Drug Courts and MAT Ethical Considerations

Steve Hanson

Associate Commissioner

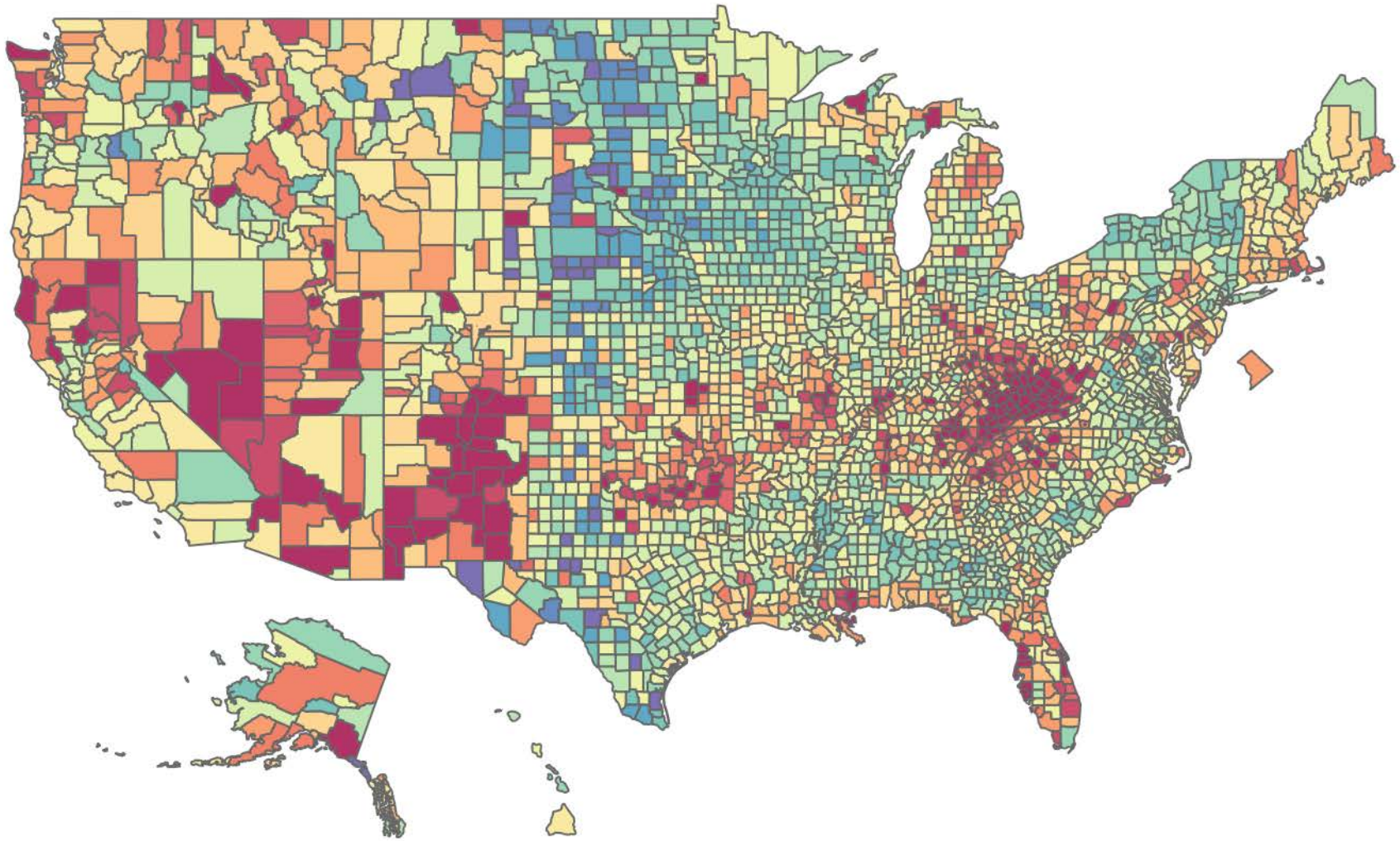
NYS OASAS

Drug Court Resistance to MAT

- Not “real recovery”
- Trading one addiction for another
- It just makes pharmaceutical companies rich
- Must try abstinence first

72,000 People Died from Overdose in 2017

Estimated Age-adjusted Death Rates§ for Drug Poisoning by County, United States: 2016



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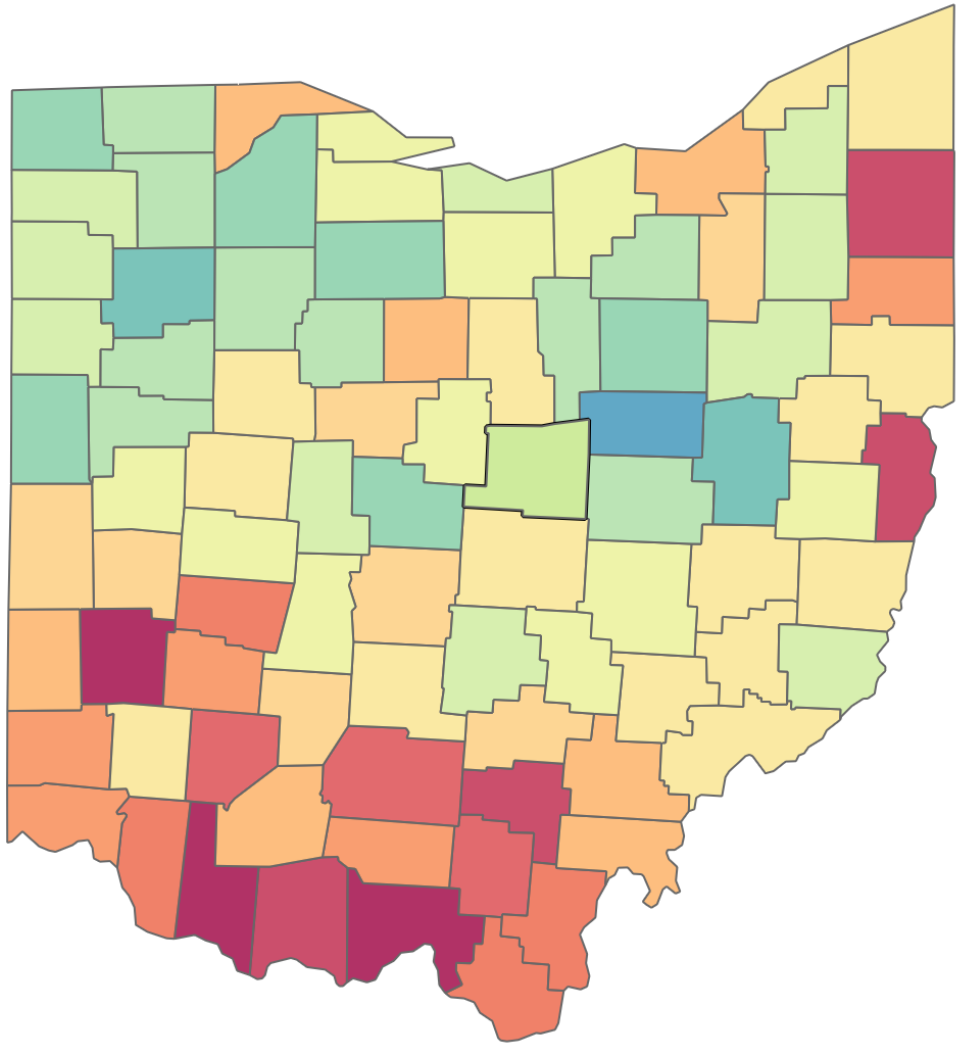


Legend for estimated age-adjusted death rate (per 100,000 population)

10-11.9	20-21.9	28-29.9
14-15.9	22-23.9	30+
16-17.9	24-25.9	
18-19.9	26-27.9	

Patient Needs

Diabetes

- Some can control with diet
- Some can control with medication
- Some are insulin dependent
- Without adequate treatment - many will die

Opiod Addicts

- Some can quit on own
- Some can remain abstinent with “regular” treatment
- Some need ORT
- Without adequate treatment - many will die

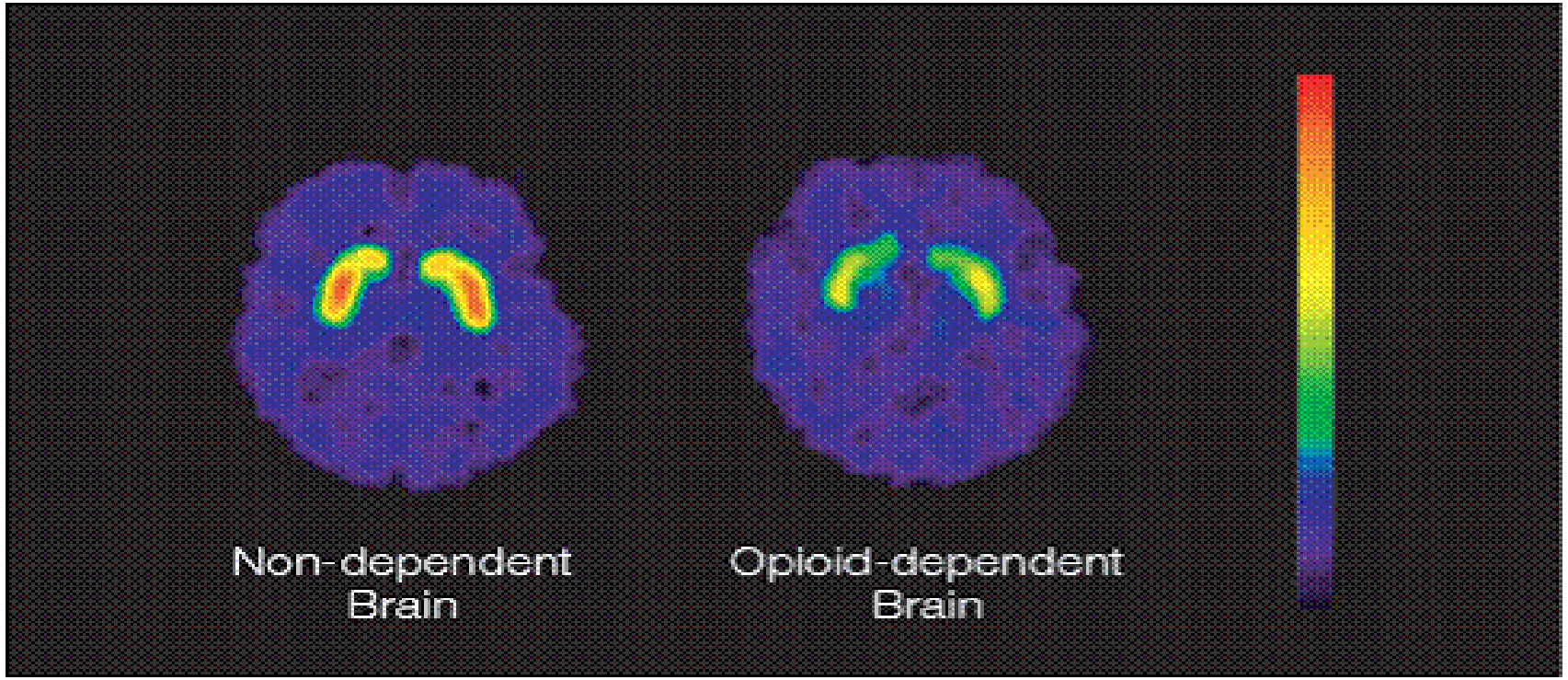
Alive is Good!

