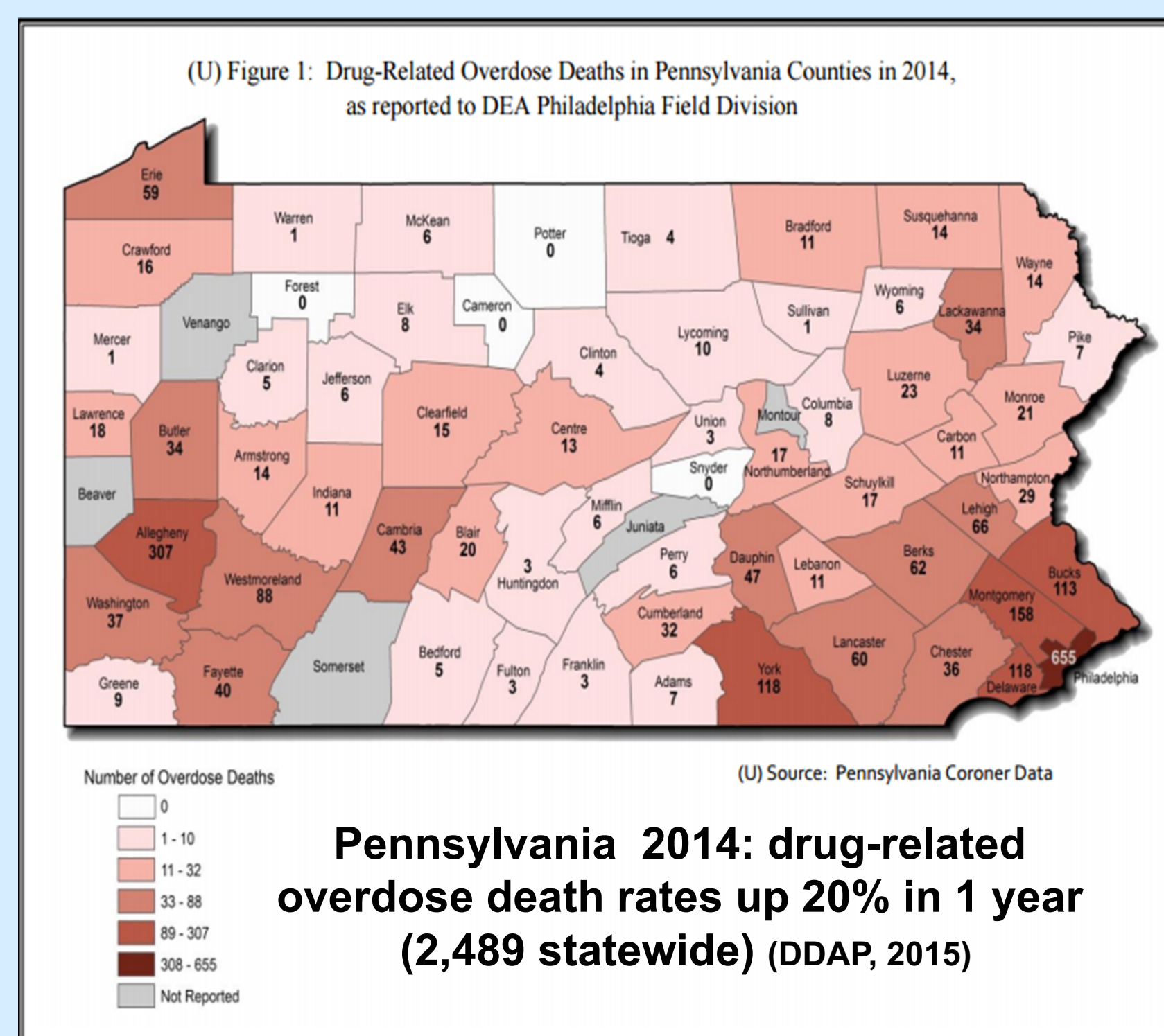
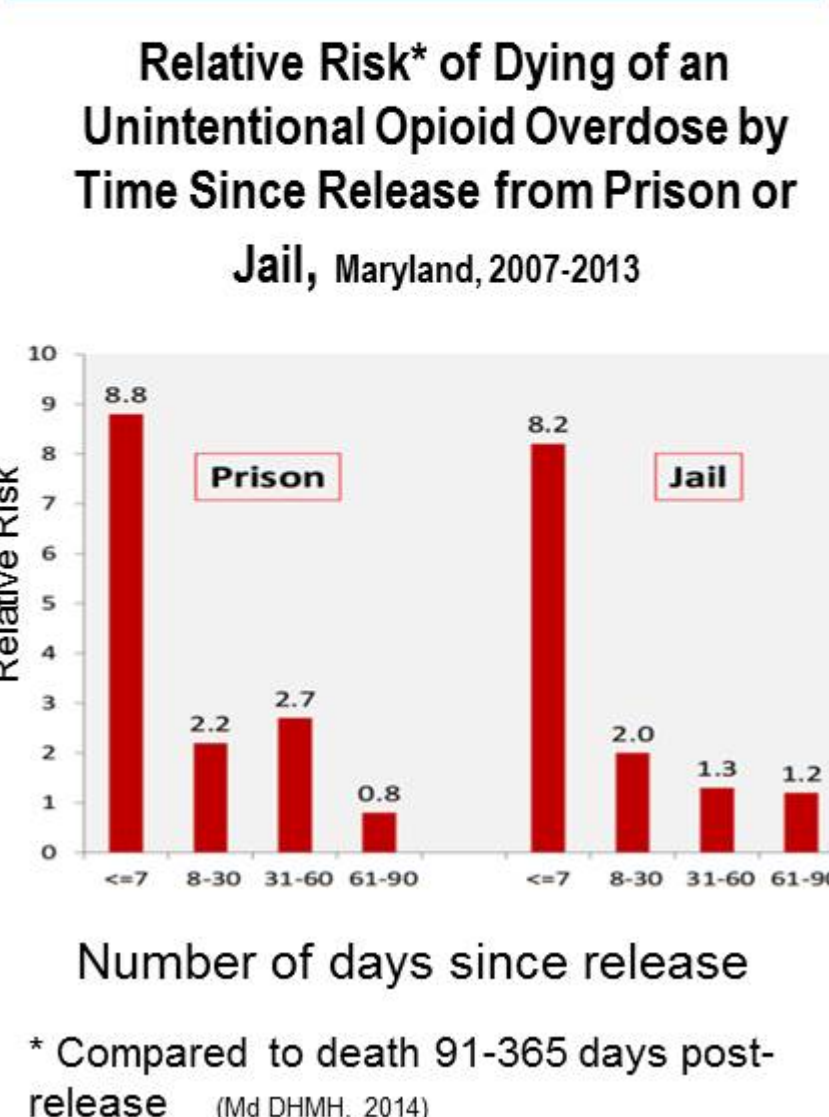


