Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Medication-Assisted Treatment and Community Reentry

Fieldwide Webinar

August 31, 2023

Presentation Outline

I. Introductions and Overview

II. Addiction Science and Overview of Medication-Assisted Treatment (MAT)

III. Implementation of MAT in Corrections

IV. Community Provider Spotlight: Altapointe Health

V. Person with Lived Experience: Charity Renn

VI. Discussion

VII. Resources

Presenters

- Alexandria Hawkins, *Senior Policy Analyst, The Council of State Governments Justice Center.*
- Dr. Kelly Ramsey, *Chief of Medical Services, New York Office of Addiction Services and Supports.*
- Kevin Warwick, *President, Alternative Solutions Associates.*
- Misty Bowen, *PhD, LICSW, Assistant Director of Substance Abuse, Altapointe Health.*
- Charity Renn, *Program Project Specialist, Arizona Department of Corrections, Rehabilitation and Reentry.*

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together.
- We drive the criminal justice field forward with original research.
- We build momentum for policy change.
- We provide expert assistance.

Our Goals

- Break the cycle of incarceration.
- Advance health, opportunity, and equity.
- Use data to improve safety and justice.

Equity and Inclusion Statement

The Council of State Governments Justice Center is committed to advancing racial equity internally and through our work with states, local communities, and Tribal Nations.

We support efforts to dismantle racial inequities within the criminal and juvenile justice systems by providing rigorous and high-quality research and analysis to decision-makers and helping stakeholders navigate the critical, and at times uncomfortable, issues the data reveal. Beyond empirical data, we rely on stakeholder engagement and other measures to advance equity, provide guidance and technical assistance, and improve outcomes across all touchpoints in the justice, behavioral health, crisis response, and reentry systems.

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Food for Thought

NEW YORK STATE | Office of Addiction Services and Supports
OASAS. Every Step of the Way.

"Among the most harmful of these is the scientifically unfounded belief that compulsive drug-taking by individuals with addiction reflects ongoing deliberate antisocial or deviant choices. This belief contributes to the continued criminalization of drug use and addiction."

—Nora Volkow, MD, Director of NIDA

Source: Volkow, "Punishing Drug Use Heightens The Stigma of Addiction."

Food for Thought

Office of Addiction Services and Supports
OASAS. Every Step of the Way.

"While attitudes around drug use, particularly use of substances like cannabis, have significantly changed in recent decades, the use and possession of most drugs continue to be penalized. Punitive policies around drugs mark people who use them as criminals, and so contribute to the overwhelming stigma against people contending with an often debilitating and sometimes fatal disorder—and even against the medical treatments that can effectively address it."

—Nora Volkow, MD, Director of NIDA

Source: Volkow, "Punishing Drug Use Heightens The Stigma of Addiction."

Disclosures

Dr. Ramsey has no significant financial disclosures.

Understanding Substance Use, Substance Use Disorder, and People Who Use Drugs

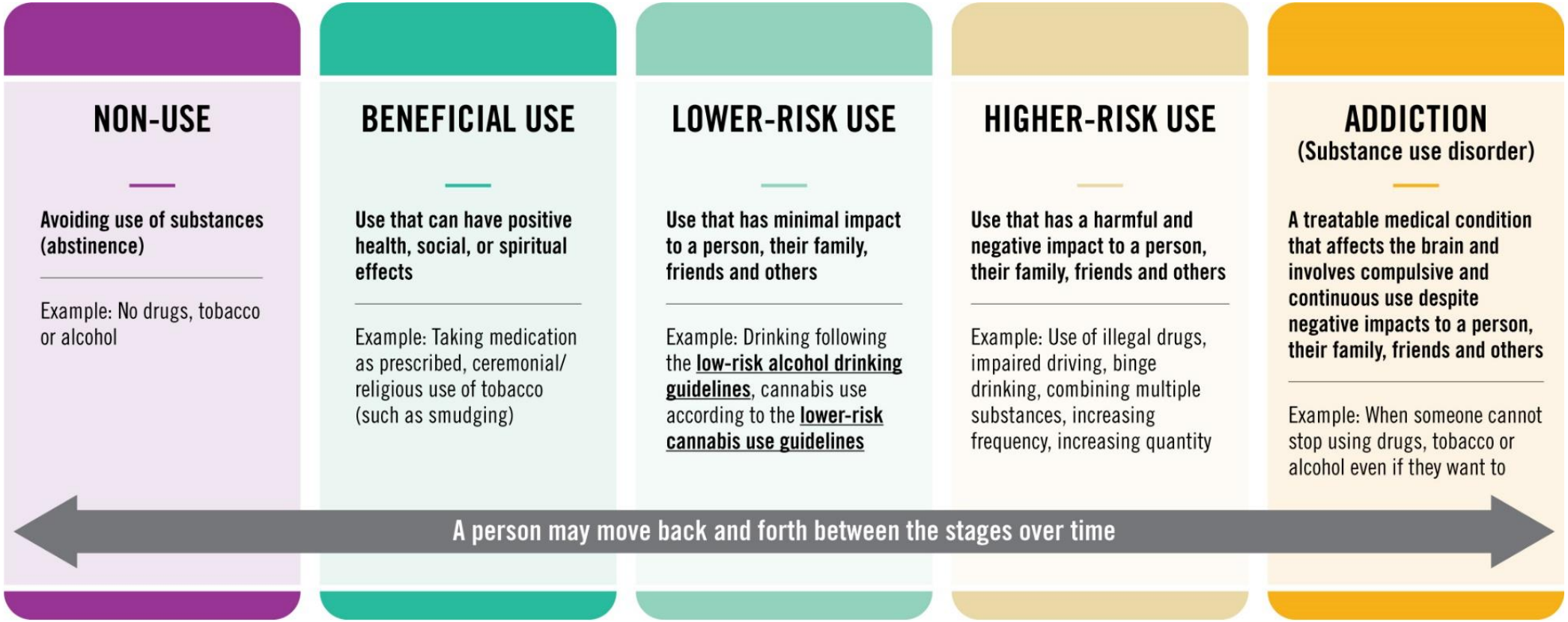
Why Do People Use Substances?

Reasons include the following:

- To feel good.
- To feel better.
- To work harder and longer.
- To avoid social pressures.
- To avoid withdrawal symptoms.

Source: Boys, Marsden, Strang, "Understanding reasons for drug use amongst young people," 457-69

A Spectrum of Use



Source: "About Substance Use," Government of Canada, accessed July 27, 2023, https://www.canada.ca/en/health-canada/services/substance-use/about-problematic-substance-use.html.

Risk Factors for Unhealthy Use and Substance Use Disorders

- Community-level risk factors include easy access to inexpensive alcohol and other substances.
- Caregiver and family-level risk factors include low parental monitoring, a family history of substance use or mental health diagnoses, and high levels of family conflict or violence.
- Individual-level risk factors include current mental health diagnoses, low involvement in school, a history of abuse and neglect, and a history of substance use during adolescence.

Source: United States Department of Health and Human Services, *2016 The Surgeon General's Report on Alcohol, Drugs and Health* (Washington, DC: U.S. Department of Health and Human Services, 2016).

