MaT for Montana Correctional Facilities Forum

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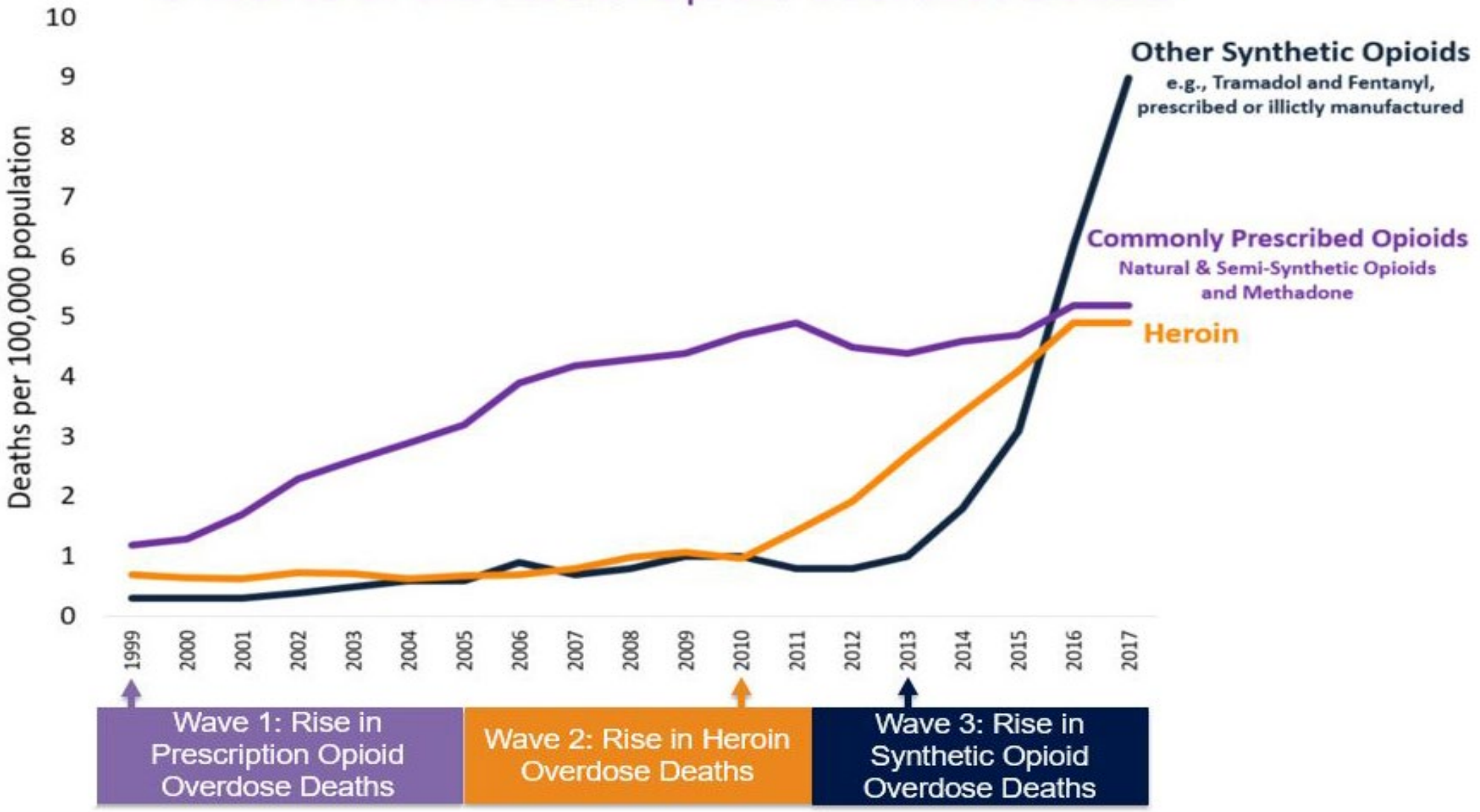
3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

Use of Medication Assisted Treatment For Opioid Use Disorder in Criminal Justice Settings—Evidence Based Resource Guide 2019 SAMHSA

- See also webinars by the SAMHSA GAINS Program

THE TOOLKIT—National Council for Behavioral Health

- Medication-Assisted Treatment in Jails and Prisons
- A PLANNING AND IMPLEMENTATION TOOLKIT
- TheNationalCouncil.org

American Society of Addiction Medicine (ASAM) Definition of Addiction, Sept 15, 2019

