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Roosevelt County Detention Center's Medication Assisted Treatment (MAT) program works with detainees to address substance use disorders by providing a holistic approach to recovery.

The MAT program, which officially launched in the fall of 2021, was initially funded by two grants: the Federal State Opioid Response (SOR) and the State Reach, Intervene, Support, Engage (RISE). Currently the program is solely funded by the RISE grant through the New Mexico Healthcare Authority.

The program offers individual and group counseling, peer support services, life skills, mindfulness training, exercise, art, yoga, meditation, and recovery groups within the facility, along with the opportunity to participate in GED and parenting classes. Many participants are able to obtain their NM Food Handler's certificate, develop skills in gardening/yard work, and learn to care for chickens. Participants are assisted in obtaining documents such as ID's and birth certificates during their incarceration, and can receive ongoing case management and/or counseling services from program staff when released. Individual discharge plans are developed to assist with warm handoffs to services and providers within the community upon re-entry.

Since September 1, 2021, the program has had 80 (67 unduplicated) male participants and 44 female (37 unduplicated). Of the 80 males, 36 were released to the Community and 11 have been rearrested with new charges (**31%**). Of the 44 females, 23 were released to the Community and 8 have been rearrested with new charges (**35%**).

There are three FDA approved medications used to treat Opioid Use Disorder. These are methadone, buprenorphine and naltrexone.

Methadone is a full agonist, meaning it binds with the brain's receptors and produces opioid-like effects.

Buprenorphine is a partial agonist, meaning that it binds with given receptors and only produces limited opioid-like effects.

Naltrexone is an antagonist, meaning it blocks the receptors and prohibits opioid-like effects.

RCDC's MAT program offers the pill form of buprenorphine (most commonly known as Suboxone – buprenorphine/naloxone or Subutex - buprenorphine) and naltrexone medications within the facility. Injectable naltrexone medication (Vivitrol) is available at time of release.

The number of MAT participants who have been on Buprenorphine since the program began is 32.

The number of MAT participants who have been on Naltrexone pills is 9. 4 of these have also received the Vivitrol injection prior to release.

MOUD refers to use of the medications as a stand-alone treatment rather than in combination with counseling and behavioral therapies for the treatment of substance use disorders as is the case with MAT services. In RCDC 7 detainees have received Medication for Opioid Use Disorder (MOUD) naltrexone while 10 have received MOUD buprenorphine. This is often the case when people enter the facility on medication prescribed in the community and need to be continued but don't stay long enough to participate in the counseling and educational services.

The most common misconception is that the use of MAT medications in treating substance use disorders is simply switching one drug for another. The fact is that these medications bridge the biological and behavioral components of addiction. MAT programs are effective when combined with a comprehensive individualized drug treatment plan and these programs reduce the risk of relapse and promote long-term recovery.

Challenges to the program have primarily been in the areas of discharge. 31 of the 104 unduplicated program participants were sentenced to prison. Of these, 2 were on buprenorphine and had to be tapered off prior to transport, while 16 appropriate candidates were never started. With this being said, 58% of those sentenced to the Department of Corrections were unable to receive needed medications to address their substance use disorder. Additionally, 4 patients had to be tapered off to go to a court ordered inpatient rehab program and were unable to continue the medications they had been taking within the facility.

For patients returning to the community challenges are varied, but include things like limited community programs and providers to access for continuity of care, MOUD being offered without the counseling portion that is shown to increase effectiveness of treatment, lack of primary care providers offering MAT medications even after discontinuation of the DEA-X waiver, lack of affordable housing, and minimal employers open to hiring employees involved with the criminal justice system with or without MAT medications as a factor.