Opioids

- Morphine
- Heroin
- Codeine
- Fentanyl
- Oxycontin
- Vicodin
- Hysingla
- Others

This is Your Brain on Drugs

Non–Opioid-Dependent and Opioid-Dependent Brain Images

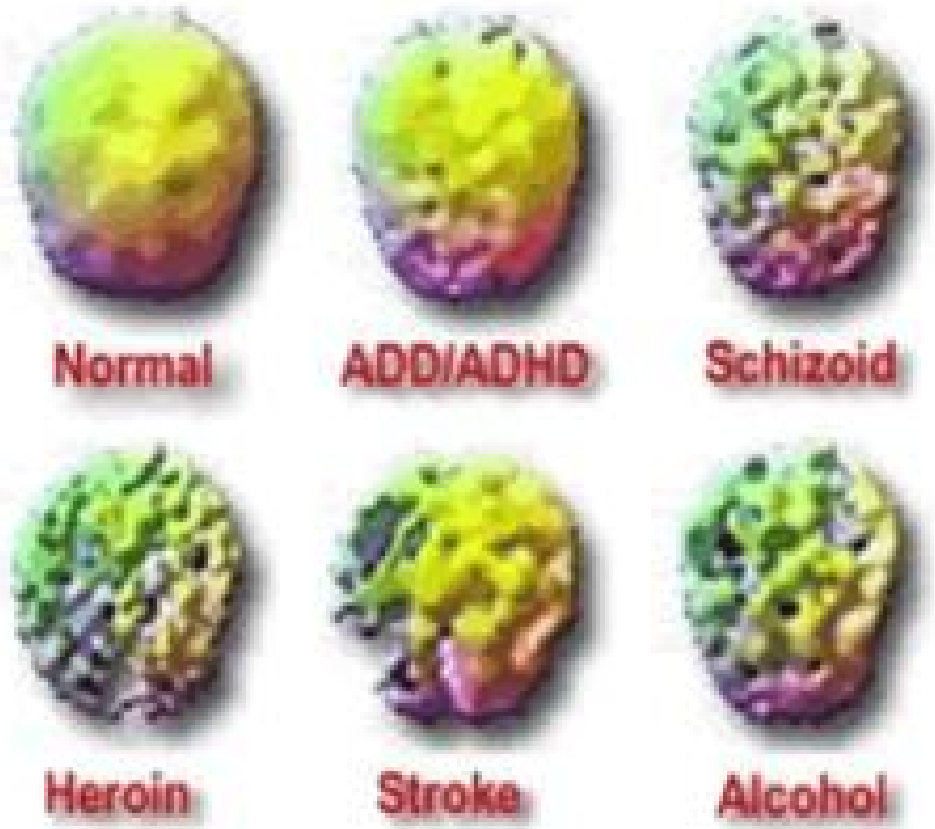


PET scan images show changes in brain function caused by opioid dependence. The lack of red in the opioid-dependent brain shows a reduction in brain function in these regions.

Pharmacology of Addiction

Drugs can change the brain in fundamental and long lasting ways

Brain Changes



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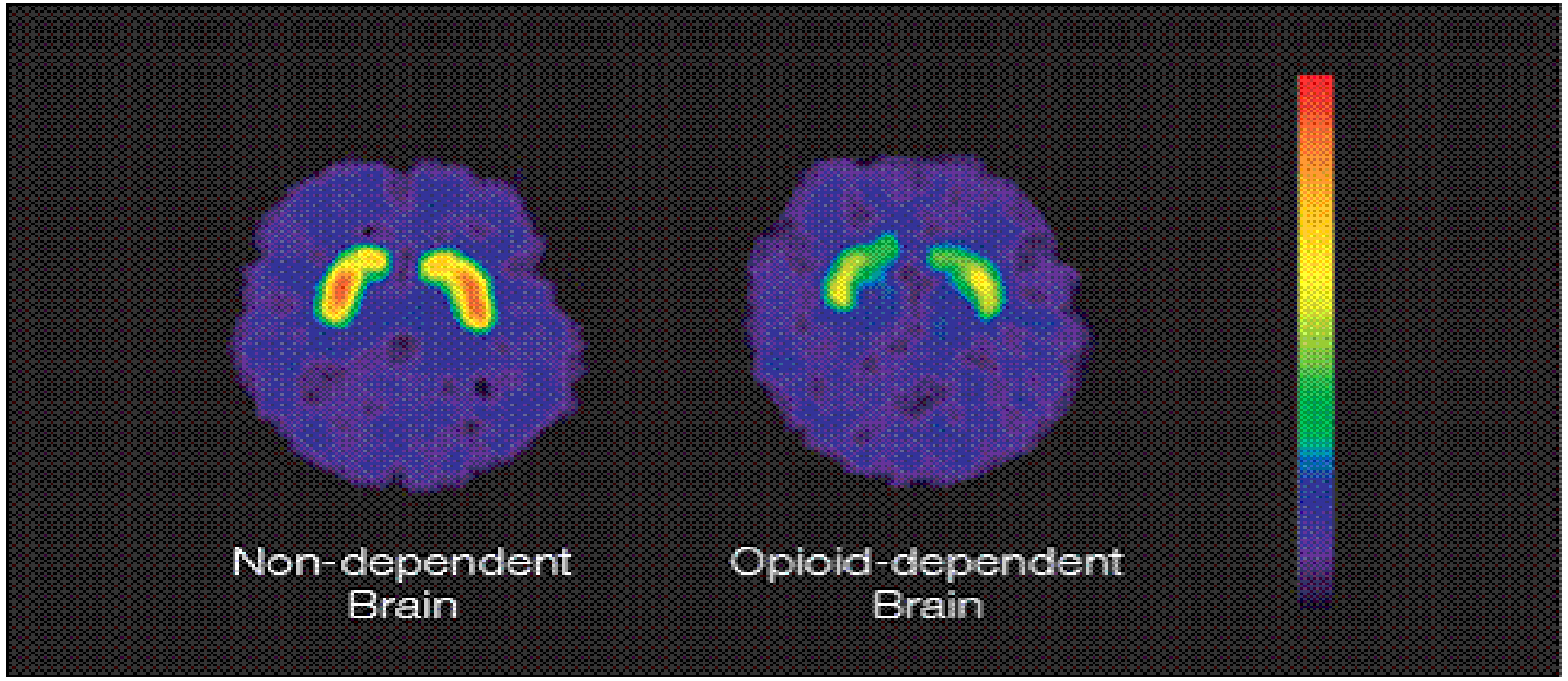
Non–Opioid-Dependent and Opioid-Dependent Brain Images



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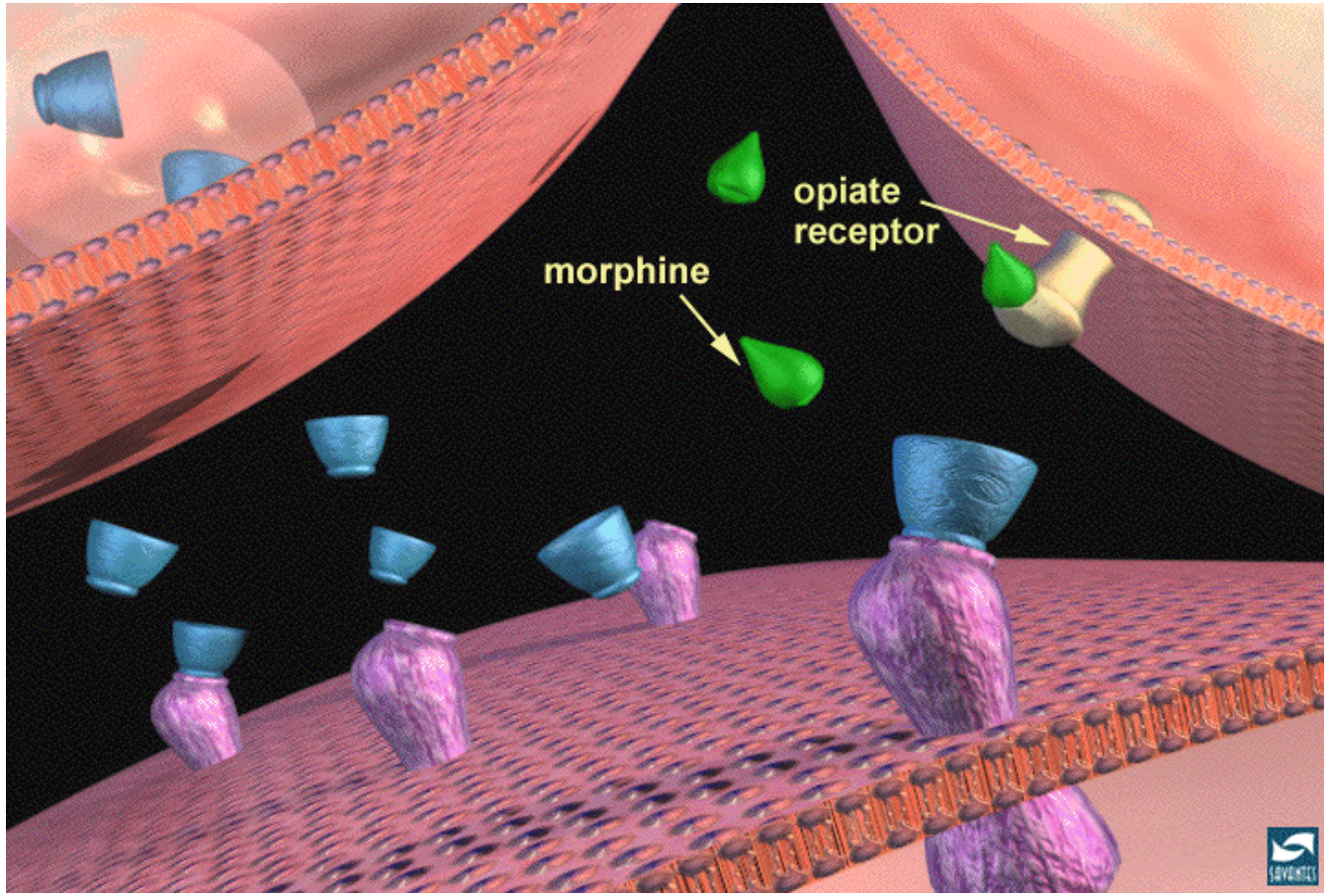
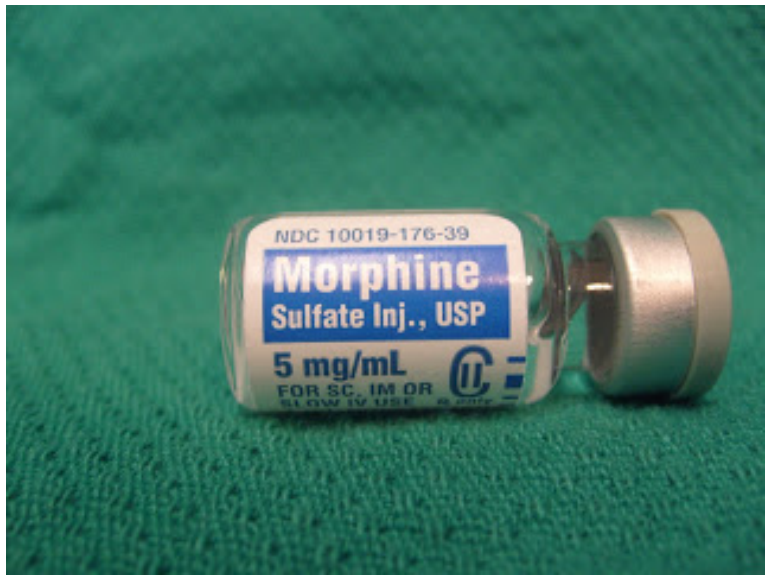
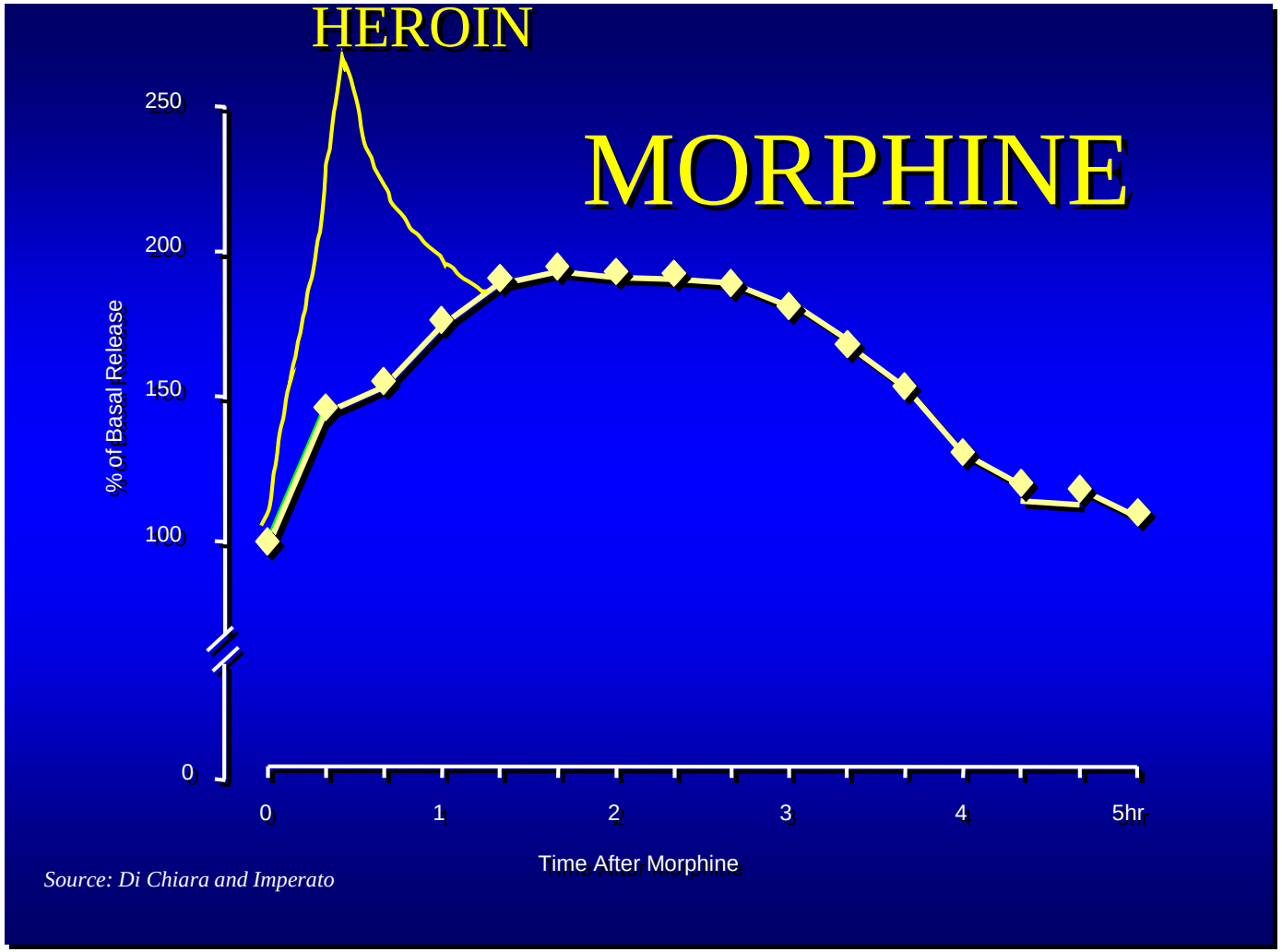
Opiates Increase DA Release




