MEDICATION ASSISTED TREATMENT FOR ADDICTION WITH CRIMINAL JUSTICE INVOLVED INDIVIDUALS

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WHAT IS CTI?

- Comprehensive Community Addiction Recovery Center (CCARC)
- Opioid Treatment Program (OTP)
- Safety Net Provider
- ODMHSAS contracted provider
- OHCA contracted entity
- Medicare Provider
- Private Insurance & Self Pay
- Certified *Accredited *Regulated *Audited
  - ODMHSAS
  - CARF
  - SAMHSA-CSAT
  - DEA
  - OBNDD

WHAT DO WE DO? & WHO DO WE SERVE?

- Evidenced Based Practices & Programs
- Counseling & Psychotherapy-IOP & OP
- Medical Care-Addiction & Mental Illness
- Utilize Multidisciplinary team
- Family Systems Focused
- Recovery Oriented
- Patient Centered
- Whole Person Care-Wrap Around Services
  - Employment
  - Physical Health
  - Transportation
  - Housing
  - Parenting
  - Resources & Referrals

- Diversion Criminal Justice Involved Programs
  - Felony Drug Court Program
  - Family Treatment (Drug) Court Program
  - Community Sentencing Program
  - Misdemeanor Court Program
- Child Welfare
- TANF
- Guardianship Courts
- Pregnant & Postpartum Women-MAT
- Tribal Contracts for MAT
- Offender Screening for those in jail
- Any Individual and/or Family w/Addiction issues

WHAT IS ADDICTION?

The definition of Addiction according to ASAM changed 2011

- A Primary Complex Progressive Disease of the Brain
- Chronic-persists, can't be cured-only managed and won't just go away
- Characterized by continued, compulsive use of one or more substances despite serious health & social consequences
- With continued use, regions of the brain, the brain's circuitry and the brain's pathways responsible for reward, motivation, learning, judgment, reasoning and memory are disrupted, malfunction and structurally & mechanically alter.
- These changes in the brain are so significant the individual in active addiction no longer has the ability to think, feel or behave as once able and the pathological pursuit for reward or in most cases only relief by using more substance and a new normal lower baseline is formed. Frontal Lobe Morphology

ASAM, American Society of Addiction Medicine

ADDICTION IS

- An inability to consistently **A**bstain
- Impairment in **B**ehavioral control
- Intense **C**ravings
- **D**iminished recognition of significant problems with one's behaviors and interpersonal relationships
- Dysfunctional **E**motional response

ASAM, American Society of Addiction Medicine

FACTORS THAT CONTRIBUTE TO & IMPACT ADDICTION?

Disruption of healthy social supports and problems in interpersonal relationships which impact the development of resiliencies

Distortions in a person's connection with self, with others and with the transcendent

Cognitive and affective distortions, which impair perceptions and compromise the ability to deal with feelings, resulting in significant self-deception

Distortion in meaning, purpose and values that guide attitudes, thinking and behavior

The presence of co-occurring psychiatric disorders in persons who engage in substance use or other addictive behaviors

Exposure to trauma or stressors that overwhelm an individual's coping abilities

The presence of an underlying biological deficit in the function of reward circuits, such that drugs and behaviors which enhance reward function are preferred and sought as reinforcers

The repeated engagement in drug use or other addictive behaviors, causing neuroadaptation in motivational circuitry leading to impaired control over further drug use or engagement in addictive behaviors

ASAM, American Society of Addiction Medicine

NATURE VS NURTURE & ADDICTION

Genetics account for 40%-60% of the likelihood a person will develop addiction

Environmental factors interact with the person's biology and affect the extent to which genetic factors exert their influence

Resiliencies can affect the extent to which predispositions lead to the behavioral and other manifestations of addiction

Culture plays a role in how addiction becomes actualized in a person with biological vulnerabilities to develop addiction

The consequences of untreated addiction often include other physical and mental health disorders that require medical attention. If left untreated over time, addiction becomes more severe, disabling, life threatening and can lead to premature death.