An examination of opiate use disorder treatment policies in two justice system settings in South-Central PA

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High overdose rates after release from prison / jail



Background

- Heroin and prescription opioid overdose deaths = “epidemic” levels nationwide.
- Federal policy → changing to public health approach
- Criminal Justice reform: Judicial diversion programs like “drug courts” move adjudicated persons into treatment.
- New state laws → MAT access in drug courts (NY,NJ)

Medications for addiction treatment (MAT) with methadone, buprenorphine or naltrexone* = evidence-based treatments for opiate use disorder (OUD) that:

- reduce relapse rates & overdose deaths.
- reduce HIV/ Hep-C transmission.
- keep people in treatment at significantly higher levels compared to no treatment or counseling alone.

Public Health problem: MAT is underutilized in US criminal justice settings like drug courts and prisons, despite the high prevalence of OUD in those populations.

*Naltrexone is one of the 3 FDA-approved OUD medications included in MAT as a class, but evidence for naltrexone outcomes, while positive, was less robust than methadone & buprenorphine in 2016.

Methods- Case study data collected

- Published policies from drug courts in South-Central PA counties.
- Semi-structured interviews of drug court team members, corrections medical staff, and treatment program staff
- Observation of court sessions, treatment team meetings.
- Literature review.

Project approval: University of the Sciences IRB.

Policy investigation

- State agencies; Dept. of Corrections (DOC), Dept. of D&A (DDAP).
- Policy experts from advocacy organizations.
- Government documents/reports, legislative database, media reports.



Research questions:

- What policies facilitate or hinder access to medications for opioid use disorder (methadone, buprenorphine, or naltrexone) in South-Central PA: 1) local jails & 2) drug courts?
- Are there statewide policy initiatives or proposals re: pharmacotherapies for opiate use disorder?

Policy vs. Practice in Criminal Justice

What is “standard of care in treatment?”

