

MAT Expansion Plan:

PA DOC Strategies for Expanding the Use of MAT for Justice-Involved Individuals

Background of Medication-Assisted Treatment (MAT) and PA DOC

As part of its ongoing mission to better equip reentrants as they return to their communities, the PA Department of Corrections (PA DOC) began providing Vivitrol (Naltrexone for extended release injectable suspension) for female reentrants at SCI-Muncy (MUN) who were returning to Allegheny, Dauphin, or Philadelphia counties. Vivitrol is a non-narcotic medication indicated for the treatment of alcohol use disorder as well as opioid use disorder.

Penn State University researchers evaluated this initiative and ultimately recommended that the PA DOC consider expanding it to men's institutions. As of July 2015, Vivitrol has been maintained at MUN and has been expanded to the following male institutions: SCI-Chester (CHS), SCI-Graterford (GRA), SCI-Mahanoy (MAH), and SCI-Pittsburgh (PIT). The PA DOC has targeted those reentrants returning to Allegheny, Dauphin, or Philadelphia counties, with the addition of Lehigh County, as potential Vivitrol recipients. PA DOC officials determined that the sites chosen for initial expansion appear to coincide with encounter data, overdose data, and death reports that were presented at an August 2015 meeting hosted by the PA Physician General.

Planning for Future Expansion

Because of its lack of addictive properties and a proven ability to help sustain recovery, Vivitrol will be even further expanded throughout the PA DOC. Expansion will begin with SCI-Laurel Highlands (LAU), a "short min" facility, where those with minimum sentences of less than 12 months at time of PA DOC commitment are initially transferred to participate in recommended treatment programs in an expedited fashion. These plans will also include expansion to SCI-Dallas (DAL), SCI-Retreat (RET), and SCI-Waymart (WAM), which are consistent with initial target sites for the Clean Slate strategy for quality MAT service delivery through the Physical Health MCO system.

Counties to which participants are returning will continue to include Allegheny, Dauphin, Lehigh, and Philadelphia, but expansion efforts will now include Berks, Lackawanna, Luzerne, Westmorland, and York counties as well. Expansion to additional SCIs and returning counties will be planned/executed as well. Since it is a less expensive option than Vivitrol, Revia (oral naltrexone) will also be considered for administration during the incarceration period. Over the long term, the PA DOC plans to include in MAT expansion methadone and Suboxone (buprenorphine + naloxone) or Subutex (buprenorphine) as standards of care where determined appropriate.

Options for MAT after expansion will include:

- **Medication-Assisted Opiate Detoxification:** For new commitments, parole violators, and diversion cases.
- **Maintenance:** For those offenders who are committed to the PA DOC and who are already receiving MAT.
- **Initial Prescriptions:** For those offenders who are committed to the PA DOC and who are not in need of detoxification, but who could benefit from MAT from the time of PA DOC commitment.

Vivitrol Survey Issues and Highlights

Between 2/16/15 and 4/15/15, the PA DOC administered a preliminary, IRB-approved survey of a target population comprising individuals who were both under PA DOC supervision and assigned to a Therapeutic Community (TC) inside of a PA DOC facility.

Highlights of the study's findings indicate the need for further efforts in education to support expansion:

- **Knowledge:** Baseline levels of knowledge about treatment specifics are relatively low, even among PA DOC residential substance abuse treatment programs.
- **Awareness:** Approximately 25% of respondents were aware of the treatment at any level.
- **Attitudes:** Overall ambivalent or weak preferential attitudes were expressed toward this form of treatment, indicated throughout other areas of the survey.
- **Interest:** Approximately 1/3 of respondents were interested in exploring this treatment option, with 2/3 of those interested indicating preference for single, monthly injection rather than daily dose, emphasizing the need for more thorough education about treatment options.

The PA DOC plans to provide supportive treatment programming, with the clear goal of weaning participants off of methadone, Suboxone, or Subutex, and then introducing Revia or Vivitrol, as long as is medically indicated. If weaning is not indicated in a given case, the PA DOC will continue methadone, Suboxone, or Subutex throughout the offender’s incarceration and into the community. In these cases, close monitoring protocols will be established and maintained by qualified medical staff (both within the institution and in the community), as guidelines must be followed closely by participants due to potentially severe and long-lasting symptoms of withdrawal.

Coordination of Efforts

The PA DOC is currently working closely with Correct Care Solutions (CCS), the current provider of health care services to the DOC, to establish MAT expansion in accordance with applicable federal and state regulations. The expansion will require approval from the Pennsylvania Department of Drug and Alcohol Programs (DDAP) Division of Drug and Alcohol Program Licensure, the Drug Enforcement Agency (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Social workers, which will be in place at every SCI and in each Regional Office in Community Corrections, shall be the main points of contact for coordination between internal and external stakeholders in this initiative. These stakeholders will involve, but are not limited to:

- **Internal:** Drug and alcohol staff based in the SCIs, medical staff, community corrections staff, etc.
- **External:** PA Board of Probation and Parole (PBPP) staff, treatment providers, other service providers, etc.

To ensure continuity of care, PBPP shall utilize the established project-specific command and communications processes.

A Statewide Coordinator of MAT has been hired in the PA DOC Bureau of Treatment Services (BTS). This individual is providing training and technical assistance to site coordinators (i.e., social workers), as well as liaison with the Bureau of Community Corrections (BCC), PBPP Points of Contact (POCs), Single County Authorities (SCAs), and treatment/other service providers, as necessary.