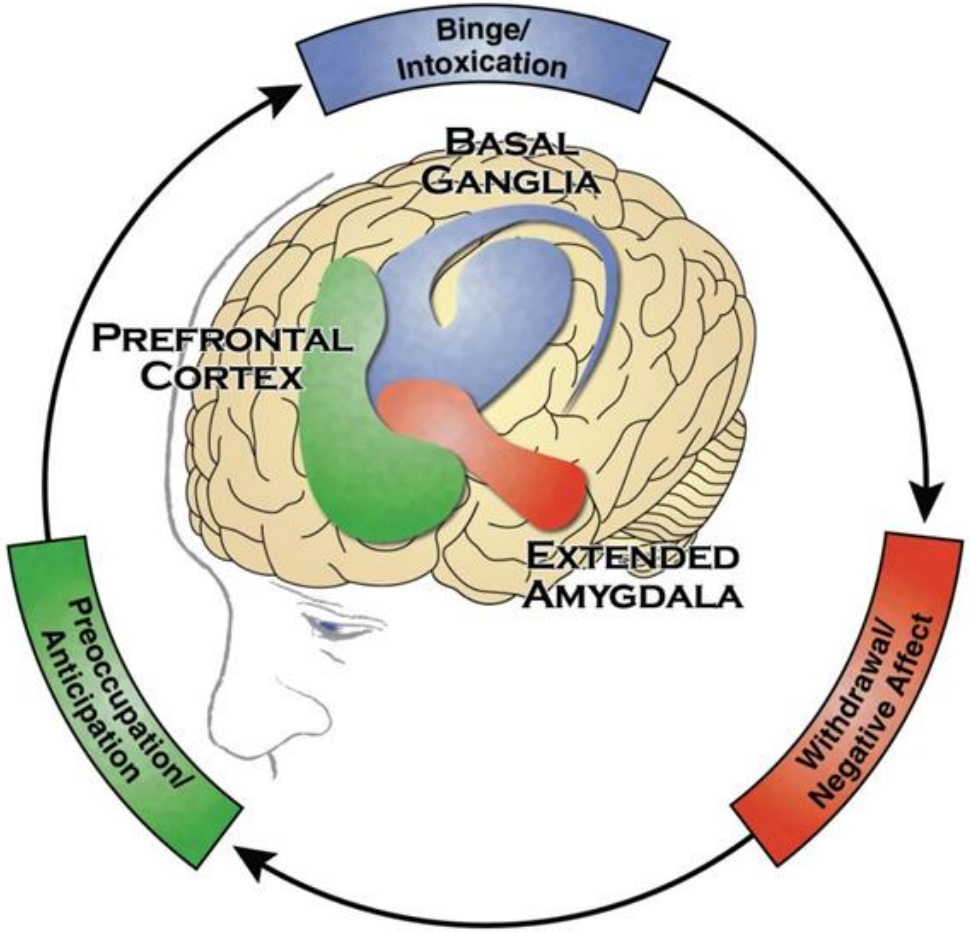
Definition of Addiction

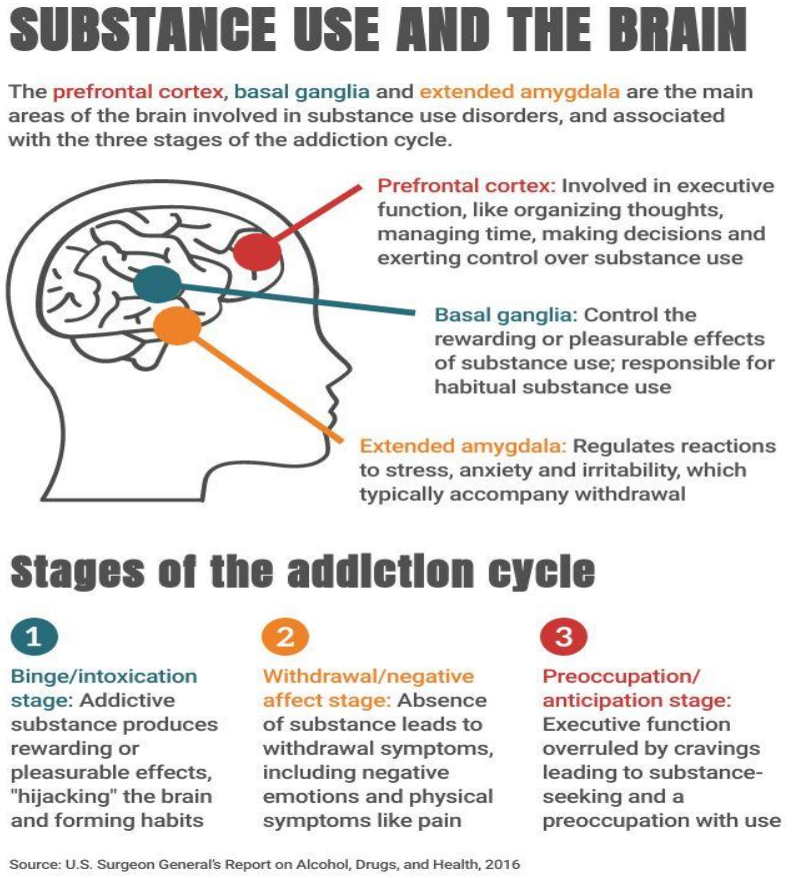
What is addiction?

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.
- Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Source: "Definition of Addiction," American Society of Addiction Medicine, accessed July 27, 2023, https://www.asam.org/quality-care/definition-of-addiction.

Substance Use and the Brain





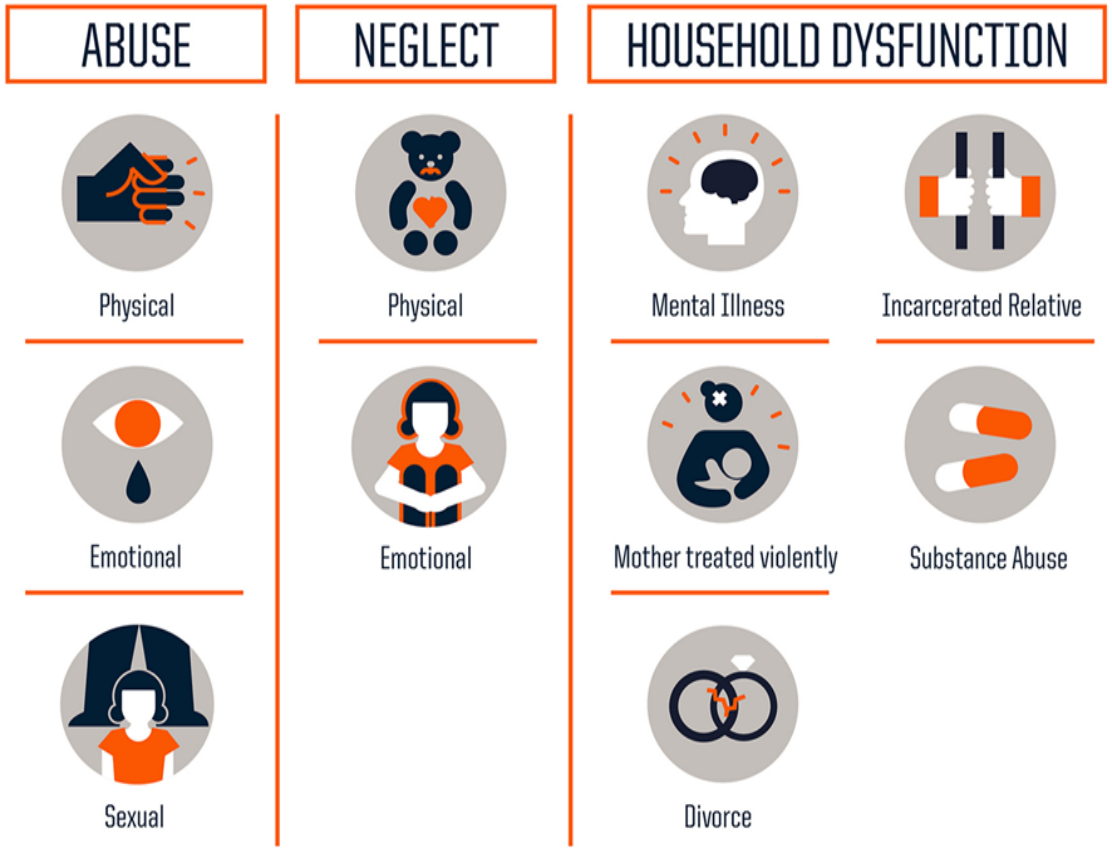
Source: U.S. Department of Health and Human Services, *2016 The Surgeon General's Report on Alcohol, Drugs and Health,* Washington, DC: U.S. Department of Health and Human Services, 2016.

