



the NATIONAL REENTRY
RESOURCE CENTER

— A project of the CSG Justice Center —

Innovations in Substance Abuse Treatment: Continuing Care and Medicated-Assisted Treatments for the Criminal Justice Population

October 25, 2011

Brought to you by the National Reentry Resource Center and the
Bureau of Justice Assistance, U.S. Department of Justice

With support from the Public Welfare Foundation, Joyce
Foundation, Annie E. Casey Foundation, and Open Society Institute

Speakers

- **Holly Hagle, PhD**
Director, Northeast ATTC
- **Phillip Barbour**
Trainer, Treatment Alternatives for Safe Communities
(TASC) Institute for Training and Consulting
- **Ron Jackson, MSW**
Executive Director, Evergreen Treatment Services

Presentation Outline

Part One:

Define Recovery Oriented Systems of Care

Part Two:

Medication Assisted Treatment for Addiction

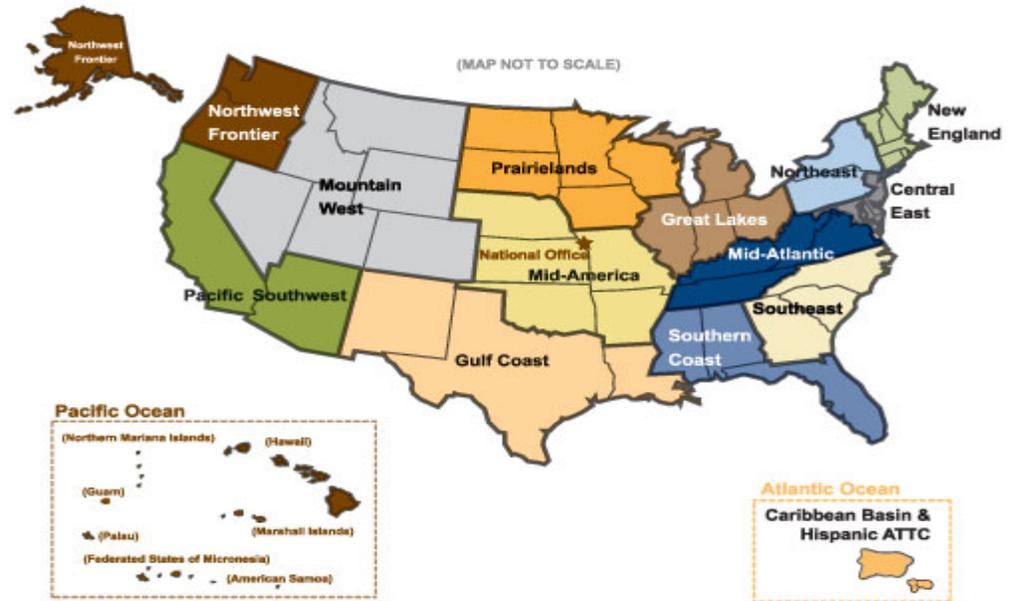


ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

- A nationwide, multidisciplinary resource for professionals in the addictions treatment and recovery services field, the ATTC Network serves to:
 - Raise awareness of evidence-based and promising treatment and recovery practices,
 - Build skills to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services, and
 - Change practice by incorporating these new skills into everyday use for the purpose of improving addictions treatment and recovery outcomes.



www.attcnetwork.org



Behavioral Health is Essential to Health | Prevention Works | Treatment is Effective | People Recover



Part One: Recovery Oriented Systems of Care

Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.



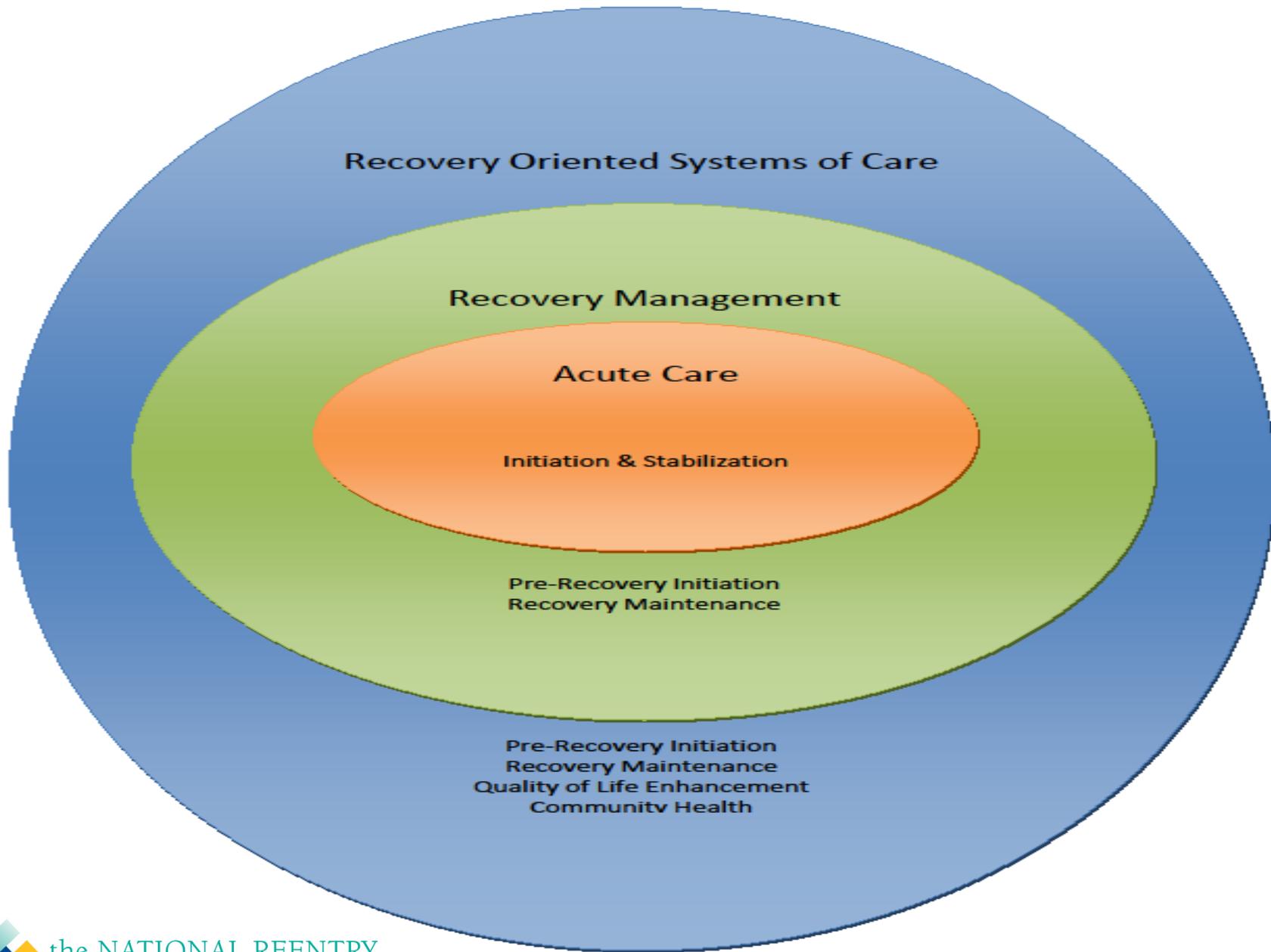
Conceptual & Language Clarity

Recovery management (RM) is a philosophical framework for organizing addiction treatment and recovery support services across the stages of pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality of life enhancement for individuals and families affected by severe substance use disorders.

