

Supportive re-entry: Who seeks linkage to community methadone treatment upon release from incarceration?

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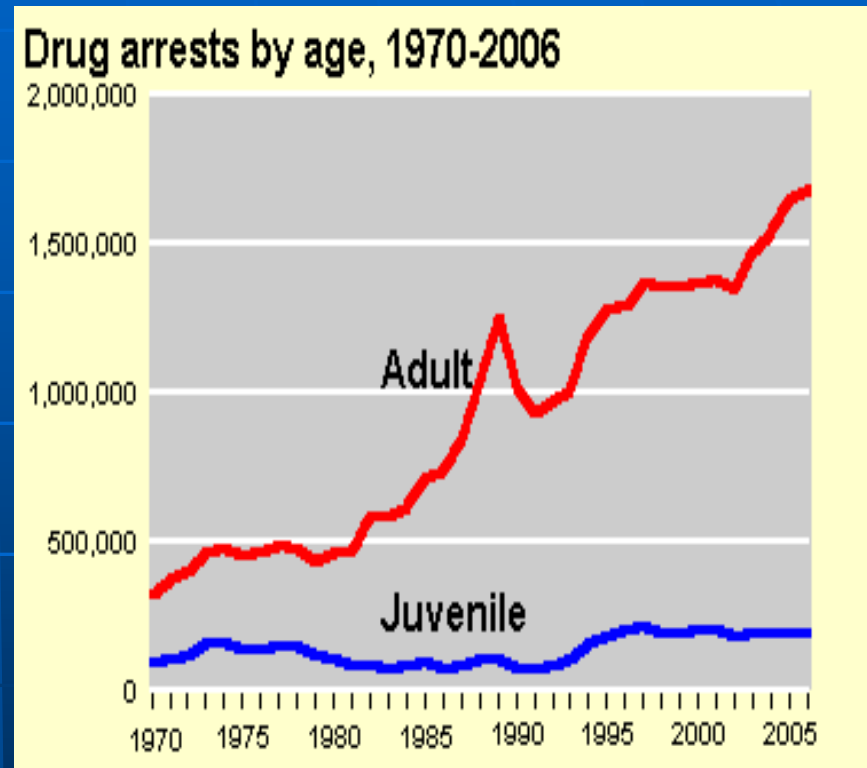
US Incarceration Rate

Prisons only (state/fed)

- Up avg. 3.4 % annually
 - 1.9% 03-04
 - 30 % inc. since '95

Overall (Jail + Prisons)

- 1996 868/100,000
 - 100/100,000 Europe
 - 47/100,000 Japan
 - (CASA 1998)

