Methadone in the Correctional System

… to an OTP and beyond

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Disclosure Information

- Kelly S. Ramsey, MD, MPH, MA, FACP, DFASAM
  - No Disclosures
- Jessica R. Krueger, MD
  - No Disclosures
- Kasey S. Grohe, DNP, FNP-BC, RN
  - No Disclosures
- Catherine L. Smith, DO, FASAM
  - No Disclosures

Learning Objectives

1. By the end of the presentation, the learner will be able to identify the three ways a state prison system can provide methadone.
2. By the end of the presentation, the learner will be able to describe the process used by the Colorado Department of Corrections (CDOC) and Washington Department of Corrections (WADOC) in providing methadone.
3. By the end of the presentation, the learner will be able to discuss barriers to OUD treatment within the correctional setting.

Correctional System 101

Jails

- Run by local governments:
  - Denver Detention Center
  - El Paso County Jail
  - Pueblo County Jail
- Small
- Short-term:
  - Awaiting trial or sentencing
  - Short sentence (<1 year)
- Typically located near courthouses or police stations

Prisons

- Run at a state or federal level
- Large
- Long-term:
  - Convicted of a crime
  - Long sentence (>1 year)
  - Felonies and serious offenses
- Typically located in more rural or remote areas

First Step Alliance. (2023, January 28). Jail vs prison: What are the differences? https://www.firststepalliance.org/post/jail-vs-prison/

OUD in Jails/Prisons

The prevalence of opioid use disorder in jails and prisons is disproportionately high compared to the general population at large.

~15% of the roughly 1.8 million incarcerated individuals in the United States meet criteria for OUD[2,3,4] when compared to <1% of the general population.[5]

Thakrar AP, Alexander GC, Saloner B. Trends in Buprenorphine Use in US Jails and Prisons From 2016 to 2021. JAMA Netw Open. 2021;4(12):e2138807. doi:10.1001/jamanetworkopen.2021.38807

Mancher M, Leshner AI, eds; National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder. Medications for Opioid Use Disorder Save Lives. National Academies Press; 2019.

Kang-Brown J, Montagnet C, Heiss J. People in Jail and Prison in 2020. Vera Institute of Justice; 2021.

(2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Substance Abuse and Mental Health Services Administration, Series H-. 54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/.

Background and Level Setting

Methadone and buprenorphine are lifesaving medications for treating OUD. Both all-cause mortality and opioid-related (overdose) mortality are decreased by ~50% with use of methadone or buprenorphine. Extended release injectable naltrexone is not associated with decreased mortality.

It is clinical best practice to offer all FDA-approved medications for the treatment of OUD, including methadone, in all settings, including carceral settings.

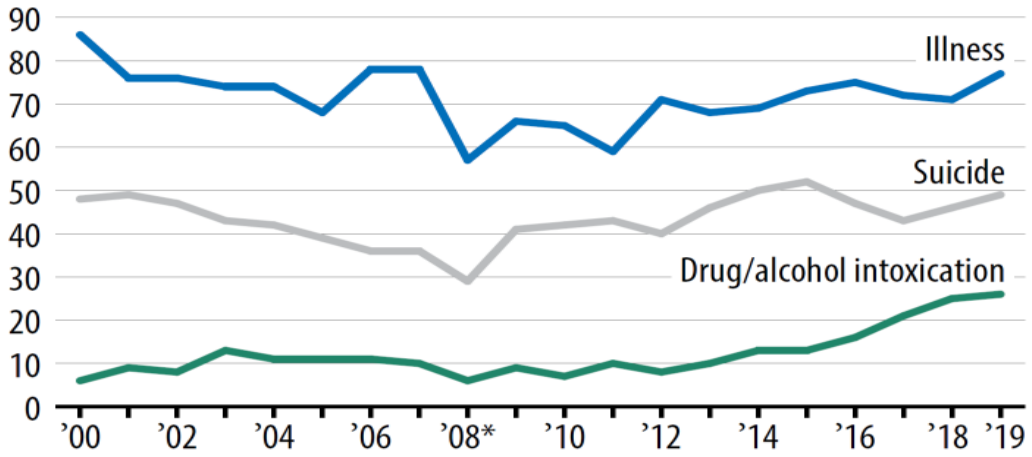
Managing substance withdrawal in carceral settings is important as deaths due to unmanaged acute withdrawal are preventable. Counties, carceral administrators, and carceral staff have faced civil lawsuits seeking monetary awards and other relief for failure to provide withdrawal management services.

Treatment for OUD in carceral settings is also imperative as substance-related overdose is the third leading cause of death in jails, following illness and suicide.

As described in JHU's prior report, How the Drug Enforcement Administration Can Improve Access to Methadone in Correctional Facilities and Save Lives, provision of methadone in carceral settings for the management of acute opioid withdrawal syndrome (OWS) and long-term treatment of OUD has been challenging because of federal rules and regulations around the provision of methadone and the scarcity of opioid treatment programs (OTPs) in many geographical locations.

Mortality in Local Jails, 2000-2019, Statistical Tables

Mortality rate per 100,000 local jail inmates, by cause of death, 2000–2019

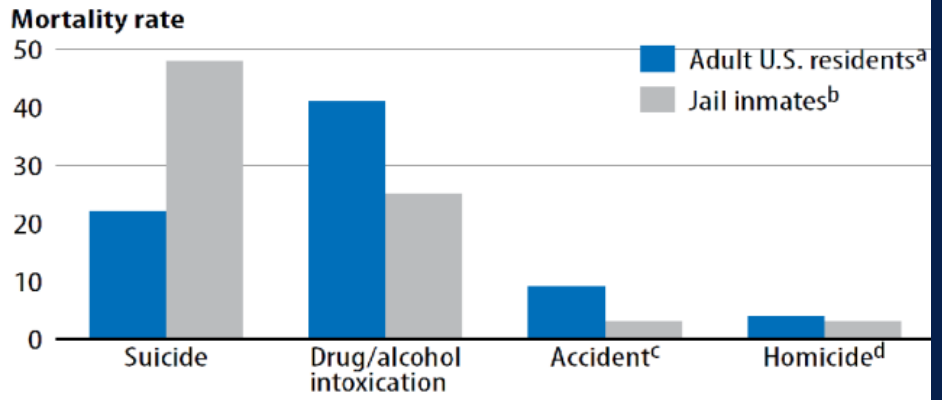


Note: Data may have been revised from previously published statistics. Mortality rates are per 100,000 inmates held in the custody of local jails. Mortality rates for 2001–2019 are based on the annual number of deaths and the average daily population (ADP). In 2000, the ADP was estimated by taking the average of January 1 and December 31 inmate population counts. See *Methodology*. See table 3 for rates.

*In 2008, a high number of illness cases were missing cause of death information and were classified as missing.

Source: Bureau of Justice Statistics, Mortality in Correctional Institutions, 2000–2019.

Adjusted mortality rate per 100,000 U.S. residents, by cause of death, 2019



Note: Excludes persons age 17 or younger and federal prisoners. U.S. resident mortality rate is per 100,000 adult U.S. residents and is based on death certificates from all U.S. residents in 2019. Inmate mortality rate is per 100,000 inmates held in the custody of local jails and is based on the annual number of deaths and average daily population. See table 4 for crude and adjusted rates.

[a]To allow for direct comparisons of mortality rates, BJS adjusted the U.S. resident population to resemble the sex, race or ethnicity, and age distribution of the local jail population. See *Methodology*.

