

*Closed Doors or Welcome Mat?*

**Welcome**

**Opening the Way for Medication-Assisted Treatment in Family Drug Courts**

Oklahoma Specialty Court Conference  
Thursday September 11, 2014

**Presenters**  
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**Welcome**

**Who is here today?**

**The Need for Medication-Assisted Treatment (MAT)**

**1960s**

**1980s**

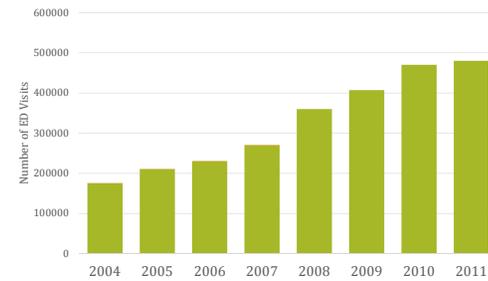
**1990s**

**2010s**

### The Prescription Drug Abuse Problem

- 478 million prescriptions for controlled-substances dispensed in U.S. in 2010
- 7 million Americans reported current non-medical use of prescription drugs in 2010
- In 2010, 2 million people reported using prescription painkillers non-medically for the first time within the last year—nearly 5,500 a day
- 1 in 4 people using drugs for first time in 2010 began by using a prescription drug non-medically
- 6 of top 10 abused substances among high school seniors are prescription drugs

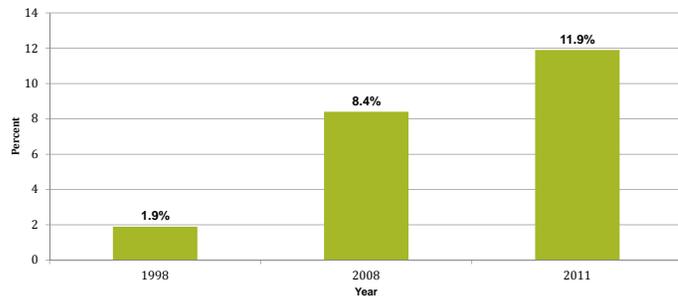
### Trends in Emergency Department Visits Involving the Non-medical Use of Opioid Pain Relievers: 2004-2011



ED visits involving the misuse or abuse of opioid pain relievers rose **183%** from 2004 to 2011.

Source: 2011 SAMHSA Drug Abuse Warning Network (DAWN)

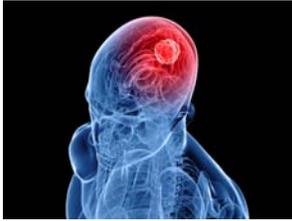
### Overall Female Treatment Admissions for Other Opiates\* as Primary Substance of Abuse



Retrieved 09/05/13 from <http://www.dasis.samhsa.gov/web/newmap1.htm>  
 \*Other opiates includes non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

## What is MAT?

## ASAM Definition of Addiction

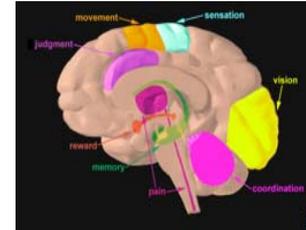


“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

*Adopted by the ASAM Board of Directors 4/12/2011*

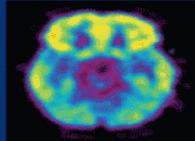
9

## A Chronic, Relapsing Brain Disease

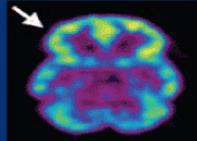


- Brain imaging studies show physical changes in areas of the brain that are critical to
  - Judgment
  - Decision making
  - Learning and memory
  - Behavior control
- These changes alter the way the brain works, and help explain the compulsion and continued use despite negative consequences

### DECREASED BRAIN METABOLISM IN **DRUG ABUSER**



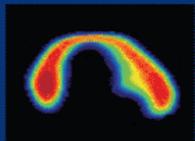
Healthy Brain



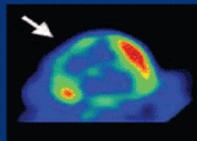
Diseased Brain/Cocaine Abuser



### DECREASED HEART METABOLISM IN **HEARTY DISEASE PATIENT**



Healthy Heart



Diseased Heart

Substance Use Disorders are similar to other diseases, such as heart disease. Both diseases disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can result in premature death