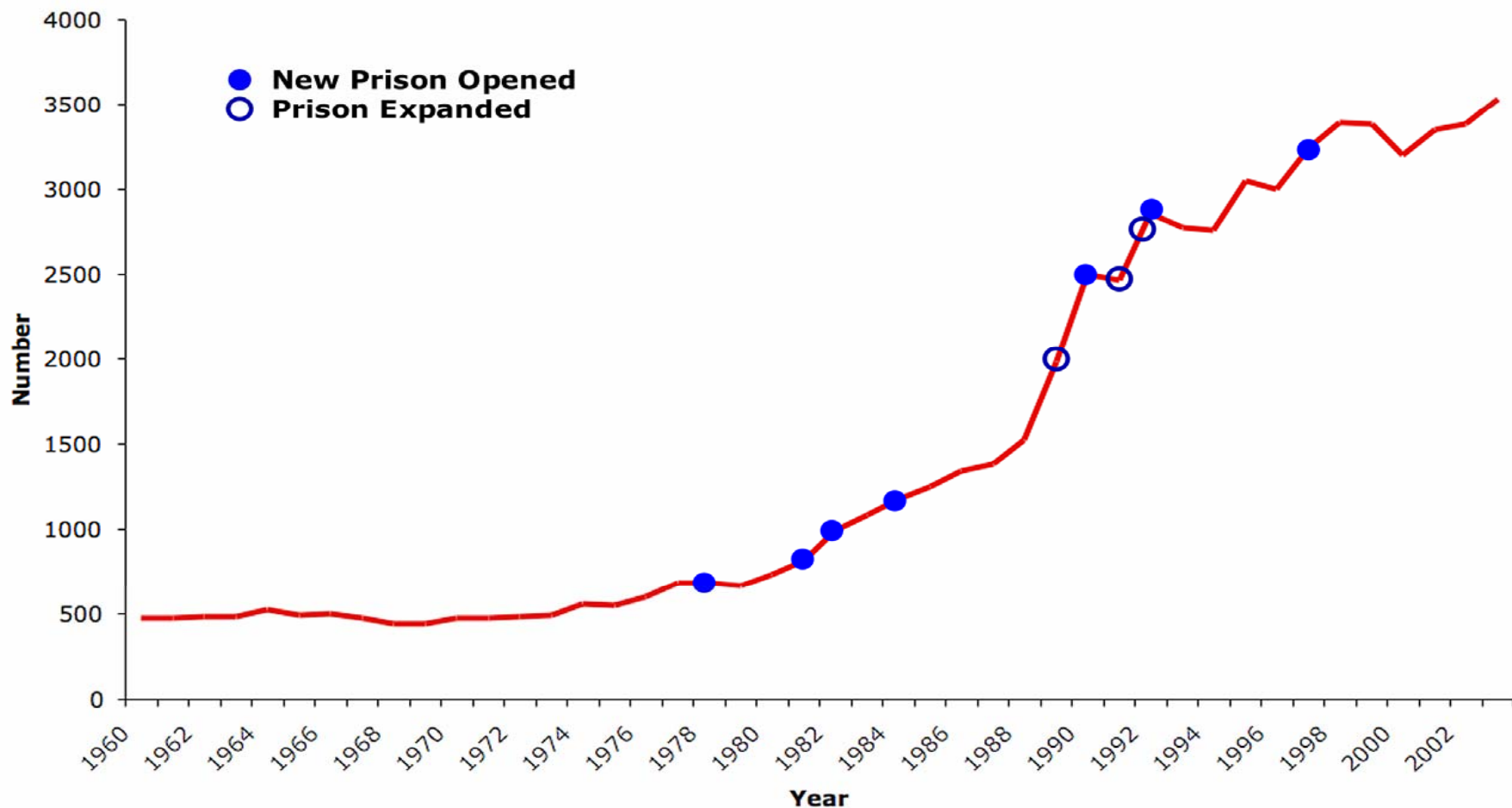


Increasing Prison Population in Rhode Island

**RI (9.4%) had the 3rd largest % increase (9.4) in the size of its prison population in 2006*

Persons in Rhode Island Correctional Facilities 1960-2003

(Sentenced and Awaiting Trial)



Drugs, Alcohol and Crime

'Behind Bars' CASA 1998

- 80% of incarcerated (at all levels) drug/alcohol involved
 - 1.4/1.7 million
 - 1.2 million users (200,000 dealers, not users)
- State Prison Inmates
 - 64% "regular" drug users (weekly)
 - 29% past tx for alcohol
 - 48% under influence at time of crime
 - 17% crime for \$ to buy drugs

Impact of Maintenance Treatment

- In 1997, the National Institutes of Health (NIH) convened a multi-disciplinary panel of experts, who affirmed the large body of research indicating that MMT for opiate addiction represented the gold standard for reducing illicit opiate drug use, reducing crime, enhancing social productivity and reducing the spread of viral diseases such as AIDS and hepatitis (National Institutes of Health, 1997).

US Jail/Prison MMT Programs

- **Project KEEP**-initiated in 1987 in New York City Rikers Island Correctional Facility. Performs approximately 18,000 detox and 4,500 admissions for MMT per year
- **Bernalillo County, NM**-February 2004, opened the nation's first public-health office inside a county jail-pilot MMT
- **King County, WA**-Modeled on KEEP, pilot project Jail-based Opioid Dependency Engagement and Treatment Program (JODET), to provide methadone to heroin and other opioid dependent inmates, including those not already enrolled in MMT programs.

US Jail/Prison MMT Programs, cont.

