

Implementing MAT in Jails— Focus on Buprenorphine

Catching Up With COSSAP, February 2021

This article is part of a series on medication-assisted treatment for opioid use disorder and considerations for its implementation in jails. A subsequent article will focus on naltrexone. For information on [Jails and Methadone Provision](#), go to the [COSSAP Resource Center](#).

Medication-assisted treatment (MAT) is an evidence-based protocol that combines approved medications and counseling to treat substance use disorders. The U.S. Food and Drug Administration (FDA) has approved three medications to treat opioid use disorders (OUDs): buprenorphine, methadone, and naltrexone.¹ To fully appreciate the complexity of implementing MAT programming, jail administrators must understand the unique nature of each medication and how it can be effectively and safely used in a correctional setting. This includes preventing diversion of the medication for purposes other than treatment.

Why Consider MAT?

The need for MAT is great. Two thirds of jail inmates have substance use disorders.² The number of inmates dying from drug or alcohol intoxication more than doubled between 2000 and 2016,³ and the risk of death from drug overdose within the first two weeks of release from incarceration is significant.⁴ Research suggests that providing MAT in custody can reduce the risk of post-release overdose death by as much as 85 percent and is associated with reductions in recidivism, incarceration, and crime.⁵

The [American with Disabilities Act](#) protects the right to MAT for individuals with a substance use disorder. In 2019, a [federal appeals court decision](#) ruled that a woman sentenced to jail was entitled to maintain her long-standing regimen of buprenorphine to treat OUD.⁶ This decision reinforced the support of several professional organizations

(see Figure 1) for continuing MAT upon entry to correctional facilities or initiating MAT for individuals with OUD at least 30 days before their release to the community.⁷

The following information on buprenorphine, one FDA-approved medication option, includes examples of protocols and procedures designed to prevent its diversion in custody.

Figure 1: Association Support for MAT

[National Commission on Correctional Health Care](#)

[American Correctional Association](#)

[American Society of Addiction Medicine](#)

[Substance Abuse and Mental Health Services Administration](#)

What Is Buprenorphine?

Buprenorphine is a medication that has been shown to “diminish the effects of physical dependency to opioids (such as withdrawal symptoms and cravings), increase safety in cases of overdose, and lower the potential for misuse.”⁸ The [U.S. Drug Enforcement Administration](#) classifies it as a Schedule III controlled drug, meaning it has a moderate to low potential for physical and psychological dependence.⁹ This long-acting medication can be effective even when administered every other day. [Qualified practitioners](#) are allowed to dispense buprenorphine outside of an opioid treatment program, which significantly increases accessibility of the medication to individuals reentering the community from incarceration.¹⁰

Implementing MAT in Jails—Focus on Buprenorphine

Catching Up With COSSAP, February 2021

What Is the Difference Between Buprenorphine Formulas?

In 2002, the FDA approved both buprenorphine and a combination formula that contains added naloxone for treatment of OUD. Combination formulas, sometimes known as abuse-deterrent formulas, are typically used because they discourage patients from misusing the medication by injecting it.

When abuse-deterrent combination formulas are taken orally, as directed, approximately 15 percent of buprenorphine's active ingredients are absorbed. However, when individuals misuse it by ingesting it through intravenous, nasal, or rectal routes, the amount of the active ingredient the body absorbs increases significantly, making it more potent and more likely to induce an opioid high.

The added naloxone in the abuse-deterrent formula immediately blocks the action of opioid drugs and is commonly used to reverse an opioid overdose. When the combination formula is injected by a habitual opioid user, the added naloxone blocks the action of any opioid the user has ingested, which can induce immediate, severe opioid withdrawal (also known as precipitated withdrawal). However, the added naloxone has no effect when the medication is taken as directed, since naloxone is not well-absorbed if taken orally.¹¹

It is important to note that neither buprenorphine nor the combination formula induces the type of euphoria associated with other opioids. If taken as directed, both formulas can block the effects of illicit use of other opioids.

What Form of Buprenorphine Is Most Suitable for Correctional Settings?

In incarceration settings, buprenorphine for OUD is usually dispensed as a film or a tablet. Both forms must be allowed time to dissolve completely in the mouth, either under the tongue (sublingual) or in the cheek (buccal).

The sublingual film had been the most commonly prescribed form, but when less-expensive generic versions became available in tablet form, many custody-based MAT programs began to use them. However, tablets take longer to dissolve, requiring nursing staff members to spend more time observing each recipient to make sure the medication is fully dissolved.¹² Some programs have reverted to using the film because of staff time and diversion concerns, while others have adapted their tablet use, crushing tablets to powder prior to dispensing them to shorten the observation time required.¹³

Example: Protocol and Procedure for Buprenorphine Dosing in a Rural Jail

- Jail staff members screen during intake and refer patients to nurses for potential entry into the program.
- Nursing staff members complete program intake and registration for appropriate inmates.
- The treatment team conducts assessments and physical exams before dispensing an initial dose.
- The jail dosing schedule is every other day, which requires less time from medical staff.
- A tablet form of buprenorphine is crushed before nursing staff members administer it.
- The jail has agreements in place with community providers for continuing care upon release.

Source: Combs, J., Dawson, B., & Roberts, A. (2020, November 2). *Bridging the gap between incarceration and treatment for individuals with opioid use disorder in Benton County, Washington* [Presentation]. National Conference on Correctional Health Care.