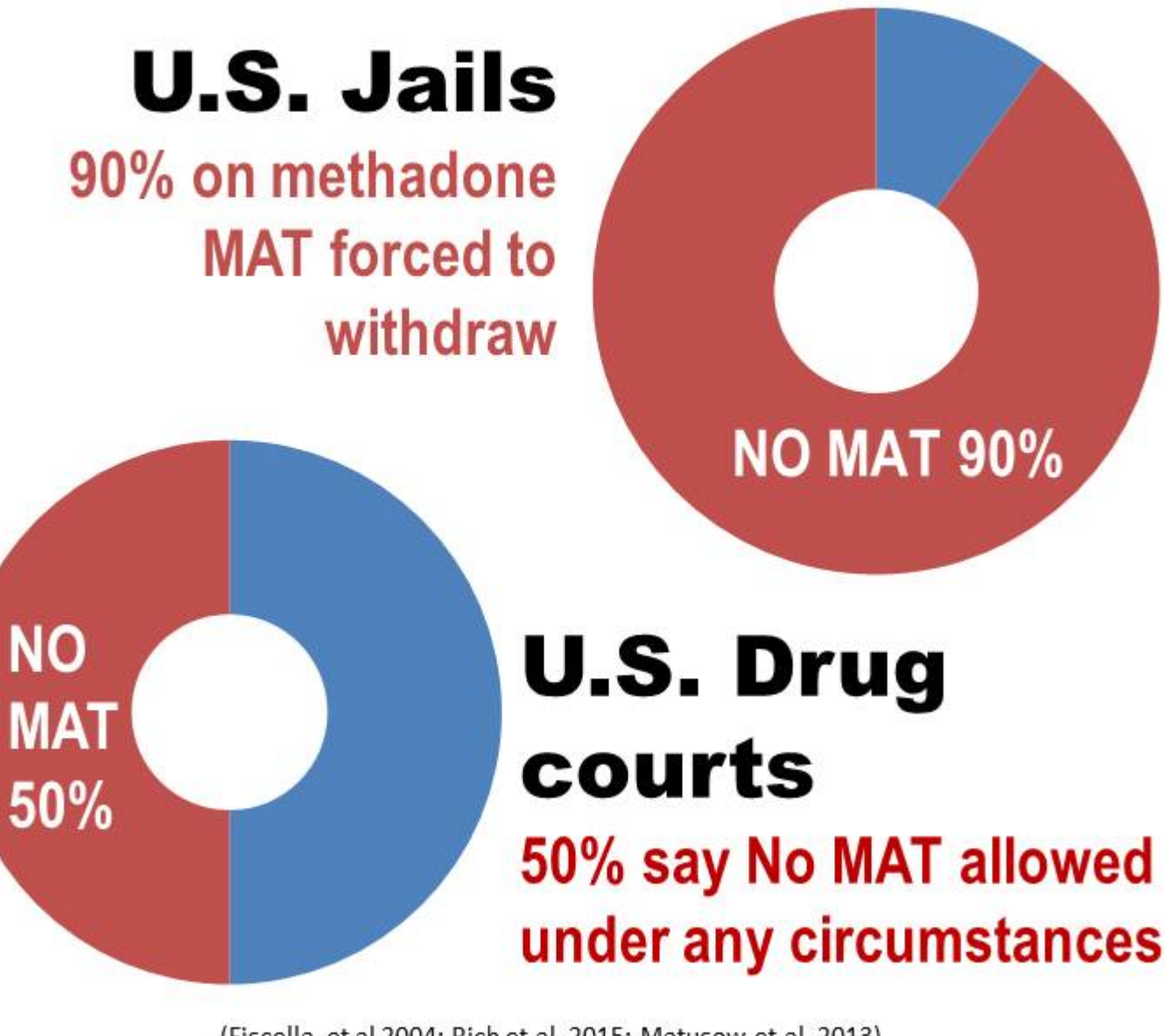
Provide “meaningful access to addiction treatment” -President’s Commission on Model State Drug Laws, 1993

Office of National Drug Control Policy

VS. “...ensuring access to evidence-based treatment models- including MAT” -ONDCP, 2015



POLICY vs. PRACTICE:



Results

PA drug courts in 3 of 4 South-Central PA counties had **policies prohibiting MAT**, & barriers consistent with the literature, e.g. stigma, education gaps. Key barrier: **lack of policy alignment** between all supervised programs/ facilities in judicial system.

- No MAT in jails w/few exceptions; **forced withdrawal** typical. Barriers consistent with literature: stigma, OTP (opioid treatment program) regulations, security & diversion concerns, cost.

