Advances in MAT for Opioid Dependence: How Medication Can Help Drug Courts Reduce Recidivism and Improve Client Outcomes

National Association of Drug Court Professionals
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Rhonda Myers, MA, MSW, LISW-S
Associate Director, Fairfield County Alcohol, Drug Addiction, and Mental Health (ADAMH) Board
Doctoral Candidate, Case Western Reserve University
108 W. Main Street – Suite A
Lancaster, Ohio 43130
(740) 654-0829 Ext. 225
http://www.fair-mh.org
Unsuspecting Accomplices

• “Proportion of teens who say prescription drugs are easiest to buy jumped 46% since 2007 (13 vs. 19%).”

• “More teens said prescription drugs were easier to buy than beer (19% vs. 15%)” for the first time in the survey’s thirteen year history.

• “Almost half of teens say painkillers are the most commonly abused prescription drug among teens”

Based upon National Survey of American Attitudes on Substance Abuse XIII: Teens and Parents http://www.casacolumbia.org
Increase in Use and Misuse of Prescription Pain Killers

• Critical misunderstanding among parents, teens, and community that the misuse of “legal” drugs is safer than the use of illegal drugs.

• Dearth of awareness about the highly, rapidly addictive properties of opiate medications, how the addiction changes the brain’s chemistry, and that tolerance leads to increasing amounts of the opioid needed to achieve the same effects.

• Lack of knowledge that discontinuance of opiates results in severe physical anguish over period of withdrawal.

• Prescription pain killers tend to be prescribed in large quantities.

• Persons with legitimate pain issues (injuries among coal miners, laborers, surgery patients, and so forth) may become addicted if not properly supervised and monitored.
United States Opiate Treatment Admission Trends

Figure 2. Opiates as a Percent of Alcohol and Other Drug Treatment Admissions in the United States (2000 – 2007)²
State of Ohio Opiate Treatment Admissions Trends

Figure 3. Opiates as a Percent of Alcohol and Other Drug Treatment Admissions in the State of Ohio (2000 – 2007)\(^3\)
Fairfield County, Ohio
Opiate Treatment Admission Trends

Figure 4. Fairfield County Ohio Opiate Treatment Admission Trends (2002 – 2009*)

* Please note these are state fiscal years (July 1 to June 30) and that state fiscal year 2009 information represents only a partial fiscal year’s data.
AN OHIO EPIDEMIC

• The Ohio Department of Health outlines the gravity of the problem in a publication earlier this year:

  – “On average, more than three people die each day in Ohio due to drug-related poisoning,”5

  – It is “An Epidemic in Ohio” and “For the first on record, in 2006, unintentional poisoning primarily due to an increase in drug/medication-related poisoning exceeded motor vehicle traffic as the leading cause of unintentional injury death in Ohio. This trend continued in 2007.”6
AN OHIO EPIDEMIC

– “Nearly all (96%) unintentional poisoning deaths in Ohio from 2003-2006 were due to drugs/medication.”

– “There is a strong relationship between increases in sales of prescription opioids and unintentional drug poisoning rates. From 1999 to 2007 in Ohio, there were increases of 304 percent and 325 percent, respectively in the unintentional drug poisoning death rate and total grams of prescription opioids distributed per 100,000 population.”

– “Prescription pain medications (opioids) are largely responsible for this alarming increase in drug poisoning death rates.”
A FAIRFIELD COUNTY, OHIO EPIDEMIC

• The Ohio Department of Alcohol and Drug Addiction Services’ Ohio Substance Abuse Monitoring System (OSAM) Network contracts with Wright State University to biannually collect field research and report results of current substance use/abuse activity. These chronicles support the dramatic rise in heroin and other opioid abuse across the state and in Columbus and southeastern Ohio.\(^\text{10}\)

• Lancaster, Ohio (Fairfield County’s county seat) is included in a March, 2008 article of Columbus Monthly Magazine.\(^\text{11}\)

• Opiate-related admissions to Fairfield County drug and alcohol treatment programming leaped from less than 1% in state fiscal year (SFY) 2000 to more than 31% (projected) in state fiscal year (SFY) 2009.

• Jail days more than doubled between SFY 2000 and SFY 2008. “The Sherriff’s Office estimates that 80% of all jail days are accounted for by drug related crime.”\(^\text{12}\)
A FAIRFIELD COUNTY, OHIO EPIDEMIC

- Last minute data revelation: “More than 90% of opiate addicted offenders served in the jail, return to jail on an average of 5 times.”

