



ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

How to Join:

<https://iecho.org/public/program/PRGM1708646970665RHK0C7J5TR>

For attendance, purposes please text the following code: ZUYREK to 608-260-7097

Session Date: Friday, August 15, 2025

Didactic Topic and Presenter:

Supporting SUD Care For Patients Anticipating Incarceration

Elizabeth Salisbury-Afshar, MD, MPH

Professor, University of Wisconsin School of Medicine and Public Health

Alison Miller, DO

Family & Addiction Medicine

State of Wisconsin

Department of Corrections

-
- 12:15 PM: Attendance text-in – Introductions
 - 12:25 PM: Case Presentation
 - Presenter: Margaret Gray, MD - University of Wisconsin School of Medicine and Public Health
 - 12:50 PM: Didactic Presentation
 - Presenters: Elizabeth Salisbury-Afshar, MD, MPH and Alison Miller, DO
 - 1:15 PM End of Session

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

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2025 Universal Activity Number (UAN): JA0000358-0000-25-010-L01-P

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This session is designed to meet the requirements outlined in the Medication Access and Training Expansion (MATE) Act. (Click [here](#) for more information.) Number of hours: 1.0

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ECHO ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics 2025

Supporting SUD Care For Patients Anticipating Incarceration 8/15/2025

Didactic Presenters: Elizabeth Salisbury-Afshar, MD, MPH and Alison Miller, MD

Case Presenter: Margaret Gray, 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:

- Discuss with patients about legal involvement in a non-judgmental and non-stigmatizing way.
- Illustrate ways to assist patients who anticipate jail time to prepare for incarceration
- Effectively participate and communicate in office-based, collaborative management of substance use disorders and related conditions.

Policy on Disclosure

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

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Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	No relevant financial relationships to disclose	Yes	12/4/2024
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	1/15/2025
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	12/9/2024
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	12/9/2024
Paul Hutson	Planner	usona (Independent Contractor - Consultant), Midwest Pharmacokinetic Consulting, LLC (Independent Contractor - Consultant), Otsuka America Pharmaceutical, Inc. (Independent Contractor - Consultant), Tryptamine Therapeutics (Independent Contractor - Consultant)	Yes	12/4/2024
Susan Mindock	Planner	No relevant financial relationships to disclose	No	12/7/2024
Sheila Weix	Planner	No relevant financial relationships to disclose	No	12/12/2024
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	12/4/2024
Joseph Galey	Planner	No relevant financial relationships to disclose	No	12/12/2024
David Leinweber	Planner	No relevant financial relationships to disclose	Yes	12/4/2024
Raj Grewal	Presenter	No relevant financial relationships to disclose	Yes	5/28/2025
Elizabeth Salisbury-Afshar	Presenter	No relevant financial relationships to disclose	No	7/29/2025

Alison Miller, MD	Presenter	No relevant financial relationships to disclose	No	7/30/2025
Margaret Gray	Presenter	No relevant financial relationships to disclose	Yes	8/12/2025

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Case Presentation

Maggie Gray MD

Addiction Medicine Fellow

UW-Madison DFMCH

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For this educational activity there are no reported conflicts of interest

Case Introduction

- ▶ 54 yo male hx of non-obstructive CAD, HFrEF (EF 25%), HTN, asthma, soleus vein DVT, bilateral lower extremity wounds, opioid use disorder, methamphetamine use disorder seen by our service for opioid use disorder in June and July 2025.
- ▶ Primary question for discussion:
Medications for opioid use disorder in patients anticipating incarceration

Medical & Behavioral Health Diagnosis:

- Non-obstructive CAD
- Hypertension
- Dilated cardiomyopathy
- Chronic Systolic Heart Failure (EF 25%)
- OSA
- Prediabetes
- Chronic low back pain
- ADHD
- Tobacco use disorder
- Opioid use disorder
- Methamphetamine use
- History of alcohol use

Current Medications:

Atorvastatin 40 mg daily
Bumetanide 2 mg daily
Apixaban 5 mg twice daily
Sodium zirconium cyclosilicate packet daily
Metoprolol succinate 25 mg daily
Silver sulfadizine daily
Tiotropium-olodaterol 2.5-2.5 2 puffs daily
Valsartan 20 mg twice daily

PRN:

