



# Medication Assisted Treatment and Transitional Healthcare

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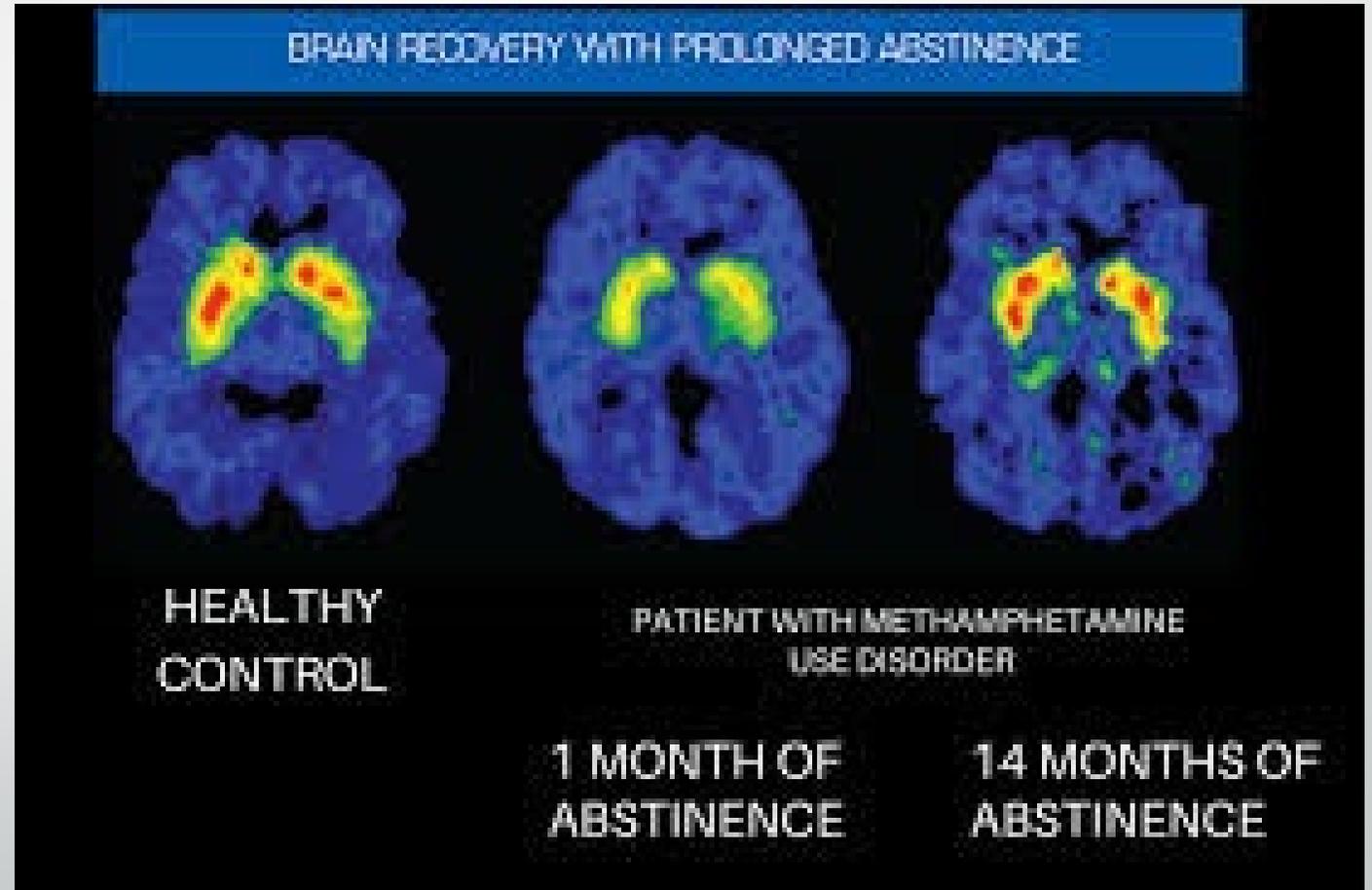


# Medication Assisted Treatment

# Addiction: A Chronic Relapsing Disorder

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.”