Considerations

Further considerations must necessarily include, but will not be limited to, the following:

- From a clinical perspective, a national consensus on how to provide MAT inside corrections facilities does not exist. The pros and cons of each one of these medications need to be fully reviewed before a final PA DOC protocol is adopted.
- A shift in treatment program delivery to the front-end of incarceration rather than at the back-end must be considered in order for delivery to occur in conjunction with MAT.
- Consider programming low-risk offenders with moderate to high Alcohol and Other Drug (AOD) treatment needs, as those who present a low recidivism risk but who have existing AOD needs may not be excluded from this initiative. Currently, the PA DOC reserves treatment resources for only those who are at moderate-to-high risk to recidivate. If the PA DOC moves in this direction, separate program waiting lists will need to be developed in order to ensure fidelity to the risk principle.

About the Medications - Quick Reference

GENERIC NAME	TRADE NAME
naltrexone (injectable)	Vivitrol
naltrexone (oral)	Revia
buprenorphine	Subutex
buprenorphine + naloxone	Suboxone
naloxone	Narcan
methadone	multiple trade names

- Consider providing Narcan (naloxone) to opiate-addicted offenders for reentry, regardless of MAT status. This will include the expansion of Narcan availability at all CCCs and CCFs, and will support reductions in number of deaths due to overdose. (For an article on Narcan and its ability to save lives, refer to [page 14](#) at the end of this document).
- Consider how to minimize cost of MAT expansion, such as applying strategies similar to those used in reducing costs for the Vivitrol program.
- Any decisions regarding MAT expansion should take DDAP licensing restrictions into account. Ongoing collaborations with DDAP should occur in order to ensure no adverse impact on licenses to provide AOD programming.

Criteria for Current MAT Participation

Criteria for MAT participation currently address the following:

- **Risk to Recidivate:** Moderate-to-high, as per the Risk Screen Tool (RST). **NOTE: Treatment-related resources are typically reserved for those who are at moderate-to-high risk to commit crimes in the future.*
- **Criminogenic (or Crime-Producing) Need:** Moderate-to-high AOD treatment need (i.e., substance abuse/dependence indicated), as per the Texas Christian University Drug Screen II (TCUDS II). **NOTE: Only those addicted to opiates/alcohol are eligible to participate.*
- **Treatment Program Participation:** Successful completion of Outpatient or Inpatient (i.e., Therapeutic Community) Program.
- **Returning County:** Allegheny, Dauphin, Lehigh, or Philadelphia
- **Minimum Sentence:** Two-to-12 months to minimum sentence in order to allow for reentry planning and processing.
- **Voluntary** on the part of potential participants.
- **Medical Testing:** Participants must have no liver problems, such as liver failure or acute hepatitis.

MAT Challenges

Issues that have been brought to light include, but may not be limited to, the following:

- Staff working in the field have expressed a lack of support for MAT (which was previously an issue).
- Many treatment facility staff, who conquered their own addictions without medication, favor an abstinence model, and provider skepticism may contribute to low adoption of MAT.
- Staff in Community Contract Facilities (CCFs) have expressed that their corporate offices do not support the use of MAT and are therefore hesitant to personally participate in MAT expansion.
- Many individuals utilizing MAT are met with harsh criticism from the 12-step community.
- No guaranteed offender release date.

Criteria Revised for MAT Participation

Current criteria have been revised as follows in order to maximize participation:

- **Risk to Recidivate:** Any risk level (i.e., low, moderate, or high)
- **Criminogenic (or Crime-producing) Need:** Moderate-to-high AOD treatment need (i.e., substance abuse/dependence indicated), as per the Texas Christian University Drug Screen II (TCUDS II). Staff may also use the pre-parole LSI-R (AOD Subdomain score of two or above) as an indication of a need for AOD treatment. **NOTE: Only those addicted to opiates/alcohol are eligible to participate.*
- **Treatment Program Participation:** Successful completion of Outpatient or Inpatient (i.e., Therapeutic Community) Program *is not required.*
- **Returning County:** Allegheny, Dauphin, Lehigh, or Philadelphia
- **Minimum Sentence:** Past minimum to 12 months to minimum sentences. Shall include Technical Parole Violators (TPVs) and may also include max-out cases.
- **Voluntary** on the part of potential participants.
- **Medical Testing:** Participants must have no liver problems, such as liver failure or acute hepatitis.

Community Contract Facilities (CCFs) Offering MAT to Date

INPATIENT

AOD IN PATIENT				
County	ReferredTo	Administer		
		Methodone	Suboxone	Vivitrol
Philadelphia	CEC-Luzerne (135)	N	N	N
Philadelphia	Gaudenzia DRC (116)	N	N	Y -Pilot Participant
Chester	Gaudenzia West Chester (106)	N	N	N
Lehigh	Keenan House (189)	N	Y - While Detoxing	N
Philadelphia	Self Help Movement (124)	N	N	N
Berks	ADAPPT (218)	N	N	N
Dauphin	Conewago Place (222)	N	N	N
Schuylkill	Conewago Pottsville (236)	N	N	N
Snyder	Conewago Snyder (237)	N	N	N
Dauphin	Gaudenzia Common Ground (217)	N	Y -Detox Only	Y -Pilot participant
Dauphin	Gaudenzia Sienna House (225)	N	N	N
Erie	Gateway Erie (322)	N	N	N
Beaver	Gateway Sheffield (324)	N	N	N
Indiana	Conewago Indiana (329)	N	N	N
Erie	Crossroads (309)	N	N	N
Beaver	Pen Pavilion (313)	N	N	N
Allegheny	Renewal #2 (327)	N	N	Y -Pilot Participant

