Culture Shift in Treatment of Addiction in Correctional Settings

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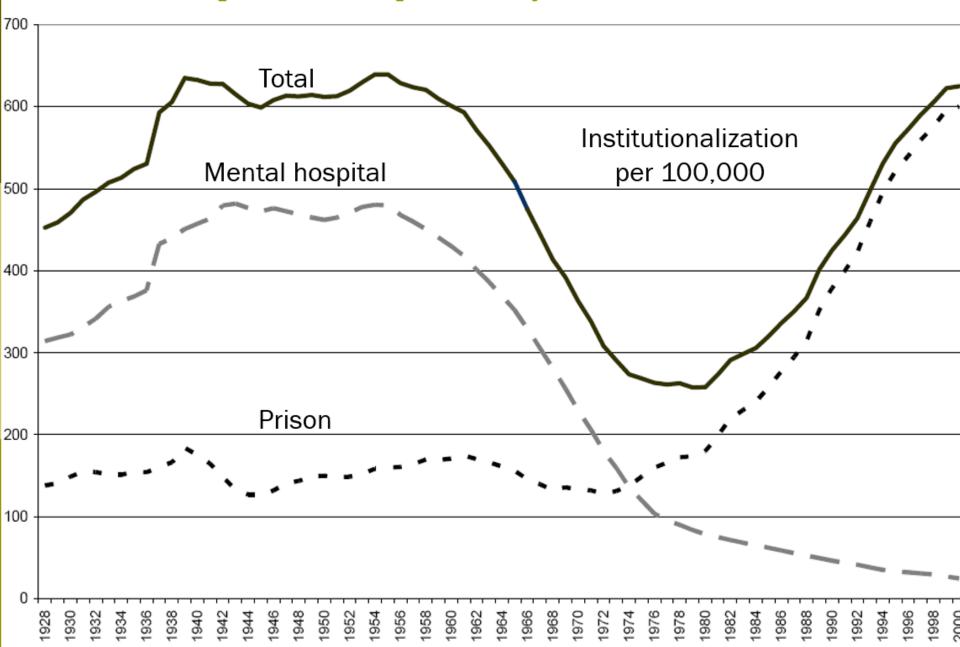




Mission and Objectives

- The Mission is to provide you information on the tremendous shift from punitive to treatment based services for Addiction in NJ Corrections
- Objective 1 Discuss the Laws which grew the incarceration population based on Drug Use
- Objective 2 The New Science of Addiction
- Objective 3 The NJ DOC culture shift
- Objective 4 The NJ Jail culture shift
- Objective 5 The Community culture shift
- Objective 6 Making connections between these various segments at Entry/Release
- Objective 7 Correctional Outcomes and Data

From asylum to prison, 1928-2000



Objective 1: Drug Laws

- Mentally ill people hospitalized drops from the 50s through the 70s due to programs designed to empty hospitals.
- Yet we have no increase in the prison census until the 8os, and it keeps rising.
- The 80s were the time of mandatory drug sentencing such as the Rockefeller Drug Laws in NY and the "3 strikes and you're out" in CA.

The Drug Laws and Incarceration

- The graph shows that most mentally ill people do not commit crimes. If they did, the graph would begin to rise immediately.
- During this time, commitment laws were just starting to get passed nationally which would limit the state power to commit [to a hospital] only in cases where that person posed an imminent danger to themselves, others or property.
- However, this graph does illustrate that when drug use became illegal, the state was permitted to commit to prison and we see the incarcerated population to rise from the 8os to present day.

