

The Current State of Medications for Opioid Use Disorder (MOUD) in U.S. Correctional Facilities

Claire Wolfe, MA, MPH
Program Manager
NCCHC Resources, Inc.

Sabrina Gaiazov, MPH
HEOR Scientist
Indivior Inc.



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Disclosure & Disclaimer

- We have the following relevant financial relationship(s) with a commercial interest: **Funding for this study was provided by Indivior, a manufacturer of buprenorphine formulations to treat opioid use disorder. Sabrina Gaiazov is a full-time employee for Indivior, Inc**
- **Claire Wolfe is a full- time employee at NCCHC Resources, Inc.**
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- **NCCHC does not endorse or recommend any products or services mentioned.**

Learning Objectives

1

Review current evidence in support of medications for opioid use disorder in correctional facilities

2

Discuss significant associations between the provision of MOUD and demographic variables

3

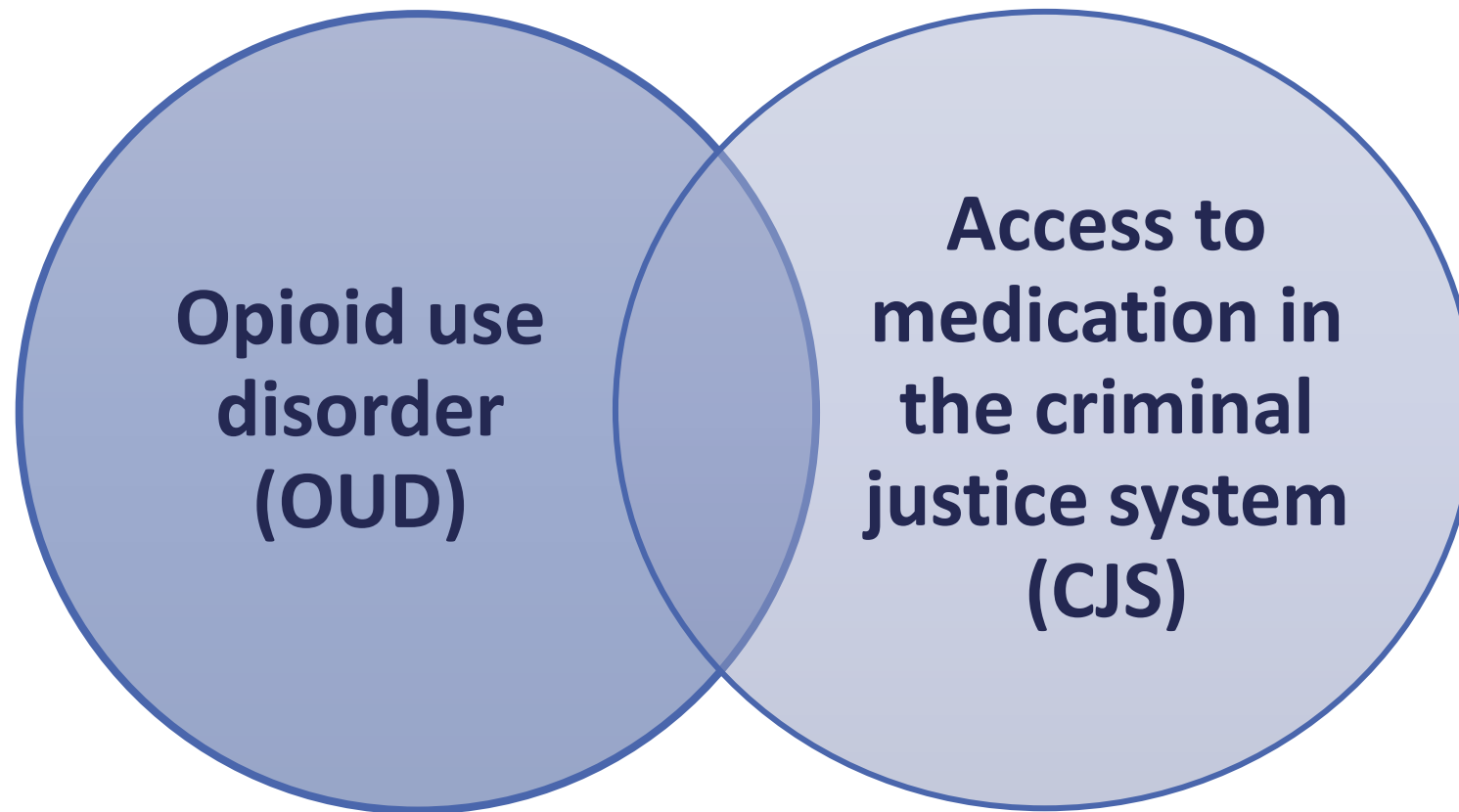
Explore the research findings' implications on expansion of access to MOUD in corrections

