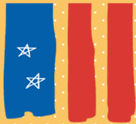

Partnership for a
Drug-Free New Jersey
In Cooperation with the Governor's Council on
Substance Use Disorder and the NJ Dept. of Human Services

OFFICE OF
ALTERNATIVE &
COMMUNITY
RESPONSES

NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

Understanding & Supporting Recovery

September 12, 2024

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Other members of the care team will receive a certificate of participation.

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- This webinar also has been approved by NJ OEMS for 1 EMT Elective CEU.
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- Partnership for a Drug-Free New Jersey is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs).
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- The links will be active for 30 days after today's event.

PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson.

Featured Presenter

Donald (Rusty) Reeves, M.D.
Director of Psychiatry, Rutgers – University Correctional Health Care
Professor, Department of Psychiatry & Forensic Psychiatry Training Director
Rutgers – Robert Wood Johnson Medical School

Dr. Donald Reeves is Director of Psychiatry for Rutgers University Correctional Health Care. He is a professor in the Department of Psychiatry at Robert Wood Johnson Medical School, and he also serves as director of the Rutgers Forensic Psychiatry Fellowship. Dr. Reeves' research interest is correctional psychiatry, and he has published extensively in this field.

Opioid Use Disorder in Corrections

Partnership for a Drug-Free New Jersey

Rusty Reeves, M.D.

9-12-24

Rusty Reeves is Director of Psychiatry for Rutgers – University Correctional Health Care, Professor of Psychiatry at Rutgers-Robert Wood Johnson Medical School, and Director of the Rutgers Forensic Psychiatry Fellowship.

(rusty.reeves@rutgers.edu)

Dr. Reeves has no conflict of interest in this presentation.

Learning Goals

This presentation will discuss the treatment of Opioid Use Disorder (OUD) in corrections, with a focus on Rutgers – University Correctional Health Care's (UCHC) provision of care within the New Jersey Dept of Corrections (NJDOC).

Participants will leave the session informed of and be able to state: the consequences of OUD; the prevalence of OUD in criminal justice settings; obstacles to treatment of OUD; and best treatment practices.

Consequences of Opioid Use Disorder

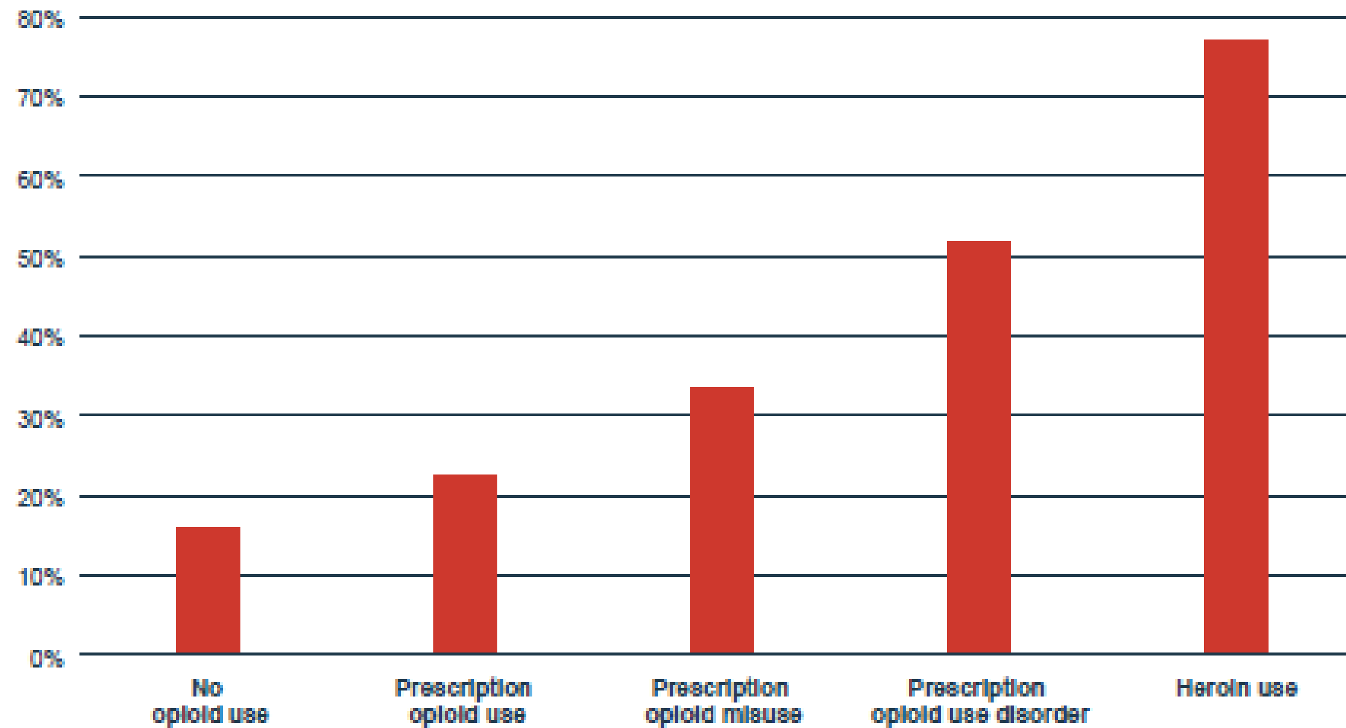
Overdose Deaths (CDC)

