



# Medication Assisted Treatment Program

PRESENTED TO CIT ECHO, NEW MEXICO

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# What is MAT?

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Medication Assisted Treatment

What does that mean?

- Treatment for Opioid Use Disorder includes:
  - Counseling Services
  - Medical Treatment Services (Diagnostics)
  - Recovery Services
  - Medicine

# What is this disease?

Chronic, relapsing disease of the brain

Results in often permanent brain change

Impacts the pain and reward systems

Decreases executive function

(American Medical Association 2011)

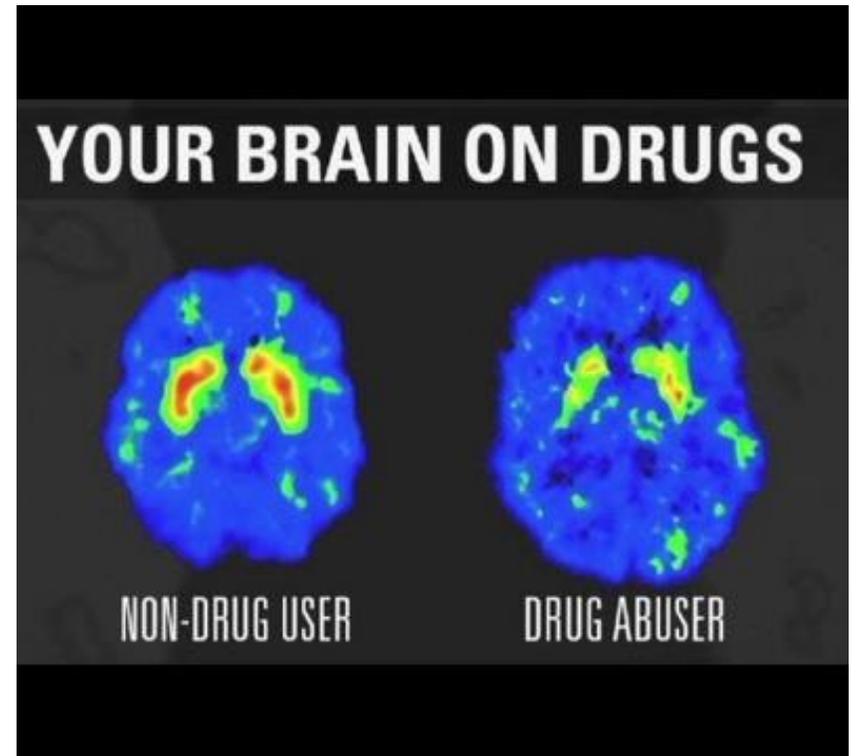
# Goal of MAT treatment?

- ▶ To heal the brain through:
  - ▶ Developing new habits of thinking and behavior
  - ▶ Addressing medical and mental health challenges
  - ▶ Developing a positive support system
  - ▶ Utilizing medicine to replace the illicit opioids in the brain that cause disease driven decision making – criminal thinking, irrational thinking, low impulse control