--- William White

RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC)

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.





Values Underlying a ROSC

Operational Elements of ROSC



Values Underlying a ROSC

Person-centered

ROSC places the individual at the center of the services and supports offered. ROSC recognizes that there are **many pathways** to recovery, including treatment, peer-to-peer recovery support, faith-based recovery support, medication-assisted recovery, and others.

ROSC offers choice among a **flexible menu of services and supports** designed to meet each **individual's specific needs**.

Values Underlying a ROSC

Participation of family members, caregivers, significant others, friends, community

ROSC acknowledges the **role** family members, caregivers, significant others, friends, and the community can play in the **recovery process**.

Family members, caregivers, significant others, friends, and other allies are incorporated, whenever appropriate, in recovery planning and recovery support.

Additionally, a ROSC recognizes that family members, caregivers, significant others, friends, and other allies may have their own needs for supports or services.

Values Underlying a ROSC

Individualized, comprehensive services and supports

ROSC recognizes that there are many pathways to recovery and promotes a **philosophy of individual choice**.

ROSC offers a broad array of supports to meet the holistic needs of the individual. Services are designed to **support recovery** across the **lifespan**, with the understanding that needs and resources shift and change with age and life-stage, as well as **over the course of recovery**.

Values Underlying a ROSC

Community-based services and supports

ROSC is situated within and draws on the **strengths, resilience, and resources of the community**, including professional and **non-professional** organizations and groups such as:

- Community-based organizations
- Recovery Community Organizations (RCOs)
- Faith-based Organizations
- Civic Organizations
- Schools, etc.

Operational Elements of a ROSC

Continuity of services & supports

Coordination ensures **ongoing** and **seamless connections** with services and supports for **as long as** the service recipient needs them.



Operational Elements of a ROSC

Service quality & responsiveness

Services and supports are evidence-based, developmentally appropriate, gender-specific, culturally relevant, trauma-informed, family-focused, and **appropriate** to the person's **stage of life and stage of recovery**.

Operational Elements of a ROSC

Recovery community/peer involvement

People in recovery and their family members, caregivers, significant others, friends, and other allies are included among **decision-makers and have a meaningful role in service design, provision, and quality improvement. **They are involved** in the design of all systems, services, and supports.**

Peer-to-peer recovery support services are included in the array of services offered and provided

Operational Elements of a ROSC

Outcomes-driven

- **for the individual**
- **for the system**

Systems and service design and quality are **driven by performance data** that at a minimum achieve identified outcomes **for the individual as well as for the system.**

Strategies to Promote Assertive Outreach and Engagement

- Engage potential service recipients through street and/or phone outreach when possible, helping to reduce anxiety and establishing rapport
- Peers as mentors during initial contact (welcome centers) utilizing charismatic and engaging peers in reception area
- Build strong linkages between levels of care through peer-based recovery support services (P-BRSS)
- Instill hope and increase expectations of positive treatment outcomes (e.g. invite people to storytelling sessions)

Strategies to Promote Engagement (cont'd) and Retention

- Change policies related to administrative discharge
- Work with criminal justice partners to develop graduated sanctions for relapse and/or low participation
- Offer flexible service hours
- Provide case management services to address obstacles and focus on life...

Self Direction

Strategies

- Professionals support people in making their own choices
- Risk taking is supported even when failure is an option
- Goals and strategies are determined in partnership and are directed by the person in recovery
- Services are person centered and adapted to fit the needs and preferences of individuals. Menus of services and supports exist.

Strategies to Promote Individualized Comprehensive Services

- Co-occurring services
- Global, ongoing assessments
- Recovery plans
- Develop a flexible menu of services and a philosophy of choice
 - ✓ **Life skills groups/opportunities (finances, physical health, parenting, stress management, spirituality, entrepreneurial skills, etc...)**
 - ✓ **Recreational and social opportunities**
 - ✓ **Trauma informed care**
 - ✓ **Supported employment opportunities**

Strategies to Promote Individualized Comprehensive Services

- Services in non-stigmatized settings
- Services integrated with physical health
- Mutually beneficial collaborations

Strategies to Promote Continuity of Services and Supports

- Identify and engage everyone this person interacts with
- Coach family members, friends and allies on supporting recovery
- Develop a menu of options
- Utilize recovery coaches and peer support to help people develop or connect to a culture of recovery in their community
- Utilize professional and natural supports
- In areas that have few recovery resources, support the development of peer-led support groups

Strategies to Promote Community Integration and Community Health

- Services or supports that exist in the community are not re-created in treatment
- Services oriented around helping people to re-establish a life in the community
 - e.g. Supported Employment
- Address housing, transportation, and provide services that assist people in building skills
- Identify resources in the community and form strategic partnerships

Treatment Does Not Equal Recovery

- Treatment is part of recovery – but it is not equal to recovery.
- The goal of treatment is absence of symptoms; the goal of recovery is holistic health.
- Treatment alone does not address other challenges, such as family, employment, housing, etc.
- Recovery is different for each individual, and the social determinants of health need to be addressed before the recovery process can move forward.

Examples of Recovery Support Services

- Employment services and job training
- Case management individual services coordination, with linkages to other services
- Relapse Prevention
- Housing assistance & services
- Child care
- Parent education & child development support services

Examples of Recovery Support Services

- Transportation to and from treatment, recovery support activities, employment, etc.
- Family/marriage counseling
- Education (including substance abuse education)
- Peer-to-peer mentoring and coaching
- Self-help & support groups (including spiritual & faith-based)

Linking the Institutional Corrections Agencies and the Community-based Organizations

- ROSC's holistic approach to recovery requires an effective collaboration between the criminal justice system and all services, systems, and agencies contributing to the client's recovery.
- Communication and case management are key components to ensure that silo-building, redundancies and gaps don't occur.
- The result: more effective treatment and more efficient use of funds.

Evidence-Based Practices in the Judicial System

- Evidence-based programs should identify desired outcomes for offenders and include a means for measuring progress.
- The implementation of evidence-based practices results in an average decrease in crime of 10-20%, whereas programs that are not evidence-based tend to see no decrease and even a slight increase in crime.
- Interventions that follow evidence-based practices can achieve recidivism reductions of 30%.

Benefits for Criminal Justice Systems and Populations

- Increased Attraction: People typically referred after very long addiction careers. ROSC provides increased opportunities for early intervention.
 - First offenders programs
 - Early diversion programs
- Increased Access: finite capacity of the treatment system leads to long waiting lists. CJ has an opportunity to expand the use of and develop recovery natural supports. Opportunities for partnership with both prevention, treatment, and grass roots community.
- Increased Engagement and Treatment Outcomes

Part Two: Medication Assisted Treatment for Addiction

Medications for Alcohol Addiction

How can we treat Alcohol Addiction?

