# Treatment for Addiction in the Community Reduces Drug Use, Crime and Recidivism

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"The takeaway from the CDCR report should be that the public and leaders at all levels of government should get past doomsday rhetoric about realignment and work with counties to attack the link between drugs and crime."

> Editorial: Realignment hasn't caused a crime wave Sac Bee, May 28, 2013





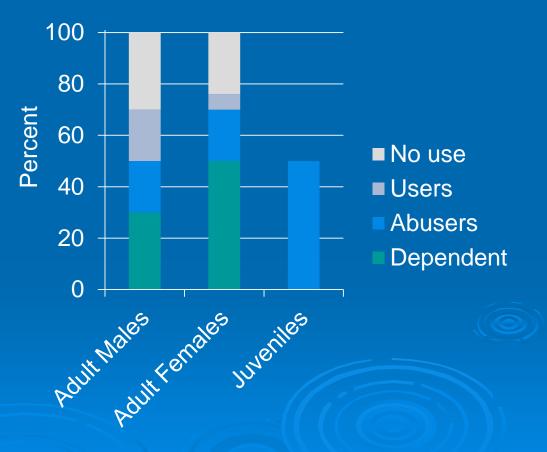
Individuals involved in the criminal justice system have very high rates of alcohol and drug use.





## Severity of Substance Abuse Disorders Among Inmates

- > 70-80% inmates have used illegal drugs
- Adults--31% Males, 52% Females need intensive tx services
- 53% meet criteria for abuse/dependence
- Juveniles—50% need services

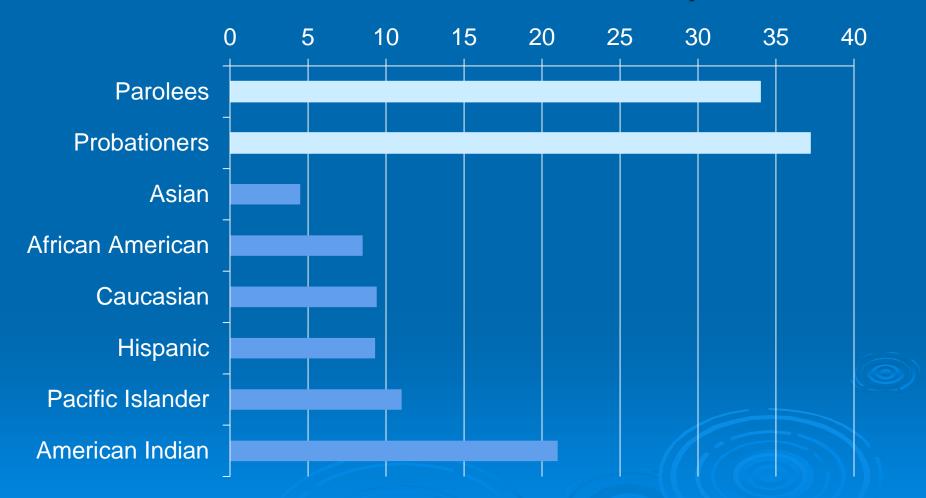




Belenko & Peugh (2005)



### Justice-Involved 4 Times More Likely to Have SUD Than General Population





National Household Survey on Drug Use and Health, 2005.



#### Co-Occurring Disorders Common among State Inmates

	NO PROBLEMS	DRUG ABUSE/ DEPENDENCE ONLY	MENTAL HEALTH DISORDER ONLY	DRUG ABUSE/ DEPENDENCE & MENTAL HEALTH DISORDER
TOTAL INMATE POPULATION	29.6%	22.0%	17.8%	30.6%
OFFENSE TYPE				
VIOLENT	32.9%	18.8%	21.0%	27.3%
DRUG	26.1%	28.5%	11.7%	33.7%
NON-VIOLENT NON-DRUG	26.3%	22.9%	16.7%	34.1%



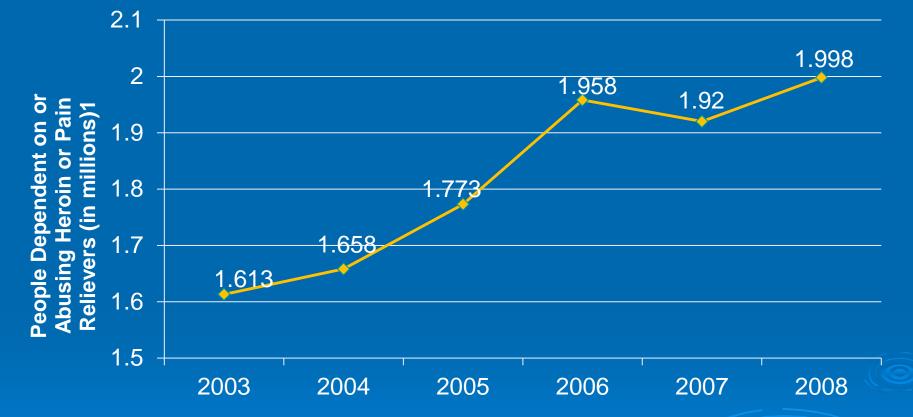


#### A Focus on Opiate Use





## Opioid Dependence is a Growing Public Health Concern in the US



> 65% of jail and prison population meet criteria for a substance use disorder

23% have a history of opioid use (heroin and prescription painkillers)

