ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

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Session Date: Friday, October 21, 2022

Didactic Topic and Presenter:
Substance Use Disorders and the Criminal-Legal System

Rebecca Kellum, MD
Addiction Medicine Fellow, UW Madison
Content Experts:
Ritu Bhatnagar, MD; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation and Discussion
    - Presenter: Alyssa Bruehlman, MD - *Addiction Medicine Fellow, University of Wisconsin*
- 1 PM: Didactic Presentation
    - Presenter: Rebecca Kellum, MD- *Addiction Medicine Fellow, UW Madison*
- 1:15 PM End of Session

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Interprofessional Continuing Education Partnership
UNIVERSITY OF WISCONSIN-MADISON
School of Medicine and Public Health
School of Nursing
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Project ECHO
University of Wisconsin

ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2022-2024
Substance Use Disorders and the Criminal-Legal System
10/21/2022

Didactic Presenter: Rebecca Kellum, MD
Case Presenter: Alyssa Bruehlman, MD

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

1. Explain how incarcerated individuals have both a high rate of SUD and low access to treatment.
2. Explain the very high risk for overdose in the period immediately after incarceration.
3. Demonstrate how addiction treatment for incarcerated individuals reduces overdose risk, increases post-incarceration engagement in SUD treatment, and improves other criminal-legal outcomes.
4. Explain how the war on drugs perpetuates discrimination and negatively impacts health outcomes for people who use drugs.

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Randall Brown	RSS Chair	No relevant financial relationships to disclose	Yes	2/15/2022
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	2/17/2022
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	2/13/2022
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	2/15/2022
Susan Mindock	Planner	No relevant financial relationships to disclose	No	2/15/2022
Lindsey Peterson	Planner	No relevant financial relationships to disclose	No	2/28/2022
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/18/2022
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	2/14/2022
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	6/23/21
Alyssa Bruehlman	Presenter	No relevant financial relationships to disclose	Yes	10/17/2022
Rebecca Kellum	Presenter	No relevant financial relationships to disclose	No	10/10/2022

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Buprenorphine-naloxone in Palliative Care

Alyssa Bruehlman, MD

Addiction Medicine Fellow

UW Department of Family Medicine and Community Health

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Project ECHO University of Wisconsin

Case Introduction

- 60 yo woman with opioid use disorder (OUD) in sustained remission as well as stage IV non-squamous cell lung cancer (NSCLC) with current prescription for fentanyl transdermal patches referred by palliative care MD re: medication safety concerns

- Primary questions for discussion:
  - In what scenarios should we consider buprenorphine for chronic pain?
  - How do you safely transition from transdermal fentanyl patch to buprenorphine-naloxone (BUP-NX)?

Medical & Behavioral Health Diagnosis:	Current Medications:

• Stage IV NSCLC, brain + bone metastasis
• S/p craniotomy and partial resection
• Recurrent falls complicated by chronic subdural hematoma
• Cognitive impairment
• Underweight, BMI 17
• Chronic pain
• OUD in remission
• COPD
• Anxiety/depression
	• Immunotherapy (pembrolizumab)
	• Levetiracetam 500mg BID
	• Additional palliative meds:
	  • Fentanyl 50mcg/hr patch (q72 hrs)
	  • APAP, NAID prn pain
	  • Prochlorperazine prn nausea
	  • Senna-docusate prn constipation
	• Formerly on BUP-NX (2004-2018)
	• Albuterol inhaler prn
	• Escitalopram 20mg daily

Project ECHO University of Wisconsin

Recent Hospitalizations

- 8/2021:
  - Encephalopathy attributed to polypharmacy (lorazepam, morphine IR), wearing 3 fentanyl patches on presentation
- 11/2021:
  - Overdose, respiratory arrest responsive to naloxone, wearing 4 fentanyl patches
  - Complicated by stress-induced cardiomyopathy
- 3/2022:
  - Encephalopathy, seizure-like activity
  - 2 fentanyl patches in place

