

Dutchess County Special Populations Work Group

June 13, 2016



Agenda

1. Approval of April and May meeting minutes
 2. Updates on RESTART program
 3. Quality Assurance committee update
 4. Updates on jail planning
 5. National Overview of MAT models
 6. Overview of Dutchess County MAT work to date
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Medication Assisted Treatment & Reentry

What is MAT?

Medicated Assisted Treatment (MAT) combines medications with counseling and behavioral therapies, monitoring, community-based services, and recovery support to treat the biopsychosocial aspects of alcohol and opioid use disorders.

MAT *assists*, not replaces, other treatment & recovery efforts.



MAT vs. Detox

Detox is quick and technically easy, but preventing relapse is extremely difficult. Short term MAT to counter withdrawal rarely results in long term abstinence.

Treatment w/medication for a period of 12 months or more required if brain is to repair its ability to regulate stress, pain and mood for sustained abstinence.

Evidence-Based vs. Belief

MAT severely under utilized, including in correctional treatment programs, for practical and philosophical reasons. Prisons/Jails are concerned with contraband and some have found buprenorphine (FDA approved medication) to be a drug of abuse, not promised cure. Believe inmate detoxed and clean in prison/jail, why encourage him/her to put drugs back into his/her body?!

But....

Being evidence-based means being driven by objective analyses of research. If the data show that medication works to contribute to recovery and public safety, we must set aside personal opinions and bias.

What the Experts Say

“When prescribed and monitored properly, medications ... are safe and cost-effective components of opioid addiction treatment. These medications can improve lives and reduce the risk of overdose, yet medication-assisted therapies are markedly underutilized.”

NIDA Director, Nora Volkow, M.D.



MAT is Evidenced–Based

When treatment for justice–involved opioid users combined prescribed medication, behavioral counseling and ongoing support, the effects are *many times greater* than treatment without medication.

Marlowe, 2003

We have highly effective medications that, when combined with other behavioral supports, are *the standard of care* for the treatment of opioid use disorders.

ONDCP, 2015



Most recent evidence:

5-site pilot demonstrated the feasibility of outpatient sustained-release naltrexone induction and monthly treatment among parolees and probationers, and found significantly less opioid use among participants retained in naltrexone treatment for 6 months.

Coviello DM, Cornish JW, Lynch KG, Boney TY, Clark CA, Lee JD, Friedmann PD, Nunes EV, Kinlock TW, Gordon MS, Schwartz RP, Nuwayser ES, O'Brien CP. *A multisite pilot study of extended-release injectable naltrexone treatment for previously opioid-dependent parolees and probationers.* SubstAbus 2012;33(1):48-59.

Why MAT?

- ▶ Better retention in treatment
 - ▶ Reduced recidivism
 - ▶ Increased employment
 - ▶ Reduced risk of HIV/AIDS
 - ▶ And, fewer overdose deaths
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MAT and Corrections

A systematic review of studies of MAT programs for prisoners finds consistent positive health outcomes, with 55 to 75% reduction in IV drug use, decreases HIV and hepatitis C infection, and increased retention in community-based treatment after release.