- 108,000 U.S. drug overdose deaths in 2023; 111,000 in 2022.
- 81,000 opioid overdose deaths in 2023 – 88% fentanyl, a decrease from 84,000 in ’22.
- NJ predicted decline of 3000 to 2600 OD deaths from 3/23 to 3/24, mostly due to opioids.

Additional Problems (Toyoshima)

- Health (e.g. Hepatitis C, HIV)
- Unemployment
- Relationships
- Crime

Prevalence of Opioid Use Disorder in Corrections



Prevalence of Opioid Use Disorder in Corrections

SAMHSA reports that 24-36% of persons with a heroin use disorder pass through correctional facilities annually ,and 17% of state inmates, and 19% of jail inmates report regularly using opioids.

In the NJDOC, as of Sept. 2024, approximately 25% of active inmates have a diagnosis of Opioid Use Disorder/Abuse/Dependence (unpublished).

Relapse is high. Gordon found 2/3 of released inmates who were not released on methadone tested positive for opioids at 6 months

Treatment of Opioid Use Disorder in Corrections

Six-month retention in care for released inmates: 86% for HIV-infection, 33% for opioid dependence, 45 % for hypertension and 43% for diabetes (Fox et al., 2014).

Engagement in substance use treatment during incarceration is associated with a decrease in substance use post-release (Tangney et al., 2016).

Structured drug treatment programs may be a protective factor in relapse prevention post-release (Binswanger et al., 2012).

Postrelease transitional therapeutic community treatment improves drug abstinence rates (Butzin et al, 2005).

Treatment of Opioid Use Disorder in Corrections

Three FDA-approved medications for OUD

- Methadone (an opioid; oral)
- Buprenorphine (an opioid; sublingual and long-acting injectable)
- Naltrexone (blocks the effects of opioids; oral and long-acting injectable)
- Rutgers/NJDOC – 2nd state in the U.S. to offer all three medications
- Medication for Opioid Use Disorder is the standard of treatment in the community, and should be also in corrections, especially before release.

Medication for OUD (MOUD) for released inmates

- Increases engagement in treatment
- Decreases drug use – but not in every study
- May reduce crime
- Reduces overdose deaths