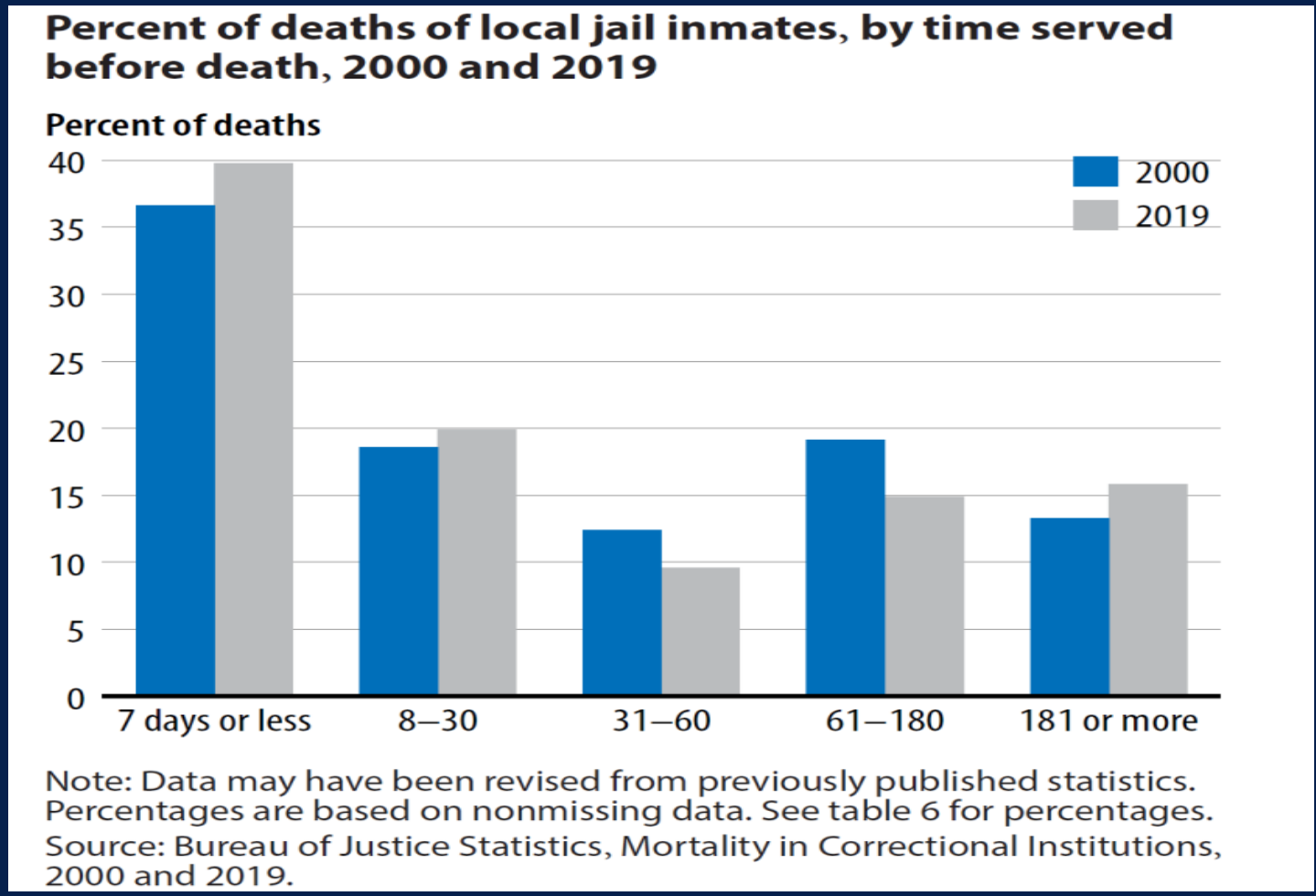
[b]Inmate mortality rates in figure 3 and table 4 were adjusted for sex, race or ethnicity, and age differences to be comparable to U.S. resident rates and may differ from other rates in the report. See *Methodology*.

[c]Excludes causes of death that are unlikely to occur in a jail setting from the rates of both U.S. residents and jail inmates. See *Methodology*.

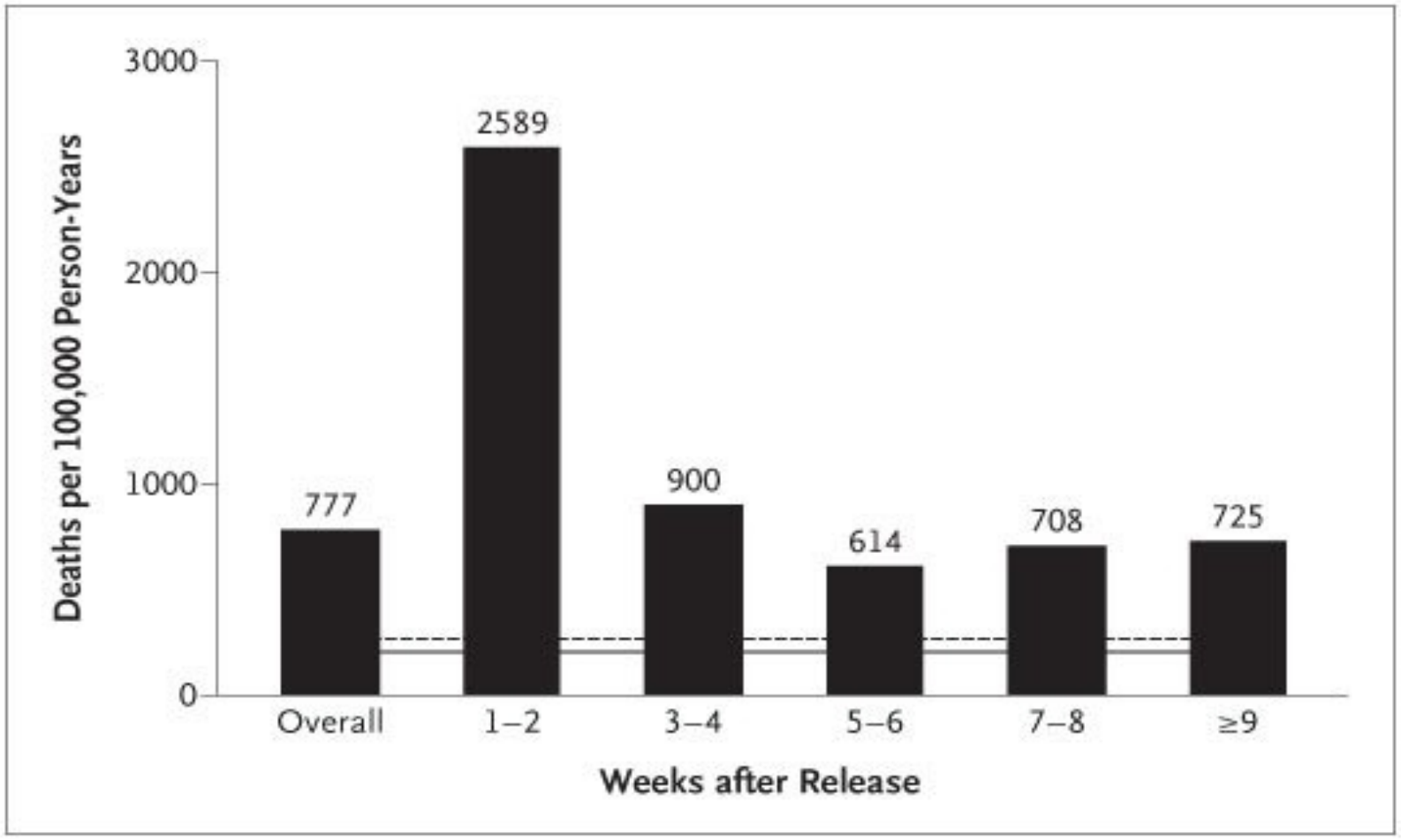
[d]Includes homicides committed by other inmates, incidental to the use of force by staff, and resulting from injuries sustained prior to incarceration.

Source: Bureau of Justice Statistics, Annual Survey of Jails, 2011–2018, Census of Local Jails, 2019, Mortality in Correctional Institutions, 2019, National Inmate Survey, 2007–2009 and 2011–2012, and Survey of Inmates in Local Jails, 2002; and Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER online database, Underlying Cause of Death 2019 (released in 2020).

