



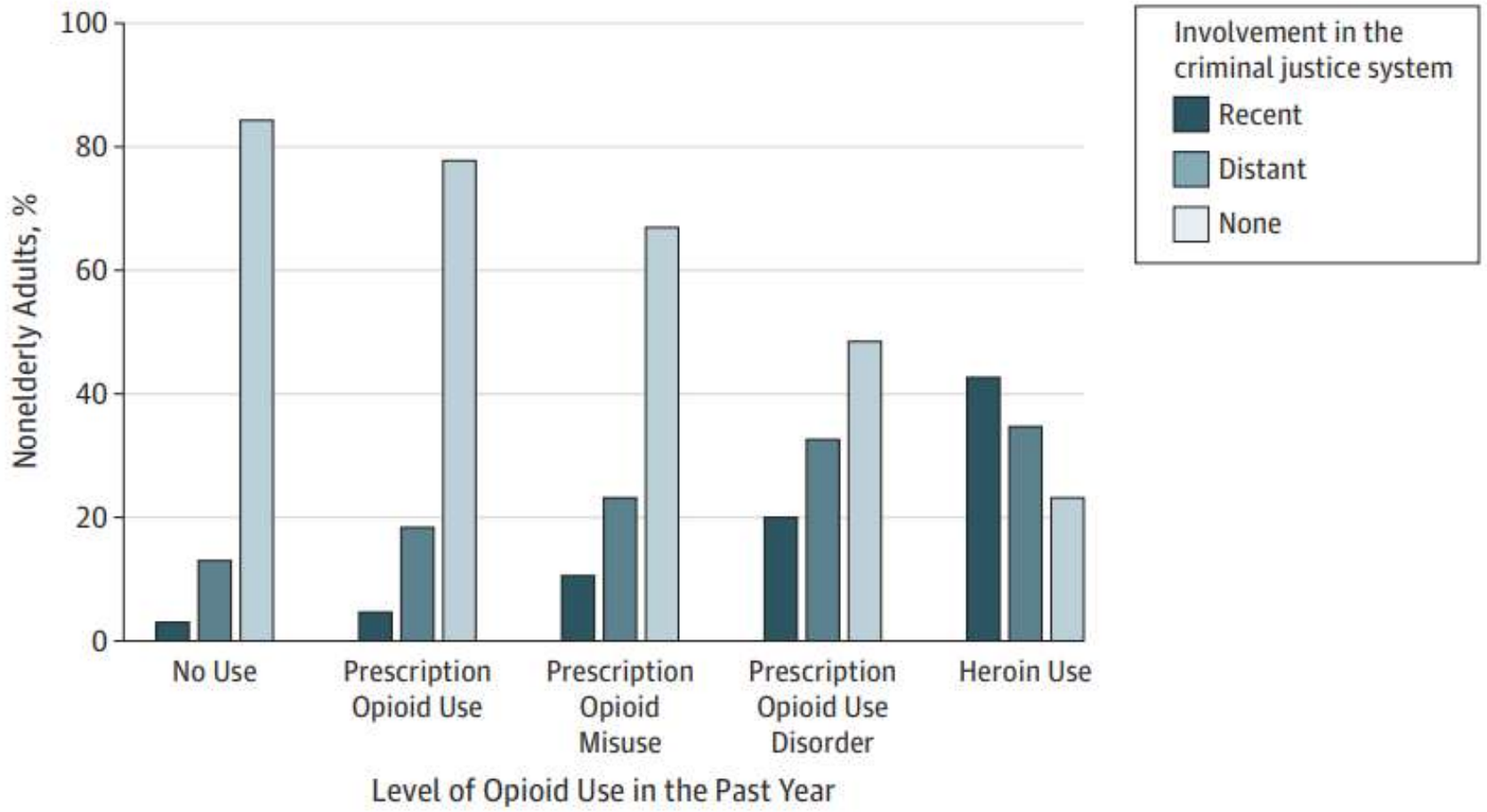
Responding to Justice-Involved Overdose in North Carolina

Leveraging Public Health Infrastructure for Correctional Health Partnerships

Lillie Armstrong, MPH
Community Overdose Consultant

October 4, 2019

Criminal Justice Involvement by Level of Opioid Use in the United States, 2015-2016



Winkelman TN, Chang VW, Binswanger IA. Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use. JAMA Network Open. 2018 Jul 6;1(3):e180558-.