Implementing MAT in Jails—Focus on Buprenorphine

Catching Up With COSSAP, February 2021

What Diversion Prevention Strategies Are Most Effective?

No single diversion strategy works for every custody-based treatment program. Jail security command staff members apply as many safeguards as possible and work with medical providers and program staff members to test and develop policies and procedures. MAT program participation criteria are based on validated withdrawal and addiction severity screening tools. The first line of defense for all jail treatment programs is regular and random drug screenings. Also, buprenorphine and other medications for OUD are typically dispensed separately from a standard medication call.

For More Information

- If your jail needs assistance with MAT implementation, contact the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center at <https://www.cossapresources.org/>
- *Buprenorphine*. Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine>
- *Medication-assisted treatment inside correctional facilities: Addressing medication diversion*. Substance Abuse and Mental Health Services Administration and Bureau of Justice Assistance: <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-mat-corrections.pdf>

This project was supported by Grant No. 2019-AR-BX-K061 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Example: Buprenorphine Diversion Prevention, Control, and Consequences

Notify inmate of diversion policy (consent to treatment form).

- First diversion attempt: Counsel and document incident.
- Second diversion attempt: Temporarily cut dose in half and document incident.
- Third diversion attempt: Taper off medication.

Restart medication a week prior to discharge.

- Give patient a bridge prescription.
- Provide referral to community provider and two Narcan kits upon release.

Use dispensing diversion control strategies.

- Maintain 1:1 inmate-to-officer ratio at administration.
- Maintain video surveillance of participants.
- Call up small groups of inmates at special med-pass times.
- Ensure that medication is not tucked into uniforms or shirts under uniforms.
- Check hands and mouth (tongue depressor and flashlight) before and after administration.
- Provide crackers and water after 15 minutes wait time for dissolving.

Source: Bean, J., & Harrington, J. (2020, November 4). *Implementing MAT in a jail setting: The tale of two cities* [Presentation]. National Conference on Correctional Health Care.

Implementing MAT in Jails—Focus on Buprenorphine

Catching Up With COSSAP, February 2021

Endnotes

1. U.S. Food & Drug Administration. (2019, Feb 14). Information about medication-assisted treatment (MAT) [Web page]. <https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat>.
2. Bronson, J., Strop, J., Zimmer, S., & Berzofsky, M. (2017, June). Drug use, dependence, and abuse among state prisoners and jail inmates, 2007–2009. *Special Report*. Bureau of Justice Statistics. NCJ 250546. <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>.
3. Carson, E., & Cowhig, M. (2020). *Mortality in local jails, 2000–2016 – Statistical tables*. Bureau of Justice Statistics NCJ 251921. <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf> 2017.
4. Binswanger, I., Stern, M., Deyo, R., Heagerty, P., Cheadle, A., Elmore, J., & Koepsell, T. (2007, Jan 11). Release from prison—A high risk of death for former inmates. *New England Journal of Medicine*, 356, 157–165. DOI: 10.1056/NEJMsa064115.
5. Law Enforcement Action Partnership & Fair and Just Prosecution. (2019, April 3). *Law enforcement calls for medication-assisted treatment programs in correctional facilities* [Press release]. <https://lawenforcementactionpartnership.org/wp-content/uploads/2019/04/MAT-Press-Release-FINAL-04.03.19.pdf>;
- Whitten, L. (2011, July 1). *Prison use of medications for opioid addiction remains low*. National Institute on Drug Abuse. <https://archives.drugabuse.gov/news-events/nida-notes/2011/07/prison-use-medications-opioid-addiction-remains-low>.
6. Arnold, W. (2019, May 4). Setting precedent, a federal court rules jail must give inmate addiction treatment. *Shots, Health News from NPR*. <https://www.npr.org/sections/health-shots/2019/05/04/719805278/setting-precedent-a-federal-court-rules-jail-must-give-inmate-addiction-treatment>.
7. Opioid Task Force of the New Hampshire Governor's Commission on Alcohol and Other Drugs. (2019, June). *Status of treatment of opioid use disorder among individuals involved with the New Hampshire justice system*. <https://www.dhhs.nh.gov/dcbcs/bdas/documents/oud-just-sys-rpt-062019.pdf>.
8. Substance Abuse and Mental Health Services Administration. (n.d.). Buprenorphine [Web page]. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine>.
9. U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division. (2020). *Title 21 Code of Federal Regulations, Part 1308—Schedules of controlled substances*. <https://www.deadiversion.usdoj.gov/21cfr/cfr/2108cfr.htm>.
10. Substance Abuse and Mental Health Services Administration. (n.d.). Buprenorphine. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine>.
11. Substance Abuse and Mental Health Services Administration. (2020). *Treatment Improvement Protocol 63: Medications for opioid use disorder for healthcare and addiction professionals, policymakers, patients, and families*. <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Documents/PEP20-02-01-006>.
12. Substance Abuse and Mental Health Services Administration and Bureau of Justice Assistance. (2019). *Medication-assisted treatment inside correctional facilities: Addressing medication diversion*. <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-mat-corrections.pdf>.
13. Combs, J., Dawson, B., & Roberts, A. (2020, November 2). *Bridging the gap between incarceration and treatment for individuals with opioid use disorder in Benton County, Washington* [Presentation]. National Conference on Correctional Health Care.