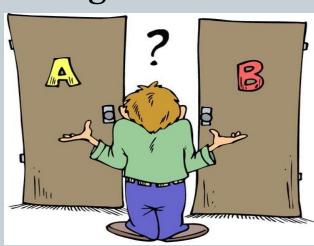
How Addiction Laws tie in to MOUD

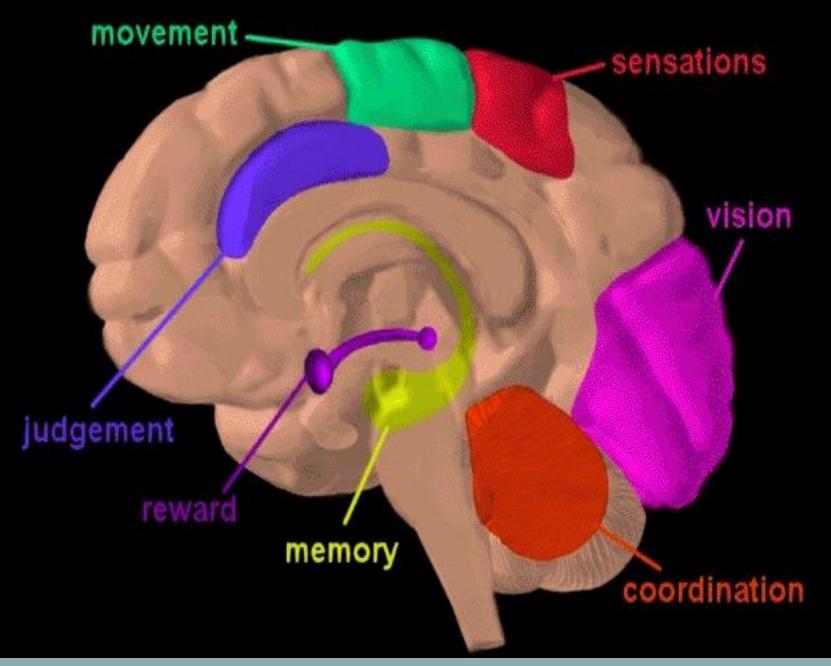
- Mandatory Drug Sentencing came about in part because the main tool for addressing the safety of society was through punishment rather than treatment.
- A 2020 SAMHSA report estimates only 1% of all prisons and jails offers MOUD
 - Unpublished research done by the Correctional MH Network in 2017 estimates that 40% of state prisons offer some form of MOUD
- MOUD became a the gold standard around 2015 or so
- It remains an unpopular modality because the criminal justice system:
 - Views addiction as a choice, a moral failing rather than a brain disease/disorder
 - Views addiction as illegal this was true since the 8os drug laws
 - Defines people with addiction as addicts rather than looking at the person on the whole
 - Treatment of an Opioid Use Disorder mainly follows a community detoxification protocol

Objective 2 – The New Science of Addiction & What Modern Science Reveals About Addiction

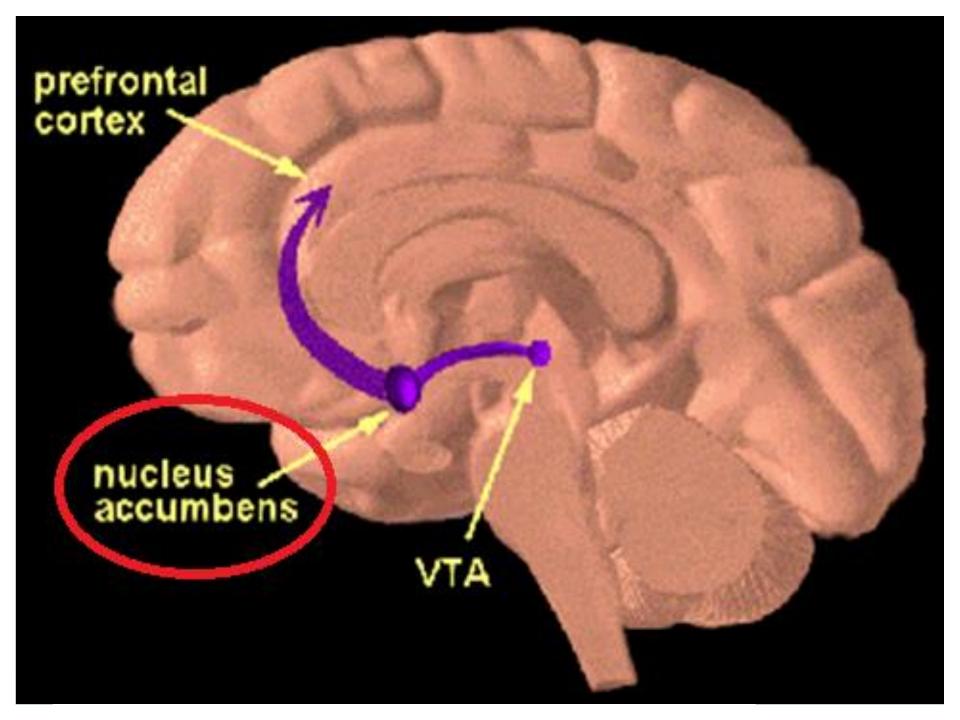
- Brain Disease/Disorder
- Treat the brain and the behaviors shift