Medications for alcoholism can:

- **Reduce** post-acute withdrawal
- **Block or ease** euphoria from alcohol
- **Discourage** drinking by creating an unpleasant association with alcohol

Disulfiram

A close-up photograph of a silver spoon filled with numerous capsules. The capsules are white with a pink band and a pink end. Some capsules are scattered on a blue surface in front of the spoon. The background is a blurred blue surface.

Antabuse®

Disulfiram

Marketed as Antabuse®



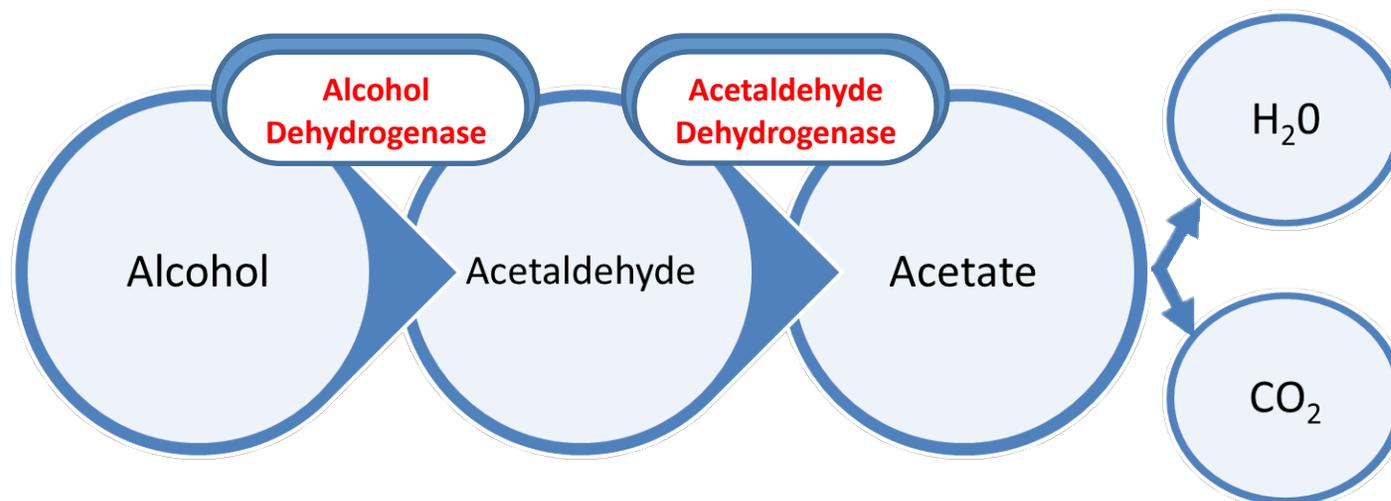
FDA Approved in 1951

Indication: An aid in the management of selected chronic alcohol patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage.

Disulfiram discourages drinking by making the patient physically sick when alcohol is consumed.

Has not been found to be addictive and no reports of misuse

How Does Disulfiram Work?



Disulfiram works by blocking the enzyme acetaldehyde dehydrogenase. This causes acetaldehyde to accumulate in the blood at **5 to 10 times higher** than what would normally occur with alcohol alone.

How Does Disulfiram Work?

- As long as there is alcohol in the blood, the disulfiram-alcohol reaction will continue.
- Symptoms are usually fully developed when the patient's blood alcohol concentration is 50 mg per 100 mL, but mild reactions can occur in sensitive patients with levels as low as five to ten mg per 100 mL.
- Further, the disulfiram-alcohol reaction can be triggered when alcohol is consumed one or even two weeks after the last dose of disulfiram was taken.

Disulfiram-Alcohol Reaction

- Related to acetaldehyde buildup
- Flushing
- Sweating
- Nausea and Vomiting
- Headache
- Tachycardia
- Sometimes hypotension

Disulfiram Contraindications

- The disulfiram-alcohol reaction usually lasts for 30 to 60 minutes, but can continue for several hours depending on the amount of alcohol consumed.
- Should never be administered to a patient when he or she has consumed alcohol recently or is currently intoxicated from alcohol.
- Should never be administered to a patient that has consumed alcohol-containing preparations such as cough syrup, tonics, etc.

Research about Disulfiram

- Participants treated with disulfiram **did not maintain complete abstinence** more frequently than those treated with placebo.
- Participants treated with disulfiram had a **greater reduction in the number of drinking days** during the entire study than those treated with placebo.



Acamprosate

Campral[®]

Acamprosate Calcium

Marketed as Campral®

FDA Approved in 2004

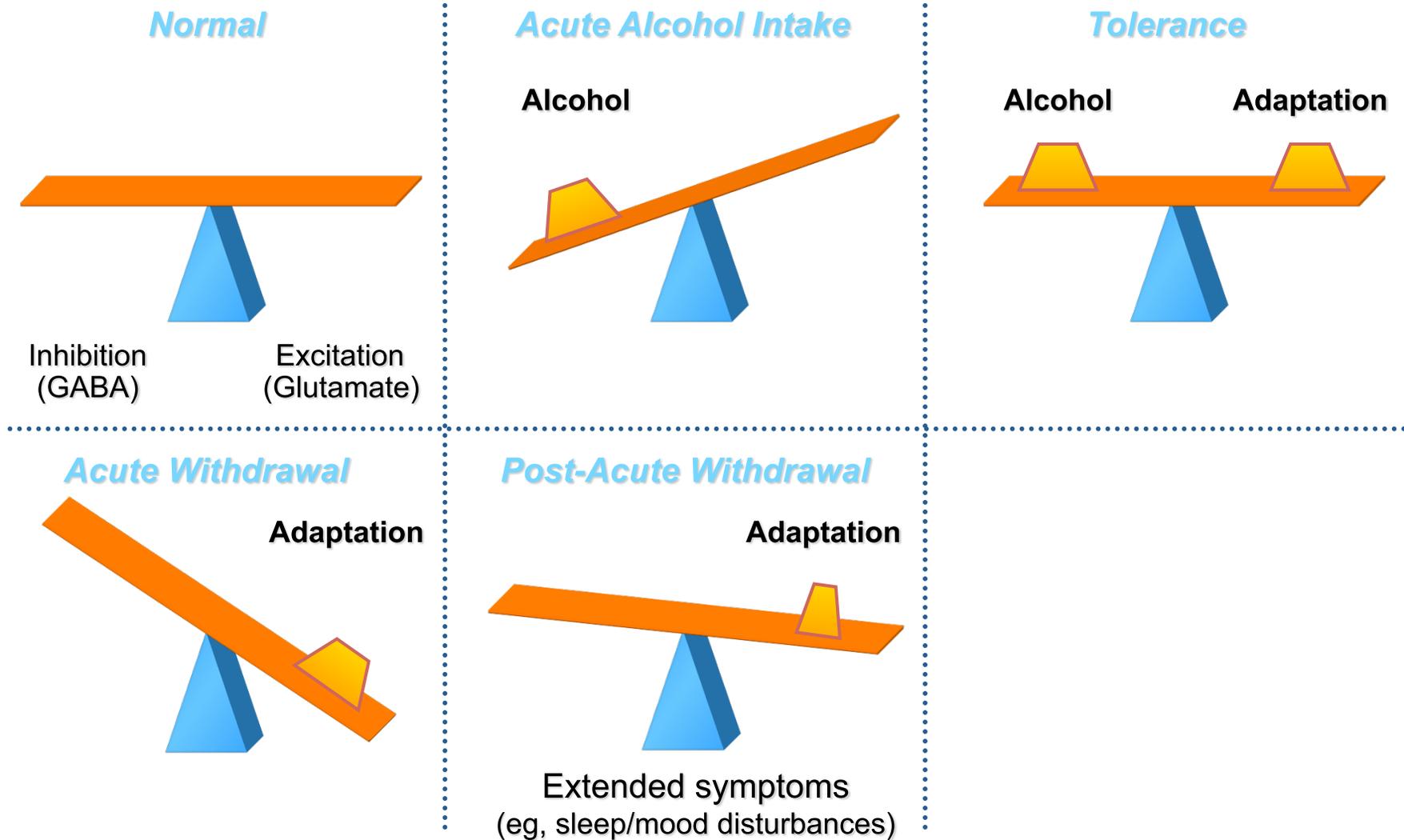


Indication:

For the maintenance of abstinence from alcohol in patients with alcohol dependence who are abstinent at treatment initiation by reducing post-acute withdrawal symptoms.

Has not been found to be addictive and no reports of misuse

Features of Alcohol Dependence



How Does Acamprosate Work?

- Probably increases the activity of gamma-aminobutyric acid (GABA); inhibits the activity of and receptor sensitivity for the stimulating amino acids such as glutamate
- Appears to moderate the discomforts from protracted withdrawal symptoms or cue-induced craving, thus reducing alcohol use days/quantity
- Thought to be particularly effective in the early phases of treatment when craving is often most prominent



Naltrexone

Revia[®] or Depade[®]

Naltrexone Hydrochloride

Marketed As: ReVia® and Depade®



Indication:

Used in the treatment of alcohol or opioid dependence and for the blockade of the effects of exogenous administered opioids and/or decreasing the pleasurable effects experienced by consuming alcohol.

Has not been found to be addictive or produce withdrawal symptoms when the medication is ceased.

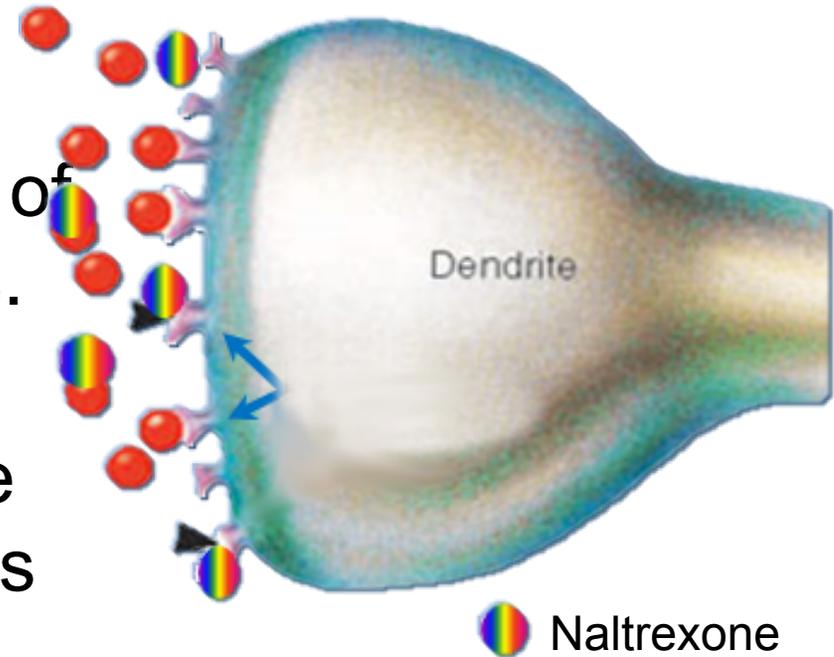
Administering naltrexone will invoke opioid withdrawal symptoms in patients who are physically dependent on opioids.

How Does Naltrexone Work?

Naltrexone is an opioid receptor antagonist and blocks opioid receptors.

This prevents the effects of self-administered opioids.

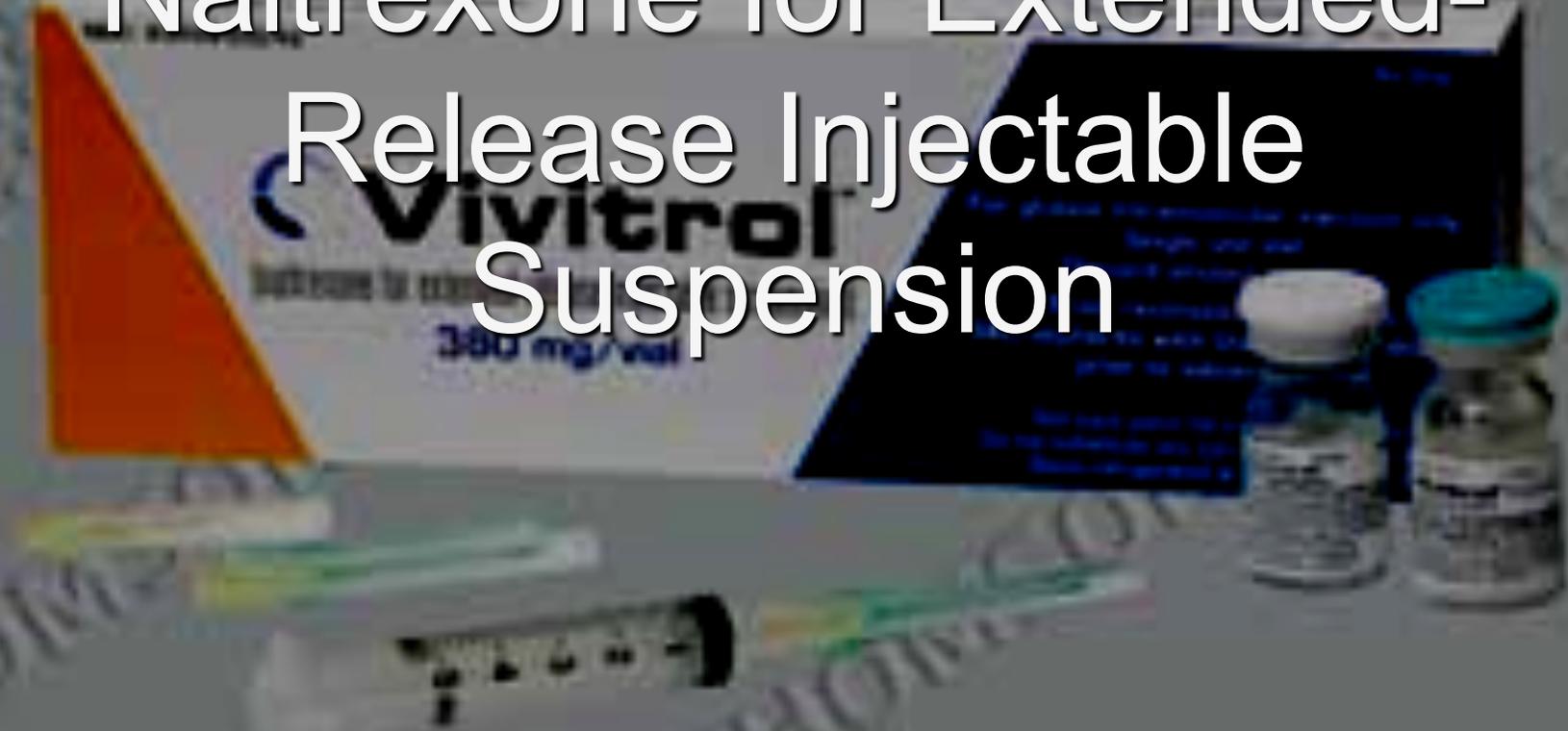
It also diminishes release dopamine when alcohol is consumed, reducing the pleasurable effects.



