

Improving Access to Substance Use Disorder Treatment and Reducing Incarceration and Recidivism

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Massachusetts Health Policy Briefing

Examines problem, costs and consequences of untreated substance use disorders (SUD).

Describes gaps in access to SUD treatment and related racial, ethnic and gender disparities.

Explores benefits of expanding access to SUD treatment in the community and along criminal justice continuum.

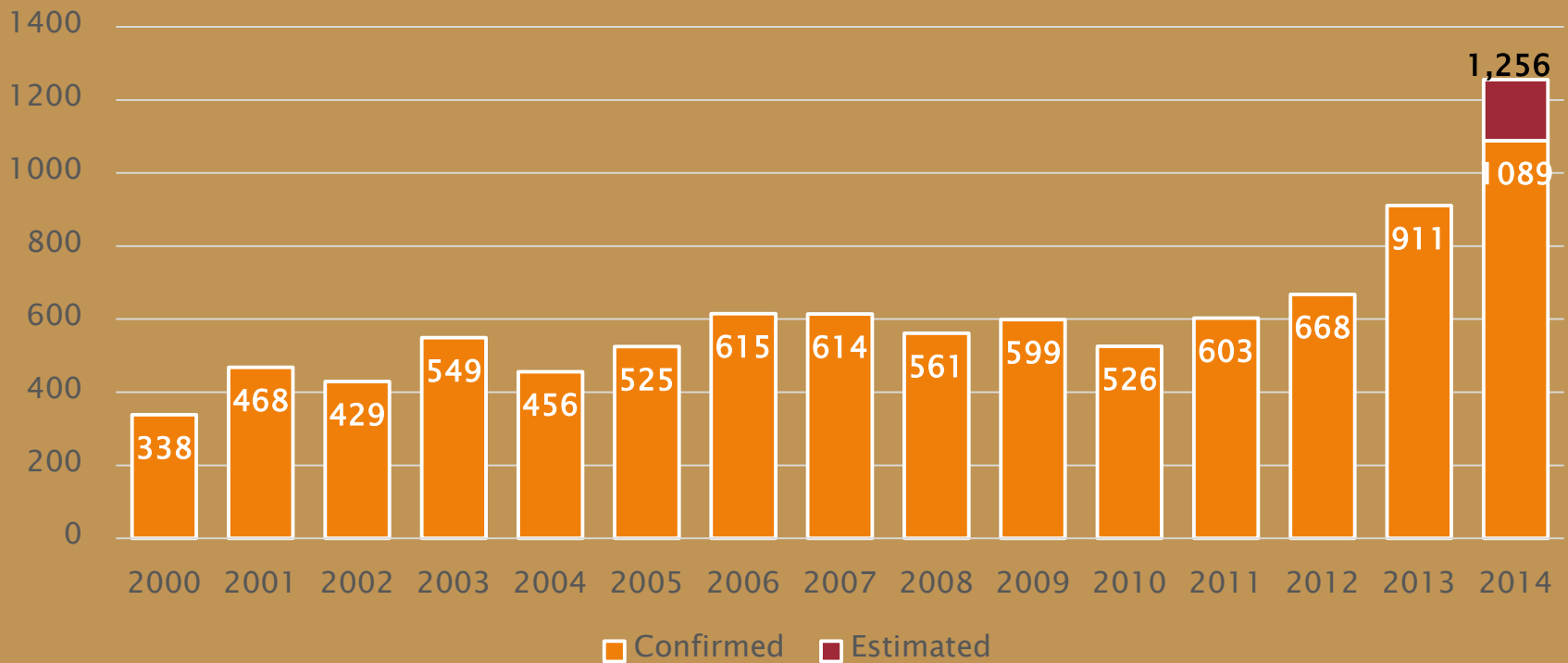
Presents evidence-based and innovative practices.

Acknowledges environment and opportunities for change.

Recommends options and action steps to improve access to treatment across public health and criminal justice systems.