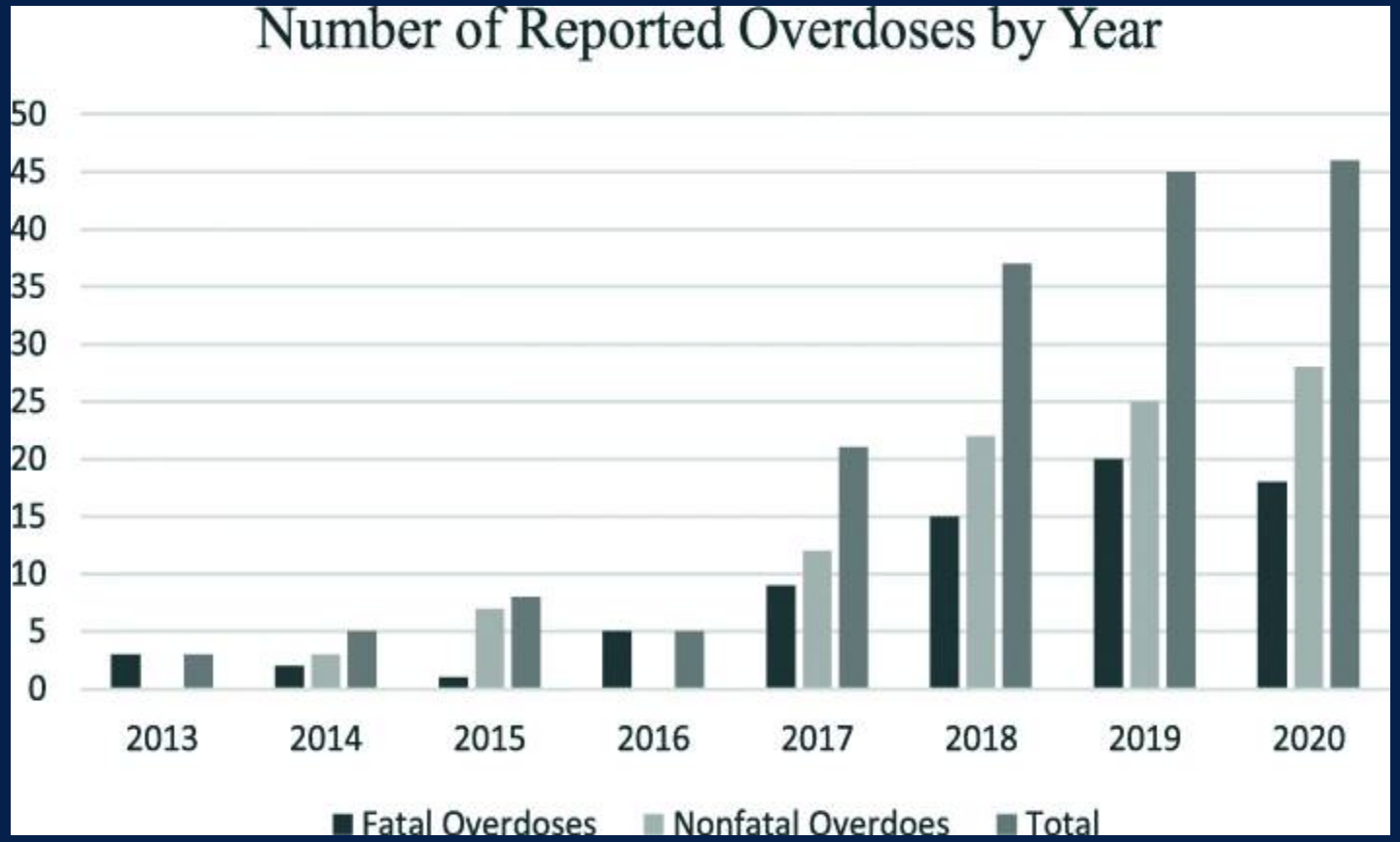
Mortality in Local Jails, 2000-2019, Statistical Tables



Mortality Rates among Former Inmates of the Washington State Department of Corrections during the Study Follow-up (Overall) and According to 2-Week Periods after Release from Prison



Fentanyl-Related Overdose During Incarceration: A Comprehensive Review



MOUD in Jails/Prisons

MOUD, such as methadone and buprenorphine, are **first-line** for the treatment of OUD. When implemented in the correctional system they are associated with:

- reduced illicit opioid use;
- reduced injection use behaviors;
- reduced cases of transmissible infections (HIV and HCV);
- reduced prison infractions;
- increased treatment retention; and
- reduced opioid-related (overdose) and all-cause mortality.[6,7,8]

Degenhardt L, Grebely J, Stone J, et al. (2019). Global patterns of opioid use and dependence: harms to populations, interventions, and future action. Lancet: 394(10208):1560–1579. doi:10.1016/S0140-6736(19)32229-9. Accessed April 4, 2022.

J.D. Rich et al., "Methadone Continuation Versus Forced Withdrawal on Incarceration in a Combined U.S. Prison and Jail: A Randomised, Open-Label Trial," Lancet 386, no. 9991 (2015): 350-9, https://www.ncbi.nlm.nih.gov/pubmed/26028120.

T.C. Green et al., "Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System," JAMA Psychiatry 75, no. 4 (2018): 405-07, https://www.ncbi.nlm.nih.gov/pubmed/29450443

Post-incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System

Table 1. Characteristics and Number of Deaths From Accidental Overdose in Rhode Island, Both Overall and Among Individuals With Recent Incarceration[a]

Characteristic	Decedents With Recent Incarceration, No. (%)		Overall No. of Decedents (%)	
	First 6 mo of 2016 (n = 26)	First 6 mo of 2017 (n = 9)	First 6 mo of 2016 (n = 179)	First 6 mo of 2017 (n = 157)
Sex				
Male	24 (92.3)	7 (77.8)	123 (68.7)	94 (59.9)
Female	2 (7.7)	2 (22.2)	56 (31.3)	63 (40.1)
Race/ethnicity[b]				
White	25 (96.2)	8 (88.9)	168 (93.9)	137 (87.3)[c]
Other	1 (3.8)	1 (11.1)	11 (6.1)	20 (12.7)
Age, y				
18-29	8 (30.8)	2 (22.2)	43 (24.0)	23 (14.6)[d]
30-39	9 (34.6)	4 (44.4)	34 (19.0)	54 (34.4)
40-49	6 (23.1)	3 (33.3)	40 (22.3)	35 (22.3)
≥50	3 (11.5)	0 (0.0)	62 (34.6)	45 (28.7)
Died of overdose attributed to fentanyl	16 (61.5)	8 (88.9)	92 (51.4)	92 (58.6)
Length of incarceration, median (IQR), mo	30 (4-70)	23 (9-113)	NA	NA
Time since release from incarceration to death, median (IQR), d	112 (12-223)	190 (49-241)	NA	NA
Died within 30 d of release from incarceration	10 (38.5)	1 (11.1)	NA	NA

Abbreviations: IQR, interquartile range; NA, not applicable.

[a] Recent incarceration was defined as within 12 months of release from the Rhode Island Department of Corrections.

[b] Race as recorded by the Rhode Island Office of State Medical Examiners at the time of autopsy or case review.

[c] χ^2 Test comparing all decedents, January 1 to June 30, 2016, vs January 1 to June 30, 2017, $P = .04$.

[d] χ^2 Test comparing all decedents, January 1 to June 30, 2016, vs January 1 to June 30, 2017, $P = .007$.

- There was a 60.5% reduction in mortality (RR, 0.4, P=0.01)
- The NNT to prevent a death from overdose was 11.

MOUD in Jails/Prisons

Although the correctional system is an important venue for targeting and treating patients with OUD, few receive life-saving MOUD, such as methadone or buprenorphine.[9]

American Society of Addiction Medicine (ASAM). 2020. Access to Medications for Addiction Treatment in Correctional Settings: State Brief. https://www.asam.org/docs/default-source/advocacy/mat-in-crmj-settings-final.pdf?sfvrsn=10a559c2_2. Accessed September 5, 2021.

