



<u>ADMINISTRATIVE REGULATION</u>		REGULATION NUMBER 700-40	PAGE NUMBER 1 OF 4
 COLORADO DEPARTMENT OF CORRECTIONS		CHAPTER: Offender Health Services	
		SUBJECT: Medications for Addiction Treatment Program	
RELATED STANDARDS: NCCHC Standards: P-A-01; P-A-02; P-A-03; P-A-05; P-A-07; P-A-08; P-B-01; P-B-03; P-B-07; P-B-08; P-C-01; P-C-05; P-C-07; P-D-01; P-D-02; P-D-06; P-E-01; P-E-02; P-E-03; P-E-04; P-E-05; P-E-07; P-E-08; P-E-09; P-E-10; P-F-01; P-F-02; P-F-03; P-F-04; P-F-05; P-G-05		EFFECTIVE DATE: October 1, 2024	
		SUPERSESION: NEW	
		 Moses (André) Stancil Executive Director	
OPR: DCCS	REVIEW MONTH: AUGUST		

I. POLICY

It is the policy of the Colorado Department of Corrections (DOC) to provide medications for addiction treatment to offenders diagnosed with substance use disorders to ensure they receive quality, comprehensive, and evidence-based addiction treatment. Treatment is essential during incarceration and upon release to the community.

II. PURPOSE

The purpose of this administrative regulation (AR) is to establish criteria and referral procedures to be followed in the enrollment of offenders in the Medications for Addiction Treatment (MAT) Program. For offenders releasing to parole and/or parolees see AR 250-78, *Medication-Assisted Treatment*.

III. DEFINITIONS

- A. Buprenorphine (Suboxone/Subutex/Sublocade): Buprenorphine is a *partial* opioid agonist used to treat OUD; however, the Suboxone/Subutex formulations of buprenorphine are only used to treat OUD. As with methadone, it is used as a long-term treatment for OUD because it prevents cravings for opioids.
- B. Medication Assisted Treatment: Treatment that includes a pharmacologic intervention (medication) as part of the treatment plan. This could include, methadone, buprenorphine, or naltrexone alone or in combination with behavioral health treatment.
- C. Medications for Opioid Use Disorder (MOUD): The evidence-based treatment medications used as part of medication-assisted treatment. Buprenorphine, methadone, and naltrexone are the most common medications used to treat opioid use disorder (OUD). These medications operate to normalize brain chemistry after regular use of short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. (Substance Abuse and Mental Health Services Administration (SAMHSA)).
- D. Methadone: Methadone is a *full* opioid agonist used to treat OUD. Although it may relieve the signs/symptoms of acute opioid withdrawal, it is used as a long-term treatment for OUD because it prevents cravings for opioids. Methadone is available in various formulations (e.g. tablet, oral solution) depending on the indication for use.
- E. Naloxone (Narcan): Naloxone is a *short-acting* opioid antagonist used to treat OUD. Naloxone is primarily used to reverse an opioid overdose. In this capacity, it is most commonly available as an intranasal spray; however, it is also formulated as an IM/SQ injection.

CHAPTER	SUBJECT	AR #	Page 2
Offender Health Services	Medications for Addiction Treatment Program	700-40	EFFECTIVE 10/01/24

- F. Naltrexone (Revia/Vivitrol): Naltrexone is a *long-acting* opioid antagonist used to treat AUD and/or OUD. Although mechanistically it is an opioid antagonist, it is used as a long-term treatment for AUD and OUD because it prevents cravings for alcohol and opioids. Some data suggests it may also be helpful in preventing cravings for methamphetamine.