## What is Medication-Assisted Treatment (MAT)?

- MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders (SAMHSA, n.d.)
- MAT is clinically driven with a focus on individualized patient care
- Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful

12

EH1

### Three FDA-approved Medications for Opioid Addiction

- Methadone - Dolophine®
- Buprenorphine – Suboxone®, Subutex®
- Naltrexone
  - oral – ReVia®, Depade®
  - extended release injection - Vivitrol®

13

### Opioid Agonist v. Antagonist

14

Source: retrieved from <http://www.vivitrol.com/opioidrecovery/howvivitrolworks>

15

### Methadone

- Access challenges
- Daily doses at clinic
- Diversion can be a concern
- Effectiveness is well documented:
  - Withdrawal symptom suppression
  - Patient retention
  - Reduction of opioid use
  - Reduction of opioid-related health and social problems (i.e. crime)

16

**Slide 13**

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**EH1** Buprenorphine - less chronic dependency - really?  
Erin Hall, 8/26/2014



## Buprenorphine

- Available from primary and generalist physicians with waiver
- Better access
- High effectiveness
- Lower diversion risk (but still some risk)
- No euphoria, lower street value

17



## Naltrexone

- Monthly dosage
- Can be prescribed by any healthcare provider with prescription authority
- Can only be used with fully detoxified patients, causes immediate withdrawal if opiate still in system
- No diversion risk
- Less effective for opioid addiction (better for alcohol)

18

## How do we know it works?

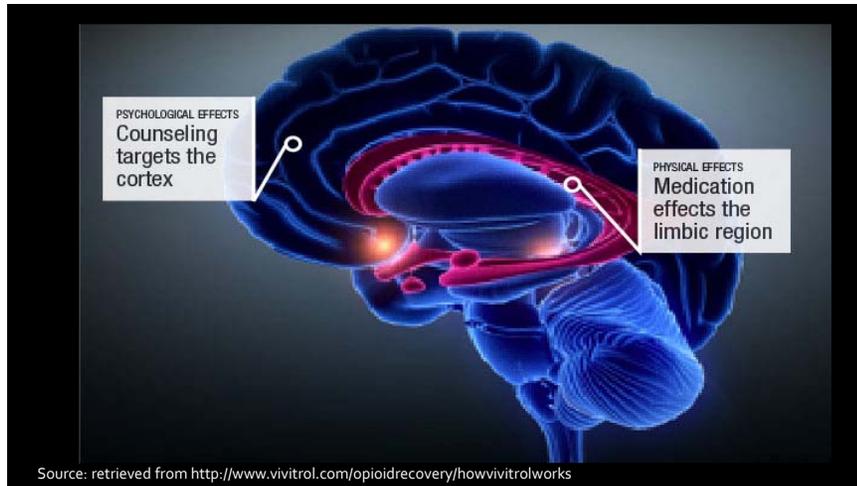
As part of a comprehensive treatment program, MAT has been shown to:

- Improve survival
- Increase retention in treatment
- Decrease illicit opiate use
- Decrease criminal activities
- Increase employment
- Improve birth outcomes among opioid dependent pregnant women

19

**MAT is only part  
of the solution**

20



### Comprehensive Treatment

- Counseling – individual and group
- Drug testing
- Trauma/mental health care
- Primary healthcare
- Intensive case management
- Relapse prevention
- Aftercare
- What else do you consider comprehensive treatment?

22

Does your FDC  
provide  
comprehensive  
treatment?

23

If we know MAT  
works why aren't  
FDCs using it?

24

## MAT & Drug Courts

- A recent national survey found that nearly half of drug courts do not use medications in their programs (Matusow et al, 2013)
- One of the primary barriers to using medications was reportedly a lack of awareness of or familiarity with medical treatments
- Need for substantial, targeted educational initiatives to increase awareness of the treatment and criminal justice benefits of MAT in the drug courts

25

## Why the Closed Doors?

### Stigma

1. Misconception of addiction as a moral weakness or willful choice
2. Separation from rest of health care
3. Language mirrors and perpetuates stigma
4. Failure by criminal justice system to defer to medical judgment in treatment

Source : Olsen and Shafstein, JAMA, 2014

26

## Why the Closed Doors?

### Lack of knowledge

1. When correctly prescribed and used: methadone does not create a "high"
2. "Using" MAT is similar to "using" Prozac to treat depression or insulin to treat diabetes, not similar to "using" heroin
3. Addiction is a treatable disease of the brain not a moral failing or a choice

27

How do we  
incorporate MAT into  
our family drug  
court?