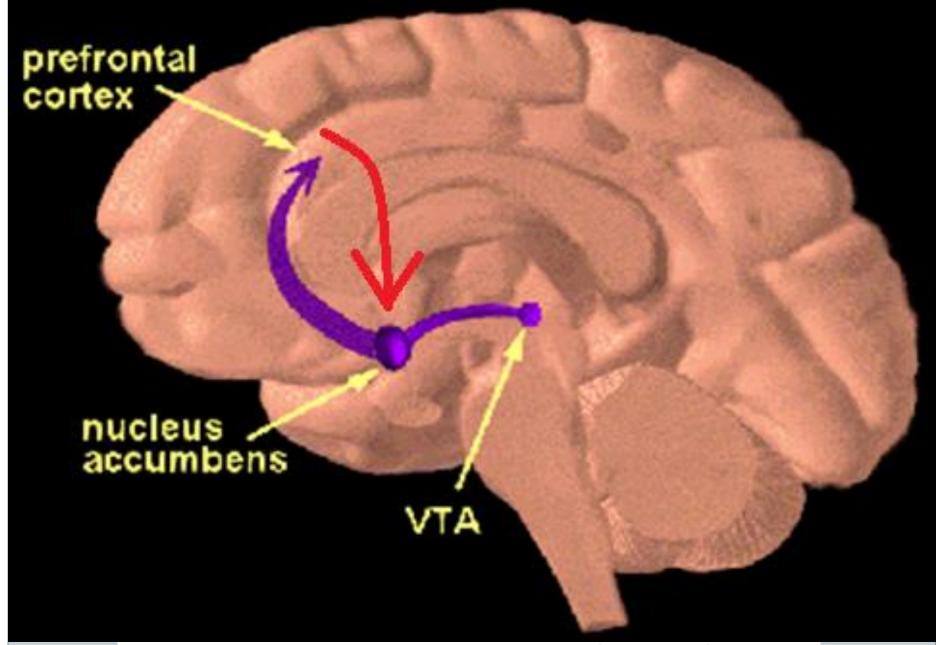
- Just Say No campaign remains a huge failure
- Is addiction a choice?



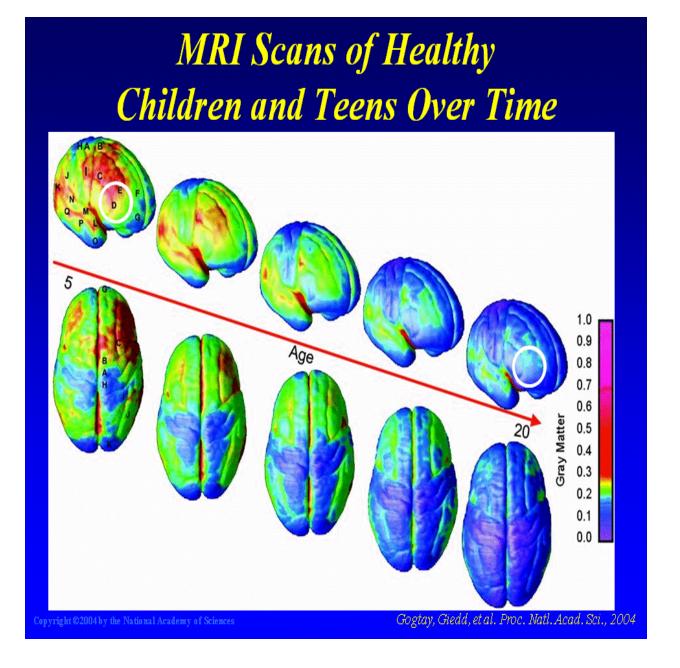


National Institute on Drug Abuse, www.nida.nih.gov, 2000.