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

- Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

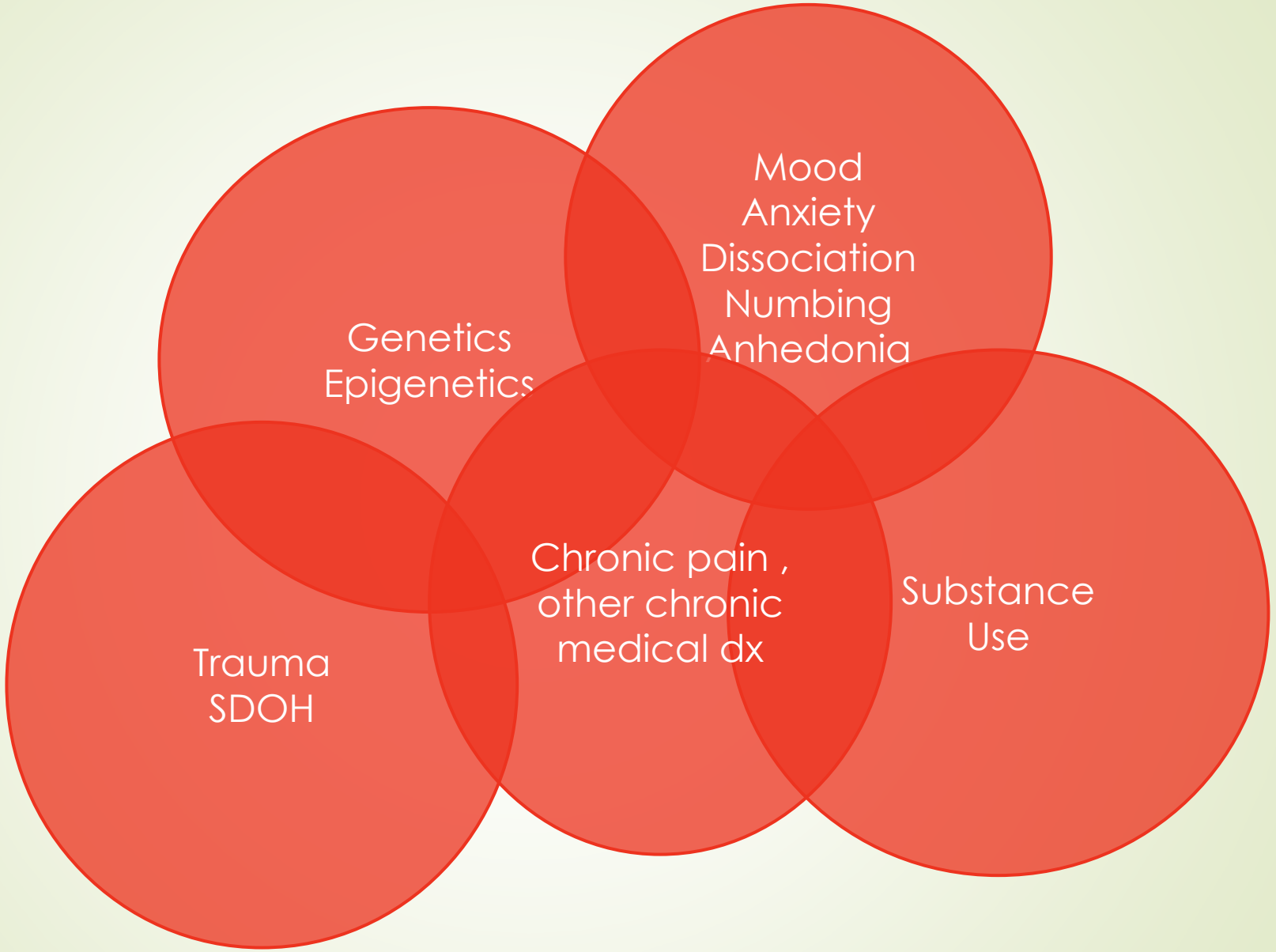
Why do people take drugs?

To Feel Good

To have novel feelings, sensations, experiences, & to share them, to belong, change persona

To Feel Better

To lessen anxiety, worries, fears, depression, pain, hopelessness, & withdrawal, and to function


Mood
Anxiety
Dissociation
Numbing
Anhedonia
Genetics
Epigenetics
Chronic pain ,
other chronic
medical dx
Trauma
SDOH
Substance
Use

What Factors Contribute to OUD?

Drug availability, peers who use drugs

Low hedonic tone with decreased capacity to experience pleasure

Chronic stress

Family problems

Early physical or sexual abuse

Adverse Childhood Events

Trauma we don't talk about

- Judgmental, moralizing, stigmatizing, and punitive behavior in the medical system, social services, and law enforcement
- Paradigm shift needed
  - Acceptance of harm reduction as applicable to all chronic diseases
  - Advocacy of substance use disorders as chronic brain diseases with frequent overlap with chronic pain, trauma disorders, and mood and anxiety disorders
  - Genetic and epigenetic vulnerability
  - **Belief in the science**
  - Compassionate, friendly, warm, engaging, trusting, motivational, listening, accepting, affirming, rewarding, positive, reassuring, advocating, and so on