Addiction negatively impacts Families, Relationships, Schools, Workplaces, Neighborhoods & Communities financially, emotionally, socially, intellectually, physically and spiritually

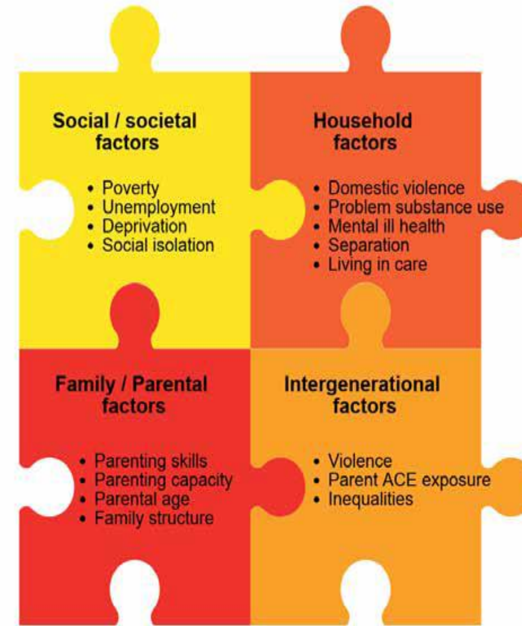
Frontal Lobe Morphology is the physical changes in the frontal lobes of the brain and the connectivity (chemical & electrical) with other parts of the brain are still naturally occurring until the age of about 25. The earlier exposure to substances occurs the greater the likelihood addiction will happen

ASAM, American Society of Addiction Medicine

NATURE & NURTURE RESILIENCY

Protective factors are those factors within the child and his or her environment that buffer and shield from the negative effects of adverse experiences at 3 levels:

- Individual-disposition a temperament
- Family unit- attachments
- Community-trauma informed-stigma



Resilience is generally understood to be about the ability to cope, adapt positively to, and recover from adversity. Resilience is learned & acquired as a key life skill and happens primarily through relationships.

Resilience plays a pivotal role in balancing the impact of negative experiences with positive support

COMPARE & CONTRAST

ADDICTION

- Heritability
- Onset & Course influenced by
  - Environmental conditions
  - Environmental behaviors
- Responds to appropriate treatment
- Requires long-term lifestyle change
- Untreated can lead to death & disability
- Acute Treatment- 1 and done
- Stigma
- Criminalized

Diabetes/Heart Disease/Cancer

- Heritability
- Onset & Course influenced by
  - Environmental conditions
  - Environmental behaviors
- Responds to appropriate treatment
- Requires long-term lifestyle change
- Untreated can lead to death & disability
- Managed Care with Specialist(s)

DISEASE MANAGEMENT MODEL

A process whereby persons with long-term chronic health conditions work with health care providers to maintain their health and functioning.

It may include medications and/or multiple types of therapies to ensure that the patient remains symptom free and that other health conditions are prevented and/or addressed.

Whole person care including attending to nutrition, exercise, community connectedness, barriers to care, patient self management education are provided.

Leads to improve an individual's ability to function, suppress symptoms, prevent the development of additional health conditions and reduce relapse.

Improves quality of life by utilizing multidisciplinary teams, evidence-based practices and collaborative care with multiple providers, specialists and whole person care.

Reduce health care use and health care expenditures

https://hpi.georgetown.edu/management & https://www.healthcare.gov

MEDICATION **ASSISTED** TREATMENT

SAMHSA'S DEFINITION-Medication-assisted treatment is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

MAT combines, medication, therapies, monitoring, other community-based services and recovery supports. This approach provides the client with comprehensive treatment for the bio-psycho-social condition known as addiction. (NIDA)

As suggested in its name, MAT is designed to ASSIST, not replace other treatment and recovery efforts

MEDICATION **ASSISTED** TREATMENT

- EVIDENCED-BASED TREATMENT *PROVEN EFFECTIVE *VERY COST EFFICIENT
- RECOVERY WITH MAT
  - BETTER QUALITY OF LIFE
  - RETENTION IN TREATMENT
  - INCREASE IN LEVEL OF FUNCTIONING
  - GAIN/REGAIN EMPLOYMENT
  - RE-ESTABLSIH FAMILY TIES
  - BEING FULLY PRESENT
  - IMPROVED SOCIAL SUPPORTS
  - STABILTY OF MENTAL HEALTH
  - As well as the ABSCENCE OF INTOXICATION
- Individuals with long-term success in recovery utilizing MAT become invisible!