Session Overview



- Review of current literature
- Methods and results from current study
- Discussion on implications of research
- Open discussion with audience on barriers

Background: Intersection of OUD and CJS



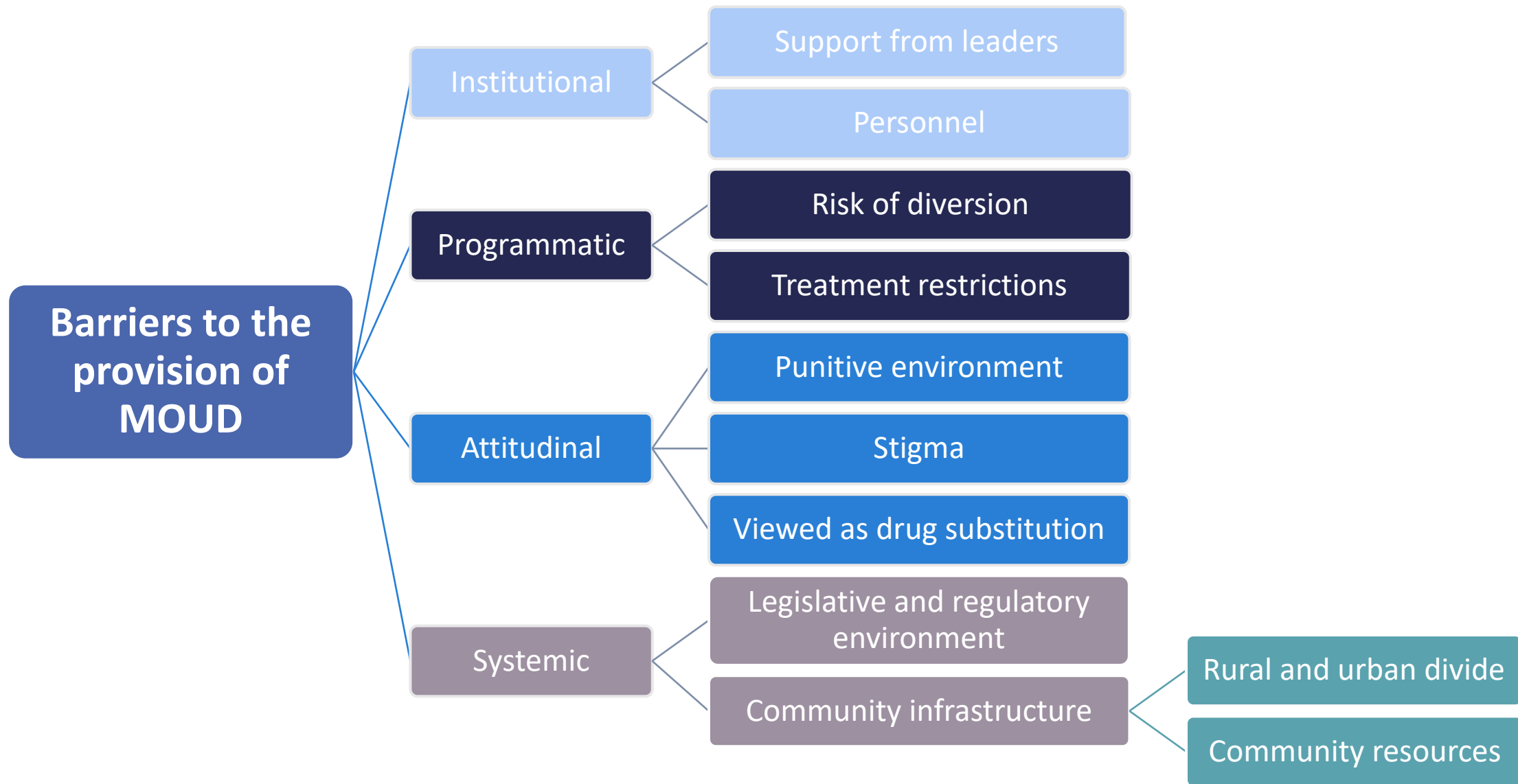
Medications for Opioid Use Disorder (MOUD)

also referred to as Medication-Assisted Treatment (MAT)