NDC 10019-176-39
Morphine
Sulfate Inj., USP
5 mg/mL
FOR SC, IM OR


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

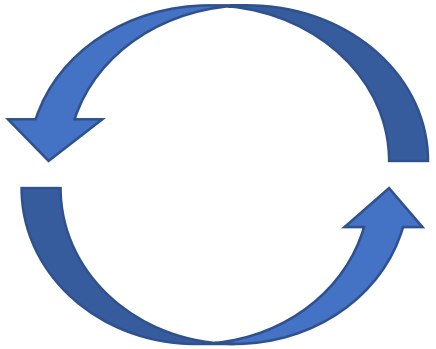
- Analgesia - change in pain perception
- Euphoria - Intense
- Sedation - “on the nod”
- Respiratory Depression
- Cough Suppression
- Nausea/vomiting
- Constipation

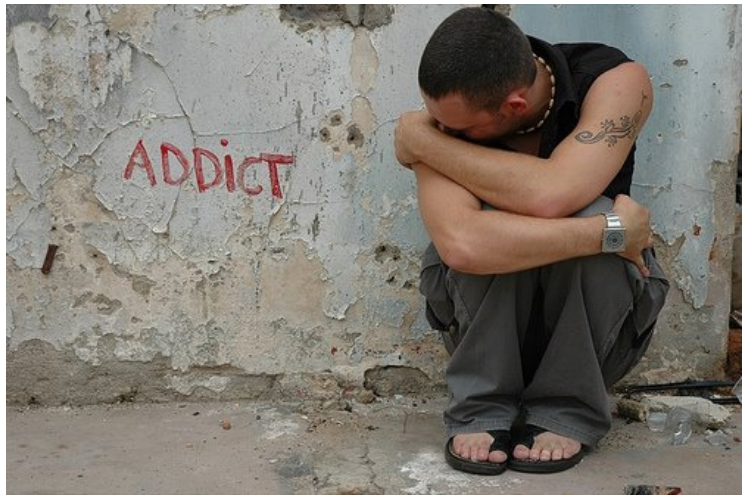
Withdrawal

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

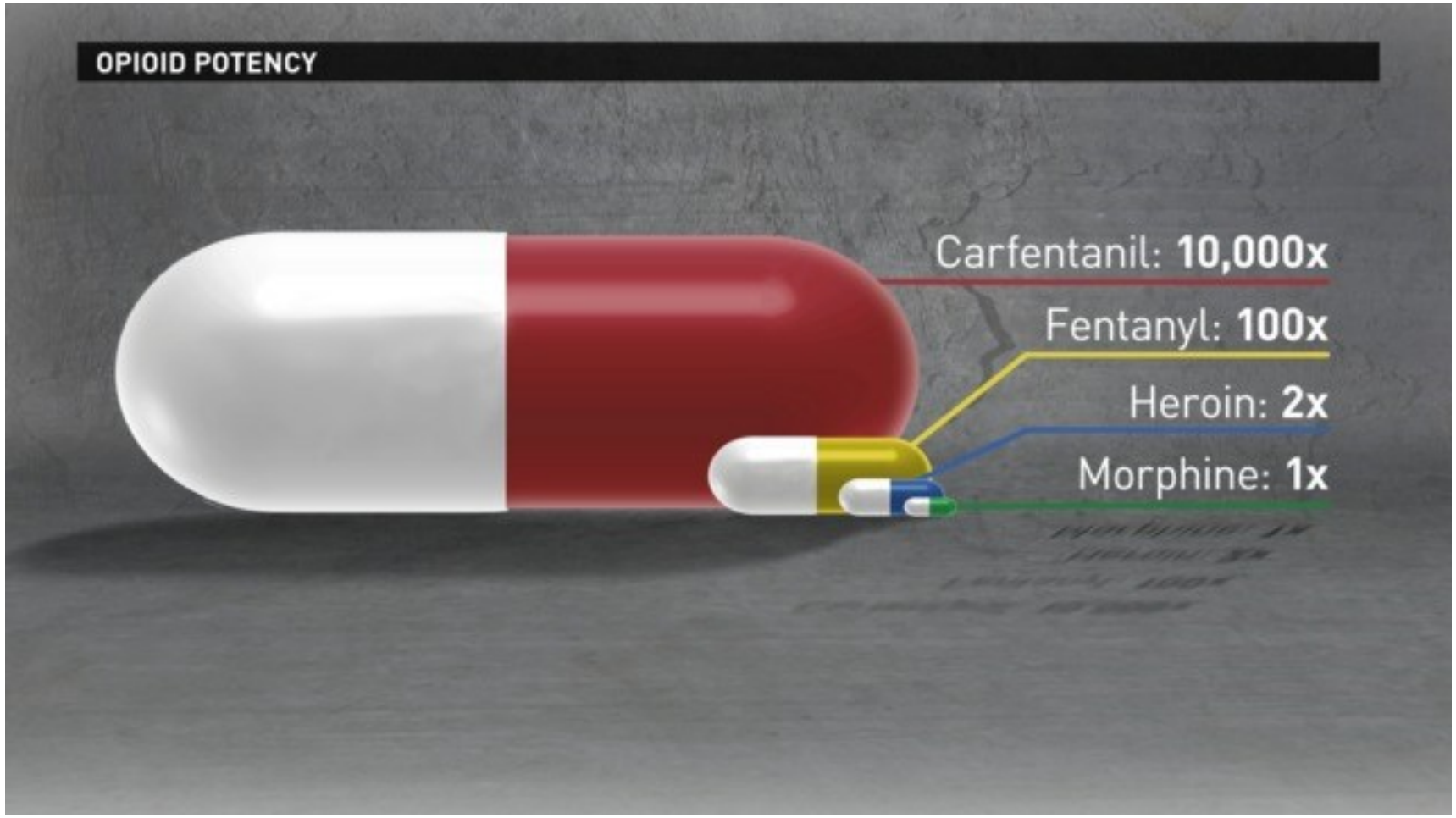
Addiction/Dependency Cycle

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



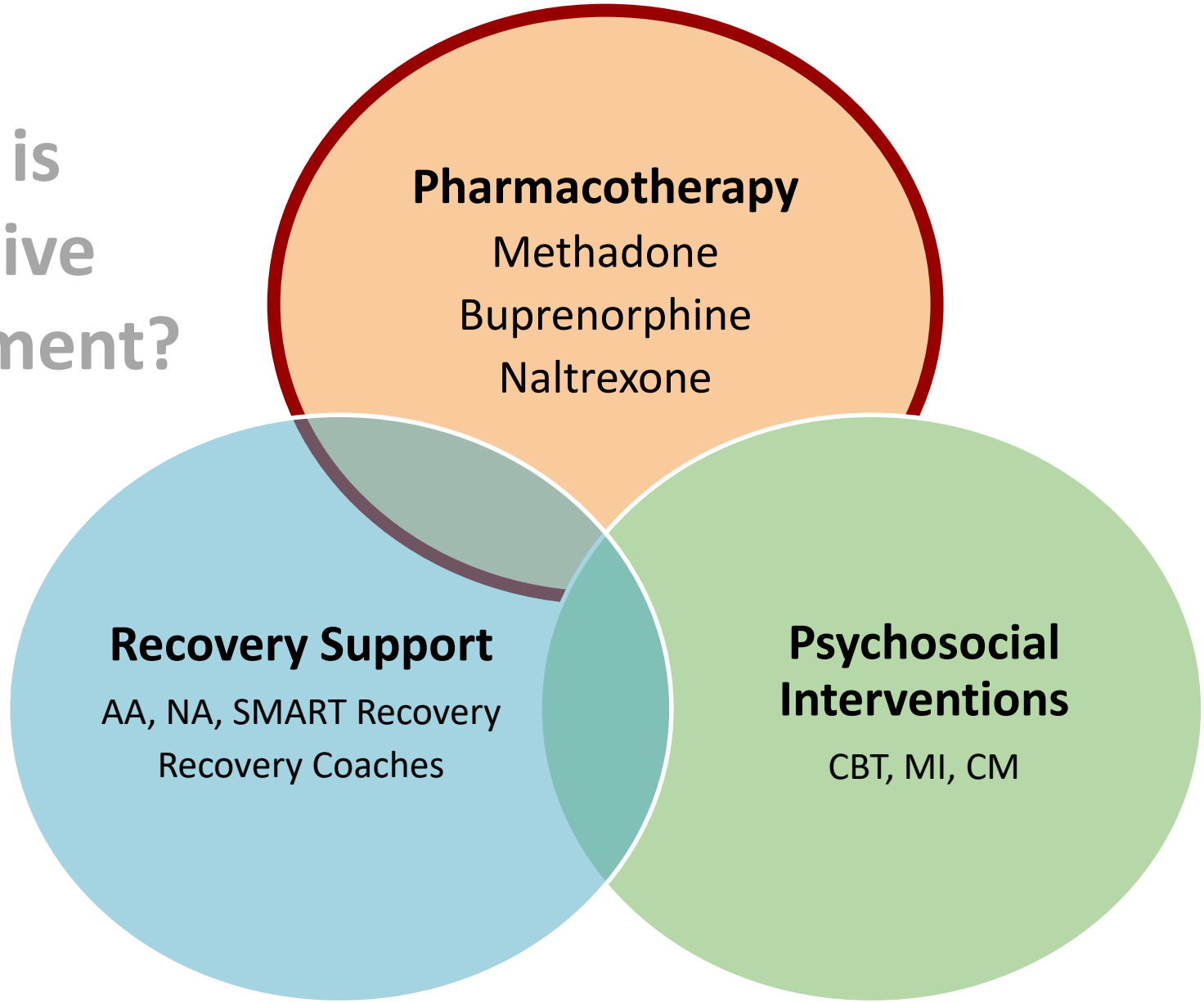


Potency



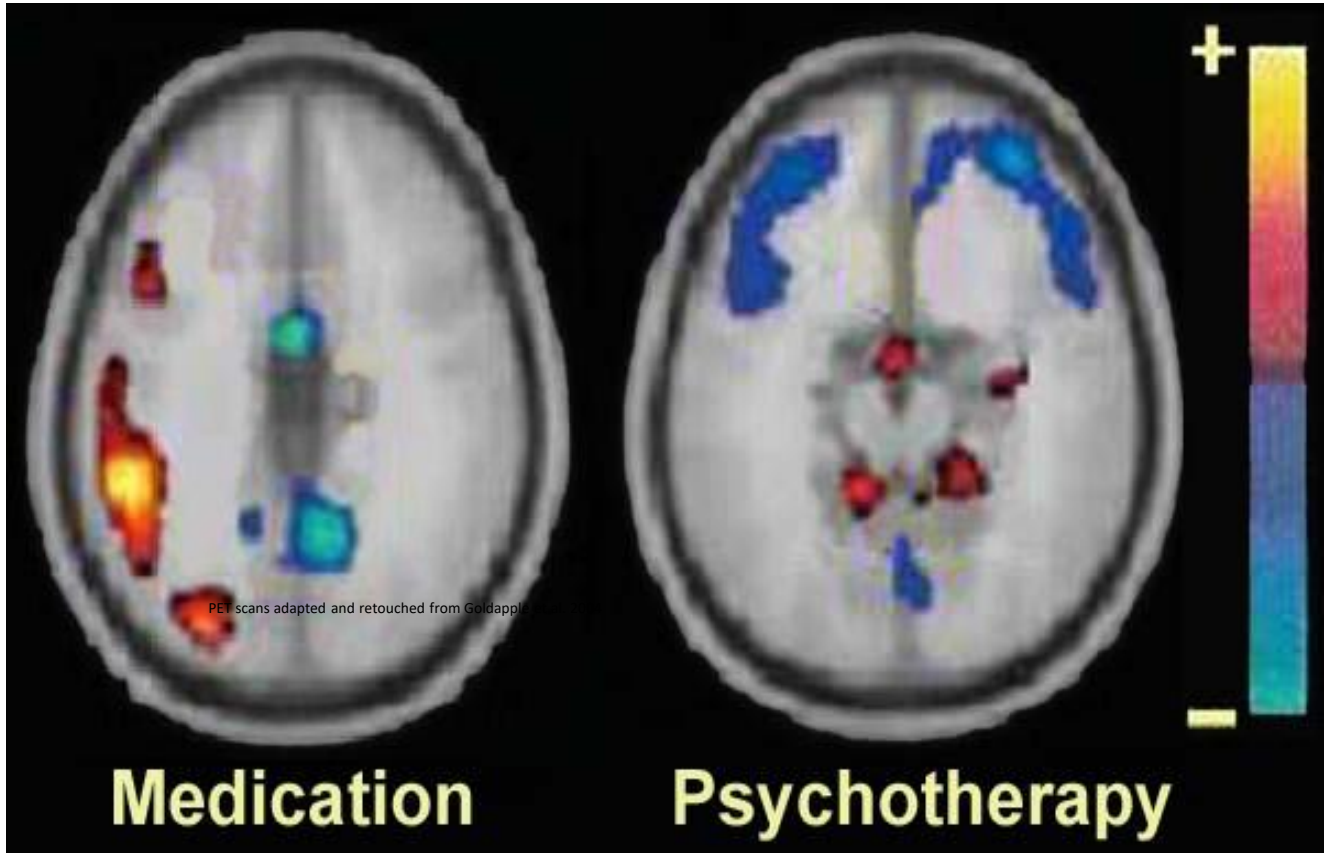
NIDA

What is effective treatment?



Does Treatment Work?

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



PET scans adapted and retouched from Goldapple

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. (Michael Botticelli ONDCP Director)
- "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.” (Pamela Hyde, SAMHSA’s Administrator)

