Law Enforcement & Corrections Track

Treatment Matters: Best Practices for Treatment in Drug Courts and the Criminal Justice System

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Moderator: David Tapp, JD, MS, Judge, 28th Judicial Circuit of Kentucky, and Member, National Rx Drug Abuse & Heroin Summit Advisory Board
Disclosures

- Cara Poland, MD, MEd, FACP, FASAM; Terrence Walton, MSW; and David Tapp, JD, MS, have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.
Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Learning Objectives

- Describe the use of medication assisted treatment in state correctional institutions
- Describe supportive programming and services to improve success of medication assisted treatment in correctional institutions.
- Explain how to address challenges to implementing medication assisted treatment programs in correctional institutions.
Treatment Matters: Best Practices for Treatment in Drug Courts and the Justice System

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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.

- American Society for Addiction Medicine
Definition

Addiction is characterized by:

- Inability to consistently **Abstain**.
- Impairment in **Behavioral control**.
- **Craving** or increased “hunger” for drug or rewarding experience.
- **Diminished** recognition of one’s behavior and impact on self and others.
- **Dysfunctional** Emotional response.

- American Society for Addiction Medicine
Neurobiology: Nucleus Accumbens

- “The GO Center!”
- Pleasure Center
- Responds to:
  - Dopamine
  - Drugs
  - Food
  - Sex
- Sends reinforcing signals to the frontal cortex
Neurobiology: Ventral Tegmental Area

- The “Gas Tank”
  - Supplies dopamine to the Nucleus Accumbens
- Dopamine is our “feel good” brain chemical
Affect
Affect

It is our affective response to the images that cause our body to respond “unconsciously” to the stimulus of seeing the different foods.
Neurobiology: Frontal Cortex

- The “CEO”: puts the BRAKES on!
  - Not fully developed until late 20’s
    - Average age of first use: 12
Neurobiology: Information Flow

- Analgesia with circumcision:
  1. Numb with local anesthetic
  2. Sugar water solution
Brain Changes

Disruption in Brain Circuits Involved in Reward and Punishment

Control

Cocaine Abuser
Addiction “Hijacks” the Brain

- The CEO is unable to STOP the information flow and the “immature” areas of the brain take over.
- If the frontal cortex is not developed at onset of use, it remains underdeveloped.
Recovery

Recovery is a sustained change process through which individuals improve their health and wellness over time...NOT a one-time all-or-nothing event.

Through the recovery process brain chemistry stabilizes and the brain heals behavioral control and emotional regulation improve, positive social relationships are formed, and greater stability in daily life is achieved.
MANY PATHWAYS to recovery

Everyone is different. What may work for one of us might not work for another. It’s time to stop portraying one pathway as better than another. Those in need should receive the care that’s right for them.

MAT
- can include methadone, buprenorphine (Suboxone, Subutex, etc.), Naltrexone (Vivitrol), and more

FAITH-BASED
- support found in the faith community or through groups like Celebrate Recovery

4 EXAMPLES
- traditional support groups like the 12-step fellowships or SMART Recovery
- improving health and wellness through clean syringe access, moderation management, herbal replacement and more

ABSTINENCE

HARM REDUCTION

#Rx Summit  www.NationalRxDrugAbuseSummit.org
Common Definitions

Recovery

Theory

Reality
The Collaboration: Justice and Health

Personal Health

Public Health

Personal Safety

Public Safety
Collaboration

- Effective collaboration *works* when there is:

  *Respect for others’ professional roles, expertise, perspectives, and priorities*
Comparing Systems

- **Drug Court**
  - Judge
  - Treatment Counselor
  - Probation Officer
  - Coordinator

- **Medical Office**
  - Doctor
  - Social Worker/Therapist
  - Nurse/Medical Assistant
  - Front Desk Staff
Comparing Systems

Communication…

- From the Courts…
  - Judge rarely communicates directly with the medical providers
  - Treatment counselor, coordinator, or probation officer communicates with the medical team

- From the Doctor’s Office…
  - Physician rarely communicates directly with the court members
  - Nurse / MA / Social Worker communicates with the courts
What Drug Courts ARE

- Specialized problem-solving, multi-agency, multi-disciplinary interventions, led by a judge, magistrate or other judicial officer
- Adult and juvenile offenders/defendants with substance use and/or mental health disorders
- Parents with substance use disorders who have pending child welfare cases
Why Drug Courts EXist

➢ To assist justice system-involved individuals who have behavioral health conditions experience long term recovery
  ● Save lives
  ● Reunite Families
  ● Protect Communities
  ● Save Money
What Drug Courts Do

- Treat and Supervise High Risk, High Need Participants
- Provide Evidence-Based Treatment & Social Services
- Provide Community Supervision, Drug Testing, Case Management
- Administer Incentives and Sanctions
- Grant Favorable Criminal Justice Outcomes for Graduates
- Abide by Adult Drug Court Best Practice Standards
Drug Courts Work