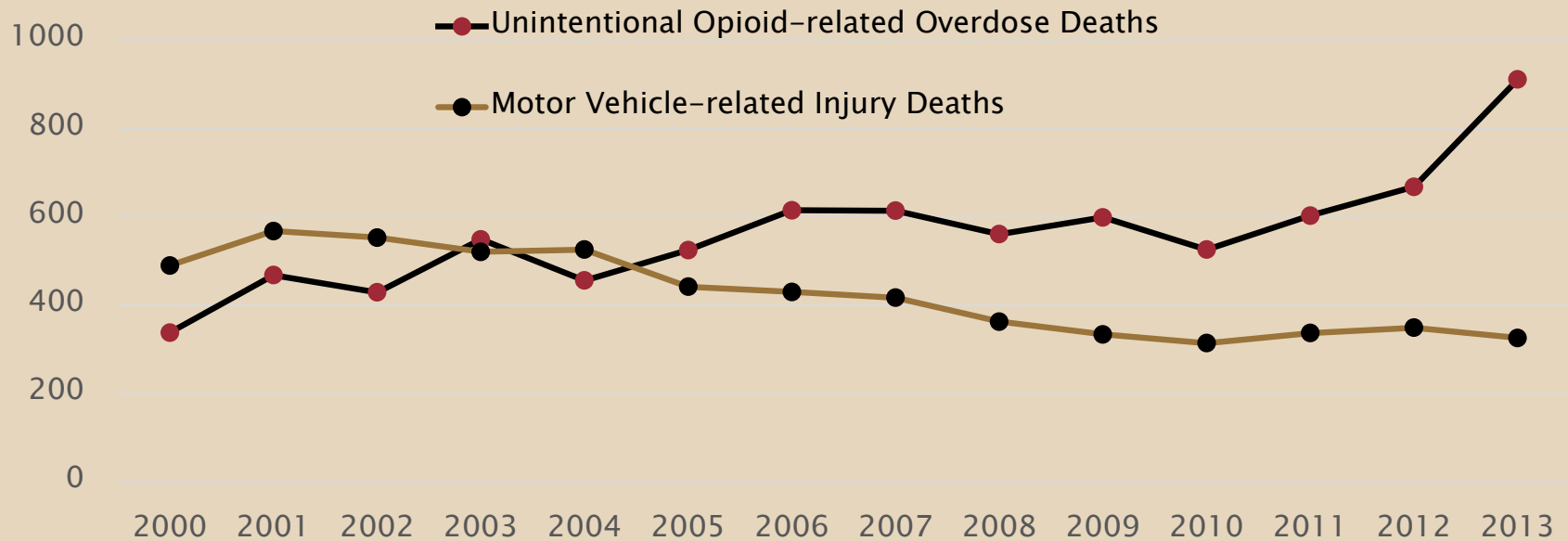
Opioid Epidemic and SUD Treatment Needs

Opioid-Related Deaths, Unintentional/Undetermined Massachusetts: 2000-2014



Opioid Epidemic and SUD Treatment Needs

Unintentional Opioid-Related Overdose Deaths vs. Motor Vehicle-Related Deaths, MA Residents, 2005-2013



Opioid Epidemic and SUD Treatment Needs

- ▶ Deaths due to opioid misuse have surged.
- ▶ Since 2005, deaths due to unintentional opioid overdoses exceed motor vehicle deaths.
- ▶ The problem extends to 75% of municipalities (MDPH,2015).
- ▶ 8.9% of MA residents 12+years misuse or are dependent on alcohol or other drugs, compared to 8.2% of the nation (SAMHSA, 2013, 2014).

Gaps in Access to Treatment

Treatment typically involves behavioral therapy and can include medication-assisted treatment

Acute treatment services for detoxification (ATS)

Clinical stabilization services, ATS step-down for those in need

Transitional support services, less medically intensive step-down

Residential treatment

Intensive day treatment

Outpatient treatment

Treatment Gaps (Cont')



- Limited access to treatment for diversionary efforts (CHIA, 2015).
- Limited access to residential beds for prisoner re-entry (CHIA, 2015).

Consequences of Lack of Treatment



Greater engagement with the criminal justice system.



Higher levels of incarceration.



Disproportionate impact on Blacks, Latinos and women.



Effects of incarceration.



Economic impact.

Greater Engagement with Criminal Justice System



Delayed treatment leads to continued use and more crime to support use or while under the influence (Collins and Lapsley, 2008).



Chronic drug users engage in crime 30% more than non-drug users (French et al., 2000).