IV. PROCEDURES

- A. Offenders with substance use disorders (SUD) will be screened, evaluated, and offered treatment, as appropriate, in an effort to mitigate overdose deaths, facilitate sobriety, and long-term recovery. Medications are the first-line in the treatment of SUDs with most treatment models including a combination of medication and behavioral health treatment.
1. SUD refers to an opioid use disorder (OUD), an alcohol use disorder (AUD), and/or a stimulant use disorder (StimUD).
 2. Offenders diagnosed with a SUD are eligible for the MAT program and may be enrolled; however, eligibility for specific medications for opioid use disorder (MOUD) varies.
- B. Upon intake to DOC, offenders will be screened by nursing for acute opioid withdrawal and/or current use of medications for addiction treatment (MAT).
1. Offenders who are currently taking MAT medications will be enrolled in the MAT program and they will be offered the opportunity to have their current medication(s) continued.
 2. In the event that the offender's medications cannot be verified, the MAT provider will be contacted to determine a plan of care.
 3. Offenders may send a request to Clinical Services for enrollment in the MAT program at any time during their incarceration.
- C. MAT Program Expectations
1. Offenders who choose to participate in the MAT program and receive daily medication treatment will be required to sign the electronic Medications for Addiction Treatment Program Contract in the electronic health record (EHR) prior to receiving their first dose of medication.
 - a. If the offender is unable to electronically sign the MAT contract due to security and/or operational issues, a hard copy contract will be utilized. The completed contract will be scanned into the EHR and will be attached to the appropriate encounter type.
 - b. Offenders who are new arrivals to the DOC may sign the contract during their intake health examination.
 2. Offenders will be required to take MAT medication(s) at only the dose and frequency prescribed;
 3. Offenders will be required to consent to point of care (POC) treatment compliance urine drug screens at intervals determined by the MAT provider. In cases of suspected medication misuse, POC urine drug screens will be determined by a health care provider. POC drug screens are confidential as they contain protected health information.
 - a. POC urine drug screens are performed as additional data points to determine overall offender stability in treatment and are not to be used as punishment.
 4. Offenders will be required to attend scheduled appointments with health care providers. If an offender misses three consecutive health care provider appointments and/or has a pattern of habitual no-shows for appointments, they may be removed from the MAT program.

CHAPTER	SUBJECT	AR #	Page 3
Offender Health Services	Medications for Addiction Treatment Program	700-40	EFFECTIVE 10/01/24

D. MAT Administration

1. Methadone

- a. Methadone will be administered in the facility clinic;
- b. A minimum of 5 ml of water will be added to the dose;
- c. The offender will be facing forward and will be observed drinking the solution in direct sight of nursing;
- d. Nursing will speak with the offender after they have taken the solution to ensure it has been swallowed;
- e. After swallowing the solution, the offender will be required to open their mouth for inspection by a nurse and/or a custody/control employee.

2. Buprenorphine (Suboxone/Subutex)

- a. Buprenorphine may be administered as either a film or a crushed tablet, depending on availability;
- b. Buprenorphine will be provided in the medication administration line, in addition to any other medications that are prescribed;
- c. Buprenorphine will be administered after all other medications have been taken;
- d. The offender will be observed placing the film or the crushed tablet under the tongue;
- e. After placing the medication, the offender will be required to open their mouth for inspection by a nurse and/or a custody/control employee to ensure proper placement of the medication and that nothing is in the mouth used to prevent sublingual absorption (e.g. plastic wrap, Vaseline).

E. Behavioral Health Services

1. Behavioral health treatment may be offered to offenders participating in the medications for addiction treatment (MAT) program on a voluntary basis. Treatment may include individual counseling or structured process groups with a focus on understanding medications, relapse prevention, and harm reduction.
2. Offenders who choose not to participate in behavioral health treatment may request these services at any time during their incarceration.

F. MAT Medication Misuse

1. POC urine drug screens may be ordered in cases of suspected misuse by a health care provider and/or at intervals determined by the MAT provider.
2. If an offender has been found to be misusing their MAT medication(s), the health care provider and/or the MAT provider will be notified immediately and the misuse will be documented in the EHR.
 - a. First and second violation:
 - 1) A POC urine drug screen will be completed and documented in the EHR.
 - 2) If POC urine drug screen shows no evidence of MAT medication(s), the medication(s) will be discontinued immediately.