People age 12 or older dependent on or abusing heroin or pain relievers. Growing Incidence of Opioid Dependence in the US, 2002-2008. SAMHSA NSDUH 2008, p. 268



## Treating Addiction in the Criminal Justice Population is Cost-Effective



The cost of methadone treatment averages around \$5,000 a year, compared to approximately \$24,000 for State and Federal prisons to keep people confined. Reducing the number of people incarcerated for drug use can net huge savings in economic and social costs.





Principles of Drug Abuse Treatment for Criminal Justice Populations. (2012). NIDA. NIH Publication No. 11-5316



### Treatment Approaches for Offenders Need to Use Contemporary Evidence-Based Practices





#### Addiction Treatment in 2013

- What do the following things have in common:
  - Audio Cassette Tapes
  - Telephone Answering Machines
  - Electric Typewriters
  - TV Shows: The Love Boat and Fantasy Island
  - Addiction treatments currently used in the California criminal justice system







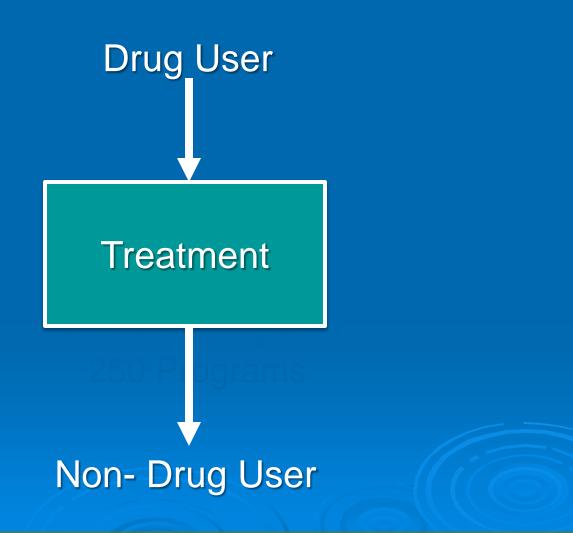


