Detention Center MAT Policy

Purpose: This policy is intended to ensure that patients who have Opioid Use Disorder (OUD), and are willing to receive Medication Assisted Treatment (MAT), do so based on feasibility per facility rules and Practitioner’s waiver to prescribe.

Intake into the Detention Center:

1. All women of child bearing age incarcerated at the Detention Center will have a urine pregnancy test performed.
2. All women determined to be pregnant will immediately undergo screening for Opioid Use Disorder (OUD) and if positive, will be immediately referred to the Medication Assisted Treatment (MAT) Program.
3. During the booking process, intake or through the initial health assessment, all patients will be screened for OUD.
4. Patients who screen positive for OUD will be questioned as to their current OUD treatment and if they are taking any form of Medication Assisted Treatment (MAT). If they are receiving Buprenorphine/Suboxone they will be immediately referred to the MAT Program.
5. The Detention Center MAT Program may offer buprenorphine/suboxone as allowed to patients that are eligible as described above and requested by the patient, and a Practitioner is available who has special dispensation from the Drug Enforcement Agency in the form of a DEAx waiver to prescribe, to continue MAT or induction of MAT while incarcerated.

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Options other than buprenorphine/suboxone will be presented to the inmate where available. These other

options include abstinence based treatment.

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1. DEFINITIONS

MAT – Medication Assisted Treatment

Opioid Use Disorder (OUD) – A diagnosis requiring a pattern of using opioids causing clinically

significant impairment or distress that meets at least two (2) of the following criteria:

• Taking the opioid in larger amounts and for longer than intended

• Wanting to cut down or quit but not being able to do it

• Spending a lot of time obtaining the opioid

• Craving or a strong desire to use opioids

• Repeatedly being unable to carry out major obligations at work, school, or home due to

opioid use

• Continuing use despite persistent or recurring social or interpersonal problems caused or

made worse by opioid use

• Stopping or reducing important social, occupational, or recreational activities due to opioid

use

• Recurrently using opioids in physically hazardous situations

• Consistently using opioids despite acknowledgment of persistent or recurrent physical or

psychological difficulties from using opioids

• \*Being tolerant for opioids as defined by either a need for markedly increased amounts to

achieve intoxication or desired effect, or markedly diminished effect with continued use of

the same amount

\*Withdrawal manifesting as either characteristic syndrome or the substance is used to

avoid withdrawal

\*This criterion is not considered to be met for those individuals taking opioids solely under

appropriate medical supervision.

2. PROCEDURE

2.1. For patients who are receiving buprenorphine/suboxone as part of MAT in the community, who enter the Detention Center where buprenorphine/suboxone is allowed by security policy, and the practitioners have a DEAx waiver to prescribe:

2.1.1. During Receiving Screening if patient reports history of Opioid use, the patient

will be screened utilizing the Rapid Opioid Dependence Screen.

2.1.2. Patient will be referred to the MAT Program to determine eligibility and if eligible to the

DEAx licensed provider for continuity of treatment.

2.1.3. Attempts will be made to verify buprenorphine/suboxone use (and, if possible, patient

compliance) However, the MAT Program practitioner should be contacted prior to the time of the next dose, based on patient history.

2.1.4. The practitioner (or the practitioner’s designee if allowable) will search for the

patient in the North Carolina Controlled Substance Database (PMP Aware).

2.1.5. A urine drug screen and urine pregnancy test (as applicable) should be done

prior to the first dose of buprenorphine/suboxone. If the urine drug screen is positive for

a drug other than buprenorphine, the case should be discussed with the

patient’s community practitioner and/or facility Medical Director.

2.1.6. Buprenorphine/Suboxone medication will be ordered by the Practitioner at a clinically appropriate

Dose.

2.1.7. The patient’s personal supply of buprenorphine/suboxone should not be used.

2.1.8. In the event that the MAT cannot be verified in a timely manner, the decision to

continue MAT will be made by the practitioner on a case-by-case basis.

• Follow-up chronic care clinic visits should occur every 30 days and

documented on appropriate follow-up chronic care exam forms. Labs (CBC

and Complete Metabolic Profile should be obtained

on an annual basis.

• Substance abuse counselling/Mental Health follow-up will be offered on an

ongoing basis.

Discharge planning should be done to ensure that the patient has an

appointment with their community MAT practitioner as well as a sufficient

supply of medication upon release not to exceed 5 days of medication.

Pregnant Patients with Opioid Use Disorder:

2.2. Pregnant OUD patients, currently using opioids and NOT receiving MAT in the community, who enter the Detention Center will be offered MAT induction with Suboxone instead of medical withdrawal.

2.2.1. During Receiving Screening if a pregnant patient reports history of Opioid use, the patient

will be screened utilizing the Rapid Opioid Dependence Screen and undergo confirmatory urine pregnancy testing and urine drug screening to confirm presence of opioids.

2.2.2. Pregnant patients with a urine drug screen positive for opioids will be referred to the MAT Program for screening for appropriateness for MAT.

2.2.3Once patient is deemed appropriate for MAT initiation, the patient will be

referred back to the DEAx licensed provider for initiation of Buprenorphine/suboxone

treatment.

2.3.3. Patients who choose induction of MAT with buprenorphine/suboxone should be managed as follows:

• Screening labs (CBC & Complete Metabolic Panel, Urine Drug Screen, Urine Pregnancy Test (as applicable)) should be done at the first visit.

• Pregnant Patients receiving MAT should have their prenatal care appointments scheduled with the Horizons Program

• If deemed appropriate Induction onto buprenorphine should be offered as seen in ATTACHMENT

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