OUTPATIENT

AOD OUT PATIENT				
County	ReferredTo	Administer		
		Methodone	Suboxone	Vivitrol
Allegheny	Gaudenzia Erie, Inc. Pittsburgh OP (314)	N	N	N
Allegheny	Renewal, Inc. (320)	N	N	Y
Beaver	Penn Pavilion, (305)	N	N	N
Berks	ADAPPT, (212)	No Response Received at this time.	No Response Received at this time.	No Response Received at this time.
Chester	Gaudenzia, Inc. -Coatesville OP (109)	N	N	N
Chester	Gaudenzia, INC. -West Chester OP (113)	N	N	N
Cumberland	Gaudenzia, Inc -West Shore OP (219)	N	N	N
Cumberland	NHS Human Services -NHS Stevens (233)	N	N	N
Dauphin	Gaudenzia, Inc. -Harrisburg OP (215)	N	N	N
Delaware	NHS Delaware County (123)	N	N	N
Erie	Gateway Rehab Center -Gateway Erie (312)	N	N	N
Franklin	GEO- Franklin County Day reporting Center (222)	N	N	N
Lackawanna	Habit OPCO- Dunmore (117)	Y	N	N
Lehigh	Habit OPCO-Allentown (116)	Y	N	N
Lehigh	Treatment Trends -Confront (131)	N	N	N
Luzerne	GEO- Luzerne County Day Reporting Center (224)	N	N	N
Lycoming	Genesis House (220)	N	N	N
Montgomery	Gaudenzia, Inc. -Montgomery OP (112)	N	N	N
Montgomery	Habit OPCO -Pottstown (118)	Y	N	N
Northumberland	Gaudenzia, Inc. -Sunbury OP (218)	N	N	N
Northumberland	Habit OPCO -Watsonstown (226)	Y	N	N
Philadelphia	Community Education Centers, Inc. -Erie OP (134)	N	N	N
Philadelphia	Gaudenzia, Inc. -Gaudenzia Outreach 1 (110)	N	N	N

Medical Assistance/COMPASS

With many serious mental and physical health conditions, including SUD, reentrants require essential health care immediately upon release from incarceration. To address this issue, PA DOC and PA Department of Human Services (DHS) have collaborated to create a process ensuring that Medical Assistance (MA) benefits will be in place for reentrants on the date of their release. This partnership will result in the development of a more effective and expedited continuum of care. Included in the mission will be automated processing of Commonwealth of Pennsylvania Access to Social Services (COMPASS) applications for all of these reentrants.

ABOUT THE PROCESS

The process begins when an individual's release date from the SCI is established. The SCI Health Care Release Coordinator will ensure completion of the COMPASS application for the individual prior to the scheduled release date. Upon receipt, the County Assistance Office (CAO) will process the application.

If the individual is eligible, MA will be authorized no sooner than seven days prior to the individual's release date from the SCI, **using the release date as the MA begin date**. Authorization must occur prior to the release date. This process requires close cooperation and communication between DOC and CAO staff.

PROCEDURES

Implementation of the following process requires actions by the SCI and CAO staff:

1. Verify the individual's release date.
2. Complete an Employability Assessment Form (PA 1663) for all disabled individuals. If the PA 1663 indicates that the individual is permanently disabled or will be disabled for a period of 12 months or longer, a Disability Advocacy Program (DAP) Referral Form (PA 731) will be completed and signed by the individual.
3. Complete a Health-Sustaining Medication Assessment Form (PA 1671) for individuals who require a health-sustaining medication and are Lawful Permanent Residents (LPRs) subject to the five-year bar.
4. Submit an application through COMPASS prior to the individual's release date using the assigned SCI provider number.
 - When possible, submit the application no sooner than 15 calendar days prior to the individual's release date and no later than five calendar days prior to the individual's release date.
 - The application will be submitted to the CAO in the individual's county of residence.
 - Indicate the individual's release address on the application. If the individual is homeless or does not have an established release address, the CAO address may be used. The individual will be instructed to report any address change to the CAO.
 - In the comments section of the COMPASS application, include the following:
 - A statement indicating that the application is "For expedited determination of MA eligibility for inmate being released from SCI."
 - The release date as the requested MA begin date.
 - Scan and attach, or send via fax, all necessary documentation.
5. Immediately contact the CAO if any change to the release date is expected or occurs.

Detoxification

CURRENT DETOXIFICATION PROTOCOL

Opioid withdrawal, while extremely uncomfortable, is not usually a life-threatening condition (as opposed to alcohol withdrawal). Unless the patient is pregnant or has a serious medical condition, the standard for opioid dependency in a correctional setting is to permit withdrawal and ameliorate the major symptoms. These symptoms begin with runny nose, tearing, and sweating. They can progress to fever, nausea, vomiting, diarrhea, and cramping. As withdrawal peaks, the patient shivers uncontrollably, develops an elevated pulse and blood pressure, becomes agitated and restless, and experiences severe muscle and bone pain. The PA DOC currently practices the following detoxification protocol:

- The identification of offenders who may need treatment for opiate withdrawal begins at intake. If brought in by a parole officer, the offender's current drug use or withdrawal symptoms may already be known. Upon arrival, every inmate receives a complete medical screening by the nurse on duty. This screening includes questions regarding drug use (e.g., specific drugs used, amount and frequency of drugs used, date and time of last time drugs were used, noting any visible signs of drug withdrawal, such as sweating, pinpoint pupils, nausea, and shakes).
- Once the patient is identified as possibly needing medical treatment for withdrawal symptoms, the nurse calculates a Clinical Opiate Withdrawal Scale (COWS) score. COWS is a nationally accepted score based on symptoms and vital signs. The absolute value can provide the clinician with the severity of the process, ranging from mild to severe. It also allows staff to objectively document improvement or deterioration of the individual's medical condition. The COWS calculation is repeated as ordered by the clinician and is compared with previous scores.
- Depending on the severity of symptoms, the clinician may elect to treat the individual in the infirmary or in general population. If the individual's condition deteriorates such that it is critical, he or she may be transported to the local emergency department.
- The following medications are available to treat specific symptoms:
 - Imodium (Loperamide) for diarrhea
 - Meclizine for vomiting
 - Tylenol (acetaminophen) or Motrin (ibuprofen) for pain
 - Muscle relaxant for muscle cramps that do not respond to Tylenol or Motrin
 - Clonidine for hypertension or uncontrolled gastrointestinal symptoms that do not respond to any of the above medications.
- Women who report current drug usage, or show signs of withdrawal, are tested for pregnancy. If positive, they will be immediately be ordered methadone to prevent withdrawal, which if not treated, could result in a spontaneous abortion (miscarriage). The onsite medical provider is permitted by the Drug Enforcement Agency (DEA) to prescribe three days of methadone for detoxification. During that time, the individual is scheduled for evaluation at a local offsite licensed methadone clinic. The individual will be followed at the clinic until after delivery and will then be allowed to withdraw from opiates according to the above protocol.



Detoxification (Cont'd)

PROPOSED MODIFICATIONS TO CURRENT DETOXIFICATION PROTOCOL

Currently, MAT is not generally administered long term for detoxification purposes in the PA DOC. Moving forward, however, the PA DOC will ensure that the detoxification protocol includes the appropriate use MAT. Specifically, the PA DOC will consider the administration of Suboxone or Subutex as the standard protocol for aiding in the detoxification process. The intended goal is to use Subutex over a more extended period of time during incarceration, slowly tapering the offender off of Subutex and subsequently introducing Revia or Vivitrol if indicated. Medical staff will closely monitor all stages of detoxification.

Proposed modifications to the detoxification protocol are general considerations in the incorporation of MAT. Ongoing collaboration among the Physician General, the DOC's Chief of Clinical Services, and DHS's Chief Medical Officer will continue in order to develop a more detailed protocol. The PA DOC also intends to develop an advisory for county jails on both MAT detoxification and reentry-supported MAT.

Maintenance

No MAT is currently maintained long term or for the duration of incarceration except in the cases of women who are pregnant. Moving forward, the PA DOC will be maintaining MAT (to include methadone, Suboxone or Subutex, and Revia or Vivitrol). This maintenance will occur as long as is medically indicated for those who are newly committed to the PA DOC and for those who are already receiving MAT. The standard protocol will be to eventually taper the individual off of methadone, Suboxone, or Subutex, after which Revia or Vivitrol would be introduced as is medically indicated. Medical staff will closely monitor all stages of maintenance for all medications.

Initial Prescription

The PA DOC will be administering MAT to newly committed individuals who are not undergoing detoxification, are likely to benefit from the treatment, and who are not currently receiving it. Treatment medications will include methadone, Suboxone or Subutex, and Revia or Vivitrol. Initial consideration shall be given to Revia or Vivitrol unless another medication is determined to be more appropriate. The standard protocol will be to eventually taper the individual off of methadone, Suboxone, or Subutex, and then introduce Revia or Vivitrol (unless contraindicated). Medical staff will closely monitor all stages of maintenance for all medications.



Moving Forward

The PA DOC plans to take a sharply focused approach in its plans to expand MAT both now and into the future. In order to bring this mission to fruition, the PA DOC will undertake the following strategic measures as it advances its expansion plans:

SOLUTIONS FOR PILOT- AND EXPANSION-SPECIFIC ISSUES

- The PA DOC will no longer do business with service providers who do not, at all levels, support the use of MAT.
- Weekly call-ins to the PA DOC's Central Office are made in an effort to monitor the referrals. During this time, the issues that may be restricting the number of MAT referrals will be addressed.
- PA DOC Central Office staff regularly schedule and perform site visits, during which face-to-face dialogue with field staff who are directly involved in MAT referral and administration processes occurs.

NEXT STEPS FOR FULL EXPANSION

- Establish advisory groups with the mission of ensuring best practices for (1) Medication Assisted Opiate Detoxification, (2) MAT maintenance, and (3) MAT-assisted reentry. Areas represented may include, but may not be limited to, the following: PA DOC BTS, PA DOC Bureau of Health Care Services (BHCS), PA DOC BCC, PA DOC Office of Psychology, PBPP, PA Department of Human Services (PA DHS), Physician General/PA Department of Health (PA DOH), and PA DDAP. Each affected area will be responsible for fulfilling its specific mission within the overall initiative.
- Determine a schedule for fully realized MAT expansion.
- Contact other Departments of Corrections that are currently utilizing MAT (e.g., Connecticut, Massachusetts, Missouri) as resources in the development of further MAT expansion in PA.
- Train/Educate all counseling and other treatment staff in the SCIs so that they may serve as resources to then educate offenders and their loved ones about MAT.
- Determine regulations and licensure requirements for MAT administration.
- Determine whether SCI- and community corrections-based physicians fully comply with regulations and licensure requirements. If they do not, determine all necessary steps that must be taken to ensure that they do.
- Develop a detailed protocol for administration of methadone, Suboxone, and Subutex. Reentry methodologies in the context of these medications shall be thoroughly delineated in the protocol.
- Amend existing BCC Reentry Services contracts to include the use of MAT.
- Determine the existence of a listing that specifies community-based physicians (by location) who are licensed to administer methadone, Suboxone, and Subutex. At present, this type of resource is available online for Vivitrol (See "Find a Doctor" at Vivitrol.com.)
- Create additional educational materials and fact sheets about MAT for widespread distribution. Existing materials include an informational video and fact sheets for inmates, family members, and staff, emphasizing the PA DOC's commitment to MAT expansion, as well as why MAT is a key piece of successful reentry (See following pages).