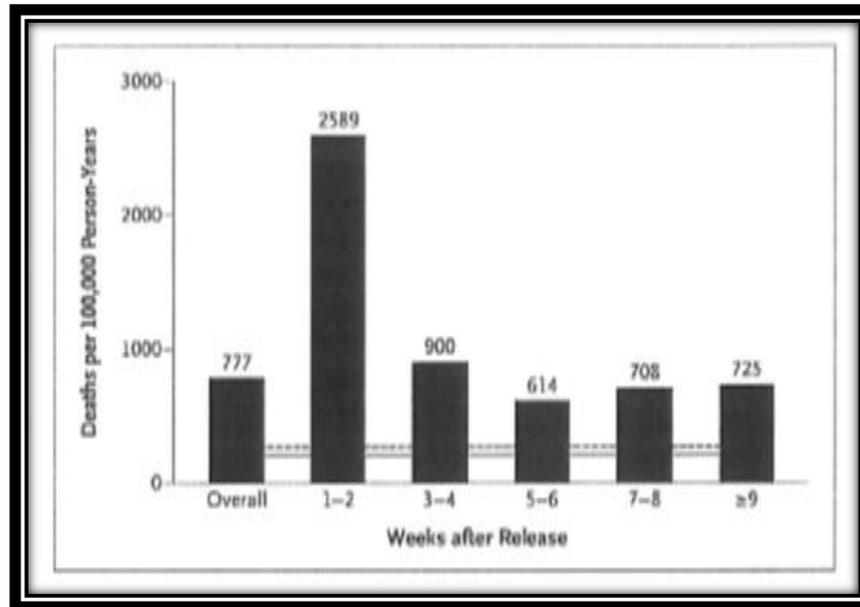


EARLY HEROIN TREATMENT EFFORTS

- ▶ Federal Medical Center, Lexington Kentucky (FMC Lexington) – U.S. federal prison/hospital, opened in 1935 specifically to treat morphine and heroin addiction, first of it's kind in U.S., mostly experimental treatments (Red Rodney, Sonny Rollins)
- ▶ Synanon (TC model) – opened in 1958, long term residential treatment, required rigid adherence to program rules. Founder Chuck Dederich: “AA is based on love, we are based on hate, hate works better”

Reentry Death Rate from Dug Overdose

Within 2 weeks of release, ex-inmates nearly 129 times at greater risk for death by drug overdose than general population of same demographics.



Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, Koepsell TD. *Release from prison—a high risk of death for former inmates.* N Engl J Med. 2007;356(2):157-165.

FDA Approved Medications

Opioids

Methadone

Buprenorphine

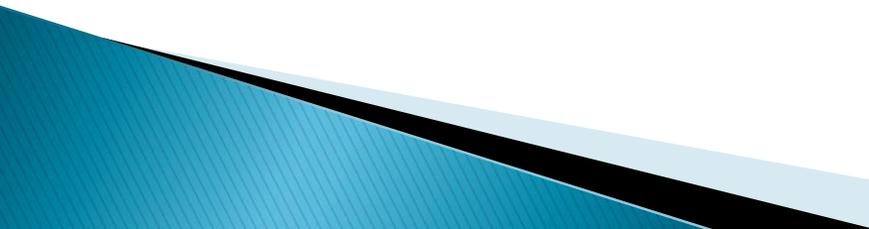
Naltrexone

Alcohol

Acamprosate Calcium

Disulfiram

Naltrexone



Opioid Replacement Therapy (ORT)

Methadone and **Buprenorphine** are controlled substances for opioid replacement therapy (ORT). Both can be abused. **Methadone's** effects are strong, and can only be dispensed in daily doses at licensed treatment programs. **Buprenorphine** can be prescribed by specially trained physicians. Comes as a pill or film (Suboxone) that dissolves under the tongue. Easy to conceal under postage stamp!

Opioid Blocker

Naltrexone is not a controlled substance, no potential for abuse. It blocks the actions of opioids, preventing euphoric and analgesic effects. May interact when opioids are in the system to cause withdrawal symptoms.

Administration: Pill, daily or Injected (**Vivitrol**), lasts 30 days

Deterrent against relapse for re-entering offenders.

Agonists v. Antagonists

Agonists

Replaces drug of abuse to help regulate areas of brain that are affected. Long acting, slow effects flatten out the highs and lows of rapid acting opioid and leave the system slowly, staving off withdrawal symptoms and reducing cravings.

Antagonists

Blocks the action of opioid. Helps avoid relapse by blocking the reinforcing and pain killing effects of opioids.

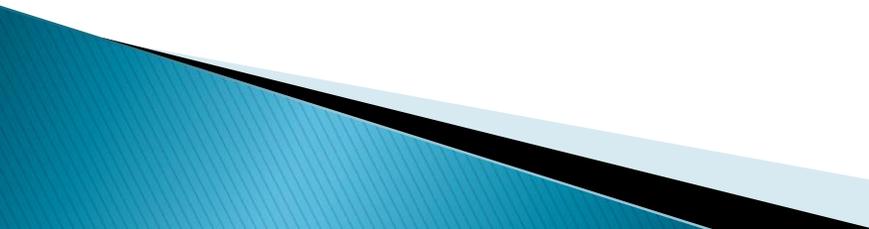
Medications for Alcohol

Acamprosate Calcium (Campral): Anti-craving, relieves symptoms of protracted alcohol withdrawal or post-acute withdrawal, pill 3X day