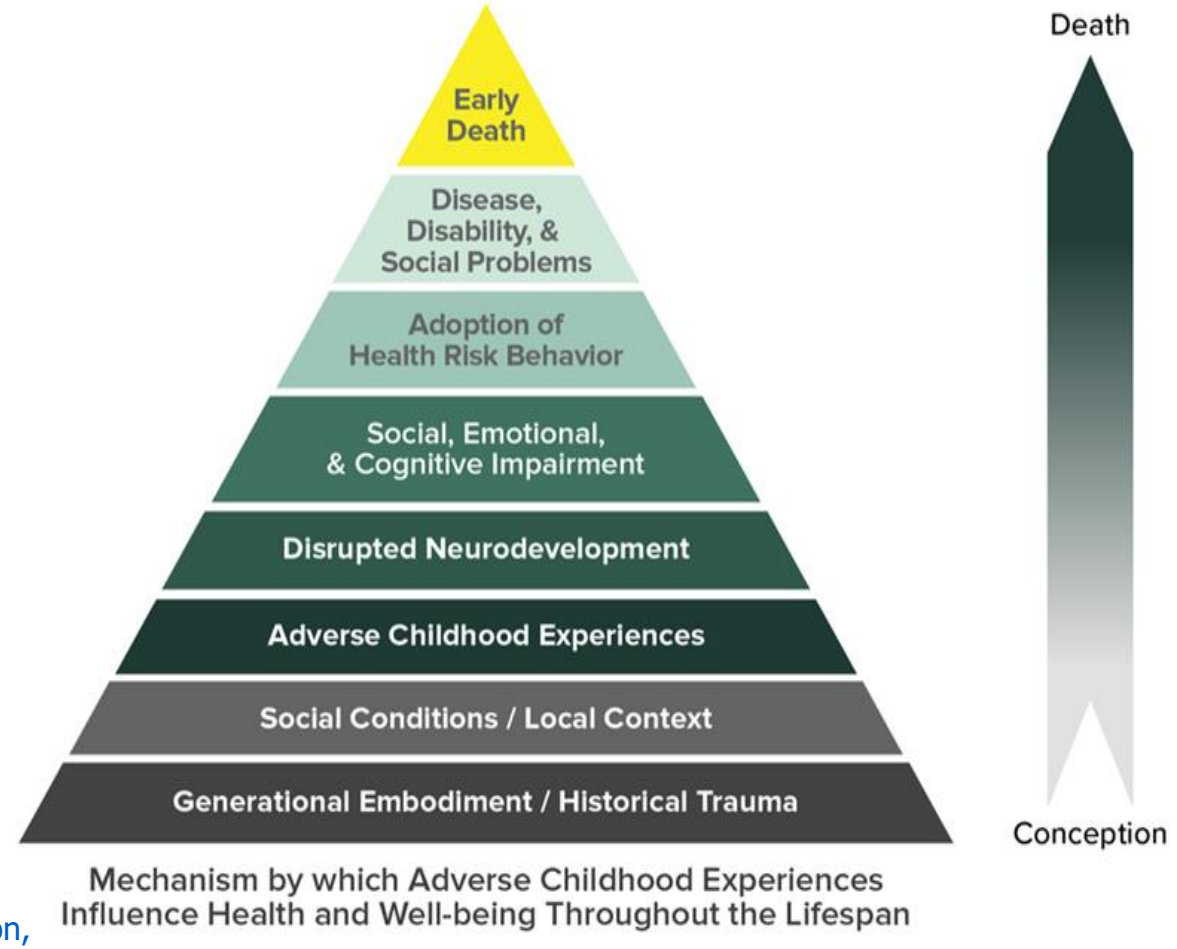
Vulnerabilities for Developing SUD

- Genetic predisposition (40–60 percent of risk).
- Concomitant mental health diagnoses.
- History of trauma, abuse, or both.
- Poor coping mechanisms.
- Impulsivity and sensation or novelty seeking plays a role in initiation of substance use.
- Environmental triggers and sensory cues are triggers to use or resume use.
- Lack of homeostatic reward regulation; reward "deficiency": orientation toward pleasurable rewards, priming of the brain by early substance use.

Source: Amaro et. al, "Social Vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism," 188.

Adverse Childhood Experiences





Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Source: "Adverse Childhood Experiences (Aces)," Centers for Disease Control and Prevention, accessed June 29, 2023, https://www.cdc.gov/violenceprevention/aces/index.html.

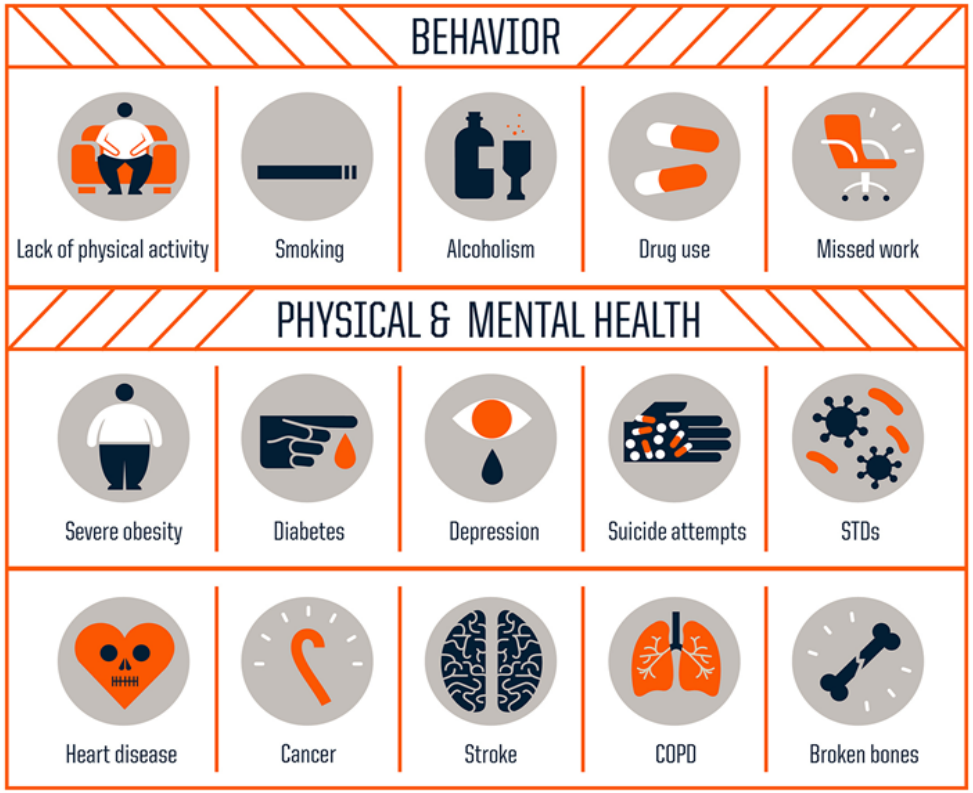
What Is Trauma?

