

# 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.

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- >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.

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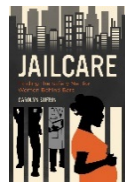
- Mass incarceration is a public health issue
- Poor indices of health prior to incarceration
- “Opportunity” for care
- Incarcerated persons have constitutional right to health care
  - *Estelle v. Gamble, 1976*
- No mandatory standards or oversight
- Jails versus prison



# Overlaps between “opioid crisis” and incarceration

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- 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

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

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<sup>1</sup>

72% drug dependence & abuse<sup>2</sup>  
17% used opiates 30 d prior<sup>3</sup>

74% are 18-44 yo<sup>1</sup>

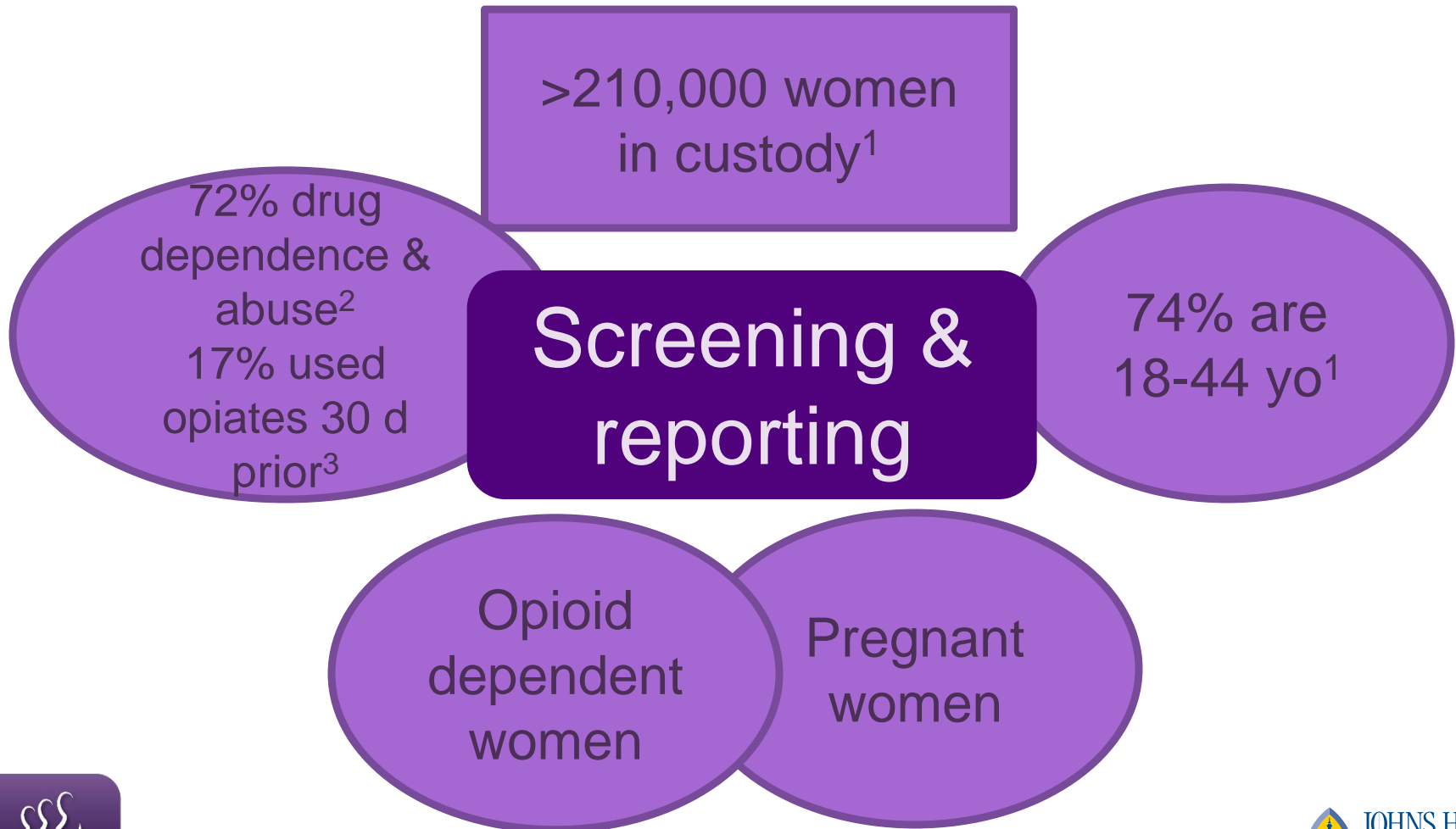
Opioid dependent women

Pregnant women

1. Carson BJS 2016
2. Bronson BJS 2017
3. Staton, M. Int J Offender Ther Comp Criminol 2003.



# How common is opioid use among pregnant incarcerated people?

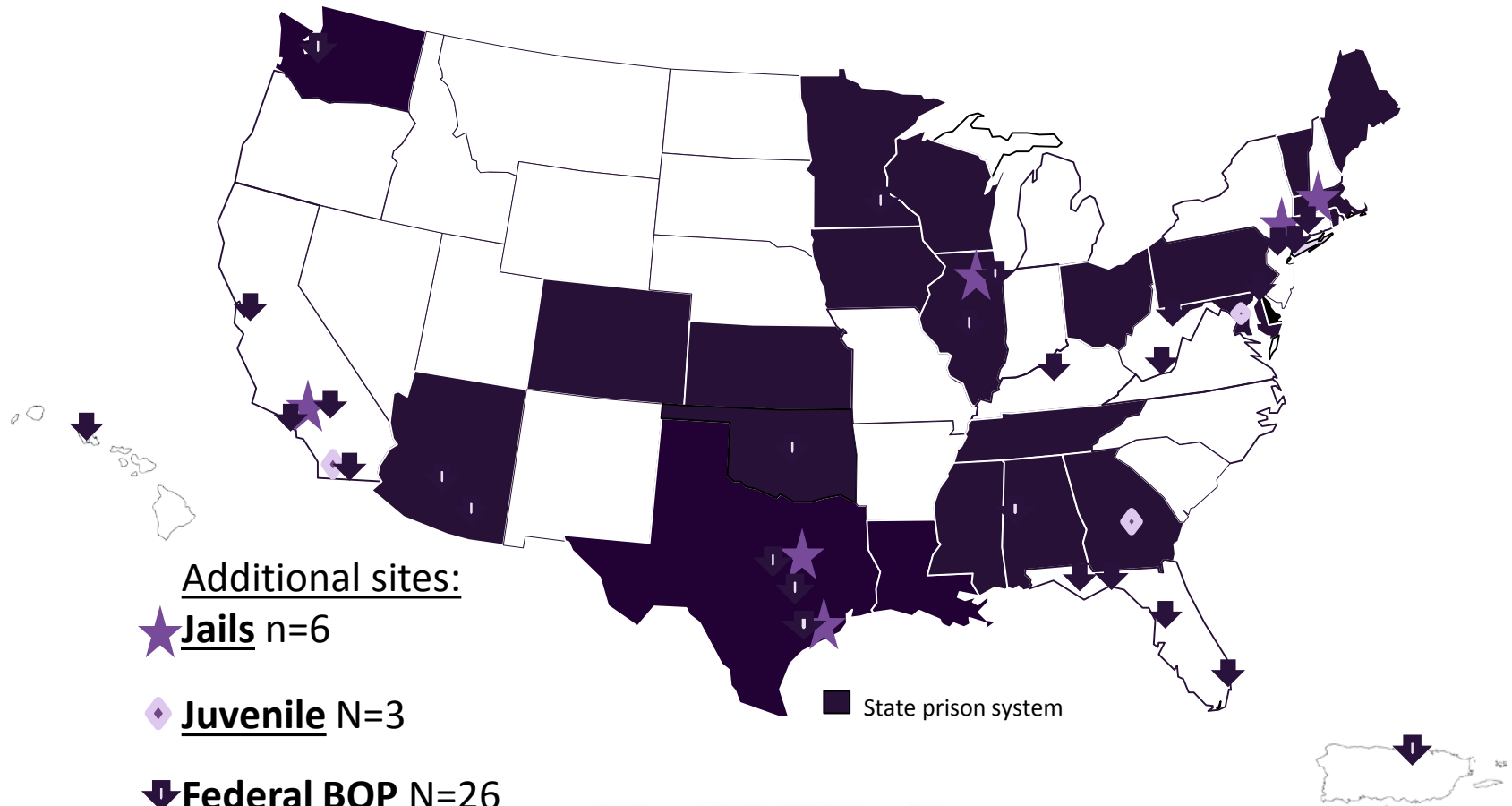


1. Carson BJS 2016

2. Staton, M. Int J Offender Ther Comp Criminol 2003.



# What do we know about pregnancy and incarceration in the U.S.?





# Management of OUD in pregnancy and in jails

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- 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

