



# Oregon Society of Addiction Medicine

*A Chapter of American Society of Addiction Medicine*

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February 26, 2024

Re: ORSAM's Support for HB 4002 Legislative Package, along with the -24 Proposed Amendment - Expanding MOUD in Oregon's Correctional Facilities (HB 4120)

**As a community of medical providers who care for patients with Substance Use Disorder (SUD), the Oregon Society of Addiction Medicine (ORSAM) fully supports the -24 Proposed Amendment to HB 4002, also known as HB 4120, which would expand opioid use disorder treatment in correctional facilities in Oregon.** Years of systemic stigma against adults in custody and patients with substance use disorders has created a patchwork system of addiction care in our communities that often breaks down completely at the point jail booking. ORSAM providers across Oregon hear traumatic patient stories after the fact, since there is very little access to specialty addiction medicine providers inside of jail environments in Oregon.

- Our patients report untreated or undertreated withdrawal in Oregon's jails; frequently jails use second-line medication such as clonidine but do not offer Buprenorphine or Methadone to manage withdrawal.
- Our patients have their medication for chronic opioid use disorder stopped as a matter of jail policy and then undergo opioid withdrawal in jail as a result; this is forced upon them for administrative reasons and violates their rights under the Americans with Disabilities Act.
- Our patients testify to their overdose experiences after release, and those who are fortunate return to see us.
- Our patients are hesitant to begin or restart medication for opioid use disorder due to past traumatic experiences and concerns it will be stopped with future incarceration.

In addition to our experiences of patient care in Oregon, we are informed by the medical literature on this topic. There is high prevalence of substance use disorder and opioid use disorder specifically among incarcerated populations. In the 2016 survey of prison inmates, 47% had a substance use disorder <sup>1</sup>. In the 2019 national census of jails, 15% screened positive for opioid use disorder <sup>2</sup>. There is reason to suspect a rising prevalence since 2019, which is the

most recent national census of jails survey. At Clackamas jail, based on an OHSU-PSU research report published in 2023, 27% of adults in custody screened positive for opioid use disorder on medical care intake assessments<sup>3</sup>. Overdose mortality risk peaks after release, with one estimate showing a 50 times greater risk than the general population<sup>4</sup>.

There are significant positive effects from medication for opioid use disorder (MOUD), also known as MAT, when these medications are offered during incarceration or prior to release. There is potential for a strong positive effect across the state if Oregon bolsters MOUD access in Oregon's jails. For example, in Rhode Island, statewide overdoses dropped by 12% after their department of corrections implemented its MOUD program.

A collection of multiple clinical trials showed that MOUD<sup>5</sup>:

- Increased retention in treatment in the community after release; starting *prior* to release yielded about three times better retention in treatment.
- Reduced illicit opioid use after release.
- Reduced IV drug use.

There are positive effects from MOUD even *during* incarceration where illicit drugs are less available. For example, a study in prison showed<sup>6</sup>:

- 74% lower risk of death during incarceration.
- 85% lower risk of suicide specifically.

Overdose and other outcomes improve substantially at release:

- Methadone or Buprenorphine in jail reduced post-release 1-month risk of fatal overdose by 80%<sup>7</sup>.
- Using extended-release injectable formulations of Buprenorphine is more expensive but more effective. Extended-release injectable was approximately twice as effective in a small study of New York City jails<sup>8</sup>.

Health insurance currently does not fund obtaining MOUD for jails, prescribers, dispensing MOUD or coordinating follow-up substance use disorder care.

### **Summary**

There is a large population with opioid use disorder in Oregon's jails, right now, even post-decriminalization with M110. The existing treatment resources are completely mismatched to the size of this need and not positioned to provide opioid use disorder care in jails. Oregon must urgently and substantially invest in this area, that has been previously neglected. Oregon can counteract years of systemic stigma against people with substance use disorders in jail.

Many adults in custody in jail have short jail stays before they are released back into the community. Jail health is community health. Fortunately, there is strong evidence that MOUD interventions are highly effective in jail settings, and to prevent overdose at release.

Currently jails don't have reliable access to funding to launch or expand existing MOUD programs. Jails need prioritization for funding in this area, increasing healthcare-addiction partnership, and technical assistance to build up programs. If Oregon establishes comprehensive

addiction care services in jails, then jails could be positioned to leverage future Medicaid funding to help sustain programs, from the 1115 Medicaid waiver.

Any response to Oregon's current crisis would be incomplete without taking action to address and expand treatment of opioid use disorder in Oregon's jails.

Sincerely,



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President, Oregon Society of Addiction Medicine



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Policy Chair and Past President, Oregon Society of Addiction Medicine

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