Drug laws, policies and practices result in high levels of incarceration (Drug Policy Alliance, 2015).

Higher Rates of Incarceration

US has the highest incarceration rate in the world – 716 people for every 100,000 residents (Walmsley, 2013).

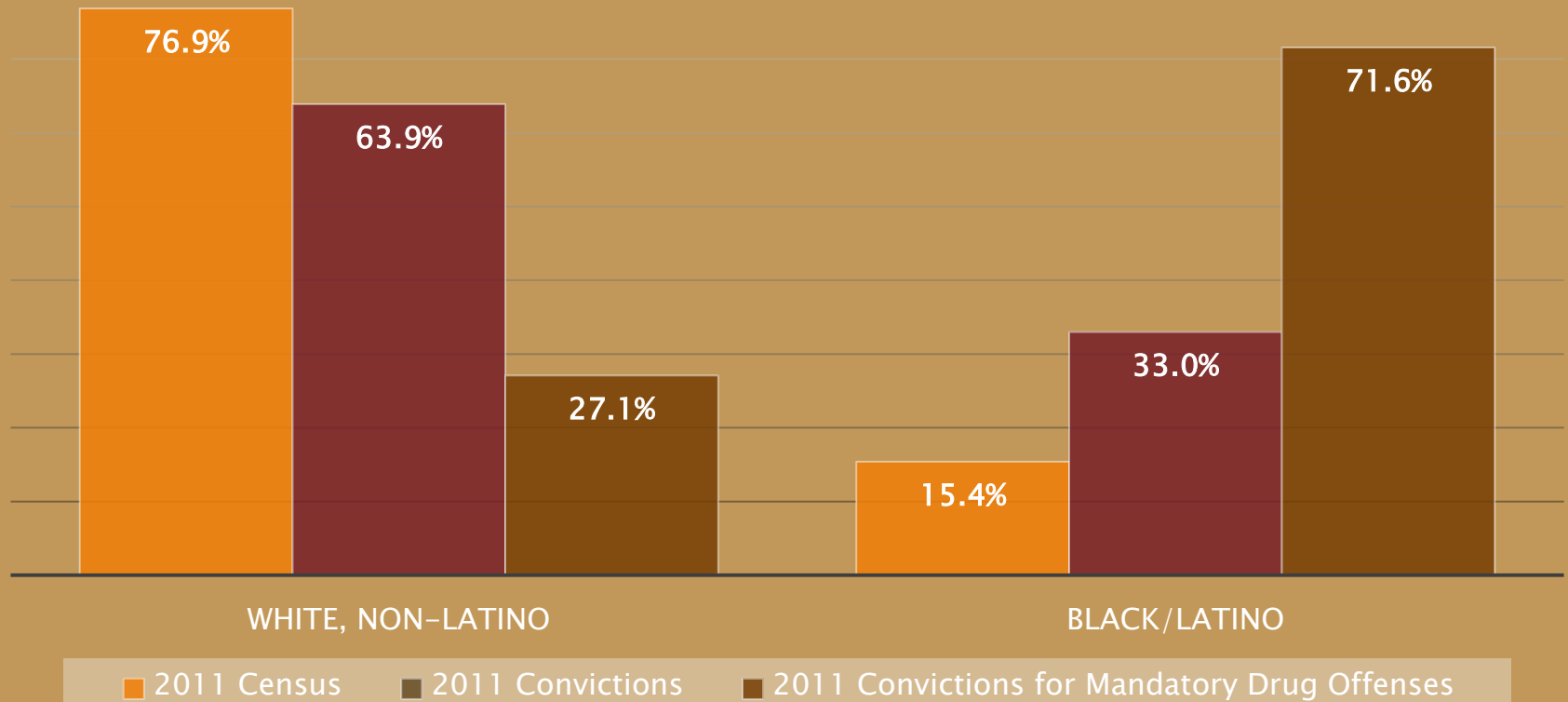
MA incarcerates 323 per 100,000 residents– a rate lower than most states, but twice as high as half the world (MA DOC, 2015).

1 in 6 DOC inmates incarcerated on a drug offense (MA DOC, 2014).

MA recidivism– a steady and high 41% (MA DOC, 2014).