MEDICATION **ASSISTED** TREATMENT-SETTINGS

Variety of different Settings –Care Models

- **Doctors Offic**e-waivered medical provider prescribes the appropriate medication (buprenorphine or vivitrol) and delivers brief physician-counseling. Medical-Management counseling process

  Primary Care Setting*Psychiatrist Office*Pain Management
- **Substance Abuse/Mental Health Outpatient Clinic**-Counseling is provided in a clinic and the clinic partners with a healthcare provider for medication.
- **Comprehensive Addiction & Mental Health Agencies Outpatient**-Medical prescribers, counselors and other providers work in the same facility for comprehensive care in one location.
- **Opioid Treatment Program (OTP)-**Medical prescribers, counselors, nurses, rehab specialist, case managers, peer recovery supports to provide comprehensive services as well as an ability to dispense methadone for OUD.
- **Residential Inpatient Treatment facilities**-24-hour care-Medical and counseling provided in one location usually 30 days or less
- **Hospital-the most underutilized setting for MAT**. Typically the location a person presents, after an overdose or for emergency detox, but hospitals rarely provide MAT services or referral to treatment.

- Herring, MD "Emergency Department Medication-Assisted Treatment of Opioid Addiction". October 2016 e JD, Grossman E, DiRocco D, Gourevitch MN. Home buprenorphine/naloxone induction in primary care. Journal of General Internal Medicine, 24(2):226-32.

MEDICATION **ASSISTED** TREATMENT IN AN OPIOID TREATMENT PROGRAM **(OTP)**-REGULATIONS

Components of MAT in an Opioid Treatment Program (OTP)

- Utilization of approved medications to control cravings, block euphoric effects and relieve & manage withdraw symptoms allowing the brain to recover and repair
- Counseling & Psychotherapies Interventions for SUD and MH disorders
  - Education relapse prevention skills
  - Cognitive behavioral therapy both Individual and Family-addressing trauma!
  - Recovery orientation and capital building –gain skills to manage disease including healthy support
  - Case Management/Care Coordination establish stability by obtaining resources and referrals for basic needs such as Food, Housing, Employment, Transportation, Legal issues, Vocational services, other Medical and Dental Care and any other barriers to recovery
- Monitoring-random drug screening & lab testing, review PMP, screen for & treat any Infections diseases
- Accountability & Diversion Control-random *call-backs*, dispensing meds daily/take-homes, no-dual enrollments

SAMHSA Federal Guidelines for OTP 2015

MEDICATION **ASSISTED** TREATMENT
OTP-REGULATIONS

Unlike other programs providing MAT services an OTP can dispense methadone ONLY for the treatment of opioid addiction.

To prevent diversion, Methadone is dispensed DAILY in liquid form ONLY. A medical provider must observe and verify methadone dose was consumed by patient prior to leaving the facility.

Methadone dosing is provided on a highly regulated V phase model. Phases have counseling requirements, a specified number of days in compliance that allows for take home doses. Phase V is after 1 year in treatment, a patient is allowed 14 days of medication.

In contrast, a person attending an outpatient provider for pain management can obtain a prescription for methadone and pick up a bottle of pills from a pharmacy.

Methadone diversion is primarily associated with methadone prescribed for the treatment of pain and not for the treatment of opioid use disorders. In addition, methadone that is dispensed for use as a pain reliever, not as a substance use disorder medication, is the main source of the methadone involved in overdose deaths. (CDC). Vital signs: risk for overdose from methadone used for pain relief - United States, 1999-2010. *MMWR Morb Mortal Wkly Rep*. 2012;61(26):493-497.