Justice-Involved Overdose in North Carolina

Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015

Shabbar I. Ranapurwala, PhD, MPH, Meghan E. Shanahan, PhD, Apostolos A. Alexandridis, MPH, Scott K. Proescholdbell, MPH, Rebecca B. Naumann, PhD, MPH, Daniel Edwards Jr, MRP, and Stephen W. Marshall, PhD, MPH

Objectives. To examine differences in rates of opioid overdose death (OOD) between former North Carolina (NC) inmates and NC residents and evaluate factors associated with postrelease OOD.

Methods. We linked NC inmate release data to NC death records, calculated OOD standardized mortality ratios to compare former inmates with NC residents, and calculated hazard ratios to identify predictors of time to OOD.

Results. Of the 229 274 former inmates released during 2000 to 2015, 1329 died from OOD after release. At 2-weeks, 1-year, and complete follow-up after release, the respective OOD risk among former inmates was 40 (95% confidence interval [CI] = 30, 51), 11 (95% CI = 9.5, 12), and 8.3 (95% CI = 7.8, 8.7) times as high as general NC residents; the corresponding heroin overdose death risk among former inmates was 74 (95% CI = 43, 106), 18 (95% CI = 15, 21), and 14 (95% CI = 13, 16) times as high as general NC residents, respectively. Former inmates at greatest OOD risk were those within the first 2 weeks after release, aged 26 to 50 years, male, White, with more than 2 previous prison terms, and who received in-prison mental health and substance abuse treatment.

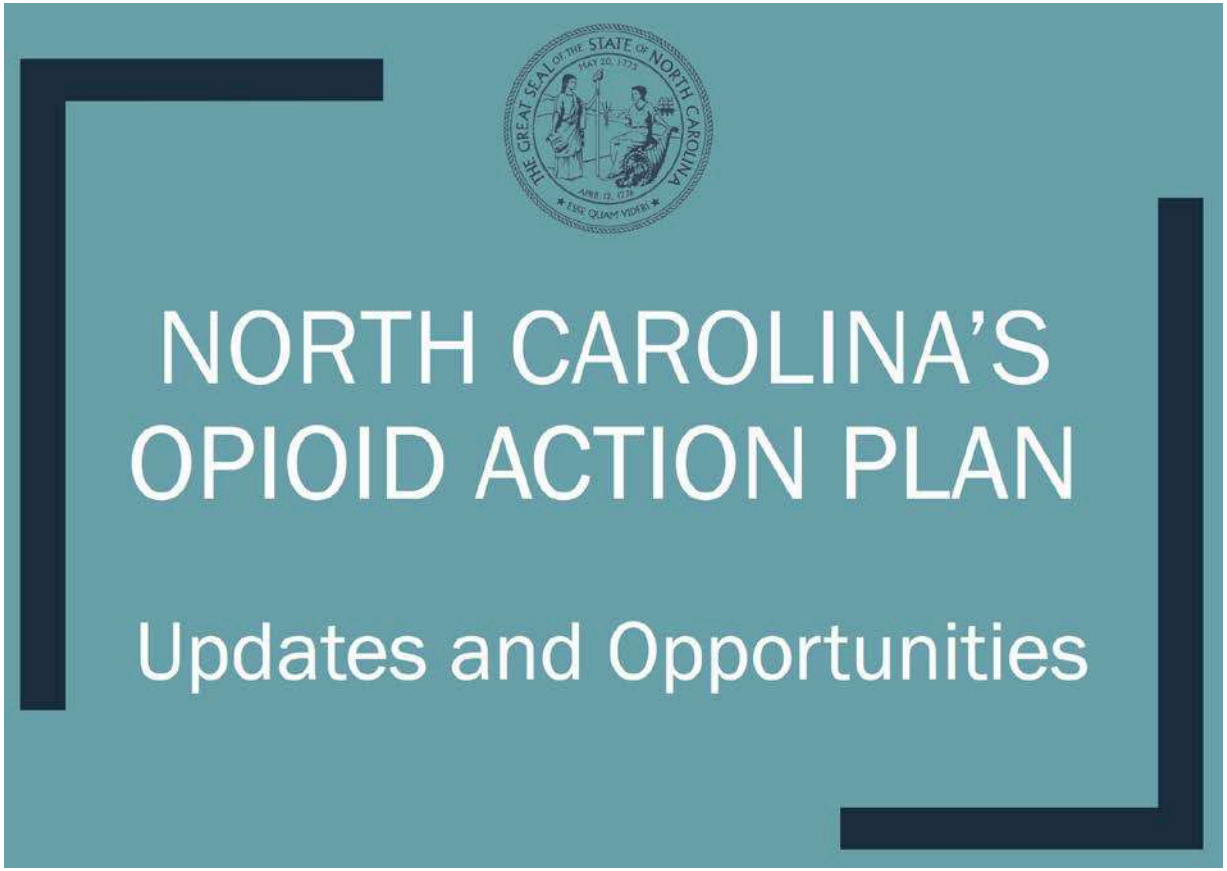
Conclusions. Former inmates are highly vulnerable to opioids and need urgent prevention measures. (*Am J Public Health.* 2018;108:1207–1213. doi:10.2105/AJPH.2018.304514)