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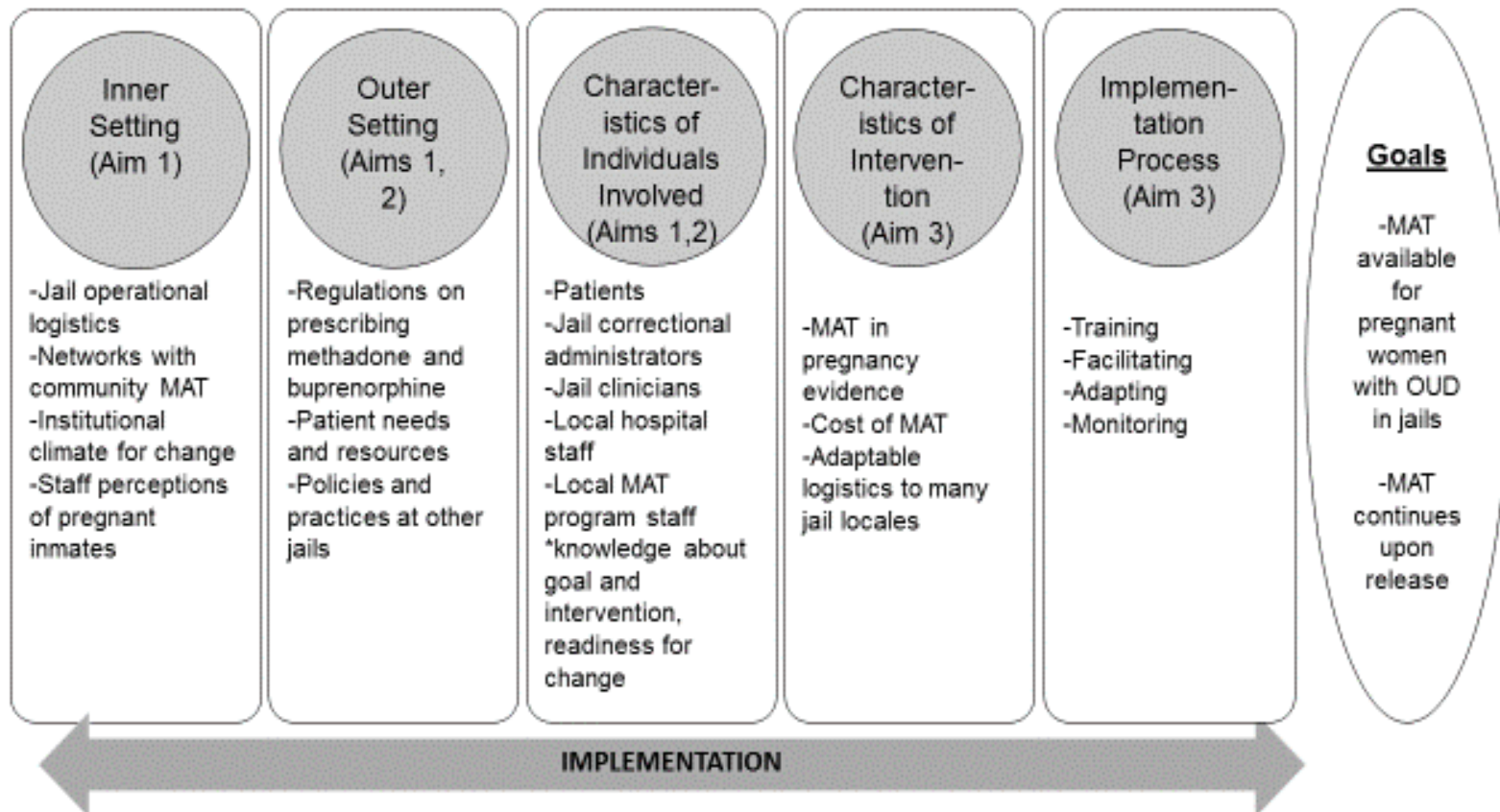
**Aim 1: Assess understandings of and perceived barriers to MAT for pregnant women with OUD in jail among administrators, clinicians, and community MAT providers.**

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



# Aim 1: Administrators' perspectives (Y1)

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- *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

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- 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)

## MAT vs. detox

- 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)

## Logistics of MAT

- 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

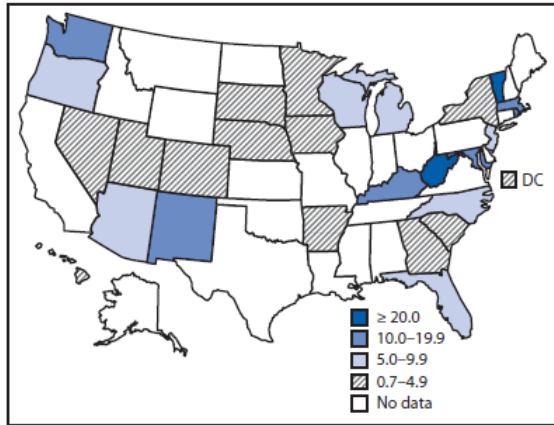
19. What do you see as the top 3 concerns your jail faces in providing medication assisted treatment (MAT- with buprenorphine or methadone) to pregnant inmates?