- American Society Addiction  
Medicine

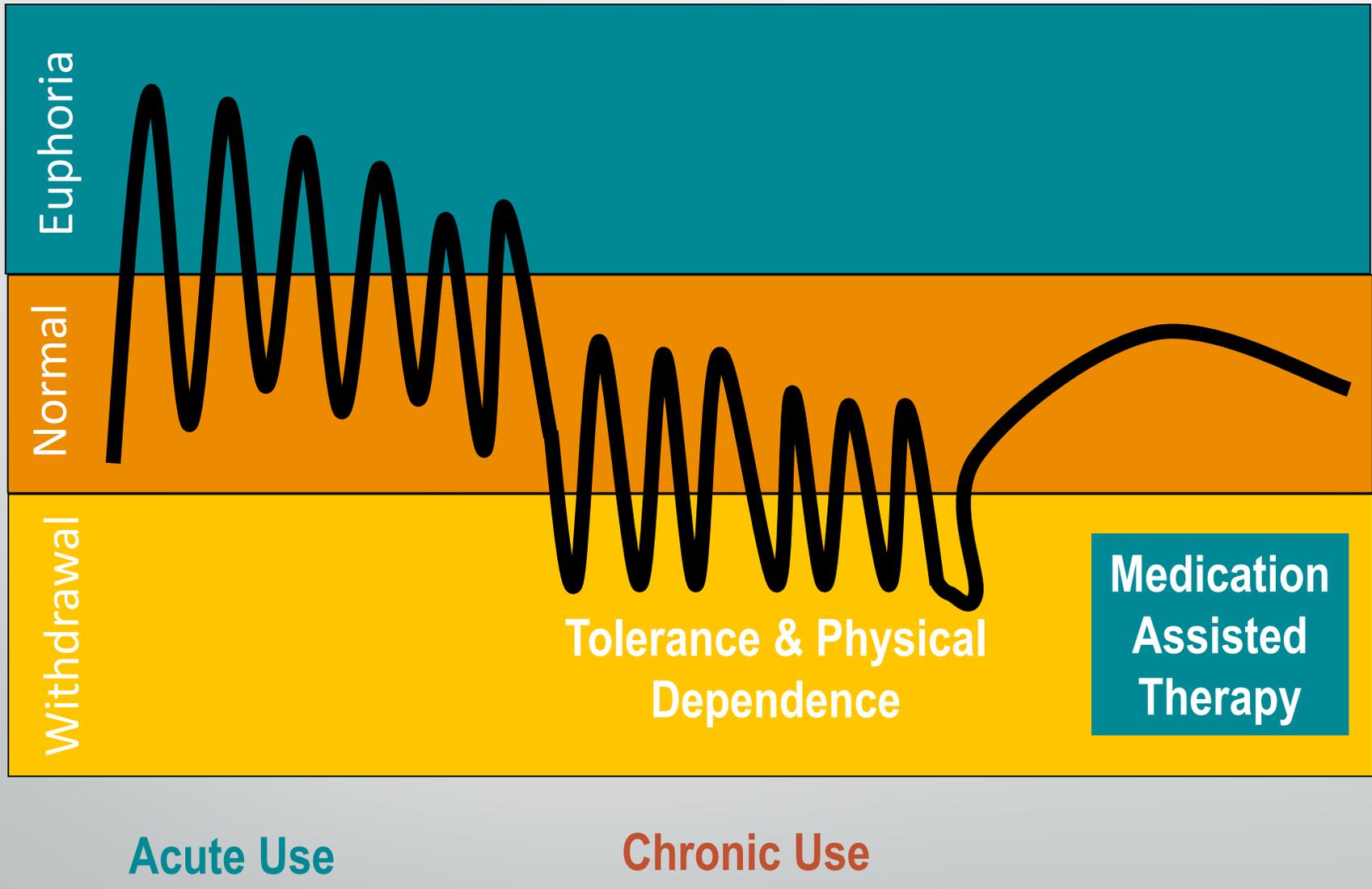




