

MOUD DIVERSION STRATEGIES

On September 18, 2024, Dr. Rahul Gupta, Director of National Drug Control Policy, announced in a press release the latest provisional data from the CDC, which indicates a 10% year-over-year decrease in overdose deaths for the 12-month period ending April 2024.¹ Notably, New Jersey has reported a 26% decrease in suspected drug deaths in the first six months of 2024 during the same period of 2023.² Dr. Gupta views this as a beacon of light for those suffering from addiction and their families. However, Dr. Gupta emphasized the ongoing urgency to combat this epidemic, highlighting that Medications for Opioid Use Disorder (MOUD) remain a best practice, especially in carceral settings.

While many administrators recognize MOUD as a critical treatment for Substance Use Disorder (SUD), concerns about diversion still hinder its implementation. The American Jail Association recently published an insightful article written by Braeden Kelly and Julia Rosenberg, titled [Addressing Opioid Use Disorder in Corrections: The Latest Science and Evidence from Justice Community Opioid Innovation Network](#). This initiative, led by the National Institute on Drug Addiction, aims to study and disseminate evidence-informed approaches for individuals with Opioid Use Disorder.³

The Justice Community Opioid Innovation Network (JCOIN) provides valuable insights into evidence-based practices, including research on the effects of buprenorphine in county jails on post-release recidivism. Findings indicate that individuals offered buprenorphine were 32% less likely to recidivate in the first year post-release compared to those without access to the medications.

While diversion can negatively impact correctional facilities, it can be effectively managed. Opioids are the primary focus of diversion concerns, but other medications, including psychotropic medications, should also be monitored to prevent misuse.

JCOIN provides Six (6) Key Strategies to prevent MOUD diversion in jail-based programs.

The strategies include:

1. Determine reasons for Diversion: This enables the staff to tailor their response to distinct types of diversion (e.g., coerced, euphoria, split-dosing, and accidental).
2. Use Dosing Protocols: Use standardized but flexible dosing protocols that can be adapted to patients' needs.
3. Communicate with and educate patients about how jail staff are effective at intercepting and preventing diversion and medication safety.
4. Provide a sufficient staff-to-patient ratio to ensure adequate and constant supervision during MOUD initiation.
5. Conduct routine surveillance to detect potential diversion, including searching housing units, monitoring phone calls for mention of diversion or substance use, and checking urine testing results.
6. Develop strategies to respond to diversion that offer patients opportunities to continue treatment, such as changes to medication type or dose, individual counseling sessions, and being dosed individually rather than in groups.

Always consult your Medical Director for medical advice and the County Counsel's Office for legal advice and guidance when implementing a new policy or procedure.

If you have any questions, please contact your Corrections Risk Control Consultant.

¹Gupta, R. (2024). Director. Washington DC: [White House](<https://www.whitehouse.gov/ondcp/briefing-room/2024/09/18/statement-from-ondcp-director-dr-rahul-gupta-on-latest-drug-overdose-death-data>).

²Biryukov, N (2024) New Jersey Drug Death Plummet in First Half of 2024. New Jersey Monitor July 19, 2024.

³Kelly, B. & Rosenberg, J. (2024). Addressing Opioid Use Disorder in Corrections: The Latest Science and Evidence from the Justice Community Opioid Innovation Network.