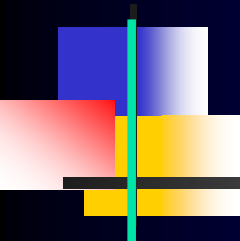


# Corrections and Substance Abuse Treatment

## Medication Assisted Treatment

March 24, 2009



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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
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# Objectives

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- Background Criminal Justice Substance Abuse
- Overview Substance Abuse Treatment
- Medication Assisted Treatment
  - Opioid Treatment Programs
  - Buprenorphine
- Treatment In Correctional Facilities

# Corrections in the United States



- 7 million people under State and Federal jurisdiction in 2004
- 2.1 million in jails or prisons.
- US: 724 prisoners per 100,000, higher than any other nation
- 60% of inmates are African or Latin-American

# Who's Incarcerated?

- 44% men and 52% women meet criteria for alcohol/drug dependence (*Karberg & James, 2005*)
- 60-83% were under the influence during offense; committed offense to support drug addiction; or charged with a drug/alcohol related crime  
(*Belenko & Peugh, 1998*)
- 99% will be released back to the community (RI)

Sources: RIDOC 2003 Annual Report (Offense categories are based on most-serious offense); Petersilia, *When Prisoners Come Home*, Oxford: New York, 2003; HRW, *Ill-Equipped*, 2003; The Providence Plan Analysis on RIDOC Sentenced Population as of 9/30/2003



# Center for Substance Abuse Treatment – Interventions



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- Drug Free, residential
- In patient
- NA/AA
- ATR – Access to Recovery
- SBIRT – Screening Brief Intervention
- Drug Courts
- Medication Assisted Treatment



# Drug Courts

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- Combine judicial supervision with drug treatment as an alternative to incarceration.
- Re-arrest rates one half of controls.



# What's New CJT

- ~~New language has been inserted into the FY 2009 Adult Treatment Drug Court RFA released this month in order that grantees may use funding to pay for MAT for alcohol (DWI Courts) and MAT for opioids (Drug Courts).~~
- CSAT CJ Team assisted in the development and review of the Traffic Injury Research Foundation monograph on “Screening, Assessment and Treatment of DWI Offenders: A Guide for Justice and Policy Professionals”, Feb. 2009.
- CSAT has worked with NIDA partners to disseminate NIDA’s “Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide”, which encourage MAT as evidence-based treatment..

# Treatment while incarcerated

## NIDA JAMA March 2009



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- Local – 55% Dependent 7% in Tx
- State – 53% Dependent 15%
- Federal- 46% Dependent 17%
  
- Inmates who received treatment while incarcerated 7 times more likely to be drug free
- 3 times less likely to re-arrested

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# M.A.T. in the CJS

## NIDA CJ-DATS National Survey:

<u>Medication / Parole</u>	<u>Prison</u>	<u>Jail</u>	<u>Probation</u>
Methadone available	9%	55%	2%
Access to methadone	< 1%	2%	< 1%
Other M.A.T. available	12%	37%	2%
Psychiatric meds.	80%	85%	8%

# Management of arrestees/inmates enrolled in methadone maintenance programs by jails (N=246) <sup>Percentage</sup> Cont'd

	N	Unweighted	Weighted
<b>Methadone is continued during incarceration</b>			
Yes	33	14	12
No	179	76	85
During pregnancy only	25	11	3
Missing	9		
<b>Clonidine is routinely used to treat withdrawal*</b>			
Yes	127	62	50
No	77	38	50
<b>Methadone is routinely used to treat withdrawal*</b>			
Yes	3	1	<1
No	201	99	99
<b>Analgesics routinely used to treat withdrawal*</b>			
Yes	133	65	66
No	71	35	34
<b>Primary drug used to treat withdrawal*</b>			
Methadone	3	1	<1
Other opiates	13	6	1
Clonidine	121	59	50
Analgesics alone	42	21	30
No Treatment	25	12	18

\*Includes only the 2004 jails that did not continue methadone maintenance for methadone-dependent arrestees/inmates.