MAT & CRIMINAL JUSTICE INVOLVED INDIVIDUALS

MAT, is an evidence-based treatment for substance use disorders. The Surgeon General's 2016 report, *Facing Addiction In America*, says MAT "is a highly effective treatment option for individuals with alcohol and opioid use disorders. Studies have repeatedly demonstrated the efficacy of MAT at reducing illicit drug use and overdose deaths, improving retention in treatment, and reducing HIV and Hep C viral transmission."

The data regarding criminal justice populations are also compelling. Medication assisted treatment for opioid users is associated with reductions in recidivism, incarceration and decreased crime and HIV and Hepatitis C infection (Egli et al., 2009; NIDA, 2011).

The effects of MATs in combination with therapies are many times greater than the effect of behavioral treatments without medications (Marlowe, 2003).

Despite all the evidence, MATs for justice-involved individuals remain one of the most under-utilized tools for reducing recidivism (Prendergast, 2009).

MAT & CRIMINAL JUSTICE INVOLVED INDIVIDUALS

MAT has significant advantages to offer corrections. It is more cost effective than many other forms of treatment and it works to increase public safety and public health (NIATx, 2010).

When MAT is part of a comprehensive opioid treatment program for those in the criminal justice system, there are better outcomes in the following areas:

- Increased retention in treatment
- Increase in the promote of recovery
- Increased stable employment'
- Increase in successful completion of drug court program
- Improved family stability and support
- Improved birth outcomes for the children of women treated during pregnancy (CDC, 2002)
- Decreased illicit drug use and injection drug use
- Decreased hepatitis, HIV, sexually transmitted infections and other infectious diseases
- Decrease in death rates and in the incidence of overdose events
- Decreased criminal activity, arrest rates, probation violations, probation revocations and reincarcerations

MAT & CRIMINAL JUSTICE INVOLVED INDIVIDUALS

- In 2017, 2.1 million people in the United States had an opioid use disorder and nearly 68 percent of overdose deaths involved opioids.
- Individuals reporting opioid use are significantly more likely to be involved with the criminal justice system compared to people with no opioid use, and the level of justice involvement increases with the level of opioid use.
- Within the criminal justice system, nearly 10 percent of justice-involved individuals self-report heroin use.
- 22% of jails report that 10% or more of their jail populations have an opioid dependency.
- Regular use of opioids was reported among individuals sentenced to jail at 17% and state prison at 19%.
- Opioid overdose deaths have reduced the expected life span of justice-involved people in the U.S., largely due to the risks associated with community re -entry following incarceration.
- Justice-involved individuals are more likely to die of an opioid overdose compared to the general population and, drug overdose is among the leading causes of death for individuals re -entering the community, with most of these overdoses involving opioids.

BARRIERS TO MAT

- Problems with access to MAT
  - Limited Number of Waiver Physicians and Medical Providers
  - Providers have a limited number of MAT patients per their waiver
- SUPPORT Act Oct 2018 -Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities affords practitioners greater flexibility in the provision of (MAT)
  - Increased the limits for patient numbers for Physicians
  - Permanently added qualified providers PA NP
  - Added other providers CNS, CRNA, CNM until 2023
- Cost of Medications
- Lack of Providers or Treatment Centers especially in rural areas
- Waiting lists at medical providers or treatment centers
- Stigma & Lack of Accurate information about MATs

MYTHS & FACTS ABOUT MAT

Despite overwhelming evidence of MAT benefits, many people view it negatively. As a result, they do not use MAT and sometimes prohibit it even when clinically appropriate. Following are common myths and facts about MAT. Relying on the facts will increase the chance that people will enter and sustain recovery.