Exposure to actual or threatened death, serious injury, or sexual violence in one or more of four ways:

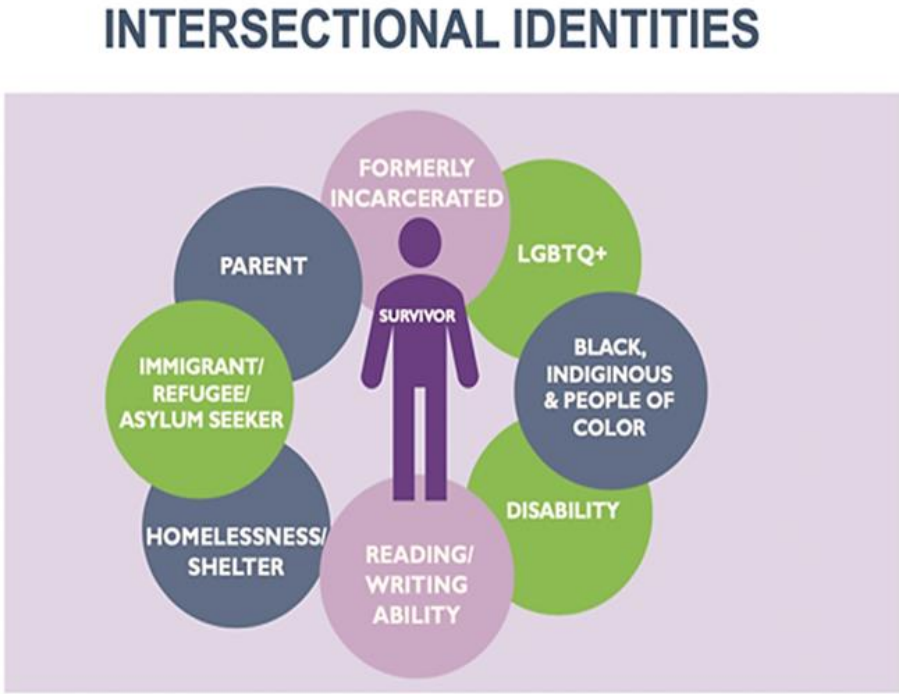
- Directly experiencing the event.
- Witnessing, in person, the event occurring to others.
- Learning that such an event happened to a close family member or friend.
- Experiencing repeated or extreme exposure to aversive details of such events (i.e., first responders).

Source: American Psychiatric Association. 2013. *Diagnostic and statistical manual of mental disorders: DSM-5.* Washington, DC: American Psychiatric Association Publishing; Center for Disease Control, "Aces and the Brain," (Webinar, 2016) https://www.cdc.gov/violenceprevention/aces/index.html.

Trauma's Effects



Understand Intersectionality and Its Role in Identity, Oppression, and Privilege



Source: "Adverse Childhood Experiences (Aces)," Ravid, Anita MD. "Trauma Informed Care: Transforming Principles into Practice," presented at NYS OASAS training, New York, October 27, 2020.

Defining Stigma

- The experience of being "**deeply discredited"** or marked because of one's **"undesired differentness."**
- To be stigmatized is to be **held in contempt, shunned, or rendered socially invisible** because of a socially disapproved status.
- When someone views another in a **negative way because they have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage** (negative stereotype).

Source: Corrigan, Watson, and Miller, "Blame Shame and contamination," 239-246

Three Types of Stigma

- **Public stigma:** negative attitudes and fears that isolate those with addiction.
- **Structural stigma:** excluding those with addiction from opportunities and resources.
- **Internalized stigma:** believing negative stereotypes about oneself.

Source: "Understanding Addiction and Substance Use Stigma: What You Can Do to Help." Early Childhood Learning and Knowledge Center, last modified October 8, 2021, accessed July 27, 2023, https://eclkc.ohs.acf.hhs.gov/mental-health/article/understanding-addiction-substance-use-stigma-what-you-can-do-help.

Consider the Relationship between Stigma and Trauma

- Realize that most people have experienced trauma
- Recognize how trauma affects people
- Consider past histories of trauma, violence, layers of disadvantage and stigma
- Commit to not repeating trauma or creating more trauma (re-traumatizing)

Source: "Respect to Connect: Undoing Stigma." National Harm Reduction Coalition, last modified February 2, 2021, accessed July 27, 2023. https://harmreduction.org/issues/harm-reduction-basics/undoing-stigma-facts/.

Best Practices to Avoid Use of Stigmatizing Language

Don't Use	Do Use	Why
"addict" "abuser" "junkie"	"person who uses heroin" "person with cocaine use disorder"	Using person first language demonstrates that you value the person and are not defining them by their drug use.
"get clean"	"No longer uses drugs"	Clean implies that when someone uses, they are "dirty"

Deficits Based	Strengths Based
Frequent Flyer	Utilizes services and supports when necessary
Hostile, aggressive	Protective
Lazy	Ambivalent, working to build hope
Manipulative	Resourceful
Resistant	Chooses not to, isn't ready for, not open to
Suffering with	Working to recover from, experiencing, living with

Source: "Pregnancy and Substance Use: A Harm Reduction Toolkit.";"Person-Centered Language."

