Opioid Use Disorder in the Justice System

National Association for Court Management
July 22nd, 2019

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History of the Current Opioid Crisis
Substance Use Disorder

“Addiction”

A substance use disorder describes a problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress. A person with this disorder will often continue to use the substance despite consequences.

Addiction

• It’s an addiction if the substance use affects the person’s ability to **Live**, **Laugh**, **Love**, and **Learn**.
1. The U.S. is in the midst of an opioid epidemic, which changes based on legal responses, treatment availability, and drug availability.

2. Opioid Use Disorder (OUD) is a brain disease.

3. Three FDA-approved medications are available for Medication Assisted Treatment (MAT) of opioid addiction: Buprenorphine, Methadone, and Naltrexone.

4. Use of MAT in the Justice System decreases recidivism, improves treatment retention, suppresses illicit opioid use, and allows the person with addiction to return to his/her life.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018.
Figure 1

3 Waves of the Rise in Opioid Overdose Deaths

- Other Synthetic Opioids (e.g., Tramadol and Fentanyl, prescribed or illicitly manufactured)
- Commonly Prescribed Opioids (Natural & Semi-Synthetic Opioids and Methadone)
- Heroin


OUD in 2019

• Changing drug use (Prescription Opioids, Heroin, Kratom/Mitragyna speciosa)
• Increased funding for OUD treatment/research
• Still difficult to find good treatment
• Disputes about what constitutes good treatment
Brain Science as Related to Opioids
Natural Opioids

• “Endorphins”
• Decrease pain
• Slow down breathing
• Provide a sense of emotional calm
External Opioids

**Illicit Opioids**
- Heroin

**Prescription Pain Relievers**
- Hydrocodone
- Oxycodone
- Percocet
- Vicodin
- Morphine
- Codeine
- Fentanyl

**Maintenance Medications**
- Methadone
- Buprenorphine
How Opioids Cause Addiction

• They disrupt the reward system by binding to mu opioid receptors and flooding the brain with dopamine

• If the opioid-dependent person stops use of opioids, he or she will experience opioid withdrawal:
  – Severe craving
  – Muscle cramps
  – Tearing eyes
  – Runny nose
  – goosebumps
Treatment Options and Recommendations
### Figure 2
The Language of Substance Use Disorder

<table>
<thead>
<tr>
<th>Stigmatizing</th>
<th>Non-stigmatizing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict, Abuser</td>
<td>A person with a SUD, a person with addiction</td>
</tr>
<tr>
<td>Dirty Urine</td>
<td>Urine sample positive for opioids</td>
</tr>
<tr>
<td>Clean</td>
<td>In recovery</td>
</tr>
<tr>
<td>Substitution Therapy</td>
<td>Medication Assisted Treatment (MAT)</td>
</tr>
<tr>
<td>Noncompliant with treatment</td>
<td>Expressing ambivalence about change</td>
</tr>
<tr>
<td>Recidivist</td>
<td>Patient who relapses</td>
</tr>
<tr>
<td>Drug Habit</td>
<td>Substance Use Disorder</td>
</tr>
</tbody>
</table>

*(Drug-Free Kids 2016, Botticelli 2016, Broyles 2014)*
Psychosocial Approaches to Addiction

- Narcotics Anonymous
- Motivational Interviewing
- Cognitive-Behavioral Therapy
- Family Structural Therapy
- Contingency Management Strategies
- Mindfulness Therapy
Emergency Resuscitation

- Naloxone (Narcan, Ezvio)
Medications for Opiate Dependence

- Methadone
- Buprenorphine
- Naltrexone
# FDA-Approved Medications for the Treatment of OUD

<table>
<thead>
<tr>
<th>Pharmacologic Action</th>
<th>Methadone (Dolophine © and others)</th>
<th>Buprenorphine (Suboxone and ©others)</th>
<th>Injectable Naltrexone (Vivitrol©)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agonist(Activator)</td>
<td>Partial Agonist(Activator)</td>
<td>Antagonist(Blocker)</td>
</tr>
<tr>
<td>Outpatient Availability</td>
<td>Federally-licensed clinics only</td>
<td>Doctor’s offices, pharmacies</td>
<td>Doctor’s offices, pharmacies</td>
</tr>
<tr>
<td>Potential for Diversion</td>
<td>Moderate</td>
<td>Minimal</td>
<td>None</td>
</tr>
<tr>
<td>Potential for Misuse</td>
<td>Moderate</td>
<td>Minimal</td>
<td>None</td>
</tr>
<tr>
<td>Necessity for opioid abstinence before induction</td>
<td>Depends on the patient</td>
<td>12-16 hours</td>
<td>7-10 days</td>
</tr>
<tr>
<td>Potential for Overdose</td>
<td>Moderate</td>
<td>Minimal</td>
<td>None</td>
</tr>
</tbody>
</table>
### Figure 4
Decision-making about the Prescription of MAT