which only involved education and group counseling.[10]

Drug overdose is the leading cause of death among former inmates worldwide.[9,11–19] One previous study found that drug overdose death rates were 9 times higher among former NC inmates as compared with NC residents.[12] Another study among Washington State former inmates observed a 10-fold increase in drug overdose rates compared with Washington residents.[13] Two other studies, 1 conducted in England and Wales and 1 conducted in Australia, observed 8 times and 16 times higher drug-related mortality among former inmates compared with the general population, respectively.[17,19] This risk is highest in the first few weeks after release.[11,13,14,17,20,21]

Although previous research has established former inmates as a high-risk population, the majority of this work has utilized pre-

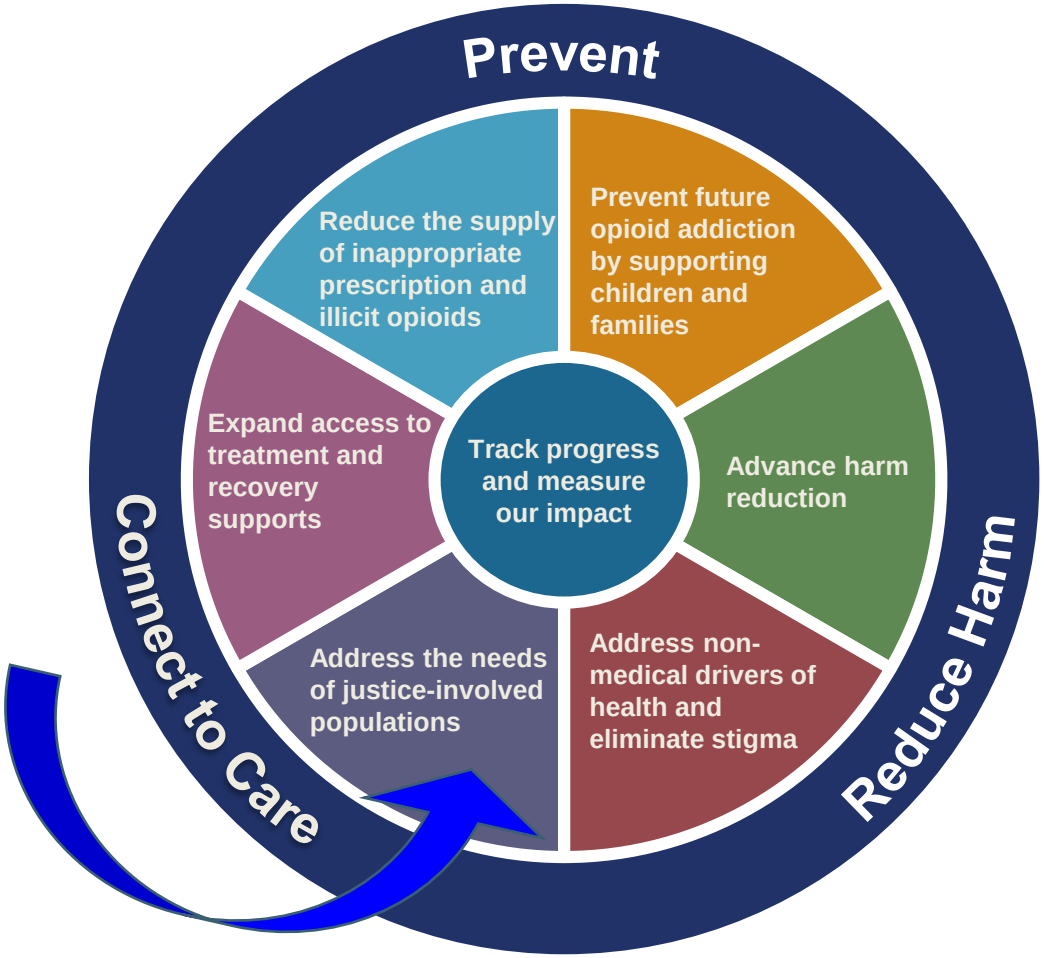
Shabbar I. Ranapurwala et al. “Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015”, *American Journal of Public Health* 108, no. 9 (September 1, 2018): pp. 1207-1213.https://doi.org/10.2105/AJPH.2018.304514