→ 4/2022:

- Outpatient consult to addiction medicine team

Substance Use

- History:
  - Remote heroin use > 10 years ago (presume IDU, hx HCV Ab+)
  - Hx alcohol misuse
  - Hx daily tobacco use
  - Current daily marijuana use (inhaled)
  - Denies not taking medications as prescribed
    - Concerns for BZD misuse, impulsivity per prior notes
    - Concerns re: cognitive impairment affecting fentanyl patch mgmt
    - Pt shows new label system for fentanyl patches, previously declined HH
- Past treatments:
  - BUP-NX x 14 years (daily dose 8-16mg bup), discontinued around time of cancer diagnosis, concern re: not effective for pain
  - Briefly on methadone, not positive experience (> 15 years ago)

Social History:	Family History:

• Social Factors/History:
  • Husband died by overdose 2003
  • 3 kids (at least 1 in WI), multiple grandkids
  • Roommate also assists as caregiver
• Income source: SSI
• ADLs: independent
	• 3 kids, multiple grandkids
	• Otherwise not asked

Patient strengths & protective factors:	Risk factors:
• Engagement with multidisciplinary care including behavioral health, social work • Sense of humor	• Minimal social support (caregiver overwhelmed per notes) • Cognitive impairment limiting medication adherence • Strained relationship with palliative care provider

Labs

- 4/2022 UDT (LC/MS):
  - + fentanyl, norfentanyl, marijuana

- Previous UDS (immunoassay, no confirmatory testing):
  - + cannabinoids, intermittent + opiates

Patient Goals & Motivations for Treatment

- Pain management
  - *"I'm not looking for anxiety meds or pain meds, I'm just looking to stay on my patch."*
  - *"Where I sit with the suboxone is that…it's not a really good cancer treatment (referencing cancer pain)… I'm not having an addiction issue, I'm not begging for my prescription, I'm not using street drugs, crazy stuff doesn't happen."*

- Avoiding hospitalizations, falls, overdose

Proposed Diagnoses

- OUD in remission
- Chronic pain
- Complex persistent opioid dependence?

In the last 12 months (opioids):	
Larger amounts or longer than than intended	+ (overdose hx, but related to cognitive impairment?)
Persistent desire or attempts to cut down or stop	-
Excessive time using, getting, recovering	-
Craving	-
Failure to fulfill a major role	-
Continued use despite social/interpersonal conflicts	-
Withdrawal from activities	-
Use in physically hazardous situations	-
Use despite knowing its doing harm	N/A
Tolerance	N/A
Withdrawal (if applicable)	N/A

Proposed Treatment Plan

	Fentanyl patch	BUP-NX
Day 1	Apply final patch (remove prior)	1mg BID
Day 2		1mg TID
Day 3		2mg TID
Day 4	Remove patch	2mg TID

- + Naloxone Rx
- Ultimately 2-0.5mg film BID
  - No precipitated or eventual withdrawal
  - Pain controlled
  - Concern for sedation at TID or higher doses

Discussion:

- Primary question:
  - In what scenarios should we consider buprenorphine for chronic pain?
  - How do you safely transition from transdermal fentanyl patch to BUP-NX?

DSM-5 Substance Use Disorder ("Addiction")

- Tolerance
- Withdrawal

} **Physical Dependence ≠ Use Disorder**

- Larger amts/longer periods than intended
- Persistent desire/failed attempts to quit/control use
- Much time obtaining/using/recovering
- Important activities sacrificed
- Continued use despite known adverse effects
- Failure to fulfill major obligations
- Recurrent hazardous use
- Craving
- Ongoing use despite interpersonal problems