- “The 2008 Fairfield County Youth Survey indicates local high school seniors use prescription drugs illegally at a rate that is substantially higher than the national average.”

- Rash of fatal drug overdoses.

- Increased drug-related criminal incarceration.
From Prescription Pain Killers to Heroin

Market Forces: Price and Availability

- Oxycodone $80 per pill (80 grams) or about $1 per gram

- Heroin $20 per bundle
Threats to Public Health & Safety
associated with increase in abuse of heroin/other opiates

- Crime increases that affect individual citizen and general community safety.
- Increases in deaths related to overdoses.
- Risk of increased number of drugged drivers.
- Intravenous (IV) Drug Users experience high rates of Hepatitis C.
- IV Drug Users at greater risk for acquiring HIV.
- Babies born with opiate addiction.
- Increases in family instability and disintegration.
Economic Burden
associated with increase in use/abuse of alcohol and other drugs

- The high economic burden at the federal, state, and local level of alcohol and other drug use and misuse is outlined in a recent CASA (National Center for Addiction and Substance Abuse at Columbia University) publication, including:
  - Health
  - Child Welfare
  - Cash Assistance
  - Food Stamps
  - Incarceration
  - Probation/Parole
  - Judiciary Costs
  - Law Enforcement
  - Mental Health
  - Developmental Disabilities
Enter Suboxone in Fairfield County

- The Drug Treatment Act (DATA) of 2000 broadened accessibility to opioid substance abuse treatment by authorizing qualified physicians prescription privileges for medications (Subutex and Suboxone) designed for that purpose. Two years later, the Federal Food and Drug Administration (FDA) approved buprenorphine sublingual tablets.

- Qualified, private practice physicians initially had a patient limit of 30, but that cap was raised to 100 patients in 2006.

- In 2007, The Recovery Center implemented a Suboxone® Program with a 2 Year Grant from the Fairfield County ADAMH Board. High demand for this innovative service resulted in a 2 to 3 month waiting list to access service. The following year The Recovery Center requested, and the ADAMH Board agreed, to a reallocation of funding to increase the number of persons served by the Suboxone® Program. High demand and waiting lists continued.
Use of Suboxone in Opioid Addiction Treatment in Fairfield County

• **What It Is**
  Suboxone® is a combination of buprenorphine and naloxone\(^{18}\). To be taken only under the supervision of a qualified physician. See also Appendix A.

• **Fairfield County Philosophy**
  To use the smallest, if any, amount of medication required to assist an opioid dependent person to live a healthful and productive life free from misuse of any drug. All AOD (alcohol and other drug) treatment programs in Ohio are abstinence based. ADAMH Board and The Recovery Center desire to provide sufficient amount of services, as funding allows, to provide an opportunity for persons who are committed to participating in treatment to not be at risk for overdose while waiting to enter treatment.

• **Patient Recovery**
  With cravings and withdrawal fears calmed, Suboxone® permits a person to focus on recovery and treatment. Often, underlying treatment issues emerge once the effects of the opioid substance are no longer present.
Use of Suboxone in Opioid Addiction Treatment in Fairfield County

• Fighting Stigma

• Paying for Suboxone® and related services

• The Recovery Center (TRC) has developed protocols to assure that the staff coordinates with one another as a tight team to effectively provide needed treatment and structure for each participant:

  – A TRC Counselor at the (Adult) Drug Court does an assessment and expedites admission to substance abuse treatment.

  – Standard treatment protocols and drug court requirements apply.
Use of Suboxone in Opioid Addiction Treatment in Fairfield County

– Suboxone Program

• Must be stable (have a telephone, transportation, residence);
• Agrees to enter into a Suboxone® specific contract for treatment that outlines responsibilities, benefits, consequences for not keeping provisions of contract, and risks of mixing buprenorphine with other medications or using in a manner not prescribed by the doctor;
• Three (3) strikes policy;
• Suboxone® Coordinator makes available to the attending physician the day of the client’s Suboxone® appointment, a spreadsheet that summarizes the current status of each client to be seen that day (drug screen results since last visit, appointments kept/missed, concerns raised by other counselors at staffing, etc.).
Testimonials

• Anecdotal

• Small “N” Data provides Cautious Optimism
  
  — “Among [adult drug court] opiate addicted clients receiving Suboxone®-62% successful treatment and discharge”20

• Outcomes
Fairfield County Drug Courts

• Family Drug Court
  (BJA Drug Court Grant ends 09-30-09)

• Adult Drug Court (Municipal Court) “Fresh Start Program” (BJA Drug Court Grant ends 06-30-09)

• Substance Abuse Treatment & Recovery Court
  (Common Pleas)
Suboxone & Fairfield County Drug Courts

• TRC has aggressively recruited additional physicians to meet the growing demand for Suboxone® Program: it has grown from 1 part-time physician to 3 part time physicians.