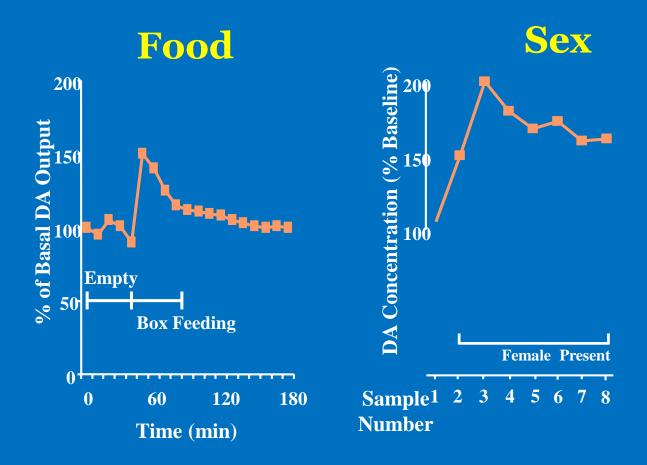




New circuits created from prefrontal cortex (glutamate)



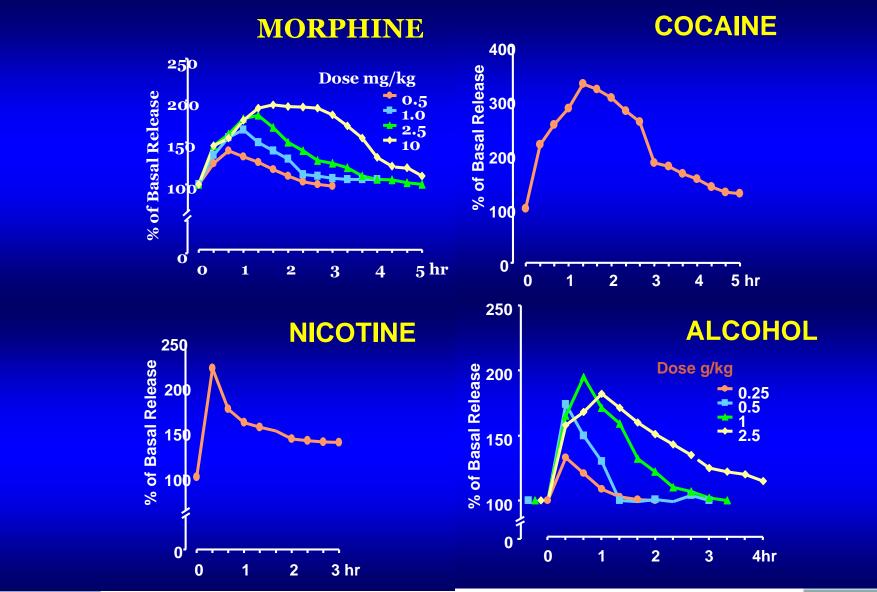
Natural Rewards and Dopamine Levels



Adapted from: Di Chiara et al, Neuroscience, 1999

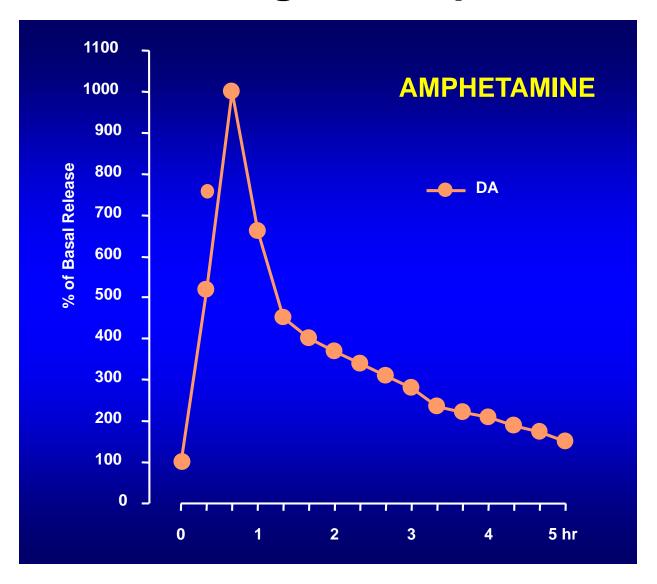
Adapted from: Fiorino and Phillips, J Neuroscience, 1997

Effects of Drugs on Dopamine Levels



Adapted from: Di Chiara and Imperato, *Proceedings of the National Academy of Sciences USA*, 1988; courtesy of Nora D Volkow, MD

Effects of Drugs on Dopamine Levels



Adapted from: Di Chiara and Imperato, *Proceedings of the National Academy of Sciences USA*, 1988; courtesy of Nora D Volkow, MD