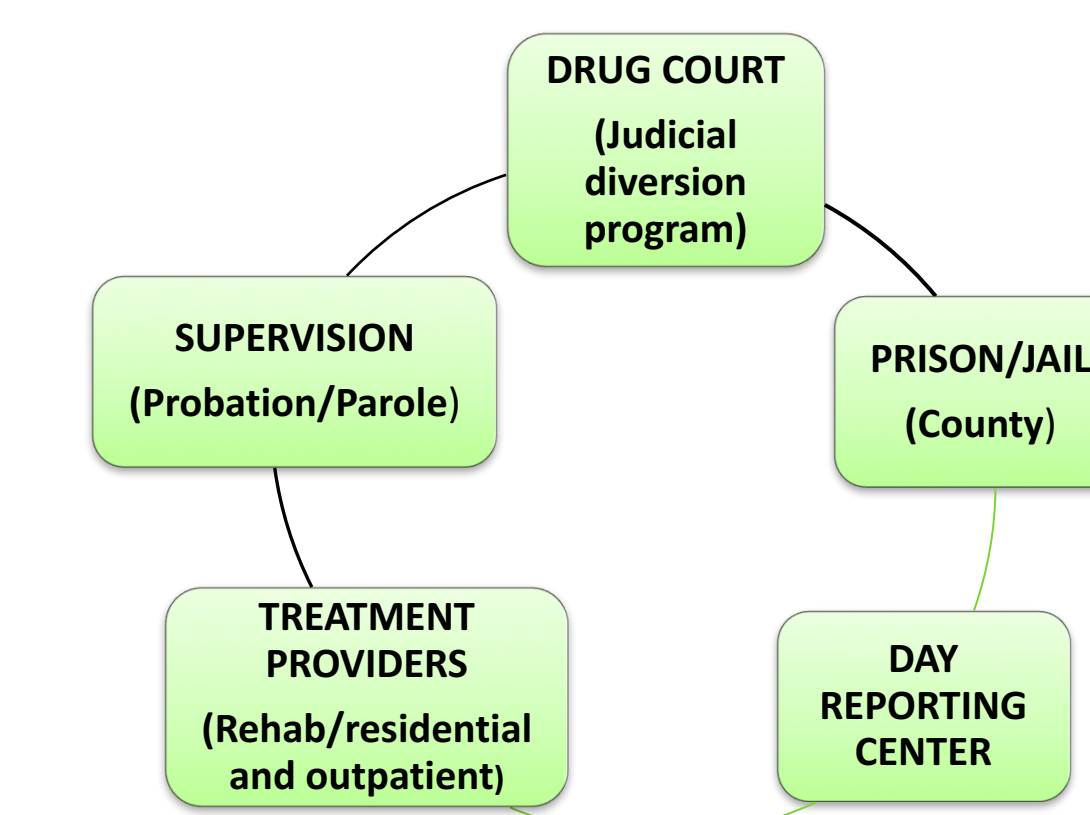
Some advocacy seen for MAT among individual drug court staff, especially for naltrexone, but judges determined policies.

Limited awareness of 2015-16 federal policies to drive use of MAT in drug courts, or of MAT initiative by PA Dept. of Corrections.

Statewide policy findings: No legislation mandating MAT proposed in PA by 2016 (i.e. no influence of NY or NJ laws passed 2015). **Gaps in advocacy** for MAT modalities.

Two new policy initiatives: 1) Legislation to fund **naltrexone re-entry pilot** at state prisons (Act 80 P.L. 453, Dec. 2015). 2) PA DOC **MAT expansion plan** announced Fall 2015.

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Recommendations

Systems-thinking approach required to increase access to MAT. Fluid transitions across programs & facilities drives need for policy alignment.

Eliminating forced withdrawal policies for persons on MAT calls for education & advocacy.

Regulatory change (21 CFR 1306.07) Extending an existing hospital DEA reg. “waiver” to jails/ prisons, would reduce key barrier (OTP license/ costs).

Further research

Capacity issues remain barriers to access: need for gap analysis of PA Medicaid networks & community availability of MAT.

Emerging legal theories re: forced withdrawal – as civil rights issue medical standard of care.

Explore “**Separate but equal**” health beliefs: “MAT & non-MAT participants can’t be in same groups.”

Conclusions: This project demonstrates a case study approach that could be expanded to a statewide assessment of judicial systems.

- Policy opportunities:** MAT access in jails is key to increasing access in drug courts.
- State/ federal initiatives have not yet influenced county systems in South-Central PA.