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.

NADCP

RESOLUTION OF THE BOARD OF DIRECTORS

ON THE AVAILABILITY OF MEDICALLY ASSISTED TREATMENT (M.A.T.) FOR ADDICTION IN DRUG COURTS

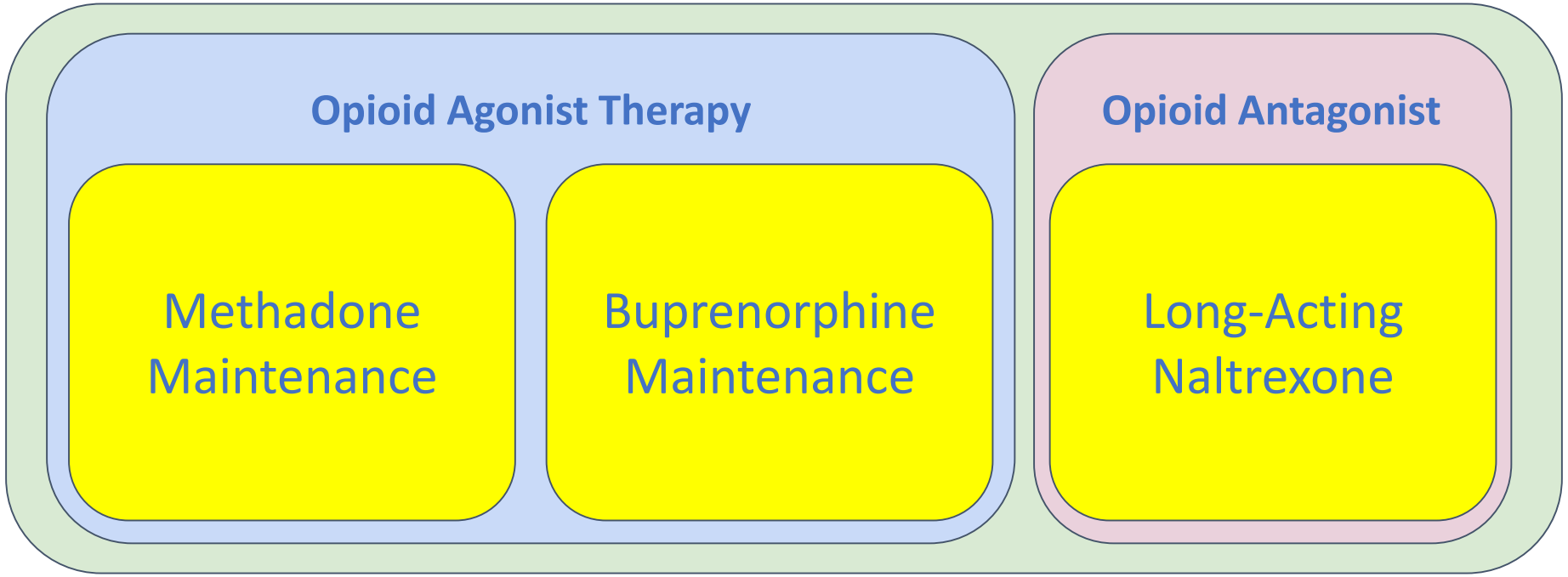
NOW, THEREFORE, BE IT RESOLVED THAT:

1. Drug Court professionals have an affirmative obligation to learn about current research findings related to the safety and efficacy of M.A.T. for addiction.

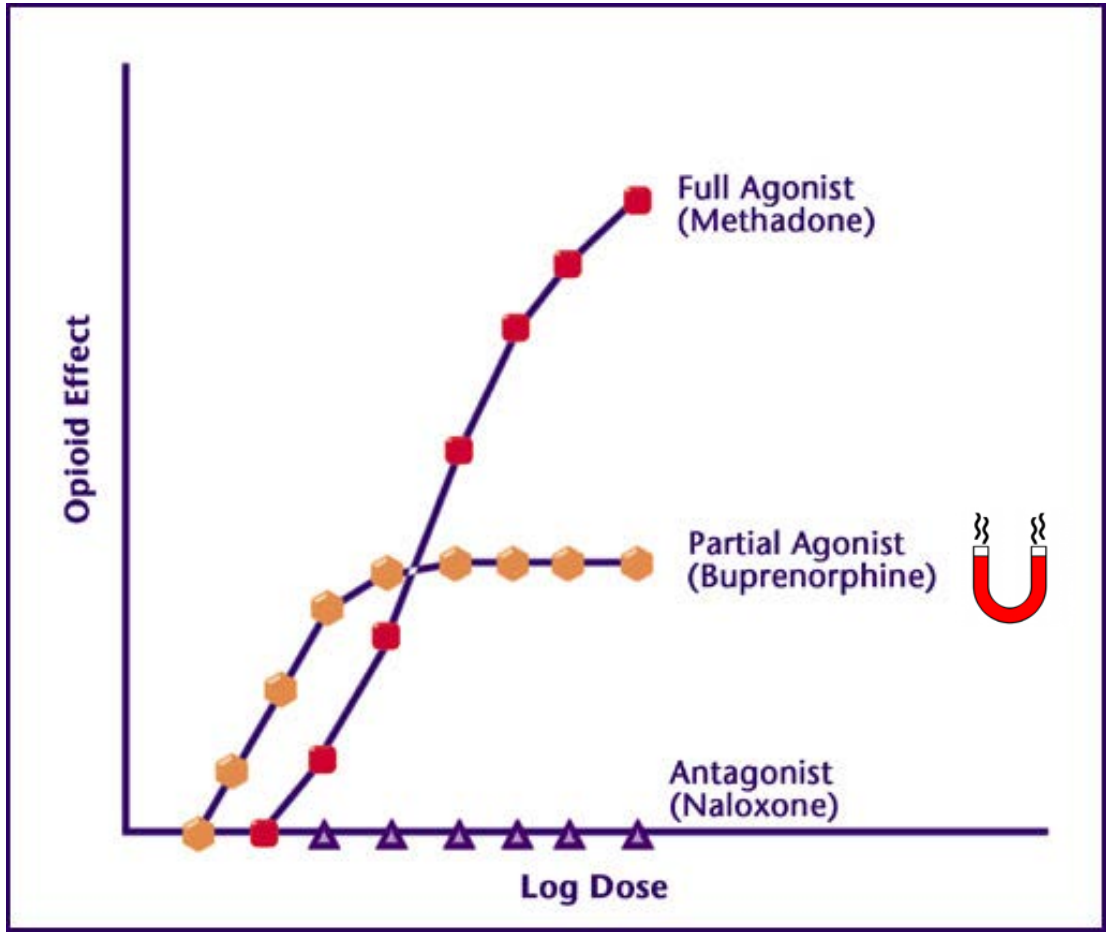
2. Drug Court programs should make reasonable efforts to attain reliable expert consultation on the appropriate use of M.A.T. for their participants. This includes partnering with substance abuse treatment programs that offer regular access to medical or psychiatric services.

3. Drug Courts do not impose blanket prohibitions against the use of M.A.T. for their participants. The decision whether or not to allow the use of M.A.T. is based on a particularized assessment in each case of the needs of the participant and the interests of the public and the administration of justice.

