

Buprenorphine Behind Bars: Learnings from the First Jail-Based MAT Program in Missouri

Emily D. Doucette, MD MSPH FAAFP

Acting Director

Chief Medical Officer

Saint Louis County Department of Public Health

Current Landscape: A High Need, Underserved Population

- Out of several thousand local and county jails, fewer than 200 provide MAT, and the protocol is primarily limited to injected naltrexone immediately before individuals are released.*
- People recently released from incarceration have overdose death rates up to 130 times higher than the general population in the first few weeks after release.**
- Rhode Island saw a relative risk reduction of 61% after implementing MAT in their unified jail/prison system.***
- St. Louis County is the first Correctional facility in the state to offer buprenorphine products for maintenance purposes.

* Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field (2018).

** Ingrid A. Binswanger et al., Release From Prison—A High Risk of Death for Former Inmates, 356(2) New Eng. J. Med. 157, 157, 160–61 (2007)

*** Green, T. C. et al. (2018). Postincarceration fatal overdoses after implementing medications for addiction treatment in a statewide correctional system. JAMA psychiatry, 75(4), 405-407.

Local Context

- The Department of Public Health provides all medical care in the St. Louis County Jail.
- In 2018, there were 23,895 bookings, 10,149 admissions, 11,270 total inmates housed, and an average daily population of 1,203.
- 14-19% of individuals admitted are likely to have opioid use disorder. Other substance use disorders are also prevalent.
- Until 2019, all individuals admitted with positive opioids on entrance drug screens (including illicit opioids and MAT medications) underwent withdrawal.*
- A small number of individuals received a Vivitrol injection just prior to release.

Common Concerns

Isn't this just substituting one addiction for another?

Our job is to keep controlled substances out of the facility. Now you want us to bring them in on purpose?

How do we fit this into our busy daily operations?

People come in on so many different substances. How do we even decide when to do this?

How do we explain why some people get this medication and others don't?

Setting the Program Up to Succeed

Ensuring that Justice Services and Public Health were prepared to work together as a team was critical. How did we do this?

- Inviting security and medical experts who have implemented similar programs in criminal justice settings to share their experiences including unanticipated challenges and creative solutions
- Emphasizing how the program aligns with both departments' missions
- Including staff from both departments in planning sessions and trainings, from leadership down to line staff
- Maintaining open lines of communication between JS and DPH throughout program planning and implementation

Phased Approach

Maintain Community Tx

- Individuals already stable on treatment: med. selection not a concern, no new inductions
- Reduces re-entry obstacles because patients already have a community-based provider
- Provides for a small, controlled roll-out to adjust procedures before a wider roll-out

Initiating Choices Participants

- Reduces re-entry obstacles because individuals have a pre-determined release date
- Provides built-in psychosocial support to accompany medical treatment

Initiating General Population

- Has the potential to have the largest impact but also presents the greatest challenges in terms of screening, logistical limitations, cost, and ability of community-based providers to absorb individuals after release

Operational Components

- Staffing
 - Program manager
 - Nurse case manager
 - Discharge planner
 - Corrections officer time
- Medication Administration procedures
 - Timing and location of med dosing
 - Mouth checks
 - Buprenorphine formulation and dosing decision
 - Methadone considerations
- Clinical procedures
 - Assessment and inclusion criteria
 - Addressing complex polysubstance withdrawal
 - Psychosocial services
- Parallel Justice Services and Public Health disciplinary systems

Addressing Unique Challenges of a Jail Setting

Patient Identification/Selection

- How are individuals selected in an environment where mental health comorbidities and polysubstance use are the rule rather than the exception?
- The stress of incarceration can further complicate screening and diagnosis

Discharge Planning

- Release dates are unpredictable
- Most are uninsured, Medicaid is terminated upon incarceration
- Some will be released to another jail or prison, which do not provide MAT services

Security and Operations

- How are controlled medications brought into the facility?
- How is diversion prevented?
- How will supervised dosing fit into a rigid schedule?

Questions?