

MAT within correctional settings

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Medication has given me my life back!

Dose	How Much and How Often Take
100 mg	1.5 every A.M.
4 mg	1 every P.M.
40 mg	1 every A.M.
7.5 mg	1 AM - 1 PM
100 mg	1 every AM
50 mg	1 every AM
0.5 mg	1 PM

PEPPERDINE UNIVERSITY





pennsylvania
DEPARTMENT OF HEALTH
5 years

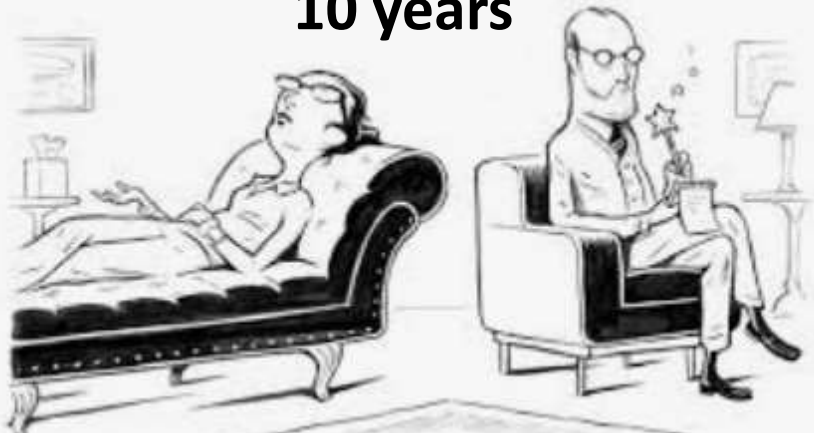


pennsylvania
DEPARTMENT OF DRUG AND
ALCOHOL PROGRAMS
10 years



pennsylvania
DEPARTMENT OF CORRECTIONS
3.5 years

10 years



**EMPLOYEE ASSISTANCE
PROGRAM**
6 years



HACC
Harrisburg
Campus
20 years

What is Pennsylvania doing?

Overdose deaths in Pennsylvania went down by 18 percent from 2017 to 2018, dropping from 5,377 to 4,413.

TO Wardens
County Correctional Facilities

FROM John E. Wetzel
Secretary of Corrections

DATE April 15, 2019

RE Medication Assisted Treatment (MAT)



In January 2018, Governor Wolf declared the opioid crisis in Pennsylvania as a disaster emergency and directed that Medication Assisted Treatment (MAT) be provided within our prison system. These medications include methadone, naltrexone (Vivitrol and Revia), and buprenorphine (Suboxone, Subutex, and Sublocade).

MAT is not new to the PA Department of Corrections (DOC). We have always provided methadone maintenance to pregnant inmates to protect the fetus from withdrawal. Newer programs include Vivitrol injections for inmates being released and most recently oral naltrexone for select new intakes with short minimums who will be admitted to one of our Opioid Use Disorder Therapeutic Communities (OUDTC).

On April 1, 2019, we began a Sublocade Pilot Program at SCI-Muncy. Select parolees who are diverted to an SCI for a 14-day "detox only" placement will be prescribed Suboxone induction and then a long-acting Sublocade injection prior to being continued on parole in an outpatient or inpatient treatment setting. Once the pilot program concludes, it will be rolled out gradually throughout other institutions.

The purpose of this memo is to alert you to the next expansion. Beginning June 1, 2019, inmates received into our institutions (PV or new intakes) who are enrolled in a verified MAT Program (community or county jail) will continue on MAT. Suboxone and oral naltrexone will be available immediately and will also be offered to those on methadone until methadone can be added at a later date. Any instances of an inmate entering our system on an MAT that is not available, or who does not meet criteria for continuing MAT, will be forwarded to the DOC's Bureau of Health Care Services (BHCS) for review on a case-by-case basis.

Medicaid

With many serious mental and physical health conditions, including SUD, reentrants require essential health care immediately upon release from incarceration.

To address this issue, PA DOC and PA Department of Human Services (DHS) have collaborated to create a process ensuring that Medical Assistance (MA) benefits will be in place for reentrants **on the date of their release**.

Included in the mission will be **automated processing** of Commonwealth of Pennsylvania Access to Social Services (COMPASS) applications for all of these reentrants.