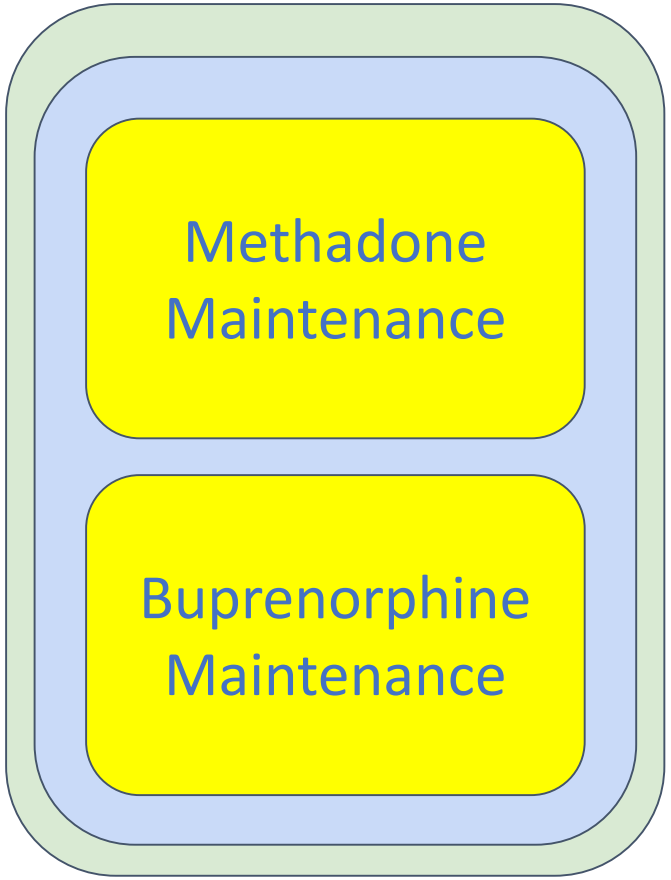
Medication for Addiction Treatment (MAT)



Pharmacology of Treatments



Opioid Agonist Therapy

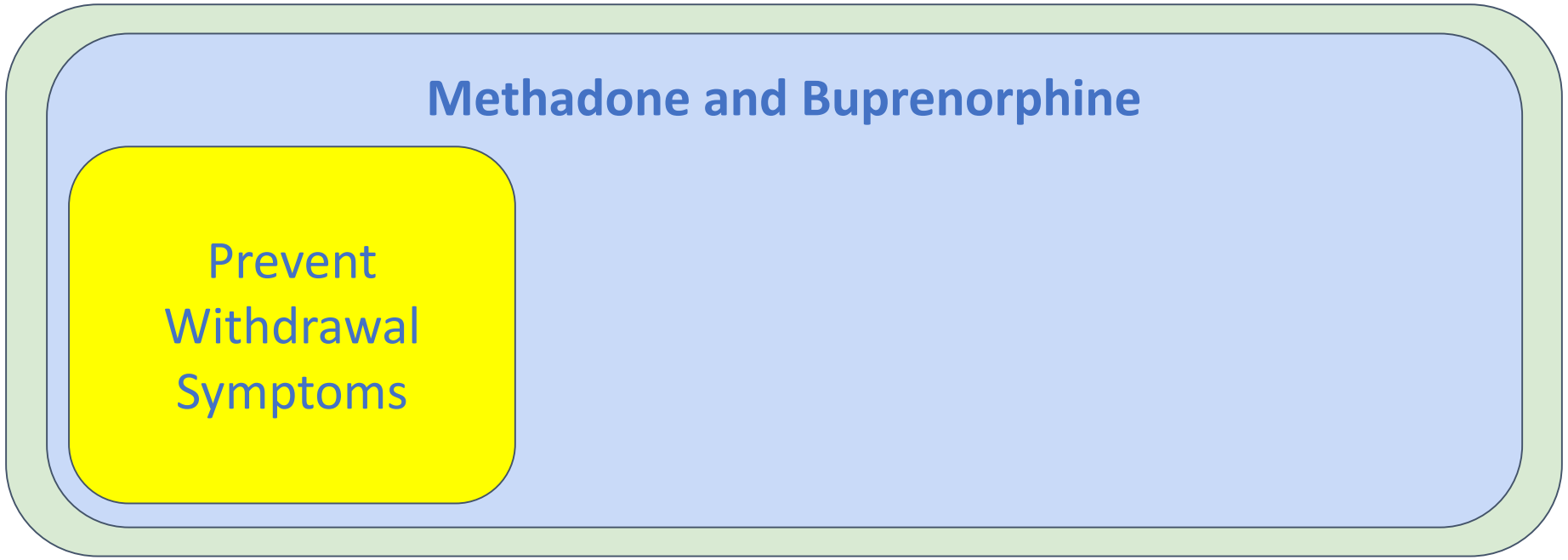


1. What are the goals of opioid agonist therapy?
2. What do these treatments look like in community?
3. How well do they work?

What are goals of opioid agonist therapy?

Methadone and Buprenorphine

What are goals of opioid agonist therapy?

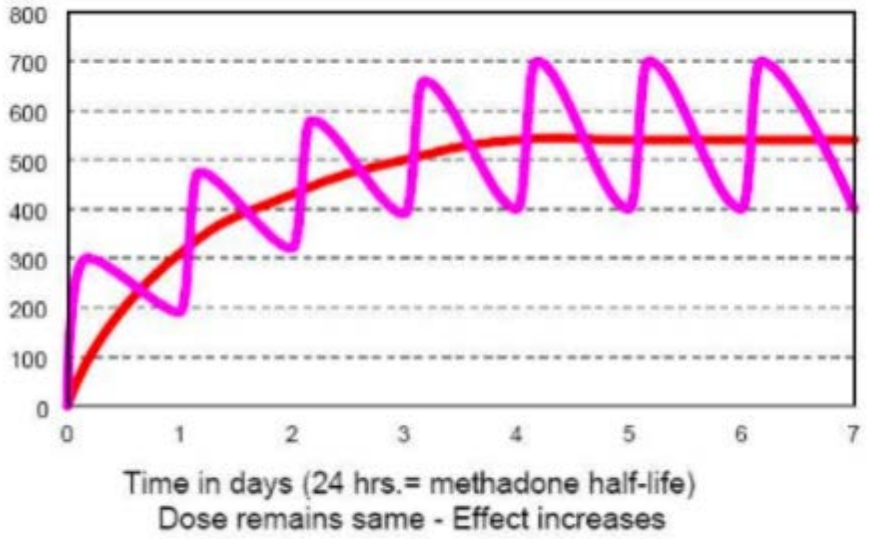


Long Duration of Action = Stable Effect

No “euphoria” or “high” at stable dosing

Heroin

Methadone



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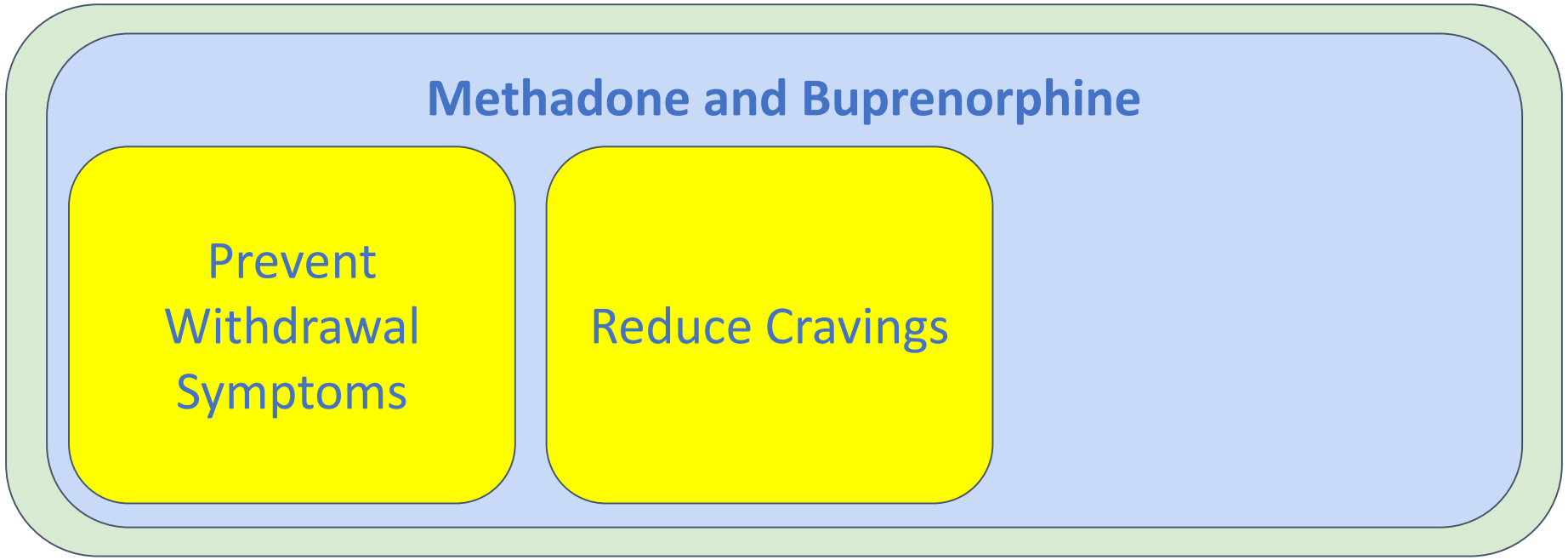

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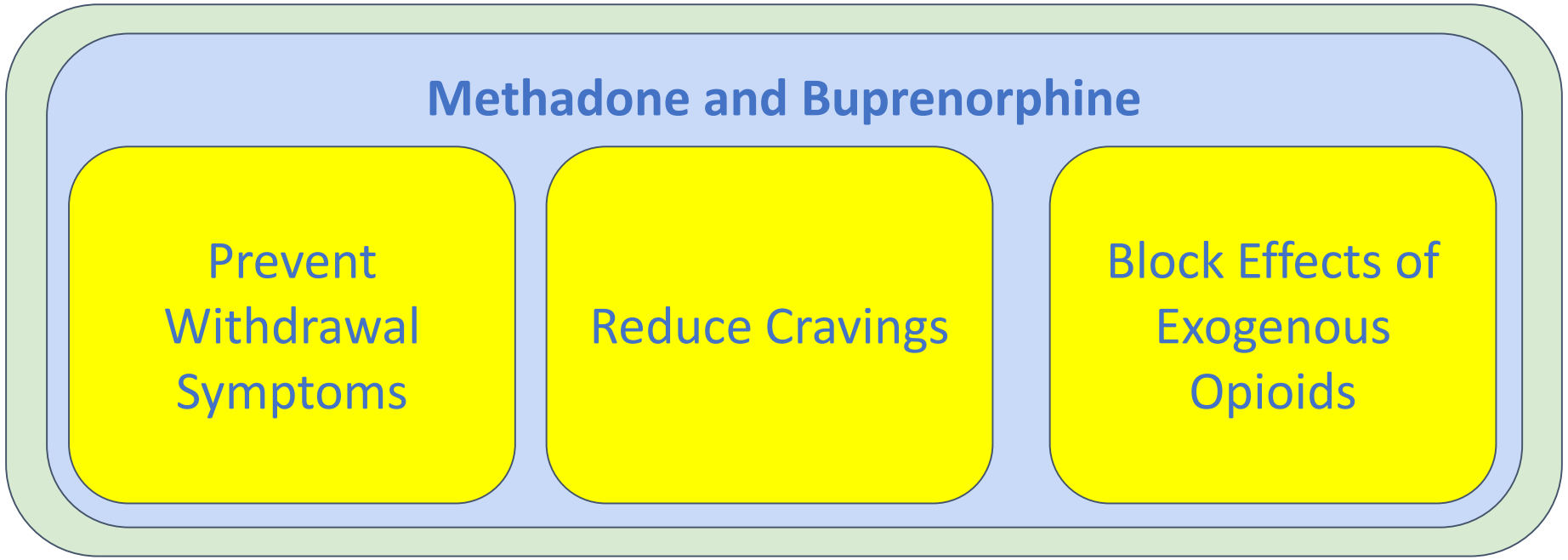