28

Different Organizations

Different Agencies

Different Providers

Different Goals

Different Mandates

Without coordinated responses,  
families are not well served.

29

 **NADCP**  
National Association of  
Drug Court Professionals

**NADCP - MAT**

In 2012, the NADCP Board of Directors issued a unanimous resolution:

- Make reasonable efforts to attain reliable expert consultation on the appropriate use of MAT for their participants including **partnering with substance abuse treatment programs** that offer regular access to medical and psychiatric services.
- Do not impose blanket prohibitions against the use of MAT for their participants and the decision whether or not to allow the use of MAT is based on a **particularized assessment in each case**.

30

**Policy and Practice Issues**

1. Does your FDC have a policy that addresses the use of MAT for parents? Are there conflicting policies in partner agencies (i.e. child welfare)?
2. Does your FDC have a requirement of minimal “dosing” or discontinuance of MAT medications for reunification?
3. Does your FDC use MAT as exclusionary criteria?
4. Does your CWS system have a plan of safe care for infants and mothers affected by opioid use?

31

**Recommendations for FDCs**

- Continue to access education for all team members
- Get to know the local options for MAT
- Tour MAT programs and ask for an explanation of their dosing & drug screening practices
- Have client sign *Release of Information* for MAT provider to facilitate information sharing
- Create a written policy for MAT
- Establish communication protocols across SA counselors, MAT providers, court, child welfare and other team members
- Invite MAT providers to participate in FDC staffings

32

### Considerations for MAT policy for FDCs

- Admission criteria – MAT should not be an exclusionary criteria
- Comprehensive Services – MAT should be paired with
  - Counseling,
  - Drug testing and monitoring,
  - Intensive case management and support (housing, employment, etc)
  - Aftercare

33

### Considerations for MAT policy for FDCs, Con't

- Coordination and communication with prescribing physicians including:
  - Type of medication, dosage and frequency
  - Attendance at scheduled appointments
  - Parent behavior and patterns of concern
- Communication from FDC to physician
  - Requirements of FDC participation
  - Parent behavior and patterns of concern (may indicate need to adjust dosage)

34

### Considerations for MAT policy for FDCs, Con't

- Linkages with other agencies – do partners have outdated and conflicting MAT policies?
- Compliance monitoring - specify who and how will this be accomplished?
- Responses to behavior – therapeutic, with consideration for stage of recovery, phase in FDC, etc.

35

## Special Considerations for Pregnant Women

36



## Children and Recovering Mothers (CHARM) Overview

- A **multidisciplinary group** of agencies serving pregnant women with opiate addiction and their infants
- Provides **comprehensive care coordination** for pregnant women with opiate addiction and **consultation** for child welfare, medical, and addiction professionals across the state of Vermont
- The CHARM collaborative serves about **200 women and their infants** annually.

41

## Key Elements of CHARM

- In person meeting **2 hours each month**
- Two year effort to create **Memorandum or Understanding**
- Team effort to engage women and get release of information signed

42

## Key Elements of CHARM

- Child welfare can begin providing **services 30 prior to due date**
- State statute allows for **Child Safety Teams** to act on behalf of child safety
- **24/7 telephone support for families** with infants needing methadone at home

