MAT & DRUG COURTS

Steve Hanson

NDCI
NATIONAL DRUG
COURT INSTITUTE

Session Goals

Objectives of Session:

1. **Increase understanding of why MAT is so important**
2. **Increase understanding of how the medications work**
3. **Dispel myths about MAT**

MAT

Several Names

MAT – Medication Assisted Treatment

MAT – Medication for Addiction Treatment

MOUD – Medication for Opioid Use Disorder

Addiction is a Brain Disease

Prolonged Use Changes
the brain in Fundamental
and Long Lasting Ways

MAT – THE STANDARD OF CARE FOR OUD

- American Medical Association - AMA
- American Society of Addiction Medicine – ASAM
- American Association of Addiction Psychiatry – AAAP
- Etc., Etc., Etc…

MAT/MOUD

It is the FIRST Level Standard of Care, not the last resort.

Opioid Epidemic

- A lot of people are dying
- Medications work

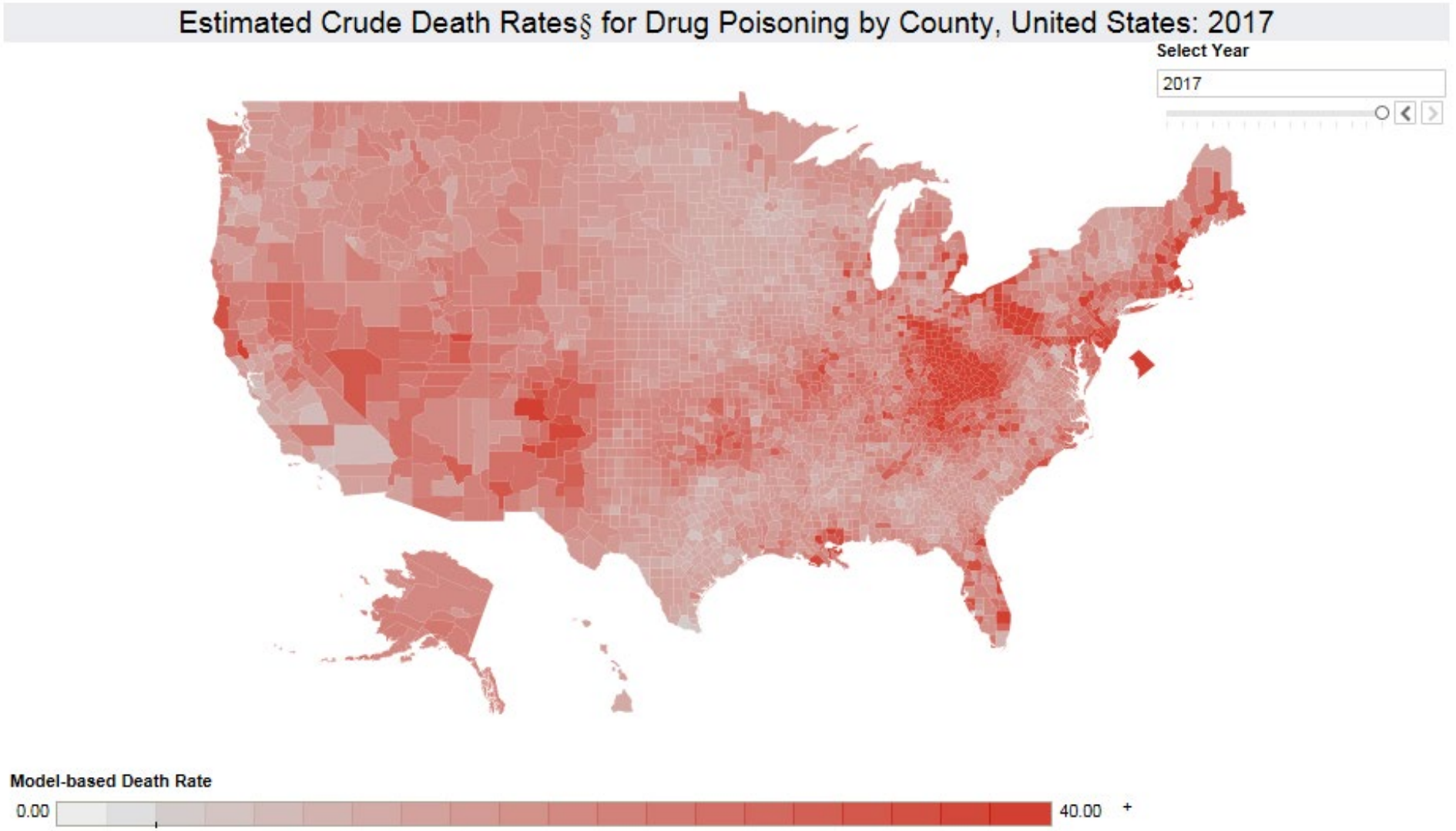
Heroin/Opioids

190
Americans

die every day from
an **opioid overdose**
(that includes prescription
opioids and heroin).