2-3 = mild
4-5 = moderate
≥ 6 = severe

By initialing here _____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

Substance Use Disorders and the Criminal-Legal System

October 21, 2022

Project ECHO ACCEPT

Rebecca Kellum, MD

Addiction Medicine Fellow, UW Madison

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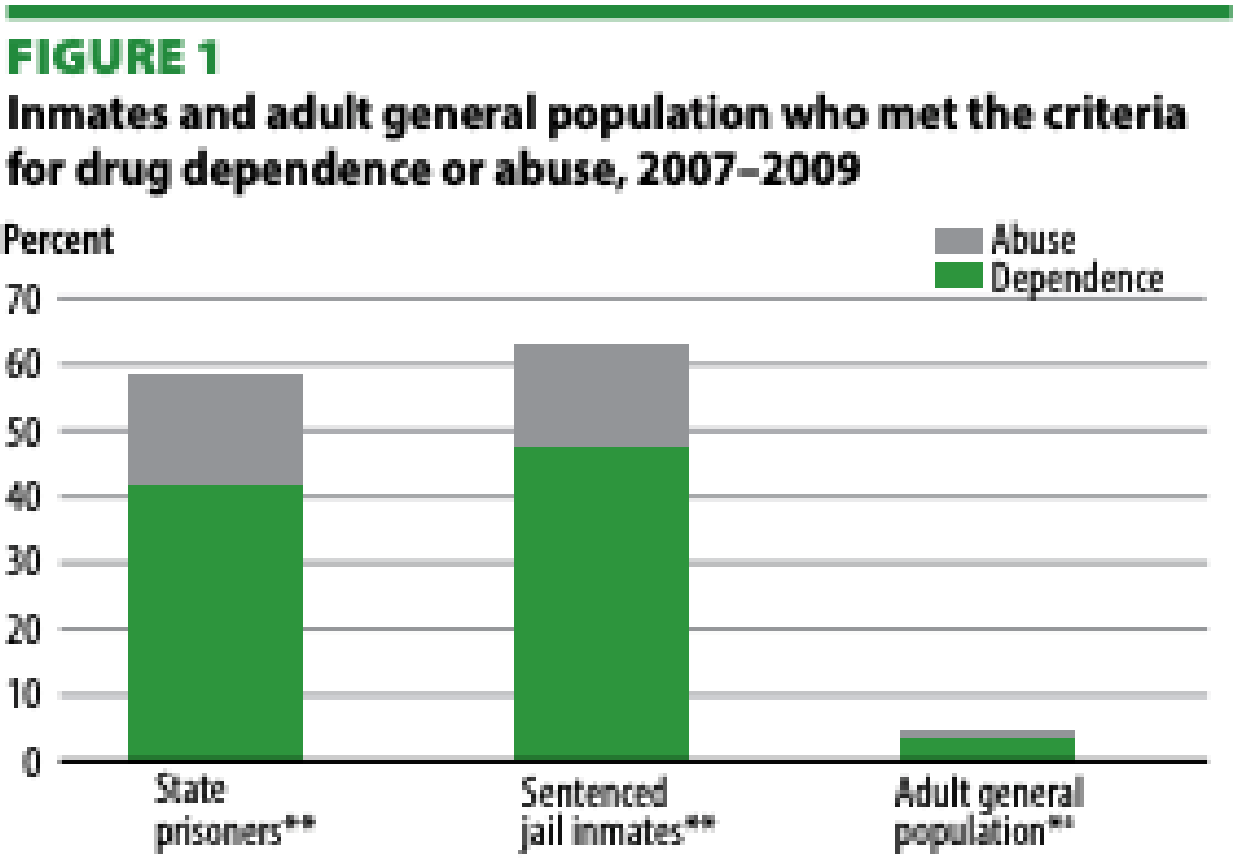
Key Points

- Explain how incarcerated individuals have both a high rate of SUD and low access to treatment.
- Explain the very high risk for overdose in the period immediately after incarceration.
- Demonstrate how addiction treatment for incarcerated individuals reduces overdose risk, increases post-incarceration engagement in SUD treatment, and improves other criminal-legal outcomes.
- Explain how the war on drugs perpetuates discrimination and negatively impacts health outcomes for people who use drugs.