What Does the Research Say?

- Naltrexone is effective for opioid and alcohol addiction:
 - Reduces risk of re-imprisonment
 - Lowers risk of opioid use, with or without psychological support
 - Extended-release naltrexone addresses the issue of patient compliance

Naltrexone for Extended-Release Injectable Suspension



380 mg/vial

Vivitrol®

Extended-Release Naltrexone

Dosing:

Injection into buttock – must be administered by a healthcare professional and should alternate buttocks each month.

Blocks opioid receptors for **one entire month** compared to approximately 28 doses of oral naltrexone.

It is **not possible to remove** it from the body once extended-release naltrexone has been injected.

Also approved for the treatment of opioid dependence

Special Precautions for Extended-Release Naltrexone

- During clinical trials, there was an increase in adverse events of a suicidal nature in patients taking extended-release naltrexone. Counselors should continue to closely monitor and record all suicidal events for patients, including those taking extended-release naltrexone.
- If opioid analgesia is required, it should be noted that the patient may necessitate greater than usual amounts of opioids to achieve desired effect, and the resulting respiratory depression may be deeper and more prolonged.

Research about Extended-Release Naltrexone

- Participants treated with extended-release naltrexone did not maintain complete abstinence more frequently than those receiving placebo.
- Participants treated with extended-release naltrexone had a greater reduction in the number of heavy drinking days during the study than those receiving placebo.
- Participants treated with extended-release naltrexone who had a **seven-day abstinence period from alcohol** prior to treatment initiation had a greater reduction in the number of heavy drinking days during the study than those receiving placebo.

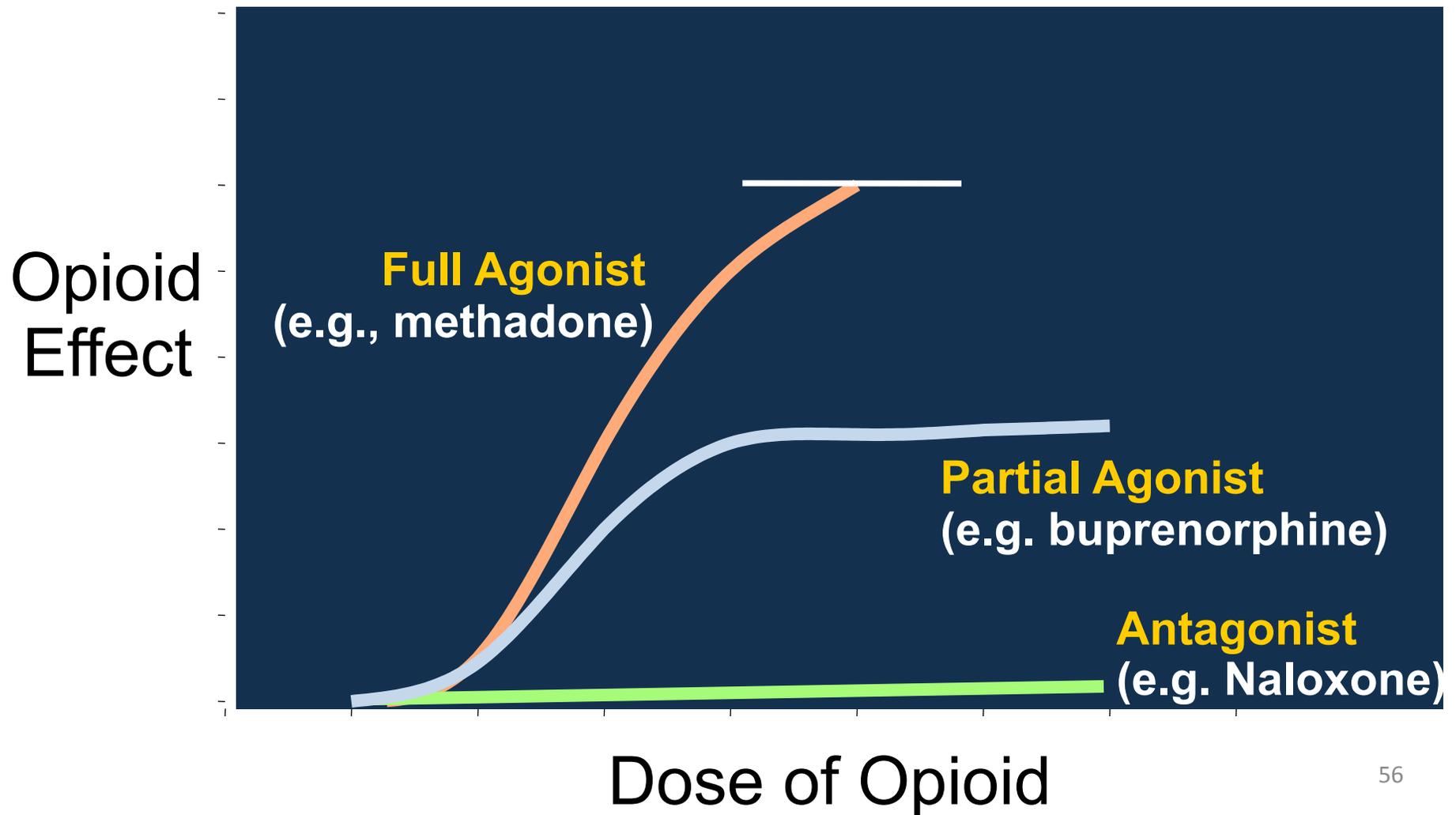
Medications for Opioid Addiction

How do Medications for Opioid Addiction Work?

There are three types of medications that can block the “high”:

- Agonists
 - produce opioid effects
- Partial Agonists
 - produce moderate opioid effects
- Antagonists
 - block opioid effects

How do Medications for Opioid Addiction Work?



Methadone

- Alleviates withdrawal and blocks euphoria.
- Used for detoxification or maintenance.
- Also known as:
 - Methadose®
 - Dolophine®
- Approved: 1964
- Third-Party Payer Acceptance: Covered by most major insurance carriers, Medicaid (varies by state) and the VA.

NIH Consensus Panel on Effective Medical Treatment of Opiate Addiction

- 12 member multi-disciplinary panel, Nov. 1997
- heard testimony from 25 experts
- reviewed 941 research reports published over the period Jan. 1994 - Sept. 1997

“Of the various treatments available, MMT, combined with attention to medical, psychiatric, and socioeconomic issues, as well as drug counseling, has the highest probability of being effective.”

