

# Medication-assisted Treatment Inside Correctional Facilities

## ADDRESSING MEDICATION DIVERSION

Medication-assisted treatment (MAT) is the use of FDA-approved medications in combination with behavioral therapies to treat alcohol and opioid use disorders. When provided as part of the rehabilitation and reentry process for people incarcerated in correctional facilities, MAT addresses substance use as a criminogenic risk factor and may contribute to long-term recovery and reduced recidivism. As with any medication or treatment, there is risk of diversion; but, with the appropriate program elements in place, sheriffs, wardens, and jail administrators can provide this effective and evidence-based treatment to individuals during incarceration.

### The Issue

MAT agonist medications used to treat opioid use disorder in correctional settings have contraband value because their nonmedical use by an individual can sometimes result in euphoria. In jails and prisons, some individuals receiving MAT may divert their prescribed medications to the black market within the facility. A common medication diversion technique is to avoid swallowing the medication and storing it on one's person or in a body cavity for later redistribution. Other methods include selling one's urine after taking the medications or regurgitating the medications after swallowed.

While incarcerated individuals may store pills in any body cavity, sometimes they temporarily store pills, liquids, or films inside of the cheek of the mouth, informally known as "cheeking." Although pills begin to dissolve during cheeking, which deters the practice, they dissolve slowly, requiring considerable time for monitoring to ensure the pill is entirely swallowed and dissolved before the patient returns to general population. Liquid medications can be cheeked with the aid of a cotton ball in the mouth to absorb most of the liquid, which is then transferred to a plastic bag and later extracted from the cotton ball. Medications in film format dissolve rapidly, but partial films can sometimes be preserved and reused. Cheeking is a serious concern as it not only results in the nonmedical use of medications, but also can lead to altercations and violence when the redistributed medications do not have the sought after effects.

### QUICK CHECK: STRATEGIES AND TECHNIQUES

- Dedicated Staff
- Multidisciplinary Teams
- Person-centered Planning
- Safe Administration of Medicines
- Effective Response to Incidents
- Ongoing Training
- Partnerships With Community-based Providers
- Supportive Technology

## Strategies and Techniques to Decrease Diversion

There are many steps jails and prisons can take to effectively minimize and control the diversion of drugs used in MAT.

### Assign Dedicated Staff to Support MAT

For MAT to be most effective in correctional settings, it is important to have **leadership buy-in and staff who are fully dedicated to implementing the program**. Operations and leadership staff have many competing priorities within correctional settings, and carrying out a treatment program may not be a priority when weighing concerns about safety, risk mitigation, violence prevention, or other job duties. Effective MAT programs in correctional settings **require attention to detail and high levels of coordination** among team members, particularly between operations and medical staff. Having dedicated staff enables those employees to become very familiar with MAT program processes, to know the patients they work with, and to share the responsibility for the success of the program. Additionally, it is important to employ staff with the right experience, expertise, and orientation toward providing treatment within the correctional setting. These staff should be supported with a variety of ongoing trainings and system structures to ensure they have the foundational knowledge and skills to safely address the risk of medication diversion.

### Multidisciplinary Teams

MAT programs require a multidisciplinary team of staff from inside and outside the jail or prison in order to safely deliver medications and prevent their diversion. While these teams may look different across programs, the relationships fostered through a **multidisciplinary approach** can create the necessary program environment and trust to reduce mistakes, increase transparency, and **minimize the opportunities for medication diversion**. In particular, strong relationships are needed between medical and correctional staff so that communication is clear and the needed conversations happen when staff recognize red flags related to diversion or a person not adhering to treatment as expected.

### Patient-centered Treatment Planning

Collaboration should take place between medical staff, treatment providers, correctional staff, and the patient receiving treatment. The multidisciplinary team should discuss and establish clarity around how

#### STAFFING A MULTIDISCIPLINARY TEAM

Multidisciplinary teams providing MAT within correctional settings may include:

- Licensed vocational nurses
- Substance use counselors
- Specialized pharmacy staff, to dispense medication
- Custodial/correctional staff, to form and monitor medication lines to the dispensary window
- Information technology staff, to create electronic records and standardize what information is tracked
- Program coordinator, to oversee the implementation of the MAT program

the patient will be included in the planning of his or her treatment. Patients should be included in clinical decision making in order to support patient safety, compliance with the treatment process, and ownership of their recovery.