MOUD in Jails/Prisons

As of 2018, less than 14% of jails and prisons offered buprenorphine or methadone.[1,2]

Buprenorphine use in the correctional system has increased substantially over the last several years;[2] however, its use overall remains low. In 2021, less than 4% of incarcerated persons with OUD actually received buprenorphine.[2]

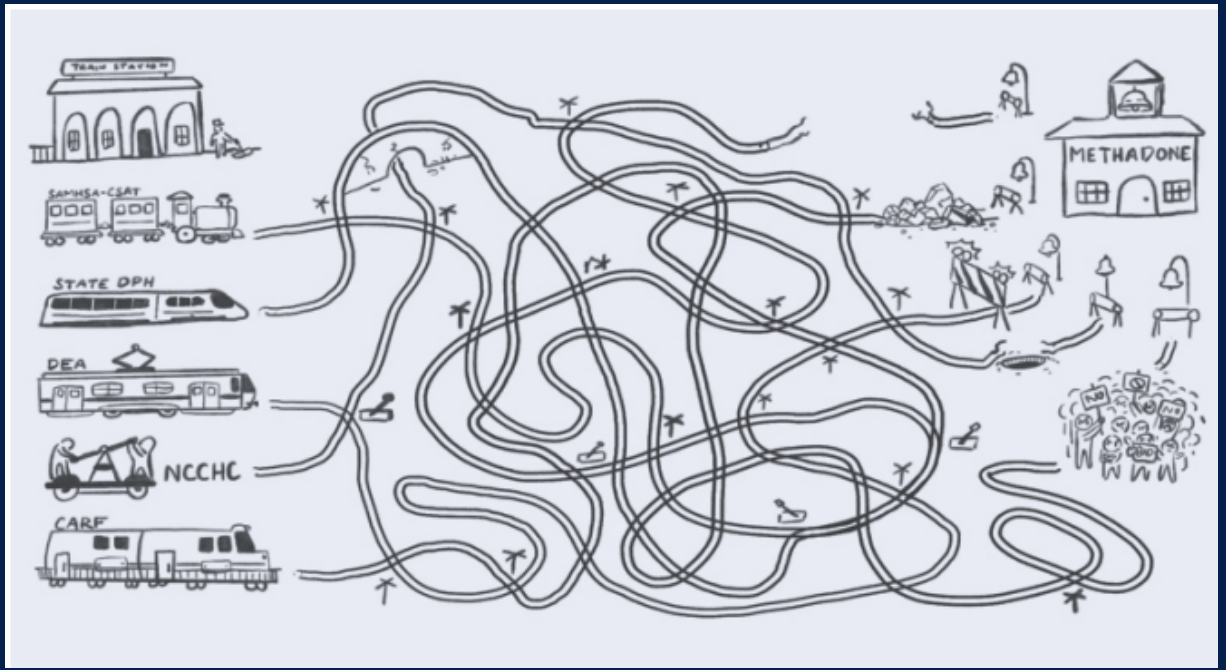
Substance Abuse and Mental Health Services Administration: Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. HHS Publication No. PEP19-MATUSECJS Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.

Thakrar AP, Alexander GC, Saloner B. Trends in Buprenorphine Use in US Jails and Prisons From 2016 to 2021. JAMA Netw Open. 2021;4(12):e2138807. doi:10.1001/jamanetworkopen.2021.38807

MOUD in Jails/Prisons

Methadone has been difficult to implement in the correctional system, due to a number of regulatory barriers.

Methadone is governed by the Narcotic Addiction Treatment Act of 1974, which permits only specialized clinics, known as opioid treatment programs (OTP), to dispense methadone for the treatment of opioid use disorder.[10]



Correctional institutions as an intervention point for opioid use disorder treatment. (2020). Big Ideas: Advancing Solutions to Curb Fatal Opioid Overdoses in the United States. Accessed Feb 26, 2025 at https://oneill.law.georgetown.edu/wp-content/uploads/2021/06/correctional-institutions-as-an-intervention.pdf

Substance Abuse and Mental Health Services Administration: Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. HHS Publication No. PEP19-MATUSECJS Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.
Thakrar AP, Alexander GC, Saloner B. Trends in Buprenorphine Use in US Jails and Prisons From 2016 to 2021. JAMA Netw Open. 2021;4(12):e2138807. doi:10.1001/jamanetworkopen.2021.38807

There are Three Options Which Can Be Utilized for Providing Access to Methadone in Correctional Settings

1. Contract with a community OTP

1. Become an OTP:
   - Connecticut Department of Corrections
   - Arizona Department of Corrections
   - Rhode Island Department of Corrections
   - Colorado Department of Corrections
   - Federal Bureau of Prisons**

1. Utilize the hospital/clinic designation, as outlined and clarified in the updated 42 CFR Part 8 rules by SAMHSA in 2024

42 CFR § 8.11 OTP certification

"Certification as an OTP under this part is not required for the initiation or continuity of medication treatment or withdrawal management of a patient who is admitted to a hospital, long-term care facility, or *correctional facility*, that is registered with the Drug Enforcement Administration as a hospital/clinic, for the treatment of medical conditions other than OUD, and who requires treatment of OUD with methadone during their stay, when such treatment is permitted under applicable Federal law."

What Do the SAMHSA Updated Final Rules of 42 CFR Part 8 Say About Provision of Methadone in Carceral Settings?

"If a correctional facility has registered as a hospital/clinic, a physician or authorized staff may administer or dispense narcotic drugs to maintain or manage withdrawal for an inmate as an incidental adjunct to medical or surgical treatment of conditions other than addiction."

Interpretation: The revised rules clearly and unequivocally state that if a carceral setting has registered as a hospital/clinic, it can treat patients with methadone under the exemption available to hospitals/clinics. Under this exemption, the hospital/clinic can dispense methadone for acute opioid withdrawal syndrome (OWS) and/or initiate or continue treatment for OUD to patients, provided that they have an additional diagnosis besides SUD (any mental health or physical health diagnosis). There should be clear documentation in the medical record identifying what additional diagnosis or diagnoses the patient has.

Colorado Department of Corrections (CDOC)

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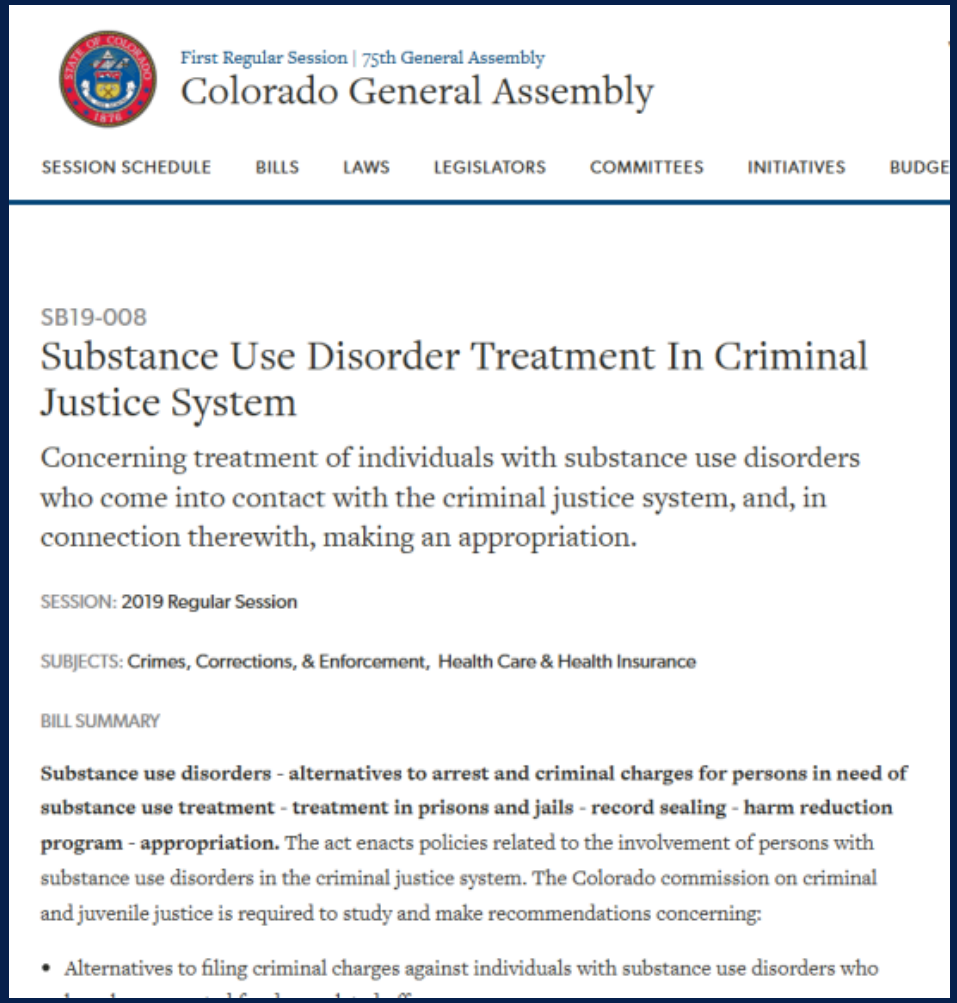
Colorado Department of Corrections (CDOC)

