



Detoxification, MAT in Prison and Jails

Jails have, by default, become the largest detoxification providers in the country....

Jails and prisons also represent the largest missed opportunity to get high risk persons into treatment...

*Myth: Cold
turkey
withdrawal
from opioid is
uncomfortable
but not
dangerous*

→ Yes, young healthy patients can tolerate being sick with no lasting problems from withdrawal. But what about someone who is not healthy to begin with? Someone with asthma or heart disease? Or with underlying sepsis acquired from sharing needles? Or malnourished and dehydrated from not eating? Add physiological stress of withdrawal, “of course they can die.”

Dr. Jeffrey Keller, Jail Medicine

Individual persons entering prison/jail may be on opioids and other drugs and/or alcohol, complicating detoxification

Detoxification Risks

Death in an all too typical Jail, August 2017

A young woman, withdrawing from heroin and benzodiazepines, told her visitor at the jail, “I’m dying and they won’t do a damn thing to help me.”

Not true. The jail followed its standard detoxification protocol.


It was not enough. She died after 5 days from *severe dehydration*.

She had been incarcerated for an unpaid fine for shoplifting.

Jail Withdrawal Death

Last May, the inmate's family has joined hundreds of other grieving families suing jails and their medical providers for withdrawal related deaths.

The suit alleges the jail failed to provide standard of care exercised by medical personnel under similar conditions, failed to recognize withdrawal symptoms and seriousness of the symptoms leading to failure to monitor the individual properly or give intravenous fluids that would have easily saved her life.



Another Pending Detox Death Lawsuit in same State

Jails are not alone

Allegation: Defendant exhibited symptoms of intoxication and serious impairment by drugs/alcohol (fentanyl). Should have been taken by police directly to hospital before taking him to Detention Center.

Claim of negligence/gross negligence.

Jail
Withdrawal
Deaths

dehydration

blunt force trauma


suicides

Jail
Withdrawal
Death
Lawsuits

90% successful

Average award \$1.4

Last several years, multiple \$4 m
awards



How death should have been prevented

In July 2017, the decedent was prescribed Suboxone to treat her opioid addiction.

In August, she was jailed for a shoplifting warrant.

Jail, like most, discontinued her medication. now does allow inmates to continue this medication.

Myth

Agony of cold turkey detox deters future use

Deters future use of opioid medications, even if they worked before.

Undermines any attempt to treat in jail.

1st lesson

Persons entering jail on prescribed medications for OUD/mental illness should be allowed to continue on these medications



Moral, Medical, Cost, and Legal Imperatives

***Smith v. Aroostook County & Sheriff
Gillen***, First Circuit Ct of App. 6/19

“[t]he Defendants’ out-of-hand, unjustified denial of the Plaintiff’s request for her prescribed, necessary medication — and the general practice that precipitated that denial — is so unreasonable as to raise an inference that the Defendants denied the Plaintiff’s request because of her disability.”

2nd Lesson

Protocols should conform to contemporary standards of care and implemented with fidelity

- Gatorade not sufficient.
- Medical providers must listen to (trained) Correction Officers.
- *But, standard of care is a work in progress*

*Five Drugs
Requiring
Detoxification
Protocols
(U.S. Bureau of
Prisons)*

- opioids,
- alcohol,
- benzodiazepines,
- barbiturates,
- cocaine



Detoxification Protocols

- Tapering with agonist medication
- Ameliorating withdrawal symptoms

FDA approves Lofexidine for Detox

Approved in 2018. Lofexidine has been commonly used in England. In 2002, 74 prisoners provided either methadone or Lofexidine for detox. No significant differences re: severity of withdrawal symptoms or sitting blood pressure or heart rate found. Found to be superior to Clonidine.

Howells, C. et. al. (2002). Prison based detoxification for opioid dependence: a randomised double blind controlled trial of lofexidine and methadone, [*Drug and Alcohol Dependence*](#), 67 (2), 169-176.

Comparing Tapering vs Methadone vs Placebo

Studies: 26 randomized controlled trials (n=1,728)

Conclusion: “Clonidine and lofexidine more effective than placebo. No significant difference between regimens based on clonidine or lofexidine and those based on reducing doses of methadone over a period of around 10 days. Methadone associated with fewer adverse effects than clonidine, and lofexidine better safety profile than clonidine.”

Gowing L, Farrell M, Ali R, White JM. Alpha2-adrenergic agonists for the management of opioid withdrawal. *Cochrane Database of Systematic Reviews* 2016, Issue 5. Art. No.: CD002024. DOI: 10.1002/14651858.CD002024.pub5. [Link to Cochrane Library](#). [PubMed](#)

3rd Lesson

Detox is not treatment


MAT standard of care for opioid treatment

Medication- Assisted Treatment

1. Detoxification Required (7-10 days) before Injectable Naltrexone, opioid blocker, can be safely administered
2. No withdrawal from opioids required before methadone maintenance begun
3. Withdrawal symptoms must be reduced to low or moderate before buprenorphine begun

Jail Medicated-Assisted Treatment

www.rsat-tta.com



JAIL-BASED MEDICATION-ASSISTED TREATMENT
PROMISING PRACTICES, GUIDELINES,
AND RESOURCES FOR THE FIELD

October 2018



Jail/Prison MAT

More than 300 jails and majority of state departments of correction provide MAT, mostly injectable naltrexone

Jail/Prison MAT Challenge

Start up (especially for Naltrexone)

Retention (Agonist and Antagonist alike)

Majority don't take medication for more than a few months.

Sailing blind

Limited Research for Justice Involved Populations:

Don't know which medication is best for which patient

Don't know how long MAT should last

(appears drug addiction not only characterized by relapses, but so is MAT characterized by gaps in retention)

Don't know effectiveness, especially among polydrug, justice-involved abusers in long run

Most studies are short term and/or limited to specific subgroup of users, i.e. persons addicted to pain killers



Future for MAT in Corrections

New Products, potential *game changers*...

Implanted buprenorphine
6 months (maintenance only)
(*Probuphine*)

Injected Buprenorphine
(*Sublocade*-30 days, *Brixadi* , 7 & 30 days)

Naltrexone implant (Europe)

Jail Medicated-Assisted Treatment