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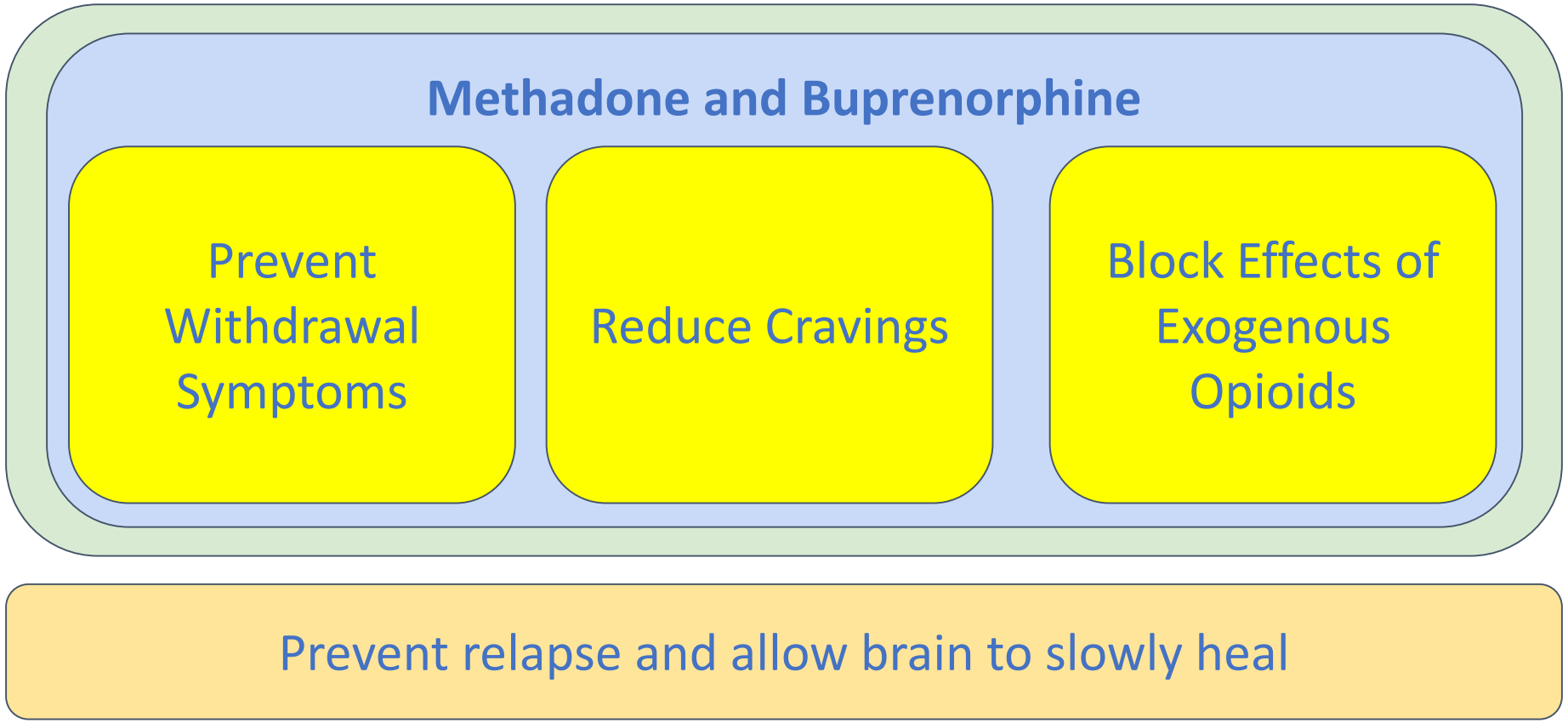


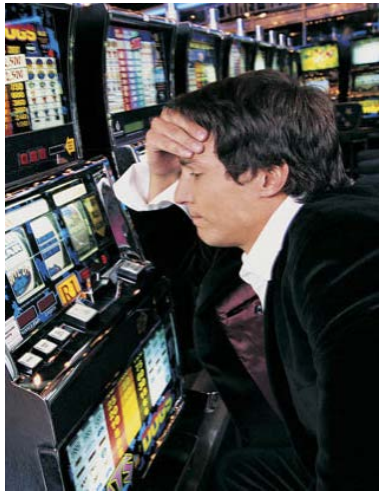
What does effective opioid agonist therapy look like?

“I have money in my pocket. I feel good about myself when I wake up each day. I don't think about heroin. And I feel like I have my life back.”

~ patient

Are methadone or buprenorphine simply trading one addiction for another?

Addiction



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

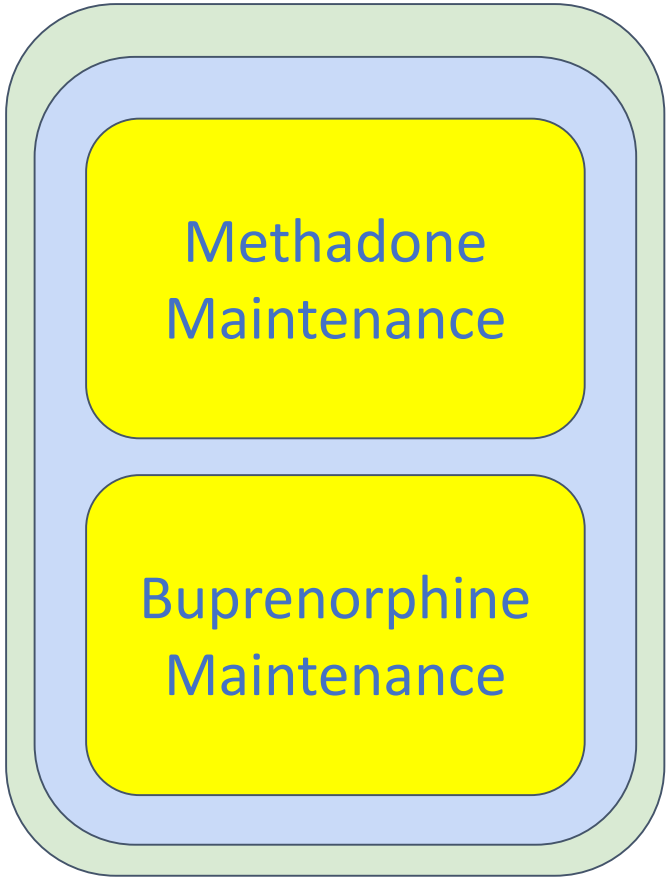
Dependence

- Presence of withdrawal symptoms if substance stopped abruptly

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

The Medication stopped the dependence from screaming in my ear.

Opioid Agonist Therapy



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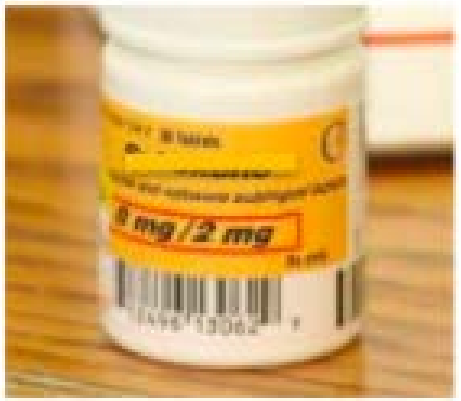
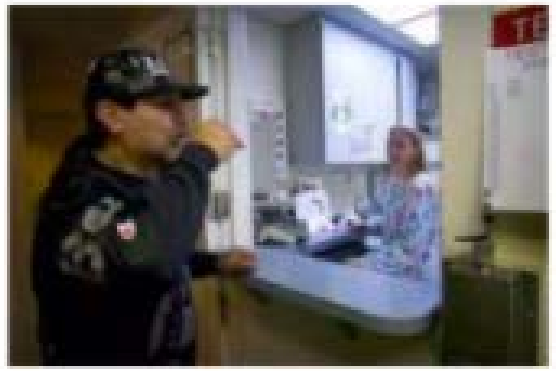
Methadone vs. Buprenorphine

	Setting	Rx	Duration	Frequency of Visits	Additional Services
METHADONE	**OTP**	**Dispensed onsite by nurse**	**24-36 hours**	**Daily***	**Counseling Recovery Groups +/- Mental Health**
BUPE	**Clinic (**SEP, IOP *OTP)*	**Rx to Pharmacy** (provider needs x-waiver)	**24-36 hours**	**Weekly q2 Weeks Monthly**	**+/- Counseling** (varies by clinic)

* Visit frequency at an OTP starts at daily (6 days/ week + 1 take-home on Sundays) first 90 days and patients are given take-home bottles and less frequent visits as they stabilize in treatment.

Intensity of Treatment





Less Structure

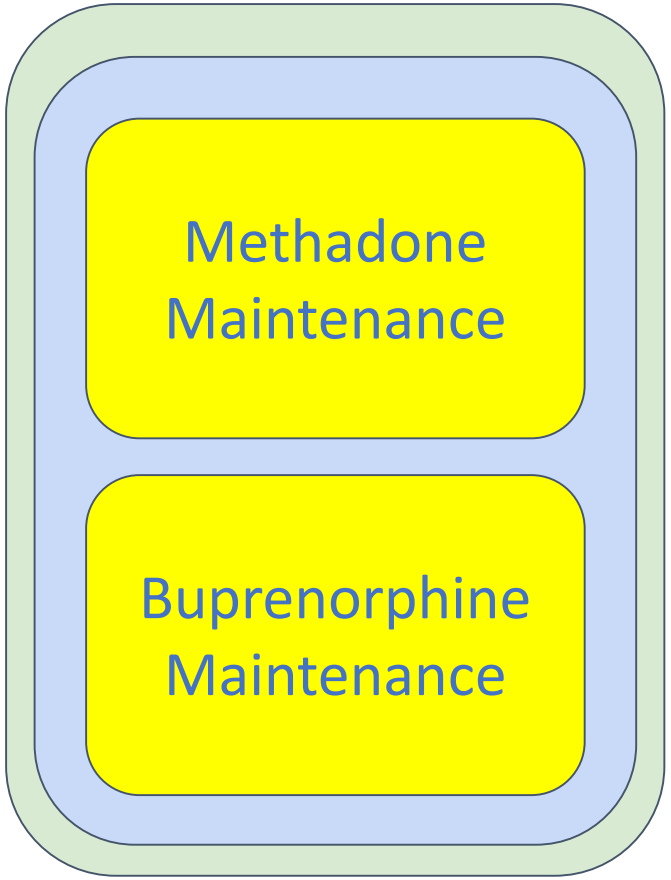
More Structure

Slide courtesy of Dr. Aaron Fox

Pros & Cons

Methadone	Buprenorphine
Best Evidence **Structure & Support** **↓ Rearrest**	**↓ Opioid Use** **Better Safety Profile** **Flexibility**
Access **Regulations** **Stigma**	**Access** **Less Structure** **Diversion / Cost**

Opioid Agonist Therapy



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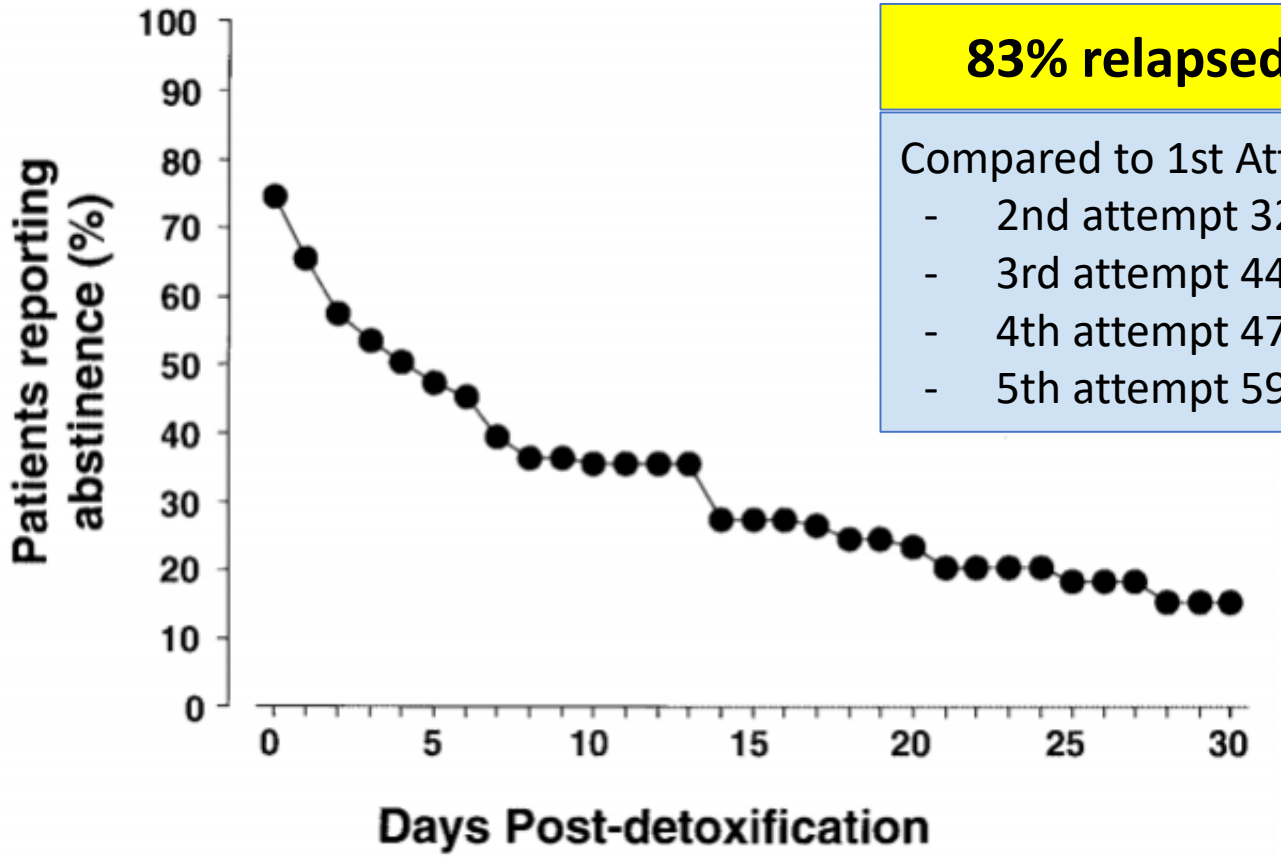
Important Questions When Considering Effectiveness

1. Effective for whom?
    a. Community dwelling? Justice-involved? Those who have completed detox programs? Those seeking treatment? Those seeking a *specific type* of treatment?
2. Compared to what?
    a. Compared to detoxification and counseling?
    b. Compared to other pharmacotherapies?
3. Which outcomes matter?
    a. Relapse to illicit opioid use? Amount of illicit opioid use? HIV risk behaviors? Retention in treatment? Mortality?