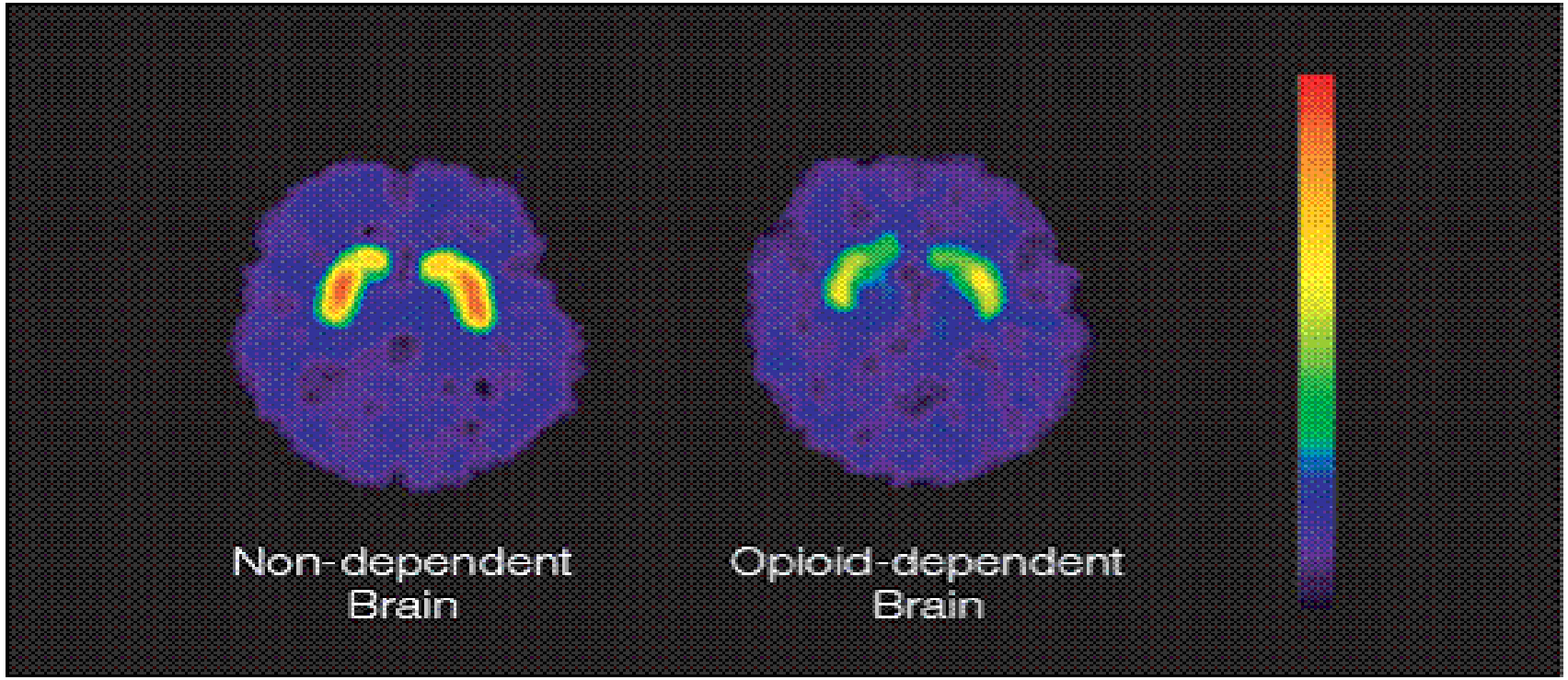
70,000 Deaths a Year

Drug Poisoning Deaths

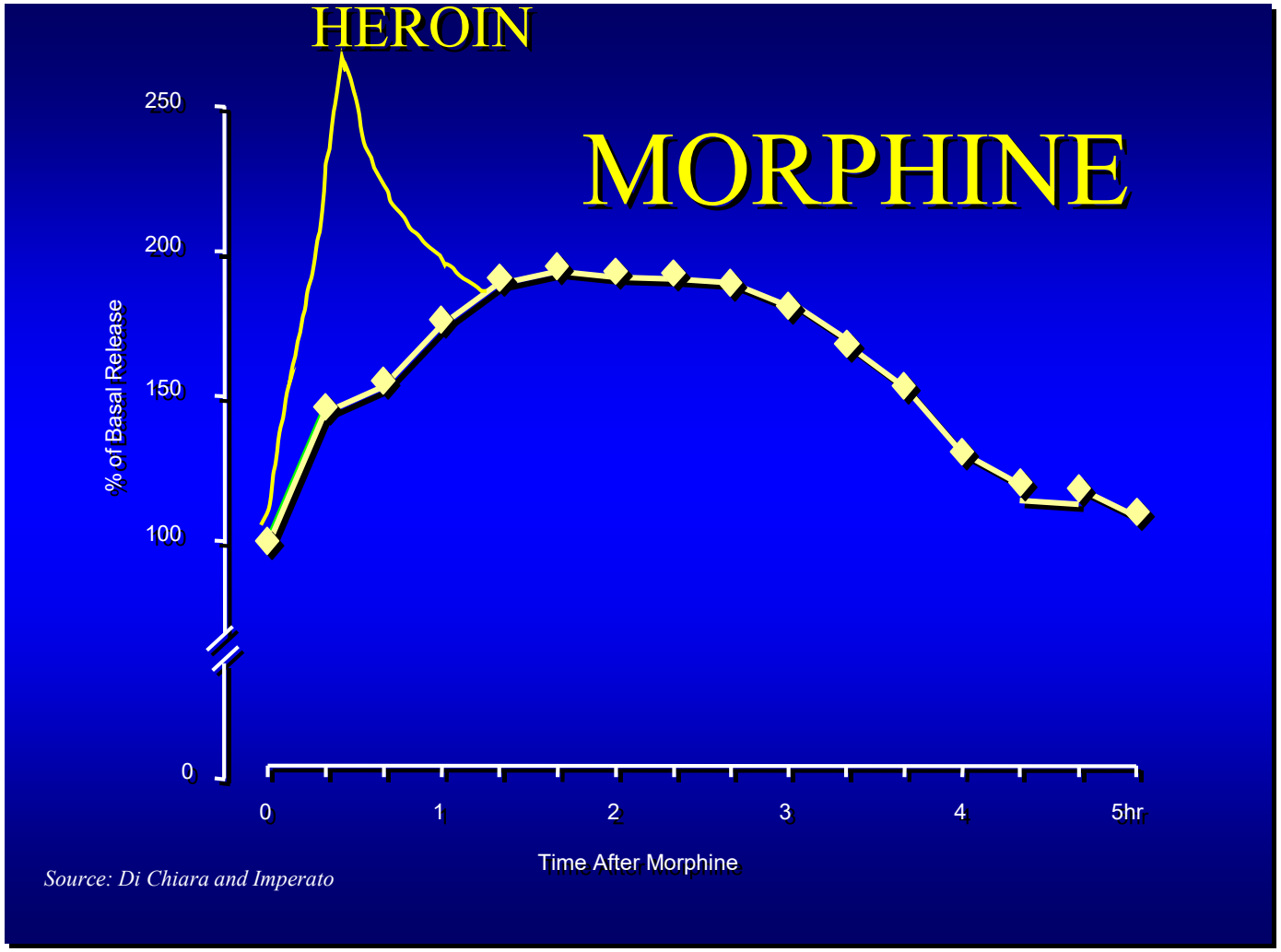


This is Your Brain on Drugs

Non–Opioid-Dependent and Opioid-Dependent Brain Images



PET scan images show changes in brain function caused by opioid dependence. The lack of red in the opioid-dependent brain shows a reduction in brain function in these regions.


HEROIN
MORPHINE
250
200
150
100
0
% of Basal Release
0
1
2
3
4
5hr
Time After Morphine
Source: Di Chiara and Imperato

Heroin/Opioids

Effects

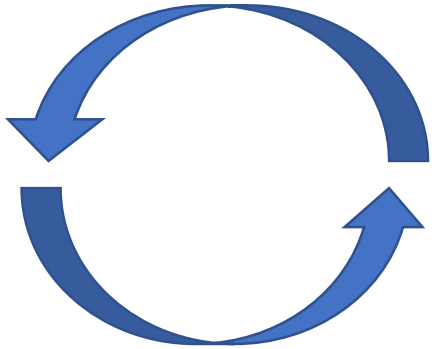
- Analgesia - change in pain perception
- Euphoria - Intense
- Sedation - “on the nod”
- Respiratory Depression
- Cough Suppression
- Nausea/vomiting
- Constipation

Withdrawal

- Pain
- Depression
- Alert
- Rapid Breathing
- Coughing
- Nausea/Vomiting
- Diarrhea
- 3-5 days

