

Medications for Opioid Use Disorder in Correctional Settings: Diversion Workshop

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Opioid
Response
Network
STR-TA



Working with communities to address the opioid crisis.

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

- ✧ To ask questions or submit a request for technical assistance:
 - Visit www.OpioidResponseNetwork.org
 - Email orn@aaap.org
 - Call 401-270-5900



Learning Objectives

- ✧ Describe the first-hand experience implementing and adjusting to diversionary tactics within the Rhode Island Department of Corrections
- ✧ Provide specific examples of diversion and counter measures taken in response
- ✧ Discuss staff attitudes and beliefs around diversion, and the importance of communication between security and clinical staff



What is Diversion

- ✧ Diversion: sale or other unauthorized distribution of a controlled substance, usually for a purpose other than the prescribed and legitimate treatment of a medical or mental disorder (Substance Abuse and Mental Health Services Administration (SAMHSA) TIP43, Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs)
- ✧ Who is on the program
- ✧ Why it's important to care about diversion
 - Federal opioid treatment standards state that an OTP must maintain a current diversion control plan that includes measures to reduce the possibility of medication diversion and assigns responsibility for control measure to medical and administrative staff members (42 Code of Federal Regulations [CFR], Part 8 § 12(c)(2)).
 - Operationally
 - Risk of lethal use by opiate naïve individuals
 - Clinically
 - Relationships
- ✧ Competing priorities



RIDOC Medications Offered

3 types:

Methadone

Vivitrol
(naltrexone)

Suboxone
(buprenorphine)



Methadone



- ✧ Security's concerns
 - Putting material in mouth to absorb liquid (cushion, tampon)
 - Storing in mouth until back in housing area, and spitting back out
- ✧ Good mouth checks are required
- ✧ Better Supervision of product
- ✧ Give offenders crackers to soak up and digest methadone

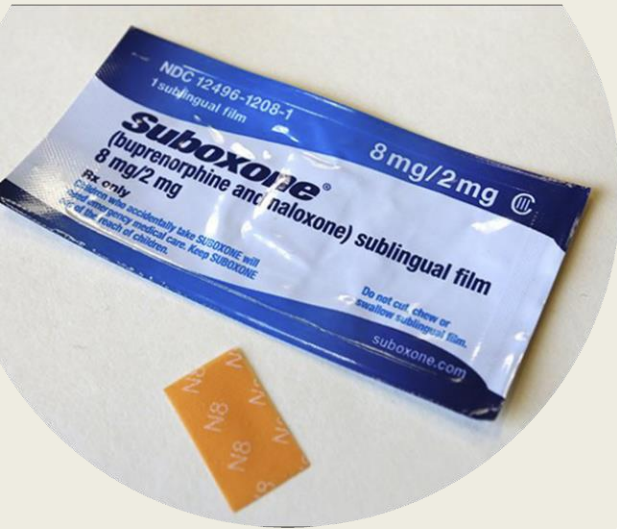


How RI Adapted to Methadone Diverting Tactics

- ✧ Minimal diverting with methadone if watched properly and with thorough mouth check
- ✧ Eat crackers
- ✧ Some facilities conduct the line before entering the dining hall for a meal
- ✧ One facility only serves water at lunch so if an offender tries to spit into cup staff will see it
- ✧ Facilities with high numbers of offenders on MAT have dedicated methadone lines
- ✧ Other facilities will administer buprenorphine first and have an officer watch those offenders while the methadone is being administered
- ✧ Blue color methadone distinguishes it from other liquids in facilities
- ✧ Clinical Component



Buprenorphine: Three Options



Pill



- ✧ 15-20 minutes to dissolve under the tongue
- ✧ Time may cause operational issues
- ✧ Diversion Concerns:
 - Partials
 - Cheeking
 - Drop in t-shirt
- ✧ Crush pills



Film



- ✧ Tough sell as several security procedures are to intercept the drug from being smuggled into the facility (mail, visits, etc.)
- ✧ 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



Injection



- ✧ Injection administered once per month (security is not present)
- ✧ Injected into abdomen in dispensary
- ✧ Injection site is checked once per day by medical staff
- ✧ Diversion potential
 - Substance can be squeezed out
 - Extreme cases cut out
- ✧ Sublocade injection is very expensive and much more costly than other options
- ✧ Has been used as a substitute option for chronic diverters, and when other medications are not viable options



How RI Adapted to MAT Pill Diverting Tactics

- ✧ Some facilities with low numbers use pill form but decided to crush to avoid diverting one whole pill
- ✧ Some offenders are allergic to one of the medication components in the strip form, so pills may be necessary
- ✧ Those offenders with partials are required to remove it prior to medline or required to remove prior to final mouth check
- ✧ No long sleeves allowed at medline
- ✧ Drinking of water after
- ✧ Really good mouth checks
- ✧ Clinical component



How RI Adapted to MAT Film Diverting Tactics

- ✧ Offender ID tag removed and placed on desk or away from mouth and checked after mouth check
- ✧ No long sleeves allowed at medline
- ✧ Use of LED flashlight at placement, midway through, and at end
- ✧ Officer will check between offenders fingers
- ✧ Swishing water around mouth after dissolved
- ✧ Really good mouth checks
- ✧ Clinical component
 - Suspected buprenorphine Diversion
 - Counsel patient and get details
 - Document warning that medication may be changed if any additional issues occur
 - Documented buprenorphine diversion
 - Offer change in medication to methadone, naltrexone, or sublocade injection



Injectable Naltrexone

- ✧ No Security issues
 - Requires a shot which is good for 30 days
 - Generally done right before discharge
- ✧ Difficulty with community follow-up; both access and cost



Which MAT Works Best?