•Source: Kevin Fiscella, Andrew Moore, Judith Engerman and Sean Meldrum



# Barriers to tx

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- Lack of resources
- Infrastructure
- Treatment Staff
- Stigma
- Not medical condition

# Effective Medical Treatment of Opiate Addiction

## National Institutes of Health

### Consensus Development Statement

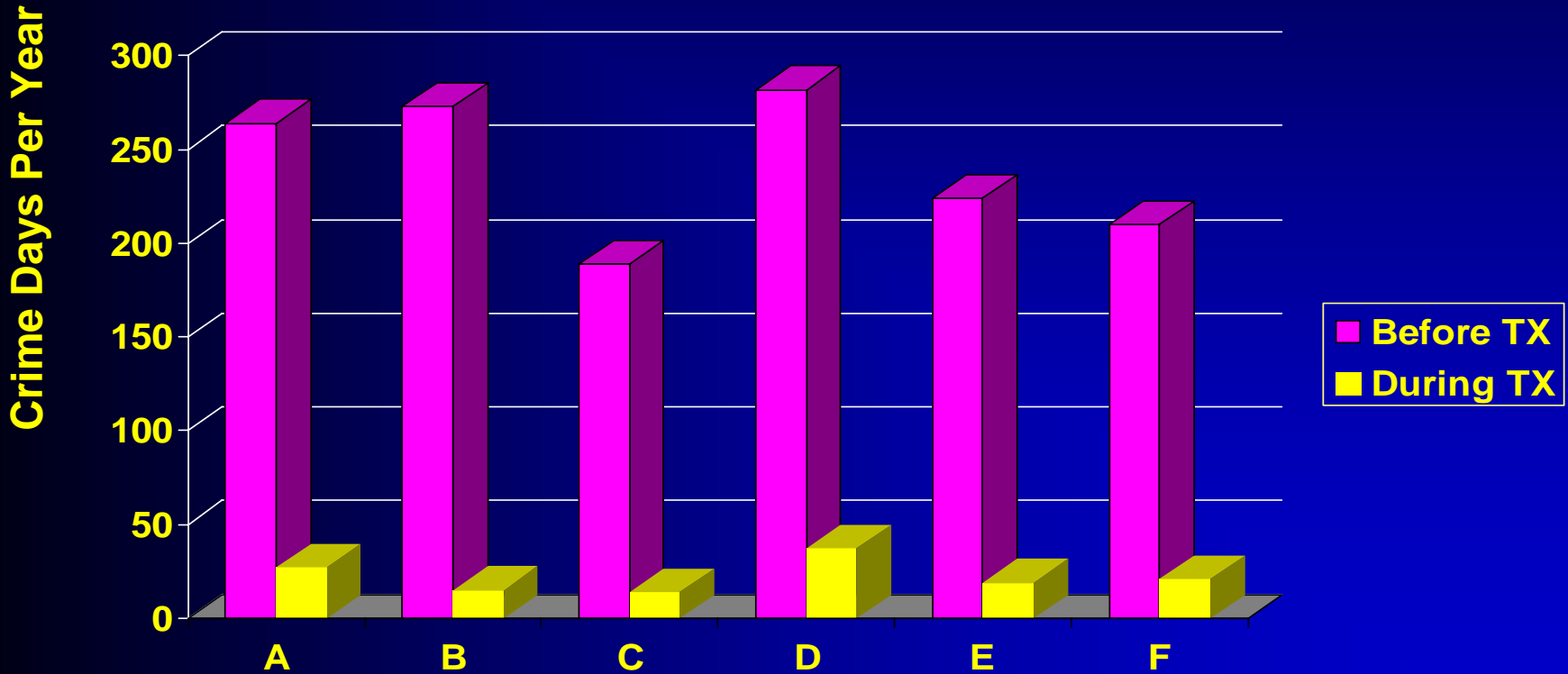


The panel calls attention to the need for opiate-dependent persons under legal supervision to have access to *Methadone Maintenance Treatment*. The ONDCP and the U.S. Department of Justice should **implement this recommendation**. Center for Substance Abuse Treatment

Source: NIH Consensus Statement, Volume 15, Number 6, 1997  
Substance Abuse and Mental Health Services Administration

# Crime among 491 patients before and during MMT at 6 programs

Baltimore Philadelphia New York City





# Outline

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- Medication assisted treatment
  - Opioids - methadone, buprenorphine, naltrexone
  - Alcohol - acamprosate, disulfiram, naltrexone
  - Cocaine - disulfiram
  - Nicotine - varenicline



# Opioid Assisted Treatment

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- Opioid Treatment Programs
  - Program Based
- Partial Opioid Agonist (buprenorphine)
  - New Legislation
  - Implementation
  - Emerging Issues



# Methadone Maintenance

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- Regulated by DEA, State, local
- Treatment programs
- 1200 programs – 260,000 patients
  - Public non profit
  - Private for profit
- Stigmatized

# Different Models of Methadone (Buprenorphine in Jails and Prisons)

New York State	Rikers Island KEEP Program
Rhode Island	CODAC – Delivering Methadone to Inmates
Florida	Orange County Jail Methadone/Buprenorphine
Pennsylvania	Philadelphia Prison System
Maryland	Baltimore County Jail Recidivism Prevention
New Mexico	Legislation – Opiate Replacement Therapy Pilot Project
Washington	At the Inception



