

6 KEY STRATEGIES

to prevent MOUD diversion in jail-based programs

Diversion of medication for opioid use disorder (MOUD) treatment (e.g., buprenorphine) is often cited as a concern among key stakeholders and a reason for not offering the treatment in jails and prisons. Researchers from the University of Massachusetts published a study in 2023 that detailed promising practices in program design to help limit medication diversion and inform correctional officials and lawmakers as they consider whether and how to provide MOUD treatment in correctional settings.

1. Determine reasons for diversion

People divert medications for different reasons:

- “Strong-arming,” or coerced diversion, includes any activity involving buprenorphine patients “being forced to give up their medications.”
- Patients hoarding buprenorphine to take a bigger dose for euphoric effects.
- Split-dosing to take buprenorphine throughout the day to reduce withdrawal symptoms.
- Accidental diversion i.e. patient actions are misconstrued as diversion.



Enable staff to tailor their response to different types of diversion.

2. Use dosing protocols



Use routinized dosing protocols that can be adapted to specific patient needs and make environments safer for patients and staff. Protocols should enable staff to show they care about patient health and safety and want the medication to work.

3. Communicate with and educate patients

Sharing with patients how jail staff are good at intercepting diversion can reduce its occurrence. Educate patients about the medication, including why and how it works, and the importance of taking it as prescribed. Patients may not know how diversion can worsen their health, making communication of health consequences key.



4. Provide sufficient staff-to-patient



Constant supervision during dosing is needed to prevent diversion. For example, many jails use two corrections officers and one nurse for no more than 15-20 patients in a designated buprenorphine dosing room. Corrections officers have designated roles, with one doing mouth checks while another observes and a third monitors surveillance cameras. Train jail staff on MOUD to understand, for example, why it is important for sublingual buprenorphine to completely dissolve under the tongue as it won't work if swallowed.

5. Conduct routine surveillance

To detect potential diversion, staff can search housing units for diverted medication, monitor phone calls for mentions of diversion and substance use, check for large changes in commissary accounts, check urine test results for MOUD, and use surveillance cameras to examine patients' movements during and after dosing.



6. Strategies to respond to diversion

>> Graduated responses to diversion are designed to provide patients with opportunities to continue treatment. Options can include changes to medication type and dosage amount, more individual counseling sessions, and being dosed individually.

>> Talk with patients to better understand all suspected and substantiated diversion incidents.