- **Vivitrol** (naltrexone for extended-release injectable suspension) is a prescription **injectable medicine** used to treat Alcohol and/or Opioid Use Disorder
- Significantly reduces cravings
- **Up to 3 injections prior to release**
- Injection given every 28 days



Implementing Vivitrol Inside SCIs

• Signs of Success

- Staff Initiative
- Staff Buy-In
- Teamwork
- Sense of Urgency
- Communication
- COMPASS Application (Medicaid) done timely

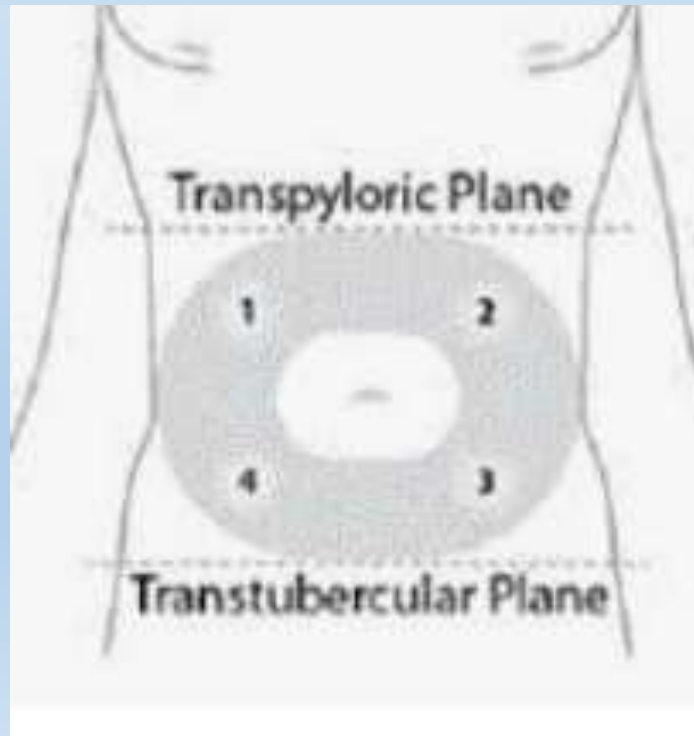
- 2016: 78 participants
- 2017: 494 participants
- 2018: 742 participants

Weekly call-ins to the PA DOC's Central Office are made in an effort to monitor the referrals.

- **Sublocade = Buprenorphine injection (monthly)**

- Start with 7-day stabilization on oral buprenorphine

April 2019: Pilot Program
at Muncy



Sublocade[™]
*(buprenorphine extended-release)
injection for subcutaneous use* Ⓒ
100mg-300mg

- Injectable buprenorphine is ideal for jails/prisons
- Reduces diversion of oral buprenorphine
- Monthly medline vs. daily medline





Erica Francis

Program Director

Penn State Project ECHO®

Penn State College of Medicine

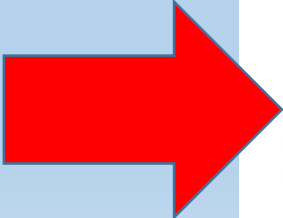
90 Hope Drive

Suite 1103, Mail Code A145

Hershey, PA 17033

Ph: 717.531.0003 ext.289862

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Project ECHO prepares doctors to manage addiction care closer to home

February 20, 2019 at 10:00 am | pennstatemedicine | Leave a comment

Recent Posts

- New man at the tiller
- Spinal trauma patient views injury as just another steep hill to climb

SCI Cambridge Springs, in conjunction with Greenfield Counseling Services (community-based OTP), provides **Methadone** to pregnant inmates with opioid addiction.

