

Overdose Prevention in Jails: 2019 ORS Cornerstone Report

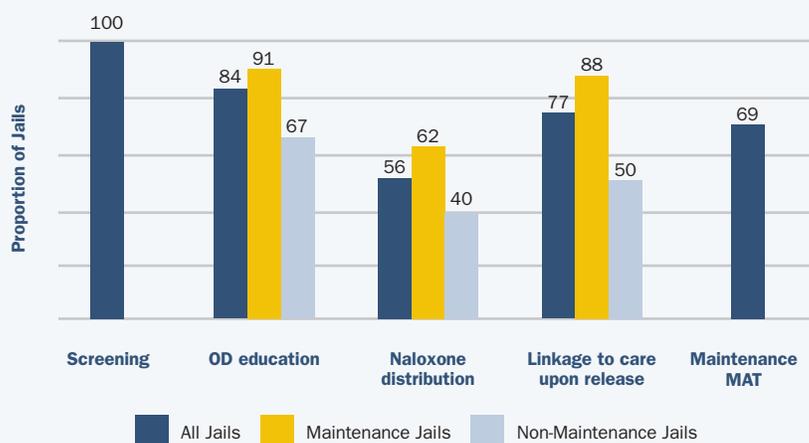
Overview

The immediate period following release from jail puts people at high risk of overdose (OD). Jails can help reduce this risk and save lives by making available critical evidence-based services:¹

- **Screening for substance use disorder (SUD)**
- **OD education and naloxone distribution (OEND)**
- **Linkage to care upon release**
- **Maintenance medication-assisted treatment (maintenance MAT)**

Drawing on surveys and interviews with justice professionals in 36 jails across 20 states, this project examines the provision of such services in jails serving counties most affected by the opioid OD crisis. The full report explores all associated barriers, challenges, solutions, and successes, with the ultimate goal of advancing the implementation of OD prevention services across jails nationwide. In this brief, we highlight key project findings.

Services Provided by Jail Type²



¹Service Definitions

Screening: intake procedures to identify SUD and other medical needs

OD education and naloxone distribution: education about OD risk factors and effective response and provision of 1–2 doses of naloxone

Linkage to care upon release: direct assistance connecting individuals with drug treatment and other services post-incarceration, excluding passive referrals

Maintenance MAT: provision of MAT throughout incarceration

²Jail Types

The jail sample was diversified by the availability of maintenance MAT. Specifically:

Maintenance jails: provide MAT to individuals throughout their incarceration

Non-maintenance jails: do not provide MAT; provide MAT only at intake, for tapering or treating withdrawal, or in limited quantities (1–2 doses) at the time of release; or provide MAT only to pregnant individuals

RECOMMENDATIONS

SCREENING

- Screen everyone for drug use, withdrawal, and current or past MAT
- If possible, screen immediately upon intake
- Use validated tools
- Consider urinalysis to supplement other screening tools
- Have trained medical personnel conduct screenings

OEND

- Offer training to all, including visitors, and allow individuals to opt out
- Provide training within days of arrival or at least monthly
- Prioritize in-person trainings over educational videos
- Hire trainers who have firsthand experience with OD or criminal justice
- Put naloxone in an individual's property prior to release

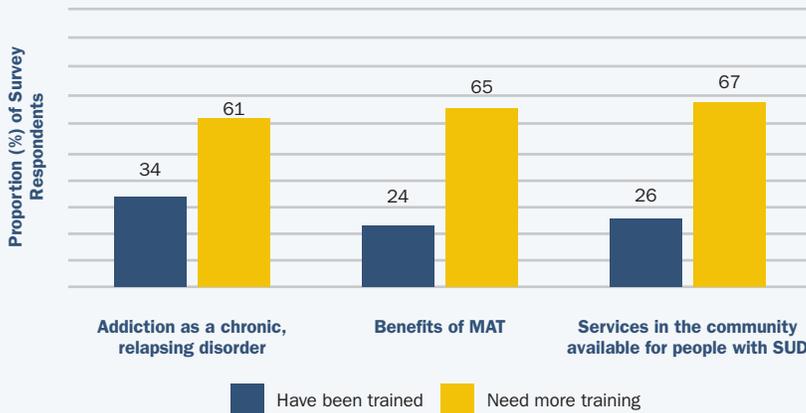
LINKAGE TO CARE

- Initiate linkage services as soon as possible
- Enroll individuals in Medicaid prior to release
- Employ peer specialists for coaching and logistical help
- Provide case management pre- and post-release
- Provide enough medication to last until an individual's first MAT appointment
- Provide transportation and housing assistance

MAINTENANCE MAT

- Enroll everyone with opioid use disorder (OUD)
- Offer but do not require counseling and groups
- Use noncompliance as opportunities for re-engagement, not termination
- Tailor treatment plans to individuals
- To minimize logistical barriers, use an external provider that can administer all three medications

Training Needs



Troubleshooting

How can jails minimize medication diversion?

- Alter administration route
- Improve dose monitoring
- House individuals on MAT separately
- Identify causes:
 - Is everyone on MAT who needs it?
 - Are doses high enough?
- Train staff on risks and consequences of diversion; benefits of MAT; and MAT as treatment, not contraband
- Measure scope of the problem to understand actual severity

How can jails with no MAT experience get started?

- Seek out external grants and opportunities for technical assistance
- Identify high-level champion or support among frontline officers
- Consult with existing programs for guidance
- Coordinate across medical and security staff
- Choose knowledgeable healthcare vendors
- Start small and address operational challenges before expanding
- Know the OUD prevalence in the jail to inform decisions about staffing needs

How can jails dispense naloxone upon release easily and cost-effectively?

- Review state laws to explore all dispensing options
- Purchase the generic injectable form of naloxone
- Buy in bulk, bill Medicaid, and dispense after individuals are released but before they leave campus
- Make naloxone available at other places individuals are likely to visit (e.g., a public defender's office)
- Establish partnerships with health departments and other organizations that already purchase and distribute naloxone

How can jails provide linkage when release dates are unknown or inconvenient?

- Begin planning linkage as soon as possible upon intake
- Immediately give individuals provider information
- For individuals on MAT, put enough medication in their property to last several days or weeks
- Request that courts reschedule inconvenient release dates
- Improve communication with courts so fewer releases are unknown to re-entry staff

LESSONS LEARNED

- 1 Concerns about cost and diversion are manageable.
- 2 Non-maintenance jails may be more open to and interested in providing maintenance MAT than before.
- 3 Support from security staff is essential for programmatic success.
- 4 Availability of services in the community is key because many individuals with SUD or at immediate risk of OD are better served in the community than in jail.
- 5 Collaboration with community partners is essential to ensure continuity of care post-release.

