MAT and the Correctional System

A National Perspective

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In the beginning...

Was the Unicycle

It used to be that the only treatments available for drug and alcohol related illnesses were psychosocial interventions.

*Difficult
*Many falls while learning
*Limited to a small number of clients
*Limited effectiveness

Then we graduated to ...

the bicycle

It became clear that without support, even the best psychosocial treatments were of limited effectiveness.

CSAT Access to Recovery grants gave us two wheels instead of one:

*housing
*education
*employment

And then came...

the Tricycle

Medication Assisted Treatment increased the probabilities of remaining abstinent

MAT is not designed to replace, but to augment psychosocial treatment and RSS.

*Effectively utilized by the greatest number of people, including those who have not acquired the skills to ride
*Extra support
*Stability of three wheels
MAT – Welcomed or not?

Lets consider our attitudes about other disorders:

Hypertension – low salt diet, weight loss, smoking cessation, stress reduction

AND

Antihypertensive medication

MAT – Welcomed or not?

Diabetes – lose weight, stop smoking, low sugar diet, regular testing of blood sugar

AND

Oral hypoglycemic agent or injectable insulin

MAT – Welcomed or not?

Asthma – Exercise, stop smoking, avoid asthma triggers

AND

Medications to prevent or treat an asthma attack

MAT – Welcomed or not?

Major Depressive Disorder – stress reduction, exercise, engagement in positive pursuits, psychotherapy

AND

SSRI or SNRI medication
What contributed to the attitude difference?

• Lack of understanding in the 60s and 70s led to use of benzodiazepines and other sedative-hypnotic drugs as treatment for alcoholism, which often resulted in additional dependence

What contributed to the attitude difference?

• Current misperceptions of methadone and buprenorphine:

  An opioid addict on methadone is “Still addicted”

  Right or Wrong?

Wrong!

Addiction is a loss of control, compulsive use and continued use in spite of adverse consequences.

A person taking their methadone as prescribed does not fit this description.

The most accurate comment is that they remain physiologically dependent (as does the diabetic to insulin)

Making the Case for the Tricycle

• Psychotherapy and education (the unicycle) targets the brain’s cortex.

• The brain disease of addiction also occurs in the limbic system, and any treatment that does not address this will typically be insufficient.
How long does the patient need to be on the medication?

The answer to this common question is that medication should be continued until the patient no longer needs it.

Coincidently, that is exactly the same length of time a patient should continue taking insulin, antidepressants, antipsychotics, antibiotics, and albuterol.

With the combination of psychosocial treatment, Recovery Support Services, and pharmacotherapies (MAT) we now have a tricycle available, which based on the research, is likely to increase positive treatment outcomes.

Do we have the right to deny our patients strategies with proven efficacy for achieving and maintaining recovery?

Goals of Drug Treatment:
Keeping an Eye on the Target

Abstinence
Functionality in family, work and Community
Reduced Criminal Behavior

Effectiveness of Treatment

Simply stated, Opiate treatment can work. According to some studies, treatment reduces drug abuse and criminal activity by as much as 80 percent and increases employment by 70 percent.
The rate of daily heroin use went from 100% pre-treatment to 40% for patients in long term treatment and 17% for patients who remain in continuous treatment.

Condelli and Dunteman

Cost-Effectiveness of Drug Treatment

- Cost to society of drug abuse = $180 billion/year.
- Treatment is less expensive than incarceration:
  - Methadone maintenance = $4,700/yr
  - Imprisonment = $18,400/yr
- Other studies indicate that every $1 invested in treatment can yield up to $7 in savings.

Research Highlights

Studies repeatedly, consistently demonstrate across countries and populations that methadone is effective in:

- Improving treatment retention
- Decreasing crime
- Decreasing narcotic use
- Improved employment status
- Improved physical and mental health
- Decrease in HIV rates
NIMBY is Expensive and Illegal

- Warren, Maine: Sued for violation of ADA. Town settles law suit for $495,000. May 2014
- EEOC Sues Employers for Discriminating Against Methadone Patient. Multiple awards
- DuBois, PA: RJH Medical Center awarded $132,800 for equal protection violation Aug 2012

Different Models of Methadone (Buprenorphine in Jails and Prisons)

- New York State: Rikers Island KEEP Program
- Rhode Island: CODAC – Delivering Methadone to Inmates
- Florida: Orange County Jail Methadone/Buprenorphine
- Pennsylvania: Philadelphia Prison System
- Maryland: Baltimore County Jail Recidivism Prevention
- New Mexico: Legislation – Opiate Replacement Therapy Pilot Project
- Washington: At the inception
- Phoenix: Correctional Health Services MAT within Maricopa County jail system
Methadone Treatment Today

- In 1995, the Institute of Medicine published findings recommending that federal regulation be modified and supplemented and that the assessment of opiate addiction should be based on clinical practice guidelines and not on regulations.
- Final Rule in 2001 transferred authority for oversight and monitoring of opioid treatment programs from the Food and Drug Administration (FDA) to the Substance Abuse and Mental Health Services Administration (SAMHSA) and established a regulatory-accreditation system.
- SAMHSA regulations establish basic regulatory standards both for approval of accreditation bodies and opioid treatment programs.
The panel calls attention to the need for opiate-dependent persons under legal supervision to have access to Methadone Maintenance Treatment. The ONDCP and the U.S. Department of Justice should implement this recommendation.

Source: NIH Consensus Statement; Volume 15, Number 6 - 1997