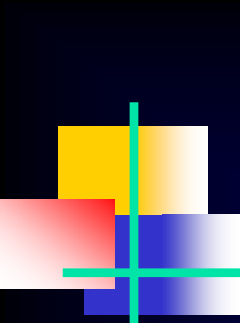
# The Rikers Island Methadone

## Program 2000

- ❑ The cost of outpatient methadone treatment is about \$4,700.00 per year and involves the use of medication in addition to medical care and counseling, compared to the person cost of \$18,400.00 for one year of imprisonment.
- ❑ The Rikers Island Program treated 3,985 inmates with methadone in 2000.
- ❑ The average KEEP patient's length of stay is 35 days at Rikers Island.
- ❑ Approximately 70% of these inmates were men and 10% of the women in the program were pregnant.
- ❑ Seventy-six percent of all inmate patients reported to their assigned programs for continued substance abuse treatment following their release from jail.

Source: Rikers Island KEEP Program

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# Federal Opioid Treatment Standards (§8.12)

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- Administrative and organizational structure
  - Quality assurance/improvement
  - Diversion Control Plan
  - Staff credentials
  - Patient admission criteria
  - Required services - HIV counseling
  - Record keeping and patient confidentiality
  - Medication administration, dispensing
  - Unsupervised use
  - Interim maintenance
  - Detoxification
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**SUBOXONE**®



**SUBUTEX**®

Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration



# Subutex®

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- Schedule III under the Controlled Substances Act
- Oval white tablet for sublingual administration
- Two dosage strengths
  - 2 mg buprenorphine
  - 8 mg buprenorphine



# Suboxone®

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- Schedule III under the Controlled Substances Act
- Hexagonal orange tablet for sublingual administration
- Two dosage strengths
  - 2 mg buprenorphine with 0.5 mg naloxone
  - 8 mg buprenorphine with 2 mg naloxone