Racial and Ethnic Disparities

Massachusetts Convictions by Race/Ethnicity



Racial, Ethnic and Gender Disparities



MA saw females under jurisdiction of state or federal authorities in 2012–13 increase by 6.3% (Carson, 2014).



Blacks and Latinos face disadvantages when accessing treatment in MA (Cook & Alegria, 2011).



Disparities for women civilly committed for treatment.

Effects of Incarceration

On the Individual

- Decreases employment opportunities and lowers wages (Western, 2002).

On the Family

- Adds to financial difficulties
- Harms parent/child & partner relationships
- Hurts childhood functioning (Clear, 2007).

On the Community

- Adds to racial/ethnic wage gap (Western, 2002)
- Increases child-poverty rates (DeFina & Hannon, 2010).

Economic Impact

In 2010, financial costs of prisons nationally:

\$48.5 billion to states
(Kyckelhahn, 2014).

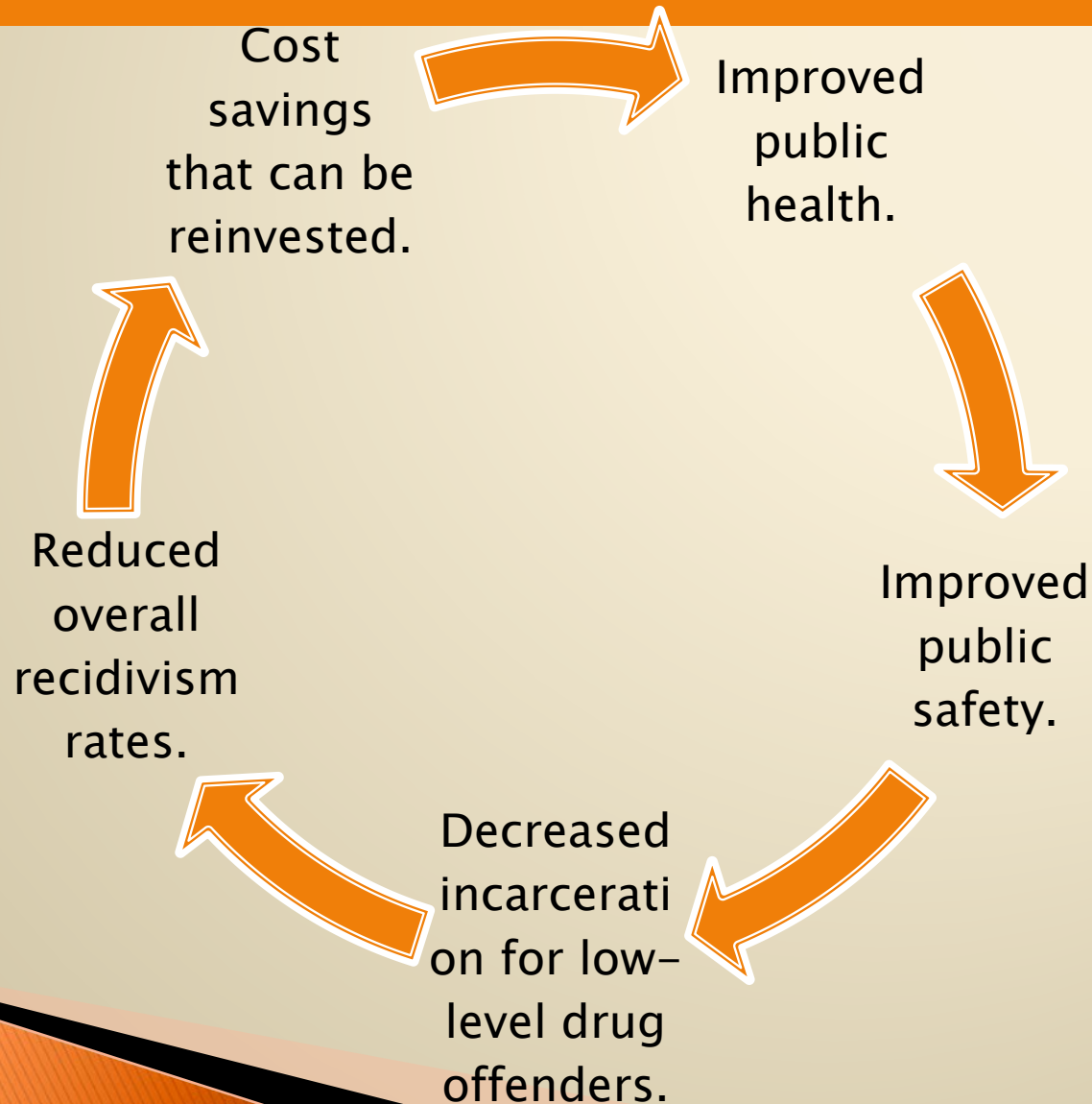
Cost of prisons to taxpayers – \$39 billion
(Henrichson & Delaney, 2012).