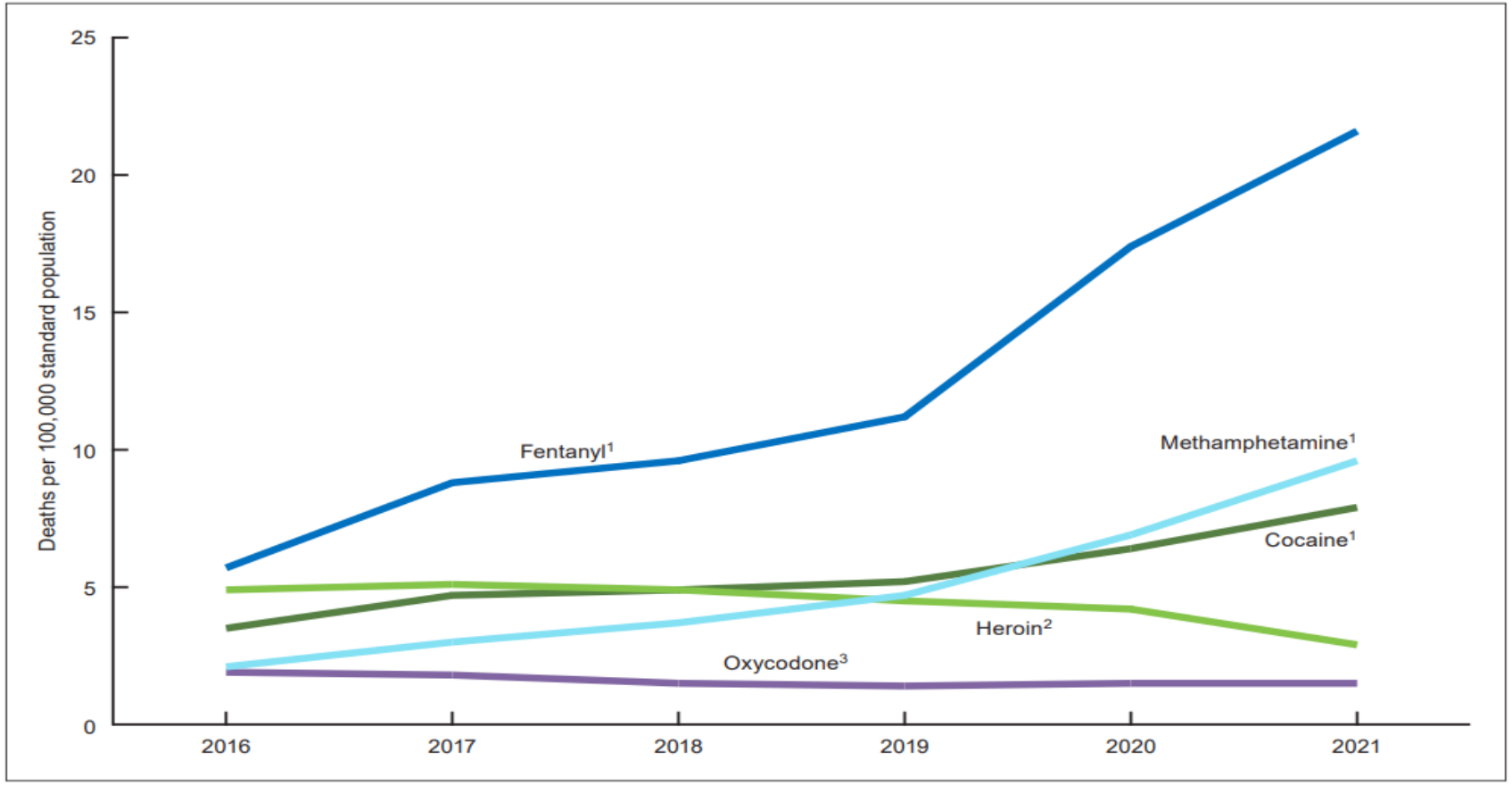
Stigma and Language: What We Say and How We Say It Matter

- In a study by the Recovery Research institute, participants were asked how they felt about two people "actively using drugs and alcohol."
- One person was referred to as a **"substance abuser"** and the other as a **"person having a substance use disorder."**
- The study discovered that participants felt that the "substance abuser" was
  - Less likely to benefit from treatment and more likely to benefit from punishment.
  - More likely to be socially threatening.
  - More likely to be blamed for their substance related difficulties.
  - Less likely to have substance use related to innate dysfunction over impulse control.
  - More able to control their substance use without help.

Source: "The Real Stigma of Substance Use Disorders." Recovery Research Institute, September 28, 2020. https://www.recoveryanswers.org/research-post/the-real-stigma-of-substance-use-disorders/.

Understanding Effective Treatment for SUD

Age-Adjusted Rates of Drug Overdose Deaths, 2016–2021



Source: Spencer, Merianne, Arialdi Miniño, and Margaret Warner, Ph.D, "Drug Overdose Deaths in the United States, 2001-2021"

Current U.S. Unregulated Drug Environment

- The unregulated (recreational) drug supply in the U.S. remains dynamic, volatile, and increasingly toxic.
- Illicitly manufactured fentanyl and its analogues are the primary driver of drug-related deaths in the U.S., but is not always the cause.
- Novel psychoactive substances (NPS) continue to appear in drug-related deaths.
- Biological effects of NPS resemble those of the substances they intend to mimic, but NPS are often much more potent.
- Person who uses drugs (PWUD) cannot be sure of the precise chemical constituents of the products they are using (unless comprehensive drug checking exists in their community).

Source: Alex Krotulski, PhD, "What's Trending: NPS Discovery Webinar Series: July 2023," presented as part of NPS Discovery Webinar Series, Center for Forensic Science Research and Education, July 7, 2023.

Why Low-Threshold MOUD Is Necessary

Department of Health and Human Services (DHHS) supports "medication first" efforts.

- Only 22.1 percent of people with OUD received Medications for Opioid Use Disorder (MOUD) in the past year.
- "Given the elevated risk of fatal overdose without medication therapy, any difficulty in connecting patients with counseling and/or other behavioral health resources should not prevent practitioners from prescribing buprenorphine for the treatment of OUD."
- Defining "low-threshold treatment"—a treatment model that attempts to remove as many barriers to treatment as possible.

Source: Substance Abuse and Mental Health Services Association, *2021 National Survey of Drug Use and Health (NSDUH) Releases.* SAMHSA.gov, 2021. https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases.

Evidence for the Use of MOUD: Opioid Agonist Treatment is Associated with a Reduction in Mortality by ~50 Percent

- A study of 17,568 adults in Massachusetts who survived an opioid-related overdose between 2012 and 2014 examined Buprenorphine, Methadone, and Naltrexone.
- ***Results***: Compared with no MOUD, Methadone maintenance Treatment was associated with decreased all-cause mortality and opioid-related mortality.
- ***Conclusion***: A minority of opioid overdose survivors received MOUD. ***Buprenorphine and methadone were associated with reduced all-cause and opioid-related mortality. Naltrexone was not associated with decreased mortality.***

Source: Larochelle MR, et. al., Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: a cohort study" *Ann Intern Medicine* 169 (2018): 137-145, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6387681/pdf/nihms-1002372.pdf

Evidence for the Use of MOUD

- MOUD start associated with decreased suicide mortality, though less so than individuals on stable MOUD.
- MOUD cessation associated with increased suicide mortality, external-cause mortality, and all-cause mortality.
- *Buprenorphine was associated with a >65 percent decrease in suicide mortality.*
- *Naltrexone showed no indication of a reduced risk of suicide mortality.*

Source: Watts et. Al, Association of Medication Treatment for Opioid Use Disorder with Suicide Mortality, American Journal of Psychiatry 179 (2022): 298-304 https://doi.org/10.1176/appi.ajp.2021.21070700

Goals for MOUD and MOUD Options

Goals for MOUD

- Decrease risk of fatal and nonfatal overdoses
- Eliminate opioid withdrawal syndrome (OWS)
- Decrease opioid cravings
- Increase patient functionality
- Normalize brain anatomy and physiology
- Decrease transmission and acquisition of viral infections

