



# **MAT Toolkit for Justice System Professionals**



This resource was created by Harbage Consulting  
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# MAT TOOLKIT FOR JUSTICE SYSTEM PROFESSIONALS

## What is a substance use disorder?

Substance use disorder (SUD) is the formal term for an addiction to drugs and/or alcohol. An individual has an SUD when their drug and/or alcohol use causes

health problems, disability, and/or failure to meet responsibilities at work, school, or home.<sup>1</sup> Two of the most common SUDs are opioid use disorder (OUD) and alco-

hol use disorder (AUD). Opioids include drugs such as heroin, fentanyl, and some prescription pain medications.

### DID YOU KNOW?<sup>2</sup>



About **two-thirds** of people sentenced to jail meet the criteria for drug abuse or dependence.<sup>3</sup>



**1 in 4 women** in jail reported regular use of opioids including heroin.



**1 in 6 men** in jail reported regular use of opioids including heroin.

## What is Medication Assisted Treatment (MAT)?

**Addiction is a disease.  
Treatment works.  
Recovery is possible.**

MAT uses medications with counseling to treat the whole person. Addiction is a chronic disease, meaning that it does not have a cure and individuals will have to manage their symptoms.

In this way, it is similar to diabetes or heart disease.

Long-term opioid or alcohol use damages the part of the brain responsible for motivation, organization, human bonding, and rewards. MAT stabilizes the brain, controlling cravings and enabling individuals to do the hard work of recovery.

### DID YOU KNOW?

Former inmates are **40x** more likely to die of an opioid overdose in the two weeks following release from prison.<sup>4</sup>

<sup>1</sup> SAMHSA. "Mental Health and Substance Use Disorders," April 13, 2010. Available at: [bit.ly/2WiVmjA](http://bit.ly/2WiVmjA).

<sup>2</sup> U.S. Department of Justice Bureau for Justice Statistics. "Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009," June 2017. Available at: [bit.ly/31LykD4](http://bit.ly/31LykD4).

<sup>3</sup> This study was conducted before the opioid epidemic

had fully developed, and as a result today's percentage may be higher.

<sup>4</sup> Ranapurwala, S. I. et al. "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015," American Journal of Public Health (2018): 108, 1207-1213. doi: 10.2105/AJPH.2018.304514

## Why should individuals take medications for addiction?

Without MAT, people with opioid use disorder (OUD) are at high risk of using opioids again and possibly overdosing. People with alcohol use disorder (AUD) who do not receive MAT are less likely to stay sober. MAT reduces the chances of relapse. It also reduces many other risks. For example, methadone and buprenorphine (two medications commonly prescribed for opioid use disorders) help people stop using illicit opioids. As a result, they are less likely to be arrested in the future, or contract HIV and hepatitis C by sharing or using dirty needles.<sup>5</sup> More criminal justice settings are beginning to embrace MAT as a best practice for OUD and AUD because of the strong evidence behind it. Recent court cases and legislation have also reinforced the obligation to provide access to MAT for individuals while they are in custody.<sup>6</sup>

While MAT is a best practice for people with AUD or OUD, there are currently no FDA-approved medications for methamphetamine (meth) or other substances. Individuals who are interested in MAT should talk to their medical provider about any other substances that they may be using. For example, if they also use meth or benzodiazepines like Xanax or Valium, this is important for the provider to know. Having more information will help the provider determine the right course of treatment for the individual.

People on MAT can be considered abstinent or “clean and sober” if they are taking medications to treat their addiction. This is no different than someone taking medications to manage their diabetes and working with their doctor to make lifestyle changes. Telling people they are “not really clean or sober” if they use MAT prevents people from seeking and staying in treatment. This can severely compromise recovery and put someone at high risk for relapse and overdose.

**People on MAT can be considered abstinent or “clean and sober” if they are taking medications to treat their addiction.**



### MAINE COURT RULES ACCESS TO MAT MUST BE PROVIDED IN JAIL<sup>6</sup>

A woman in Maine was going to be denied access to buprenorphine during her 40-day sentence in county jail despite her five years in recovery on the medication. However, the woman challenged this in court stating that it was a violation of the Americans with Disabilities Act, which states that it is illegal to discriminate on the basis of a disability, which includes people that have completed or are currently receiving drug rehabilitation. The court ruled in her favor, requiring the jail to provide her medication.

<sup>5</sup> National Institute on Drug Abuse. “Effective Treatments for Opioid Addiction.” Available at: [bit.ly/2ohXF9N](https://bit.ly/2ohXF9N).