# Addiction: Chronic & Relapsing

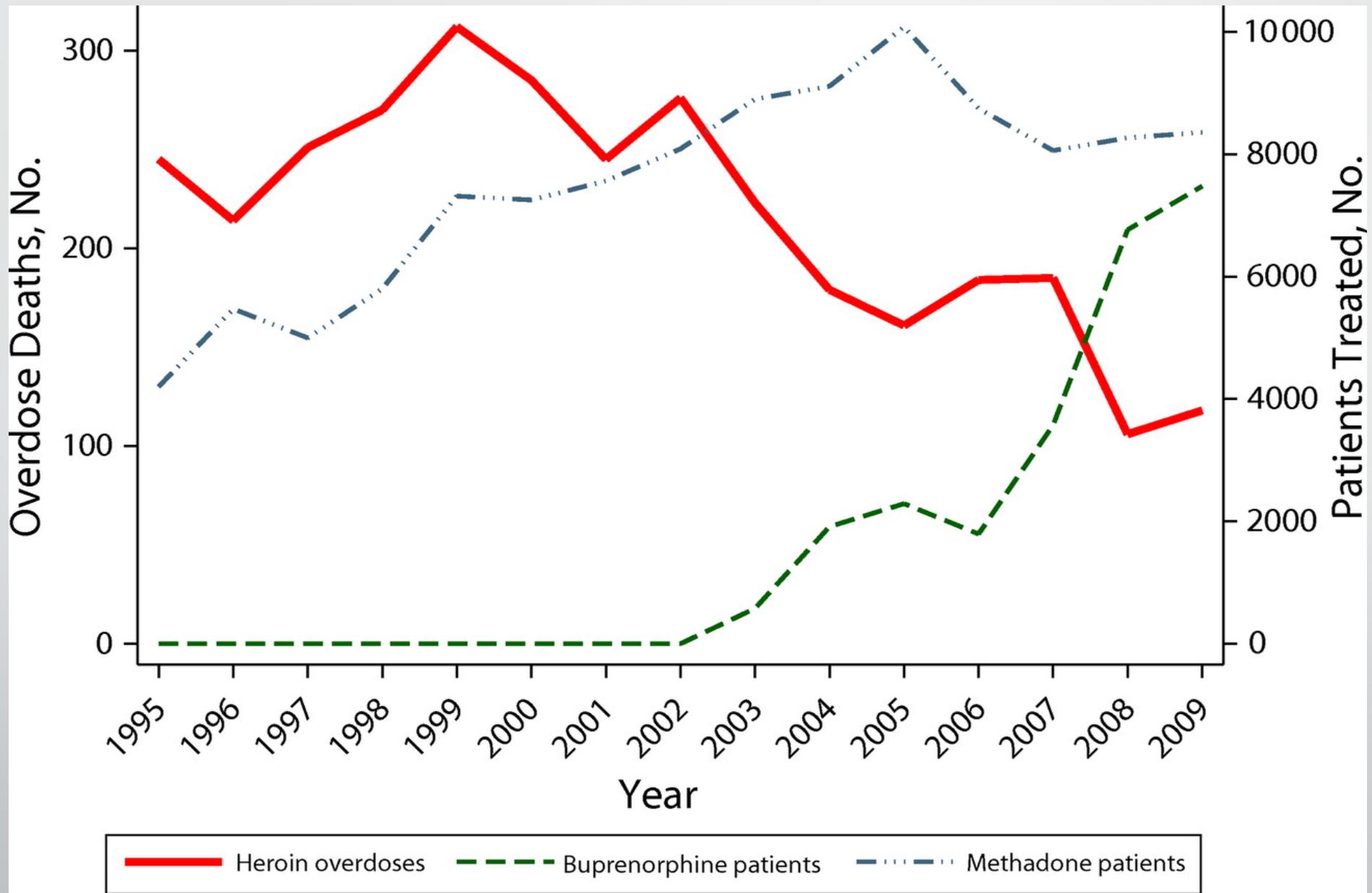
## Like other chronic diseases...