SB19-008



First Regular Session | 75th General Assembly
Colorado General Assembly

SESSION SCHEDULE BILLS LAWS LEGISLATORS COMMITTEES INITIATIVES BUDGE

SB19-008

Substance Use Disorder Treatment In Criminal Justice System

Concerning treatment of individuals with substance use disorders who come into contact with the criminal justice system, and, in connection therewith, making an appropriation.

SESSION: 2019 Regular Session

SUBJECTS: Crimes, Corrections, & Enforcement, Health Care & Health Insurance

BILL SUMMARY

Substance use disorders - alternatives to arrest and criminal charges for persons in need of substance use treatment - treatment in prisons and jails - record sealing - harm reduction program - appropriation. The act enacts policies related to the involvement of persons with substance use disorders in the criminal justice system. The Colorado commission on criminal and juvenile justice is required to study and make recommendations concerning:

- Alternatives to filing criminal charges against individuals with substance use disorders who

Substance Use Disorder Treatment in Criminal Justice System, SB19-008, Colorado 2019 General Assembly. 2019 Regular Session. (Colorado 2019). https://leg.colorado.gov/bills/sb19-008

SB19-008

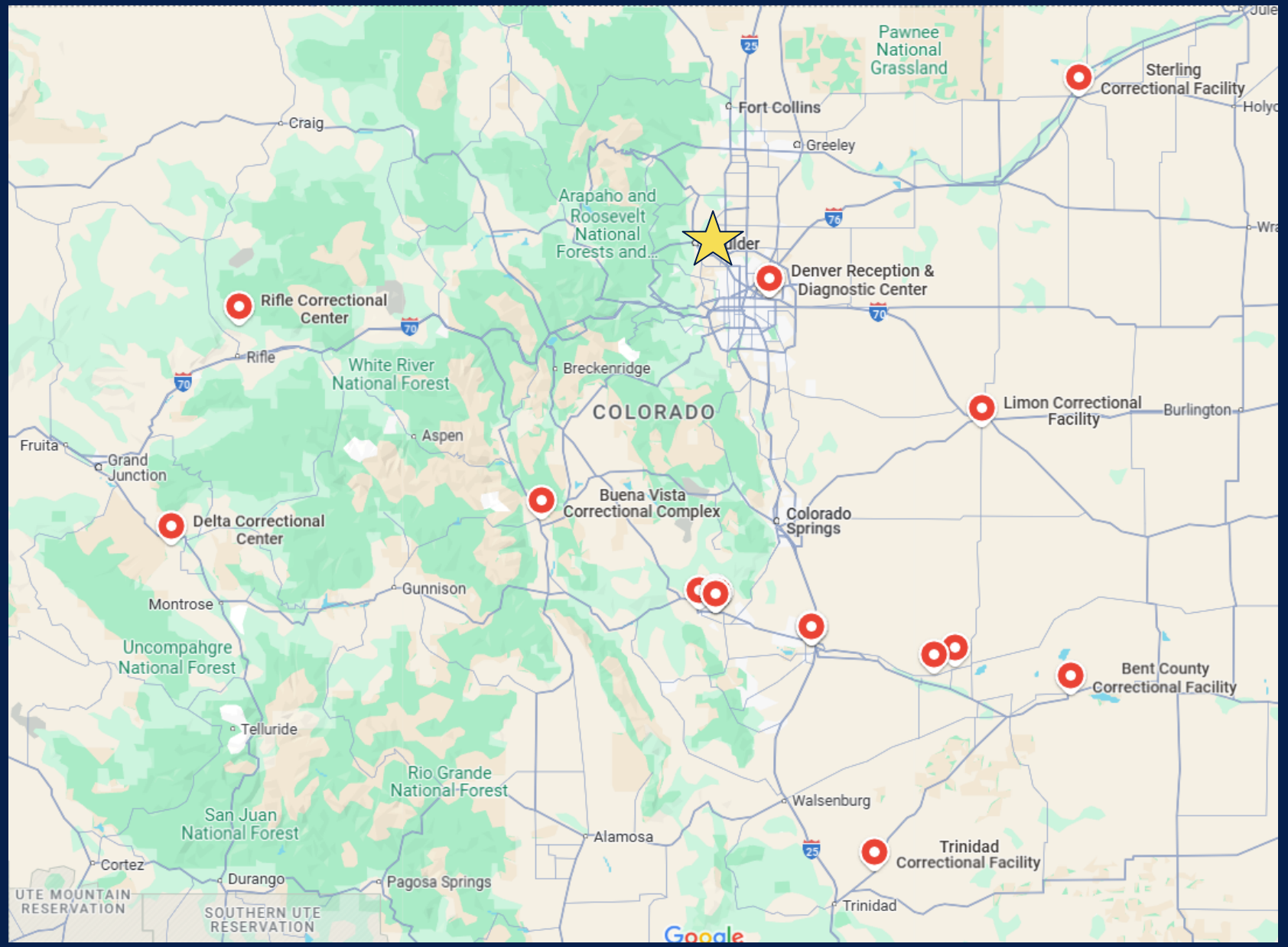
County Jails who receive state funding (through the jail-based behavioral health services program) must have policies in place to provide Medication for Addiction Treatment (MAT) services **by 1/1/2020**.

CDOC is required to allow MAT to be provided to patients who received the medication in a local jail prior to transfer.

Substance Use Disorder Treatment in Criminal Justice System, SB19-008, Colorado 2019 General Assembly.

