

Opioid Use and Justice Involvement:

Challenges in Treatment, Engagement, and Continuity

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Overview:

- Persons who have not been in care, and even those in current Medication-Assisted treatment (MAT), may experience significant withdrawal symptoms during even a brief incarceration.
- Some jurisdictions have developed plans for medication continuity for those in MAT care at the time of their arrest.

Overview, continued

- Concerns about arrest or DCF involvement can keep women from seeking care during pregnancy.
- A shift to heroin use, from opioids in pill form, has resulted in greater physical health risks in those with this form of addiction.

Substance Use Disorders

- FACING ADDICTION IN AMERICA: The Surgeon General's Report on Alcohol, Drugs, and Health
- <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>

Substance Use Disorders

- In 2015, 20.8 million people aged 12 or older met criteria for a substance use disorder
- Data from 2015 also indicated that an estimated
 - 214,000 pregnant women consumed alcohol
 - 109,000 used illicit drugs (SG, pg. 4-5; NSDUH data)

Substance Use Disorders

- Most effective practice is to intervene early, before the condition can progress

Substance Use Disorders

- Offering early intervention, means extending outreach into mainstream healthcare and connecting these providers to a continuum of care for treatment access

Substance Use Disorders

- NSDUH data found that only 1 in 10 'affected individuals' received any type of treatment in the year before they responded to the survey

Why People Do Not Seek Treatment

- Not ready to stop using (41%)
(underestimate the severity / overestimate ability to control it)
- Do not have coverage / could not afford care (31%)
- Don't know where to go (13%)
- Do not have transportation, programs are too far away, hours are 'inconvenient' (12%)

Overdose Deaths

- Dramatic rise in overdose deaths
- Up from just under 6000 in '99 to nearly 30,000 in 2014 in the US
- Particularly relevant to the justice-involved population -
 - Risk is 'particularly high' in among those who have recently detoxified or been incarcerated – as their tolerance is reduced.

Substance Use Disorders

- Barriers to creating these connections and a continuum of care include
 - Lack of resources
 - Insufficient training
 - Workforce shortages

Substance Use Disorders

- ‘Well supported’ evidence demonstrates that SUDs can be treated effectively with recurrence rates no higher than those associated with other chronic disorders such as asthma or hypertension
- ‘Well supported’ here – means evidence comes from multiple controlled trials or large scale population studies

Substance Use Disorders

- “Well supported evidence” demonstrates that treatment for SUDs are cost-effective when compared with no treatment
- Behavior therapies are effective if implemented with fidelity – but -
 - SG report concludes that they are often implemented with limited fidelity and are ‘under-used’.

Substance Use Disorders

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Substance Use Disorders

- Treatment - generally - has three goals
 - Stop or reduce harmful substance misuse
 - Improve health and social functioning
 - Manage risk for relapse (SG report, pg. 4-3).

Substance Use Disorders

- Ettner et al., 2006 found that:
 - Every dollar spent on SUD treatment saves
 - \$4 in health care costs
 - \$7 in criminal justice costs (SG report, pg. 4-3).

Substance Use Disorders

- Medication Assisted Treatment (MAT)
 - Combines medications and behavioral interventions
 - Has been demonstrated to
 - Reduce overdose deaths
 - Reduce illicit drug use
 - Improve treatment retention
 - Reduce HIV transmission

Substance Use Disorders

- Medication Assisted Treatment (MAT) - for opioid dependence
 - Methadone
 - Buprenorphine/Naloxone
 - Buprenorphine / hydrochloride
 - Naltrexone

Substance Use Disorders

- Medication Assisted Treatment (MAT) - for opioid dependence
 - Must be provided over an extended period
 - Less than 90 days does not produce improved outcomes
 - Relapse risk reduction seen in those that continue in care

Opioid Dependence

- Medication Assisted Treatment (MAT) - controversies:
 - Abuse risk exists and some object to ‘substituting one substance for another’
 - However, “decades of research have shown that the benefits of MAT greatly outweigh the risks associated with diversion” (SG, pg. 4-22).

■ Alternative Access

- Physicians can prescribe buprenorphine if they have met the statutory requirements for a 'waiver' under the Controlled Substance Act
- Of the 435,000 primary care physicians in the US, only 30,000 have a waiver and it is estimated that only ½ of these are treatment opioid use disorders.

■ Alternative Access

- Physician can obtain an “X” waiver (on their current DEA registration) that denotes he/she is waived to prescribe for 30, 100 or 275 patients.
- Must have taken an in-person or web-based course on prescribing buprenorphine to be waived.
- Must be ASAM-, ABPM-, or AOAAM-certified or practice in a "qualified practice setting" to prescribe to 275 patients. (www.asam.org)

■ Alternative Access

- Must adhere to patient prescribing limit, i.e., if waived for less than 1 year, may prescribe to 30 patients; if waived for more than 1 year, may prescribe to 100 patients and then 275 patients (if they have already notified CSAT of their intent to do so).

(www.asam.org)

■ Involvement in the CJ system

- When incarcerated, in US prisons or jails, most receiving methadone have their medication discontinued “either gradually, or more often, abruptly” (Rich et al., 2015, pg. 350).
- About 10% of those in methadone maintenance are incarcerated annually = about 30,000 persons
- Authors state that this discontinuation of an approved, effective treatment.....is ‘unique among medical treatments’

■ Involvement in the CJ system

- Rich et al. (2015) found in their research that prisoners who received methadone before release were 7x more likely to present to a community clinic within 30 days of their release.

Involvement in the Justice System

- The authors further conclude that to force persons in care to withdraw from treatment ‘runs counter to a large and methodologically rigorous body of evidence showing the public health and safety benefits associated with methadone maintenance treatment in correctional settings’ (pg. 358).

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Involvement in the Justice System

- Administration of methadone in Florida jails
 - Varies across the State
 - Focus is largely on pregnant women

Involvement in the Justice System

- Pregnant women are appearing in increasing numbers in OTP programs in Florida
- Many have contact with child welfare authorities
- Response varies but engagement in treatment appears to be related to retention of parental rights

Involvement in the Justice System

- Reunification rates are lower for those with opioid dependence than other forms of substance abuse (alcohol, cocaine)
- Hall et al., in JSAT (2016), found that additional months of involvement in MAT was associated with increased odds of retaining custody of their children

Involvement in the Justice System

- History of felony convictions can also create challenges to recovery as it limits job seeking and ineligibility for housing programs