Source: McCarty et. Al. *Methadone Maintenance,* 111

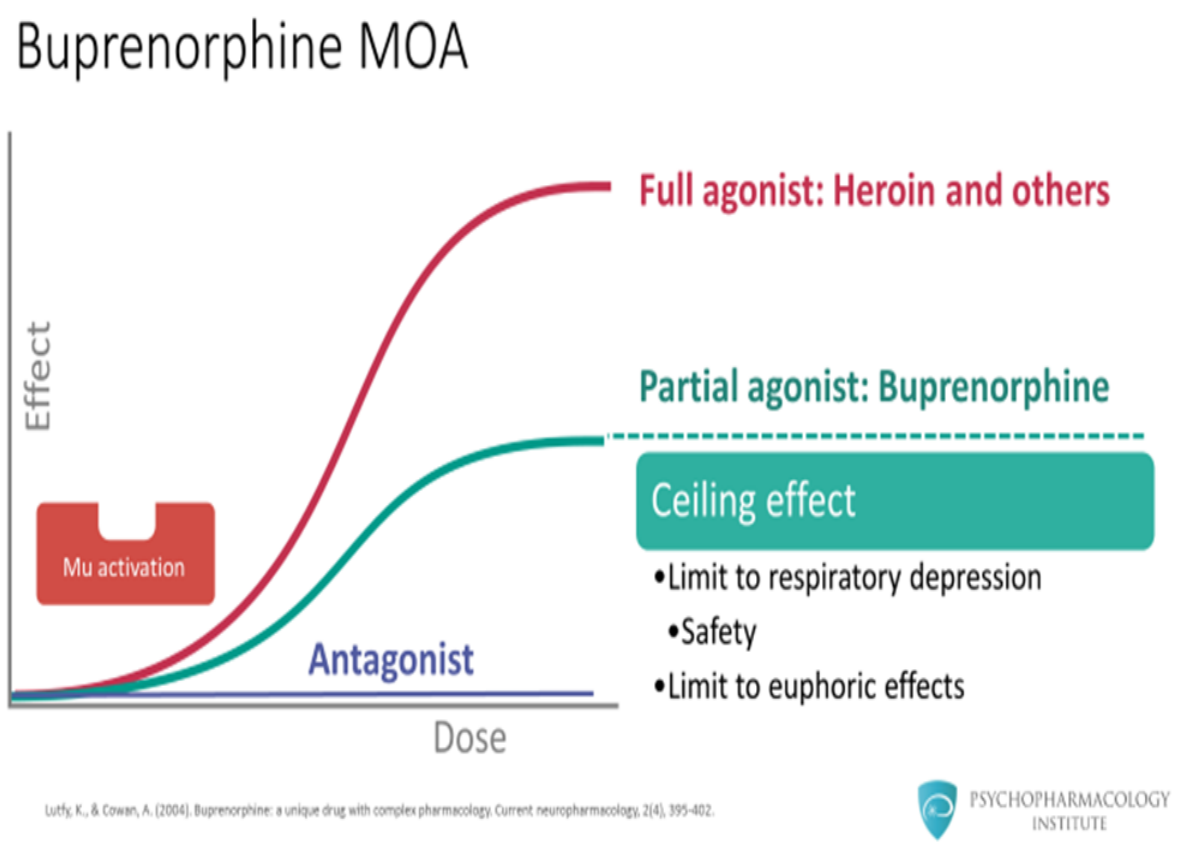
3 FDA Approved Medication Options

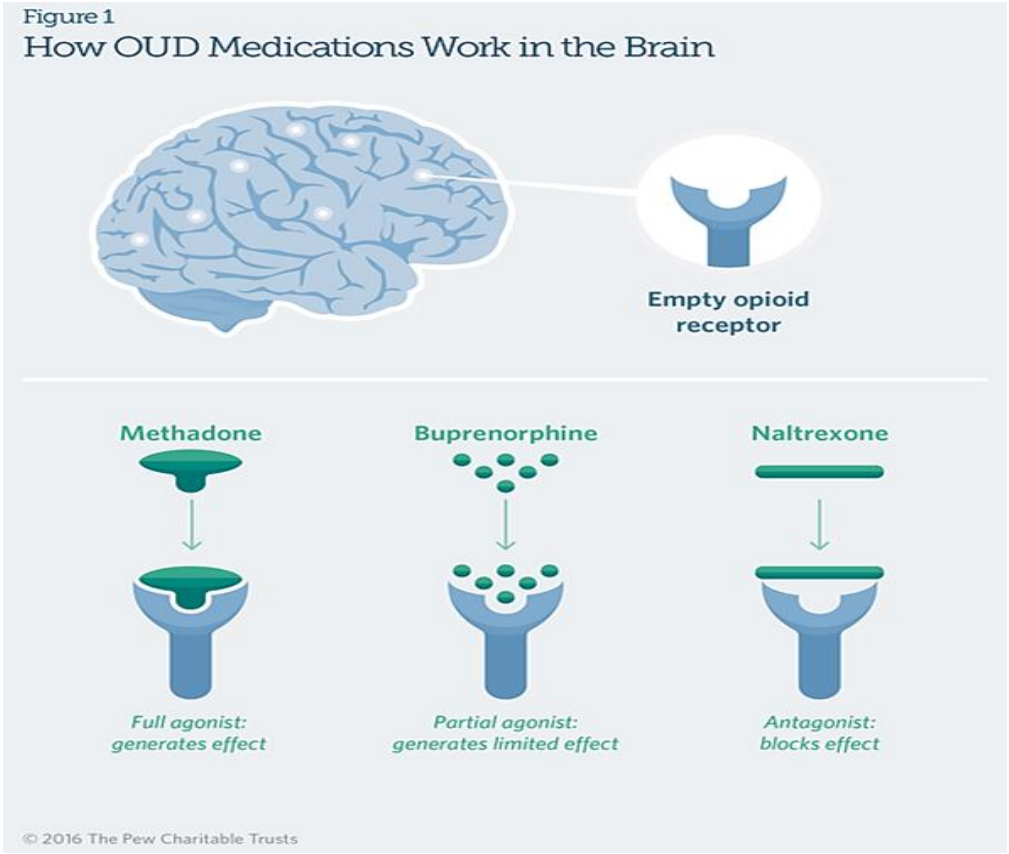
Methadone: opioid full agonist; must be dispensed from an OTP; *associated with decreased opioid-related (overdose) mortality and all-cause mortality* (number needed to treat 2.3 for large effects including decreased mortality)

Buprenorphine: opioid partial agonist; Schedule III drug; no longer requires a DEA "X" waiver to prescribe; *associated with decreased opioid-related (overdose) mortality and all-cause mortality* (NNT <3 for prevention of one death due to OUD)

XR-naltrexone: opioid antagonist; not a controlled substance; *not associated with decreased mortality* (NNT 6.7 for treatment retention for one additional person)