New MAT Informational Materials for Distribution

The PA DOC has created numerous educational materials, including a video, which will provide more widespread information about MAT. These materials are intended for multiple audiences with the intention of reaching as many individuals as possible and increasing MAT awareness. Audiences include:

- ▣ Staff working with justice-involved individuals
- ▣ Justice-involved individuals
- ▣ Friends and family of justice-involved individuals
- ▣ General public

INFORMATIONAL VIDEO

To view the MAT educational video, click the following link:

http://www.pacast.com/players/cmsplayerHD.asp?video_filename=13445_Wetzel_Vivitrol.m4v



MAT in the DOC:

Medication-Assisted Treatment (MAT) for Justice-Involved Individuals

What is MAT?

The term MAT stands for Medication-Assisted Treatment, and has gained huge momentum as a modern, successful, and research-proven way to help lighten the weight of addiction recovery, especially from opioids. Because of the intense cravings, detox, and withdrawal symptoms involved in quitting, addiction is difficult to overcome. For those who have been incarcerated or released from prison, addiction recovery can present an additional barrier to success. MAT relieves some of the struggles that come with controlling addiction, eliminating substance abuse, recovering from symptoms, managing relationships, and moving on with life in the community. Because it involves both behavioral therapy and FDA-approved medication that can help addicted individuals curb their cravings, MAT can make quitting drugs easier so that they can start life over without addiction weighing them down.

Why is it Necessary?

Over the last decade, the use of opiates in the United States has risen so much that it has become an epidemic. Fatal drug overdose is now the number one cause of accidental death, with deaths caused by opiate-based drugs increasing the most. In the PA DOC alone, approximately 65% (two thirds) of the population has been assessed as having an alcohol or other drug problem. In fact, the number of new commitments with an assessed heroin problem has doubled, accounting for 6% of new commitments ten years ago to 12% of new commitments today. Research has shown that traditional approaches, such as “just saying no” are just not working. Using data to drive policy and practice, the PA DOC is tackling a prominently long-overdue change in approach, treating addiction while it addresses crime - doing so before, during, and after an individual’s transition home. Traditional, one-dimensional abstinence programming has proven ineffective. Instead, MAT sheds some light on what has been a dark outlook for many years, approaching addiction like the chronic disease it is and proving to be a strong solution in the modern age of addiction treatment. And because opioids are so powerful, those who are trying to recover need multiple types of help in order to beat the disease. MAT offers a comprehensive, two-dimensional model of treatment. Using medications, such as methadone, Vivitrol, Revia, Suboxone, and Subutex, MAT allows individuals to receive customized treatment to address the physical challenges of recovery. To address the mental challenges of recovery, MAT includes behavioral health treatment to change thinking patterns and old habits. While no single treatment is right for all individuals, MAT offers the same benefits for offenders all who qualify:

- Provides safe, carefully introduced, physician-controlled medication that blocks, reduces, or alters the potent effects of addiction, such as cravings, tolerance, dependence, detoxification, and withdrawal.
- Type of medication varies depending on the addiction, but all types of medications can be safely taken (as long as is indicated) under close monitoring for the duration of treatment.
- Consistent counseling and programming focus on healthy thinking patterns, lifestyle changes, coping skills, overcoming setbacks, and improving connections with family and friends.

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naloxone	Narcan
methadone	multiple trade names

Moving Forward

The PA DOC believes that in order for individuals to *sustain* recovery success in the community, they must first be *supported* in their recovery success. To ensure that it enables all individuals to receive the best, medically indicated treatment available to address their addictions, the PA DOC will be expanding its use of MAT to its full potential - which, in the end, means sending home individuals who are who are not left on their own in their recovery and who have been afforded the understanding that the disease is not the crime.

LIGHTEN THE WEIGHT OF ADDICTION

WHY ENCOURAGE MAT?

Over the last decade, the use of opiates in the United States has risen so much that it's become an epidemic. Fatal drug overdose is now the number one cause of accidental death, with deaths caused by opiate-based drugs increasing the most. In the Pennsylvania Department of Corrections (PA DOC) alone, 65% (two thirds) of the population has been assessed as having an alcohol or other drug problem. In fact, the number of people annually incarcerated in the PA DOC with a heroin problem has doubled.

Research has shown once and for all that traditional approaches to address this problem, such as "just saying no," are just not working. Instead, MAT sheds some light on what's been a dark outlook for many years. It treats addiction like the chronic disease that it is, proving to be a strong solution in the modern age of addiction treatment. And because opioids are so powerful, those who try to recover need different types of help in order to beat the disease. With its focus on both medication and counseling, MAT can prevent people from relapsing and improve their chances for long-term recovery.

