

Expanding Medications for Opioid Use Disorder in County Jails

Medication Administration and Diversion Mitigation
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MEDICATION ADMINISTRATION AND DIVERSION CONSIDERATIONS FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS

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DISCLOSURES

Faculty	Nature of Commercial Interest
Jean Glossa, MD, MBA, FACP	Dr. Glossa discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Marc Richman, Ph.D.	Dr. Richman discloses he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Scott Haga MPAS, PA-C	Mr. Haga discloses he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Jeanene Smith, MD, MPH (Curriculum Advisor)	Dr. Smith discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

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LEADING TODAY'S DISCUSSION:

Marc Richman, Ph.D.
Principal, HMA
Subject Matter Expert

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Subject Matter Expert

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- ### LEARNING OBJECTIVES
- » Identify best-practice medication administration practices for Medication Assisted Treatment (MAT).
 - » Identify team-based techniques to be utilized in jails to reduce diversion of agonist-based MAT for Opioid Use Disorder.
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CREATING A BALANCE

Our goal is to provide medication to the patients it is prescribed to while preventing doses from being removed and given to another inmate

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UNDERSTANDING DIVERSION



Understanding if something is appropriate is very situational and contextual

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UNDERSTANDING DIVERSION

<p>Treatment Medication that is ordered to treat disease, administered according to procedure and used by intended patient</p>	<p>Diversion Removal of prescribed medication from the medication administration process</p>	<p>Contraband Medication that originates outside prison medical treatment system</p>
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METHODS TO REDUCE MISUSE

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ADMINISTERING BUPRENORPHINE IN A JAIL



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MOST COMMON DIVERSION PATHWAYS

Prior to administration	Prior to placement in mouth	After placement in mouth
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PATHWAYS FOR MISUSE

Prior to administration of the medication

- » Diversion of controlled substances is a concern throughout healthcare. This is not unique to buprenorphine, although demand may play a role.
- » Policies in place for storage, dispensing, and wasting controlled substances to address this concern.

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PATHWAYS FOR MISUSE

Prior to placing medication in the mouth

- » From a misuse perspective this is the most "desirable" point as you have an intact medication strip
- » Most often involves:
 - » Not actually removing strip from foil pouch
 - » Keeping strip in hand
 - » Moving strip elsewhere on person

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PATHWAYS FOR MISUSE

Prior to placing medication in the mouth

- » Visually confirm the strip is being removed from the pouch and placed under the tongue
- » Drink water before placing strip
- » Visually confirm the strip is properly placed under the tongue
- » Ensure all items (cups, etc.) are collected before leaving Medline.

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CORRECT PLACEMENT OF BUPRENORPHINE (SUBOXONE) STRIP



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PATHWAYS FOR MISUSE

After placement of the strip in the mouth

- » Misuse after the strip is placed in the mouth can involve multiple pathways but follow two general categories: swallowed or removal of partially dissolved medication from under tongue.
 - » Swallowed: goal is to swallow, then vomit up
 - » Removal of partially dissolved strip to use later/trade/sell.

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PATHWAYS FOR MISUSE

After placement of the strip in the mouth: Swallowed

- » Monitor that medication is placed sublingual, not swallowed (less common with strip than tablet)
- » Watch for swallowing after administration
- » Education on mechanism of action of buprenorphine (Suboxone)
 - » Buprenorphine that is absorbed through the stomach is immediately broken down/doesn't work.

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PATHWAYS FOR MISUSE

After placement of the strip in the mouth: Removed from mouth

- » Drink of water before administration. Wetting the mouth with water causes the strip to begin dissolving quickly, forming a gooey gel.
- » Monitoring the patient for a period after administration allows the medication to begin dissolving. The longer this period lasts, the more difficult it is to remove from the mouth and misuse.

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PATHWAYS FOR MISUSE

After placement
of the strip in
the mouth:
**Removed
from mouth**

- » Visually confirm strip is sublingual. Placing the strip between the cheek and gum in a cavity in a tooth results in less saliva contacting the strip, allowing it to remain more intact.
- » Education of the patient and all prisoners on the properties of buprenorphine (Suboxone).

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OTHER TECHNIQUES TO REDUCE DIVERSION

- » Dedicated medication administration process (Medline) for buprenorphine
- » Remove potential diversion opportunities
 - » Roll up sleeves
 - » Completely remove masks
 - » No additional items in Medline (books, papers, etc.)
 - » Tie back hair to allow full view of mouth
- » Patient waits after administration of buprenorphine to allow medication to dissolve and absorb

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OTHER TECHNIQUES TO REDUCE DIVERSION

- » Pre and post administration mouth checks by trained staff
- » Dedicated and trained Correctional Officers for diversion
- » Use of video tape for surveillance AND training (Not to replace in-person monitoring)
- » Placement of film under tongue by nursing staff
- » Consider alternative route of administration (injectable) for select patients

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REFERENCES

1. National Academies of Sciences, Engineering, and Medicine. (2019). *Medications for opioid use disorder save lives*. Washington, DC: The National Academies Press.
2. Nosyk, B., Sun, H., Evans, E., Marsh, D. C., Anglin, M. D., Hser, Y. I., et al. (2012). Defining dosing pattern characteristics of successful tapers following methadone maintenance treatment: Results from a population-based retrospective cohort study. *Addiction*, 107, 1621-1629.
3. Substance Abuse and Mental Health Services Administration. (2018). *Medications for opioid use disorder: Treatment improvement protocol (TIP 63) for healthcare and addiction professionals, policy makers, patients and families*. (Rep. No. HHS Publication No. SMA 18-5063). Bethesda, MD: Author.
4. Substance Abuse and Mental Health Services Administration and Office of the Surgeon General. (2018). *Facing addiction in America: The Surgeon General's spotlight on opioids*. Washington, DC: US Department of Health and Human Services.
5. Substance Abuse and Mental Health Services Administration: Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. HHS Publication No. PEP19-MAT/SECJS Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.

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