Improving care for pregnant people with opioid use disorder in U.S. jails: Research to implement medication assisted treatment

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Incarcerated women in the U.S.

- >210,000 women behind bars
- 70% non-violent charges
- 74% are younger than 45 years old
- 2/3 are mothers and primary caregivers
- Disproportionately women of color
- Struggles with poverty, addiction, mental illness, prior trauma/abuse
- Prior to arrest: sexually active, limited contraception

Some will enter jail/prison pregnant
Health care and incarceration in the U.S.

- Mass incarceration is a public health issue
- Poor indices of health prior to incarceration
- “Opportunity” for care
- Incarcerated persons have constitutional right to health care
- No mandatory standards or oversight
- Jails versus prison
Overlaps between “opioid crisis” and incarceration

- Criminalization of drug use (esp in pregnancy) instead of medical treatment
- Inadequate treatment resources in community
- Lack of robust harm reduction models
- Lack of political will
- Jails embedded in local health care systems
Overlaps between pregnancy and opioid use

- Pregnant people in treatment with prescription opioid use disorder: 1992-2012: 2% → 28%\(^1\)
- Maternal opioid use in pregnancy increased
  - 2000-2009: 1.2 → 5.8 per 1000 live births\(^2\)
  - 1999-2014: 1.5 → 6.5 per 1000 deliveries\(^3\)
- 1 in 25 infants born with neonatal abstinence syndrome (NAS) \(^4\)

1. Martin 2015 J Subst Abuse Treat
2. Patrick 2012 JAMA
3. Haight 2018 MMWR
4. Patrick 2015 J Perinatol
How common is opioid use among pregnant incarcerated people?

>210,000 adult women in custody\(^1\)

- 72% drug dependence & abuse\(^2\)
- 17% used opiates 30 d prior\(^3\)

- 74% are 18-44 yo\(^1\)
- Opioid dependent women
- Pregnant women

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1. Carson BJS 2016
2. Bronson BJS 2017
How common is opioid use among pregnant incarcerated people?

- >210,000 women in custody\(^1\)
- 72% drug dependence & abuse\(^2\)
- 17% used opiates 30 d prior\(^3\)
- 74% are 18-44 yo\(^1\)

Screening & reporting

- Opioid dependent women
- Pregnant women

1. Carson BJS 2016
What do we know about pregnancy and incarceration in the U.S.?

Additional sites:
- **Jails** n=6
- **Juvenile** N=3
- **Federal BOP** N=26

*PIPS* Pregnancy In Prison Statistics
Management of OUD in pregnancy and in jails

• Standard of care in pregnancy is medication assisted treatment (MAT) and avoid detox

• Availability of MAT in jails? (n=53)
  – 46% forced pregnant women to detox
  – 21% initiated methadone
  – 33% continue methadone

Pregnant women in jail are not getting appropriate treatment
Specific Aims

**Aim 1:** Assess understandings of and perceived barriers to MAT for pregnant women with OUD in jail among administrators, clinicians, and community MAT providers.

**Aim 2:** Understand perspectives of pregnant women with OUD on receiving MAT in jail.

**Aim 3:** Design and pilot an adaptable implementation strategy that includes a menu of options for provision of MAT to pregnant women with OUD in jail and facilitate continuity of care upon release.
Consolidated Framework for Implementation Research

- **Inner Setting (Aim 1)**
  - Jail operational logistics
  - Networks with community MAT
  - Institutional climate for change
  - Staff perceptions of pregnant inmates

- **Outer Setting (Aims 1, 2)**
  - Regulations on prescribing methadone and buprenorphine
  - Patient needs and resources
  - Policies and practices at other jails

- **Characteristics of Individuals Involved (Aims 1, 2)**
  - Patients
  - Jail correctional administrators
  - Jail clinicians
  - Local hospital staff
  - Local MAT program staff
  - Knowledge about goal and intervention, readiness for change

- **Characteristics of Intervention (Aim 3)**
  - MAT in pregnancy evidence
  - Cost of MAT
  -Adaptable logistics to many jail locales

- **Implementation Process (Aim 3)**
  - Training
  - Facilitating
  - Adapting
  - Monitoring

**Goals**
- MAT available for pregnant women with OUD in jails
- MAT continues upon release
Aim 1: Administrators’ perspectives (Y1)

• *Mixed Methods*: surveys & semi-structured, qualitative interviews
• *Subjects*: Jail administrators, clinicians, community OTP providers

*Hypothesis:*
Subjects perceive regulatory/logistical barriers and lack of medical necessity
Aim 1: Survey of jail administrators

• Partner with National Sheriff’s Association and National Institute of Corrections?

