



Using Medication-Assisted Treatment In Jails:

A NORTH CAROLINA FOCUS

*The NC Department of Health and Human Services will facilitate a conference on the use of Medication-Assisted Treatment in jails on **Friday, December 13, 2019 from 9 a.m. to 12:30 p.m.**, at the McKimmon Center in Raleigh. There is no cost to attend the conference. Please contact Margaret Bordeaux at Margaret.Bordeaux@dhhs.nc.gov if you would like to register to attend this conference.*

join us.



QUICK FACTS

- Substantial changes in jail populations have taken place nationally and in North Carolina, due to both the de-institutionalization of mental health care and to prison reform efforts that have shifted some incarcerated populations previously housed in prisons to jails. These changes have increased the number of people with a mental illness and/or substance use disorder housed in jails. Now — more than ever — jails play a key role in maintaining both the public safety and public health of our communities and need support in providing care.
- Drug overdose is one of the leading causes of death among people recently released from correctional facilities (prisons and jails). The first two weeks post-release is the time period with the highest risk.
- Studies have shown that providing access to medication-assisted treatment (MAT) (also known as medications for opioid use disorder or MOUD) in correctional settings can reduce overdose risk, the spread of costly infectious diseases such as HIV and hepatitis C, and recidivism. For this reason, states and counties across the country are exploring providing MAT in their correctional settings.
- Three different medications are currently used to treat opioid use disorder: methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol). Best practices dictate that the choice of which medication to use to treat an individual should be made by a medical practitioner.
- Multiple MAT program models exist in correctional settings in the United States. Some settings screen and treat individuals for opioid use disorder during the entire period of their incarceration. Others begin treatment as they are being released with the plan to connect them to treatment in the community. Programs also vary in the types of medications they offer.
- Jails may possibly be legally required to provide MAT to some inmates. Recent federal court decisions in two other states (MA and ME) ruled in favor of individuals entering jail in recovery from an opioid use disorder who requested to be allowed to continue using medications while in jail (methadone and buprenorphine, respectively) as part of their rights under the Americans with Disabilities Act and the US Constitution.

HELPFUL RESOURCES

The National Sheriffs' Association and the Substance Abuse and Mental Health Services Administration (SAMHSA) have released helpful guides to using MAT in jails. Consult these guides to learn about:

- The differences between methadone, buprenorphine, and naltrexone
- Evidence for the effectiveness of the medications
- Discussion of barriers to providing MAT in jails and advice to overcome them
- Examples of states, counties, and cities that have implemented MAT programs
 - www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf
 - store.samhsa.gov/product/Use-of-Medication-Assisted-Treatment-for-Opioid-Use-Disorder-in-Criminal-Justice-Settings/PEP19-MATUSECJS



NORTH CAROLINA CASE STUDY: Durham County Detention Center

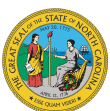
The Durham County Detention Center has decided to scale up its MAT program gradually. It began by screening inmates using a validated screening tool to get a clearer sense of the need for opioid use disorder treatment among its population. This screening is now given to all individuals during medical intake. MAT program implementation will consist of four “tiers” to be implemented over time:

- 1st – providing pregnant women access to buprenorphine at the detention center or transporting them daily to an off-site clinic to receive methadone;
- 2nd – continuing buprenorphine or naltrexone at the detention center for all people who were already using MAT in the community before arrest;
- 3rd – offering buprenorphine or naltrexone at the detention center to all individuals with opioid use disorder; and
- 4th – offering methadone at the detention center in collaboration with a local opioid treatment program.



LEARN MORE ABOUT MAT IN JAILS

If you would like to learn more about using MAT in jails or are interested in developing a MAT program in your area's detention center, please contact Margaret Bordeaux with the NC Department of Health and Human Services at Margaret.Bordeaux@dhhs.nc.gov.



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