four different townships in the county: Denton, Federalsburg, Greensboro and Ridgely. Future plans include increasing service locations in Caroline County (pictured to the right) and throughout other counties within the Eastern Shore of Maryland.

After the implementation of the ESMCC program, patients have saved an average of 6.52 miles by traveling to a treatment site closest to them.



Dates the Mobile Treatment Unit Began Providing Services in the Following Cities:

Denton, Maryland: January 2019

Federalsburg, Maryland: June 2019

Greensboro, Maryland: October 2019

Ridgely, Maryland: February 2020



Original Investigation | Substance Use and Addiction

Mobile Telemedicine for Buprenorphine Treatment in Rural Populations With Opioid Use Disorder

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Abstract

Key Points

MTU Patient Overview

- Total patients seen from (1/19-6/22) 304
- Current individuals in treatment 125
- Retention in treatment at 3 months 60%
- Opioid Use was reduced by 1/3 at 3 months
- Significant reduction in travel distance and time



Behavioral Health

Call (410) 479-1882

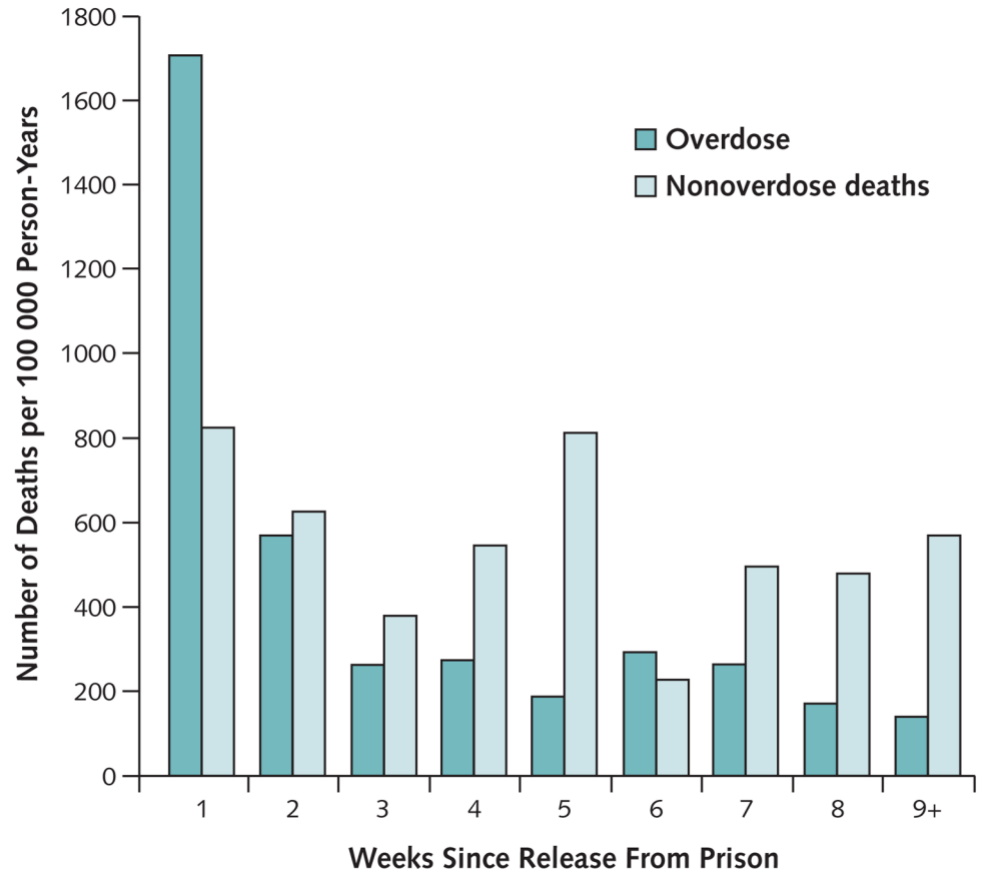
CAROLINE COUNTY
HEALTH DEPARTMENT
Caring for Caroline

**MOBILE
TREATMENT**

In Crisis? Call

Incarcerated individuals have a heightened risk of OUD and overdose

- 58-63% meet criteria for SUD (Bronson et al., 2017)
- 15% meet criteria for OUD (NASEM, 2019)
- 15% of deaths upon release involve opioid overdose (Binswanger et al., 2013)
- Risk of OOD is 12.7x greater in the initial weeks following release (Merrall et al., 2010)