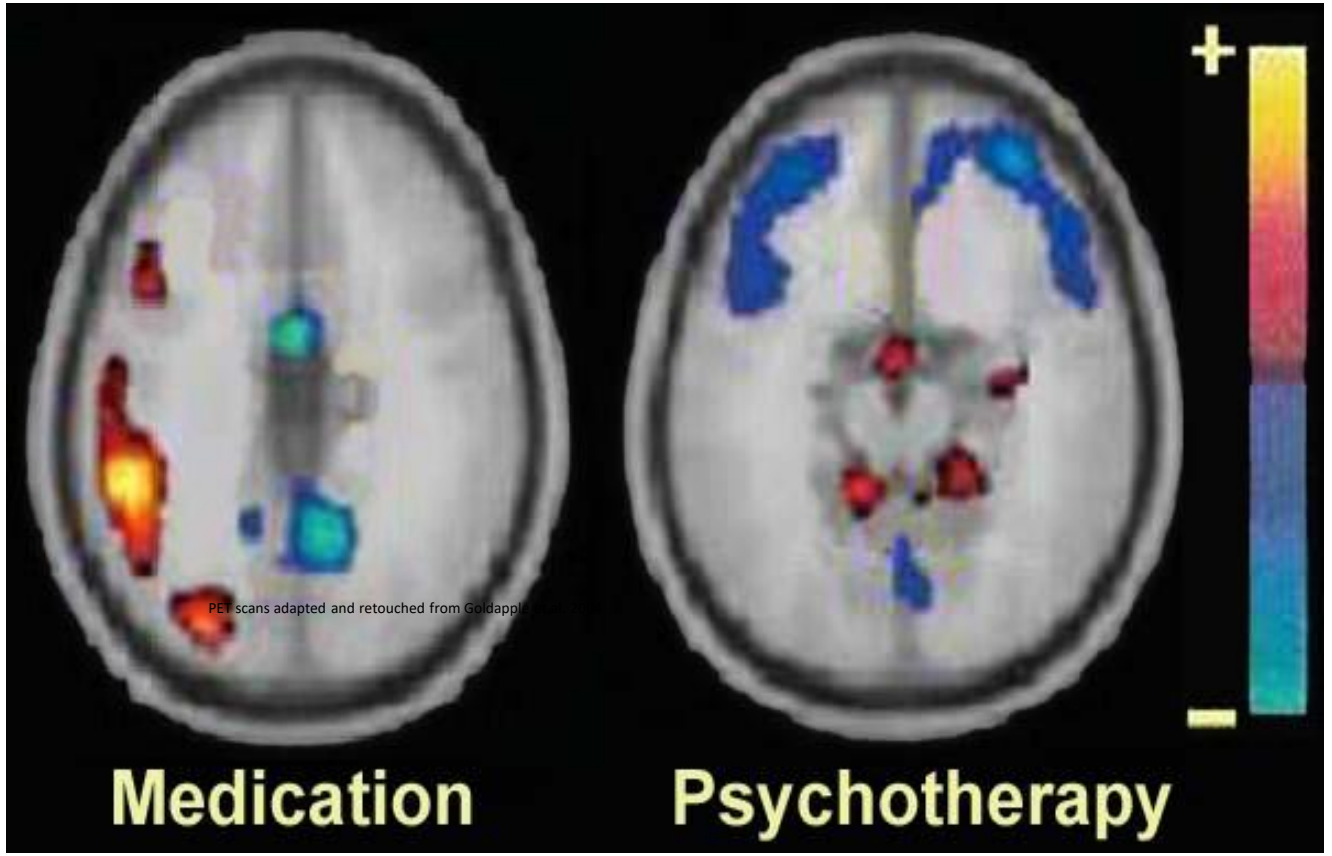
Addiction/Dependency Cycle

- Opioids trigger reward system – euphoria – leads to continued use – addiction
- Withdrawal symptoms are significant – regular use to avoid withdrawal - dependence



Does Treatment Work?

- Medications + psychosocial therapy ***both*** benefit brain function and recovery.
- Each affects *different parts* of brain and in *opposite ways*.



