Medication-Assisted Treatment for Problem Solving Courts

Fit, Function & Feasibility

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medication + behavioral therapies = MAT
part 1: medication-assisted treatment overview

how medications can enhance substance abuse treatment outcomes
substance abuse treatment is effective and cost-neutral

but half of consumers will be lost to attrition
...but addiction also impacts the limbic system (and the reward pathway). Treatment that does not impact this system may be ineffectual.
MAT defined

“...treatment for a substance use disorder that includes a pharmacological intervention as part of a comprehensive substance use treatment plan...”

(Addiction Technology Transfer Center, 2017)
Substance abuse treatment which combines medication with behavioral therapies has been shown to be more effective than treatment with behavioral therapies alone.

(Centers for Disease Control & SAMHSA Joint Bulletin, 2014)
how MAT works

- eases withdrawal symptoms
- reduces cravings
- induces illness when substance is ingested
benefits of MAT

- lower risk of overdose
- increased rates of employment
- reduced criminal activity
- reduced substance use
- improved treatment retention
- improved functioning
why MAT for problem solving courts?

- MAT is consistent with **best-practice** for substance use disorder treatment
- MAT has demonstrated reductions in **criminal activity**
- MAT can result in improved **occupational functioning**
- Those involved in the criminal justice system often have a more **advanced stage condition** (e.g. a severe substance use disorder) which may necessitate medication
“Medically assisted treatment can significantly improve outcomes for offenders. Buprenorphine or methadone maintenance administered prior to and immediately after release from jail or prison has been shown to significantly increase opiate-addicted inmates’ engagement in treatment; reduce illicit opioid use; reduce arrests, technical parole violations, and reincarceration rates; and reduce mortality and hepatitis C infections.”

part 2: myth-busting
clarifying common misconceptions surrounding medication-assisted treatment
Misconceptions regarding MAT has led to underutilization, depriving those with substance use disorders of medications that may enhance treatment outcomes and reduce the probability of premature death.

(Knudsen, Abraham, & Roman, 2011; Volkow et al., 2014)
myth #1: MAT is just replacing one drug with another.
Medications are used to treat most health and behavioral health conditions.
MAT vs. illicit drugs

prescribed/monitored by a medical provider

FDA-approved

regulated potency

curbs cravings and withdrawal symptoms

obtained by illegal means

not legally permitted

potency varies

results in euphoria or a “high”
addiction vs. dependence

compulsive use
continued use
despite consequences
using a substance to get “high”

physiologically reliant on a medication
dependence on medications is common (e.g. insulin, benzodiazepines, antipsychotic medications)
utilize the medication to feel well
myth #2: MAT doesn’t work.
to be approved by the FDA, medications must be shown to be **safe**, but also **effective**
treatment outcomes for buprenorphine/naloxone

- increased treatment retention
- decrease in self-reported cravings
- decreased illicit opioid use

(Bart, 2012)
buprenorphine was significantly more effective at reducing illicit opiate use than placebo.

(Mattick, Kimber, Breen & Davoli, 2008)
Increased treatment retention
Decreased illicit opioid use
8-10 fold decrease in drug-related deaths
Increase in employment rates
Decrease in criminal activities

(Bart, 2012; Degenhardt et al., 2009; Marsch 1998)
MAT has also been found to reduce risky behaviors: IV drug use and unprotected sex, reducing HIV and Hepatitis C. (Mattick, Breen, Kimber & Davoli, 2003; SAMHSA, 2005)
treatment outcomes for alcohol medications

- reductions in total drinking days
- reduction in heavy drinking days
- increased likelihood for abstinence;
- reduced risk of relapse

(Streeton, Whelan, & Streeton, 2001)
myth #3: If someone is abstinent, they don’t need MAT.
drug overdose is one of the leading causes of death for individuals being released from prison or jail

(Binswanger et al., 2007)
those leaving detoxification facilities are at high risk for accidental overdose given reduced tolerance
myth #4: MAT is too expensive
many MAT medications can be found on state Medicaid/Medicare formularies
for those who do not qualify for Medicaid or Medicare, many patient assistance programs are available through the medication manufacturers.
part 3: the medications
uses and considerations
Currently there are FDA-approved medications for:

- opioid use disorders
- alcohol use disorders

There are currently no FDA-approved medications for stimulant use disorders.
opioid medications
“With opioids there is a small window between euphoria and death.”