Adapted from JAMA, Dec 9, 1998.280 (22), 1936-1945

Methadone during Pregnancy

- **Detoxification is contraindicated** unless done in hospital with monitoring.
- Methadone is the **preferred method of treatment for medication-assisted treatment for opioid dependence in pregnant women**. An expert review of published data on methadone use during pregnancy concludes that it is unlikely to pose a substantial risk. There is insufficient data to state that there is no risk.
- It is known that methadone is excreted through breast milk, and a decision should be made whether to discontinue nursing or to discontinue the medication, taking into account the importance of the medication to the mother and continued illicit opioid use.

How does methadone work?

- Methadone binds to the same receptor sites as other opioids.
- Orally effective
- Slow onset of action
- Long duration of action
- Slow offset of action

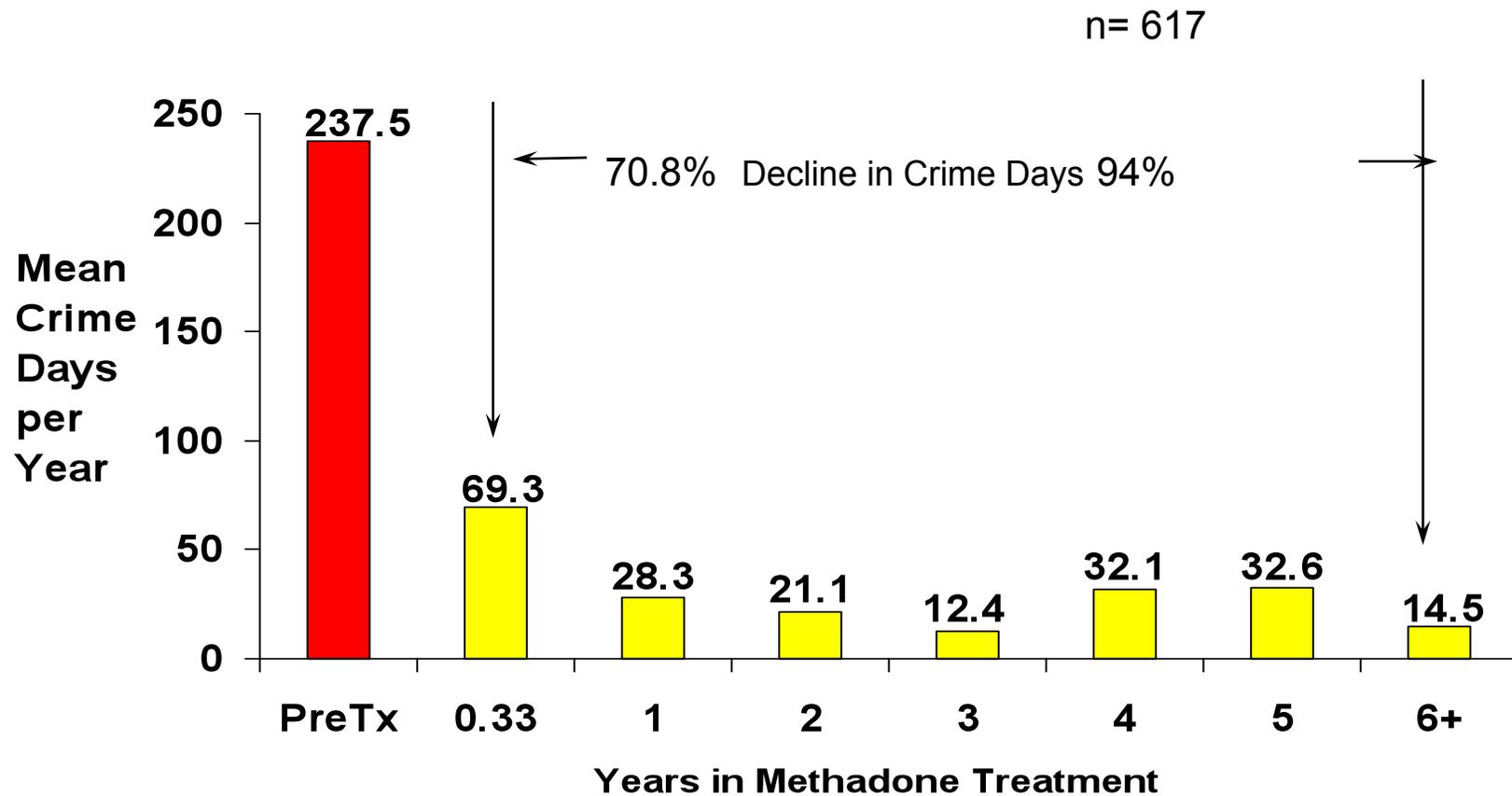
But aren't they still addicted?

- What is the definition of addiction?
 - Is it simply physical dependence?
- How does the change of lifestyle and psychosocial stability associated with long-term methadone treatment fit with that definition?

Treatment Outcome Data: Methadone

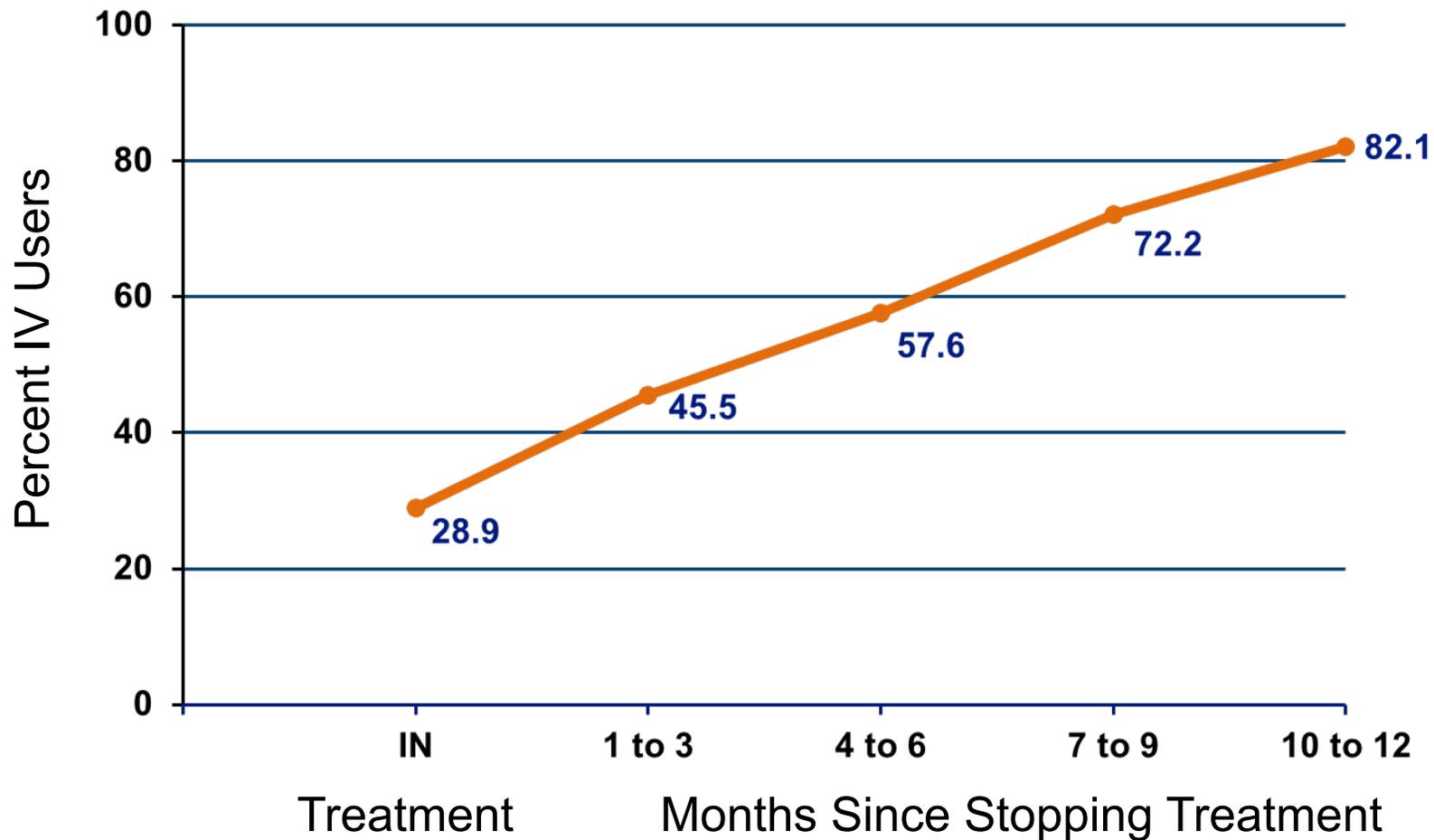
- 8-10 fold reduction in death rate
- Reduction of drug use
- Reduction of criminal activity
- Engagement in socially productive roles; improved family and social function
- Increased employment
- Improved physical and mental health
- Reduced spread of HIV
- Excellent retention