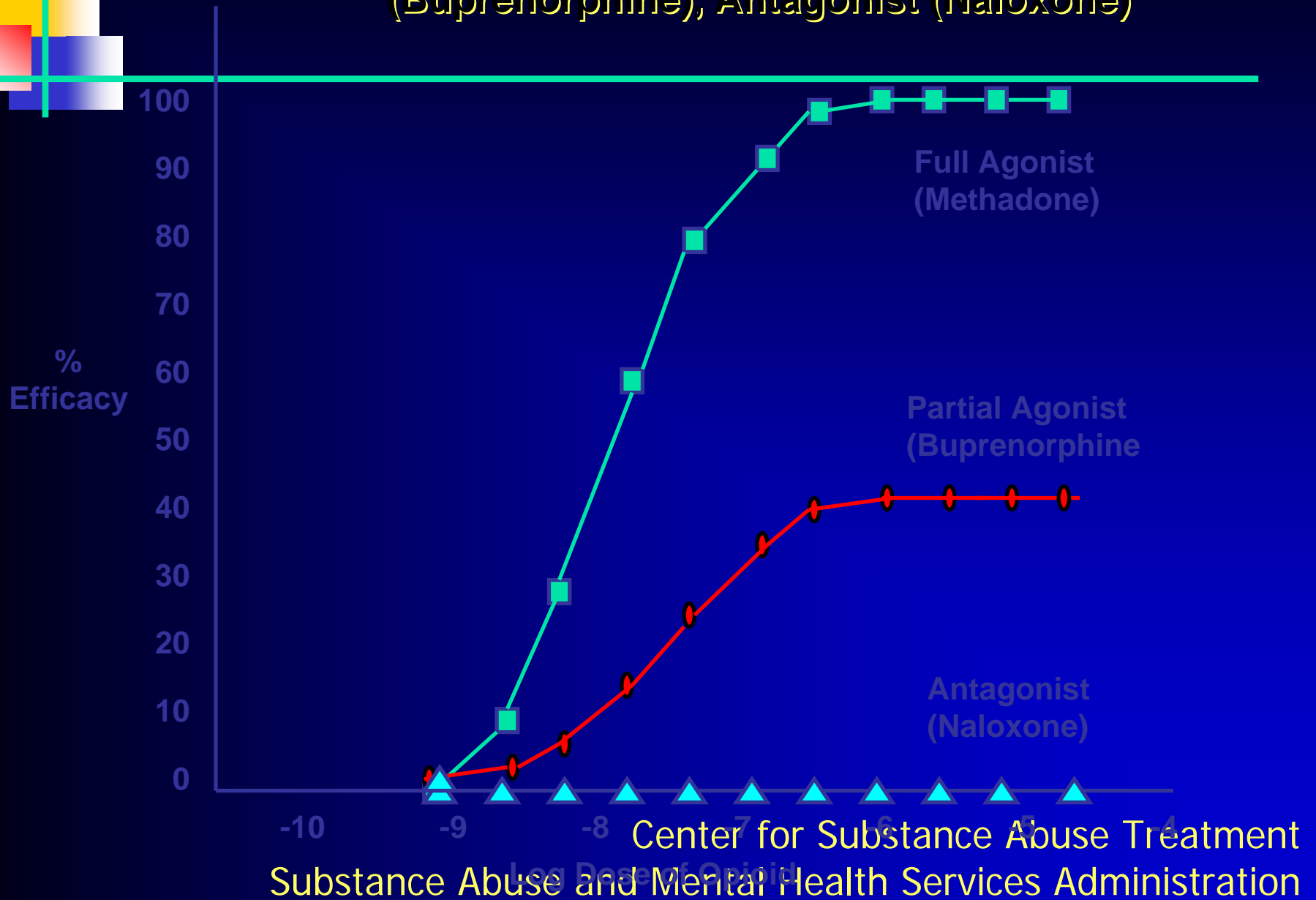


# *Suboxone*

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- Discourages IV use
- Diminishes street value
- Diminishes diversion
- Allows for take-home dosing

# Efficacy: Full Agonist (Methadone) Partial Agonist (Buprenorphine), Antagonist (Naloxone)



# Drug Addiction Treatment Act

## (DATA 2000)



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Prior to DATA 2000:

- Opioid dependence could only be treated in highly controlled settings (OTPs)
- For almost 90 years, physicians were prohibited from prescribing opioid medications for the treatment of opioid dependence

# Drug Addiction Treatment Act

## (DATA 2000)

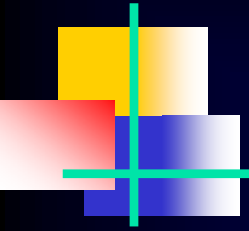
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Prior to DATA 2000:

- Medication Assisted Treatment was limited to schedule II drugs
- Treatment GAP – 200,000 in Treatment vs. 800,000 in need of treatment

# Drug Addiction Treatment Act

(DATA 2000)

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- 
- Permits office based treatment with a new medication approved by FDA for maintenance or detox treatment
    - Buprenorphine - 2 formulations : Subutex & Suboxone)
  - Permits the prescribing of a schedule III, IV or V opioid

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# Drug Addiction Treatment Act

## (DATA 2000)



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- Legislation designed to expand medication-assisted treatment capacity for opioid dependence and to develop innovations to address this growing public health issue
- May be prescribed and dispensed in settings outside of OTPs

# Drug Addiction Treatment Act

(DATA 2000)



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## Limits Patients

- The total number of patients for a practitioner cannot exceed 30. [100 after one year]
- Secretary may, by regulation, change this number

# Drug Addiction Treatment Act

## (DATA 2000)

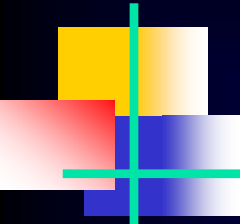


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In order to qualify for a DATA 200 waiver physicians must:

- Hold a current State medical license
- Hold a valid DEA registration
- And must meet one of the following conditions:
  - Hold subspecialty credential in addiction psychiatry or medicine, or an addiction certification
  - Complete not less than 8 hours training related to the treatment management of opioid dependence

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# Drug Addiction Treatment Act-OBOT

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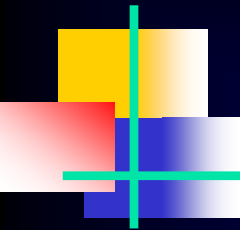
- Subutex, Suboxone approved October 2002
- Distribution in 2003
- Physician certification began in July 2002
- State preemption extended to October 2005