43

*Opening the Doors in Family Drug Courts*

## The Tulsa Experience

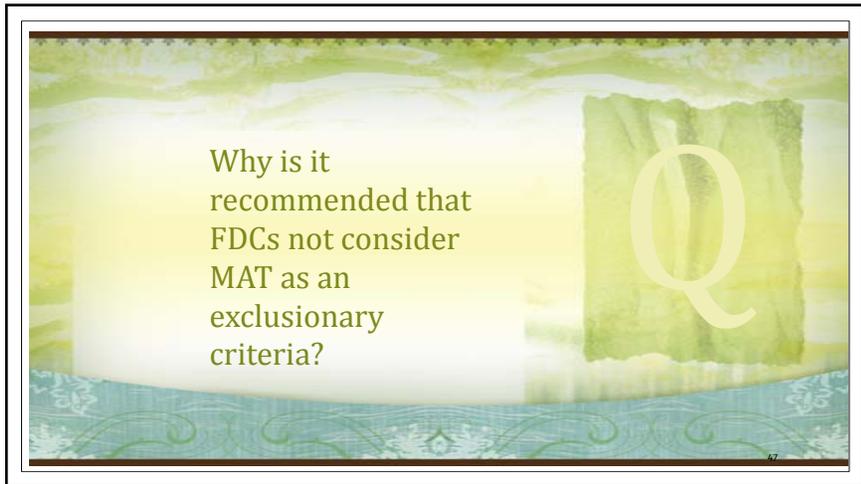
Hon. Kyle B. Haskins

A slide with a decorative background of green and yellow patterns and a large white letter 'Q' on the right. The text is on the left.

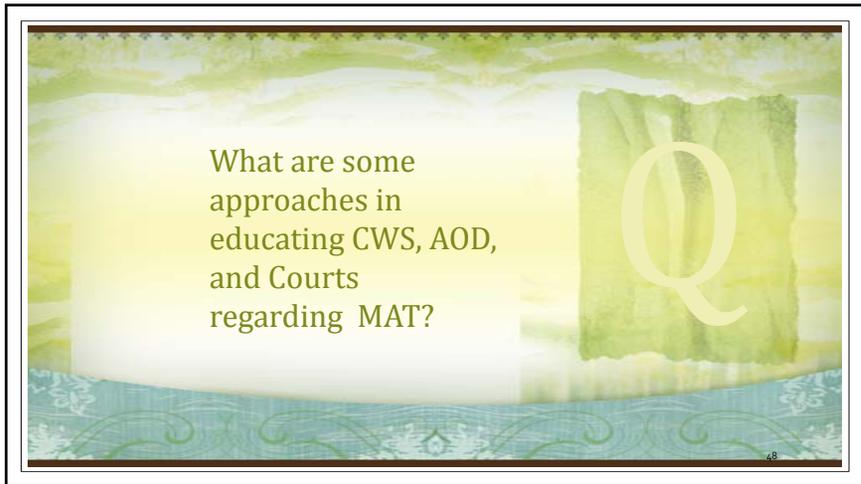
Has the Tulsa County FDC always been open to MAT?

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What were some of the key barriers in accepting MAT clients in your FDC?

A slide with a decorative background of green and yellow patterns and a large white letter 'Q' on the right. The text is on the left.

Why is it recommended that FDCs not consider MAT as an exclusionary criteria?

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What are some approaches in educating CWS, AOD, and Courts regarding MAT?



What are next steps in regards to policy and practice involving MAT clients in your FDC?



**Next Steps & Resources**



**Resource**

**LEGAL ACTION CENTER** Legality of Denying Access to Medication Assisted Treatment in the Criminal Justice Center (Legal Justice Center, December 2011)

To download, please visit:  
[http://www.lac.org/doc\\_library/lac/publications/MAT\\_Report\\_FINAL\\_12-1-2011.pdf](http://www.lac.org/doc_library/lac/publications/MAT_Report_FINAL_12-1-2011.pdf)

51



**Resource**

*Adult Drug Court Best Practices Standards*, Section G, "Medications", page 44

*Drug Court Judicial Benchbook*, VI., Section 4.14, "Addiction Medicine", page 76

52



**Resource**

To download, please visit:  
[www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf](http://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf)

53



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 THIS CHANGES EVERYTHING**

54

**This Changes Everything - 2014**

<b>March 6<sup>th</sup></b>	Tested and Proven – Utilization of Recovery Support Specialists as a Key Engagement and Retention Strategy in FDC (and Beyond)
<b>April 10<sup>th</sup></b>	Our Grant is Over – Now What? Re-financing and Re-Directing as Real Sustainability Planning for Your FDC
<b>June 19<sup>th</sup></b>	Closed Doors or Welcome Mat? Opening the Way for Medication-Assisted Treatment in FDC
<b>July 10<sup>th</sup></b>	So How Do You Know They Are Really Ready? Key Considerations for Assessing Families in Recovery for Reunification
<b>Aug. 14<sup>th</sup></b>	Exploring Solutions Together – The Issue of Racial and Ethnic Disproportionality in FDCs
<b>Sept. 18<sup>th</sup></b>	Matching Service to Need – Exploring What “High- Risk, High-Need” Means for FDCs

55

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56