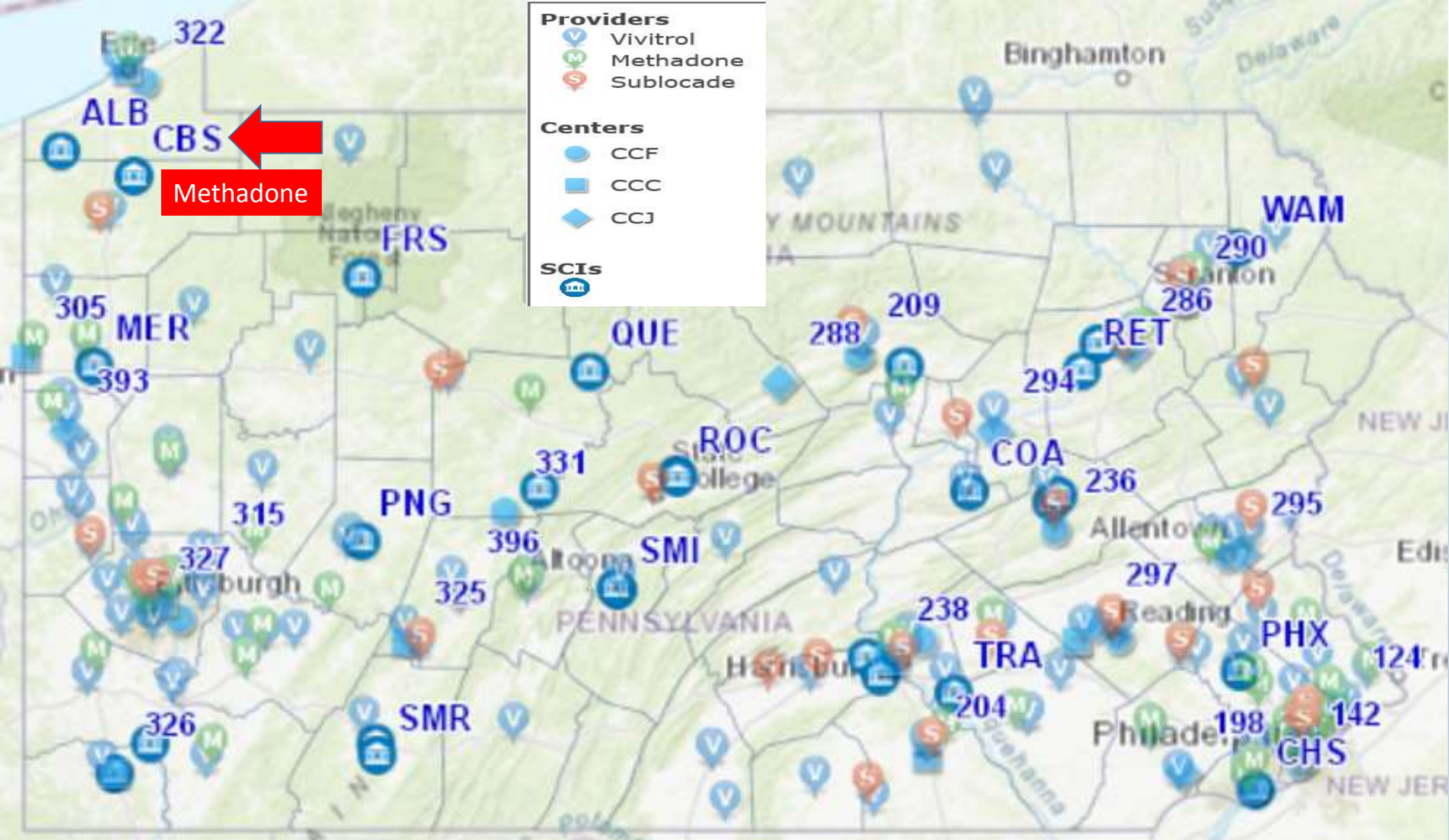


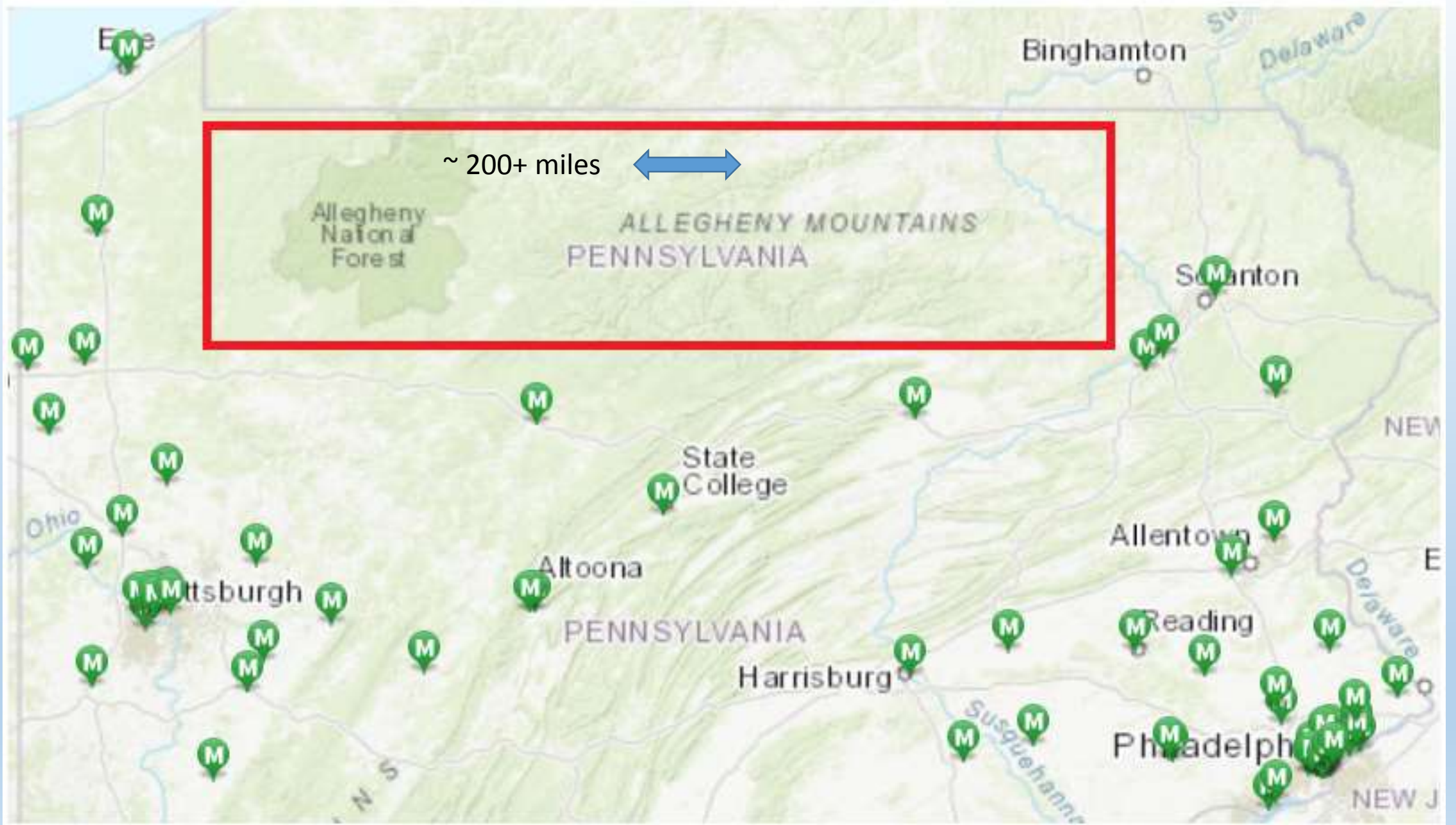
On March 12, 2018, the department converted six therapeutic communities (TCs) to **opiate specific** therapeutic communities.

Institutions with Opiate Specific TCs:

- **Albion** (co-occurring, includes long term)
- **Cambridge Springs** (females)
- **Camp Hill**
- **Chester**
- **Laurel Highlands**
- **Quehanna Boot Camp** (State Intermediate Program; 2-year flat sentence)