- **Orange Country FL**, The Center for Drug Free Living- The Center who transports the medication to the jail daily and Center staff medicate the patient at the jail.
- **Baltimore-** NIDA funded pilot study that offered ORT (LAAM) to inmates at the Metropolitan Transition Center in the 3 months prior to their release, then referral to community-based treatment post –release. Currently comparing the efficacy of three treatment conditions, including initiation of MMT and counseling in prison with transfer to community-based MMT with the same provider upon release.

US Jail/Prison MMT Programs, cont.

- **Porto Rico**-Pilot program in Acuerdo de Superacion with 24 inmates. Currently beginning expansion from the current ceiling of 24 inmates to treat 300 or more inmates.
- American Association for the Treatment of Opioid Dependence (AATOD) is working with the Legal Action Center in five States (**Arizona, Florida, Maryland, New York and Vermont**) to evaluate laws and policies and to develop guidelines to overcome obstacles and increase access to MMT in jails and prisons.

Post Release Risks

- Forced sobriety is not treatment, so despite relative “clean-time” during incarceration, most opiate addicted ex-offenders return to drug use
- Recently released, opiate dependent ex-offenders are at high risk for:
 - Relapse
 - Overdose
 - Sharing/reusing syringes
 - Engaging in risky sexual behaviors
 - Re-incarceration
 - Binging
 - Mortality

Opportunity for Intervention

- **Project MOD** links opiate dependent individuals recently released from incarceration to community methadone treatment programs. The goal of which is to reduce risk of disease transmission, reduce recidivism, improve overall health and increase personal stability.
- Enrollment (baseline) happens immediately **AFTER** clinic initiation

Intervention

Project MOD

- Initially Project MOD recruited individuals from the RI Island Department of Corrections and from the community who were recently released from incarceration. Demand was so intense, we limited recruitment to RIDOC beginning Jan. 2004
- Project MOD staff meet with potential clients while still incarcerated to assess eligibility, assist with intake requirements and provide **linkage** to a community methadone clinic of their choice
- MOD provides **temporary funding** for methadone treatment (full coverage for 12 weeks and half for the next 12 weeks); **referrals** to ancillary services; and assists clients in securing a method of paying for treatment

Project MOD

Baseline Demographics n=381

Recruitment	199 (52%) DOC; 182 (48%) Community
Gender	246 (65%) male, 153 (35%) female
Average Age	38 years (SD 8.7)
Race/ Ethnicity	267 (70%) White, 53 (14%) Latino, 39 (10%) African American, 22 (6%) Other
Housing last 30 days	182 (48%) Stayed with others 70 (18%) Jail; 65 (17%) Own/rent apt 50 (13%) Shelter/Street
Income	32 (8%) SSI 53 (14%) employed full/part-time

Project MOD

Baseline Demographics n=381

DOC to community tx	63% of individuals screened in DOC entered community methadone tx
Drug Use (last 30 days)	286 (72%) heroin, 189 (50%) polysubstances; 167 (44%) cocaine
Heroin Use	Mean 10 years (SD 8.3)
Methadone Tx	182 (48%) \geq 6 mos methadone tx
Overdose ever	199 (52%)
Mental Health (\geq 15 of last 30 days)	105 (28%) Depression 131 (35%) Anxiety 177 (47%) Trouble understanding

Discussion

- Linkage to community methadone treatment from a correctional setting is possible and attracts individuals who are very high risk. Provision of drug treatment upon release may provide an element of stability at an otherwise chaotic time.
- Time from release to clinic initiation often exceeded 30 days (70 clients were housed in jail ≥ 15 days at baseline); 47% of individuals screened at DOC did not enter community tx
- Future efforts will focus on decreasing time to tx and increasing number of individuals who enter community tx

Thanks!!

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- Project ROMEO is funded by the National Institute on Drug Abuse
- MOD/ROMEO staff:
 - Christina Anastacio - Interviewer
 - Chandra Cannon – Clinic Billing Liaison
 - Angie Dyl – Research Assistant
 - Maria Garcia – Interventionist
 - Ricky Lugo - Interviewer
 - Skye Tirado – Interventionist

Many thanks to MOD/ROMEO participants!!