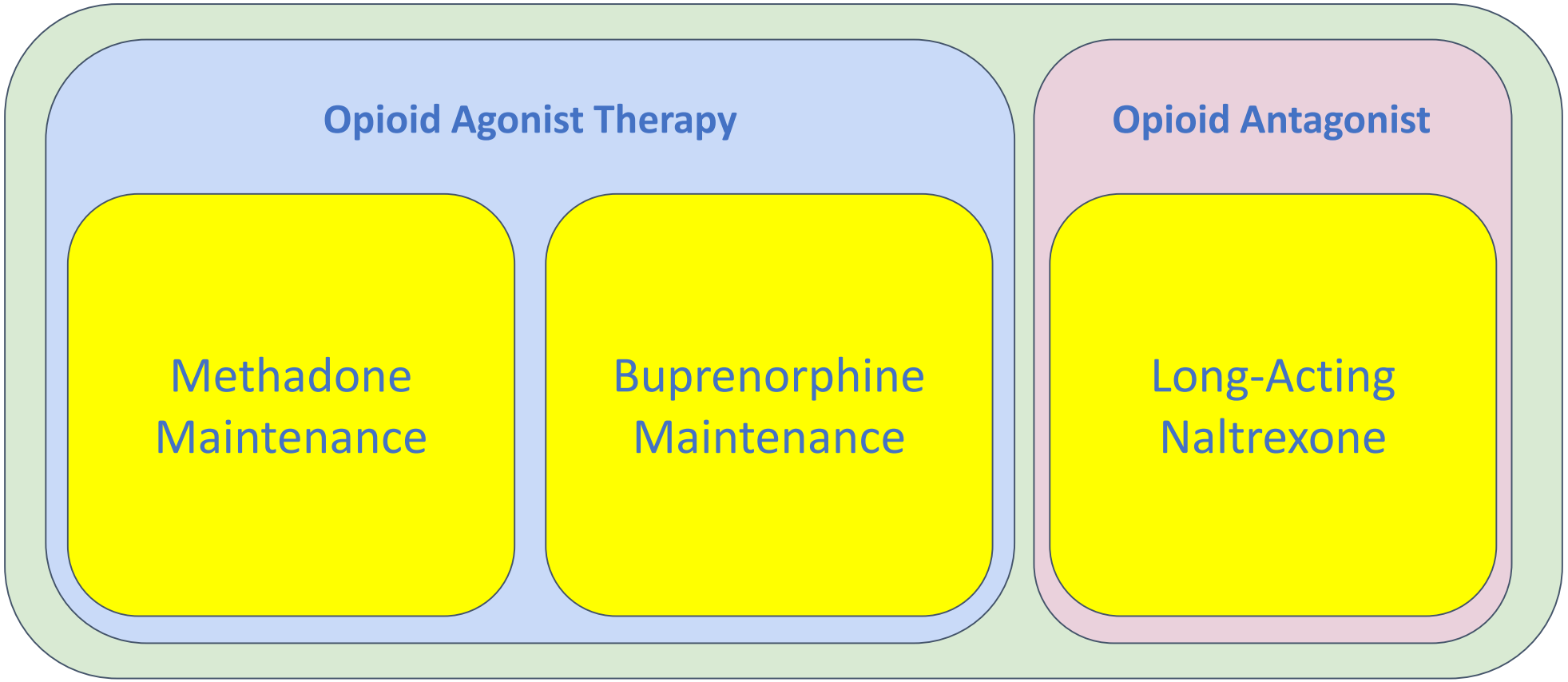
Counseling Component

- Important for addressing trauma, mental health issues, triggers and cravings
- Many people use more than one substance
- However, do not make getting medication dependent on counseling participation

Medications

- Can reduce cravings
- Can enhance engagement in treatment
- Can reduce use of other substances
- Can increase contact with professional care givers
- Reduces crime
- Can save lives!

