Targeting Substance Use/Abuse in Delaware DOC

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Delaware DOC Overview

Quick Overview of Delaware's DOC

- 6500-7000 Offenders in Level IV/V
- Unified System
- 4 Level V and 6 Level IV facilities
- Overall DDOC budget of 299M
- 2600 employees
- 4 Bureaus (BOP, BCC, BCHS, BAS)

Bureau of Correctional Healthcare Services

- Manage all of the Medical, Behavioral Health (Mental Health and Substance Use), Dental and Pharmacy care in Level IV/V
- 71+M budget
- BCHS-“Integrated” system with Medical and BH units

Substance Abuse and Corrections

- Prison is the "Desperation Destination" for so many with substance abuse and co-occurring disorders
- No place else to go
- "purposeful arrests" in order to get clean
- Punishment model versus the rehabilitation model

Trends across the nation

- No longer can we look at Prisons solely as a place for punishment.
- Virtually EVERYONE comes out of prison and back to the community
- We must do better and we will do better.
- Let’s face it, the largest substance abuse and mental treatment facility in Delaware are in the prisons.....sad but true! (and no co-pay....)

Prevalence Rates of SUD in Correction

- Be careful……
- There is a difference between substance abuse problems and issues and….. Disorders!!!
- Nevertheless, common sense tells us our prisons are filled with individuals with substance abuse problems-interfere with functioning
- Rates range from 50-85% with lower number probably reflecting at least one time disorders to the higher number of individuals in prison who have had problems with substance abuse

Some Overarching Data Points…

Redonna K. Chandler, PhD,[1] Bennett W. Fletcher, PhD,[1] and Nora D. Volkow, MD[2]

JAMA. 2009 Jan 14; 301(2): 183–190.

Inmate Type		Drug Use at Offense	One month prior	Met Criteria for SUD	Received Tx while Incarc.
Local Jail		128030 **(29%)**	242 720 **(55)**	245 830 **(55)**	16 520 **(7)**
State		393610 **(32%)**	686 670 **(56)**	642 500 **(53)**	95 090 **(15)**
Federal		34140 **(26%)**	64 910 **(50)**	57 200 **(46)**	9950 **(17)**
Totasl		555780			

Strategies for Additional Strategies f Combatting SA in DDOC

Vivitrol Re-Entry Project

- MAT educational curriculum for those in DOC SA treatment
- Last phase of treatment
- Following successful Naltrexone challenge, appropriate inmates receive a Vivitrol injection 3-4 days before release to community
- Discharge plans to the community with a provider to continue the monthly injections and treatment are arranged.

MAT Withdrawal Program

- DOC has begun to offer inmates withdrawing from opiates on admission to DOC a more humane withdrawal process
- Prior to our program beginning, standard care for opiate (not ETHOH!!!!) was for a hard detox softened only by comfort medications.
- We began utilizing a Suboxone/Subutex taper at HRY and BWCI over 5-7 days for those clinically appropriate.
- 25 inmates to date were stated (22 completed)
- Taper is paired with SA counseling/6 for 1

Narcan in the Prisons?

- ABSOLUTELY
- 15 Narcan SAVES!!!!!!!!

- Contraband from the outside
- Diversion within
- If there is a will............
- K9's as well!!!!

Narcan for Probation and Par

- ABSOLUTELY!!!!!
- Just finished our policy on getting Narcan in the hands of our P and P officers (emergency bags)

Key-Crest Capacity

KEY Program

- 60 @ BWCI
- 120 @ SCI
- 180-200@ HRY

Crest Program

~600 statewide (200-CVOP; 100-Morris; 100 SVOP; 100 Plummer; 75-Plant)

Down the road…..

We are exploring and discussing several innovative concepts to POSSIBLE include:

- Narcan offered for individuals being released
- Additional treatment components focused on specific problem areas such as Opiate Abuse
- MAT maintenance……….(ouch)…..
- Re-work of KEY CREST
- Increased cognitive behavioral programming to address common criminogenic thinking patterns

Questions, Questions Questio

- Key-Crest represent a Therapeutic Community Model (9-12 months)
- Questions we are asking ourselves and hopefully we will get some money in the budget to study…..is the model still relevant with opiate disorders?
- What are the necessary evidence based components to the model that we wish to continue?
- Does everyone need a long term model?
- Can we build different modalities that are substance or problem specific?
- The questions must be asked and Empirically answered

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