2019 Regular Session. (Colorado 2019). https://leg.colorado.gov/bills/sb19-008

Colorado Department of Corrections (CDOC)



Large state

Rural landmass

21 facilities across the state

Colorado Department of Corrections (CDOC)

21 facilities: 19 state-run facilities + 2 private facilities

Prison subtotal: 17,563 incarcerated persons at all custody levels

Opioid Use Disorder (OUD): 4,247 patients

On MOUD: 1,674 patients (~39% of diagnosed patients)

Methadone: 83 patients
Sublingual buprenorphine: 1,458 patients
Oral naltrexone: 133 patients

**data as of 12/25/25

Denver Complex

County Jail → Denver Reception & Diagnostic Center (DRDC) → Permanent Facility

Labs
Medical exam
Dental exam
Mental health exam
Drug and alcohol (D&A) assessment

Custody level determination

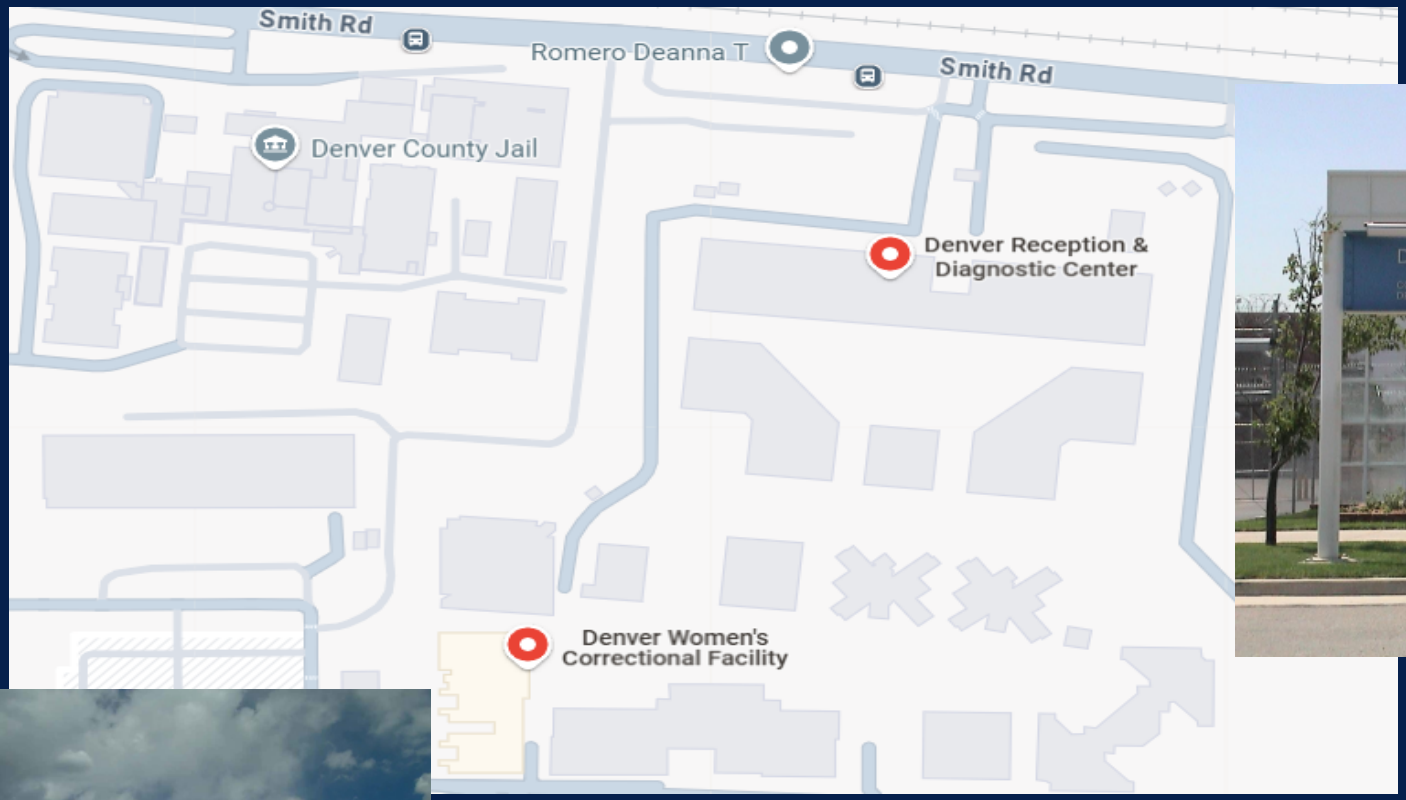
Arkansas Valley Correctional Facility (AVCF)
Buena Vista Correctional Complex (BVCC)
Arrowhead Correctional Center (ACC)
Centennial Correctional Facility (CCF)
Colorado State Penitentiary (CSP)
Colorado Territorial Correctional Facility (CTCF)
Four Mile Correctional Center (FMCC)
Fremont Correctional Facility (FCF)
The Beacon at Skyline
Denver Reception & Diagnostic Center (DRDC)
Denver Women's Correctional Facility (DWCF)
Limon Correctional Facility (LCF)
Bent County Correctional Facility (BCCF)
Crowley County Correctional Facility (CCCF)
La Vista Correctional Facility (LVCF)
San Carlos Correctional Facility (SCCF)
Youthful Offender System (YOS)
Rifle Correctional Center (RCC)
Sterling Correctional Facility (SCF)
Trinidad Correctional Facility (TCF)

Based on **medical + custody determinations**, patients are assigned a permanent facility (PF).

Denver Complex

Denver Women's Correctional Facility (DWCF):

permanent facility
~760 beds



Denver Reception & Diagnostic Center. Colorado Department of Corrections. (n.d.). https://cdoc.colorado.gov/facilities/denver-complex/denver-reception-diagnostic-center

Denver Women's Correctional Facility. Colorado Department of Corrections. (n.d.). https://cdoc.colorado.gov/facilities/denver-complex/denver-womens-correctional-facility

Denver Reception & Diagnostic Center (DRDC):

intake facility
~570 beds

History of methadone in CDOC

Methadone provided ONLY at the Denver Complex

Methadone provided by Addiction Research and Treatment Services (ARTS)

The Pew Charitable Trusts. (2020, April 23). Opioid use disorder treatment in jails and Prisons. https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2020/04/opioid-use-disorder-treatment-in-jails-and-prisons

Barriers and Challenges

Denver Reception & Diagnostic Center (DRDC) is an intake facility!

~570 beds

Only a small number of beds for permanent incarcerated persons: persons requiring dialysis, needing frequent medical visits, with a diagnosis of cancer, etc.

Wikimedia Commons. (2016, March 24). Colorado Department of Corrections bus turning off Peoria Street to 33rd Avenue in Aurora, Colorado. https://commons.wikimedia.org/wiki/File:Seal_of_the_Indiana_Department_of_Corrections.jpg