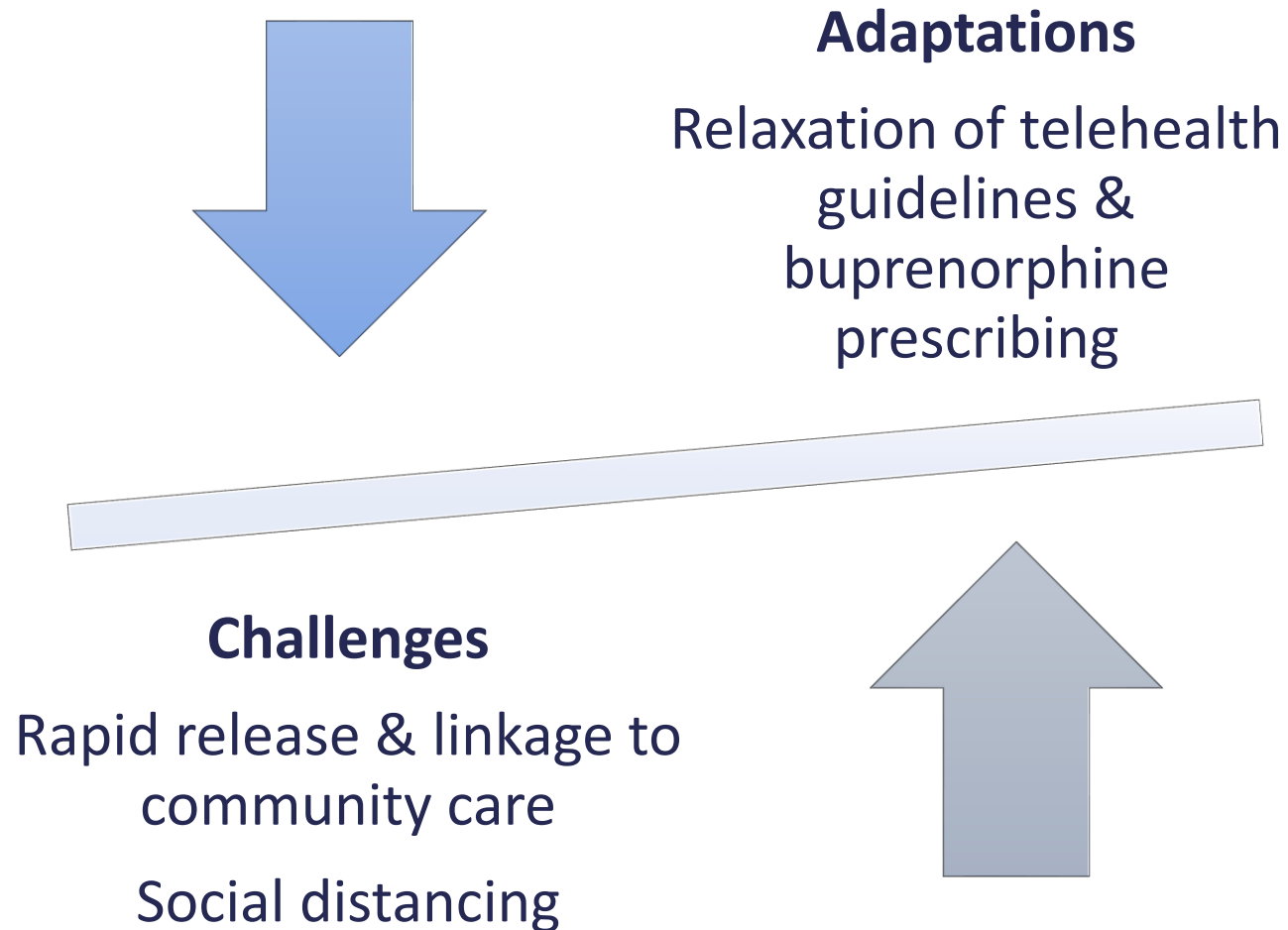
- FDA-approved:
 - Methadone
 - Buprenorphine
 - Naltrexone
- When provided during incarceration, these medications have been associated with fewer post-release overdoses, a reduction in opioid and illicit drug use, increased retainment in treatment, some evidence to suggest lower recidivism - relative to no treatment or initiation in the community

MOUD is Underutilized, Despite Action

- Increase in buprenorphine sales to jails and prisons
 - Daily mean of **44** individuals in June 2016
 - Increased to **9,841** individuals in May 2021
- Recommended by national healthcare-focused organizations
- State legislation and executive action
- Legal liability
 - *Smith v. Aroostook County*, 376 F. Supp. 3d 146 (D. Me. 2019)



COVID-19 Impact on MOUD



Challenges: Community Infrastructure and Re-entry

- Discharge planning
- Shortage of community providers
- Insurance coverage
- Social Determinants of Health (SDOH)