• Current MAT in pregnancy practices in jail

• Inform interview guide
7. Some pregnant women are addicted to heroin or prescription painkillers. When one of these women is at your facility, how is this conditioned managed?

(Please select all that apply)

- Complete detoxification ("cold turkey", women go through withdrawal from opiates)
- Detoxification with non-opioid medications for symptom relief
- Detoxification with prescription opioids (eg., Oxycodone, Tylenol w/ codeine, morphine) for symptom relief
- Detoxification with methadone for symptoms relief, but medicine is not continued for the pregnancy, just for detox
- Detoxification with buprenorphine/Subutex for symptom relief, but medicine is not continued for the pregnancy, just for detox
- Ongoing treatment for entire pregnancy with opiate substitution therapy with Methadone
- Ongoing treatment for entire pregnancy with opiate substitution therapy with buprenorphine/Subutex
- Transfer to local hospital for methadone/buprenorphine induction and/or for fetal monitoring
- Other, please specify:

8. If your site provides methadone to pregnant inmates, how is methadone provided? (check all that apply)

- Community Opiate Treatment Provider (OTP) comes to our facility do “guest dosing”
- Inmates transported to a community Opiate Treatment Provider (OTP)
- Methadone provided on site
- N/A – methadone is not provided
- Other – Please specify

19. What do you see as the top 3 concerns your jail faces in providing medication assisted treatment (MAT- with buprenorphine or methadone) to pregnant inmates?

- No barriers
- Financial cost
- Diversion
- DEA and other prescribing regulations that limit jail’s ability to directly dose
- No MAT provider in the community
- Concerns about effects of MAT on fetus
- Transportation and other logistics
Aim 1: Interview sampling scheme

Purposive sampling (urban/rural, MAT/no MAT) of 40 clinicians and administrators to interview

Interview community OTP administrators
### AIM 1: Interview Content

<table>
<thead>
<tr>
<th>Domain</th>
<th>Examples</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical care</strong></td>
<td>Current policy and procedures for addiction screening &amp; treatment in jail including MAT</td>
<td>JA; JC; OTP</td>
</tr>
<tr>
<td></td>
<td>Understanding of clinical standards and need for MAT for pregnant women</td>
<td>JA; JC; OTP</td>
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<td></td>
<td>Pharmacy capacity</td>
<td>JA; JC; OTP</td>
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<tr>
<td></td>
<td>Intake protocols</td>
<td>JA; JC; OTP</td>
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<tr>
<td><strong>Regulatory and operational context</strong></td>
<td>Federal, state, and local regulations on providing methadone and buprenorphine</td>
<td>JA; OTP</td>
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<td></td>
<td>Existing relationships between jail and community opioid treatment providers, and other community resources</td>
<td>JA; OTP</td>
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<td></td>
<td>Private contract or publically administered health care delivery in jail, insurance acceptance at nearby opioid treatment programs</td>
<td>JA; OTP</td>
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<td></td>
<td>Existing relationships with local hospital (emergency dept, Ob/Gyn) who might be involved in initiating pregnant women on MAT</td>
<td>JA; JC</td>
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<td></td>
<td>Impact of release dates and pre-trial versus arraigned inmates</td>
<td>JA; JC; OTP</td>
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<td></td>
<td>Systems for other post-release medical follow-up</td>
<td>JA; OTP</td>
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<td></td>
<td>Vulnerability to lawsuits</td>
<td>JA; JC</td>
</tr>
<tr>
<td><strong>Organizational culture, individuals’ perception of patients</strong></td>
<td>Assessment of patients’ willingness to engage in treatment</td>
<td>JA; OTP; JC</td>
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<tr>
<td></td>
<td>Attitudes about pregnant women with opioid use disorder and whether MAT would impact interactions with custody guards</td>
<td>JA; JC; OTP</td>
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<tr>
<td></td>
<td>Attitudes about pregnant women in the criminal justice system; concerns about diversion of treatment</td>
<td>JA; JC; OTP</td>
</tr>
<tr>
<td><strong>Perception of organizational capacity</strong></td>
<td>Budgetary concerns and capacity</td>
<td>JA; OTP; JC</td>
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<tr>
<td></td>
<td>Perceived needed resources to provide MAT inside and continuity outside jail</td>
<td>JA; OTP; JC</td>
</tr>
<tr>
<td><strong>Individual characteristics</strong></td>
<td>Demographics and personal connections to opioid use disorder</td>
<td>JA; OTP; JC</td>
</tr>
<tr>
<td></td>
<td>Work role and experience</td>
<td>JA; OTP; JC</td>
</tr>
<tr>
<td><strong>Readiness for change and innovation</strong></td>
<td>Readiness for change, how previous clinical changes have been made in organization</td>
<td>JA; JC; OTP</td>
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<tr>
<td></td>
<td>Ideas for solutions to MAT provision in jails</td>
<td>JA; JC; OTP</td>
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<td></td>
<td>Perception and availability of injectable treatment (naltrexone)</td>
<td>JA; JC; OTP</td>
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Aim 2: Patients’ perspectives (Y2)