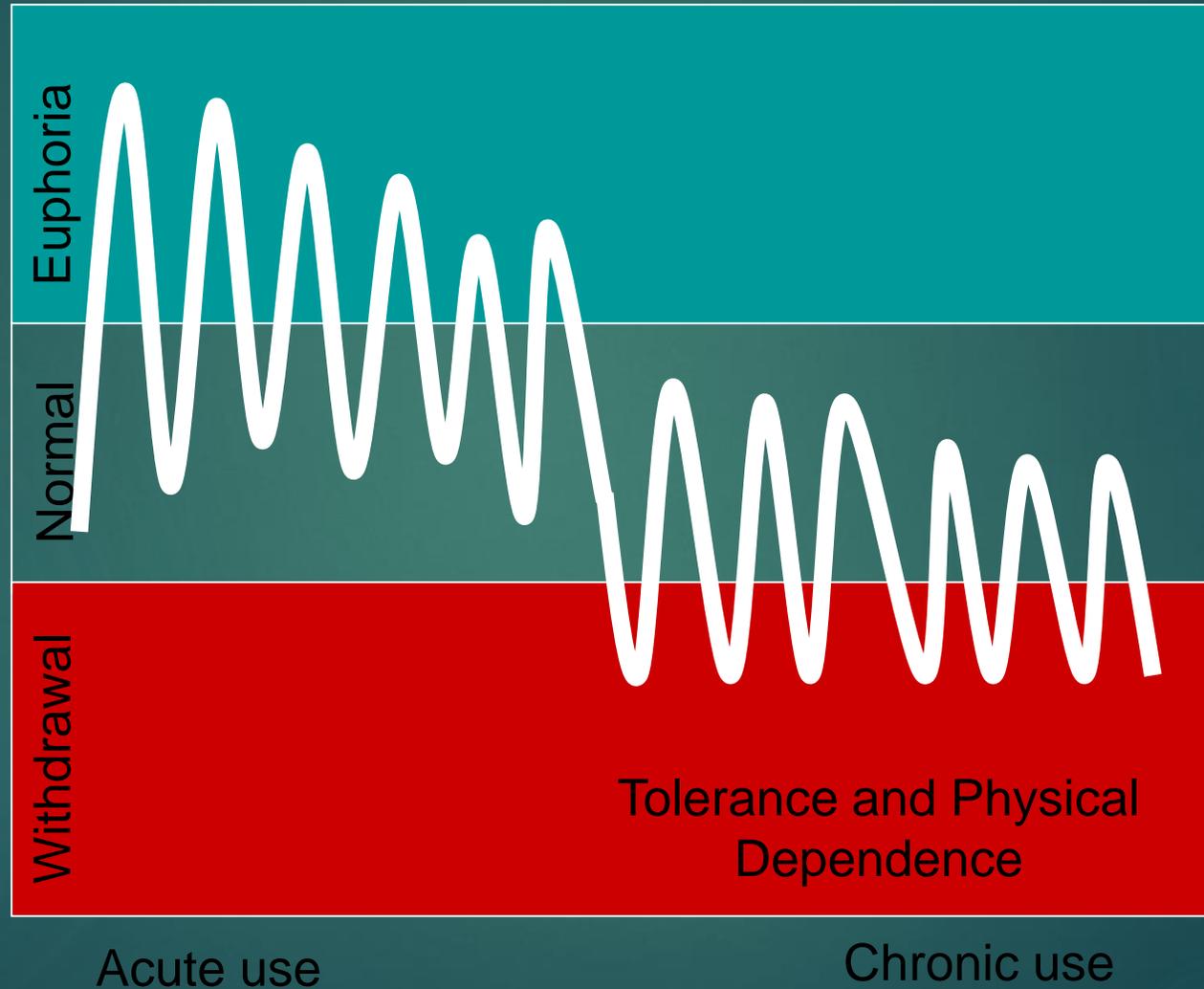
# Why do people use opioids?

- Opiate enhances dopamine in the synapses
- Increased dopamine = Increased feelings of pleasure/euphoria “high”
- Nervous system responds by reducing the number of dopamine receptor sites = More opiate needed each time to feel the same “high”

*Opiate users initially take opiates to feel “high” but end up psychologically needing them in order not to feel “low”.*