Some correctional facilities have patients **consent in writing** to participate in the MAT program and provide clear expectations for their participation. These expectations may include not using other drugs or alcohol, following institutional policies and procedures, participating in behavioral health programming, and undergoing drug testing.

## Ensure Safe Administration of Medications

The initiation of treatment should be discussed with all appropriate correctional staff, as medication diversion is more likely to occur when correctional staff are unaware of who is receiving medications.

A variety of strategies are used to ensure medications are safely dispensed and administered, including use of medication lines and dispersal windows (required by the Drug Enforcement Administration for dispensation of methadone); dual mouth-checks, performed by both correctional staff and medical staff; dedicated observation tables; and drug testing to confirm that people receiving treatment are taking doses as prescribed. Some programs require that patients consume juice, crackers, and/or water to avoid cheeking; where advised by a medical provider, some medications may be crushed, liquefied, and mixed with other fluids to reduce the risk of medication diversion. In some facilities, a **specialized unit** for people receiving MAT may increase efficiencies. This reduces the opportunities for medication diversion by limiting contact with individuals who may be interested in obtaining the medications for non-medical use and by fostering a therapeutic environment that enhances the recovery process. Other facilities choose to **transport** people receiving MAT to a secure unit within a hospital or community-based agency where they receive treatment and are cleared before returning to the jail or prison.

## Respond Effectively to Incident Reports

Due to the risks associated with medication diversion, there should be protocols in place to ensure immediate notification to command staff when there is an error in medication administration or a perceived or confirmed instance of medication diversion. Both medical and security staff should immediately take steps to address any medical or safety risks stemming from the incident.

When medication diversion does occur, ensure an after-incident review is conducted and corrective actions are taken, based on the findings of the incident report. Information that should be considered includes who was involved (incarcerated persons, correctional staff, and medical staff), how the medication diversion occurred, and what processes made the occurrence possible. Incident reports and camera footage should be examined as part of the after-incident review.

- Training bulletins or additional training of staff regarding the protocols involved with the MAT program may be warranted. **Spot audits**, conducted by supervisors, can help ensure consistency and safety in the administration of the program. Often human error is involved when incidents happen.

Being aware of this can help facility command staff and the MAT teams proactively address the potential for errors and subsequent medication diversion.

- If a community-based provider is involved, review the incident report with them. Conduct a **step-by-step** analysis of the incident, incorporating the provider's perspectives. Obtain information about the trainings that the community-based agency provides its staff regarding MAT and medication diversion in correctional facilities. Leverage the incident as an opportunity to improve facility and provider processes to minimize opportunities for medication diversion.

## Provide Ongoing Training to Staff

Adequate and ongoing training for both facility staff and community-based providers is critical to the safe implementation of MAT and the reduction of medication diversion. All jail and prison staff should receive training regarding MAT, including an overview of the facility's MAT program (whether it is run by jail staff or a community-based provider), basic information about what MAT is and its benefits, potential side effects of medications, and things to watch for related to medication diversion. This should be considered for inclusion in **in-service trainings**.

Staff more directly involved with the MAT program should receive additional or **extensive training**. Suggested training topics include the following:

- Science of substance use disorders, including opioid use disorder, and addiction
- Science of opioid withdrawal (what happens to a person during the withdrawal process)
- Recovery-oriented principles and approaches
- Science of MAT, including how it works, the different forms of FDA-approved medications, psychosocial components, and how treatment providers should work with incarcerated patients to determine the best medication and care to address their unique needs related to their substance use disorder
- Benefits and effectiveness of MAT, such as the reduction of behavior issues, increased safety through meeting treatment needs, continuity of care, case studies of people in recovery due to MAT, etc.
- Medication diversion (common techniques and preventive approaches)
- Security issues related to MAT, including staff concerns about safety and security during program implementation
- Federal, state, local, and accreditation bodies' rules and regulations around the storage, mixing, administration, disposal, and ordering of MAT medications, where applicable
- Culture change around the treatment of people with substance use disorders

Part of staff training should include a **cultural orientation** for medical and correctional staff about MAT and the recovery process, as the effective implementation of the program may involve a notable shift in the jail or prison culture. This may require a significant change in attitudes and behavior toward incarcerated people with substance use disorders and their need for effective treatment among both correctional and medical staff.

## Establish Partnerships With Community-based Providers

Some correctional institutions partner with community-based providers to provide MAT programming. These partnerships may enable a correctional facility to provide treatment for low cost. Community-based providers are often interested in delivering services, sometimes for subsidized rates, in correctional settings in order to maintain continuity of care among their patients, thus increasing the likelihood that a patient will return to the clinic and reducing the significant risk of fatal overdose following release. In order to **maximize the benefits of this partnership**, correctional leaders should have clear processes and plans in place for MAT delivery.