Pharmacotherapy for OUD: Mechanism of Action and Mu Opioid Receptor Activity

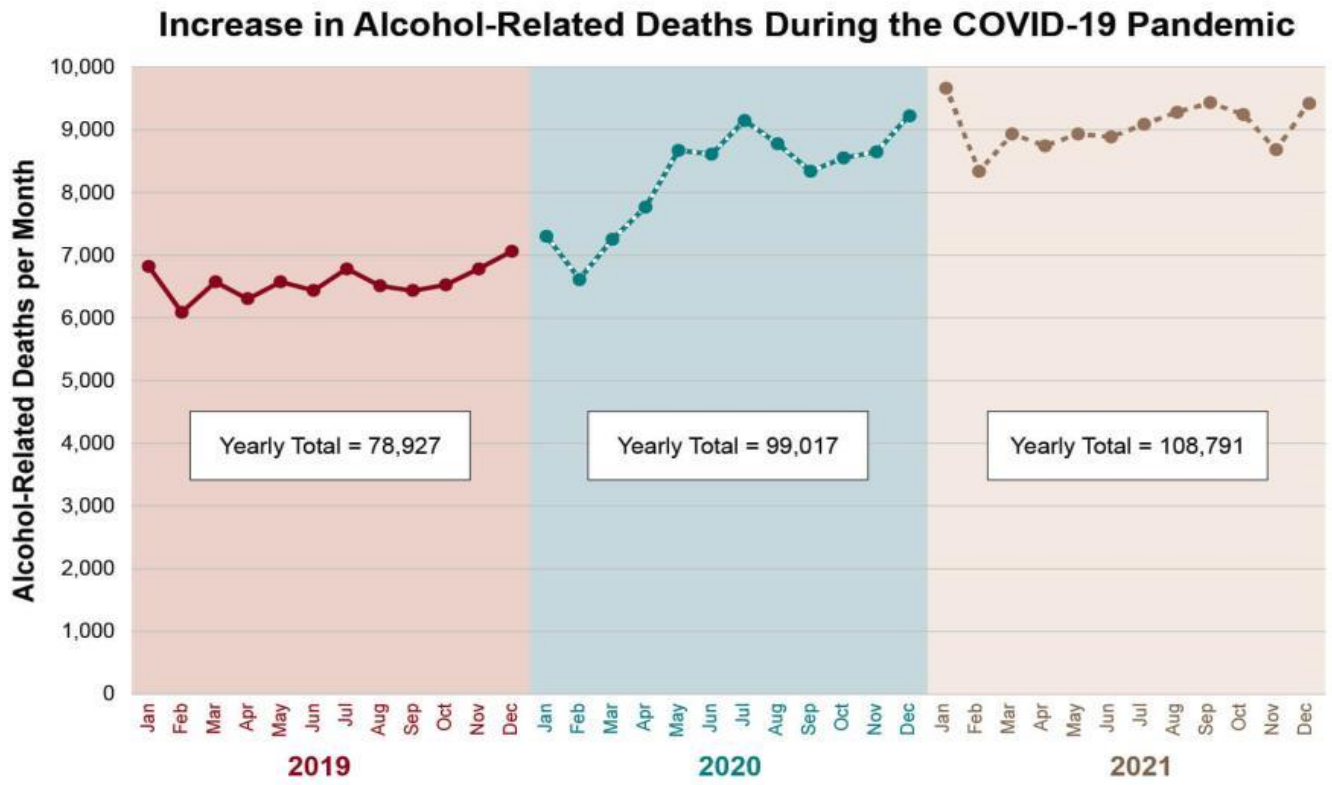




Source: "Effective Treatments for Opioid Addiction." National Institutes of Health Providers Clinical Support System, August 26, 2022. https://pcssnow.org/.

Alcohol-Related Deaths During the COVID-19 Pandemic

- The number of deaths involving alcohol increased between 2019 and 2020, from 78,927 to 99,017 (relative change, 25.5 percent).
- Opioid overdose deaths involving alcohol as a contributing cause increased from 8,503 to 11,969 (40.8 percent).
- Alcohol-related deaths accounted for 2.8 percent of all deaths in 2019 and 3.0 percent in 2020.
- **Opioid overdose deaths involving alcohol as a contributing cause increased from 8,503 to 11,969 (40.8%).** Deaths in which alcohol contributed to overdoses specifically on synthetic opioids other than methadone (e.g., fentanyl and fentanyl analogues) increased from 6,302 to 10,032 (59.2%).



Source: White et. Al, *Alcohol Related Deaths During the COVID-19 Pandemic*, 17; NIAA, "Deaths Involving Alcohol"

Deaths Attributable to Excessive Alcohol Use: Adults Aged 20–64

- 2.1 million people responded to the 2015–2019 Behavioral Risk Factor Surveillance system, and it found the following:
  - Approximately 695,000 deaths among adults aged 20–64:
    - 12.9 percent (89,700) deaths per year attributable to excessive alcohol consumption
      - 1 in 8 deaths
    - 20.3 percent (45,000) of deaths per year among those aged 20–49
      - 1 in 5 deaths

Source: Esser et. Al. *Estimated Deaths Attributable to Excessive Alcohol Use,* 5

Pharmacotherapy for Alcohol Use Disorder (AUD)

3 FDA Approved Medications:

- **Disulfiram:** approved in 1949; MOA: aldehyde dehydrogenase inhibitor (least efficacious of the FDA-approved medications for AUD)
- **Naltrexone:** oral formulation approved in 1994; depot injectable formulation approved in 2006; MOA: opioid receptor antagonist (Cochrane Review: NNT to decrease heavy drinking: 12; NNT to decrease daily drinking: 25)
- **Acamprosate:** approved in 2004; MOA: NMDA/glutamate receptor antagonist (Cochrane Review: NNT for reducing the risk of any drinking: 9)

Source: Fairbanks et. Al. *Evidence-Based Pharmacotherapies for Alcohol Use Disorder.* 95

Use of Medication for Alcohol Use Disorder in the U.S.: Results from the 2019 National Survey on Drug Use and Health (NSDUH)

- 2019 NSDUH was the first survey that asked if those who received past-year alcohol use disorder treatment were prescribed medication.
  - Acamprosate, disulfiram, oral or long-acting injectable naltrexone

- 14 million individuals (5.6 percent) met past-year AUD criteria.
  - 1 million (7.3 percent) received any alcohol use treatment in the past year.
  - 223,000 (1.6 percent) reported using a medication to treat alcohol use disorder.

Source: Han, Beth, Christopher M. Jones, Emily B. Einstein, Patricia A. Powell, and Wilson M. Compton. "Use of Medications for Alcohol Use Disorder in the US." *JAMA Psychiatry* 78, no. 8 (2021): 922, https://doi.org/10.1001/jamapsychiatry.2021.1271.

Evidence-Based Psychosocial Interventions for AUD

- Brief interventions (SBIRT)
- Motivational enhancement therapy (MET)
- Motivational interviewing (MI)
- Cognitive behavioral therapy (CBT)
- Family-involved treatment and couples therapy
- Treatment of comorbid mental health conditions, particularly MDD and ADHD
- SMART recovery
- 12-step treatment (AA) and 12-step facilitation
- Community reinforcement
- Contingency management
- Insight therapy and psychotherapy and interpersonal behavior therapy

Source: Nadkarni, et al. "Common Strategies in Empirically Supported Psychological Interventions for Alcohol Use Disorders: A Meta-review."

Understanding Harm Reduction: Guiding Principles

- A non-judgmental approach
- Evidence-based, feasible, and cost-effective practices
- Acceptance of behavioral change (or any change for that matter) as any incremental process
- Meaningful participation by people who currently use drugs, by people who previously used drugs, and stakeholders in shaping policies and practices around substance use
- Focus on enhancing quality of life, not abstinence
- Recognition of complex social factors: harm reduction recognizes the real harms of substance use on individuals, families, and communities
- Empowerment of people who use drugs in reducing potential harms of their substance use
- Commitment to defending universal human rights

Source: "Medication for Opioid Use Disorder (Moud) Overview." National Harm Reduction Coalition, September 8, 2020. https://harmreduction.org/issues/facts/.

Remember: Recovery Is Individualized

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This may or may not include abstinence from substance use.

- **Health:** overcoming or managing one's disease(s) or symptoms
- **Home:** a stable and safe place to live
- **Purpose:** meaningful daily activities and the independence, income, and resources to participate in society
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

Source: "Recovery and Recovery Support." Substance Abuse and Mental Health Adminstration, April 24, 2023. https://www.samhsa.gov/find-help/recovery.

Conclusions: An Overview of SUD

- SUD is a common diagnosis.
- Fatal overdoses are the highest on record they have ever been.
- Trauma-informed care and person-centered care are a fundamental part of delivering SUD care.
- Overdose education should happen with all people using any illicit substances.
- Medications for AUD and OUD are underutilized.
- Stigma toward substances themselves, people who use substances, and MOUD result in traumatic experiences for individuals with SUD.
- Recovery is individualized.

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Why Screen for Opioid Use Disorder?

