



NC Department of Health and Human Services  
NC Opioid and Prescription Drug Abuse  
Advisory Committee (OPDAAC)

## Coordinating Workgroup

May 9, 2019

# Welcome and Introductions

- Welcome!
  - Susan Kansagra
- Introductions of Attendees
  - Your name
  - Your organization/affiliation
- DHHS Updates and priorities
  - Kody Kinsley

# Medical Treatment in Jails: What's Required by Law

*Anna Stein*

# Legal Obligation to Provide Health Care in NC Jails

## Federal Law

### Courts

- 8<sup>th</sup> Amendment prohibition against cruel and unusual punishment is violated by “deliberate indifference” to an inmate’s “serious medical needs”  
(*Estelle v. Gamble*, US Supreme Court, 1976)

## State law

### Courts

- Duty to provide “adequate” medical care to inmates  
(*Medley v. NC Dept. of Corrections*, NC Supreme Court, 1992)

### Legislation

#### **NC General Statutes §153A-225(a)**

- Each governmental unit that operates a jail must develop a plan for providing medical care for inmates
- Medical plan must be approved by local or district health director

## DHHS Regulations

### **10A NC Administrative Code 14J .1001** (NC Jail Health Standards)

- Jails must develop a written medical plan to include policies and procedures addressing:
  - Health screening of inmates upon admission
  - Handling of routine medical care
  - Handling of inmates with chronic illnesses or known communicable diseases
  - Administration of medications
  - Handling of emergency medical problems
- Inmates must be provided an opportunity each day to communicate health complaints.
- Qualified personnel shall be available to evaluate the medical needs of inmates.

# Recent Decisions Requiring MAT to be Provided in Jail

**Pesce v. Coppinger**, US District Court, Massachusetts, November 26, 2018

- Geoffrey Pesce sought a preliminary injunction to force county to allow him access to methadone while in jail
  - 32 years old, had been in “active recovery for two years with the help of a methadone treatment program prescribed by his doctor”
- Court granted the preliminary injunction based on violation of the Americans with Disabilities Act (ADA) and the 8<sup>th</sup> Amendment of the US Constitution
  - Pesce, who suffers from opioid use disorder, is a “qualified individual with disabilities” under the ADA
  - Medical care provided in jail qualifies as a “service” that must be provided indiscriminately under the ADA

# Recent Decisions Requiring MAT to be Provided in Jail

## **Pesce v. Coppinger**, cont'd

- “Defendants, in lieu of conducting an individualized assessment of Pesce’s medical needs or his physician’s recommendation, would require Pesce to participate in a treatment program that bares a strong resemblance to the methods that failed Pesce for five years, including detoxification, and administration of Vivitrol. Not only would Defendants’ treatment program contradict Pesce’s physician’s recommendations and place Pesce at a higher risk of relapse upon his release from Middleton, but it would also make him physically ill for several days while he undergoes forced withdrawal.”
- “Defendants here have not given any consideration to Pesce’s specific medical needs nor indicated any likelihood to do so when he is incarcerated given their present policy against methadone treatment. Medical decisions that rest on stereotypes about the disabled rather than ‘an individualized inquiry into the patient’s condition’ may be considered discriminatory.”

# Recent Decisions Requiring MAT to be Provided in Jail

**Smith v. Aroostook County**, US District Court, Maine (March 2019); affirmed by the 1<sup>st</sup> US Circuit Court of Appeals (April 2019)

- Brenda Smith had been taking buprenorphine for the previous five years and sought a preliminary injunction to be able to continue the medication while in jail
- Court held that withholding buprenorphine violated Smith's rights under the ADA
- Judge: "I find that forcing Ms. Smith to withdraw from her buprenorphine would cause her to suffer painful physical consequences and would increase her risk of relapse, overdose, and death."

