



# ISSUE BRIEF

## CHANGES TO MEDICATION-ASSISTED TREATMENT (MAT)

### The Charge

For those with an opioid use disorder (OUD), medication addresses the physical difficulties experienced when they stop taking opioids. MAT can help to reestablish normal brain function, reduce substance cravings, and prevent relapse. The longer an adult in custody (AIC) is in treatment, the more they will be able to manage their dependency and move toward recovery. Evidence suggests that when AICs take these medications as prescribed, they are more likely to engage in counseling and other behavioral interventions that improve their recovery while incarcerated and more likely to maintain employment and avoid criminal behavior when they're released.

In July of 2019, the Oregon Department of Corrections (DOC) began offering OUD treatment as the American Disabilities Act recognized it as a disease and thereby obligating treatment. Treatment began with a few individuals but grew quickly. (See Figure 1)

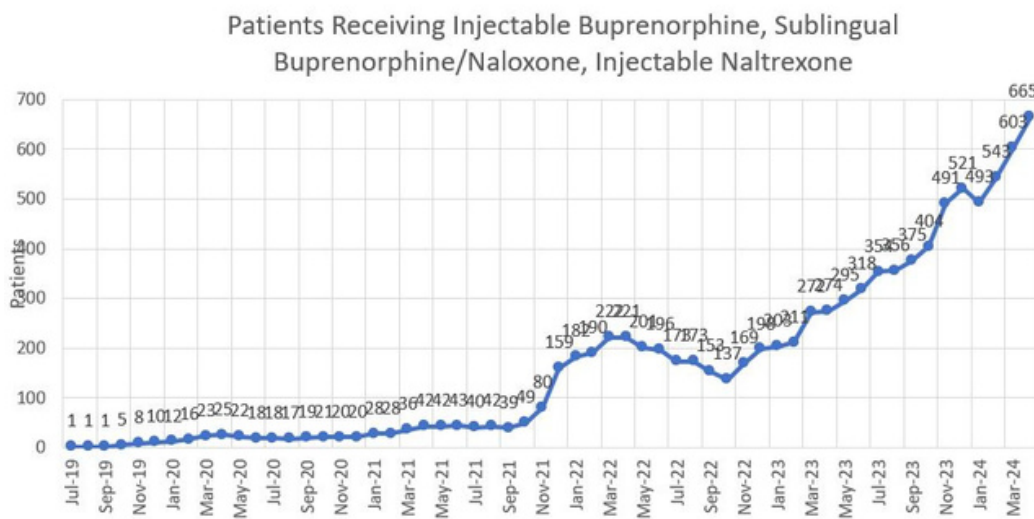


Figure 1: Approximately 672 adults in custody at the Oregon Department of Corrections receive medically assisted treatment for Opioid Use Disorder. That number is growing.

## **The Change**

Currently MAT at DOC facilities involves a subcutaneous injection of buprenorphine. Buprenorphine is a synthetic opioid medication that acts as a partial agonist at opioid receptors but does not produce the euphoria and sedation caused by heroin or other opioids. Buprenorphine can reduce or eliminate withdrawal symptoms associated with opioid dependence and carries a low risk of overdose. While it is effective, the injection is also painful, time-consuming, and extremely expensive. Health Services is currently spending approximately hundreds of thousands per month for the injections. Those costs are anticipated to rise as medication costs increase and the number of individuals with opioid use disorder seek treatment.

Buprenorphine is also available in a pill formulation called Suboxone, which combines buprenorphine with the substance naloxone, an antagonist (or blocker) at opioid receptors to eliminate the risk of overdosing. The switch to the tablets will be implemented across DOC on July 1, 2024.

## **Why the Change?**

DOC participates in a group purchasing organization which involves the New York Department of Corrections and New Hampshire Department of Corrections. Purdue Pharmaceuticals is attempting to take some corrective steps in the treatment of the opioid epidemic that is sweeping across the nation. They understand how much this has disproportionately affected prisons and jails across the U.S. and are offering buprenorphine/naloxone tablets at a greatly reduced cost to correctional facilities and institutions.

## **The Impact to DOC**

On the positive side, the cost savings from this change will enable DOC to save in pharmaceutical costs and use the funds for other needs. On the negative side, the switch from injection to pill will mean longer medication lines (med lines) at our institutions. DOC Health Services Pharmacy was able to determine that approximately 50% of OUD patients are already receiving other medications, so this will mean approximately 350 additional patients in med lines across our 12 institutions.

## **The Bigger Picture**

DOC is dedicated to making those in our care healthier and our communities safer. Providing comprehensive substance use treatment to criminal offenders while incarcerated reduces both drug use and crime after an inmate returns to the community. Treatment is critical to reducing overall crime and other drug-related societal burdens—such as lost job productivity, family disintegration and a continual return to jail or prison, known as recidivism. Inadequate treatment while incarcerated also contributes to overdoses and deaths when inmates leave the prison system.