Binswanger et al (2013)

Correctional Facilities MOUD

632 or 5,000 correctional facilities offer MOUD

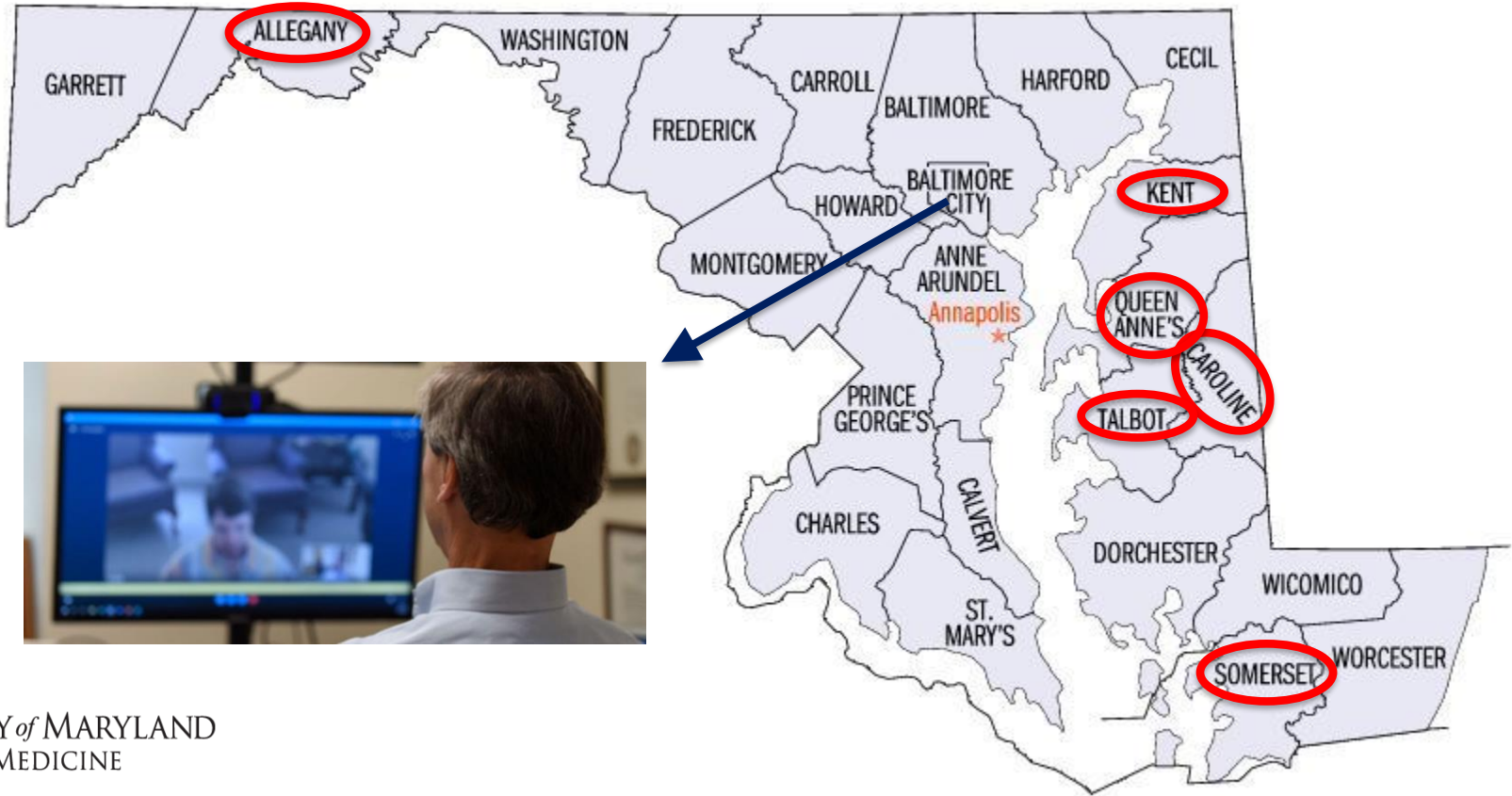
32.1 percent of 836 surveyed jails offer any type of MOUD

MOUD Jail Outcome Studies

Study of incarcerated individuals released from New York jails from 2013-2017, those that received MOUD up to 3 days prior to release had an 80 percent reduction in overdose mortality risk

A study in Massachusetts compared two groups of in-mates post release. Those that were on buprenorphine were approximately less than 30% likely to be re-incarcerated.