**Kortlever v. Whatcom Couty**, US District Court, Western District of Washington, filed 2018

- Class-action suit; proposed settlement reached in April 2019 to allow use of Subutex, Suboxone and Vivitrol in Whatcom county jail



# The ADA and Substance Use Disorders

- To benefit from the ADA, a person must be a “qualified individual with a disability”
- In the context of substance use disorders, this includes:
  - A person who has been successfully rehabilitated and is no longer engaged in the illegal use of drugs;
  - A person who is currently participating in a rehabilitation program and is no longer engaging in the illegal use of drugs
- To be a “qualified individual with a disability,” a person may not currently be engaging in the illegal use of drugs

# Overview of jail-based overdose education/naloxone project

*Sherani Jagroep*



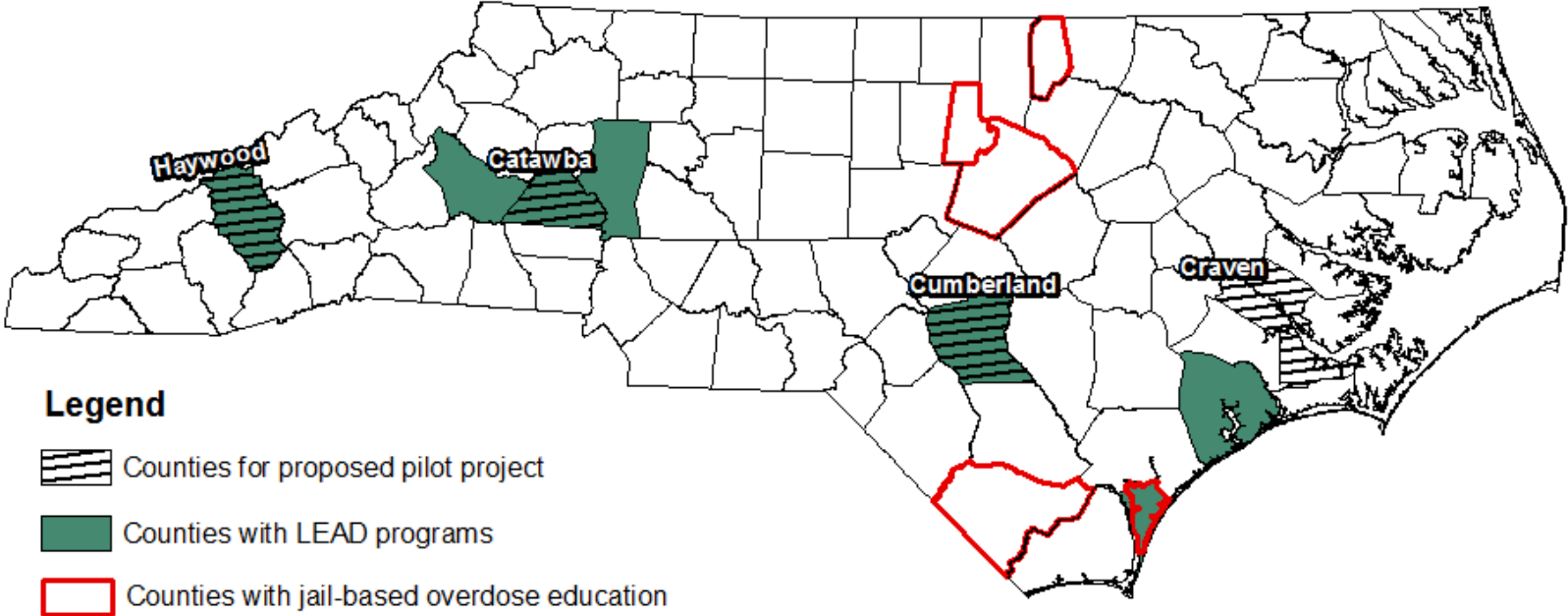
## Naloxone Distribution in Treatment Centers and Criminal Justice Settings

Naloxone distribution programs in criminal justice and treatment facilities (both inpatient and outpatient) target individuals who are about to be released from supervision and/or cease treatment to receive overdose response training and naloxone kits prior to their exit from the program or facility.

Centers for Disease Control and Prevention. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018. Accessed May 7, 2019 from <http://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>.