### Strategies for Effective Partnership and Implementation

Steps should be taken to ensure effective partnership with community-based agencies providing MAT services. Programmatically, staff—particularly those transporting medications—should **be escorted in and out** of the facility. Correctional and/or medical **staff shift changes** should be considered when scheduling treatment delivery to reduce errors or duplication of processes.

Administratively, jails or prisons should establish **memorandums of understanding** or contracts with their community-based providers to clearly establish the expectations, boundaries, and other details around the MAT program. These should be **reviewed annually** with the provider to ensure all parties remain informed through staffing changes, program expansions, or other developments. Background checks and security checks are critical to jails and prisons to ensure safety and control of the environment. This should be discussed on an ongoing basis with community-based providers so that the expectation is clear, and those providers can plan accordingly. Community-based providers may need time to navigate challenges related to the **requirement of background checks** due to staff turnover or hiring of staff in recovery from an opioid use disorder and/or former criminal justice involvement.

Providers should be held accountable to implement programming in accordance with federal, state, and local regulations through **regular reporting** about their program delivery and effectiveness among the people receiving treatment. “**Quality**

### FUNDING CONSIDERATIONS

Preventing medication diversion poses funding challenges for many correctional facilities. While many processes should already be in place to prevent diversion in general, there may be costs specific to MAT that should be taken into consideration.

- Cost of medications, which vary depending on the drug and delivery method
- Licensing fees, if the correctional facility seeks to become an MAT provider
- Dedicated, specialized staff to dispense medications, conduct monitoring, coordinate programming, provide therapeutic treatments, and gather and analyze data
- Staff time to monitor medication administration
- Training of dedicated staff
- Transportation costs for correctional institutions that transport MAT participants outside of the jail or prison to receive treatment

A number of strategies may be explored to help overcome some of these costs. In some areas, a community-based provider may be able to administer treatment and medications at an affordable rate.

**meetings**” held on a quarterly basis can be leveraged to review these reports and discuss any changes in program implementation. **Regular and random audits** should be conducted to review the roster of treatment participants, ensure the provider is adhering to safety precautions and regulations, and confirm the provider is delivering services as agreed.

### **Orientations for Community-based Providers**

Ensuring that community-based staff are oriented to the correctional setting before they begin their work inside the facility is an important step. Well-meaning providers who are familiar with individuals incarcerated at the facility may assume they can approach their patients and treatment as they would in the community, without consideration for the correctional setting. An **orientation** should inform clinicians that while their expertise in identifying people who need MAT and providing it is critical to the effective implementation of MAT, coordination and clear communication are equally critical to the safety and security of the correctional facility. These trainings should also cover the following topics:

- Security protocol, unacceptable behaviors, and expectations around conduct
- Critical differences in the environment of correctional settings versus the community setting
- Overview of the facility’s systems, including information systems and records management
- MAT program policies and auditing processes

### **Leverage Technology to Enhance Security and Monitoring Processes**

Technology can provide cost-efficient systems and processes to improve the coordination and oversight of the MAT program, thus reducing opportunities for medication diversion. Electronic health records systems support the documentation of critical treatment and dosage information in standardized formats. In electronic record format, information can be more easily shared with the MAT multidisciplinary team members, who may be community- or facility-based. This allows for increased, potentially real-time, monitoring to ensure participants are adhering to treatment and medication plans and to detect unusual or unanticipated changes in participation.

Where information can be integrated into databases and used appropriately by jail and community-based providers, a more complete picture of an individual’s substance use treatment and needs can be created. This can inform both the correctional staff’s and treatment providers’ work, increase collaboration, and minimize opportunities for medication diversion.

### **Other Resources**

For more information about effectively implementing MAT, reducing diversion, and having informed policies and procedures in place, please consult the following resources:

- National Sheriffs’ Association/National Commission on Correctional Health Care: [Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#)
- U.S. Department of Justice Drug Enforcement Administration’s Diversion Control Division: [Narcotic Treatment Programs Best Practice Guideline \(2000\)](#)

- Residential Substance Abuse Treatment Training and Technical Assistance: [Prison/Jail Medication Assisted Treatment Manual](#) and [Promising Practices Guidelines for Residential Substance Abuse Treatment](#)

## **Acknowledgments**

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