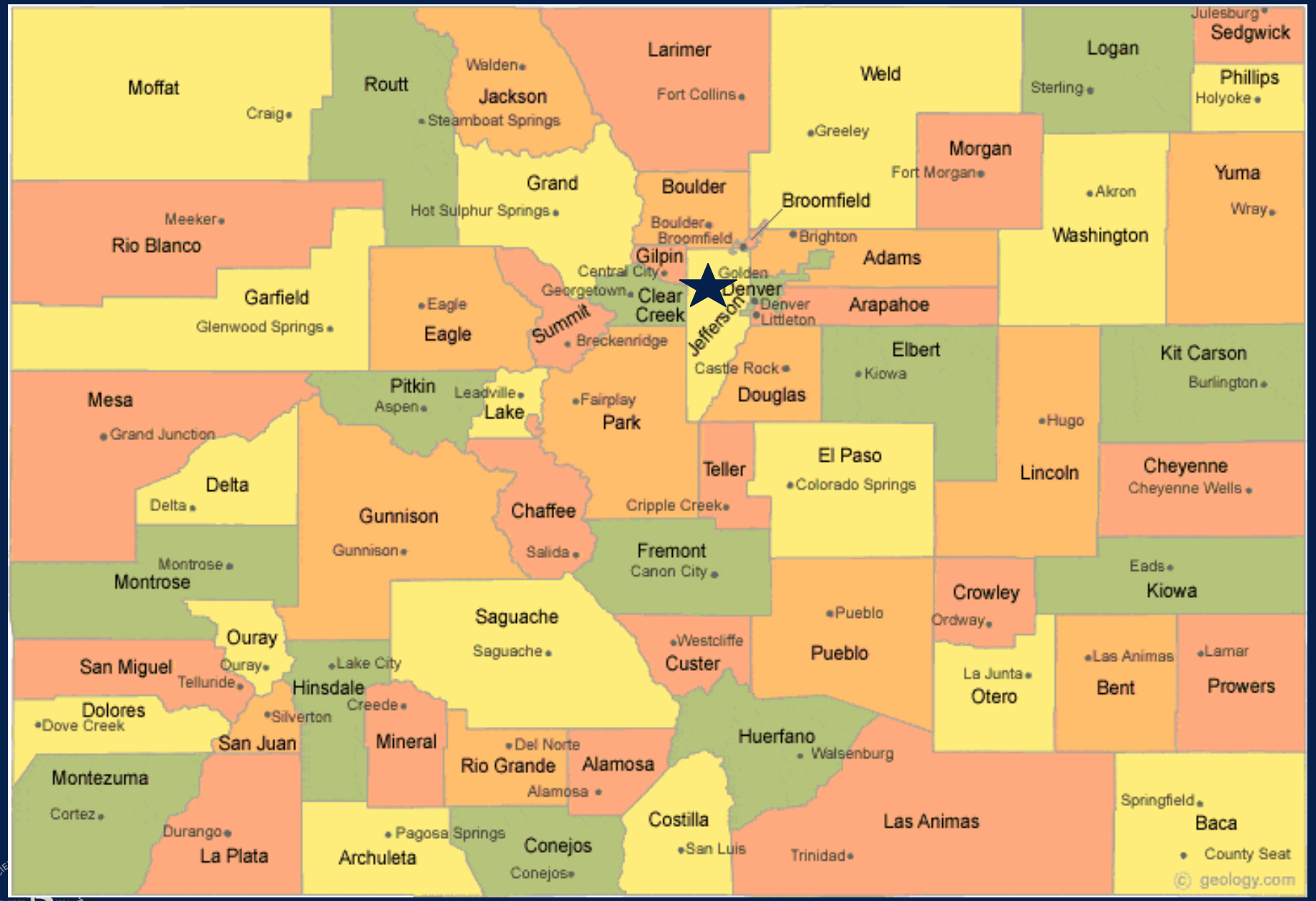
History of methadone in CDOC

Pregnant persons were able to split and/or increase their dose(s).

All other patients were transitioned from methadone -> buprenorphine.

- 10% dose reduction per month
- Infirmary admission
- SL buprenorphine initiation

Kelan Lyons, N. N. M. 26. (2023, May 26). *Senate budget requires new reports from prison system* . NC Newsline. https://ncnewsline.com/briefs/senate-budget-requires-new-reports-from-prison-system/



Barriers and Challenges

Large state

Rural landmass

64 counties

No unified jail/prison system

Previous methadone workflow

- Around 6-8am, new patients are transported from their respective County Jails to DRDC
- New patients arrive at DRDC between 10am-1pm
- Intake nurse reviews transfer paperwork
- Intake nurse calls patient's County Jail to confirm last methadone dose and home OTP
- Intake nurse relays information to MAT Provider
- MAT Provider informs community OTP of new arrival
- Community OTP calls the patient's home OTP for guest dosing paperwork
- Patient's home OTP completes guest dosing paperwork
- Patient's home OTP sends guest dosing paperwork to the community OTP
- Community OTP receives guest dosing paperwork
- Community OTP dispenses methadone dose
- Community OTP delivers methadone dose to DRDC

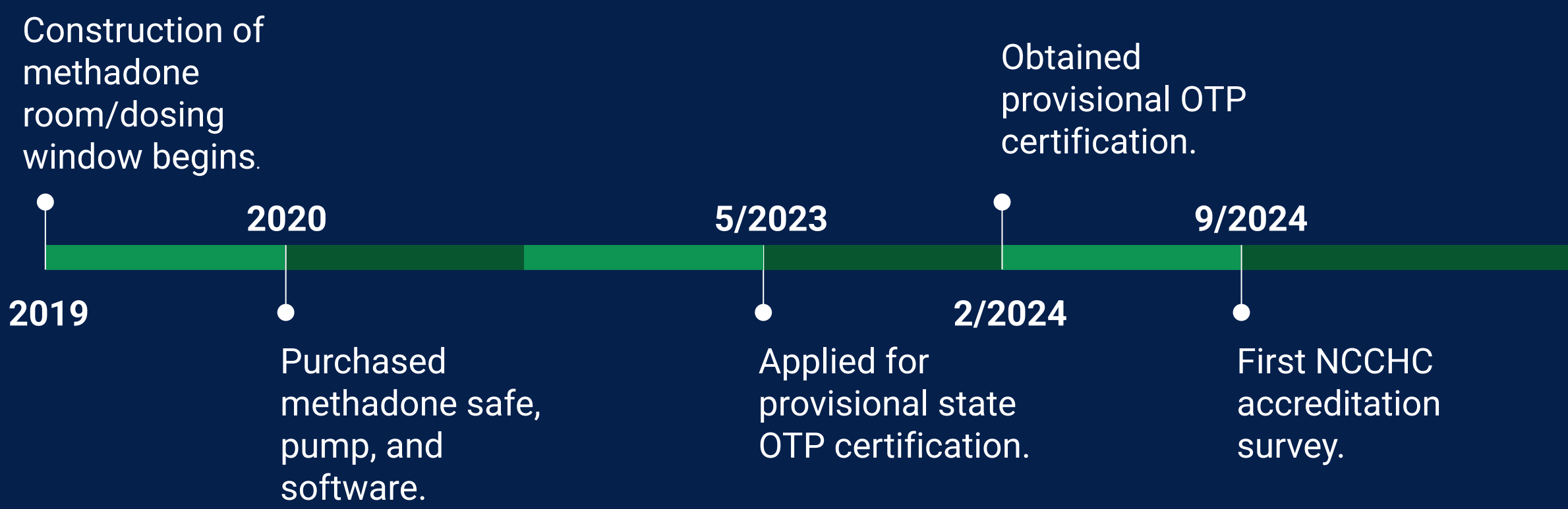
Pursuing OTP licensure

Increasing availability and access to methadone during incarceration is the simply the RIGHT thing to do, as well as clinically best practice.

We chose to obtain OTP licensure (as opposed to using a contractor) to improve the quality and delivery of medical care:

- Reduced time to first dose
- Fewer missed doses
- Increased retention on medication

Progression towards Licensure



Progression towards Licensure

Applied for and granted extension of provisional OTP certification.

Current CDOC policies

All patients who arrive on methadone are able to remain on medication.

Dose adjustments are also performed based on patient preference and/or clinical need.

However…we still have a movement issue!

Denver Reception & Diagnostic Center (DRDC) is an intake facility!

~570 beds

Only a small number of beds for permanent incarcerated persons: persons requiring dialysis, needing frequent medical visits, with a diagnosis of cancer, etc.

Wikimedia Commons. (2016, March 24). Colorado Department of Corrections bus turning off Peoria Street to 33rd Avenue in Aurora, Colorado. https://commons.wikimedia.org/wiki/File:Seal_of_the_Indiana_Department_of_Corrections.jpg

Next steps for CDOC

Our plan is to open medication units at Fremont Correctional Facility (FCF) and Sterling Correctional Facility (FCF).

Fremont Correctional Facility (FCF) is located in Canon City, along with six other facilities and could dispense/deliver to other facilities:

Arrowhead Correctional Center (ACC)
Centennial Correctional Facility (CCF)
Colorado State Penitentiary (CSP)
Colorado Territorial Correctional Facility (CTCF)
Four Mile Correctional Center (FMCC)
Fremont Correctional Facility (FCF)
The Beacon at Skyline

Sterling Correctional Facility (SCF) has ~2488 beds, all custody levels.

Next steps for CDOC

CDOC has a shortage of behavioral health staff at some facilities.

At FCF and SCF, we are unable to meet the behavioral health requirements of OTPs in our state.

Thus, we currently cannot open medication units at these sites.

Blumenshine, S. (2025, January 24). *Construction zone crashes: Understanding Liability and safety* . Blumenshine Law Group. https://blumenshinelawgroup.com/construction-zone-crashes-liable/

Next steps for CDOC

Instead, in the next couple of months, we plan to dispense methadone to patients at SCF under the hospital/clinic designation.