#### They all belong to the 1970s



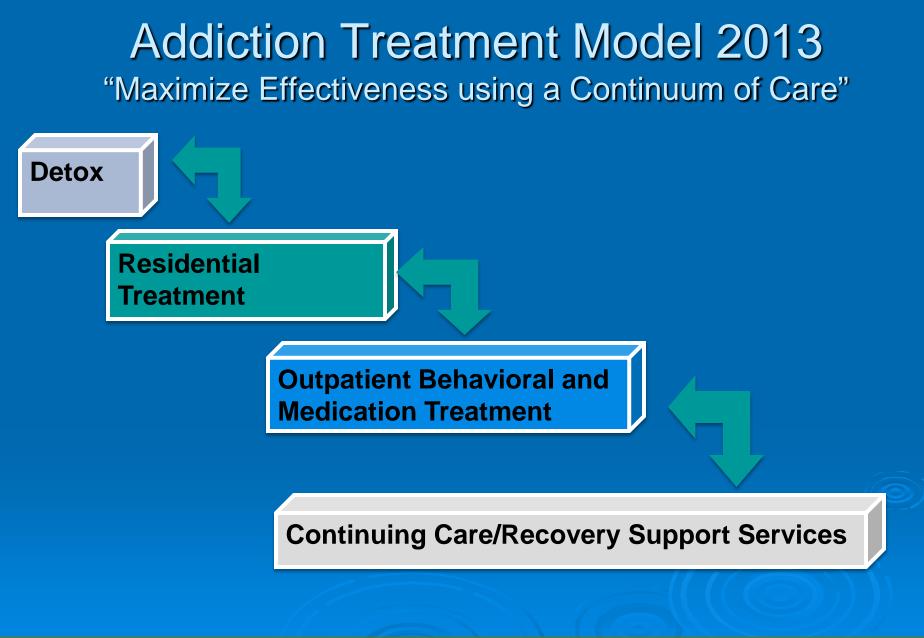


#### Addiction Treatment Model 1975 "Put them in a box and cure them"





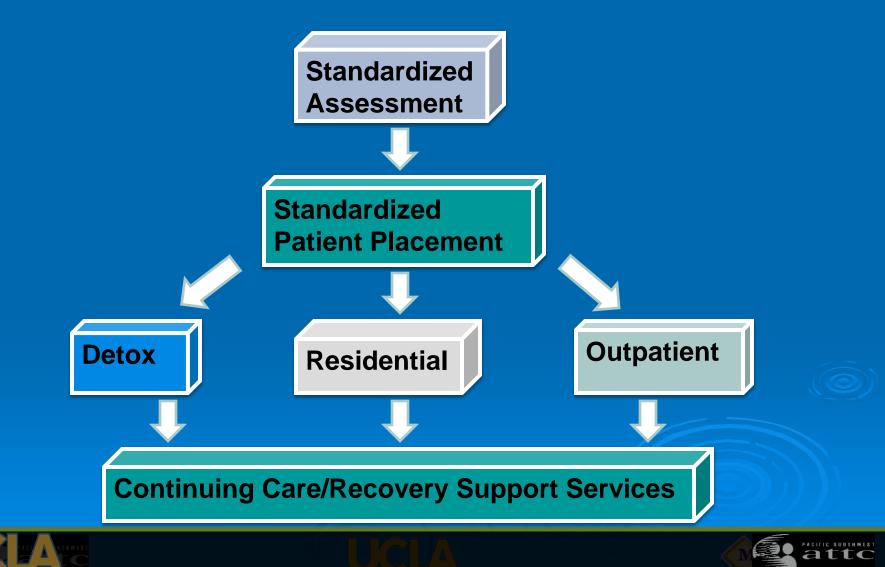








#### Standardized Assessment and Patient Placement



#### The Role of Medication Assisted Treatment (MAT)





### Major Advancements in SUD Treatment

Methadone treatment has been acknowledged by the UN and WHO as an essential medication and the most effective treatment for opiate dependence currently available.

Over the last decade, the FDA has approved two new medication for the treatment of substance use disorders:

- Buprenorphine (Suboxone)
- Extended-release Naltrexone (Vivitrol)

The vast majority of scientific evidence documents the effectiveness of MAT in treating opioid addiction







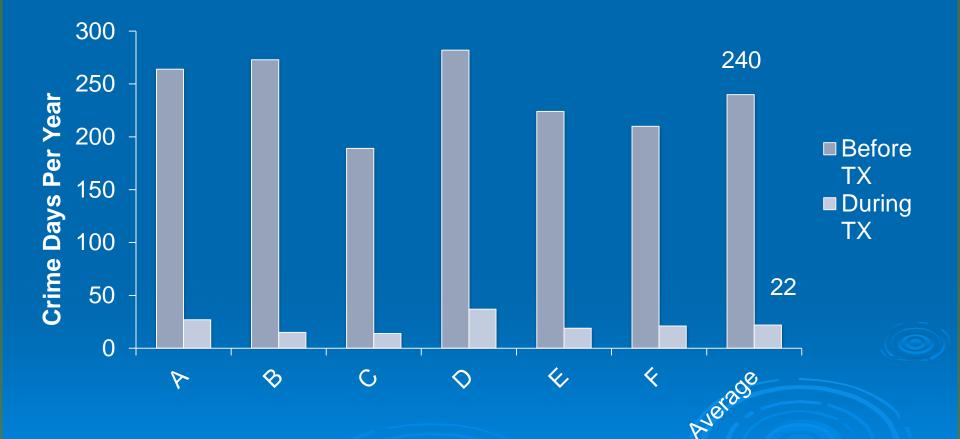
### Methadone

- Orally active synthetic µ agonist which blocks euphoria.
- Long half-life, slow elimination
- Effects last 24 hours; once-daily dosing maintains constant blood level
- Prevents withdrawal, reduces craving and use
- Clinic dispensing limits availability