High rates of SUD in carceral settings, but low rates of treatment



Drug use, dependence, and abuse among state prisoners and jail inmates, 2007–2009.;

28% of people in prison and 22% of those in jail received drug treatment while incarcerated

Only 4.6% of individuals with OUD receive MOUD while incarcerated(Krawczyk)

High risk for overdose after incarceration

The risk of overdose death in the first 2 weeks following release from prison or jail has been estimated as 129 times higher than individuals that do not experience incarceration (Binswanger et al., 2007).

In a 2017 study in Massachusetts, 60% of individuals reported to have died from overdose were incarcerated in the year prior to their overdose.(Bharel, 2017).

Opioid-related overdose is the most frequent cause of death among people recently released from prison. (Wenger 2019)

Other criminal legal risks for people with OUD

75% of individuals return to opioid use within 3 months of release and 40-50% are rearrested within the first year.

(Substance Abuse and Mental Health Services Administration: Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.)

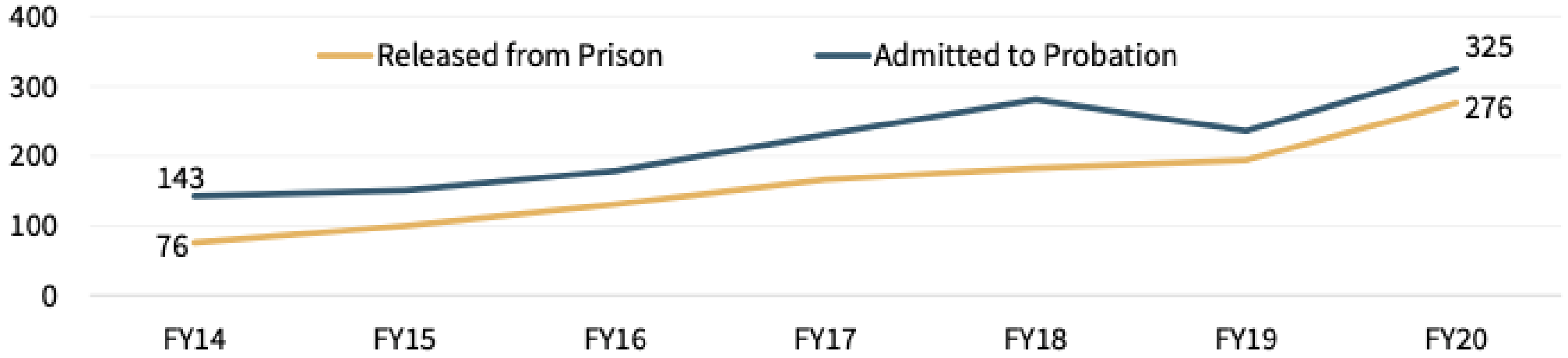
OPIOID OVERDOSE DEATHS AND HOSPITALIZATIONS

OFFICE OF THE SECRETARY · RESEARCH AND POLICY UNIT

November 2021

WI DOC OPIOID OVERDOSE DEATHS

FY2014 – FY2020: Overdose Deaths by Fiscal Year



Overdose deaths have increased **263%** among those released from prison, and **127%** among those admitted to probation, from FY14-FY20. Overdose deaths in Wisconsin overall have increased **46%** from 2014-2019 (source). Of the deaths among those admitted to probation, **33.1%** occurred while under WI DOC supervision, with the remainder occurring post-discharge.

https://doc.wi.gov/DataResearch/DataAndReports/OpioidOverdoseReport.pdf

Barriers to implementation

Stigma

- Belief that addiction is a willful choice or a moral failing
- Belief that MOUD is not true abstinence
- Belief that abstinence is the only/best goal of treatment

Concerns for diversion and associated violence

- Evans et al: 2019-2021 MOUD implementation in Massachusetts jails found that, with proactive intervention, diversion was "uncommon and preventable."
  - Staff education around reasons for diversion
  - Routinzed but flexible dosing
  - Written policies to adjudicate diversion consequences