Medication Types

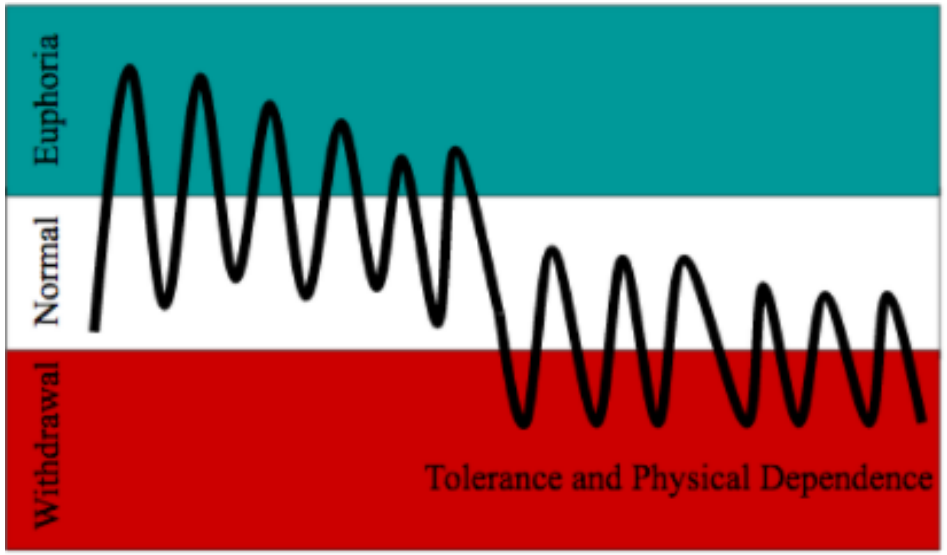


Agonist Treatment

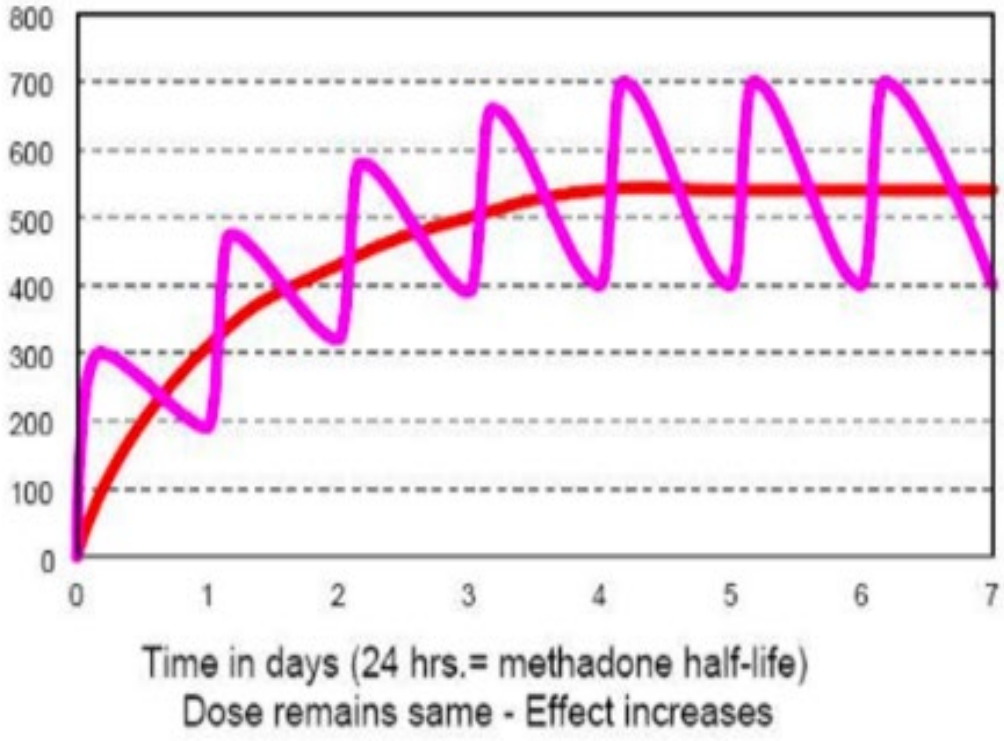
- Methadone and Buprenorphine
- Goals:
  - Prevent withdrawal symptoms
  - Reduce craving
- Effectiveness – Very effective

Agonist Treatment

Heroin



Methadone



The Medication stops the screaming in my ears

Addiction vs. Medication

Addiction

- Escalating use over time
- Loss of control; inability to stop
- Use despite negative consequences
- Unable to fulfill societal obligations

Medication

- Monitored by Doctor
- Able to meet all personal, family and social responsibilities
- Presence of withdrawal symptoms if substance stopped abruptly

*Methadone and buprenorphine result in physical dependence but **not** addiction.*

Methadone Effectiveness

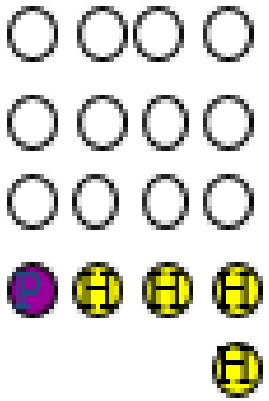
Baseline

Methadone	Regular Outpatient Rx.
H H H H	H H H H
H H H H	H H H H
H H H H	H H H H
H H H H	H H H H
H	H