<sup>6</sup> NPR. “Setting Precedent, A Federal Court Rules Jail Must Give Inmate Addiction Treatment,” May 4, 2019. Available at [n.pr/2PmFuuD](https://n.pr/2PmFuuD); SB 992, 2018. Available at: [bit.ly/2pXyq9K](https://bit.ly/2pXyq9K).

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## THE NATIONAL SHERIFFS ASSOCIATION SUPPORTS THE USE OF MAT IN JAILS<sup>7</sup>



The National Sheriffs Association, which represents sheriffs, deputies, and other law enforcement across the nation, recently published a guide to implementing MAT in jails. The guide states that:

- 1. FDA-approved forms of MAT are the standard of care for OUD.**
- 2. Use of MAT is determined by the physician and the patient – all forms should be available, and treatment should be customized to the unique patient's needs.**

The American Correctional Association and American Society of Addiction Medicine (ASAM) released a joint policy statement **supporting access to all evidence-based treatment options for opioid use disorder in the justice system.**<sup>8</sup>

<sup>7</sup> National Sheriffs Association. "Jail Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field," October 2018. Available at: [bit.ly/2MO6cuP](https://bit.ly/2MO6cuP).

<sup>8</sup> American Correctional Association and American Society of Addiction Medicine. "Joint Public Correctional Policy on the Treatment of Opioid Use Disorders for Justice Involved Individuals," 2018. Available at [bit.ly/2PRYPnY](https://bit.ly/2PRYPnY).

<sup>9</sup> Laroche, Marc et al. "Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study," *Annals of Internal Medicine* (2018) 169:137-145.

<sup>10</sup> Moore, KE et al. "Feasibility and Effectiveness of Continuing Methadone Maintenance Treatment During Incarceration Compared with Forced Withdrawal," *Addiction Medicine* (2018) 12(2):156-162.

<sup>11</sup> SAMHSA. "Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings," 2019. Available at: [bit.ly/2NwOH1f](https://bit.ly/2NwOH1f).

<sup>12</sup> Green, Traci C. et al. "Post-Incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System," *JAMA Psychiatry*; April 2018.

## How does MAT help the person?

MAT stabilizes the brain — it helps break the cycle of cravings and withdrawal, which can last for years after the last drug use. This allows people to fully benefit from counseling and peer support.

Addiction is a chronic disease, and many people will relapse before they are ready to be sober for good. Medications help support people during the recovery process. They decrease the risk of relapse and help prevent relapse from resulting in overdose death.<sup>9</sup>

For people taking methadone or buprenorphine, the provider may need to adjust the dose in the early stages to control cravings. Peo-

### MAT CAN HELP WITH:

- Reducing or stopping withdrawal symptoms.
- Reducing or stopping cravings after withdrawal.
- Blocking the feel-good effects of opioids and alcohol.
- Stabilizing the brain chemistry that drives motivation and bonding with others.

ple should stay on the dose that works for as long as they need before trying to slowly decrease the dose (known as “tapering”).

### VIDEO

See this video to understand how MAT works on the brain, and why OUD treatment works better with medications.

[bit.ly/31OuCbM](https://bit.ly/31OuCbM) 

People should never be forced to taper off. The length of treatment depends on the individual needs of each person and how severe and long-lasting the addiction has been.

## Why provide MAT to the justice-involved population?

There are many benefits to providing MAT to the justice-involved population, both for the individual and for staff. People that continue to receive methadone while they are incarcerated are three times less likely to receive disciplinary action than those that must withdraw from methadone when they are incarcerated.<sup>10</sup> Multiple studies have also found that for every \$1.00 invested in providing MAT in criminal justice settings,

### THE CASE FOR PROVIDING MAT:

- High return on investment.
- Reduces rules violations and disciplinary action.
- Reduces overdose deaths.

states have experienced a \$4.52 to \$6.29 return on their investment.<sup>11</sup> Most importantly, access to MAT

reduces the risk of overdose death significantly. In 2016, Rhode Island Department of Corrections started a new screening and treatment protocol for MAT in an effort to increase access to MAT in prison/jail. Within one year, the program participants had a 61% drop in opioid overdose deaths after release. This large reduction in opioid overdose deaths contributed to a 12% overall drop in overdose deaths across the state.<sup>12</sup>

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## How do jails provide MAT to people in their custody?

