

MEDICINE, from page 4

expenditures were also \$153 to \$233 cheaper for each patient each month.

"The science tells us that using medications as part of addictions treatment has tremendous, positive impacts on patient outcomes," Noice said.

CSAP participants are given the first injection the day before they are released from jail. They are taken to a transition center when released, and a staff member of the CSAP program then picks them up and takes them to the residential facility, which is located in Milwaukie.

Within the next couple days, they're taken to a doctor's appointment, where, among other things, another appointment is made 28 days out, for the next Vivitrol shot. Every 28 days, participants go to the doctor for the month's Vivitrol shot.

The program is intended to last between a year and a year and a half, and participants live in the facility for six months to a year.

Morrison said the program's creation was spurred by the fact that nearly all county parolees with addictions abuse heroin, "a huge difference in what we saw even five, seven years ago," she said, when methamphetamine, alcohol, or marijuana tended to be more common.

Noice, with CODA, said incorporating medication-assisted treatment into the county jail system ensures that treatment goes uninterrupted for people serving brief jail sentences.

"We don't want them to disconnect from treatment," Noice said. "When we focus on not disrupting the medication, we in turn have a much better chance of keeping a patient in treatment."

The jail sentences people serve are often short, anywhere between a few days to a couple months. Even though the sentences are short, Noice and others said there is a very high potential for treatment to be negatively impacted.

Not providing any medical service to opiate addicts in jail can bring on the danger of withdrawal. "It's really traumatizing... [and] increases the risk for relapse," Dr. Andrew Mendenhall, the senior medical director for substance use disorder services at Central City Concern, said.

A person can experience nausea, vomiting, diarrhea, cold sweats and hot flashes, and body aches.

"No appetite," Davenport said.

"Hard to eat, hard to keep stuff down," Riehle said, adding that he also experienced muscle spasms and restless leg syndrome when he withdrew.

"It's horrible," Davenport said. "That's what drives the whole addiction part of it. You know you're going to be sick, so the only way you can feel somewhat normal is having those drugs."

Jail complicates recovery on many levels. Someone may refuse to start drug treatment knowing that they're about to start a short jail sentence and could go into withdrawal. In other cases, people are released from jail without any connection to a treatment program and immediately go back to using drugs.

That happened to Riehle, and it almost killed him.

Riehle, who used heroin for six and a half years, relapsed soon as he finished a two-month sentence for possession of heroin,

which he served at the Clackamas County Jail.

Three days after his release, he overdosed on heroin and passed out. He later found out that a nearby homeowner saw him and called the police.

An officer revived Riehle with Narcan, the powerful drug that reverses the effects of heroin on the brain. "They found me just laying by the river. I don't remember any of it," Riehle said.

Morrison said the CSAP program is designed so that the transition from jail to the treatment program is as seamless as possible, to prevent someone from having the slightest desire to leave and start using drugs again.

"I was told I had to come [to the CSAP program]. I'm glad that's what happened. I don't think I would have come," Davenport said, conceding he would have started using heroin again.

The CSAP program – where medication is central to treatment and used in combination with therapy, counseling, and other programming – is reflective of how great a challenge treating opiate addiction is compared to treating addictions to meth or cocaine.

Clackamas County's residential treatment program had been abstinence-based, Morrison said, meaning the residential program provided therapeutic and behavioral services to discourage drug use. But she and others said abstinence is completely impractical for an addiction as difficult to detoxify and recover from as opiates.

Mendenhall said it only takes a couple days to two weeks to detoxify from drugs like alcohol or methamphetamines. With opiates, detoxification can take weeks to months.

"They will experience months of fatigue, depression, lack of energy, and really severe cravings," Mendenhall said. "People are not going to feel good."

Opiate addicts also need to stay in a treatment and recovery program much longer, for a year to a year and a half. (The standard recovery from meth, on the other hand, averages between six months to a

year).