Individual decision
between medical
and the offender

Bottom line: Which
ever medication the
offender prefers and
will take



RIDOC's Response to MAT Diversion

- ✧ It is made clear to offenders that any deviation from the process will be considered diversion and will not be tolerated
- ✧ Offenders caught diverting will receive a disciplinary infraction
- ✧ Sanctions ranging from 21 days to 30 days in Restrictive Housing
- ✧ Offenders disciplined for diverting are reviewed by medical for possible taper/discontinuation of medication
 - May continue medication
 - Medication **may** be tapered/discontinued
 - Offered alternative medication
 - Special Investigation to determine if the diverting was a result of extortion
- ✧ **Communication among security staff and medical staff is key**



Mistakes/Missteps/Lessons Learned to Combat Diversion Tactics

- ✧ Need leadership buy-in
- ✧ Attention to detail
- ✧ Communication
 - Protocols to ensure immediate notification
- ✧ Cannot ignore
 - Maintain integrity of program
 - Maintain relationships with security staff (morale, improved work environment)
 - Failure to address sends poor message to security staff
- ✧ Communication between security staff and medical staff is key
- ✧ Develop facility specific operating procedures (SOP)



Mistakes/Missteps/Lessons Learned to Combat Diversion Tactics

- ✧ Implemented program before training all levels of staff
 - Line staff not trained on what medication looks like
 - Effects of medication

- ✧ Develop code to capture conveyance and or diversion

- ✧ Education for offenders is critical

- ✧ Communicate well with Correctional staff and Medical staff -multi-disciplinary team

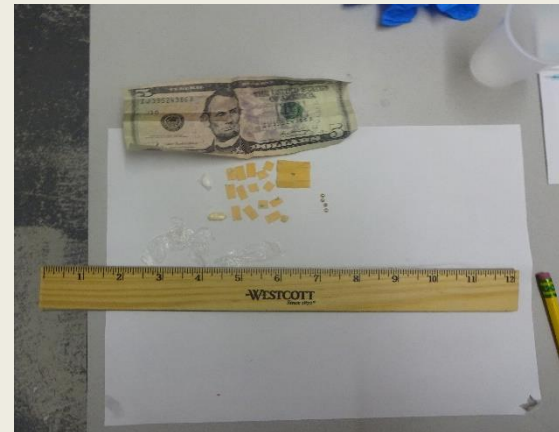
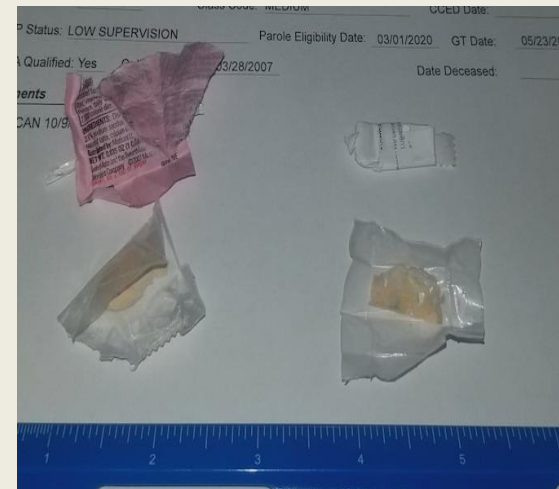
- ✧ Clinical Perspective



RIDOC Facility Specific Incident Examples

- ✧ RI Specific examples- 20 incidents of confirmed diversion
 - Minimum-1 (Film)
 - Medium-2 (Film)
 - Intake-9 (Film)
 - Women's-3 (Film)
 - Maximum-3 (Pill)
 - High-2 (Film)

- ✧ Things to know—i.e., full strip came in the mail or was smuggled in, film that was used would be a small little gummy ball or mangled



Things to Consider for MAT program to deter diversion

✧ Time

- ✧ What is best for Security?
- ✧ What is medically required?

✧ Location

- ✧ Where in your facility will medline be held ?
 - Dispensary
 - Module
 - Visiting room
- ✧ Based on volume of program and security level.
- ✧ Where will you house the participants of the program?
 - Housed in same living area
 - Housed all over facility and called to one location

✧ Staffing

- ✧ Think about staffing levels to monitor the medline
 - 6:1 ratio?
 - Dependent on setup
- ✧ It does take more than one for proper security monitoring
- ✧ Placement
- ✧ Who will administer the medication?



Things to Consider for MAT program to deter diversion

✧ Process

From a Security standpoint:

- ✧ Who does mouth checks?
 - Medical or Security
- ✧ What is required for a solid mouth check?
- ✧ How will it be given to offenders to take?
- ✧ How is medication stored in your facility?



✧ Medication Type

- ✧ As an agency need to decide what type of MAT you will offer.
- ✧ Once determined it should dictate how you proceed.
- ✧ Think about what are the diversionary implication
 - Commissary items

✧ Operational Impact

All that has been mentioned has an impact but in addition:

- ✧ Consider clinics
- ✧ Medlines
- ✧ Assessments
- ✧ Urinalysis



Mission Statement

Security

Staff
Development

Programming

Re-entry

Law abiding,
tax paying
citizens



Bottom Line

Security Enhancements

- Less violence/ erratic behavior within facility
- Less conveyance of contraband into facility to avoid detox
- Cleaner environment
- Less disciplinary infractions
- Safer for all staff
- Be mindful that dosage needs to high enough to stabilize offender but low enough to avoid nodding out.
- Good Security versus Good Programming

You can't have one without the other!!

We are all in this together 😊





Questions?

Additional Information

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The RIDOC comprehensive MAT Program video can be found at:
<https://vimeo.com/335954242>