<table>
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<tr>
<th>Clinical*</th>
<th>Administrative</th>
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</thead>
<tbody>
<tr>
<td>Prior Response</td>
<td>Availability within the treating program</td>
</tr>
<tr>
<td>Side Effect Profile</td>
<td>Availability after discharge from the treating program</td>
</tr>
<tr>
<td>Patient’s occupation/potential for drug tests</td>
<td>Cost to patient</td>
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<tr>
<td>Pregnancy/Breastfeeding</td>
<td>Stigma attached to some medications</td>
</tr>
<tr>
<td>Physical Dependence</td>
<td></td>
</tr>
<tr>
<td>Patient Preference</td>
<td></td>
</tr>
</tbody>
</table>

(*SAMHSA, 2018)
When to Consider Medications for SUDs

Assess patient for:

- Severity of Concomitant Medical Illness: Patient’s ability to tolerate medication?
- Pregnancy: opioid therapy should be offered to pregnant opioid/heroin addicts; medications that can be associated with adverse physical effects should be avoided (e.g. disulfiram (Antabuse))
- Phase of Recovery: Medications for medical withdrawal or medication to assist with maintenance of abstinence following withdrawal
Opioid Dependence Therapy: Agonist Treatment

What is agonist therapy?

Use of a long acting medication in the same class as the abused drug (once-daily dosing)
- Prevention of Withdrawal Syndrome
- Induction of Tolerance

What agonist therapy is not:

Substitution of “one addiction for another”
Maintenance Therapy with Methadone

**Benefits:**
- Lifestyle stabilization
- Improved health and nutritional status
- Decrease in criminal behavior
- Employment
- Decrease in injection drug use/shared needles

**Downsides:**
- Overdose possible
- Oversedation possible
- Withdrawal
- EKG changes
- Diversion
- Meaning of maintenance treatment

CSAT, 2005
Maintenance Therapy with Buprenorphine

**Benefits:**
- Lifestyle stabilization
- Can be provided in a doctor’s office by someone licensed to prescribe it
- Available by prescription
- Withdrawal more easily tolerated
- One physician for patients with multiple illnesses

**Downsides:**
- Diversion (+/-)
- Withdrawal
- Meaning of maintenance treatment
Maintenance Therapy with Intramuscular Naltrexone

Benefits:

▪ No possibility for physical Dependence or withdrawal
▪ No diversion
▪ Prevents impulsive use of drug
▪ Lifestyle stabilization
▪ Can be provided in a doctor’s office by someone licensed to prescribe it

Downsides:

▪ Injection every month
▪ Meaning of maintenance treatment
▪ Relapse rates high (90%) following detoxification with no medication treatment
▪ Side effects: hepatotoxicity, monitor liver function tests every 3 months
▪ Lack of compliance; but those who “test” naltrexone by taking a dose of opioid and experiencing no effect do better with the medication (Cornish JW, et al. 1997)
▪ Patients choose IM Naltrexone less often than Agonists
Therapeutic Jurisprudence
Therapeutic Jurisprudence

“...the collaboration of the treatment and legal worlds for the benefit of both defendants and society at large*...”

Integration of MAT into the Justice System

**Resistance**
- Cost
- Concerns about diversion
- “Substituting one drug for another”
- Dearth of prescribers

**Best Responses**
- Relevant Research
- Collaboration
- Serious responses to concerns
Drug Testing: Pros and Cons

- Home vs. Office vs. Laboratory Testing
- Urine? Blood? Saliva? Hair? Substance testing?
- What is the purpose of testing?
- Who orders the test?
- Who does the testing?
- Who gets the result?
- What happens because of the test?
Pregnant mother tests positive for opiates after eating poppy seed bagel

By Lee Brown May 14, 2019

It was the crazy set-up for a comedy classic — but now it’s a real-life nightmare for this mom.

An upstate woman says she was separated from her newborn baby in the hospital, when — in a scenario straight out of a “Seinfeld” episode — she failed a drug test after eating a poppy seed-covered bagel.

“Everyone keeps telling me about that ‘Seinfeld’ scene, but it’s hard to see the funny side,” Elizabeth Dominguez, 29, said of the TV moment where Elaine Benes tested positive for opium thanks to a seed-studded muffin.

“It’s been an absolute nightmare. I’ve hardly stopped crying.”
MAT versus Placebo*

- Meta-Analysis of 31 trials (5430 Participants)
- Buprenorphine is superior to placebo for retention in treatment
- Buprenorphine at > 16 mgs/day suppressed opioid use
- Methadone is superior than buprenorphine for treatment retention
- Methadone and buprenorphine suppress illicit opioid use

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Participant Perspectives on Medication-Assisted Treatment for Opioid Use Disorders in Drug Court ............................... John R. Gallagher, Douglas B. Marlowe, Raychel M. Minassian

The Impact of Criminal Defendants' Opioid Use Disorder on Judges' Sentencing Recommendations ............................... Alisha Desai, David DeMatteo, Kirk Heilbrun, John Rotrosen

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Editor's Note: Introduction to Two Cases That Will Make a Difference ......................................................... Douglas B. Marlowe

Two Cases That Will Make a Difference ............................... William G. Meyer
Take Home Points

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References(II)


Lessons Learned Thus Far

- **Contact:** pcss@aaap.org
- **Website:** www.pcssNOW.org

- **Contact:** str-ta@aaap.org
- **Website:** www.getSTR-TA.org