Gunne & Gronbladh, 1984

Methadone Effectiveness – 2 Years

Methadone

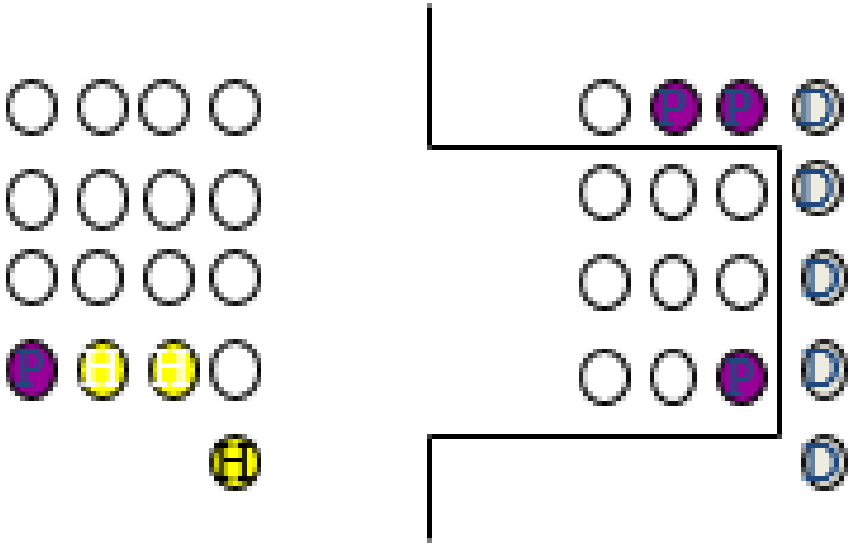


No Methadone

1- Sepsis & endocarditis
2- Leg amputation
3- Sepsis

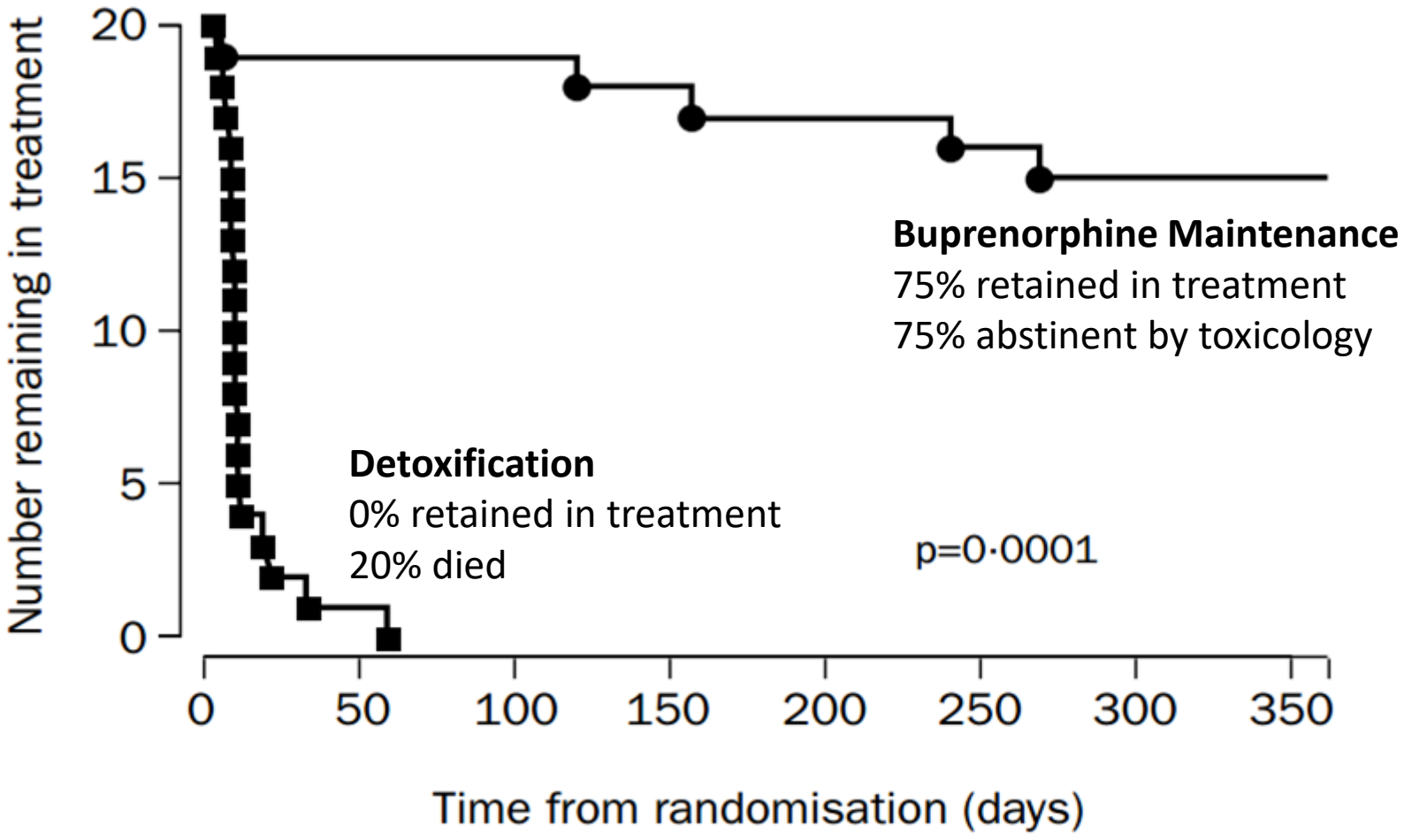
Gunne & Gronbladh, 1984

Methadone Effectiveness – 5 Years



Gunne & Gronbladh, 1984

Buprenorphine Research



Kakko et al. Lancet. 2003 Feb 22;361(9358):662-8

Mortality

	Placebo	BPN
Dead	4/20 (20%)	0/20 (0%)

Heilig, Lancet 2003

Long Acting Naltrexone

- Blocks opioid action
- Prevent overdose
- Long Acting (28-30 days) Injectable Antagonist
- Helps with compliance
- Non-Dependency producing
- Requires 7-10 days of abstinence to begin

Is Vivitrol “THE ANSWER”?