When you see incarcerated individuals struggling with an opioid or other drug addiction, let them know that they don't have to carry this weight alone. The PA DOC wants to ensure that it enables everyone to receive the best, medically indicated treatment available to address their addictions. While no single treatment is right for everyone, these individuals can get the relief they need by considering MAT, which offers the same benefits for all who qualify¹:

- Provides safe, carefully introduced, physician-controlled medication that blocks, reduces, or alters the potent effects of addiction, such as cravings, tolerance, dependence, detoxification, and withdrawal.
- Type of medication varies depending on the addiction, but all types of medications can be safely taken as long as is necessary under close monitoring for the duration of treatment.
- Scientifically proven to work in reducing problem addiction behavior.
- Consistent behavioral counseling and programming focus on healthy thinking patterns, lifestyle changes, coping skills, overcoming setbacks, and improving connections with family and friends.

¹<http://www.samhsa.gov>

Justice-involved individuals who are interested in MAT should send a request slip to their Drug and Alcohol Treatment Specialist Supervisors (DATSS) or assigned counselor/case manager. For more information about MAT, call 1-877-726-4727.

WHAT IS MAT?

The term MAT stands for **Medication-Assisted Treatment**, and has gained huge popularity as the most modern and successful way to help lighten the load of addiction recovery, especially from opioids. Because of the intense cravings, detox, and withdrawal symptoms involved in quitting, addiction is difficult to overcome. For those who have been incarcerated or released from prison, addiction recovery can present an additional barrier to success.

MAT relieves some of the struggles that come with eliminating substance abuse, controlling addiction, recovering from symptoms, managing relationships, and getting on with life in the community. Because it involves both behavioral therapy and FDA-approved medication that individuals take to help curb cravings, MAT can make quitting drugs easier so they can start life over without addiction weighing them down.

For Staff Working with Justice-Involved Individuals

PA Department of Corrections, 2015

LIGHTEN THE WEIGHT OF ADDICTION

WHY CONSIDER MAT?

Over the last decade, the use of opiates in the United States has risen so much that it's become an epidemic. Fatal drug overdose is now the number one cause of accidental death, with deaths caused by opiate-based drugs increasing the most. In the Pennsylvania Department of Corrections (PA DOC) alone, 65% (two thirds) of the population has been assessed as having an alcohol or other drug problem. In fact, the number of people annually incarcerated in the PA DOC with a heroin problem has doubled.

Research has shown once and for all that traditional approaches to address this problem, such as "just saying no," are just not working. Instead, MAT sheds some light on what's been a dark outlook for many years. It treats addiction like the chronic disease that it is, proving to be a strong solution in the modern age of addiction treatment. And because opioids are so powerful, those who try to recover need different types of help in order to beat the disease. With its focus on both medication and counseling, MAT can prevent people from relapsing and improve their chances for long-term recovery.

If you're struggling with an opioid or other drug addiction, you don't have to carry this weight alone. The PA DOC wants to ensure that it enables everyone to receive the best, medically indicated treatment available to address their addictions. While no single treatment is right for everyone, you can begin to get the relief you need by considering MAT, which offers the same benefits for all who qualify²:

- Provides safe, carefully introduced, physician-controlled medication that blocks, reduces, or alters the potent effects of addiction, such as cravings, tolerance, dependence, detoxification, and withdrawal.
 - Type of medication varies depending on the addiction, but all types of medications can be safely taken as long as is necessary under close monitoring for the duration of treatment.
 - Scientifically proven to work in reducing problem addiction behavior.
 - Consistent behavioral counseling and programming focus on healthy thinking patterns, lifestyle changes, coping skills, overcoming setbacks, and improving connections with family and friends.
- ²<http://www.samhsa.gov>

For more information about MAT, send a request slip to your Drug and Alcohol Treatment Specialist Supervisor (DATSS) or assigned counselor.

WHAT IS MAT?

The term MAT stands for **Medication-Assisted Treatment**, and has gained huge popularity as the most modern and successful way to help lighten the load of addiction recovery, especially from opioids. Because of the intense cravings, detox, and withdrawal symptoms involved in quitting, addiction is difficult to overcome. For those who have been incarcerated or released from prison, addiction recovery can present an additional barrier to success.

MAT relieves some of the struggles that come with eliminating substance abuse, controlling addiction, recovering from symptoms, managing relationships, and getting on with life in your community. Because it involves both behavioral therapy and FDA-approved medication that you take to help curb cravings, MAT can make quitting drugs easier so you can start life over without addiction weighing you down.

For Justice-Involved Individuals

PA Department of Corrections, 2015

LIGHTEN THE WEIGHT OF ADDICTION

WHY ENCOURAGE MAT?

Over the last decade, the use of opiates in the United States has risen so much that it's become an epidemic. Fatal drug overdose is now the number one cause of accidental death, with deaths caused by opiate-based drugs increasing the most. In the Pennsylvania Department of Corrections (PA DOC) alone, 65% (two thirds) of the population has been assessed as having an alcohol or other drug problem. In fact, the number of people annually incarcerated in the PA DOC with a heroin problem has doubled.

Research has shown once and for all that traditional approaches to address this problem, such as "just saying no," are just not working. Instead, MAT sheds some light on what's been a dark outlook for many years. It treats addiction like the chronic disease that it is, proving to be a strong solution in the modern age of addiction treatment. And because opioids are so powerful, those who try to recover need different types of help in order to beat the disease. With its focus on both medication and counseling, MAT can prevent people from relapsing and improve their chances for long-term recovery.