Opioid Detoxification Ineffective



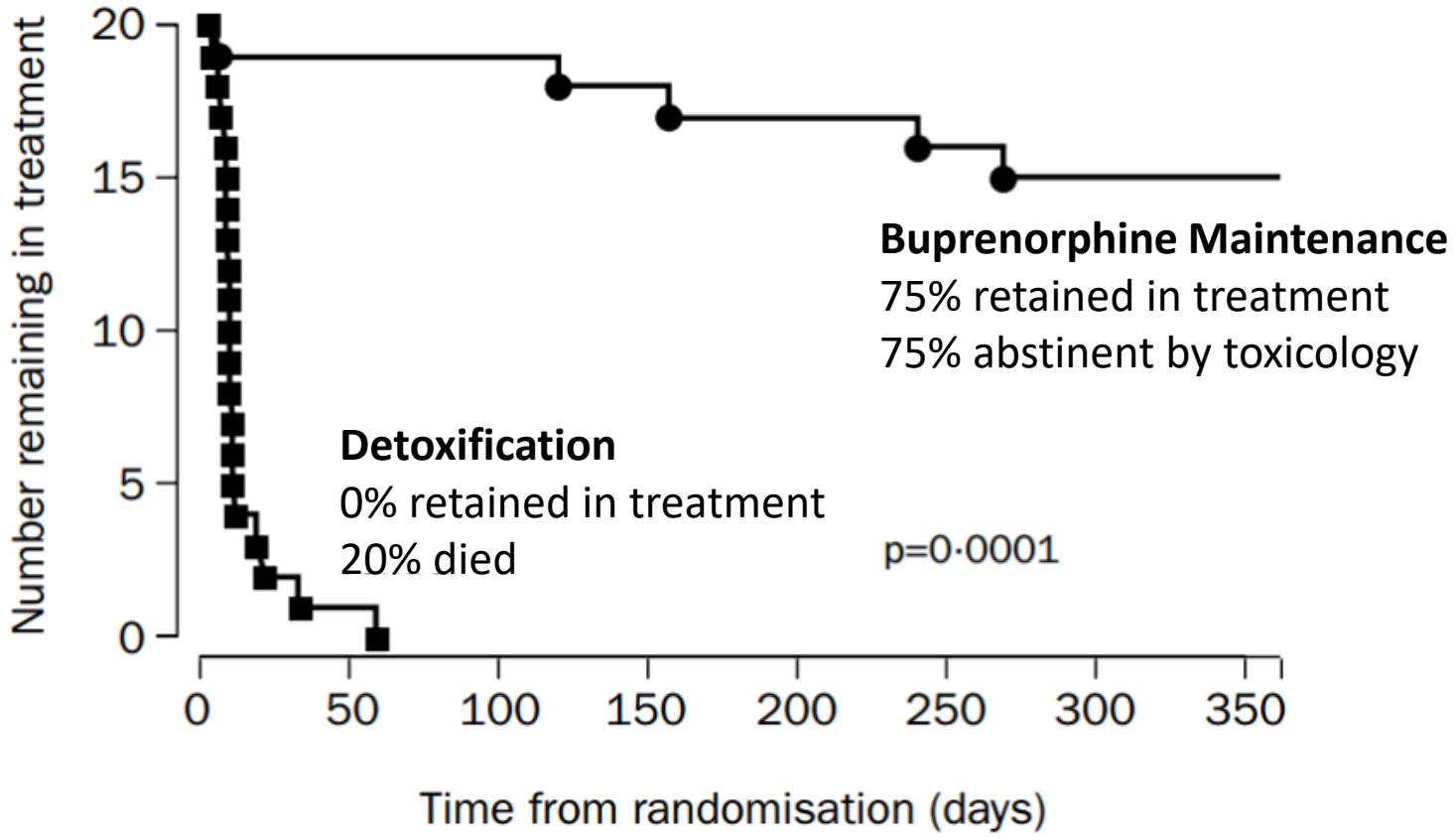
83% relapsed at 30 days

Compared to 1st Attempt:

- 2nd attempt 32% less likely
- 3rd attempt 44% less likely
- 4th attempt 47% less likely
- 5th attempt 59% less likely

Chutuape et al. Am J Drug Alcohol Abuse. 2001 Feb;27(1):19-44.

Buprenorphine is Effective at Retaining Patients in Treatment & Preventing Relapse



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

Buprenorphine is Effective at Retaining Patients in Treatment & Preventing Relapse

Cochrane Library

Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence (Review)

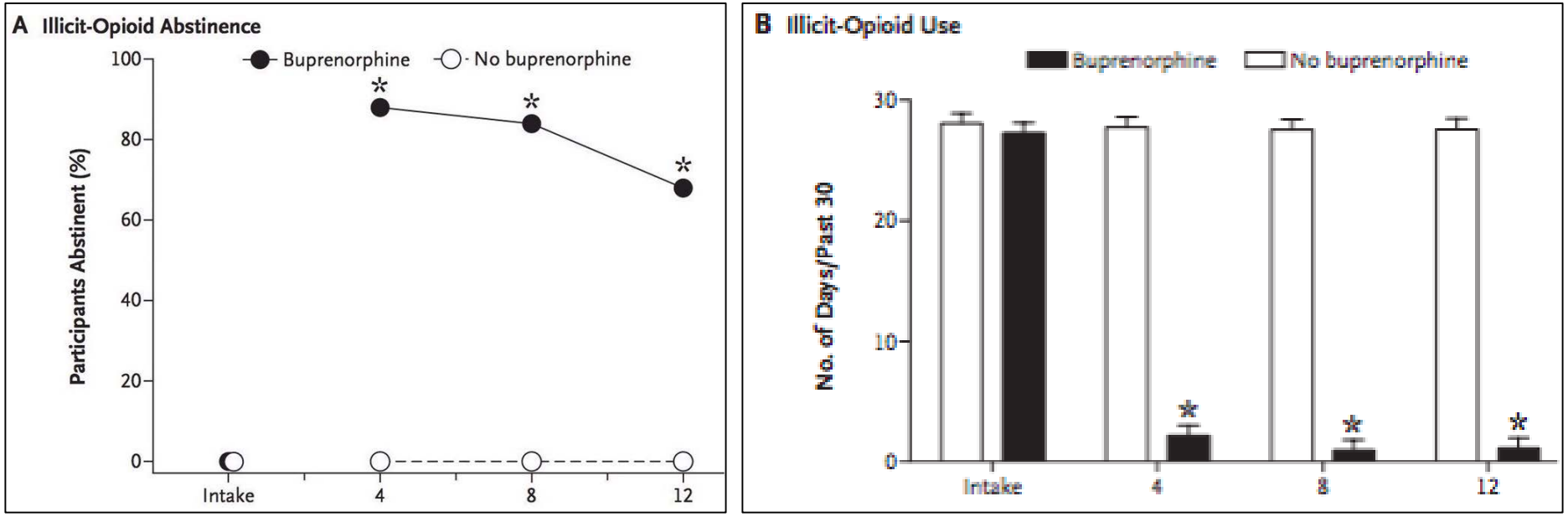
Mattick RP, Breen C, Kimber J, Davoli M

*"The review of trials found that **buprenorphine** at high doses (16 mg) can **reduce illicit opioid use** effectively compared with placebo, and buprenorphine at any dose studied **retains people in treatment** better than placebo."*

Mattick et al. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD002209.

Buprenorphine Rx associated with ↓ Heroin Use

Interim Buprenorphine vs. Waiting List for Opioid Dependence



Sigmon, Stacey C., et al. "Interim buprenorphine vs. waiting list for opioid dependence." *NEJM 2016*

Methadone is Effective at Retaining Patients in Treatment & Preventing Relapse

Cochrane Library

Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence (Review)

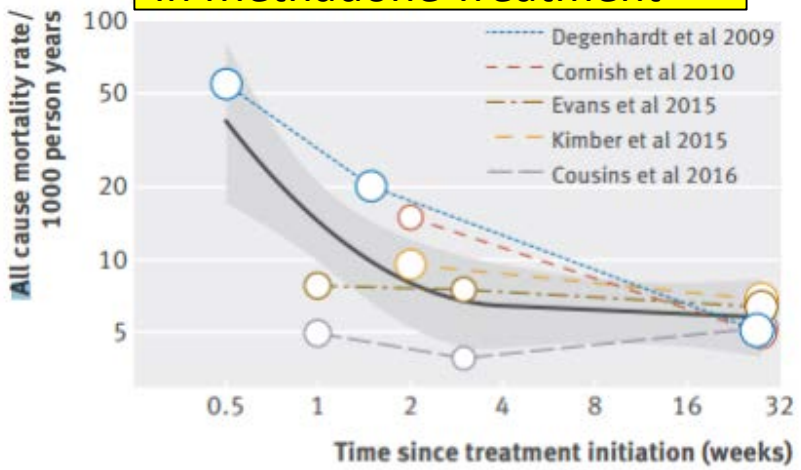
Mattick RP, Breen C, Kimber J, Davoli M

*"**Methadone** is an effective maintenance therapy intervention for the treatment of heroin dependence as it retains patients in treatment and decreases heroin use **better than** treatments that do not utilize opioid replacement therapy."*

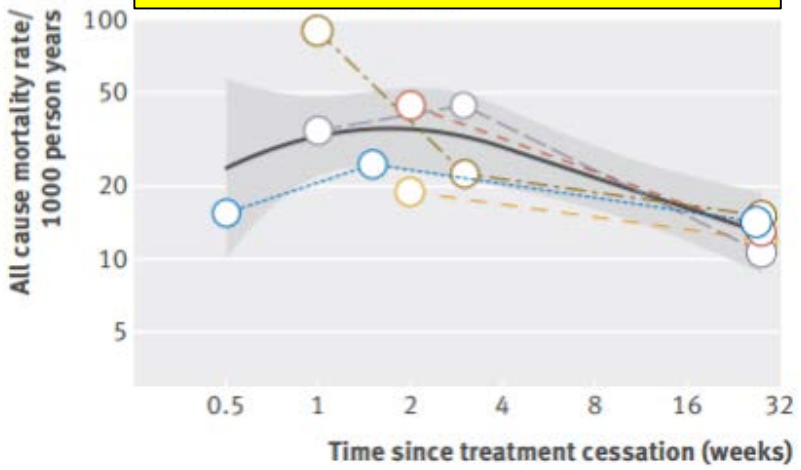
Mattick et al. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD002209.