# HIDTA Pilot Project with NCHRC (Melissia Larson)

Jail-based Overdose Prevention Education and Naloxone Distribution:  
North Carolina Pilot Project



# Pilot Project Strategies: First steps

- Develop, implement, and evaluate overdose prevention education program in four proposed jails
- Distribute naloxone upon release from jails for persons who have completed the overdose prevention education
- Link justice-involved persons at risk for overdose to community-based services

# Jail-based Overdose Prevention Education and Naloxone Distribution Toolkit

A North Carolina Harm Reduction Coalition Resource

Last updated: April 30, 2019

## Table of Contents

<b>PROGRAM DEVELOPMENT</b> .....	5
I. Funding.....	5
II. Training models to consider.....	5
III. Hiring training specialist.....	5
IV. How to identify participants.....	5
V. Naloxone source/ distribution.....	5
VI. Establish training days/hours.....	5
VII. Community resources.....	5
<b>INTRODUCTIONS AND PLANNING</b> .....	6
I. Preparing for your class.....	6
II. Things to keep in mind when working in jails.....	6
III. Outreach worker stances and best practices in teaching.....	7
IV. Introductions.....	9
<b>EDUCATION TOPICS</b> .....	9
I. Overview of overdose prevention.....	9
II. Recognizing and responding to an overdose.....	14
III. Fentanyl risk and testing.....	15
IV. Naloxone types and administration.....	16
V. Linkage to community services.....	19
VI. Good Samaritan law.....	19
VII. Harm Reduction Coalition and role of Syringe Exchange Programs.....	20
VIII. Hepatitis C risk, definition, and testing.....	21
IX. HIV risk, definition, and testing.....	21
X. Wellness tools.....	22
<b>APPENDIX</b> .....	23
I. Classroom sign in sheet.....	24
II. Participant engagement form.....	25
III. Resources for exit package.....	26

# OPIOID OVERDOSE PREVENTION EDUCATION TRAINING

## I. PREPARING FOR YOUR CLASS

Prepare for your class by making sure you do not have any materials with staples or items that may not be allowable in the jail. Discuss what is and isn't allowed in the jails prior to the first training with the jail administrator.

Educators recommend laminating pictures or documents that may be used during the training. For example, pictures of different types of naloxone for your demonstration of naloxone as you will most likely not be able to bring in naloxone into the classroom.

Be prepared for the jail staff to observe the class or be near the area. This is for everyone's safety.

Prepare your classroom discussion keeping in mind men and women may be separated for the class.

## II. THINGS TO KEEP IN MIND WHEN WORKING IN JAILS

Although rare, working in jails may be dangerous; there are people who could cause harm. There are some simple things that those working within correctional facilities can do to **increase their safety**.

- Never go inside without an escort
  - Discuss training days/times to arrange for a personal escort and dedicated space to work
- Appropriate dress code
  - No revealing clothing, no scarves or necklaces that could be used to choke the wearer, and no dangling earrings.
- Most detention facilities forbid cell phones in the cell block

Change is not always welcomed. Staff training concerning the advantages of working with persons who use drugs in a detention center may relieve some of the tension. It is important to ask detention center staff what would make it easier to implement a jail-based overdose education and naloxone distribution program.

**“One of the most frustrating experiences I’ve had in implementing any new program, especially in detention centers is a passive-aggressive response that manifests itself as inertia. It’s not just bureaucracy that slows things down; it can be a deliberate or even unconscious desire to foil a new program that disrupts the established routine.”**

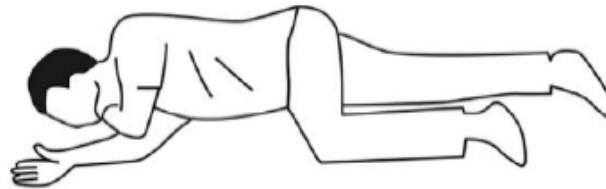
## II. RECOGNIZING AND RESPONDING TO AN OVERDOSE

**“The only viable option when someone is experiencing an opiate overdose is to administer naloxone, start rescue breathing and seek medical assistance.”**