The Opioid Action Plan 2.0 aims to identify impactful, feasible strategies to reduce opioid overdoses in North Carolina and prevent the next wave of the crisis.

Opioid Action Plan 2.0

Opioid Action Plan 2.0



Connect to Care

AN ESTIMATED **89% OF PEOPLE DON'T RECEIVE** THE SUBSTANCE USE DISORDER TREATMENT THEY NEED.

PEOPLE ARE **40 TIMES MORE LIKELY TO DIE OF AN OVERDOSE** IN THE TWO WEEKS POST INCARCERATION THAN THE GENERAL POPULATION.

Connect to Care: Address the needs of justice-involved populations

Increase pre-arrest diversion of low-level offenses

- Support counties in adopting pre-arrest diversion programs to divert people with low-level charges to community-based programs and services.
- Maintain and enhance therapeutic (mental health, recovery and veteran) courts.

Provide overdose prevention education and medication-assisted treatment (MAT) during incarceration and upon release

- Identify model policies to screen for substance use disorders and connect to overdose prevention education and treatment during incarceration or upon release
- Work with at least six jails to screen for substance use disorders, use FDA- approved medications for treatment, and provide overdose prevention education and connections to care upon release.

Expand supports for people after release

- Train community corrections and Treatment Accountability for Safer Communities (TASC) offices on substance use disorders and connecting to naloxone, harm reduction resources and treatment.
- Increase education opportunities for those with criminal history by working with institutions of higher education to not screen people out based on criminal records alone.
- Reduce barriers to employment for those with a criminal history, and provide information on education options, career paths and licensures that are available to people with different classes of convictions.

Building Public Health Capacity for Justice-Involved Programs

- **Partnership with Division of Mental Health/Developmental Disabilities/Substance Abuse Services**
  - Overdose prevention and response approach
- **Intersection of existing relationships and projects; leverage existing work**
- **Dedicated staff for justice-involved projects**
  - 2018 Crisis NOFO, CDC Foundation
  - Margaret Bordeaux, Justice-Involved Overdose Prevention Specialist
  - Joseph Prater, Corrections Consultant
- **Convening interagency partners, coordinating efforts**
  - OPDAAC/OPDAAC-Coordinating
  - Public Safety–Mental Health–Public Health–Research Working Group
  - MAT in Jails Working Group

Identifying Harm Reduction's Role in the Correctional Setting

- **Additional, complementary approach and resources**

- **Societal changes affecting local jails**
- **Criminal justice reform in North Carolina**
  - Larger population
  - Higher incidence of physical and mental health conditions
  - Higher incidence of substance use disorder
    - Requiring treatment
    - **Requiring different approaches than in the past**

A “New Day” for Jail Operations

“Jails have become a revolving door for individuals struggling with mental health and substance use disorders. More than 10 million individuals pass through jails around the country annually, with at least half of those individuals having substance use disorders, half of whom are opioid abusers.”

Historically, it has not been the responsibility of the sheriffs and jail administrators to be primary care providers of substance use disorder treatments. But with thousands of Americans dying every week from drug overdoses and those recently released from jail among the most defenseless, the situation has changed…”

Jonathan F. Thompson

Executive Director, CEO

National Sheriffs’ Association

Supporting the Health of Justice-Involved People

- **Former inmates are vulnerable to several health and safety risks and urgently need preventative services**
  - Criminal justice system outreach and education

- **Connect justice-involved people to harm reduction, primary care, SUD treatment, and recovery supports**
  - Establish pre-release harm reduction education programs in county jails/local detention centers
  - Distribute naloxone, referrals in-hand, upon release
  - Infectious disease testing, connections to care
  - Help individuals establish medical care relationships for continued primary and medical healthcare upon release
  - Ensure that each individual leaving incarceration has a state-issued ID or driver's license upon release

How Can Jails Reduce Drug-Related, Health-Related Needs?