## Challenges to MAT

- 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

FIGURE 2. Prevalence of opioid use disorder per 1,000 delivery hospitalizations\* — State Inpatient Database, Healthcare Cost and Utilization Project, 28 states, 2013–2014†



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

Interview community OTP administrators



AIM 1: Interview Content		
Domain	Examples	Stakeholder
<b>Medical care</b>	Current policy and procedures for addiction screening & treatment in jail including MAT	JA; JC
	Understanding of clinical standards and need for MAT for pregnant women	JA; JC; OTP
	Pharmacy capacity	JA; JC
	Intake protocols	JA; JC
<b>Regulatory and operational context</b>	Federal, state, and local regulations on providing methadone and buprenorphine	JA; OTP
	Existing relationships between jail and community opioid treatment providers, and other community resources	JA; JC; OTP
	Private contract or publically administered health care delivery in jail, insurance acceptance at nearby opioid treatment programs	JA; OTP
	Existing relationships with local hospital (emergency dept, Ob/Gyn) who might be involved in initiating pregnant women on MAT	JA; JC
	Impact of release dates and pre-trial versus arraigned inmates	JA; JC; OTP
	Systems for other post-release medical follow-up	JA; JC
<b>Organizational culture, individuals' perception of patients</b>	Vulnerability to lawsuits	
	Assessment of patients' willingness to engage in treatment	JA; JC; OTP
	Attitudes about pregnant women with opioid use disorder and whether MAT would impact interactions with custody guards	JA; JC
<b>Perception of organizational capacity</b>	Attitudes about pregnant women in the criminal justice system; concerns about diversion of treatment	JA; JC
	Budgetary concerns and capacity	JA
<b>Individual characteristics</b>	Perceived needed resources to provide MAT inside and continuity outside jail	JA; JC; OTP
	Demographics and personal connections to opioid use disorder	JA; JC; OTP
<b>Readiness for change and innovation</b>	Work role and experience	JA; JC; OTP
	Readiness for change, how previous clinical changes have been made in organization	JA; JC
	Ideas for solutions to MAT provision in jails	JA; JC; OTP
	Perception and availability of injectable treatment (naltrexone)	JA; JC



# Aim 2: Patients' perspectives (Y2)

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- *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



## Aim 2: Interview content

### Domain

Examples

### Structural barriers

Time, transportation to community opioid treatment, availability of treatment, insurance

Attitudes about patient navigator

### Power dynamics and trauma of incarceration

Perceived agency, vulnerability, and coercion in jail

Trust in jail health care system

Trauma history and triggers

### Values around opioids in pregnancy and treatment

Perceptions of impact of opioids and MAT on child

Prior experience with MAT

### Pregnancy and parenting context

Was pregnancy planned, desired

Plans to keep child, involvement of child welfare system with other children

Perceptions of motherhood and maternal role

Reproductive and parenting history

### Personal characteristics

Incarceration, pregnancy, drug use history

Demographics

Readiness for change in pregnancy, in jail

### Social networks

Family and peer networks' influence on drug use and treatment

# **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



## Aim 3: Implementation Strategy Core Category Examples

Category	Menu options
Education of jail staff	Webinars; didactics with local experts; written materials (eg Residential Substance Abuse Treatment Training Tool for Offender Populations; Am. Assn Trtmnt of Opioid Dependence)
Education and counseling of patients	Patient-centered counseling materials
Operational logistics of providing pharmacotherapy	Jail physicians obtain buprenorphine waiver; methadone certification for facility; community provider comes to jail or inmate to off site location daily
Behavioral treatment	Jail mental health staff; community treatment providers
Personnel involved	Custody and medical administrators; jail clinical and mental health staff; patient navigator; jail pharmacy staff
Post-release linkages	Walk-in open spot for pregnant patients after jail release; patient navigator; strengthened partnerships with residential treatment programs for mothers
Policies and procedures	Model from NCCHC Standards for Opioid Treatment Programs in Correctional Facilities; SAMHSA guidelines; template model policies to circulate; formulary
Budget	Sheriff's Department, Public Health Department funding streams



# Pilot outcomes (6 mo)

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



# Thoughts. . .

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