An ethical analysis of MOUD for persons who are incarcerated, Brezel E, et al

Barriers to implementation

Lack of resources and institutional infrastructure

Concerns about informed consent

- "Carceral environments are inherently coercive.
- Decrease coercion by not punishing or incentivizing individuals for either accepting or refusing MOUD."
- Must include community corrections, ie parole and probation

An ethical analysis of MOUD for persons who are incarcerated, Brezel E, et al

Ethical Imperative

"People who are incarcerated have the right to evidence-based medical care for OUD.

Being governmental institutions, jails and prisons have an obligation to provide evidence-based treatment."

An ethical analysis of MOUD for persons who are incarcerated, Brezel E, et al

Benefits from providing MOUD during incarceration

Decreased mortality both during and after incarceration (Santo Jr, T et al)

Post-incarceration:

- "Reduced opioid use
- Reduced mortality and overdose risk
- Reduced HIV, HCV risk behaviors
- Improved rates of recividism (when treatment is continued)."
- (ACA and NGA Executive Summary)

Expanding Access to MOUD in Corrections and Community Settings. A Roadmap for States to Reduce OUD for People in the Justice System. American Correctional Association and National Govenors Association Executive Summary, Feb 5, 2021

Discriminatory enforcement of drug laws

"Low-level drug offenses often lead to accumulation of prior convictions which disproportionately affect communities of color and generally drive further involvement in the criminal legal system." (Nellis)

"Black and Latinx people each account for about 40% of people incarcerated in federal prisons for drug crimes, yet account for just 13% and 18% of the general population." (Miron)

"Black Americans are incarcerated in state prisons across the country at nearly 5 times the rate of whites. Wisconsin leads the nation in Black imprisonment rates; one of every 36 Black Wisconsinites is in prison." (Nellis)

"Latinx people are 1.3 times as likely to be incarcerated than non-Latinx whites." (Nellis)

Miron, J & Erin Partin (2021) Ending the War on Drugs Is anEssential Step Toward Racial Justice

Nellis a. https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/

Rothwell. https://www.brookings.edu/blog/social-mobility-memos/2014/09/30/how-the-war-on-drugs-damages-black-social-mobility/

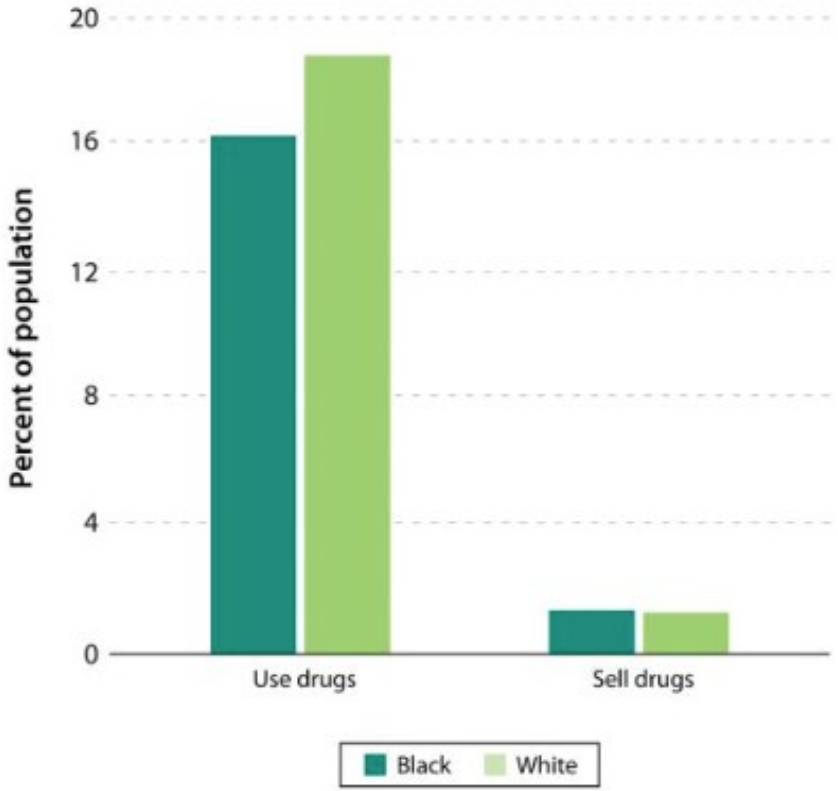
FIGURE 6A.