- Addiction often involves cycles of relapse and remission
- It is preventable
- It is treatable
- It changes biology
- It can last a life time
  - Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death



# Medications for Opioid Use Disorder

Methodone	Buprenorphine	Naltrexone
Schedule II	Schedule III	Not controlled
Oral	Sublingual (Subutex/Suboxone), implantable (Probuphine), extended release injectable (Sublocade)	Oral (ReVia) and extended release injectable (Vivitrol)
Full opioid agonist (long acting, daily dosing)	Partial opioid agonist (safer than methadone)	Opioid antagonist (blocks other opioids)
Highly regulated, dispensed only at Opioid Treatment Programs (OTPs); supervised dosing vs. take home	Can be prescribed in general practice and prescriber will need an X Waiver on medical license	Can be prescribed in general practice with no other regulation/license enhancement
Most effective; ↓ rates of illicit opioid use, hepatitis/HIV, justice involvement; illegal to prescribe for addiction in general practice	Suboxone = buprenorphine + naloxone, ↓ misuse;	Requires opioid abstinence prior to initiation
Logistical considerations (transport to OTP vs. OTP in house)	Logistical considerations...misuse (decreased with tight procedures and/or non-oral options)	Easy to do in a correctional setting...↓ efficacy



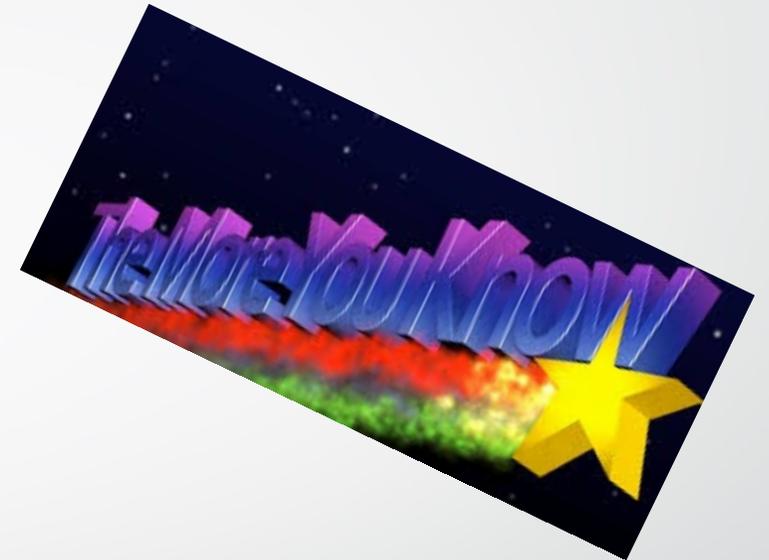
# Summary:

## Medications for Opioid Use Disorder

- Substance Use epidemics are major public health problems
- Medications are an essential component of evidence-based treatment
- Methadone and buprenorphine are the most effective pharmacotherapies for opioid use disorder
- Naltrexone can also be used, but patients must go through an opioid-free period (7-10 days) prior to induction
- Correctional health considerations with each option:
  - Methadone/Bup/Naltrexone

# What else about MAT...

- Reduces drug use
  - Total amount used
  - Number of days/month used
  - Number of weeks with any drug use
- Protects against overdoses
- Prevents injection behaviors
- Reduces justice involvement
  
- MAT + recovery work (behavioral health treatment)
- Patients benefit from MAT for a minimum >1-2 years of sobriety before attempting to taper, with dosing reassessments every 6 months