Disulfiram (Antabuse): Aversive, causes severe physical discomfort if patient consumes alcohol, including severe nausea, daily pill

Naltrexone: Antagonist: Pill (**Depade, ReVisa**), daily; Injected (**Vivitrol**), monthly

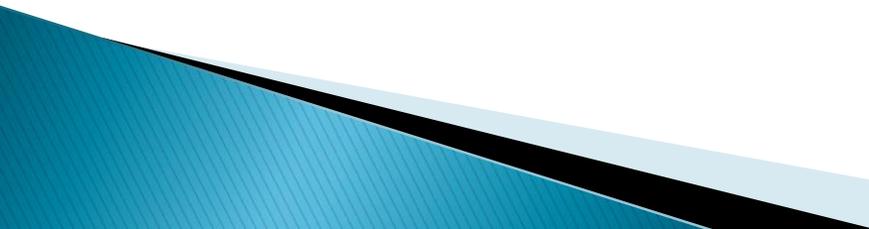
None of above are controlled substances.



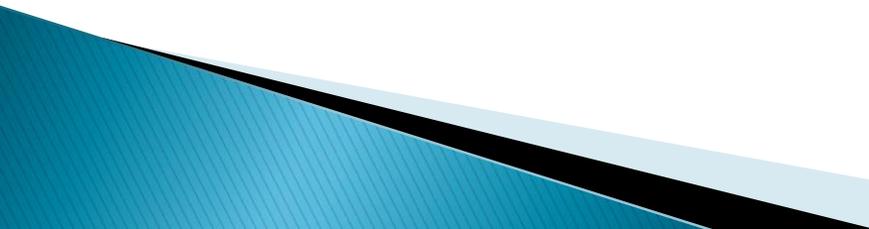
SMOKING CESSATION AIDS

- ▶ Chantix (Vareniciline) – available (Rx) since 2006. Partial agonist.
 - ▶ Zyban (Bupropion) – available (Rx) as an antidepressant (Wellbutrin) since 1985; approved as smoking cessation aid in 1997; nicotine antagonist
 - ▶ Nicoderm (Niquitin) – available (OTC) since 1991; oral, patch, gum. Nicotine replacement treatment.
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MAT: Four steps

1. **Induction:** assessment, individualized dosages, high risk for overdose
 2. **Stabilization:** Adjustment to medication, withdrawal and cravings begin to recede
 3. **Maintenance:** long-term, periodic reassessment
 4. **Tapering:** medically managed withdrawal
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SUBOXONE (Buprenorphine)

- ▶ Acts as partial agonist – less potential for life threatening respiratory suppression in case of abuse
 - ▶ Also contains Naloxone – an antagonist (uncertain efficacy)
 - ▶ Oral tablet form (or film)
 - ▶ Can be prescribed by MD
 - ▶ Buprenorphine utilized in both detox and maintenance
 - ▶ Drug of abuse – treatment “downside” similar to Methadone
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Naltrexone

- ▶ Full Antagonist – as Narcan (Naloxone) used to reverse effects of opioid overdose
- ▶ Vivitrol – approved in 1984 as treatment for opioid addiction(also tx for alcoholism)
- ▶ Once monthly injection avoids pitfalls of daily oral dosing
- ▶ Not an opioid or drug of abuse, patient does not handle the medication
- ▶ 7–10 days abstinence from opioids required prior to starting treatment
- ▶ No abstinence syndrome when treatment d/c

Naltrexone (continued)

- ▶ Vivitrol marketed as an adjunct to psychoeducational treatment, not as a “stand alone”
 - ▶ Contraindicated for patients with liver damage (“3x upper limit of normal”)
 - ▶ Acts as a blocker to opioid effects but OD is possible!!!
 - ▶ Does not block effects of cocaine or many other drugs (discuss – 2cases)
 - ▶ In case of medical emergency – standard opioid treatments ineffective, will require alternative analgesics
 - ▶ Some resistance to program implementation comes from prescribers
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MAT Vivitrol Program

- ▶ Approved by Medical Staff.
 - ▶ Appointment arranged at one of two community clinic/drug treatment programs.
 - ▶ Must sign up for continued counseling.
 - ▶ First injection three days before release.
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Barnstable MAT Results