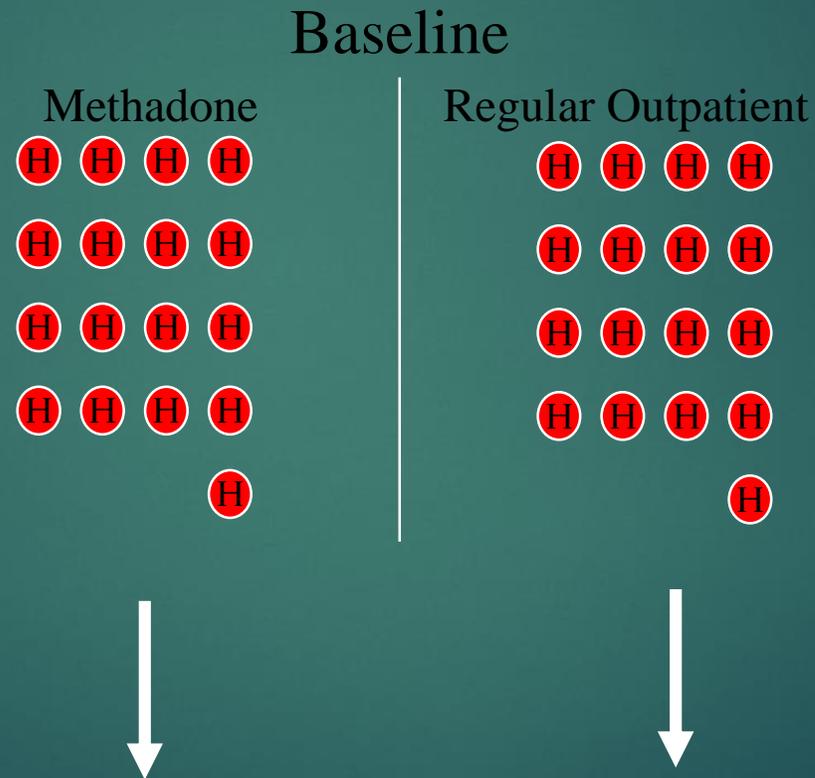


# Why do people use opioids?



# Methadone Effectiveness

Gunne & Gronbladh, 1984





# Methadone Effectiveness

Gunne & Gronbladh, 1984



# RI Department of Corrections Overview FY 2018

- ▶ Unified System which includes P&P
- ▶ All 6 facilities are within 1 square mile
- ▶ Average population: 2,784
- ▶ 13,000 commitments per year
- ▶ Average Pre-Trial length of stay is 24 days.
- ▶ 60% of fatal overdose victims in 2014 had been incarcerated.

# RIDOC MAT Implementation Timeline

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Governor Raimondo issued an executive order 15-14 to establish a Task Force to develop strategies to address the opioid epidemic.

Aug. 2015

Task Force presented the Governor with a strategic plan with the long term goal "To reduce opioid overdose deaths by one-third within three years".

Nov. 2015

DOC received 2 million dollars to support the strategic plan.

June 2016

# Budget to support MAT FY 2016/2017

- ▶ Legislature approved \$ 2 million effective July 1, 2016 to be used for:
  - ▶ Screen everyone in the system upon commitment and prior to release
  - ▶ Initiate MAT upon commitment or continue for 48 months if individual is already receiving MAT
  - ▶ Initiate MAT 3 months prior to release if at risk of relapse
  - ▶ Create a seamless community transition

# Historically

- ▶ Initially, upon commitment--offenders addicted to drugs were detoxed cold turkey.
- ▶ Offenders addicted to opioids were detoxed with methadone at a fairly rapid pace with the exception of pregnant female offenders.
- ▶ In 1994, Female offenders were allowed to remain on methadone to protect the fetus.
- ▶ Thus Women's was selected to Pilot the RI MAT Program.

# Overdose upon release

- ▶ Accidental Overdose happens when offenders believe that they can go back to the same level of drug use as before incarceration.
- ▶ Poor continuity of care when offender is released.





# Medication Assisted Treatment 2016 going forward

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Women's was selected as a pilot program because staff at Women's were familiar with administering Methadone with female offenders.

3 types:

Methadone

Vivitrol (naltrexone)

Suboxone (buprenorphine)

# Methadone

- ▶ Security concerns
  - ▶ Some offenders would put a tampon or cushion material in their mouths to soak up the liquid and then hoard or give to someone else.
- ▶ Good mouth checks are required.
- ▶ Better Supervision of product
  - ▶ Some offenders were able to store in back of throat and then regurgitate it and hoard or sell.
- ▶ Gave offender crackers to soak up and digest methadone
- ▶ Cost: \$14 per day (no matter the dosage).  
Bundled rate includes counseling, doctor visit, urinalysis



# Vivitrol

- ▶ No Security issues
  - ▶ Requires a shot which is good for 30 days
  - ▶ Generally done right before discharge
- ▶ Cost \$1200 per shot per month
- ▶ Difficulty with community follow-up; both access and cost