Loved ones who are struggling with opioid or other drug addiction no longer have to carry this weight alone. The PA DOC wants to ensure that it enables everyone to receive the best, medically indicated treatment available to address their addictions. While no single treatment is right for everyone, your loved ones can begin to get the relief they need by considering MAT, which offers the same benefits for all who qualify.¹

- ▣ Provides safe, carefully introduced, physician-controlled medication that blocks, reduces, or alters the potent effects of addiction, such as cravings, tolerance, dependence, detoxification, and withdrawal.
- ▣ Type of medication varies depending on the addiction, but all types of medications can be safely taken as long as is necessary under close monitoring for the duration of treatment.
- ▣ Scientifically proven to work in reducing problem addiction behavior.
- ▣ Consistent behavioral counseling and programming focus on healthy thinking patterns, lifestyle changes, coping skills, overcoming setbacks, and improving connections with family and friends.

For more information about connecting a justice-involved friend or family member to MAT, contact his or her assigned counselor/case manager, or call 1-877-726-4727.

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For Friends and Families of Justice-Involved Individuals

PA Department of Corrections, 2015

Saving Lives During an Epidemic

By Susan McNaughton ~ October 2015

The heroin epidemic has reached crisis levels in our communities across our nation, and it also reaches into our Community Corrections Centers (CCCs).

Realizing that our center staff faced the potential of dealing with heroin overdoses, and also realizing that time is of the essence when it comes to saving the life of such a person, DOC officials in May 2015 made the decision to provide each DOC-run center with naloxone and required each contracted center to do the same. All CCC employees completed their web-based training that focused on the administration of the drug, and by May 26, the drug was in place at each center and was ready for use by May 26.

The placement of the life-saving medication in our centers is vital to helping offenders as they transition home from prison. Ninety percent of DOC offenders go home, and many have a variety of issues they have to overcome to be successful in that transition. Keeping them alive should they overdose on heroin is important. Many are still trying to overcome their addictions, and sometimes they slip up and take the drug while they are living in our centers. Should any of them overdose, we now have given this important tool to our staff.

"I liken it to the movement a few decades ago to place Artificial External Defibrillators (AEDs) everywhere," DOC Secretary John Wetzel said. "Today no one bats an eye when they see AEDs everywhere. They are vital in saving lives. So is this medication, and its placement in our centers, where some people who are vulnerable to their addictions, is simply the right thing to do."

Wetzel also pointed out that naloxone can be obtained by citizens from certain national drug store chains. In September, CVS announced that it was stocking naloxone on the shelves in stores in Pennsylvania and 11 other states. A prescription is not necessary. In 2014, a law allowed PA police officers, emergency response personnel and firefighters to carry the medication. Governor Tom Wolf, also in September, encouraged all school districts to obtain the medication.

"This shows the seriousness of this epidemic," Wetzel said. "We need to place this medication everywhere that it can be used, and that includes our half-way houses."

Naloxone, a generic name for the trade name Narcan, is a medication used to reverse the effects of opioids especially in overdose. It is administered through the nose and works within several minutes. Sometimes multiple doses are required to prevent a fatal overdose. After its use, emergency follow-up care is required at a hospital.

At what cost to taxpayers?

The DOC pays its pharmacy contractor just more than \$33 for each 2mg/ml syringe that is used as a spray and another \$8.40 for each nasal atomizer.

"How can you put a price on saving someone's life," Wetzel asked. "To pay less than \$42 to save someone... that's well worth the expense."

To date, five offenders' lives were saved throughout the DOC's community corrections system thanks to the availability of the medication.

Within the past six months and as recent as in September, ADAPPT community corrections contract facility experienced two inmate overdoses that required the use of naloxone.

Operations Manager/Security Director Christopher Lynn was there for both cases, but speaks mostly about the most-recent incident.

Center employees, while conducting routine security checks of the center, found a female resident lying on the floor.

"She had a bluish tint to her skin and was barely breathing and barely had a pulse," he said.

Christopher said she looked exactly how the computer-based training said a victim would look.

Christopher immediately jumped into action without even thinking. He took the syringe and the nasal atomizer out of their individual sterilized wrappers and immediately gave her the initial dose.

"She was on her side, so a lot of it came back out of her nose," he said.

Staff worked to reposition the resident and tilted her head back in order to administer a second dose of $\frac{1}{2}$ of the syringe amount in each nostril.

"You could hear her trying to swallow," he said.

By the time the second dose was administered, EMT and police had arrived. After the second dose, she still was not coming around and a third dose was required and administered by the EMTs.

"After the third dose, you could feel her irregular heart beat become regular and her breathing improved," Chris said. "Eventually she became combative, because that's one of the things that happens with overdose patients when you give them this medication. But you realize that it's just their body's reaction. They aren't trying to assault you."

She was then immediately taken to the hospital for further treatment.

After treatment, the resident did return to the center and then was immediately sent to rehab for treatment. However, Christopher was able to ask her some questions. He said that she said she was scared and that she admitted to using heroin.

What advice would Chris give to anyone facing this type of situation?

"It is scary, but you have to remember that residents are people who have families," he said. "Don't second guess yourself. Do the training and then when faced with the situation just go with it... Don't think."

Christopher said the best advice he got from the EMT was this: "The drug won't hurt them, so just give it. You could save someone's life."

Christopher, who is from the Frackville, Pa., area and has several family members who work for the DOC, has worked in community corrections for five years, starting as a security monitor on second shift at Min-Sec Hazleton. He serves as the security director now at ADAPPT, which is located in Reading, Pa.

Another account of using the medication is provided to us by Harrisburg CCC Monitor Stephanie Pitts, who is the first DOC CCC employee on record as having provided the medication. Here is her account of that incident:

"On July 7, while working the metal detector, I was alerted by two offenders that there was a resident that was turning blue and unresponsive. After responding to the room, I found the offender, who was lying in a top bunk, not responsive and appeared to not be breathing.

