

Medications for Addiction in Jails in Colorado

Equitable and effective SUD treatment for
incarcerated people

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September 24, 2021



Medications for opioid use disorder (formerly MAT)

Buprenorphine

- Requires a waived provider
- Diversion control needed
- Relatively cheap

Naltrexone

- Oral: Cheap, works for opioids and alcohol
- No diversion potential, but no withdrawal management
- Injectable: Only administered monthly

Methadone

- Requires a provider within ~50 miles
- Larger regulatory burden
- Retains people in treatment better than other medications

MOUD in correctional settings-- effectiveness

- 65% year-on-year reduction in post-release overdoses: RIDOC
- Meta-review: Methadone during incarceration improves outcomes post-release:
 - Engagement (**OR 8.69**)
 - Illicit opioid use (.22); Injection (.26)
- RIDOC: Buprenorphine:
 - Decreases time to community treatment
 - Increases community treatment retention
- Yale study:
 - $\frac{1}{3}$ as likely to receive disciplinary tickets in jail
 - 4x as likely to continue community treatment
 - Return to custody 5-10x less likely



Wins in Colorado

- Prior to 2018, 1 county (Denver) had a comprehensive MOUD program
- Now, at least 8 counties and DOC have one

Barriers

- Stigma
- Staffing
- County/contractor misalignment



Partnering with counties/officers

During incarceration

- Community addiction provider in jail (methadone, buprenorphine, EtOH meds)
- Peer recovery connections
- Behavioral health treatment

Post-incarceration

- Having a regular source of care at follow-up was the sole protective factor against re-arrest in one study
- Care coordination
- Recovery resources/housing
- Naloxone



Example: MOUD in Larimer County Jail

Medication for Addiction Treatment	Number and Percent of Individuals		
	Induction	Continuation	Total
Buprenorphine	197 (88.3%)	124 (70.9%)	321 (80.7%)
Naltrexone	23 (10.3%)	27 (15.4%)	50 (12.6%)
Methadone	3 (1.3%)	23 (13.1%)	26 (6.5%)
Vivitrol	0	1 (0.6%)	1 (0.3%)
Total	223	175	398

- 51% attended their community based MOUD treatment provider appointment after release
- Pre-pandemic, **72%** of members attended their community based treatment provider appointments.



How can we improve

- Scale
 - Rural Counties
 - Urban/suburban Front Range counties
- Scope
 - Alcohol Use Disorder treatment
 - Stimulant Use Disorder treatment
 - Harm Reduction: Consistent naloxone distribution
 - Peer recovery engagement
- Evaluation



Contact me!

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