- Highly prevalent.
- Identify whether someone is already on MOUD and would need to be continued.
- Identify whether someone is experiencing or at risk of withdrawal.
- High risk for overdose or death.
- Greater prevalence of risk-taking behaviors.

Intake Best Practices

- Welcoming and non-judgmental approach.
- Confidentiality of information.
- Acknowledge and normalize withdrawal symptoms.
- Use of recovery support specialists; opioid interventionists.
- Education about MAT and other services.
- Begin transition planning at intake.
- May delay assessment if acute intoxication.

Benefits of MAT in Correctional Facilities

- Less contraband coming into jails and prisons
- Increased overall health of individuals in the facility
- Fewer safety and violence issues
- Improvement in breaking the cycle of arrest, incarceration, and release normally associated with substance use disorders
- Reduction in costs—comprehensive drug treatment programs in jails are associated with reduced system costs

Source: "Medication-Assisted Treatment in the Criminal Justice System: Brief Guidance to the States," Substance Abuse and Mental Health Administration, 2022, https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf.

What about Diversion?

- Establish policies and procedures for medication distribution.
- Establish dedicated housing units for participants.
- Support a therapeutic environment.

Source: Advancing solutions to curb fatal overdoses in the United States. CORRECTIONAL INSTITUTIONS AS AN INTERVENTION POINT FOR OPIOID USE DISORDER TREATMENT. (2020). O'Neill School of Public Health and Addiction Policy. Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://oneill.law.georgetown.edu/wp-content/uploads/2021/06/correctional-institutions-as-an-intervention.pdf

Elements of a Whole-Person Approach

A Community Problem Needs a Community Solution

- The opioid crisis affects everyone. Where to start?
- Identify key stakeholders and champions in your community.
- Establish partnerships and collaboration between correctional facilities and community-based organizations to support reentry.
- Ensure continuation of care upon release.

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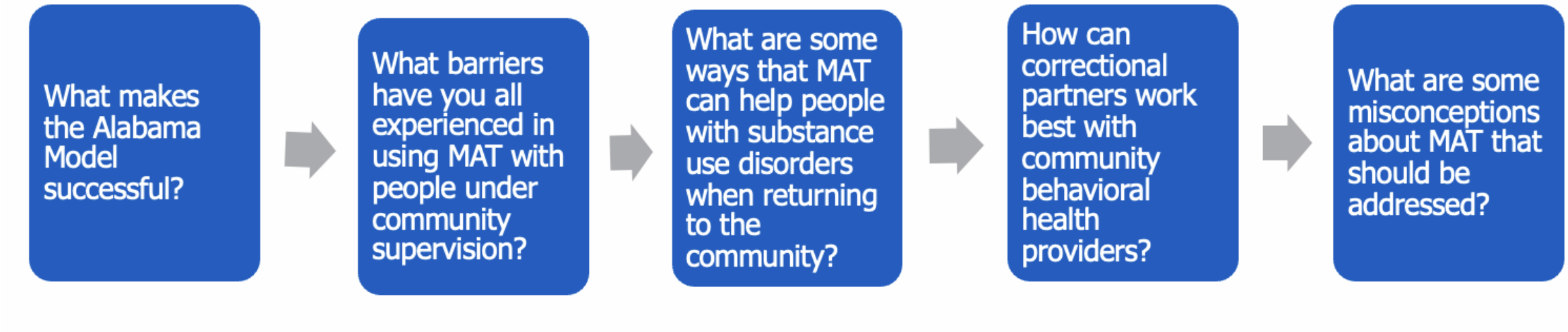
Community Reentry and MAT



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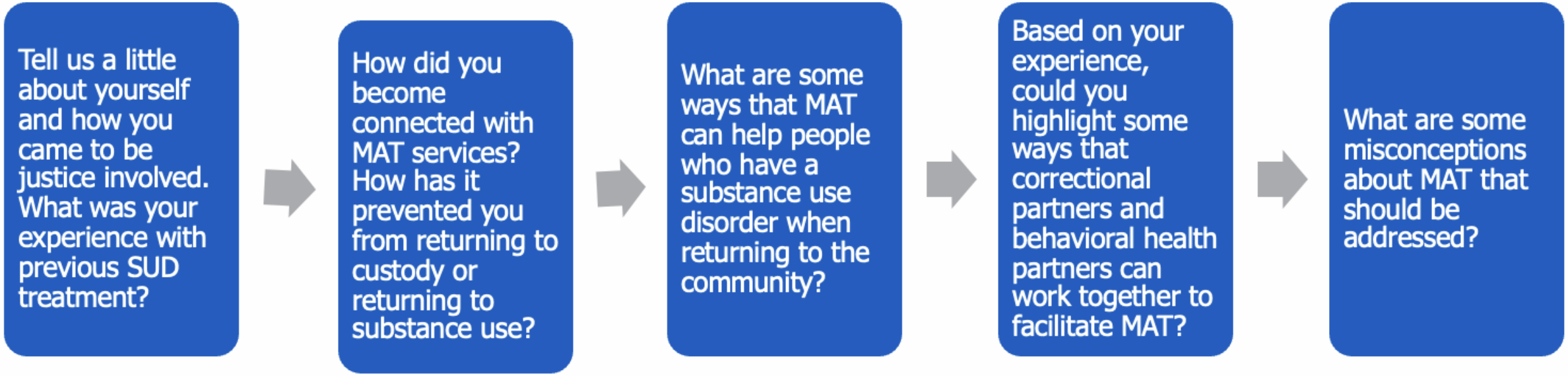
MAT and Lived Experience



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Thank You!

Join our distribution list to receive updates and announcements:

https://csgjusticecenter.org/resources/newsletters/

For more information, please contact Alexandria Hawkins at ahawkins@csg.org

Dr. Kelly Ramsey can be reached at Kelly.Ramsey@oasas.ny.gov

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Additional Resources

- Principles of Community-based Behavioral Health Services for Justice-Involved Individuals: A research-based Guide, https://store.samhsa.gov/sites/default/files/d7/priv/sma19-5097.pdf
- Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit, https://www.thenationalcouncil.org/resources/medication-assisted-treatment-mat-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/
- Relapse Prevention Plans, https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/relapse-prevention-plans/
- Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings, https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matusecjs.pdf
- Opioid Overdose Prevention Toolkit, https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742
- Best Practices for Successful Reentry for People Who Have Opioid Addictions, https://csgjusticecenter.org/publications/best-practices-for-successful-reentry-for-people-who-have-opioid-addictions/
- Medication Assisted Treatment in Jails and Community-Based Settings-Webinar, https://csgjusticecenter.org/events/medication-assisted-treatment-in-jails-and-community-based-settings/

Additional Resources (cont.)

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"Expanding Access for Medication for Opioid Use Disorder for Justice Involved Individuals," National Governors Association, accessed September 9, 2021, https://www.nga.org/projects/expanding-access-for-medication-for-opioid-use-disorder-for-justice-involved-individuals/.

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Nancy McCarty et al.. "Methadone Maintenance and the Cost and Utilization of Health Care among Individuals Dependent on Opioids in a Commercial Health Plan," *Drug and Alcohol Dependence* 111, no. 3 (2010): 235–40, https://doi.org/10.1016/j.drugalcdep.2010.04.018.

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"Pregnancy and Substance Use: A Harm Reduction Toolkit," National Harm Reduction Coalition, accessed July 28, 2023, https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/.

"Recovery and Recovery Support," Substance Abuse and Mental Health Services Administration, accessed April 24, 2023, https://www.samhsa.gov/find-help/recovery.

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