# Buprenorphine: Three Options



# Pill Form

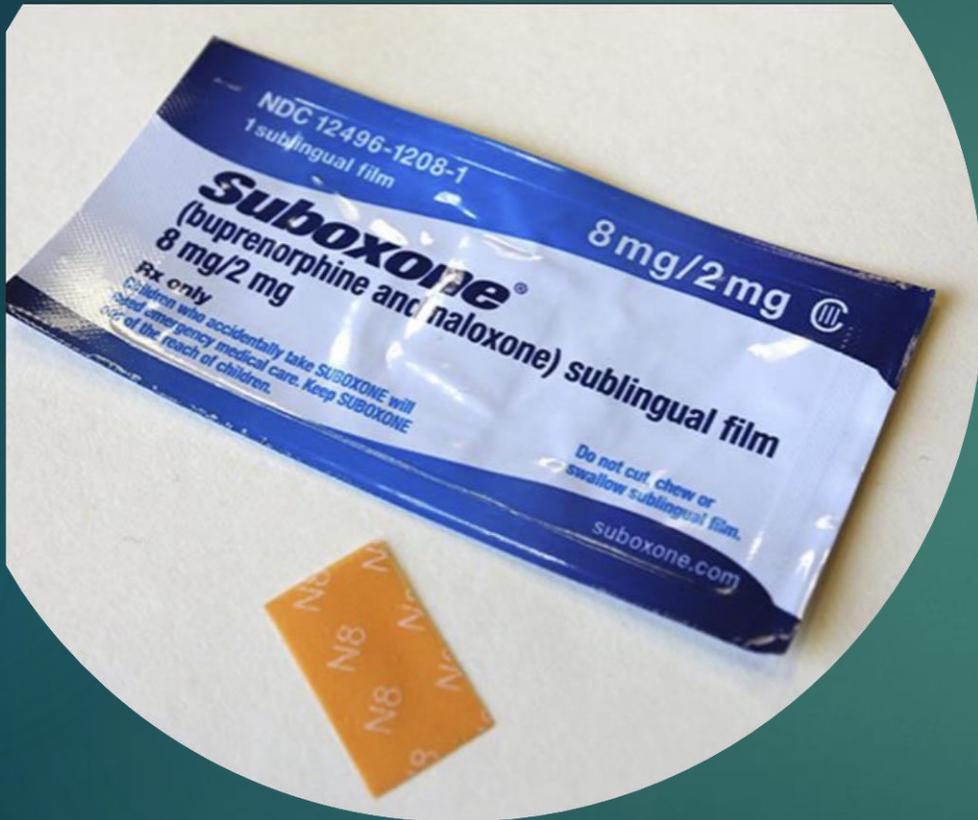
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- ▶ 15-20 minutes to dissolve under the tongue.
- ▶ Time may cause operational issues.
- ▶ Diversion Concerns:
  - ▶ Partials
  - ▶ Cheeking
  - ▶ Drop in t-shirt
- ▶ Crush pills
- ▶ Cost: \$2.00/8 mg per day

# Suboxone Film

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- ▶ Tough sell as several security procedures to try to intercept the drug from being smuggled into the facility
- ▶ Smuggle in internally so as not to go through detox, mail, visits, etc..
- ▶ Diversion issues:
  - ▶ Color of the film
  - ▶ Huffing/cheeking/dry mouth
  - ▶ Stick to ID card
  - ▶ Spit into shirt
  - ▶ Placement in mouth
- ▶ Cost: \$7/film per day



# Sublocade Injection

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- ▶ Administered once per month
- ▶ Injected into abdomen
- ▶ Only requires medical check
- ▶ Cost \$1,580 per offender



# Which MAT Works Best?

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Individual decision  
between the  
clinician and the  
offender

Bottom line: Which  
ever one works  
best and the  
offender will  
continue to use it.

# Concerns since MAT Program

- ▶ Some staff are resistant because offenders who had already detoxed off drugs prescribed it prior to release.
- ▶ Staff believe that it causes more harm and is not a taxpayer expense.
- ▶ Some staff do not believe in the program.
- ▶ Until dosage is appropriate, offender appears under the influence:
  - ▶ They nod off
  - ▶ Triggering other offenders who are resisting drug use.
- ▶ Reminder that this is a medical decision and personal opinions are not necessary.
- ▶ Staff should remain professional and continue to do their job.

# Mistakes/Missteps/Lessons Learned

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Focus on sustainability when the money runs out

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Must develop strong ties with Community Provider—this is where the rubber meets the road. Can have great facility programming but if can't maintain upon release, it is setting the offender up for failure.