• Drug courts begin to purchase “reserve” slots in program for its Drug Court participants to by-pass waiting list.

• The ADAMH Board, The Recovery Center, the Ohio Department of Alcohol, and Drug Addiction Services, the Adult Drug Court, and The Substance Abuse Treatment and Recovery Court (in Common Pleas) apply for additional available grants.

• Wonderful, ongoing collaboration among Drug Courts, The Recovery Center, and The ADAMH Board.
Empirical Data

- Adult Drug Court and Family Drug Court Federal Grants Ending
- Final Program Evaluation Will be Conducted
- Drug Courts, The Recovery Center, and The ADAMH Board Collaboration
- Evaluation of the Fairfield County Adult Drug Court Program will seek to answer the following research questions:
  - Is the drug court model more successful than traditional treatment in facilitating the recovery of drug dependent or addicted persons?
  - Does successful participation in drug court reduce criminal recidivism?
  - What is the cost/benefit of drug court services?
  - What programmatic and client demographic factors contribute to successful completion of drug court?
    - Will examine the contribution suboxone has made
Emerging Public Policy Issues

• Federal and State fiscal crises are resulting in decreased amounts of moneys for alcohol, drug addiction, and mental health treatment/prevention services.

• At the same time, fiscally driven state policy discussions are taking place around releasing groups of offenders from prison to community control and revising sentencing laws to reduce future incarcerations.

• How will local communities work together to effectively address these issues and other emerging challenges?
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17 The Recovery Center. 1856 Cedar Hill Road. Lancaster, Ohio 43130. (740) 687-4500. www.therecoverycenter.org Trisha Saunders, Executive Director
18 http://buprenorphine.samhsa.gov/about.html Also see Appendix A.
Appendix A - Buprenorphine

- “Buprenorphine 101. Two formulations of buprenorphine have been approved by the Food and Drug Administration. Subutex, which contains buprenorphine alone, and Suboxone, which contains buprenorphine and naloxone, an opioid antagonist. Suboxone does not induce analgesia or euphoria; instead, under certain circumstances, it can block and reverse the actions of opioid agonists (i.e. activators). Naloxone has no effect if Suboxone® is taken as intended, but if it is injected in an attempt to cause a high, it can lead to withdrawal. Therefore, Suboxone is less likely than methadone or even buprenorphine alone to be sold or otherwise diverted for illicit use. Buprenorphine is a Class C medication, which means that insufficient research exists to understand its effects on the human fetus when used by pregnant mothers. It does pass through breast milk, so mothers taking the drug should not breast feed. The most common side effects of buprenorphine include cold symptoms, headaches, sweating, sleeping difficulties, nausea, and mood swings. Although the risk of serious respiratory distress is lower than with full opioid agonists, buprenorphine has been associated with deaths from respiratory arrest, especially when combined with alcohol or other sedatives. The estimated monthly cost of buprenorphine is between $150 and $300.” Health Resources and Services Administration. U.S. Department of Health and Human Services. http://www.hab.hrsa.gov/publications/march04/

- “Applied Pharmacology. Buprenorphine is an opioid partial agonist. This means that, although buprenorphine is an opioid, and thus can produce typical opioid agonist effects and side effects such as euphoria and respiratory depresssion, its maximal effects are less than those of full agonists like heroin and methadone. At low doses buprenorphine produces sufficient agonist effect to enable opiod-addicted individuals to discontinue the misuse of opioids without experiencing withdrawal symptoms. The agonist effects of buprenorphine increase linearly with increasing doses of the drug until at moderate doses they reach a plateau and no longer continue to increase with further increases in does—“the ceiling effect”. Thus, buprenorphine carries a lower risk of abuse, addiction, and side effects compared to full opioid agonists. In fact, in high doses and under certain circumstances, buprenorphine can actually block the effects of full opioid agonists and can precipitate withdrawal symptoms if administered to an opiod-addicted individual while a full agonist is in the blood stream.” Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services. http://buprenorphine.samhsa.gov/about.html
Appendix A - Buprenorphine

See Also:


• Join Together Newsletters.  http://jointogether.org

• Reckitt Benckiser Pharmaceuticals Inc. http://www.suboxone.com/ (Manufacturer)