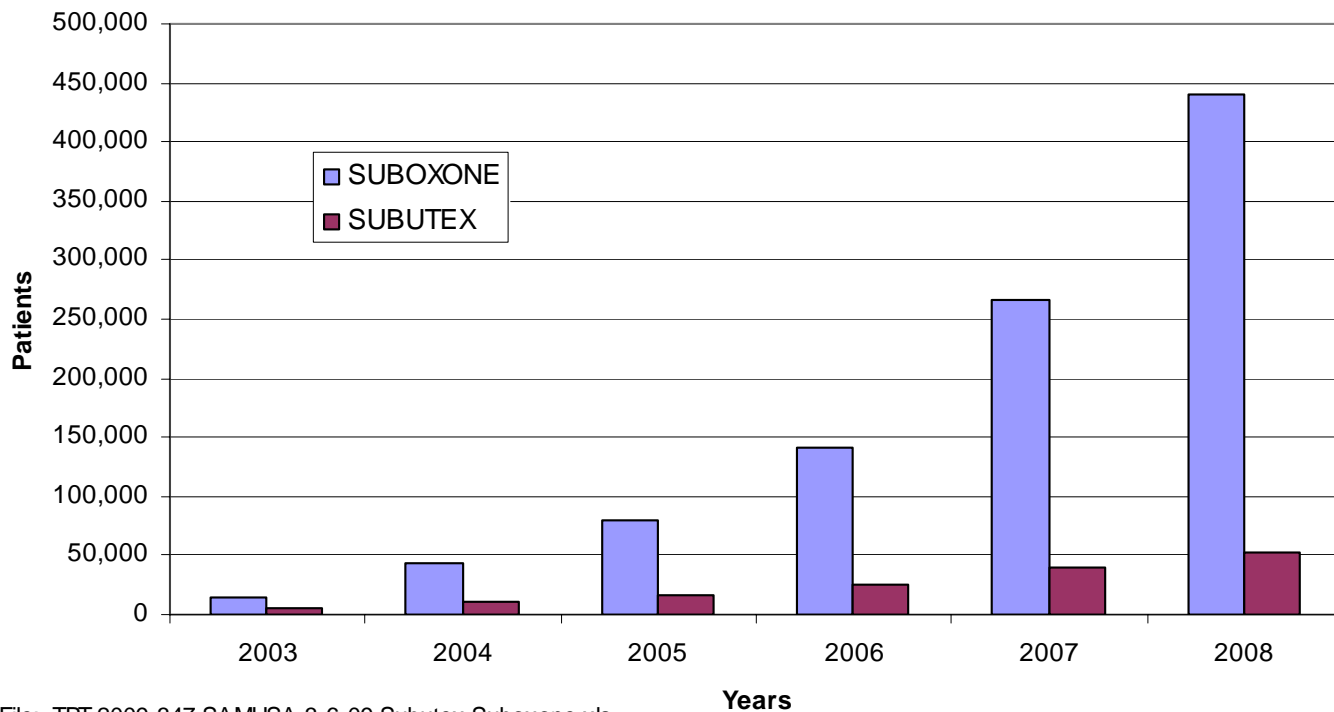
# Current Status – March 2009

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- 17,000 certified physicians
- 2500 Authorized to treat up to 100 patients
- 22,000 trained



**Total number of patients receiving a prescription for Subutex or Suboxone from U.S. outpatient retail pharmacies, Years 2003 - 2008**  
SDI Total Patient Tracker, Extracted 3/09



File: TPT 2009-347 SAMHSA 3-6-09 Subutex Suboxone.xls



# *Buprenorphine In Correctional Settings*

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- Buprenorphine's efficacy in treating opiate dependence and opiate withdrawal has been proven through numerous clinical trials, but its effectiveness in a real-world correctional setting has not been well established in this country (Gowing, Ali and White, 2002).
- France has been providing opiate addiction and dependence treatment using buprenorphine in a correctional setting since 1996 (Durand, 2001). In a retrospective analysis of over 3,600 medical files of French prisoners, researchers compared the effectiveness of methadone, buprenorphine, and abstinence treatment. Compared to abstinence-based treatment, both buprenorphine and MMT resulted in reduced recidivism rates (Levasseur, Marzo, Ross, Blatier, 2002).
- Buprenorphine is an attractive alternative to MMT in correctional settings for a range of reasons. Diversion of buprenorphine is reduced through the co-formulation of Naloxone, an opiate antagonist, and buprenorphine, called Suboxone. It cannot be injected without precipitating acute withdrawal. Even taken alone, buprenorphine itself, at high doses can precipitate withdrawal because it binds to the m-receptor with greater affinity than heroin (Fudala, Jaffe, Dax, & Johnson, 2000).



# Summary/Conclusions

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- Opiate Dependence/addiction Significant Public Health Problem
- Opioid Treatment – Significant changes
  - Federal regulations, accreditation - NCCHC
  - Buprenorphine, new legislation
- Medication Assisted Treatment not widely used in criminal justice settings, especially prisons, jails
- Research demonstrated benefits (societal cost, recidivism, etc.) with MAT.
- New initiatives to expand MAT in drug courts, other settings.



# Contact Information

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