Objective 3 The NJ DOC culture shift

- Started 6-7 years ago
- Shift from TC Model to Holistic Medical Model
- Licensed SUD treatment
- Opened MSCF to treat immediately
- MOUD being incorporated clinical bias
- Peer Navigator/Intensive Recovery Treatment
 Support at release synergy with medication
- Peer Specialists at Intake
- Personal Bias ←←→→System Bias
- Training is Key
- Train Uniform and civilian staff together



Objective 4 The NJ Jail Cultural Shift

- Independent to NJ DOC process until 2017
- Drug court Recovery court in AC
- CJR Bail reform impact



- Introduction of Methadone treatment in ACJ
- Introduction of Methadone treatment in MCJ
- CCJ Re-Entry Efforts all medication options
- Expansion to other Jails
- NJ DOC DOH DMHAS Collaboration 2019
- Information Exchange barriers

Objective 5 The Community cultural Shift

- Treatment providers getting DEA X Waiver
- ED treatment of pain



ED treatment of Addiction

Increase of MOUD in rehabs



Centers Of Excellence

Objective 6 Bringing All These Pieces Together is Complex

- Community -> Corrections -> Community
- Diversion > Conversion > Dispersion
- Connecting these 3 systems Jails, Prisons, Comm.
 - o Parole SUD treatment to divert from jails and prisons
 - Jail to Drug/Recovery Court
 - Jail Re-Entry to Community
 - Jail Release to State Prison
- Prison Re-Entry to Parole
- Prison Re-Entry at Max Out to Community

Objective 7 Correctional Outcomes

- 129x **↑** in risk of death in first 30 days post release
- IRTS on follow up
 - Overdoses and Deaths
 - Rides
 - Phones
- Holistic Harm Reduction
 - o HIV, STDs, Hepatitis A, B, C
- Treatment Reduces Drug Diversion
 - o NJ DOC example

PERIOD COVERED	# of Samples	POSITIVES				
12/7/15-12/11/15	298	INSTITUTION	TEST DATE	SAMPLE DATE	DOA	COMMENTS
		GSCF	12/7/2015	12/5/2015	THC	Confirmed by ADL
		GSCF	12/7/2015	12/5/2015	THC	Confirmed by ADL
		BSP	12/7/2015	11/24/2015	THC	Confirmed by ADL
		BSP	12/7/2015	11/24/2015	BUP	Confirmed by ADL
		CRAF	12/7/2015	12/3/2015	THC	Confirmed by ADL
		KIN-Brig.		12/7/2015	BARB	Prescribed Meds
		MYCF	12/8/2015	12/5/2015	OPI	Prescribed Meds
		MYCF	12/8/2015	12/7/2015	THC	Confirmed by ADL
		EJSP	12/8/2015	12/3/2015	OPI	Prescribed Meds
		EJSP	12/8/2015	12/3/2015	THC	On-Site Confirm
		EJSP	12/8/2015	12/3/2015	OPI	On-Site Confirm
		EJSP	12/8/2015	11/17/2015	THC	On-Site Confirm
		EJSP	12/8/2015	12/6/2015	OPI	On-Site Confirm
		SWSP	12/9/2015	12/8/2015	THC	On-Site Confirm
		KIN-Brig.	12/9/2015	12/9/2015	BUP	On-Site Confirm
		SSCF	12/9/2015	11/30/2015	THC	On-Site Confirm
		SSCF	12/9/2015	12/4/2015	BUP	Confirmed by ADL
		SSCF	12/9/2015	12/7/2015	BUP	Confirmed by ADL
		SSCF	12/9/2015	11/30/2015	THC	On-Site Confirm
		SSCF	12/9/2015	11/30/2015	THC/BUP	ON-Site/ADL Coinfirm
		EMCF	12/9/2015	12/8/2015	OPI	On-Site Confirm
		BSP	12/9/2015	12/7/2015	BUP	Confirmed by ADL
		SWSP	12/10/2015	12/9/2015	BUP	Confirmed by ADL
		NSP	12/11/2015	12/9/2015	OPI	On-Site Confirm
		NSP	12/11/2015	12/6/2015	OPI	Prescribed Meds
		NSP	12/11/2015	12/6/2015	OPI	Prescribed Meds
		NSP	12/11/2015	12/5/2015	OPI	Prescribed Meds
		NSP	12/11/2015	12/9/2015	OPI	Prescribed Meds