Morrison said it will be at least another six months before enough data is collected to show whether cravings are substantially reduced and if participants stay in the program for the full course of treatment.

"We're hoping that with Vivitrol, people are able to move through our treatment program a bit quicker" than if they were taking methadone or buprenorphine, she said, both of which have side effects and lengthen the time it takes to recover.

Jake Moses, who has been in the CSAP program for eight months and used heroin for 10 years, said being on Vivitrol has helped him enormously.

"There's no side effects," he said. "It takes away the cravings. It takes away the anxiety. It gives my brain a chance to concentrate on things important in my life."

With the medication dealing with physical cravings, anxiety and other symptoms of opiate recovery, Davenport and his fellow CSAP participants are able to focus on the rest of the CSAP program, a combination of classes on interpersonal and life skills, group therapy and other programs that help them build the skills and resiliency they need to not rely on drugs.

Davenport calls it "life college." He, Moses, Riehle and other participants are in classes from eight in the morning until four in the afternoon. The range of classes they take include on anger and stress management, mindfulness, developing coping skills, morality and accountability, as well as group therapy.

Participants also go on trips, watching motorcycle races at the Portland Raceway and crabbing at the coast. "They show us that we can have fun without drugs," Davenport said.

Davenport said he's learned how to cope when he feels triggered to use drugs; he's also learned how to be kind to himself.

Moses said he can hardly start to explain how much he has changed since being in the program. Among other things, he's learned how to use the word "love."

"I had a hard time saying that in the past," he said. "I used to be a not nice person."

Other jail systems are starting to incorporate less robust services for those recovering from opiate addiction.

Over the last two years, the Multnomah County Jail has started prescribing buprenorphine more often to inmates with opiate addictions in order to blunt the symptoms of withdrawal.

Dr. Mike Seale, the director of the county's corrections health programs, said health staff "taper down" the amount of buprenorphine over the course of a week as an inmate's withdrawal symptoms lessen.

Inmates are "safely and humanely get them through the withdrawal process," he said.

CODA and the jail system have been working more closely together in instances where a patient of CODA who is about to start a jail sentence in Multnomah County and is taking buprenorphine is able to continue taking the same prescription.

But, Seale noted, "Jail is not a treatment facility."

Approximately 100 people are booked into Multnomah County's jail each day, according to Seale. He estimates that a third "have some substance use issue."

The short duration of the sentences, the fact that an inmate's bail can be quickly paid and other factors make it difficult to have "the therapeutic relationship with the patients," Seale said.

"We don't have a lot of time for that case management," he continued.

Noice, for her part, would like to see the services offered in Multnomah County's jail become more robust, even creating a way to administer methadone in the jail.

Methadone is strictly regulated by the federal government, Noice said, and "a clear chain of custody" would need to be created, which would involve a CODA staff member traveling to the jail with the methadone doses.

"We've had lots of conversations about it," she said. "It takes some real logistical planning."

Morrison said Clackamas County is also exploring whether to integrate buprenorphine into the CSAP program. But there are federal regulations mandating that a medical doctor have a particular license to prescribe the drug, and they are also only able to write a certain number of prescriptions.

"I support medical assisted treatment," she said. "It's trying to figure out the best way to integrate it into our population. Vivitrol is not the answer for everything," especially if someone in the CSAP program decides to leave and the medication wears off.

As jails continue exploring how to start medication-assisted treatment programs for their inmates and parolees, "it's important to [remember] we have three medications," Noice said. "They're all equally valuable."

And, it is a reminder that there is no silver bullet to the opiate epidemic – that each person's recovery is a personal victory, a mysterious combination of drug treatment, therapy and medical services, and social support.

"This is not about solving it and winning this battle," Morrison said. "Right now, it's about harm reduction."



Methadone has been used for decades as a treatment for heroin addiction. The drug creates a controlled high intended to prevent withdrawal and the desire to relapse to using heroin.