Since April 2012,

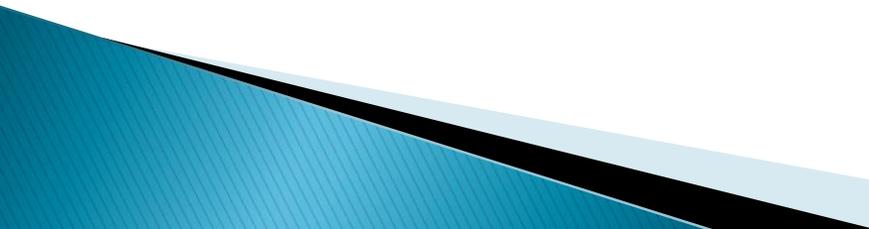
114 Inmates released after Vivitrol Injection
78% showed up at community treatment
provider

On Average: Stayed on Vivitrol for 5 months
Half completed or remained in treatment or
continued abstinent in community up to 3
years.

18% reincarcerated

5 deaths (3 overdoses, 1 suicide & 1 murder)

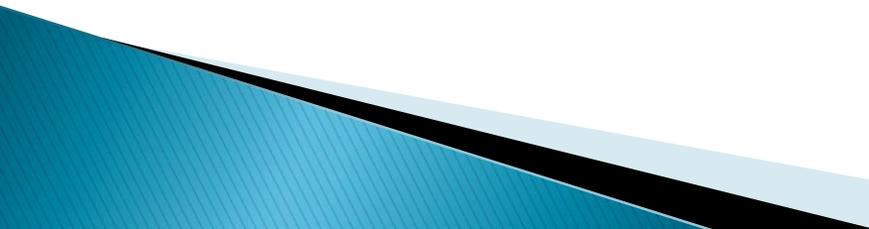
SCOPE OF PROBLEM

- ▶ The number of accidental drug overdose deaths in Dutchess County increased 31% from 2014 to 2015
 - ▶ There were 59 accidental drug overdose deaths in DC in 2015, 14 more than in 2014
 - ▶ The number of opioid deaths rose 47% across NYS between 2010 and 2014
 - ▶ The number of ED visits for non-fatal heroin OD in DC tripled between 2010 – 2014
 - ▶ The rate of ED visits in DC for non-fatal heroin OD was nearly 2X the regional average 2010–2014
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SOME PROBLEMS RELATED TO METHADONE TREATMENT

- ▶ Diversion – drug of abuse
 - ▶ Cross addiction (discuss – 2 cases)
 - ▶ Attempt to “boost” effect with benzodiazepines
 - ▶ Requires daily clinic visit
 - ▶ Abstinence syndrome if treatment d/c (“worse than heroin”)
 - ▶ Difficult to treat if emergency medical analgesic needed
 - ▶ Inconsistent with 12–step and abstinence only treatment culture (zero tolerance)
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SCOPE OF PROBLEM (Continued)

- ▶ Most DC overdose deaths involve a mixture heroin or other opioids with prescription or street drugs
 - ▶ Rates of opioid abuse and dependence, including heroin, are highest amongst 20–29 year olds
 - ▶ Individuals released to community after short term treatment or incarceration are at high risk
 - ▶ Ex-inmates are at 129 times greater risk of OD in the first 2 weeks after release compared to general population(Binswanger, 2007)
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WHAT WE ARE DOING NOW

- ▶ Methadone MTP – LCR clinic North Road, 263 patients in tx (over capacity), wait list, has applied for capacity increase (Newburgh, Kingston MTP'S– at capacity)
- ▶ Narcan – DBCH OD Prevention Program 2015: 145 LEO's trained; 419 community members trained; 55 IM kits distributed; 45 intranasal distributed
- ▶ Dept. aware of 32 Narcan administrations using DBCH provided kits (incomplete #'s)

WHAT WE ARE DOING NOW (Cont.)

- ▶ Vivitrol – DCJ pilot program. Patients receive first injection while incarcerated; follow up treatment provided by DBCH
 - ▶ Community Providers – better standardization of curricula, more evidence based practice; continue coordination with CJ system
 - ▶ MAT – results are promising but only ONE facet of a comprehensive program!
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