of OPI = 10; Rxd OPI = 7; # of BUP = 7; Rxd BUP = \emptyset , \emptyset %

PERIOD COVERED	# of Samples	POSITIVES				
12/5/16-12/9/16	196	INSTITUTION	TEST DATE	SAMPLE DATE	DOA	COMMENTS
		GSCF	12/5/2016	12/1/2016	THC	On-Site Confirm
		TALBOT	12/5/2016	12/3/2016	BUP	On-Site Confirm
		KIN-BRIDG	12/6/2016	12/3/2016	BUP	On-Site Confirm
		NJSP	12/6/2016	12/5/2016	OPI	Prescribed Meds (On-site)
		EMCF	12/6/2016	12/4/2016	THC	On-Site Confirm
		KIN-NEW	12/7/2016	12/6/2016	THC	On-Site Confirm
		SSCF	12/7/2016	11/28/2016	BUP	On-Site Confirm
		SSCF	12/7/2016	12/1/2016	BUP	On-Site Confirm
		BSP	12/7/2016	12/2/2016	BUP	On-Site Confirm
		BSP	12/7/2016	12/1/2016	BUP	On-Site Confirm
		BSP	12/7/2016	12/5/2016	BUP	On-Site Confirm
		NSP	12/8/2016	12/3/2016	BUP	On-Site Confirm
		NSP	12/8/2016	12/3/2016	THC	On-Site Confirm
		NSP	12/8/2016	12/6/2016	THC	On-Site Confirm
		NSP	12/8/2016	12/7/2016	OPI	Prescribed Meds
		NSP	12/8/2016	12/3/2016	OPI	Prescribed Meds

of OPI = 3; Rxd OPI = 2;

of BUP = 8; Rxd BUP = \emptyset , \emptyset %

PERIOD COVERED	# of Samples	POSITIVES					
11/27/17-12/1/17	110	INSTITUTION	TEST DATE	SAMPLE DATE	DOA	COMMENTS	
		SWSP	11/29/2017	11/25/2017	OXY	Confirmed by ADL	
		ACWYCF	11/28/2017	11/24/2017	BUP	Prescribed Meds (On-site)	
		SWSP	11/28/2017	11/27/2017	OPI	On-Site Confirm	
		SSCF	11/29/2017	11/22/2017	BUP	On-Site Confirm	
		SSCF	11/29/2017	11/22/2017	BUP	On-Site Confirm	
		SSCF	11/29/2017	11/27/2017	BUP	Confirmed by ADL	
		EMCF	11/29/2017	11/26/2017	OPI/COC/TH C	On-Site Confirm	
		EMCF	12/1/2017	11/25/2017	OXY	Confirmed by ADL	
		MSCF	11/29/2017	11/22/2017	BUP	On-Site Confirm	
		COLUMBUS	12/1/2017	11/28/2017	OXY/TCA	Confirmed by ADL/Medication	
		ACWYCF	11/30/2017	11/29/2017	BUP	On-Site Confirm	
		ACWYCF	11/30/2017	11/29/2017	BUP	On-Site Confirm	
		ACWYCF	11/30/2017	11/29/2017	BUP	On-Site Confirm	
		ACWYCF	11/30/2017	11/29/2017	THC	On-Site Confirm	
		SWSP	11/30/2017	11/28/2017	BUP	On-Site Confirm	
		MSCF	11/30/2017	11/29/2017	BUP	On-Site Confirm	
		EJSP	11/30/2017	11/28/2017	BUP	On-Site Confirm	
		EJSP	11/30/2017	11/28/2017	OPI	On-Site Confirm	
		NSP	12/1/2017	11/21/2017	THC	On-Site Confirm	
		NSP	12/1/2017	11/29/2017	BUP	On-Site Confirm	