**REFERRAL TO
COMMUNITY-BASED
PROVIDERS**





**MOBILE
VIVITROL**



**Positive Recovery
Solutions**



Barriers

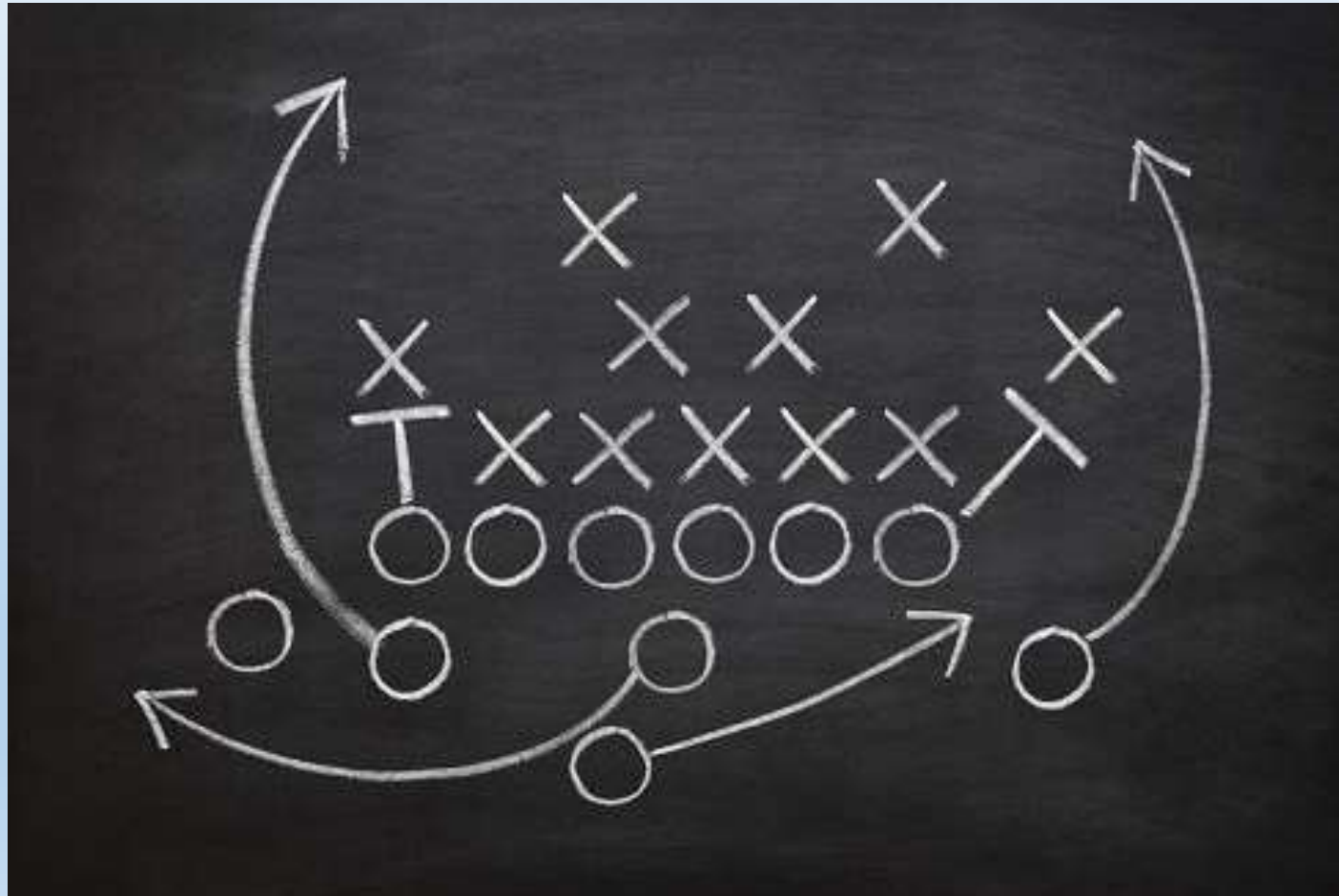
- Stigma against **agonist** medications (Security Staff, Physicians, Family Members, Community-Based Providers)
- Stigma against medication **in general**
- Lack of **board certified** addiction specialists
- Decades of research supports common themes for avoiding treatment: cost, denial, navigating treatment system, insurance coverage, low reimbursement rates, competent providers and lack of awareness or knowledge.

Barriers

- Despite pharmacologic treatments based on a generation of research, most treatment programs have **minimal** (if any) physician involvement.
- Too often, treatment centers operate under **outdated institutional ideologies** modeled on mid-20th-century alcoholism treatment.
- Misinformation (family, friends, physicians, nurses, certain Ted Talks, etc.)