- **Subjects**: Pregnant women in jail with OUD (backup: previously incarcerated pregnant women with OUD in community)

- **Hypothesis**: Pregnant women with OUD in jail feel pressured to use MAT and have misconceptions, which influences their treatment intentions, and also experience barriers to continuing upon release.

- **Sampling**: 15 women at 3 jails (+/- MAT, geographic)
  - Or women with history of jail involvement
<table>
<thead>
<tr>
<th>Domain</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td><strong>Aim 2: Interview content</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain</strong></td>
<td></td>
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<tr>
<td><strong>Structural barriers</strong></td>
<td>Time, transportation to community opioid treatment, availability of</td>
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<tr>
<td></td>
<td>treatment, insurance</td>
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<td></td>
<td>Attitudes about patient navigator</td>
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<tr>
<td><strong>Power dynamics and trauma of incarceration</strong></td>
<td>Perceived agency, vulnerability, and coercion in jail</td>
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<td></td>
<td>Trust in jail health care system</td>
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<td></td>
<td>Trauma history and triggers</td>
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<tr>
<td><strong>Values around opioids in pregnancy and treatment</strong></td>
<td>Perceptions of impact of opioids and MAT on child</td>
</tr>
<tr>
<td></td>
<td>Prior experience with MAT</td>
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<tr>
<td><strong>Pregnancy and parenting context</strong></td>
<td>Was pregnancy planned, desired</td>
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<tr>
<td></td>
<td>Plans to keep child, involvement of child welfare system with other</td>
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<tr>
<td></td>
<td>children</td>
</tr>
<tr>
<td></td>
<td>Perceptions of motherhood and maternal role</td>
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<tr>
<td></td>
<td>Reproductive and parenting history</td>
</tr>
<tr>
<td><strong>Personal characteristics</strong></td>
<td>Incarceration, pregnancy, drug use history</td>
</tr>
<tr>
<td></td>
<td>Demographics</td>
</tr>
<tr>
<td></td>
<td>Readiness for change in pregnancy, in jail</td>
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<tr>
<td><strong>Social networks</strong></td>
<td>Family and peer networks’ influence on drug use and treatment</td>
</tr>
</tbody>
</table>
Aim 3: Design and pilot implementation strategy (Y3-4)

- Menu of options in core categories to implement MAT for pregnant women in jail
- Virtual focus groups with 10 stakeholders, 10 women at Bayview CAP
- Pilot at 1 jail
<table>
<thead>
<tr>
<th>Category</th>
<th>Menu options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education of jail staff</td>
<td>Webinars; didactics with local experts; written materials (eg Residential Substance Abuse Treatment Training Tool for Offender Populations; Am. Assn Trtmnt of Opioid Dependence)</td>
</tr>
<tr>
<td>Education and counseling of patients</td>
<td>Patient-centered counseling materials</td>
</tr>
<tr>
<td>Operational logistics of providing pharmacotherapy</td>
<td>Jail physicians obtain buprenorphine waiver; methadone certification for facility; community provider comes to jail or inmate to off site location daily</td>
</tr>
<tr>
<td>Behavioral treatment</td>
<td>Jail mental health staff; community treatment providers</td>
</tr>
<tr>
<td>Personnel involved</td>
<td>Custody and medical administrators; jail clinical and mental health staff; patient navigator; jail pharmacy staff</td>
</tr>
<tr>
<td>Post-release linkages</td>
<td>Walk-in open spot for pregnant patients after jail release; patient navigator; strengthened partnerships with residential treatment programs for mothers</td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>Model from NCCHC Standards for Opioid Treatment Programs in Correctional Facilities; SAMHSA guidelines; template model policies to circulate; formulary</td>
</tr>
<tr>
<td>Budget</td>
<td>Sheriff’s Department, Public Health Department funding streams</td>
</tr>
</tbody>
</table>
Pilot outcomes (6 mo)

- Acceptability
- Adoption of written policies and education plans
- Ability to provide pharmacotx and behavioral treatment
- Appropriateness - identification of women eligible for MAT
Thoughts... 

- Survey partnering with NSA?  
  - Collaboration with other agencies on toolkit (NIC, eg)?
- Integrative planning of survey/interview
- Aim 3 planning and measurements
- Much more...