CHAPTER	SUBJECT	AR #	Page 4
Offender Health Services	Medications for Addiction Treatment Program	700-40	EFFECTIVE 10/01/24

- 3) If the POC urine drug screen shows evidence of MAT medication(s), the offender will be required to meet with nursing and/or a health care provider.
 - 4) Nursing and/or the health care provider will reinforce the program expectations with the offender and notify them that they will be tapered off of their MAT medications if they continue to misuse them. The encounter will be documented in the EHR.
- b. Third violation:
- 1) A POC urine drug screen will be performed and documented in the EHR.
 - 2) If POC urine drug screen shows no evidence of MAT medication(s), the medication will be discontinued immediately.
 - 3) If the POC urine drug screen shows evidence of MAT medication(s), and the offender is pregnant, the MAT provider will be contacted for further guidance.
 - 4) If the offender is not pregnant, the offender's MAT contract will be discontinued, due to the third violation of MAT program expectations, and they will be tapered off of the medication. This will be documented in the EHR.
 - 5) If the offender refuses a POC urine drug screen, they may be immediately removed from the MAT program.
- G. Offenders who are paroling, going to community corrections, or discharging their DOC sentence will be provided with MAT medications in accordance with AR 700-15, *Pharmacy Services* and AR 250-78, *Medication-Assisted Treatment*. Community in-reach behavioral services will also be provided as clinically indicated.

V. RESPONSIBILITY

- A. The director of Clinical and Correctional Services and the chief medical officer are responsible to review this AR annually and update as necessary.

VI. AUTHORITY

C.R.S. 16-11.5-101. Legislative declaration.
C.R.S. 16-11.5-102. Substance abuse assessment - standardized procedure.
C.R.S. 17-1-103. Duties of the executive director
C.R.S 18-1.3-209. Substance abuse assessment required - convicted felons - controlled substance offenders.
C.R.S. 18-1.3-211. Sentencing of felons - parole of felons - treatment and testing based upon assessment required.
C.R.S. 23-21-803 - Medication-Assisted Treatment (Mat) Expansion Pilot Program
Certification of Opioid Treatment Programs, 42 Code of Federal Regulations (CFR) 8
Colorado Department of Human Services, 6 CCR 1008-1-15.000 Alcohol and Other Drug Abuse/Dependence Treatment Standards
Comprehensive Addiction and Recovery Act of 2016

VII. HISTORY

NEW

ATTACHMENTS:

- A. AR Form 100-01A, Implementation/Adjustments

ADMINISTRATIVE REGULATION
IMPLEMENTATION/ADJUSTMENTS

AR Form 100-01A (04/15/08)

CHAPTER	SUBJECT	AR #	EFFECTIVE
Offender Health Services	Medications for Addiction Treatment Program	700-40	10/01/24

(FACILITY/WORK UNIT NAME) _____
WILL ACCEPT AND IMPLEMENT THE PROVISIONS OF THE ABOVE ADMINISTRATIVE REGULATION:

AS WRITTEN NOT APPLICABLE WITH THE FOLLOWING PROCEDURES TO ACCOMPLISH THE INTENT
OF THE AR

Clinical I/As are required for the ARs in the 700 series and any AR in which Clinical is one of the offices of primary responsibility (co-OPR). This is indicated by either an OCS (Office of Clinical Services) or DCCS (Department of Clinical and Correctional Services) in the header of the AR. Clinical I/As must be approved by the assistant director of Clinical Services and the facility Health Services Administrator (HSA) indicated by their signature on the I/A.

(SIGNED) _____ (DATE) _____
Administrative Head

(SIGNED) _____ (DATE) _____
Assistant Director of Clinical Services

(SIGNED) _____ (DATE) _____
Facility Health Services Administrator

(SIGNED) _____ (DATE) _____
Administrative Head