In 2014, financial costs of prisons in MA:

\$53,000 per year
(MADOC, 2014).

1,564 inmates convicted of drug offenses cost \$83.0 million per year
(MA EOPPS, 2015).

Treatment Benefits



Opportunities for Change

- ▶ National shift in criminal justice philosophy.
- ▶ Growing bipartisan consensus.
- ▶ Expansion of healthcare coverage–Affordable Care Act and earlier Massachusetts health care reform.
- ▶ Massachusetts leadership’s response to opioid crisis.
- ▶ Policymakers’ calls for change.

Some Evidence-based and Innovative Practices

Criminal justice system reforms to prioritize access to treatment and alternatives to incarceration.

- Commonwealth of Kentucky
- Washington State
- Brooklyn, NY

Federal support for improvements.

- Bureau of Justice Assistance
- Substance Abuse and Mental Health Services Administration

Medication-assisted treatment initiatives

- Massachusetts
- Rhode Island

More Evidence-based and Innovative Practices

Systems collaborations and data sharing models.

- Louisville, KY
- Massachusetts

Expansion of treatment while incarcerated.

- California


Strategies for probation, parole and re-entry.

- New Hampshire, Hawaii, Texas
- Advocates / Worcester County Sheriff's Office / DOC
- Harlem, NY


Recommendations to Increase Access to Treatment

Implement Pre-arrest Program to Divert Low-level Drug Offenders to Treatment

Build MA Dept. of Mental Health's (DMH) Jail Diversion Program to divert low-level drug offenders to treatment.




Program currently runs in 24 communities, with 73% to 92% of eligible arrests diverted to treatment (MA DMH, 2014).




DMH has provided over 7,000 hours of training to 476 officers (MA DMH, 2014).


Enhance and Expand MA Specialty Courts




Research demonstrates drug courts reduce arrests, technical violations and incarceration (Marlowe, 2010).



In 2013, SAMSHA awarded MA a grant to expand SUD capacity in adult, juvenile and family drug courts.



MA has 34 specialty courts (22 adult drug courts, 6 mental health courts, 3 veterans' treatment courts and 3 juvenile drug courts) (Mass.gov 10/13/15).



Expand specialty courts by diffusing model to other locations throughout the state.

Increase Access to Medication-Assisted Treatment (MAT)

MAT with psychosocial treatment produces higher abstinence rates compared to treatment with no medication (Connery, 2015).

Few individuals receive MAT while incarcerated (Fox, 2015).

Offenders with opioid use at high risk for overdose upon release as tolerance has diminished (Fox, 2015).

Those who receive MAT while incarcerated are more likely to enter MAT upon release (Kinlock et al., 2007).

In Sept. 2015, U.S. Dept of Health and Human Services recommended expanding MAT (HHS, 2015).

Expand Medicaid Enrollment During Encounters with Criminal Justice System

- ▶ Expand current implementation to improve access to primary care, SUD and mental health services by:
 - Screening offenders for eligibility.
 - Enrolling those not already covered by Medicaid.
 - Suspending Medicaid benefits for inmates on Medicaid while incarcerated.
 - Reactivating Medicaid benefits upon release.



Establish a Coordinating Governance Structure

Systems and culture change must **involve all** key agencies and the myriad of law enforcement and criminal justice agencies, departments and offices.

Establish **data exchange** to feed a **plan, do, study, act cycle** of process improvement.

Two alternative **governing structures** proposed:

- A revitalized MA Interagency Council on Substance Abuse and Prevention
- A reconstituted Governor's Opioid Working Group charged with implementation and oversight.

Link to Forum Publications

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