Treatment of Opioid Use Disorder in Corrections

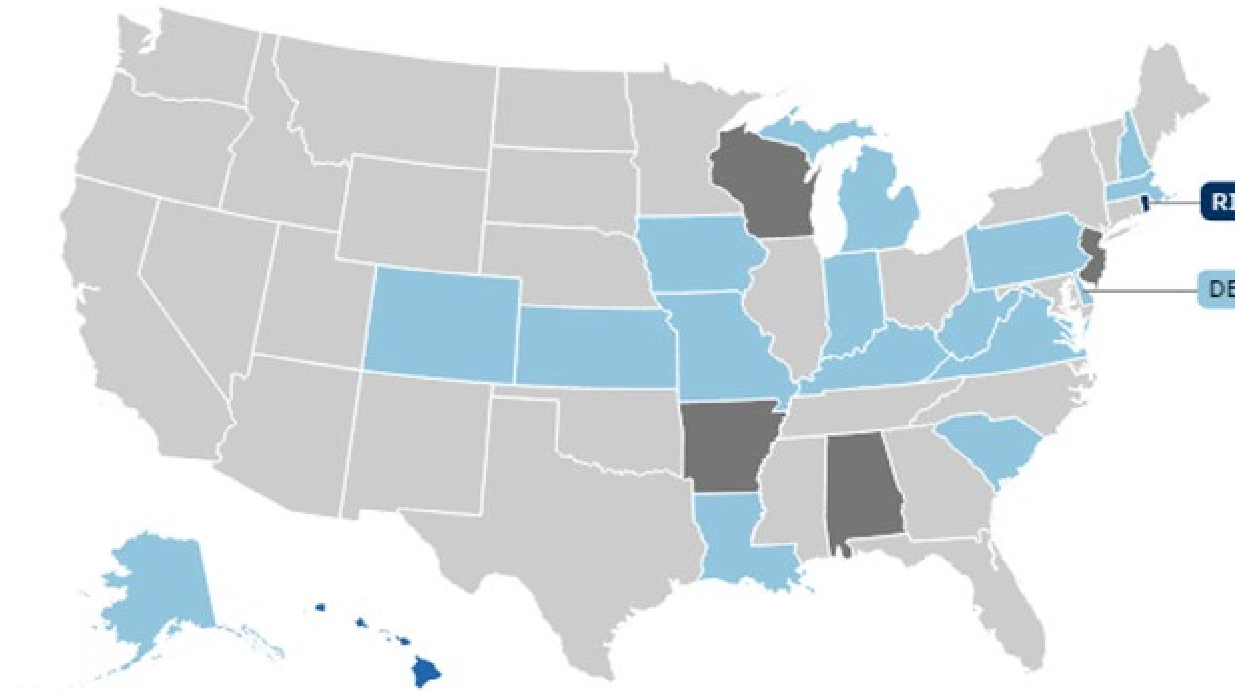
Rutgers – University Behavioral Health Care Peer Navigator Program (IRTS)

- Created because only 22% of initial aftercare appointments were kept by recently released inmates
- Peer navigators and pre-release MOUD in the NJDOC are associated post-release with increased Medicaid enrollment, receipt of MOUD, and engagement in psychosocial treatment. (Treitler, Reeves, et al.).

Ongoing Research at Rutgers-UCHC

- NIDA-funded, NYU-sponsored multi-site randomized retention trial of extended-release buprenorphine vs extended-release naltrexone
- NIDA-funded Rutgers-sponsored study of recidivism and adverse outcomes of released NJDOC inmates with substance use disorders. Links large databases, including NJDOC medical record and NJ Medicaid.

Obstacles to Provision of Care in Corrections



Source: Vox.com review of state policies
Credit: German Lopez

Obstacles to Provision of Care in Corrections

A 2019 survey by Scott of state prison systems found:

- MOUD was available in at least one prison in 90% of the state systems
- All three medications were available in at least one prison in 62% of systems.
- MOUD provision was limited to subsets of prisons within these systems: 15% provided buprenorphine, 9% provided methadone, 36% provided naltrexone, and only 7% provided all three.
- Buprenorphine and methadone were most frequently provided to pregnant women or individuals already receiving these at admission
- Naltrexone was primarily used at release.
- Funding was the most frequently cited barrier for all medications.

Obstacles to Provision of Care in Corrections

Cost – not so much anymore

- $20-$70/month sublingual buprenorphine
- $1700/month long-acted injected buprenorphine (Sublocade) or $1250/month naltrexone (Vivitrol)

Regulatory requirements

- Methadone
- Removal of waiver for buprenorphine

Nursing and custody burden

- Secure storage
- Administration time and monitoring

Obstacles to Provision of Care in Corrections

Inability to continue medications upon release

- In the 10 states that do no offer Medicaid expansion

Reluctance on the part of correctional administrators

- Diversion
- Intoxication
- Security

Stigma on the part of inmates to accept medications

- “Not really sober”
- “I’ve kicked it this time.”

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Knock Out Opioid Abuse Day: Looking Back & Looking Ahead

11 a.m. Thursday, October 3, 2024

Register at KnockOutDay.DrugFreeNJ.org/events