1. Check to see if they can respond, give them a light shake and yell their name. Was there a response? Are they breathing?
2. Next try a sternum rub. Demonstrate rubbing your knuckles on their chest bone.
3. Check for breathing. If not breathing or low respiratory rate, clear mouth. Begin rescue breathing.
4. If no response, place person in recovery position\*.
5. Call 911, you don't need to mention drugs on the call. Give the address and say “my friend is unconscious and can't wake them up.”
6. If available, administer naloxone.
7. Continue rescue breathing.

### \*Recovery Position

If you have to leave the overdose victim, roll them on their side with the mouth facing down to avoid choking on vomit.



### Overdose Don'ts.

- Don't leave the person alone.
- Don't put a person in a bath; could result in drowning.
- DON'T PACK THEM IN ICE OR PUT ICE DOWN THEIR PANTS. This will not help when a person is having trouble breathing and wastes precious time.
- Don't make the person vomit.
- Don't give the person something to drink; could result in vomiting.
- Don't do CPR unless you know how, or 911 talks you through; could result in injury.
- DON'T INJECT THEM WITH ANYTHING UNLESS IT'S NALOXONE.



# Pilot Project Strategies: Next steps

- Develop, **implement, and evaluate** overdose prevention education program in four proposed jails
- **Distribute naloxone** upon release from jails for persons who have completed the overdose prevention education
- **Link justice-involved** persons at risk for overdose to **community-based services**

## PROGRAM DEVELOPMENT

- I. Funding**
  - o Budgeting for in-jail educator
  - o Budgeting for naloxone kits to be distributed
  
- II. Training models to consider**
  - o Harm Reduction 101: typically, 1 hour per week
  - o Harm Reduction and Wellness Tools: typically, 2 hours once a month, cohort-based
  
- III. Hiring training specialist**
  
- IV. Best practices in teaching**
  - o Peer Based
  - o Narratives of personal stories
  - o Simulation practice to ensure they've learned and retained
  - o Staff conducting education must be willing to learn, not just teach
  - o No power relationship between teacher and students
  - o Ideal if staff has lived experience, is compassionate, can relate, has warm nature
  
- V. How to identify participants**
  - o Some persons in jail may self-identify as having a substance use disorder/opioid dependence
  - o It is helpful if facility staff announce you are present to teach the class in case people didn't otherwise hear about it.
  - o Detention Center staff may flag opioid dependent persons in jail during the booking or medical process
  - o Some jails have a kiosk, tablet, or screen they will see class advertisements on
  
- VI. Naloxone source/ distribution**
  - o For those completing education, offer them a naloxone kit to be placed with their belongings. Also place the package of materials along with it. There will be a process in place for the Detention Center to ensure this happens.
  
- VII. Establish training days/hours**
  
- VIII. Community resources**
  - o This will be dependent on whether you plan on distributing during the class for them to keep or if they will go into their personal effects.
  - o Local Resources (needs to be created for each site)

# Evaluate short-term outcomes

- Increase knowledge of overdose reversal, naloxone use, and harm reduction strategies
- Increase access to naloxone kits
- Increase knowledge of community resources
- Understanding best practices for jail-based overdose prevention education program implementation

# Thank you!

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# Medication-Assisted Treatment in Jails: Overview and NC Initiatives

*Lauren Brinkley-Rubinstein & Evan Ashkin*

- Group Discussion
- DHHS and Partner Legislative Updates
- Grant Updates: SAMHSA and CDC
  - DeDe Severino and Alan Dellapenna

# Wrap up, THANK YOU!, and What's next

- SAVE THE DATE! 2019 Opioid Misuse and Overdose Prevention Summit
  - June 11-12, 2019 at NC State's McKimmon Center
- OPDAAC: Friday, September 20th, McKimmon Center
- OPDAAC: Friday, December 13<sup>th</sup>, McKimmon Center