UM Telemedicine Buprenorphine Tail Program



Key Requirements of HB116

Screening for opioid use disorder, substance use disorders, and mental health disorders

- Medication for opioid use disorder (MOUD)
 - Methadone
 - Buprenorphine
 - Naltrexone
- Behavioral health treatment
- Reentry planning
- Data collection

UM Telemedicine Buprenorphine in Jails Program*

| Site | Inception Date | New Admissions | Readmissions |
|--------------|----------------|----------------|--------------|
| Talbot | August 2020 | 40 | 5 |
| Allegany | April 2021 | 360 | 91 |
| Kent | January 2022 | 58 | 5 |
| Somerset | January 2023 | 52 | 3 |
| Caroline | February 2023 | 39 | 6 |
| Queen Anne | May 2023 | 37 | 0 |
| Total | | 586 | 110 |

* As of 1/31/24

Barriers to implementation

Attempted Sites:

Dorchester, Caroline, Queen Anne's and Somerset

Implementation Challenges:

- Detention center/county buy-in
- Lack of medical unit space and pending construction
- Lack of staffing (medical, peer-recovery specialists/social workers, and correctional officers)

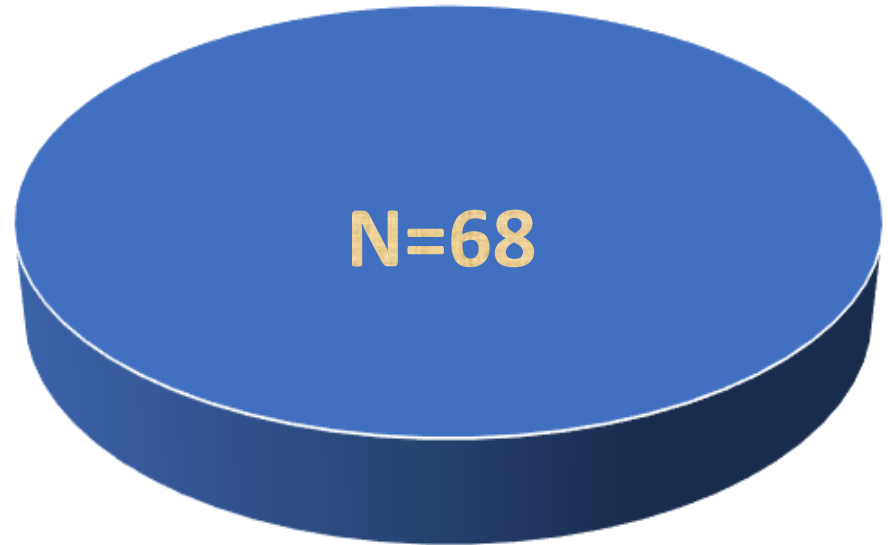
Post-Discharge Outcomes: Allegany County DC

N=117 collected post care outcomes following release from custody to characterize:

- Number that received a buprenorphine bridge script at time of release
- Proportion that filled the bridge script within 5 days of release
- Proportion that filled any other buprenorphine script within 14 days of release
- Any fatal opioid-related overdoses within 90 day of release