## HELP REDUCE STIGMA

### Language Matters

SAY THIS



NOT THIS

Person with opioid use disorder	Addict, user, druggie, junkie, abuser
Disease	Drug habit
Person living in recovery	Ex-addict
Person arrested for a drug violation	Drug offender
Substance dependent	Hooked
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery; substance-free	Stayed clean
Negative drug screen	Clean
Positive drug screen	Dirty drug screen

National Council on Behavioral Health, "Language Matters" (2019)

FSSA18CL107



Understanding  
OPIOID USE DISORDER

KnowTheO Facts.org  
#KnowTheOFacts



# Transitional Healthcare



### Arrival

- Intake
- Classification
- Outside collateral information



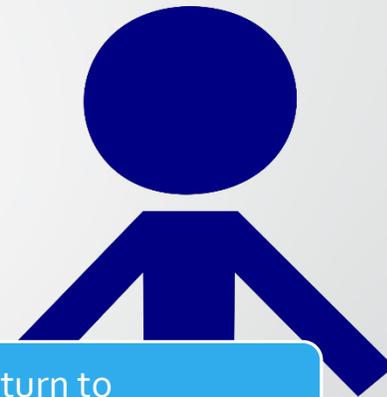
### Preparation for Release

- Coordinate needs with medical
- Identify needs in community
  - Family, nursing home, state hospital, group home, CTP/Work Release



### Leaving Prison

- Warm hand off to community
- Records release
- Medications, prescriptions and durable medical equipment, if needed, in hand
- Referral packets to CMHCs/MCEs
- Medicaid activation

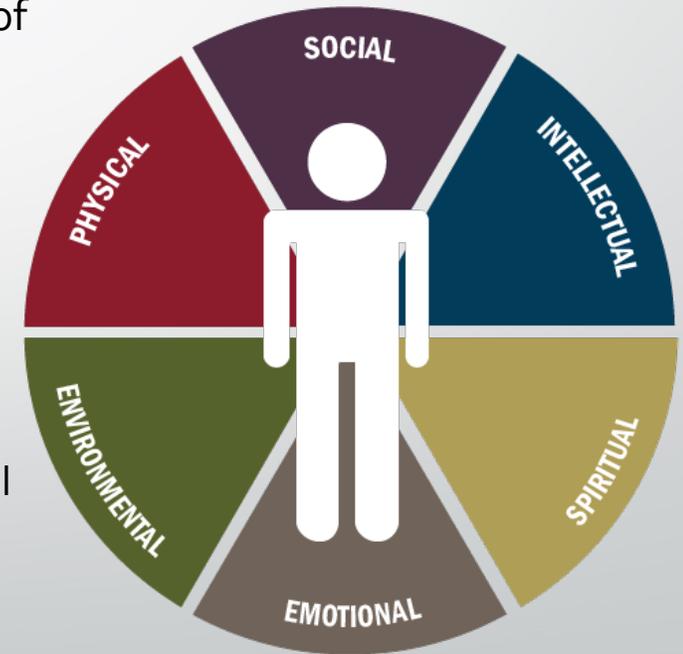


### Return to Community

- Assist with appointment follow up
- Access to care
- Transportation, housing, food resources, employment
- SSD/BDDS/TANF
- Other social svc for continuity of care

# IDOC: Transitional Healthcare

- Established September of 2019
  - Prior to September 2019 = disjointed
  - Medicaid Process Unit and Special Needs Policy under the umbrella of Re-Entry...critical decisions made by case managers not medical
- Medicaid coverage for all releasing offenders
- Monitoring all IDOC special need releases...entering and releasing from IDOC
  - Housing, linkage to basic needs resources
  - Severe behavioral health and Hep C patients are included in this population (~4400)
    - Ensure medications upon release/arrival
    - Ensure connection and warm hand off to receiving provider – physical +/- BH
- Wee Ones Nursery/Maternal Health Initiatives
- ISDH/HIV Taskforce





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