Albuterol Sulfate HFA
Loperamide
Naloxone IN

Substance Use

- ▶ History: Started using opioids prior to age 18, completed a residential stay and was abstinent for 15 years. Has been using what is marketed as heroin for a prolonged period of time, which is not specified in initial consult notes. During May hospitalization indicated he was using 1 gram daily. Also reports use of 0.5-1 gram of methamphetamine daily. During June hospitalization reports using ½ gram IV every other day or more, depending on funds. Did not indicate current use of methamphetamine.
- ▶ Consequences of Substance Use:
 - Social/occupational/educational: currently unemployed and has no stable income, history of being unhoused, documented social/interpersonal conflict due to substances, arrests
 - Physical: SSTIs, sepsis from Group A Strep bacteremia (5/2025), stimulant-induced cardiomyopathy
- ▶ Past medication treatments: Treated with methadone for 2.5 years. Last treatment was >1 year ago. Stopped therapy due to significant weight gain. Started on buprenorphine-naloxone sl films during May 27-June 2, 2025 admission with a high-dose start dosing strategy. Transitioned to bup-nx sl film 8 mg TID. Self-discharged three days after starting buprenorphine and was not given prescription on discharge. During June 12-22, 2025 admission, was started on methadone and titrated to 55 mg given as split dosing for pain and consolidated prior to discharge. Planned to follow up at MCT East for ongoing care. He did not continue methadone after discharge.

Social History:

- Social Factors/History: Lives in tiny home community
- Education/Literacy: Not documented
- Income source: No stable income reported
- Currently in Dane Co Sherrif's custody. Awaiting sentencing. Duration of incarceration unknown at time of July 2025 patient contact

Family History:

Not discussed in detail.

Patient strengths & protective factors:

Understanding of patient strengths limited by nature of inpatient interactions (brief, occurring while patient is in acute pain, and observed by law enforcement)

Has a connection to Madison Street Medicine team.

Risk factors:

Retention in care with traditional models has been challenging.

Recent diagnosis of non-ischemic cardiomyopathy, systolic heart failure has led to a new, complex self-care regimen and poorly-controlled heart failure symptoms further limit the patient's ability to access SUD care.

Labs

- ▶ None to discuss

Patient Goals & Motivations for Treatment

- ▶ Pain control
- ▶ Avoid opioid withdrawal symptoms
- ▶ Patient indicates that individuals in his social circle have had good experiences with the proposed treatment.

Proposed Diagnoses

- ▶ Severe Opioid Use Disorder

Proposed Treatment Plan

- ▶ buprenorphine ER 300 mg subcutaneous injection
- ▶ Follow up with the patient in 1 month or sooner as a walk-in

Discussion:

- ▶ Primary question:
 - *How, if at all, should our treatment recommendations around MOUD change in individuals anticipating incarceration?*

Supporting and Advocating for Patients who Anticipate Jail Time

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Department of Family Medicine
and Community Health

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Land Acknowledgement

I respectfully acknowledge the Ho-Chunk Nation on whose lands I live and work as a guest.

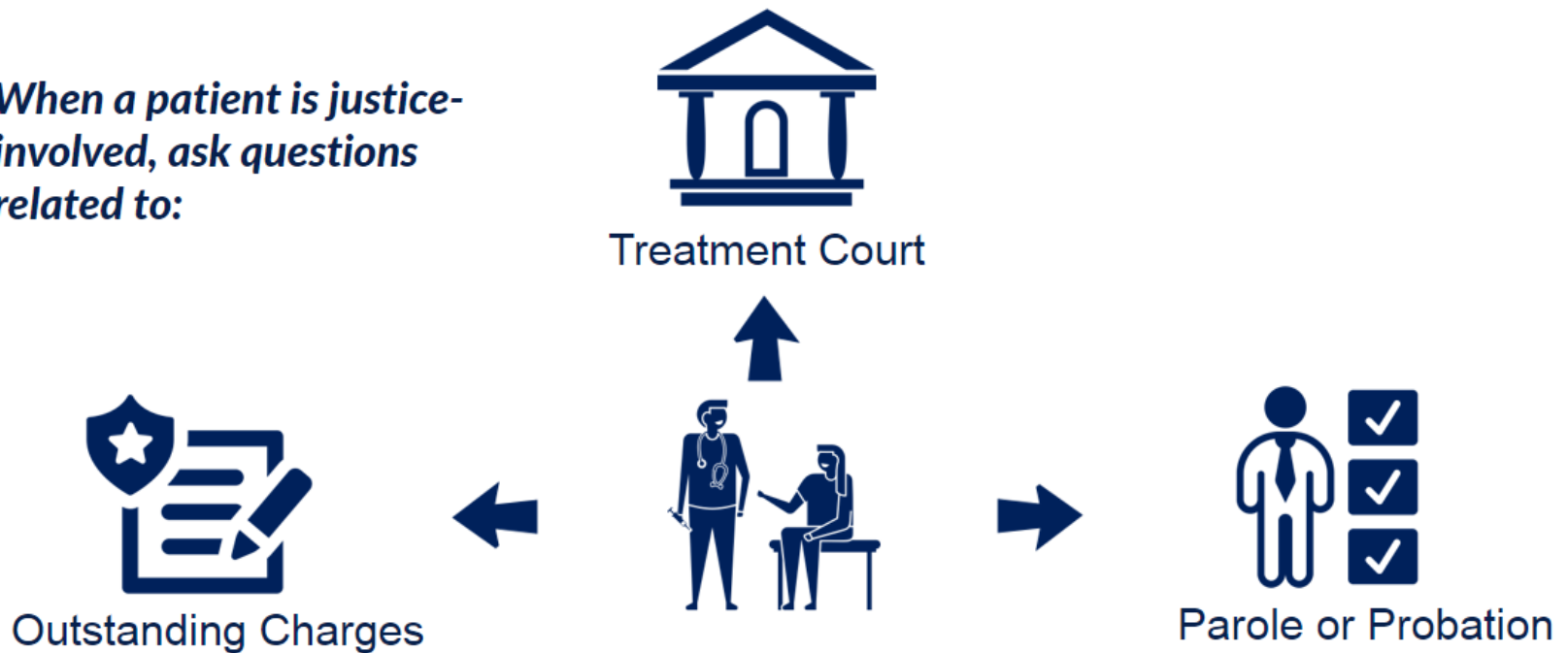
In 1832, the Ho-Chunk were forced to cede this territory and I respect the inherent sovereignty of the Ho-Chunk nation, along with the 11 other First Nations of Wisconsin.