- When matched to comparable offenders during a 2010 NIJ multi-site drug court evaluation, drug court participants were significantly less likely to relapse to drug use and those who did relapse used less and recovered more quickly.
- Drug court participants committed significantly fewer criminal acts after participating in program than the comparison group.
- Drug court participants experienced significantly less family conflict; were more likely to be enrolled in school; and needed less assistance with employment or financial issues.
The Drug Court Approach

Court Monitoring

Incentives & Sanctions

CBT MiAT ODP

Community Supervision & Drug Testing

Clinical Case Management
Medication in Addiction Treatment

The use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.
Treatment

- Three FDA approved medications
- Studies show that medications are clinically effective in reducing drug use and promoting recovery
FDA Approved MiAT Opportunities

<table>
<thead>
<tr>
<th>Generic</th>
<th>Name Brand</th>
<th>Condition Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>Dolophine, Methadose</td>
<td>Opioid</td>
</tr>
<tr>
<td>Buprenorphine/Naloxone</td>
<td>Suboxone / Zubsolv /Bunavail</td>
<td>Opioid</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Vivitrol</td>
<td>Opioid (Alcohol)</td>
</tr>
</tbody>
</table>

- FDA-approved medications treat the biological component of the disease by stabilizing the brain structures
- 30% of treatment programs currently offer medication
  - Less than $\frac{1}{2}$ of eligible patients receive medications
Those receiving medications as part of their treatment are 75% less likely to die because of addiction than those not receiving medications.
Drug Courts and MiAT

- 2012 study reported the following percentages of drug courts offering MiAT:
  - 76% of urban courts
  - 58% of suburban courts
  - 45% of rural courts
  - Cost and availability were the biggest barriers
- A drug court participant is 10 times more likely to receive MiAT than others on probation or parole
- A drug court participant is 5 times more likely to receive MiAT than a typical patient in substance use disorder treatment
The Barriers
The Barriers

Access
Awareness
Attitudes
Treatment Gap

Rate of Past Year Opioid Abuse or Dependence* and Rate of Medication-Assisted Treatment Capacity with Methadone or Buprenorphine

Rate per 1,000 persons aged 12 years and older

Rate of dependence

- 3.4 - 6.4
- 6.5 - 9.2
- 9.4 - 10.3
- 10.8 - 12.9

Treatment capacity

- 0.7 - 3.0
- 3.2 - 4.3
- 4.4 - 7.2
- 7.3 - 16.5

*Opioid abuse or dependence includes prescription opioids and/or heroin

Access Barriers

- Not enough providers
- Limited numbers = waiting lists
- Coverage limitations
- Utilization management processes

The biggest obstacles in our lives are the barriers our mind creates.
The Solutions
Telehealth in Addiction

- Potentially powerful tool to help treat more remote areas
  - There are approximately 2,300 ABMS-certified addiction specialists (addiction psychiatry plus addiction medicine) in the United States
- Collaborative models where a local provider is managing with back-up via clinical expert
- Depending on individual State laws, can be provided in non-clinical settings – meaning patient could be at the courthouse and telehealth (confidentially) with their provider
- … opportunity for creativity
Coming Soon:
NEW NADCP & ASAM Resources

- Three New MiAT Pocket Guides:
  1. *A Drug Court Clinician’s Guide for Linking People to Opioid Treatment Services in Outpatient Offices, Clinics and Opioid Treatment Programs (OTP)*
  2. *A Drug Court Team Member’s Guide for Linking People to Opioid Treatment Services in Outpatient Offices, Clinics and Opioid Treatment Programs (OTP)*
  3. *Understanding Medication in Addiction Treatment for Drug Court Participants, Families and Friends*

- New NADCP/ASAM webinar series on assessment, planning, and adherence in treatment courts
Overdose Prevention in Drug Courts
Overdose Prevention in Drug Court

1) Drug court educates participants, family members, and close acquaintances about avoiding or reversing overdose.

2) Drug court supports local efforts to teach Drug Court personnel, probation officers, law enforcement and other first responders to lawfully, safely, and correctly use overdose reversal medications like naloxone.
Overdose Prevention Card created by a Minnesota Drug Court for participants Following a fatal Heroin overdose

**HEROIN OVERDOSE PREVENTION**

Heroin can be especially deadly for people who have had a period of sobriety and relapse. **DO NOT USE HEROIN.**

Heroin risk factors include:

- Taking heroin or other opiates with other drugs, especially alcohol and benzodiazepines (Klonopin, Xanax, Ativan, Valium, etc.) can be deadly
- Using alone can be deadly

An overdose plan can save someone’s life. Access to naloxone (marketed under the name NARCAN), can counteract the effects of a heroin overdose within minutes. Training in how to use NARCAN is available.

**If someone is overdosing on heroin, CALL 911.** “Steve’s Law” provides limited immunity to people who call 911 in good faith to save a life. Steve’s Law also provides limited immunity to the person experiencing the overdose as well.
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THANK YOU

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