### WHEN THE INDIVIDUAL HAS A PRESCRIPTION FOR MAT

For people with a prescription for MAT, jails should continue the individual's treatment with their prescribed medication during their stay. For individuals with a prescription for methadone or buprenorphine, the "three-day rule" allows a practitioner who is not separately registered as a narcotic treatment program (NTP) or certified as a "waivered DATA 2000 physician," to administer (but not prescribe) methadone or buprenorphine to a patient for the purpose

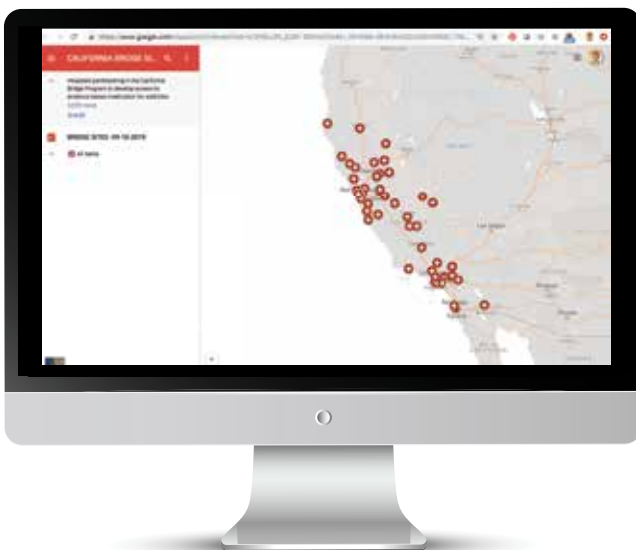
of relieving acute withdrawal symptoms while arranging for the patient's referral for treatment.<sup>13</sup>

For buprenorphine, patients can access a short term dose of the medication at many emergency departments throughout California (see the ED Bridge website for information on locations [bit.ly/2WqodCx](http://bit.ly/2WqodCx)).

For methadone, the jail can connect with the nearest NTP for short term dosing (a directory of NTPs is available at

[bit.ly/32YanJV](http://bit.ly/32YanJV)). In California, certain NTPs are designated as "hubs" and have greater flexibility to assist with providing methadone or buprenorphine to jails — see a map of hubs at [bit.ly/2MYtka3](http://bit.ly/2MYtka3).

During the three-day period, the jail should connect with the individual's treatment provider to make arrangements for continuing the medication during their stay.



#### ED BRIDGE

[bit.ly/2WqodCx](http://bit.ly/2WqodCx)



#### HUBS

[bit.ly/2MYtka3](http://bit.ly/2MYtka3)

<sup>13</sup> Title 21, Code of Federal Regulations, Part 1306.07(b). This rule applies with the following conditions: 1) not more than one day's medication may be administered or given to a patient at one time; 2) this treatment may not be carried out for more than 72 hours; and 3) this 72-hour period cannot be renewed or extended.





## How can probation and drug courts support individuals who may be receiving MAT?

Collaborative courts, jails, and probation must work together as separate but interconnected parts of the criminal justice system. If one part of the system does not allow individuals to access MAT as part of their treatment, it can put individuals in jeopardy of possible relapse and overdose. Probation and collaborative courts must be in sync with the jail's treatment approach and be prepared to fully support the use of MAT during drug court treatment options

and throughout probation. Drug courts should refer individuals to evaluation for treatment and allow the use of MAT. Probation departments should ensure that individuals are continuing to receive treatment for their addiction, including the use of medications. Telling someone that they are not "clean" if they are using MAT can seriously jeopardize their chances of recovery and put them at heightened risk for overdose.

### VIDEO

Watch this video to learn about how California county justice systems are increasing access to treatment in jails and in the community.

[bit.ly/2XCZRpu](https://bit.ly/2XCZRpu) 

**Telling someone that they are not "clean" if they are using MAT can seriously jeopardize their chances of recovery.**

## Where can I find more information?

**1 SAMHSA** — Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings: [bit.ly/2JntWDA](https://bit.ly/2JntWDA)

**2 National Sheriffs Association** — Jail Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field: [bit.ly/32Oe1Gk](https://bit.ly/32Oe1Gk)

**3 Addiction Free CA** – Expanding Access to MAT in County Criminal Justice Settings: Resource Library: [bit.ly/340yEzc](https://bit.ly/340yEzc)

**4 National Judicial Opioid Task Force** – Recommendations for Addressing the Opioid Crisis in the Justice System: [bit.ly/2p0Zf0g](https://bit.ly/2p0Zf0g)



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