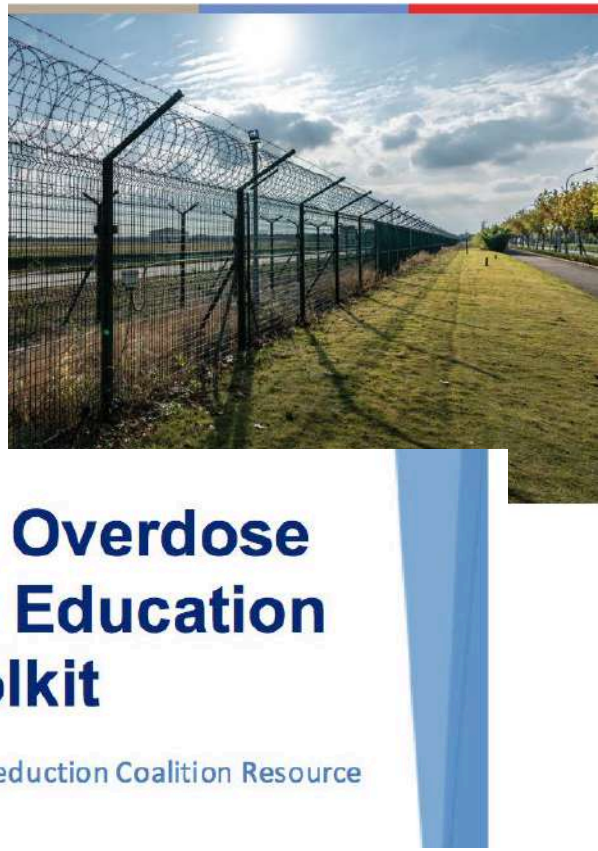
Access Housing referrals; harm reduction referrals for safer use, safer sex supplies; identification	**Linkages** HIV/HCV treatment; SUD treatment options; mental healthcare; primary care home
Education HIV/STI/HCV care and prevention; overdose prevention and survival; resource and care navigation	**Support** Active listening; case management; motivational interviewing techniques; “any positive change” goal-setting

Benefits of Harm Reduction Approach

- **Challenge stigma; support health literacy, self-efficacy**
- **Increase trust with participants; foster engagement**
- **Improve public health through individual and community approaches**

CDC-DEA HIDTA Pilot Project: Jail-Based Overdose Prevention Education and Naloxone Distribution

- **Leverage available resources for innovative projects**
  - Surveillance, law enforcement
- **Partner to expand existing work**
- **Focus on sustainability, replicability**
  - Ongoing naloxone needs, program models and guidance



IVPB RFA Priority Areas
Justice-Involved Strategies

NC Department of Health and Human Services
Community Linkages to Care for Overdose Prevention and Response "CLC"
Request for Applications

NC Department of Health and Human Services
Kickoff Webinar for AA490 - Local Mitigation to the Opioid Crisis for LHDs

- 2018-19 RFA (Crisis NOFO, **$1.8 million**)
- 2019-2022 RFA (CDC OD2A, **$2.1 million annually**)