After calling control and requesting staff assistance to the room, I checked his pulse which was almost non-existent, and he was making gurgling sounds. He was immediately carried off of the top bunk to the floor for safety precautions.

Recognizing the symptoms as a possible heroin overdose from training, I then quickly administered 2mg of Naloxone Hydrochloride into the offender's nostrils -- (1mg in each nostril). After administering the naloxone, the offender began to get color back to his face and his pulse was getting stronger. Shortly after, EMS arrived and administered another dose of naloxone. Once the second dose was given by the paramedics, the offender opened his eyes and began to vomit, becoming somewhat alert. He was then transported to the hospital where he stayed for three days before being released."

Pitts recalls that one of the paramedics mentioned to her that had the medication not been given when it was the offender would not have survived.

"That shows the importance of the medication," Pitts said. "Quick response and teamwork, along with naloxone is what saved this offender's life. Had it not been for my coworkers responding quickly to assist, I'm not sure the outcome would have been the same."

Pitts, who has been a monitor at the center since May 2011, says that when it comes to someone's life at stake, you do what you can to help them.

"It's a scary situation to be a part of, but you do what you can in the moment and don't second guess yourself," she said.

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ABOUT THE MEDICATIONS

The following medications are approved by the FDA for use in opioid addiction treatment in conjunction with psychosocial therapy:

METHADONE

Methadone, a synthetic opioid, is an agonist that mitigates opioid withdrawal symptoms and, at higher doses, blocks the effects of heroin and other drugs containing opiates. Maintenance of opioid addiction treatment with methadone is approved “in conjunction with appropriate social and medical services.” Used successfully for more than 40 years in the treatment of opioid dependence, methadone at therapeutic doses (generally 80-120 mg) has been shown to eliminate withdrawal symptoms produced by stopping use of heroin and prescription opiate medications because it acts on the same targets in the brain as those drugs. Methadone can be dispensed only at an outpatient Opioid Treatment Program (OTP) certified by SAMHSA and registered with the Drug Enforcement Administration (DEA), to a hospitalized patient in an emergency, or as a three-day bridge until a patient can be scheduled with an OTP. SAMHSA-certified OTP facilities provide daily doses.

BUPRENORPHINE

Buprenorphine, approved by the FDA in 2002 to treat opioid dependence, is a partial opioid agonist that, when dosed appropriately, suppresses withdrawal symptoms. Although buprenorphine can produce opioid agonist effects and side effects, such as euphoria and respiratory depression, its maximal effects are generally milder than those of full agonists like heroin and methadone. Physicians are permitted to distribute buprenorphine at intensive outpatient treatment programs that are authorized to provide methadone if providers are trained in its use.

Additionally, a special program has been established so that buprenorphine can be prescribed by physicians in office settings and dispensed by pharmacists.

In order to prescribe this medication, physicians must complete a training course and receive a waiver granted by the DEA. Buprenorphine was tested in clinical trials for addiction treatment in the United States both by itself and in combination with naloxone, a drug used to counter the effects of an overdose of opiates such as heroin or morphine. The buprenorphine/naloxone combination is sometimes referred to as Bup/Nx (marketed under the brand name Suboxone®). Formulations approved for drug abuse treatment are intended to be taken sublingually (placed under the tongue and allowed to dissolve). When taken this way, the naloxone has little effect. However, if a patient injects Bup/Nx, the naloxone (an antagonist) enters the bloodstream and will block the buprenorphine, causing the patient to enter opioid withdrawal. This combination formulation may deter abuse through injecting because abusers are motivated to avoid unpleasant withdrawal symptoms.

NALTREXONE

Naltrexone is a non-addictive antagonist used in the treatment of alcohol and opioid dependence. The medication blocks opioid receptors so they cannot be activated. This “blockade” action, combined with naltrexone’s ability to bind to opioid receptors even in the presence of other opioids, helps keep abused drugs from exerting their effects when patients have taken or have been administered naltrexone. As an antagonist, naltrexone does not mimic the effects of opioids. Rather, it simply blocks opioid receptor sites so that other substances present in a patient’s system cannot bind to them. If a patient who has been administered naltrexone attempts to continue taking opioids, he or she will be unable to feel any of the opioid’s effects due to naltrexone’s blocking action.

Naltrexone is administered in an injectable, long-acting formulation (marketed under the brand name Vivitrol®), which is designed for once-monthly dosing. The FDA approved this medication for use in people with opioid use disorders to prevent relapse. Naltrexone should be used only in patients who have been detoxified from opioids and have been opioid free for 7–10 days.



Naltrexone is non-narcotic and non-addictive; however, as with other medications that interact with the opioid receptors, there is a risk of overdose if a patient who is being treated with naltrexone misses a dose and takes an opioid, or if the patient takes large quantities of opioids in an attempt to “break the blockade.” Compliance measures that closely monitor patients during the treatment period may be beneficial.

Additional Resources

These free resources provide more information about MAT:

- Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction: http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf
- Medication-Assisted Treatment for Opioid Addiction: Facts for Family & Friends: <http://store.samhsa.gov/shin/content/SMA09-4443/SMA09-4443.pdf>
- NIDA Info Facts: Treatment Approaches to Drug Addiction: <http://www.drugabuse.gov/publications/infofacts/treatment-approaches-drug-addiction>
- Medication-Assisted Therapy Toolkit: <http://www.niatx.net/PDF/NIATx-MAT-Toolkit.pdf>
- SAMHSA Treatment Locator 1-800-662-HELP: <http://www.findtreatment.samhsa.gov/>