The Effects of Methadone Treatment on Crime Days



Relapse to IV Drug Use after MMT

105 Male Patients who Left Treatment



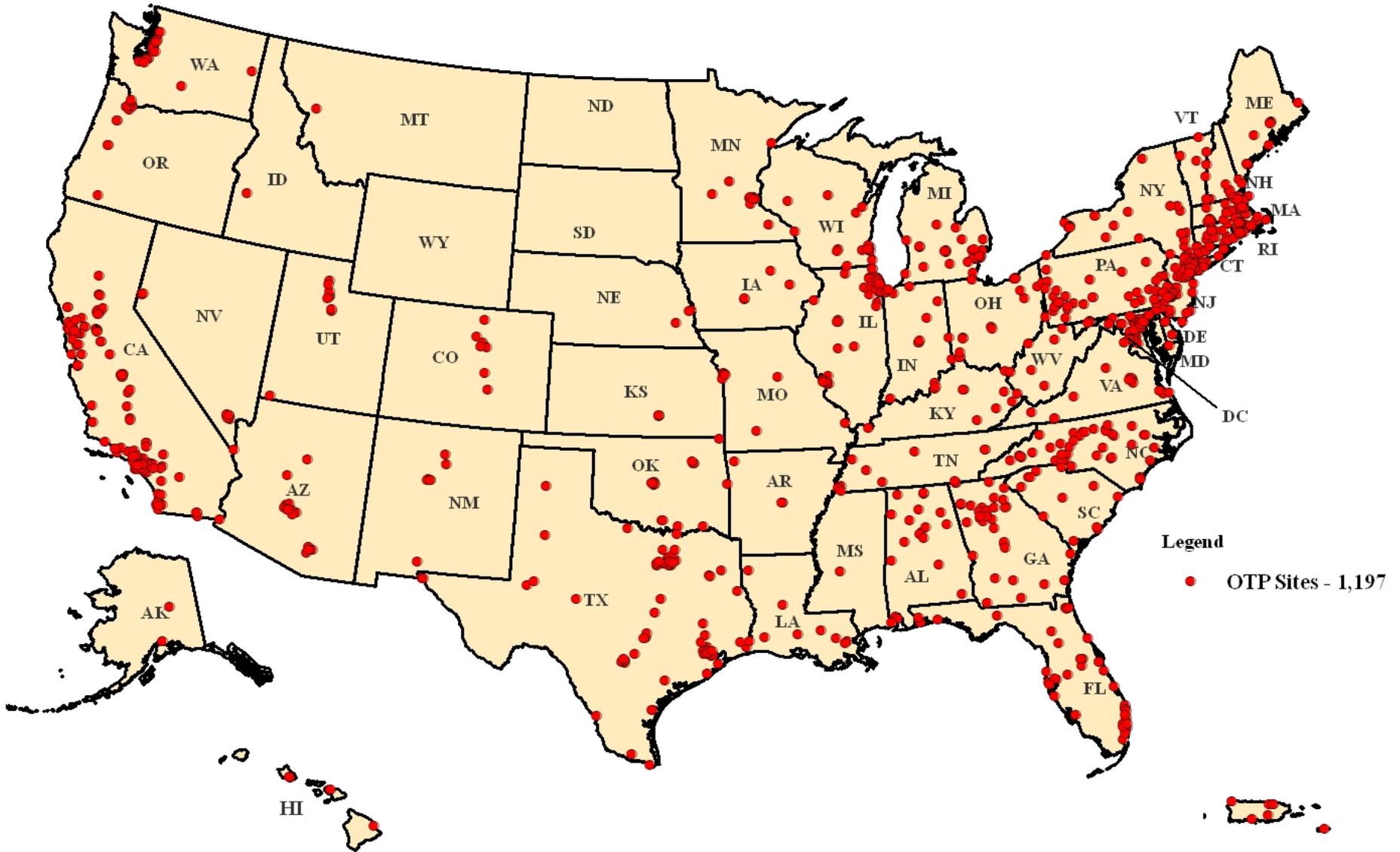
SOURCE: Adapted from Ball & Ross (1991). *The Effectiveness of Methadone Maintenance Treatment*.

Where is MAT Offered?

- OTPs are fairly well distributed on the east and west coast and in large US urban centers
- Rural access to OTPs remains minimal
- Given limited access in some geographic areas, private physicians are essential to offer MAT, especially buprenorphine for opioid dependence

SOURCE: SAMHSA, CSAT, OTP Extranet System (<http://dpt2.samhsa.gov/treatment/directory.aspx>)