- Research is promising – but long term studies still in process
- Overdose Risk upon termination
- Some report reduction in craving
- Injection can be painful

- Effective for Many – still to be defined who it will be best for

Which MAT is Best?

- Still being studied
- May Depend on:
  - Persons OUD history (how long?)
  - Other conditions – liver issues
  - Prior history with MAT
  - Risk factors – environment, MH, etc.
  - Availability
- It's the Doctor and Patient's call

MAT Stages

- Induction – Beginning treatment during early stages of withdrawal
- Stabilization – withdrawal symptoms eliminated and craving reduced – dose regulation
- Maintenance – Continue on medication

How Long?

- Risk if stopped
- Is person functioning well?

Issues

There are several common obstacles to implementing Medication-assisted Treatment (MAT) in Drug Courts, including:

- Stigma
- Logistics/Access
- Cost
- Diversion concerns

Addressing Stigma

Stigma is the largest obstacle to MAT. The stigma is based on “philosophical” bias and erroneous beliefs about the medication.

(Wakeman and Rich, 2017)

Addressing Erroneous Beliefs

- Many people have achieved Recovery without medication. – **True**

- If you have to take a medication, it's not "real recovery." **– False**

- You are just replacing one drug with another. **– No, it's a medication.**

Addressing Erroneous Beliefs (cont'd)

- People on MAT are just zombies.
  – **False**

- People on MAT can't function normally.
  – **False**

- People on MAT can't take care of their children.
  – **False**

Addressing Erroneous Beliefs (cont'd)

- People standing in line for methadone look like they are still using drugs.
  - The people in line are generally those who have just started treatment. They haven't reached full stabilization yet.
  - As they continue in treatment, they look and feel better. They also don't have to stand in line every day.
  - You don't get to see the people who are doing well.

Education to address erroneous beliefs

- The best way to address the mistaken beliefs is education.
  - Visit an opioid treatment program (OTP); talk with patients.
  - Access resources about evidence-based practices for MAT in criminal justice.
    - E.g., Use of Medication-assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. SAMHSA, 2019.

Logistics/Access Planning

- Methadone for opioid use disorder (OUD) is highly regulated.
  - Methadone clinics are not available everywhere.
  - There are caps on the numbers of patients.
- Buprenorphine prescribing requires special certification.
  - Physicians might be deterred from offering.
  - There are caps on the number of patients.

Addressing Diversion Concerns

- Buprenorphine is commonly diverted.
- Some patients with low tolerance to buprenorphine may experience effects.
- Most patients receiving buprenorphine treatment remain on the medication to avoid withdrawal symptoms – exactly what it is prescribed for.

- Preventing diversion is difficult.

Stigma

- It’s just replacing one drug with another
- It’s not real Recovery
- It damages bones, other physical effects

Relapse Risks upon Release from Custody – Jail Sanctions

- People with OUD will quickly lose tolerance while incarcerated
- Vulnerable to relapse (craving) and overdose (low tolerance/powerful opioids)
- Study shows 11X mortality risk in first two weeks after release
- If person cannot get their medication in jail there is a substantial risk for overdose when released

Federal Position

- Drug courts that receive federal dollars will no longer be allowed to ban the kinds of medication-assisted treatments that doctors and scientists view as the most effective care for opioid addicts, Botticelli announced in a conference call with reporters. (ONDCP)
- "We've made that clear: If they want our federal dollars, they cannot do that. We are trying to make it clear that medication-assisted treatment is an appropriate approach to opioids." (SAMHSA)

BJA Grants

Applicants must demonstrate that the drug court for which funds are being sought will not:

1. deny any appropriate and eligible client for the drug court access to the program because of their **medically necessary** use of FDA-approved medication assisted treatment (MAT) medications (methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine) that is in accordance with an appropriately authorized physician's prescription; and
2. mandate that a drug court client no longer use **medically necessary** MAT as part of the conditions of the drug court if such a mandate is inconsistent with a physician's recommendation or prescription. Under no circumstances may a drug court judge, other judicial official, or correctional supervision officer connected to the identified drug court deny the use of these medications when **medically necessary** and when available to the clients and under the conditions described above.

Alive is Good!

NADCP
National Association of Drug Court Professionals

NDCI
NATIONAL DRUG COURT INSTITUTE

est. 1997

NCDC
NATIONAL CENTER FOR DWI COURTS

est. 2007

JUSTICE FOR VETS

est. 2010