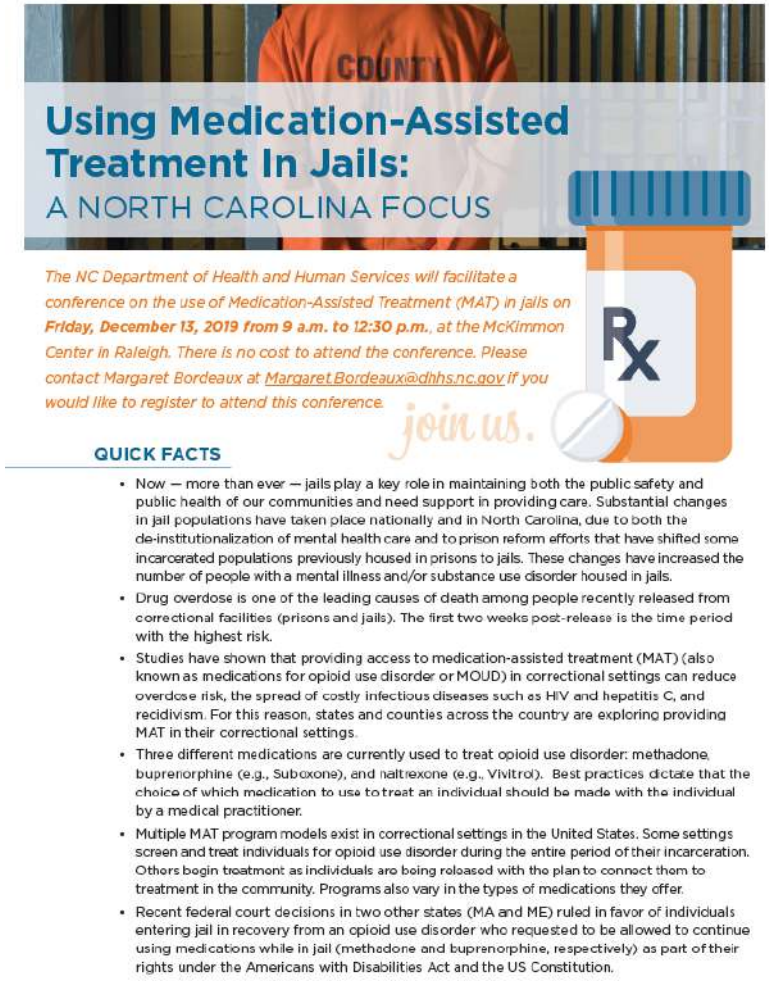
Purpose: Implement strategies to

- **Prevent** fatal and non-fatal overdoses
- **Increase access and linkages to care services** for vulnerable populations with or at risk of substance use disorder
- **Build local capacity** to respond to the opioid crisis by funding specific activities highlighted in the NC Opioid Action Plan 2.0

1) Develop or expand **syringe exchange** program(s)
2) Connect **justice-involved** persons to harm reduction, treatment, and recovery services
3) Establish EMS/HR-led **post-overdose response** teams

MAT in Correctional Settings

- **Identify and support early adopters**
  - State as resource for pilot projects, iterative process, variation among early adopters
- **Provide education, identify champions**
  - Broaden scope of work
- **Who needs to be in the room?**
  - Experience and expertise
- **Partnerships, buy-in are key**



Using Medication-Assisted Treatment In Jails:
A NORTH CAROLINA FOCUS

The NC Department of Health and Human Services will facilitate a conference on the use of Medication-Assisted Treatment (MAT) in jails on ***Friday, December 13, 2019 from 9 a.m. to 12:30 p.m.****, at the McKimmon Center in Raleigh. There is no cost to attend the conference. Please contact Margaret Bordeaux at Margaret.Bordeaux@dhhs.nc.gov if you would like to register to attend this conference.*

join us.

QUICK FACTS

- Now — more than ever — jails play a key role in maintaining both the public safety and public health of our communities and need support in providing care. Substantial changes in jail populations have taken place nationally and in North Carolina, due to both the de-institutionalization of mental health care and to prison reform efforts that have shifted some incarcerated populations previously housed in prisons to jails. These changes have increased the number of people with a mental illness and/or substance use disorder housed in jails.
- Drug overdose is one of the leading causes of death among people recently released from correctional facilities (prisons and jails). The first two weeks post-release is the time period with the highest risk.
- Studies have shown that providing access to medication-assisted treatment (MAT) (also known as medications for opioid use disorder or MOUD) in correctional settings can reduce overdose risk, the spread of costly infectious diseases such as HIV and hepatitis C, and recidivism. For this reason, states and counties across the country are exploring providing MAT in their correctional settings.
- Three different medications are currently used to treat opioid use disorder: methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol). Best practices dictate that the choice of which medication to use to treat an individual should be made with the individual by a medical practitioner.
- Multiple MAT program models exist in correctional settings in the United States. Some settings screen and treat individuals for opioid use disorder during the entire period of their incarceration. Others begin treatment as individuals are being released with the plan to connect them to treatment in the community. Programs also vary in the types of medications they offer.
- Recent federal court decisions in two other states (MA and ME) ruled in favor of individuals entering jail in recovery from an opioid use disorder who requested to be allowed to continue using medications while in jail (methadone and buprenorphine, respectively) as part of their rights under the Americans with Disabilities Act and the US Constitution.

Contact

Lillie Armstrong, lillie.armstrong@dhhs.nc.gov
Margaret Bordeaux, Justice-Involved Overdose Prevention Specialist
margaret.bordeaux@dhhs.nc.gov
Joseph Prater, Corrections Consultant
joe.prater@dhhs.nc.gov

SyringeExchangeNC@dhhs.nc.gov

www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative

North Carolina Injury & Violence PREVENTION Branch