Post-Discharge Outcomes: Allegany County DC

Received a buprenorphine
bridge script at time of
release



Post-Discharge Outcomes: Allegany County DC

Filled a buprenorphine bridge script within 5 days of release

| | N | % |
|-----|----|----|
| No | 10 | 15 |
| Yes | 58 | 85 |

Post-Discharge Outcomes: Allegany County DC

Filled any other buprenorphine script within 14 days of release

| | N | % |
|-----|----|----|
| No | 45 | 38 |
| Yes | 72 | 62 |

Allegany Post-Discharge Outcomes: First 18 months

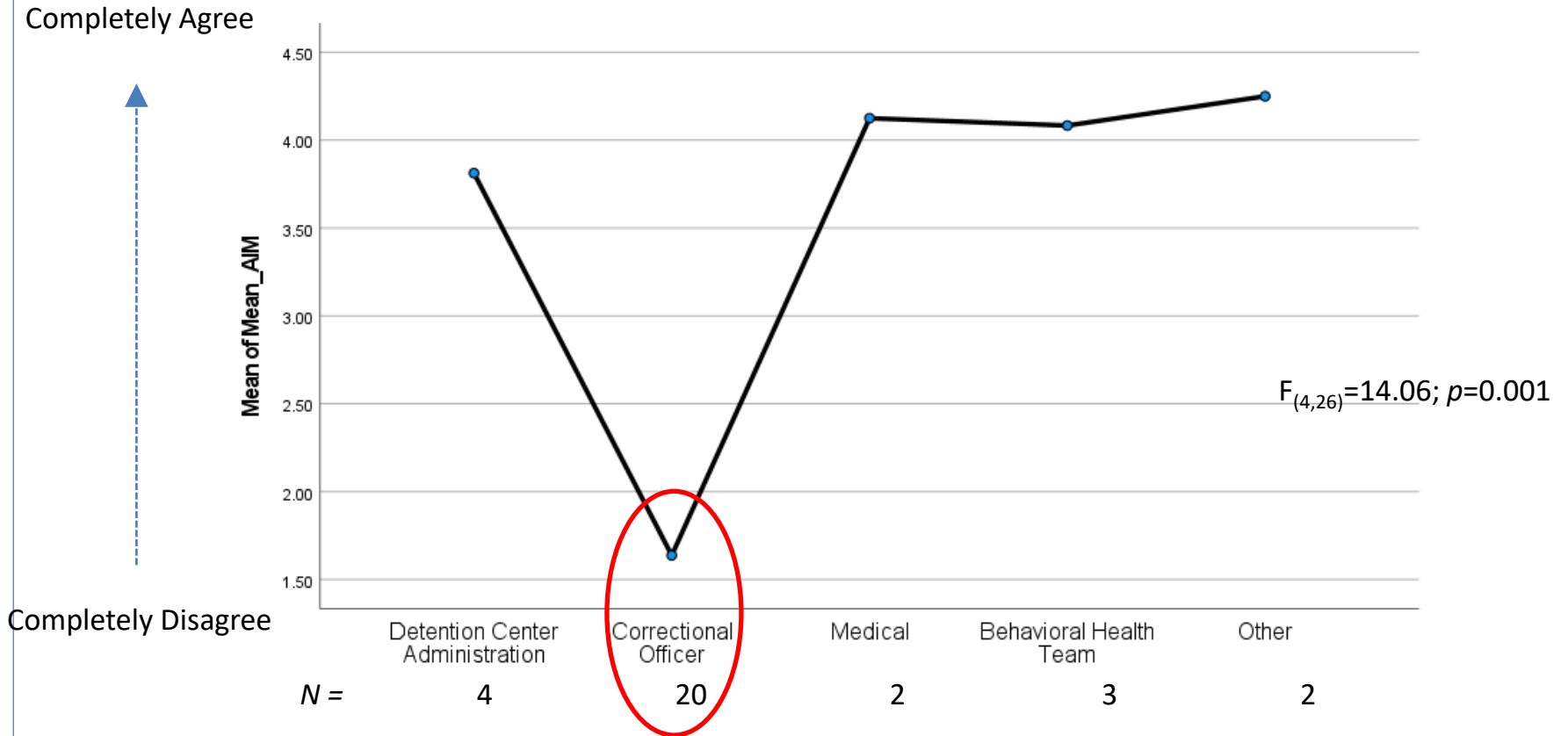
No fatal opioid-related overdoses within 90 days of release (larger sample of 117 people)

Implementation Outcome: Acceptability

Acceptability is an important factor in the assurance of program validation

“Buy-in and support from leadership and staff at all levels is critical to success” (National Council for Behavioral Health, 2020)

ACCEPTABILITY



Learning Check #1

Which of the following is not a result of the use of Medications for Opioid Use Disorder?

- A. Decreases rate of overdoses by up to 50%
- B. Impairs social functioning
- C. Decreases transmission of infectious diseases
- D. Decreases criminal activity

Learning Check #2

Which of the following has been a result of prescribing buprenorphine to in-mates for at least 3 days at the time of release?

- A. 50% of in-mates sold their buprenorphine for recreational use
- B. 40% of in-mates ended up back in jail within 3 months
- C. 80% reduction in overdose mortality risk among in-mates
- D. 100% of the in-mates refused to take it

Learning Check #3

Who needs to show acceptability/buy-in for a tele-access program to work in a criminal justice setting?

- A. The telehealth clinician and the patient only
- B. The telehealth clinician and the prison leadership. The patient's involvement is involuntary.**
- C. The clinician and all members of the prison staff. The patient's involvement is involuntary.
- D. Everyone: the clinician, all prison staff, and the incarcerated patient

DACS

District Addiction Consultation Service