Odds of being arrested and being involved in CJ system

- 16% with no past year opioid use
- 52% with prescription opioid use disorder
- 77% with use of heroin
- 24-36% of individuals with an opioid use disorder (heroin) pass through our correctional facilities annually
- Estimated 17% of state prison inmates and 19% of jail inmates report regularly using opioids

Transition from jail or prison to community for individuals with OUD is overwhelmingly negative

- Higher rates of returning to CJ system
- Harm to families
- Negative public health effects—Infectious disease and death
- Within 3 months of release, 75% of persons with OUD relapse to opioid use
- 40-50% are arrested for a new crime within the first year
- Overdose is leading cause of death for formerly incarcerated individuals
- **On release to the community, up to 120X more likely to die of OD compared to general population, especially in the first few weeks!!!!**

Medication for AddictionTreatment

- A medical model for the treatment of OUD
- Treats OUD as a chronic, relapsing brain disease (similar to how we treat diabetes or high blood pressure).
- The most effective medications, methadone and buprenorphine, are long-acting, legal, opioid medications which prevent withdrawal, minimize craving, promote normality and block the effect of opioids if used.
- Naltrexone-XR or Vivitrol is a third option in specific circumstances, albeit with reservations.

Four Medications Approved by FDA for Treatment of OUD

- Methadone – full opioid agonist
- Buprenorphine – partial opioid agonist
- Naltrexone-XR – opioid antagonist
- Naloxone—opioid antagonist—RESCUE!

- "Medications for Addiction Treatment"