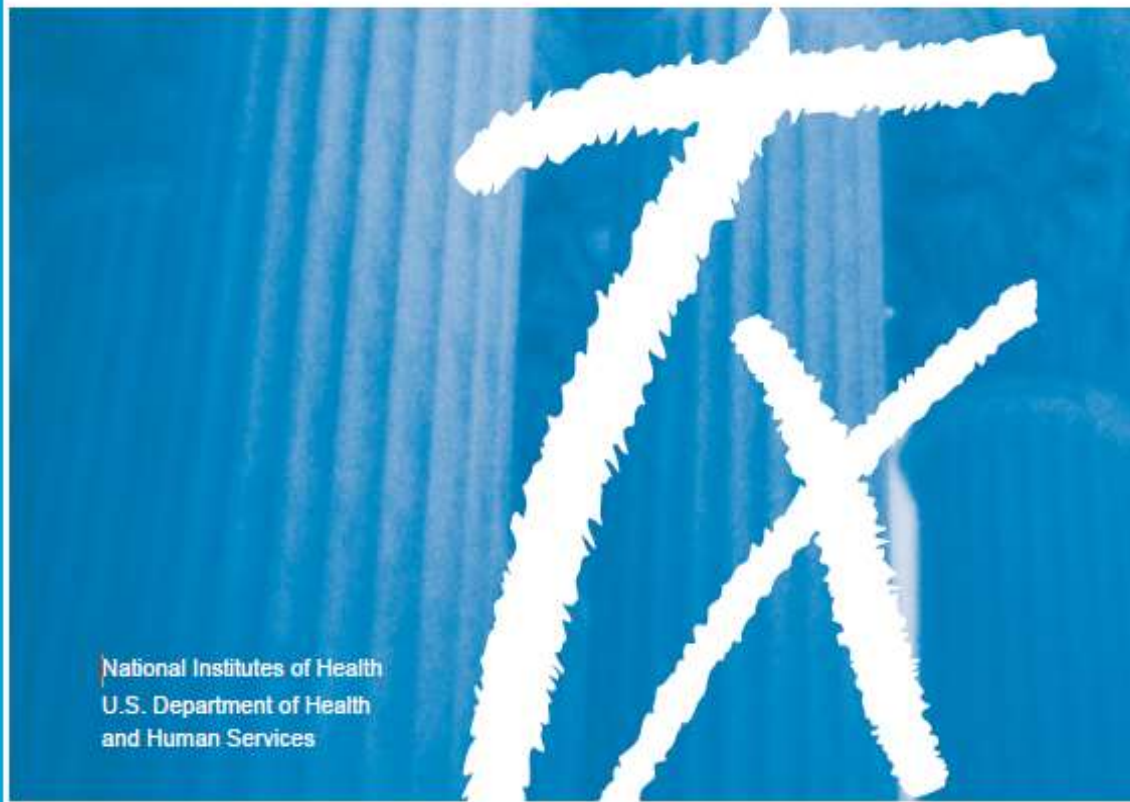
Humans tend to **discount evidence** when it doesn't fit our goals while **embracing information** that confirms our biases.

Playbooks





National Institute on Drug Abuse

Principles of Drug Abuse Treatment for Criminal Justice Populations | A Research-Based Guide



National Institutes of Health
U.S. Department of Health
and Human Services

A collage of four images: 1) A long, perspective view of a prison cell block with multiple levels of chain-link fencing topped with barbed wire. 2) A close-up of a person's hand being examined by a healthcare worker wearing a green glove. 3) A person in an orange jumpsuit standing in a jail cell, being observed by a guard in a dark uniform. 4) A person sitting at a desk with a healthcare worker, who is pointing at a document on the desk.

JAIL-BASED MEDICATION-ASSISTED TREATMENT

PROMISING PRACTICES, GUIDELINES,
AND RESOURCES FOR THE FIELD

October 2018

From AIDS to Opioids —

- The response to the AIDS epidemic established a precedent for expanding access to lifesaving medications.
- After the FDA approved zidovudine ('87), the first HIV–AIDS medication, **Congress approved \$30 million in emergency funding** to states to pay for HIV medications — **laying the groundwork** for what became the AIDS Drug Assistance Program, authorized by the Ryan White Comprehensive AIDS Resources Emergency Act in 1990.
- Billions of dollars are **currently being allocated** for opioid addiction.
 - *September 4, 2019: Pennsylvania will get about \$70 million to continue fighting the opioid addiction crisis, federal officials announced Wednesday.*

From AIDS to Opioids —

- Intensive efforts have been devoted to training and supporting clinicians, many of whom are new to the treatment of addiction [similar to viral infections in the 90's].
- Regulations were loosened to allow the FDA to fast-track antiretroviral drug development for HIV beginning in the late 1980s.
 - The same is true for injectable buprenorphine (e.g., Sublocade).
 - ❖ However, access and affordability are issues.

The problems of the world cannot possibly be solved by skeptics or cynics whose horizons are limited by the obvious realities. We need individuals who can dream of things that never were...and ask why not.

JFK

6-28-63

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