Purpose of This Study



Insights into the current state of medications for opioid use disorder (MOUD) in jails and prisons:

- ✓ Associations between **provision of MOUD** and **population density area, U.S. geographic region, and facility type**
- ✓ Associated **barriers** to providing MOUD
- ✓ Challenges due to **COVID-19** and subsequent adaptations
- ✓ **Community infrastructure** and **continuity of care** during **re-entry process**

Methods - Survey Distribution and Participants



Primary, cross-sectional survey study



Participants from a **closed-access, national, non-profit database** based on **title and qualifications**



Pilot survey reviewed by **11 subject matter experts**



3,161 current and retired health services staff in U.S. jails and prisons

Methods - Data Collection and Analysis



Close-ended and **open-ended** response choices



Survey data collection using an **electronic online tool**



All responses remain **confidential**



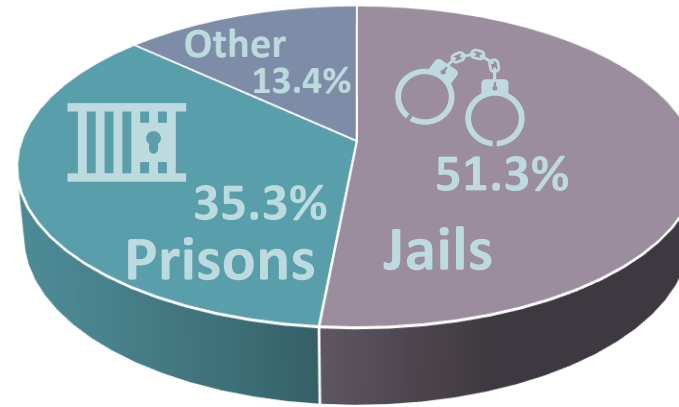
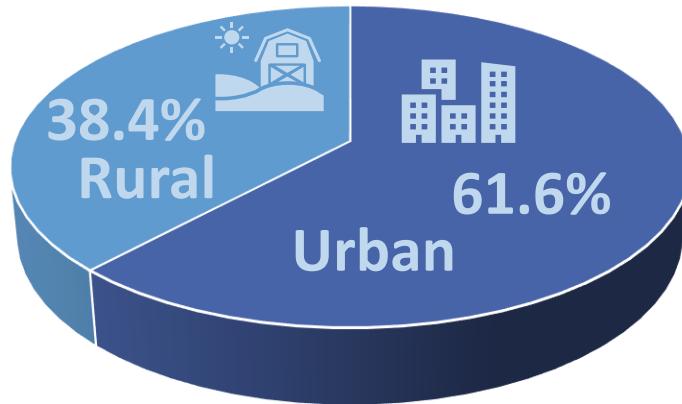
Multivariate logistic regression and **chi square** analyses

Results - Quantitative Data

Facilities Where Respondents Worked

524

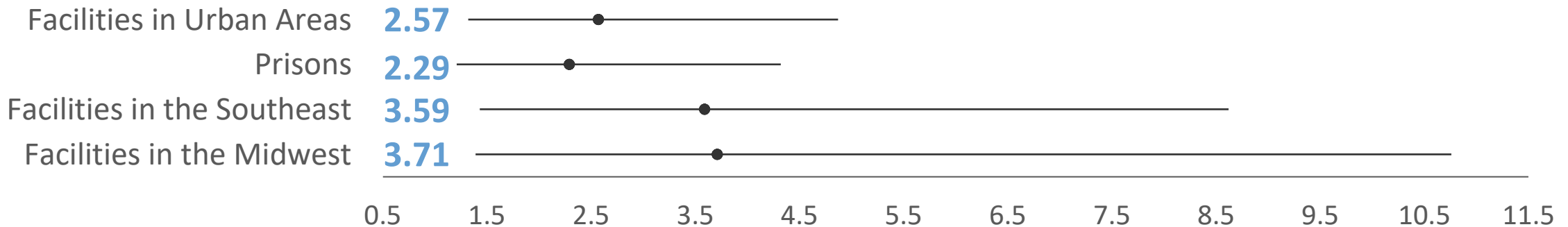
Respondents



62%

Indicated that MOUD is provided within their facility

Odds Ratios (more likely to provide MOUD)



Results - Qualitative Data

Impact of COVID-19



- No major barrier in providing MOUD
- Few respondents mentioned regulatory barriers relative to before