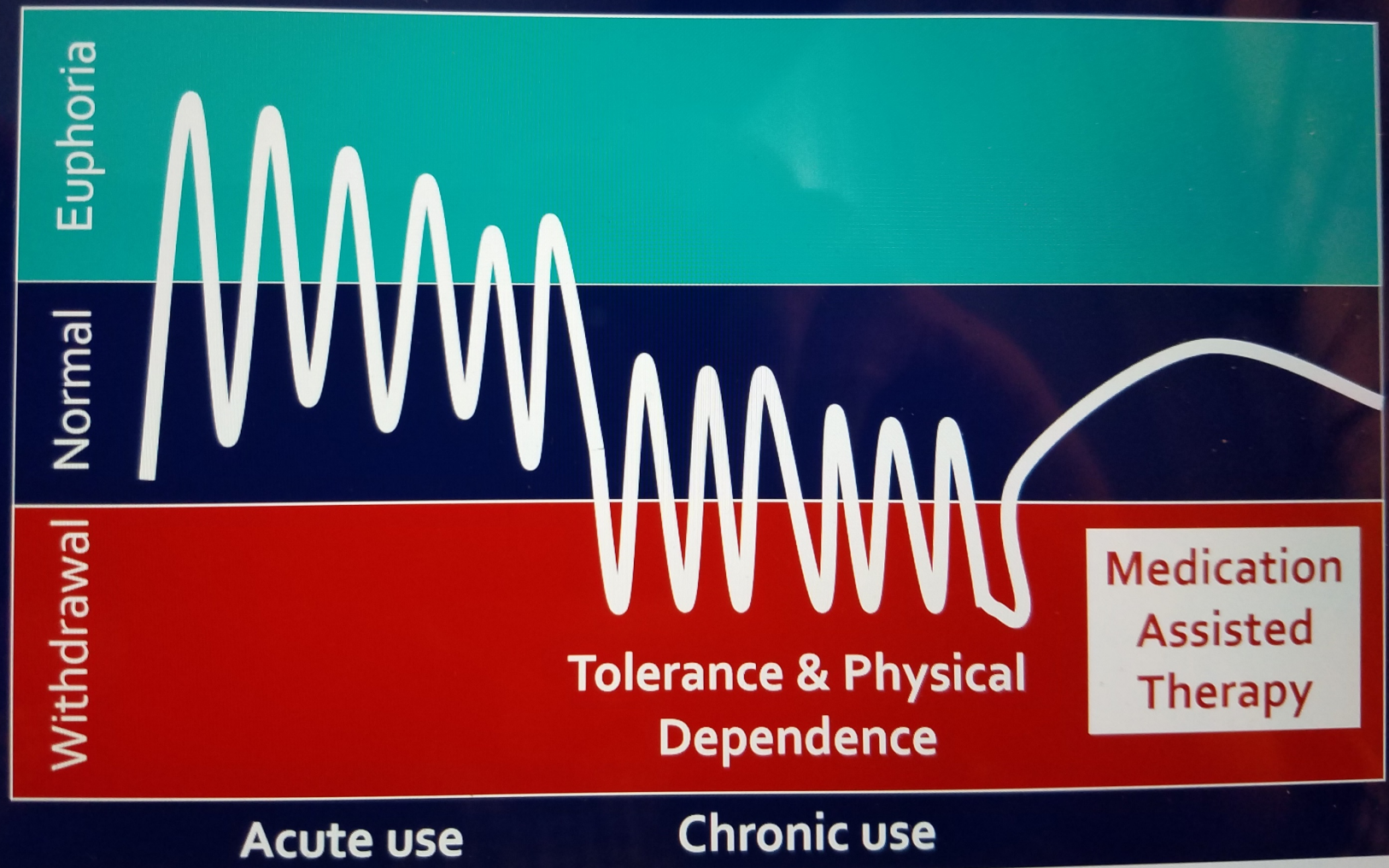
Buprenorphine Efficacy: Summary

Studies (RCT) show buprenorphine (16-24 mg) more effective than placebo and equally effective to moderate doses (80 mg) of methadone on primary outcomes of:

- Retention in treatment
- Abstinence from illicit opioid use
- Decreased opioid craving
- Decreased mortality
- Improved occupational stability
- Improved psychosocial outcomes

Johnson et al. NEJM 2000; Fudala PJ et al. NEJM 2003; Kakko J et al. Lancet 2003; Sordo L et al. BMJ 2017; Mattick RP et al. Conchrane Syst Rev 2014; Parran TV et al. Drug Alcohol Depend 2010

Opioid Agonist Therapy



Does MaT Replace One Addiction for Another?

- NO! Addiction (substance use disorder) is compulsive use of a drug despite the harm caused by its use.
- Slow onset of action blunts euphoria – does not get users high at proper doses
- Most people on MaT dramatically decrease and most will eventually stop all use of opioids.
- Patients can address other mental health, medical and social problems.
- Most lead normal healthy lives, but success requires continuation of treatment including linkage to psychosocial support services when needed.

Why MaT?

- **Because once a person has OUD, simply stopping drug use (i.e. detox) without MaT maintenance is rarely successful for preventing relapse (7-10%). Acute withdrawal is intense and very uncomfortable for several days but then the chronic protracted withdrawal emerges and without MaT persists indefinitely.**
- **Very high (70 to 90%) relapse rate after "abstinence-based" treatment. Detox and/or Treatment without MaT is not an evidence-based Tx for OUD!**
- Increased risk of overdose death after abstinence - due to loss of tolerance.
- **Overdose death rates dramatically increase after re-entry from incarceration or abstinence-based rehab**

MAT IS EFFECTIVE!

- Numerous studies support MAT for effectively addressing OUDs and negative consequences of CJ involved persons
- Few settings offer this treatment—but increasing
- Significant impact of recent court cases
  - Violation of ADA
  - Cruel and unnecessary punishment—8th Amendment
- Importance of warm hand-off to the community
- Economic costs are staggering!

MAT and Opioid Mortality
17568 OD survivors to MAT

- **Decrease in opioid related mortality**
  - ***59% methadone***
  - ***38% buprenorphine***
  - ***Both meds associated with a decrease in all cause mortality***

- ***No association found between Naltrexone-XR and mortality!***
- **Marc Larochelle, Annals of Internal Med, Aug 2018**

Overdose reduction and decreased acute care utilization

- Wakeman, Sarah, JAMA Network Open, 2020
- Only treatment with methadone and buprenorphine was associated with a reduction in ODs—76% reduction in ODs at 3 months and a 59% reduction in ODs at 12 months
- Both methadone and buprenorphine associated with a reduction in opioid acute care utilization at 3 and 12 months
- Cohort of 40885 persons, treatment pathways, including, no treatment, inpatient detoxification or residential treatment, intensive behavioral health, buprenorphine or methadone, naltrexone-XR and non-intensive behavioral health

Importance of post-release services

- Warm hand-offs with seamless transition
- Community providers meet with participant prior to release from custody
- Establish process to get on Medicaid ASAP
- Services immediately on release—incentives for providers
- Address SDOH
- Benefits of supervision, including treatment courts

Prevention of misuse

- Observation
- UDT random and for cause monitoring
- Pill counts
- Medication event monitoring
- Abuse deterrent formulations
- Rational pain management
- MPDR

4 Main Identified Advantages from the Inmates' Perspective

- Prevention of withdrawal
- Fewer illicit drugs in the correctional facility
- Improved overall environment for the correctional facility staff and inmates
- Supports inmates' ability to think clearly about post-incarceration, treatment and recovery plans

4 Main Identified Areas for Improvement for Inmates with Opioid Use Disorder

- Limited range of recovery support services offered in correctional facilities
- Lack of education about medication treatment and opioid use disorder among facility staff
- Limited resources for smooth transitions to community-based care
- Occasionally delayed receipt of medication after arrest

- Rhode Island experience, Recovery Research Institute, 2/20 Bulletin
- recoveryanswers.org