Discussing Legal Involvement

- Part of the standard intake process
 - Use non-stigmatizing language
- Provide rationale for why you are asking, namely to:
 - Support the patient
 - Understand:
 - Any treatments recommended or discouraged
 - Available services and resources through court/probation/parole

Discussing Legal Involvement

When a patient is justice-involved, ask questions related to:



Discussing Outstanding Charges

What is the anticipated outcome?

Which county?

If jail time is anticipated, when?

Does the jail allow MOUD?

Discussing Parole and Probation

For what
length of
time?

Which
county/
jurisdiction?

Does PO know
about SUD tx?

Any concerns
about
revocation?

Is PO
supportive of
MOUD?

Does jail allow
MOUD?

Discussing Treatment Court

Which
County?

Where in the
treatment
court phases?

Does team
know about
MOUD?

Any concerns
about return
to jail?

Are they
supportive?

Does jail allow
MOUD?

Strategies to Support Patients with Legal Involvement

- Offer to:
 - Write a letter describing engagement in (SUD) care.
 - Coordinate services with court-mandated treatment provider.
- If the Judge or probation/parole officer does not support MOUD, offer to:
 - Write a letter explaining diagnosis and recommending medication.
 - Share resources with court (written or verbally).
 - Call court representative with patient to discuss recommended treatment..



Photo purchased from istock

Planning for Anticipated Jail Time

1

Which medications are allowed in jail (MOUD and psych)

2

Does patient need to bring own medications and coordinate with jail?

3

Send medical diagnoses and a medication list to jail (with signed ROI)

4

Discuss additional ROIs for care coordination while incarcerated (family, trusted person, etc)

Planning for Anticipated Jail Time

If MOUD is not allowed to be continued:

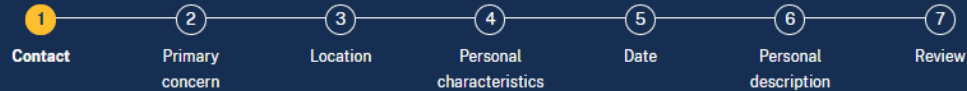
- According to the Department of Justice, not allowing someone to continue prescribed MOUD while incarcerated is a violation of the Americans with Disabilities Act (ADA).
- Encourage the patient to report case to the Department of Justice (DOJ) or have patient sign release so you can submit on their behalf.





United States Department of Justice

Contact the Department of Justice to report a civil rights violation



If you believe you or someone else has experienced a civil rights violation, please tell us what happened.

Contact

You are not required to provide your name or contact information. If you want to remain anonymous, leave this section blank. If you choose to provide your contact information, we will only use it to respond to your submission.

Your name

First name

Case Example

- 45 yo man who recently got his third OWI (cannabis positive while driving) – will have mandatory jail time
- He is currently on buprenorphine 24mg daily, an SSRI, and trazodone for sleep
- OUD is in remission, intermittent cocaine use, intermittent cannabis use
- What would you do?

Planning for Anticipated Jail Time

1

Which medications are allowed in jail (MOUD and psych)

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Does patient need to bring own medications and coordinate with jail?

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Send medical diagnoses and a medication list to jail (with signed ROI)

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Discuss additional ROIs for care coordination while incarcerated (family, trusted person, etc)

Final Takeaways/Summary

- Standardize intake forms to ask about legal involvement in a non-judgmental and non-stigmatizing way:
 - Ask permission to collect this information.
 - Explain it is being collected to support their care.
- When jail time is anticipated, consider:
 - Can they continue current meds in jail?
 - If not, is there a long acting injectable that may be appropriate?
 - What ROIs need to be signed in advance?
 - How do we coordinate while patient is incarcerated?
 - How do we ensure return to care upon release?

Discussion and Questions