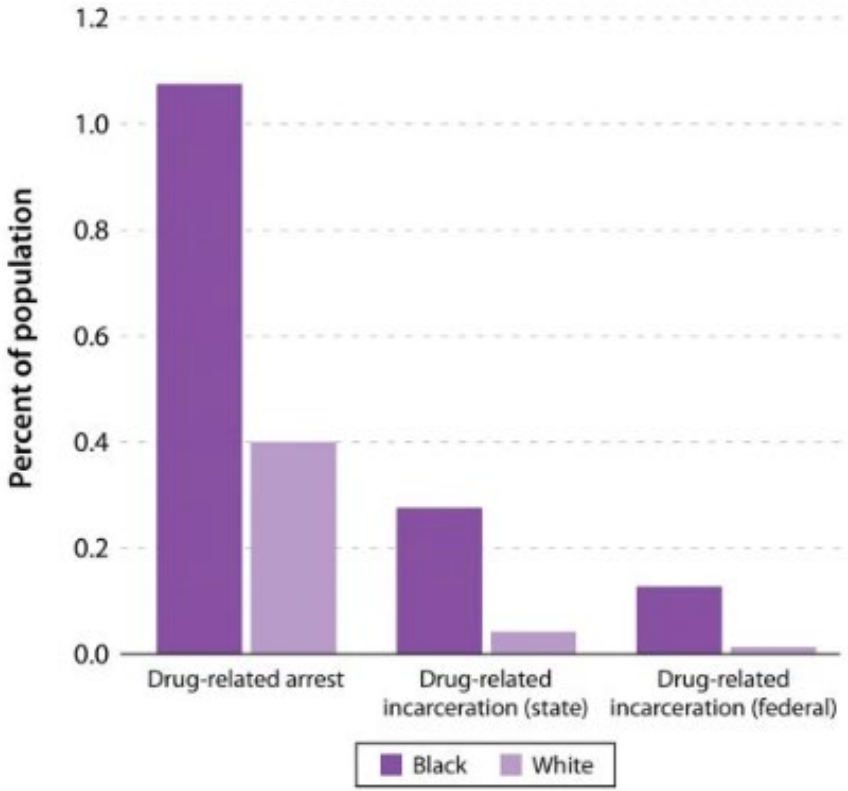
Rates of Drug Use and Sales, by Race

FIGURE 6B.

Rates of Drug-Related Criminal Justice Measures, by Race

At the state level, blacks are about 6.5 times as likely as whites to be incarcerated for drug-related crimes.





Source: BLS n.d.c; Carson 2015; Census Bureau n.d.; FBI 2015; authors' calculations.

THE HAMILTON PROJECT
BROOKINGS

https://www.hamiltonproject.org/charts/rates_of_drug_use_and_sales_by_race_rates_of_drug_related_criminal_justice

Health Impact of drug policy based on enforcement of prohibition

- “Generation and perpetuation of a parallel economy run by criminal networks,
- Excessive use of incarceration as a drug-control measure,
- Discriminatory enforcement of drug laws against racial and ethnic minorities,
- Increased vulnerabilities of women, children (and people who are LGBTQ),
- Increasing overdose risk with unregulated illegal markets and limits on harm reduction,
- Research limited by lack of diversified funding base and assumptions about drug use.”

Csete J, et al, Public health and international drug policy. Lancet. 2016.

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