Myth *Medication assisted treatment substitutes one drug for another.*
Fact When properly prescribed, MAT bridges the biological and behavioral components of addiction. These FDA approved medications reduce drug cravings and prevent relapse without causing a "high." Methadone and buprenorphine are fundamentally different from short-acting opioids such as heroin and prescription painkillers. The latter go right to the brain and narcotize the individual, causing sedation and euphoria (a "high"). In contrast, MAT medications assist the healing of the brain and help patients disengage from drug seeking and related criminal behavior and become more receptive to behavioral treatments. Injectable naltrexone is not opioid based and does not result in physical dependence. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery.

Myth *MAT increases the risk for overdose in patients*.
Fact MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression.

MYTHS & FACTS ABOUT MAT

Myth *Addiction medications are a "crutch" that prevents "true recovery."*

Fact Individuals stabilized on MAT can achieve "true recovery," according to leading addiction professionals and researchers. This is because such individuals do not use illicit drugs, do not experience euphoria, sedation, or other functional impairments, and do not meet diagnostic criteria for addiction, such as loss of volitional control over drug use. MAT consists not only of medication but also of behavioral interventions like counseling. The medication normalizes brain chemistry so individuals can focus on counseling and participate in behavioral interventions necessary to enter and sustain recovery.

Myth *A patient must be very severe to require MAT services.*

Fact MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient .

Myth *Requiring people to taper off MAT helps them get healthy faster because the utilization of MAT hinders and disrupts the recovery process. In addition, there isn't any proof that MAT is better than abstinence.*

Fact MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery. Requiring people to stop taking their addiction medications is counter-productive and increases the risk of relapse. In addition, because tolerance to opioids fades rapidly, one episode of opioid misuse after detoxification can result in life-threatening or deadly overdose. MAT is evidence-based and is the recommended course of treatment for opioid addiction. NIDA, SAMHSA, NIAA, CDCP, and other agencies emphasize MAT as the gold standard for addiction treatment and should be used in first line treatment.

MYTHS & FACTS ABOUT MATS

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Myth *Most insurance plans don't cover MAT*
Fact As of May 2013, 31 state Medicaid FFS programs covered methadone maintenance treatment provided in outpatient programs. State Medicaid agencies vary as to whether buprenorphine is listed on the Preferred Drug List and whether prior authorization is required. Extended-release naltrexone is listed on the Medicaid PDL in over 60 percent of states.

Myth *Courts are in a better position than doctors to decide appropriate for DC individual's treatment*.
Fact Deciding the appropriate treatment for a person with opioid addiction is a matter of physician discretion, taking into consideration the relevant medical standards and the characteristics of the individual patient. Just as judges would not decide that a person should treat her diabetes through exercise and diet alone, and instruct her to stop taking insulin, courts are also not trained to make medical decisions with respect to medically-accepted addiction treatment

MYTHS & FACTS ABOUT MAT

Myth *MAT should only be used for short term.*
Fact There is no one-size-fits-all regarding the duration for MAT.

SAMHSA recommends a "phased approach," beginning with stabilization (withdrawal management, assessment, medication induction, and psychosocial counseling), and moving to a middle phase that emphasizes medication maintenance and deeper work in counseling. The third phase is "ongoing rehabilitation," when the patient and provider can choose to taper off medication or pursue longer term maintenance, depending on the patient's needs.

For some patients, MAT could be indefinite. NIDA describes addiction medications as an "essential component of an ongoing treatment plan" to enable individuals to "take control of their health and their lives."

For methadone maintenance, NIDA states that "12 months of treatment is the minimum." Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success.

There is currently no evidence to support benefits from cessation. Patients with long-term abstinence from other illicit substances can follow a slow taper schedule under a physician's direction, when free of stressors, to attempt dose reduction or total cessation.

FINAL THOUGHTS

The National Institute on Drug Abuse (NIDA)has outlined important principles of evidence-based addiction treatment. One of the principles applies here: “No single treatment is appropriate for everyone”(2006, p. 3).

As the research has made increasingly clear, treatment and recovery pathways should be individualized, driven by comprehensive assessment and client choice.

Medicated Assisted Treatment is not the answer for everyone, but it is an option, and a VERY effective one for many struggling with addiction.

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QUESTIONS?

THANK YOU