The barriers to MOUD treatment cited



- Risk of diversion
- Resource-intensive nature of MOUD

Access to MOUD after release

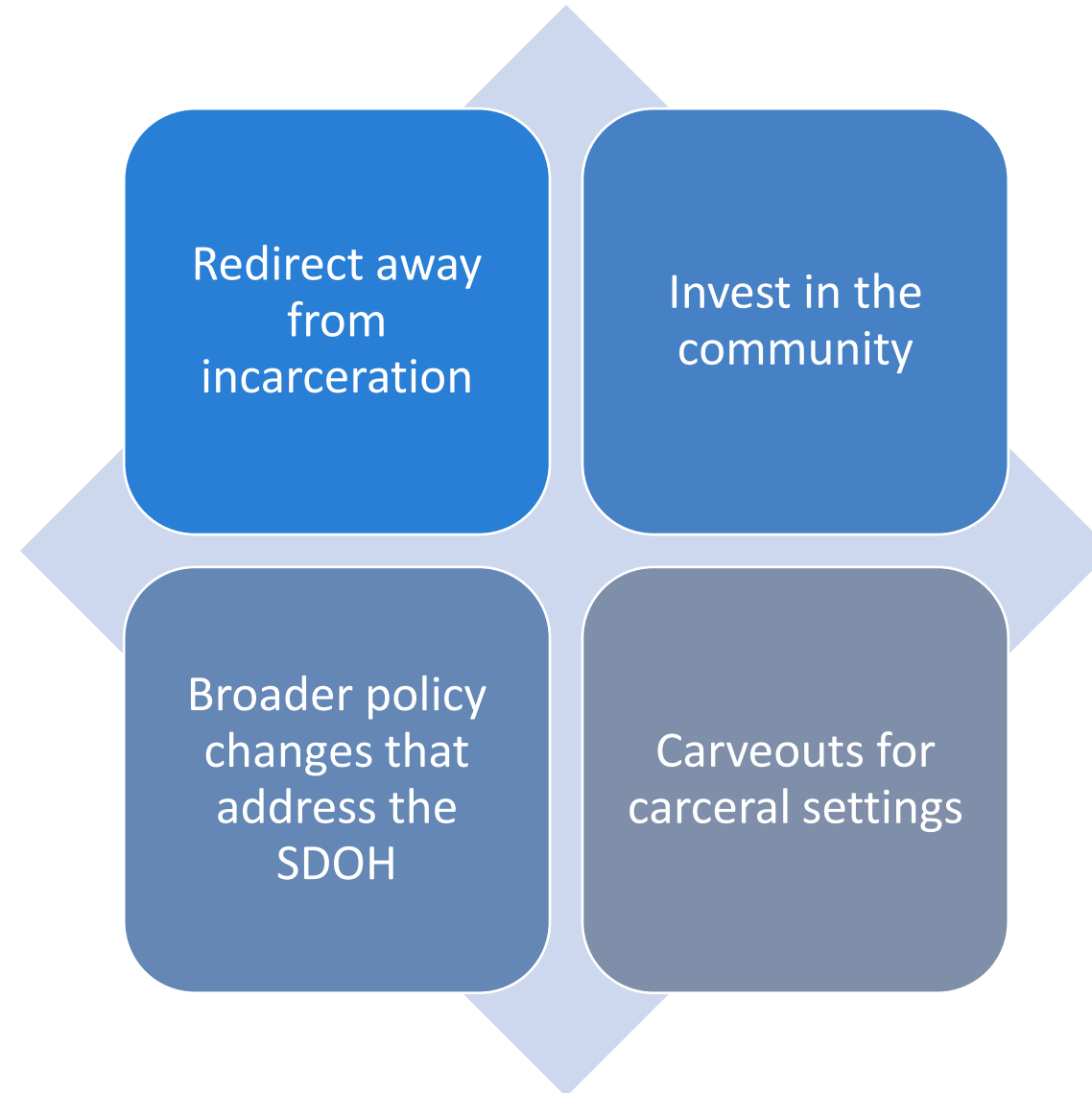


- Need for continuous care for released individuals
- Need for community infrastructure

Limitations

- Missing data
- Confidential and sent multiple times
- Generalizability

Implications



Open Discussion: YOUR experience

- What are the **greatest barriers** to providing and expanding access to MOUD?
- What impact did the **COVID-19 pandemic** have on provision of MOUD?
- What **innovative initiatives and programs** have you experienced that helped overcome the barriers at your facility?
- What is the **ideal infrastructure for transition of care** and efforts aimed at **reducing incarceration**?
- What **community infrastructure** is needed to support **continuation of MOUD** and opioid use disorder treatment?



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Thank you for your time.

Claire Wolfe

clairewolfe@ncchcresources.org

Sabrina Gaiazov

sabrina.gaiazov@indivior.com