--The National Alliance of Advocates for Buprenorphine Treatment
42,249

prescription and illicit opioid-related fatal overdoses in 2016

(Centers for Disease Control, 2017)
116 Americans die each day from an opioid overdose

(Centers for Disease Control Mortality & Morbidity Weekly Report, 2016)
nearly half of all opioid overdoses involve a prescription opioid

(Centers for Disease Control, 2017)
3 out of 4 new heroin users report using prescription opioids prior to commencing heroin

(Centers for Disease Control, 2017)
medications for opioid use disorders

{ methadone
  buprenorphine
  naltrexone }
how do opioids work?

- full agonist (e.g., methadone)
- partial agonist (e.g., buprenorphine)
- antagonist (e.g., naloxone)
methadone (Methadose®, Dolophine®)

**Mechanism:** full agonist (acts on opioid receptors), alleviates withdrawal symptoms & cravings

**Pros:** affordable, long half-life allows for once daily dosing, liquid dose prevents diversion, FDA-approved for pregnant women

**Cons:** risk of overdose when combined with other substances
buprenorphine (Subutex®)
buprenorphine/naloxone (Suboxone®)

mechanism: partial agonist - blocks euphoric effects of opioids, alleviates withdrawal symptoms, assists with cravings

pros better safety profile than methadone, available in a sublingual film, naloxone discourages misuse

cons ceiling effect may provide insufficient therapeutic effect for those with longer term opioid use disorders
buprenorphine extended-release (Sublocade®)

- once a month injectable buprenorphine
- approved by the Food and Drug Administration in November 2017
- for moderate-severe opioid use disorders

**Pros** demonstrates initial promise in reducing illicit opioid use; improved compliance due to injectable formulation; reduced risk for diversion

**Cons** cost ($1,500/month); additional study on long term outcomes needed
naltrexone (Depade®, ReVia®, Vivitrol®)

**mechanism:** full antagonist (blocks opioid receptors)

**pros** prevents euphoric effects of opioids; non-addictive; extended release injectable available

**cons** non-adherence; mood disruptions; extended release injectable very costly; poor to little control of cravings
alcohol medications
medications for alcohol use disorders

\{ naltrexone, acamprosate, disulfiram \}
naltrexone (Depade®, ReVia®, Vivitrol®)

**Mechanism:** blocks the pleasurable effects of alcohol; reduces alcohol cravings

**Pros:** can be used for alcohol & opioid dependence, non-addictive, reduces drinking episodes & volume, extended release available

**Cons:** non-adherence
acamprosate (Campral®)

**mechanism:** assists in post-acute withdrawal symptoms (e.g. irritability, anxiety, agitation)

**pros** non-addictive, can assist in maintaining abstinence, not easily abused/misused, affordable

**cons** requires 5 days of abstinence to commence treatment
disulfiram (Antabuse®)

mechanism: causes physical illness following alcohol consumption

pros non-addictive, affordable ($80/mos), useful with severe alcohol use disorders

cons non-adherence, risk of death for those with certain pre-existing health conditions
medications to prevent overdose
naloxone (Narcan®, Evzio®)

mechanism: full antagonist (blocks opioid receptors)

- used to reverse opioid overdose
- family members, friends or first responders can administer
- will not cause harm if person is not experiencing an opioid overdose
- nasal & auto-injectors available
part 4: MAT referral process
identifying appropriate candidates and locating providers
Consider referrals for medication-assisted treatment (MAT) assessment for defendants with severe substance use disorders or those experiencing physiological dependence.
Which specialty court participants are good candidates?

- those experiencing physiological dependence
- those with a severe substance use disorder
- unsuccessful with behavioral therapies alone
- openness to try MAT
medical professionals will make the ultimate determination around *eligibility*...
The Substance Abuse and Mental Health Services Administration’s buprenorphine physician locator and Opioid Treatment Program (OTP) locator can be utilized to identify providers in your area.
AZ treatment provider locator: www.substanceabuse.az.gov

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Thank you!

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