

Narcan: What Happens Next?

Using Narcan as a starting point for local and county corrections policies

By Frank Mazza, Program Director, Hudson County Department of Corrections Community Reintegration Program

Medication-assisted treatment with Narcan improves both public health and public safety.

The trend towards medication-assisted treatment reduces harm, saves lives, and meets the immediate need of an individual in crisis. The question becomes: what happens next?

Narcan (naloxone) is a public health tool to help an individual to survive a period of life-threatening crisis. Narcan allows frontline law enforcement and emergency medical treatment (EMT) workers the ability to decrease the potential that someone will succumb to the potentially fatal effects of an opioid overdose. Most importantly, the public policy of utilizing Narcan demonstrates the potential to create a broader policy shift towards harm reduction and treatment.

The larger issue which must be addressed is the upstream systemic cause of the need for Narcan. The problem of drug addiction requires more intervention than simply providing for individuals when they are in crisis. Drug addiction is a treatable disorder, which can be managed through continued care. For Narcan to achieve its greatest potential it must serve as the entry point into a prolonged continuum of care.



Addiction and Corrections

Frontline law enforcement has a level of discretion when dealing with a population whose behavior is motivated by mental health and addictions issues rather than criminal intent. As clinical treatment options begin to disappear,

local or county corrections become the de facto option. County Corrections must understand the needs of its population and allow those needs to help redefine its role. Many individuals in our County Correctional facilities are there because of the need for detox and the

lack of available community detox beds. As a result, County Corrections has the potential to be what comes next after Narcan is administered.

Corrections is the most in common treatment provider for the transient opioid addicted population, and as such it has the ability to unify the various and historically disjointed systems of support which have the potential to increase functioning, raise employability, keep an individual off of drugs, remove a person from the publicly supported systems of support, and ensure a decrease in the amount of time individuals cycle through the emergency room, shelter system, and the correctional system.

Successful Intervention

The network of care, historically, has been disjointed as a result of silos and systems that do not communicate and reimbursement variations among systems that discourage coordination

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Narcan

while unnecessary duplication of services is provided.

Direct clinical interventions alone do not address the problem. Research tells us that without interventions that take into account chronic homelessness, lack

of access to health insurance, negative influences of primary and secondary relationships, environmental triggers, and a lack of judiciary oversight, the clinical intervention potential is constrained and cannot reach its potential.

Successful intervention for this population is dependent upon achieving a clear understanding of needs across all domains and creating accountability for each system delivering care to address each area of specific need. Within the currently fragmented system of care, jails serve as the clinical provider that has the most accurate picture of systemic illness and the causes of negative behaviors. Jails have the potential to inform the network of care of each individual's specific needs.

Public-Private Partnership for Treatment

Jails can serve as the unifying entity creating a public-private partnership which links the population treated with Narcan to physical, mental, medication,

inpatient, outpatient, social, and Medicaid support under judiciary oversight. This system can be built and used as a clinical diversion program that provides an alternative to incarceration. Every time Narcan is administered, this should trigger an assessment for program eligibility and the newly developed system of support utilized to provide for continued care.

The population in our local correctional facilities routinely has negative contact with the criminal justice system as a result of a lack of housing support, as well as an inability to access public assistance, Medicaid, and the primary health care network. For corrections systems to achieve their mission of protecting public safety, they must align themselves with the housing network, the primary health care network, and the system of public and social support.

Patient goals can be identified and the barriers to coordinated care can be removed by coordinating the various systems of support. ♣

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The Next Step

Hudson County has taken Medication Assisted Treatment a step further—the Hudson County Department of Corrections (HCDOC) has partnered with Alkermes, the manufacturer of the drug Vivitrol, to bring medication-assisted treatment to the jail.

Vivitrol is a long-acting injection drug that blocks opioid receptors and thus prevents individuals from getting high. The HCDOC Reintegration Program is the only county correctional facility providing Division of Mental Health & Addiction Services Certified substance abuse treatment to the inmate population. To enhance the program's already robust services, Vivitrol is provided to those suffering from addiction issues in the correctional center and is continued through the program's various clinical community-based vendors after release.

HCDOC is the first in the state of New Jersey to provide this medication assisted treatment utilizing Vivitrol, which won approval from the U.S. Food and Drug Administration for the treatment of opioid addiction in 2010, administered through injection every four weeks.