of OPI = 3; Rxd OPI = 0; # of BUP = 12; Rxd BUP = 1, 8%

PERIOD COVERED	# of Samples	POSITIVES				
12/3/18-12/7/18	110	INSTITUTION	TEST DATE	SAMPLE DATE	DOA	COMMENTS
		CRAF	12/3/2018	12/3/2018	BUP	Prescribed Meds
		GSCF	12/4/2018	11/26/2018	THC/BUP	On-Site Confirm
		MSCF	12/6/2018	11/28/2018	BUP/BAR/B ZO	MEDS/Confirmed by ADL
		EJSP	12/6/2018	12/16/2018	OPI	Prescribed Meds
		EJSP	12/6/2018	11/21/2018	BUP	Confirmed by ADL
		EJSP	12/6/2018	11/27/2018	OPI/COC	Confirmed by ADL
		EJSP	12/6/2018	12/2/2018	THC	Confirmed by ADL
		ACWYCF	12/6/2018	12/5/2018	BUP	Prescribed Meds
		ACWYCF	12/6/2018	12/5/2018	BUP	Prescribed Meds
		KIN-NEW	12/6/2018	12/5/2018	BUP	On-Site Confirm
		SSCF	12/7/2018	12/5/2018	BUP	Prescribed Meds (On-site)
		SSCF	12/7/2018	12/5/2018	BUP	Prescribed Meds (On-site)
		SWSP	12/7/2018	12/4/2018	BUP	Prescribed Meds (On-site)
		SWSP	12/7/2018	12/5/2018	BUP	Prescribed Meds (On-site)
		NSP	12/7/2018	12/1/2018	BUP	Prescribed Meds (On-site)
		NSP	12/7/2018	12/1/2018	BUP	Prescribed Meds

of OPI = 1; Rxd OPI = 1;

of BUP = 13; Rxd BUP = 9,69%

# of Samples	POSITIVES		
227	INSTITUTION	DOA	COMMENTS
		BUP	Prescribed Meds (On-site)
			Prescribed Meds (On-site)
		BUP	Prescribed Meds (On-site)
		EtG	Confirmed by ADL (On-site)
	NJSP	THC	On-Site Confirm
	NJSP	THC	On-Site Confirm
		THC	On-Site Confirm
		BUP	Prescribed Meds
		BUP	Prescribed Meds
	NJSP	BUP	Prescribed Meds
	SWSP	mAMPH	Prescribed Meds (On-site)
	SWSP	BUP	Prescribed Meds (On-site)
	EJSP	mAMPH	On-Site Confirm
		BUP	Prescribed Meds
		BUP	Prescribed Meds
		BUP	On-Site Confirm
		BUP	Prescribed Meds
		BUP	Prescribed Meds
	SSCF	BUP	Prescribed Meds (On-site)
	SSCF	BUP	Prescribed Meds (On-site)
	SSCF	BUP	Prescribed Meds (On-site)
		BUP	Prescribed Meds
		BUP	Prescribed Meds
	ACWYCF	BUP	Confirmed by ADL
		BUP	Confirmed by ADL
	SWSP	BUP	On-Site Confirm
	SWSP	BUP	Prescribed Meds
	SWSP	BUP	Prescribed Meds
		BUP	Prescribed Meds
		BUP	Confirmed by ADL
	TALBOT	BAR	Prescribed Meds (On-site)
		BUP	Prescribed Meds (On-site)
	TALBOT	BUP	Prescribed Meds (On-site)
	TALBOT	BUP	Prescribed Meds (On-site)
	TALBOT	BUP	Prescribed Meds (On-site)
		BUP	Prescribed Meds (On-site)
		BUP	Prescribed Meds (On-site)
		BUP	Prescribed Meds (On-site)
		BUP	Prescribed Meds (On-site)
	TALBOT	BUP	Prescribed Meds (On-site)
	TALBOT	BUP	Prescribed Meds (On-site)
	TALBOT	BUP	Prescribed Meds (On-site)
		BUP	Prescribed Meds (On-site)
		BUP	Prescribed Meds (On-site)
		BUP	
			Prescribed Meds (On-site)
		BUP	Prescribed Meds (On-site)
	ACWYCF	BUP	Prescribed Meds
	ACWYCF	BUP	Confirmed by ADL
	EJSP	OPI	On-Site Confirm
	MSCF	BUP	On-Site Confirm
	NSP	OXY	Confirmed by ADL (On-site)
	NSP	mAMPH	Confirmed by ADL (On-site)
		BUP	Confirmed by ADL
		BUP	Prescribed Meds
	NSP	BUP	Prescribed Meds
	NSP	BUP	Prescribed Meds
		BUP	Prescribed Meds
		BUP	Prescribed Meds
	NSP	BUP	Prescribed Meds
	1001	DU1	i rescribed Meds

of OPI = 1; Rxd OPI = 0; # of BUP = 54; Rxd BUP = 46, 87% 54 BUP finds is 3 x more than in 2018. 7 BUP diversions mean 13% only.



THANK YOU!!