Mortality Decreased

In Methadone Treatment



Out of Methadone Treatment



All cause **mortality rates (per 1000 per/yrs)**

- In methadone treatment: 11.3
- Out of methadone treatment: 36.1

- In buprenorphine treatment: 4.3
- Out of buprenorphine treatment: 9.5

Overdose **mortality rates:**

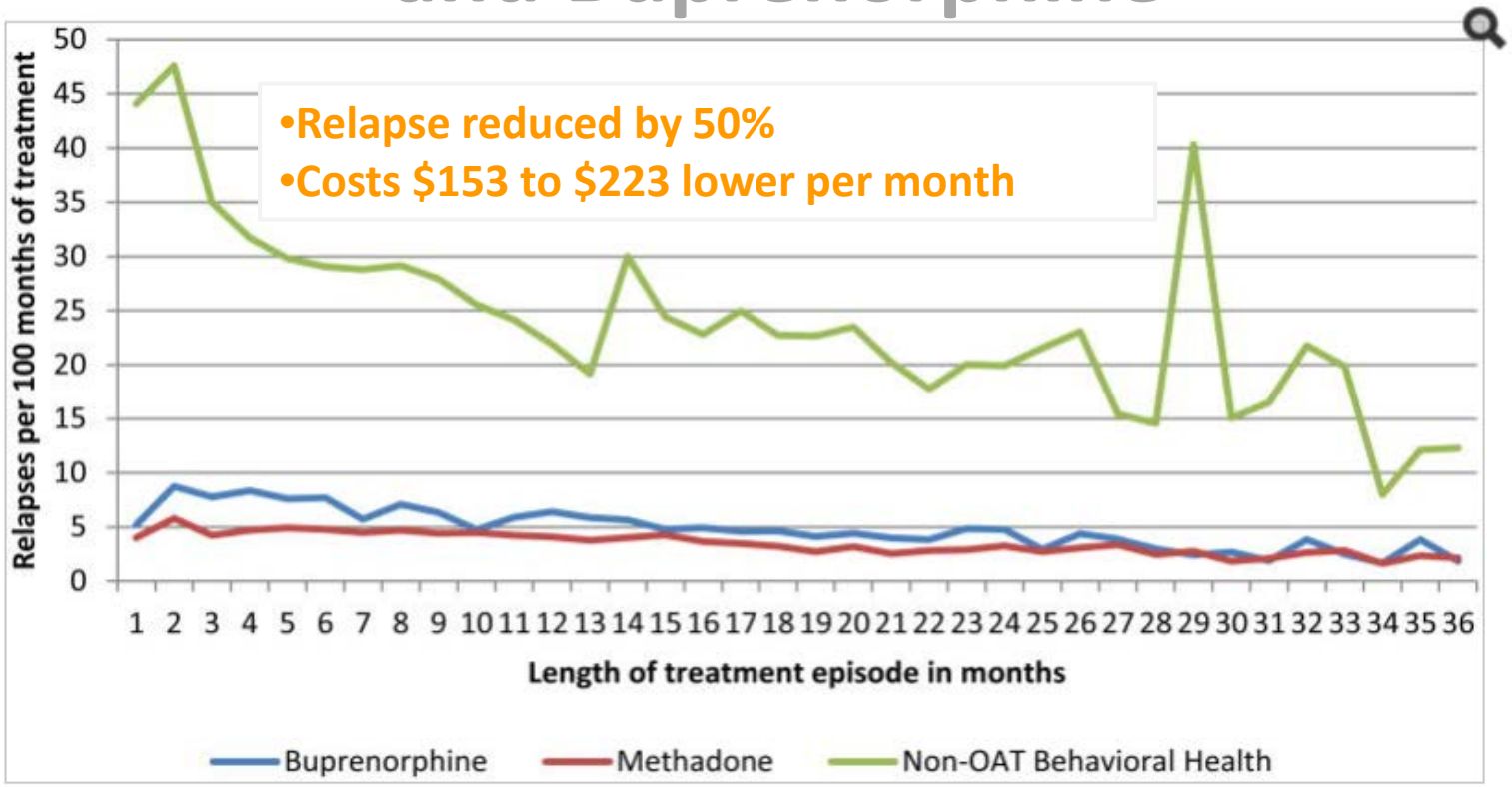
- **In methadone treatment: 2.6**
- **Out of methadone treatment: 12.7**

- **In buprenorphine treatment: 1.4**
- **Out of buprenorphine treatment: 4.6**

Sordo et al. BMJ 2017;357:j1550

Slide courtesy of Dr. Sarah Wakeman

Relapse & Cost Reduced with Methadone and Buprenorphine



Clark RE et al. J Subst Abuse Treat. 2015 Oct;57:75-80

Slide courtesy of Dr. Sarah Wakeman

How about in correctional setting?

Risks of OUD

11x ↑ Risk of death in first 2 weeks of reentry

129x ↑ Risk of OD Death in first 2 weeks of reentry

Binsnwanger NEJM 2007

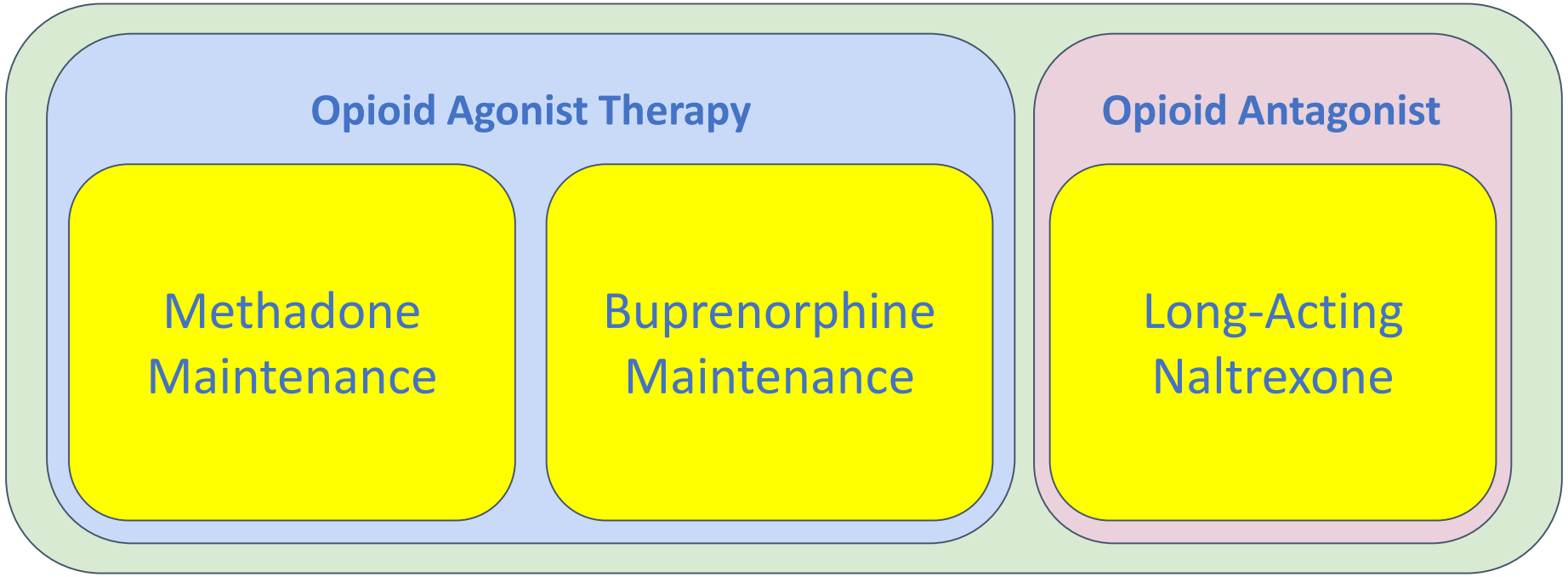
Benefits of OAT

75% ↓ Risk of death in first 4 weeks of reentry

85% ↓ Risk of OD death in first 4 weeks of reentry

Marsden Addiction 2017

Medication for Addiction Treatment (MAT)



Injectable Long-Acting Naltrexone

	Setting	Rx	Duration	Frequency of Visits	Additional Services
METHADONE	OTP	Dispensed onsite by nurse	24-36 hours	Daily*	Counseling Recovery Groups +/- Mental Health
BUPE	Clinic (SEP, IOP *OTP)*	Rx to Pharmacy (provider needs x-waiver)	24-36 hours	Weekly q2 Weeks Monthly	+/- Counseling (varies by clinic)
NALTREXONE	Varies	**IM Injection**	**30 days**	Varies	Varies

Treatment Initiation Process Varies

	Initiation of Treatment
Methadone	**Done at OTP** +Withdrawal Symptoms (6-12 hours since last illicit opioid use)
Buprenorphine	**Home or Office Based** +Withdrawal Symptoms* (6-12 hours since last illicit opioid use)
IM Naltrexone	***Must complete 7-10 day detoxification prior ...***

Is naltrexone (XRN) effective?

1. XRN vs. Placebo RCT (Lancet 2011)
    a. Setting: Russia; Funder: Alkermes
    b. Enrolled patients post-detoxification (≥7 days since last use)
    c. Outcome: XRN: ↑ retention; ↑ opioid free weeks; ↓cravings

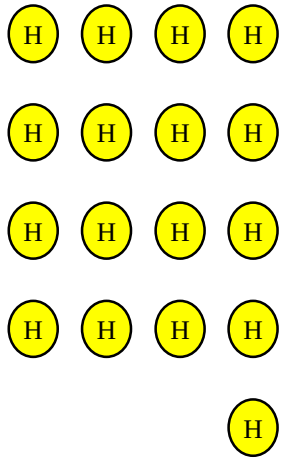
2. XRN vs. Usual Care RCT (NEJM 2016)
    a. Setting: USA; Funder: NIDA; Alkermes donated XRN
    b. Enrolled justice-involved pts preference for “opioid free” tx
    c. Outcome: XRN: ↑ time to relapse (10.5 weeks vs 5.0 weeks)

Methadone Effectiveness

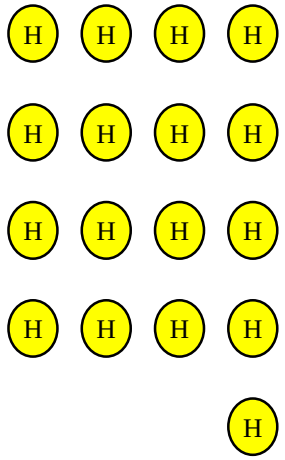
Gunne & Gronbladh, 1984

Baseline

Methadone



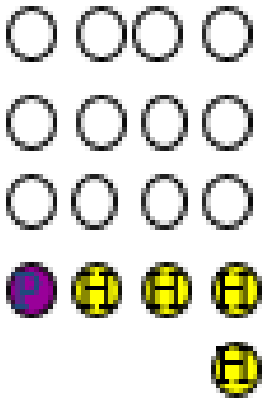
Regular Outpatient Rx.



Methadone Effectiveness

After 2 Years

Methadone



No Methadone

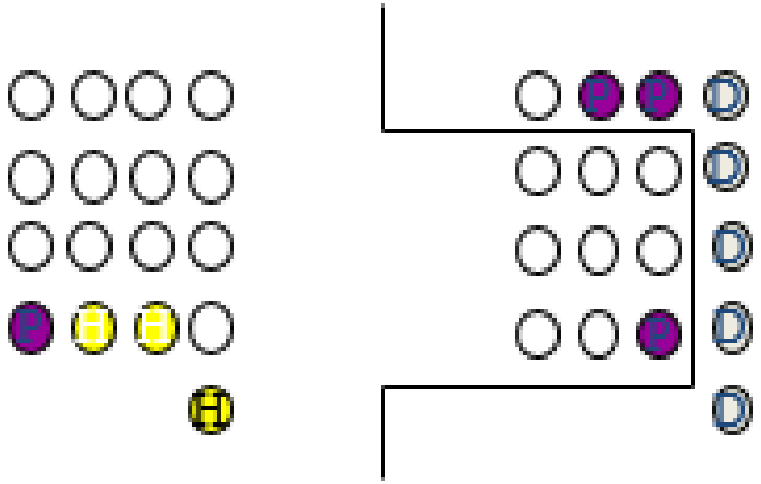
1- Sepsis & endocarditis
2- Leg amputation
3- Sepsis

Methadone Effectiveness

After 5 Years

Methadone

No Methadone



Buprenorphine
A tragic appendix: Mortality

Heilig, Lancet 2003

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