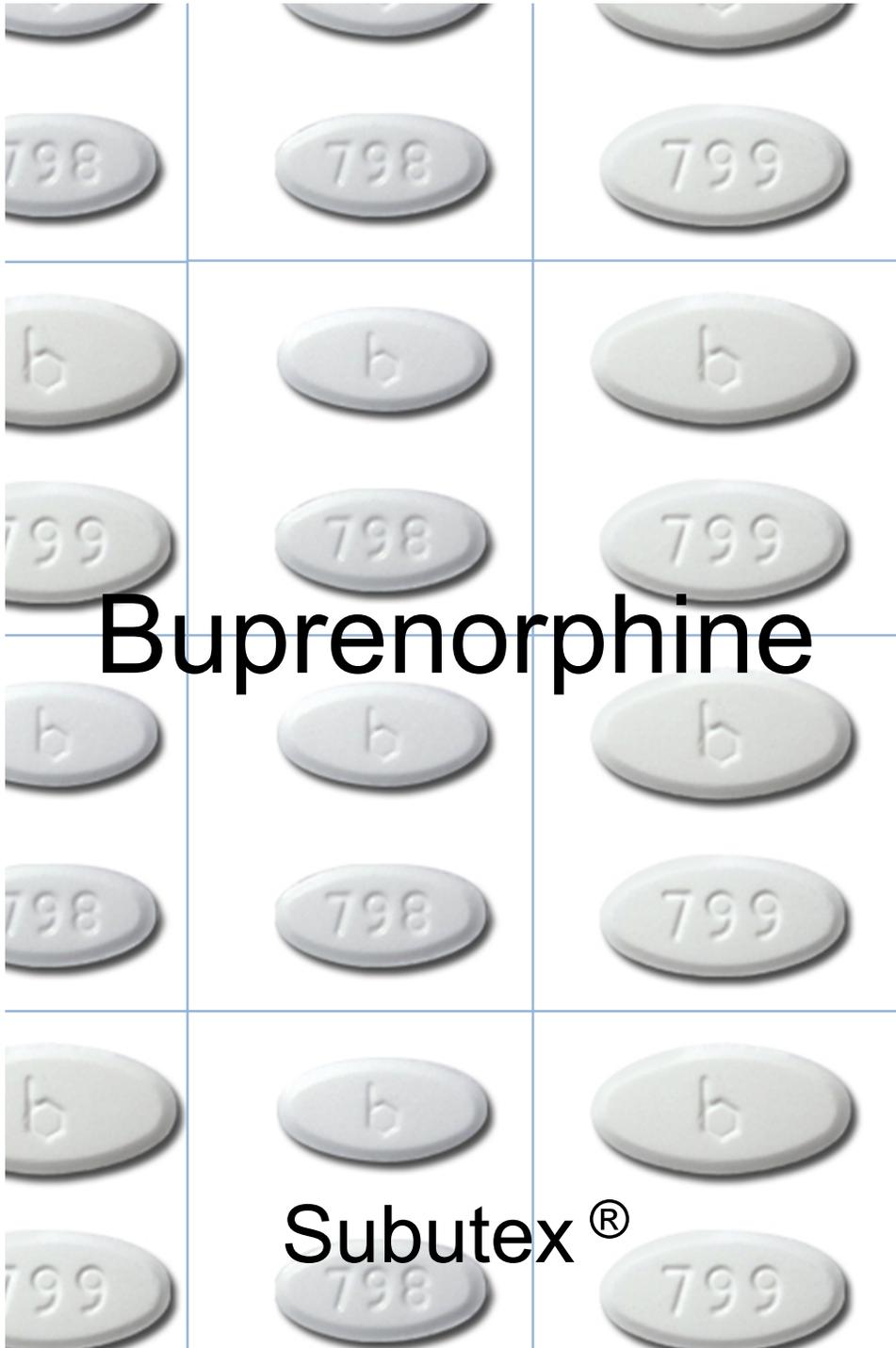
Center for Substance Abuse Treatment Concentration of OTP Sites in United States



SOURCE: SAMHSA, CSAT, OTP Extranet System; slide courtesy of Mark Parrino, AATOD.

Created 10/14/2009

Puerto Rico &
US Virgin Islands



Buprenorphine

Subutex®



**Buprenorphine/
Naloxone**

Suboxone®

Drug Addiction Treatment Act of 2000 (DATA 2000)

- Expands treatment options to include both the general health care system and opioid treatment programs.
 - Expands number of available treatment slots
 - Allows opioid treatment in office settings
 - Sets physician qualifications for prescribing the medication

DATA 2000: Physician Qualifications

Physicians must:

- Be **licensed** to practice by his/her state
- Have the **capacity to refer** patients for psychosocial treatment
- Originally limited to 30 patients later expanded to allow for **100 patients** after the first year of experience
- Be **qualified** to provide buprenorphine and receive a license waiver

The Role of Buprenorphine in Opioid Treatment

- Partial Opioid Agonist
 - Produces a **ceiling effect** at higher doses
 - Has effects of typical opioid agonists—these effects are dose dependent **up to a limit**
 - **Binds strongly to opiate receptor and is long-acting**
- Safe and effective therapy for opioid maintenance and detoxification

Advantages of Buprenorphine in the Treatment of Opioid Addiction

- 1. Patient can participate fully in treatment activities and other activities of daily living easing their transition into the treatment environment**
- 2. Limited potential for overdose**
- 3. Minimal subjective effects (e.g., sedation) following a dose**
- 4. Available for use in an office setting**
- 5. Lower level of physical dependence**

Disadvantages of Buprenorphine in the Treatment of Opioid Addiction

- **Greater medication cost**
- **Lower level of physical dependence (i.e., patients can discontinue treatment)**
- **Not detectable in standard urine toxicology screenings**

Physician-Based vs. Clinic-Based Treatment

- In clinic-based treatment there are many rules (observed dosing, counseling, urinalysis), imposed by regulatory authorities (federal & state); physician-based treatment has no such rules, only guidelines.
- Physician-based perhaps more geographically available and certainly more private.

Where is Buprenorphine Available?

- As of August 3, 2011, there were:
 - 12,874 physicians and
 - 1,839 OTPs in the SAMHSA buprenorphine registry
- All 50 states have at least a small handful of prescribing physicians and at least one OTP offering buprenorphine
- To find physicians who are able to prescribe buprenorphine in your local area, visit:
http://buprenorphine.samhsa.gov/bwns_locator

SOURCE: SAMHSA, CSAT, Buprenorphine Physician and Treatment Program Locator.

Final Note: Behavioral Treatments

The FDA labeling on these medications is clear:

The medications should be used in combination with behavior treatments for addiction

Good treatment is **holistic, integrated and multifaceted**, taking into account the physical, behavioral and spiritual wellbeing of the individual.

Medications can help us **take care of the physical...we need to do the rest**

Issues to be Considered when Implementing MAT

- Cost of the medication – who pays?
- Prescriber of medication
- Addiction treatment agency – willingness to do MAT and experience in doing it
- Case management

Resources

Buprenorphine

- www.buprenorphine.samhsa.gov
- Reckitt Benckiser
 - www.suboxone.com
 - www.heretohelpprogram.com

Naltrexone for Extended-Release Injectable Suspension

- Alkermes
 - www.vivitrol.com
 - 1-800-VIVITROL (800-848-4876)

Key Resources

- TIP 40: Clinical Guidelines for the Use of Buprenorphine for the Treatment of Opioid Dependence (SAMHSA-CSAT)
- TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs (SAMHSA-CSAT)
- Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends (SAMHSA-CSAT)
- Getting Started with Medication-Assisted Treatment (NIATx)
- Helping Patients Who Drink Too Much: A Clinician's Guide (NIAAA)

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Questions and Answers

Contact Information

Content questions about this webinar should be directed to:

- **Phillip Barbour** pbarbour@tasc-il.org
- **Ron Jackson** ronjack@uw.edu



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(877) 332-1719

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