We will leverage:

- existing policies/procedures
- methadone dosing window/room
- methadone safe, pump, software
- dedicated MAT Providers
- telehealth

Taylor, K. (2018, November 29). Jail ordered to give inmate methadone for opioid addiction in far-reaching ruling. The New York Times. https://www.nytimes.com/2018/11/28/us/inmate-methadone-opioid-addiction-ruling.html

Next steps for CDOC

We will use the hospital/clinic designation for now, to help with *program expansion*.

We will *continue* to work towards meeting full OTP requirements at both FCF and SCF.

The road ahead - our plans for 2020. Three Fields Entertainment. (2020, January 22). https://www.threefieldsentertainment.com/2020/01/10/the-road-ahead-roadmap-for-2020-three-fields-entertainment/

Washington State Department of Corrections

Catherine Smith, DO, FASAM
Director of Addiction Medicine
Washington State Department of Corrections

Washington DOC Snapshot

Department of Corrections
WASHINGTON STATE

*Dashboard Updated Daily
*Data always 2 days old

Medication For Opioid Use Disorder (MOUD)
Current Population Treatment Summary

12,864
Total Prisons Population

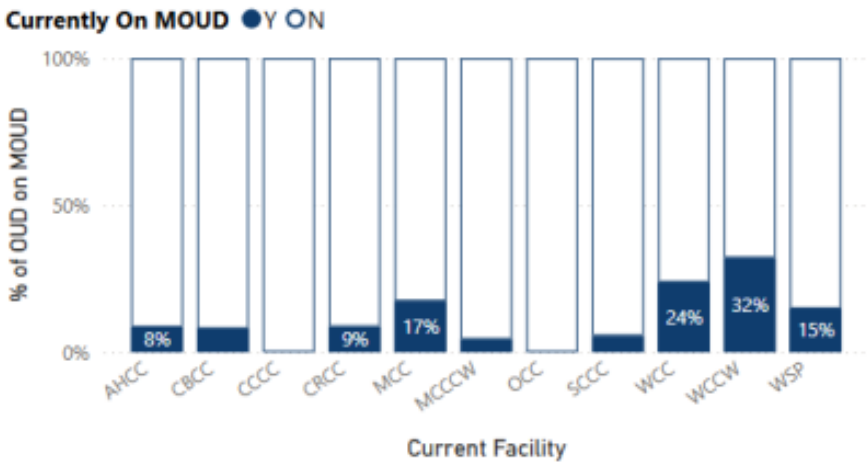
3,496
Total OUD Diagnosis

27%
Of Total Population

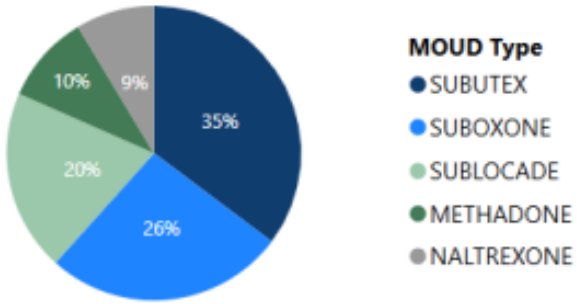
511
Currently On MOUD

15%
of OUD Population

Current Facility	Count On MOUD
AHCC	41
CBCC	18
CRCC	35
MCC	58
MCCCW	4
SCCC	15
WCC	131
WCCW	96
WSP	113
Total	**511**



MOUD Type	Count on Type
SUBUTEX	187
SUBOXONE	159
SUBLOCADE	106
NALTREXONE	46
METHADONE	50
Total	**548**



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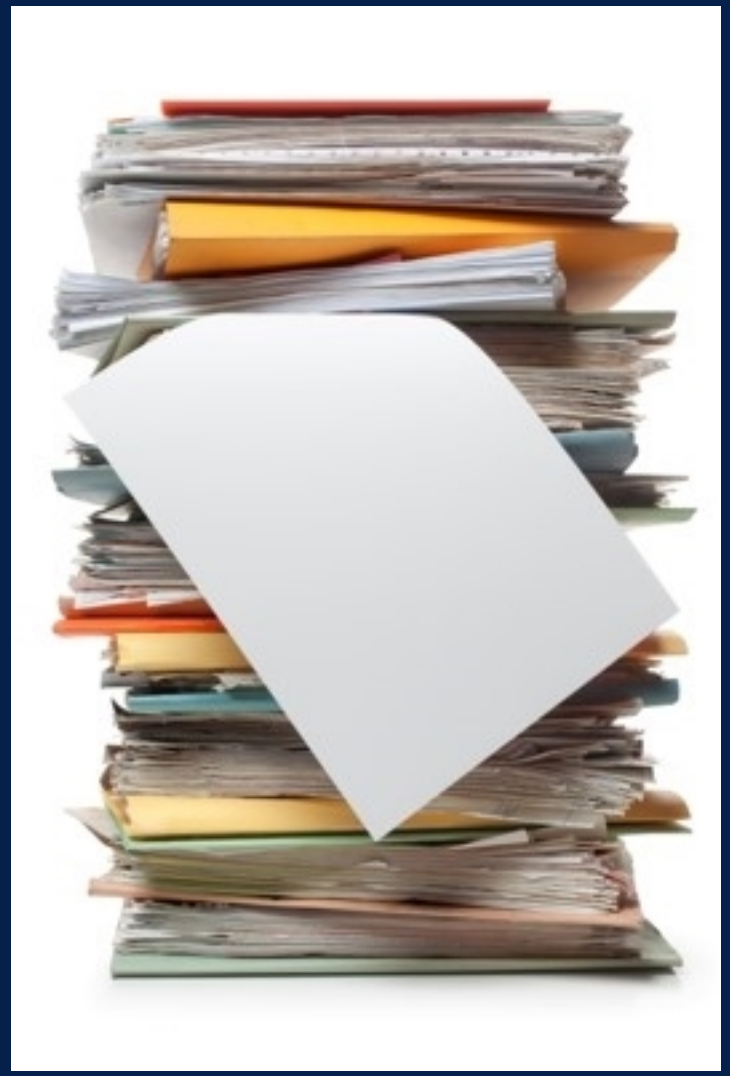
WA DOC Changes Over Time

- MOUD treatment started in 2019
  - Buprenorphine and naltrexone available
  - Methadone only available for pregnant people already engaged with treatment at time of entry
- Sublocade introduced in 2021
- Methadone continuation for all patients started Oct 2023
- Methadone induction started in June 2024

Reasoning for Expansion

- Bup to methadone transitions difficult and with high complication rate
- Methadone superior for high opioid tolerance levels in era of fentanyl use
- Not everyone can stabilize on buprenorphine

Challenges Encountered



- Partnering with community OTP
  - Geographic spread of prison system
  - Staffing burden of picking up doses
  - Red tape of contracting between two highly litigated and regulated systems
- Barriers to becoming an OTP
  - Administrative burden
  - High amount of clinical oversite
  - Unattainable requirements

Exploring a New Method

- Partnership with Johns Hopkins School of Public Health
  - Previous familiarity with hospital/clinic designation
- Worked closely with WA State Opioid Treatment Authority (SOTA)
- Notified DEA of plans to utilize hospital/clinic designation to expand access to methadone in WA DOC

The Stars Aligned

- No additional state restrictions in WA
- Central pharmacy in WA DOC system
- All facilities were registered with the DEA as a hospital/clinic
- Already had existing protocols to order, dispense and manage controlled substances; managed at facility level

A Few Details to Remember

- Oral medication can be dosed alongside all other medications
- Documentation of a primary diagnosis
- Background knowledge of use of methadone is necessary
  - Only managed by addiction specialists in WA DOC

Things to Consider

- Multiple formulations and dosing methods of methadone
- Complicated reentry planning and transfer of care
- Limited release supply possible
- Fear of the unknown in carceral medicine

Final Takeaways/Summary

- Importance of expanding access to MOUD in prisons and jail systems
- Lots of considerations with delivering MOUD treatment in carceral settings
- Multiple ways to make methadone available to prison and jail populations
- Don’t reinvent the wheel!

Questions?

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