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Implication if offender being transferred to another jurisdiction if started on MAT Program

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Trials and Tribulations of setting up MAT pharmacy/dispensary within a Correctional facility

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Developed code to capture data to prove/disprove effectiveness

# Mission Statement

Security

Staff  
Development

Programming

Re-entry

Law abiding,  
tax paying  
citizens

# Bottom Line

- Fed Court Cases—American Disabilities Act & Cruel and unusual
- You can write the story or have it read to you.
- The MAT Program is just another program.
- There are much worse drugs provided to offenders that staff may not be aware of.
- Culture shift is required—Staff buy-in
- Good Security versus Good Programming
- **You can't have one without the other!!**
- **We are all in this together 😊**

# Rhode Island Reentry Model

- ▶ Jail Commitment Process
- ▶ Offender screening
- ▶ Clinical Assessment
- ▶ Treatment while incarcerated
  - ▶ Maintenance
  - ▶ Induction
  - ▶ Pre-Release
- ▶ Programming accompanies medication

# RI Discharge Planning

- ▶ Discharge Planning
  - ▶ RIDOC contracts with a community provider
  - ▶ All offenders serving 6 months or more or granted parole are seen by a discharge planner
    - ▶ All offenders on MAT have to be coordinated
  - ▶ Assign offenders by geographic area and specialty planning
  - ▶ Offender on MAT while incarcerated receive specialized planning
  - ▶ Monthly discharge planners meetings to discuss all releases
    - ▶ Multidisciplinary team, Triage meetings
    - ▶ Those offenders with co-occurring disorders have coordinating planners

# Why is this Important?

- ▶ RI has 95% of its inmate population returning to the community
- ▶ Offers a seamless reentry
- ▶ Connects with Probation and Parole Department for compliance
- ▶ Provides a support system for the offender from the most unlikely place

Lets face it, it makes your communities safer!!!!

Who would you rather have in your community?

# Recovery Coaches

- ▶ Offenders living in the community who have establish a prolonged period of sobriety and recovery
- ▶ Help the newly released inmate navigate the system
- ▶ Offer recovery support
- ▶ Take to Probation and Parole appointments
- ▶ Permitted to come into the prison to start establishing the relationship for the community
- ▶ Assigned to the Drug Court at times

# Community Corrections

- ▶ Offer support of services that began in prison
  - ▶ MAT, Mental Health Treatment, Recovery involved activities
- ▶ Conditions of Probation or Parole
  - ▶ Enhance existing Court Orders
  - ▶ As a means of alternative sanctions
- ▶ Probation office often used as an assessment site
- ▶ Accessible treatment programs/clinics

# Community Partnerships

- ▶ Develop strong committed ties with the community
- ▶ All help reduce stigma of offenders getting help
  - ▶ Behavioral Health
  - ▶ Faith based agencies
  - ▶ Probation and Parole
  - ▶ Community Policing Model
- ▶ RI Initiatives
  - ▶ Providence Safe Stations Program
  - ▶ Smart Policing Grant
  - ▶ RI Reentry Councils (Regional model)

# Narcan

- ▶ Inmate Education
  - ▶ All inmates committed to jail watch a Narcan “how to video”
  - ▶ Can receive a Narcan kit upon release requested
- ▶ Family & Friends Education
- ▶ Staff Education
  - ▶ Provided to all staff trained and placed in designated high risk areas
  - ▶ Annual training for uniform staff and kits given for personal use
  - ▶ Success stories

# MAT After Release 10/2016 – 9/2017

N=1339 releases

Disposition	MEDICATION			Total
	METHADONE	NALTREXONE	SUBOXONE	
Continued from community	481	1	258	<b>740 (55%)</b>
Induction at commitment	271	8	216	<b>495 (37%)</b>
Pre-release induction	35	12	57	<b>104 (8%)</b>
<b>Total</b>	<b>787 (59%)</b>	<b>21 (2%)</b>	<b>531 (39%)</b>	<b>1339</b>

# Does it Work?

**YES!!!!**

Decedents: Recent Incarceration	First 6 Months 2016	First 6 Months 2017	Decrease
YES	26	9	17 (65%)
NO	153	148	5 (3%)
TOTAL	179	157	22 (12%)

Relative Risk Reduction= 61%

$$((9/157)-(26/179))/(26/179)$$

**New Video from  
Rhode Island  
Department of  
Corrections  
Highlights the  
Success of  
Medication Assisted  
Treatment Program**

In a newly-released video, leaders from the Rhode Island Department of Corrections (RIDOC), Brown University, and the Opioid Response Network (ORN) discuss the planning, execution, and success of Medication Assisted Treatment (MAT) in combating opioid addiction.

The video can be found at: <https://vimeo.com/335954242>

# Additional Information

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