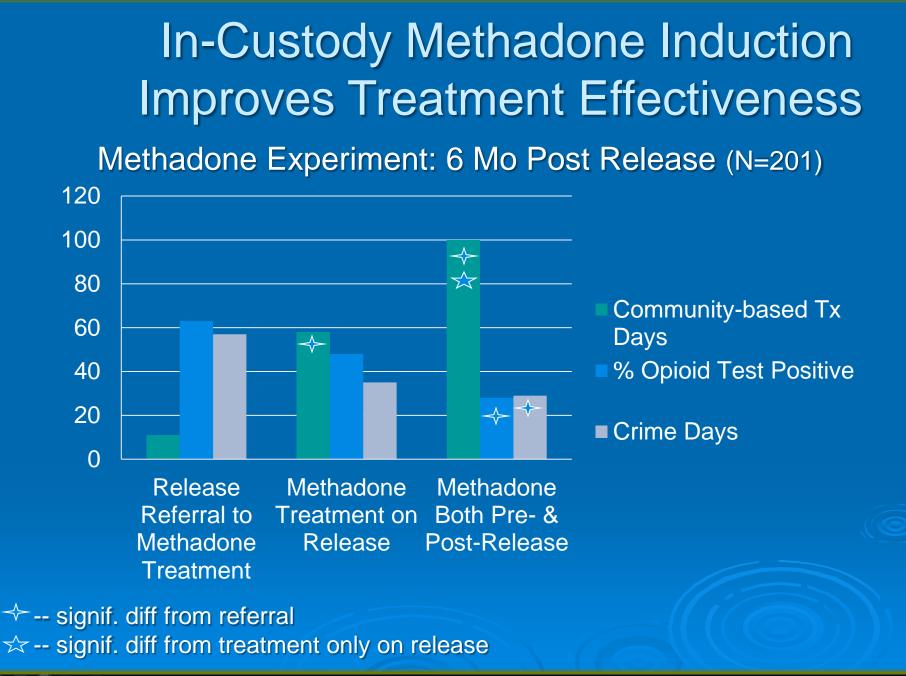


### Crime Among 491 Patients Before And During MMT at 6 Programs



Adapted from Ball & Ross - The Effectiveness of Methadone Maintenance Treatment, 1991 Opioid Agonist Treatment of Addiction - Payte - 1998



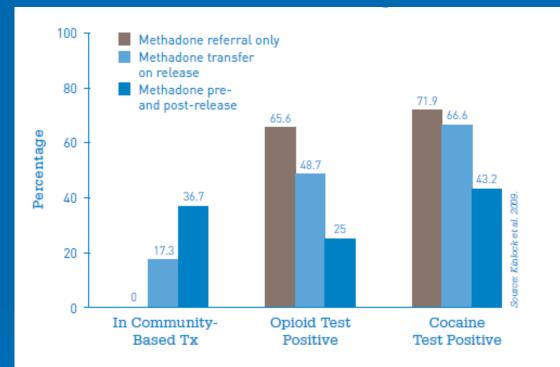


UCLA

Gordon, M.S., Kinlock, T.W., Schwartz, R.P., O'Grady, K.E. (2008).



#### In-Custody Enrollment in Methadone Treatment



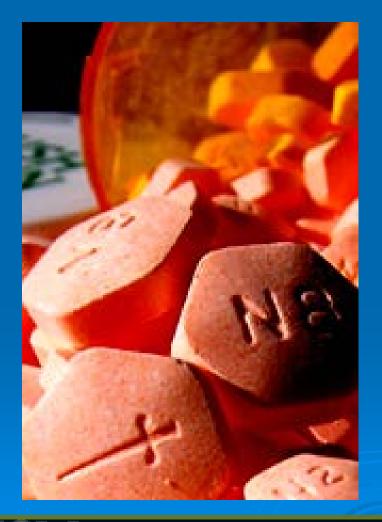
At 12 months post-release, offenders who had received methadone treatment in prison and continued it in the community were significantly more likely to enter and stay in treatment and less likely to test positive for opioid and cocaine use than participants who received counseling and referral to methadone, or those who received counseling with transfer to methadone maintenance upon release.



Principles of Drug Abuse Treatment for Criminal Justice Populations. (2012). NIDA. NIH Publication No. 11-5316



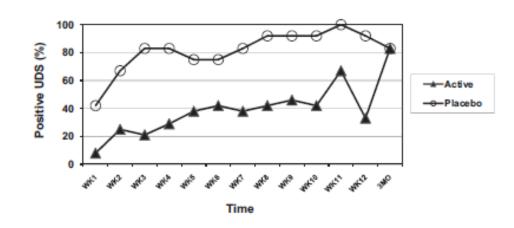
#### Buprenorphine



- Partial opioid agonist with limited potential for overdose
- Minimal subjective effects (e.g., sedation) following a dose
- Available for use in office settings
- Lower level of physical dependence
- Suboxone <sup>®</sup> limits diversion by causing severe withdrawal symptoms in addicted users who inject it to get "high."



### Buprenorphine For Women in the Criminal Justice System



Note: WK = Week; Weeks 1-12 is treatment phase; 3MO= 3 month follow-up; all WK 1-6; 8-12 p's <0.05; WK7 and 3MO p's = ns. Chi-Square analyses were used to calculate p-values at each time point. GEE was used for the overall significance testing of the model.

Fig. 2. Percentage of positive urine drug screens by time and treatment condition (n= 36).

Opioid-dependent women who were given active buprenorphine over a 12-week intervention period had lower relapse rates after returning to the community than those who did not receive medication.



Cropsey, et al. (2011). Results of a pilot randomized controlled trial of buprenorphine for opioid dependent women in the criminal justice system. *Drug and Alcohol Dependence, 119*, 172-178



#### Extended Release Naltrexone

- > Opiate antagonist available in tablet or extended-release injection form (Vivitrol<sup>®</sup>).
- This medication is an effective opioid treatment with few side effects
- Naltrexone treatments are an especially promising therapy for opiate dependence with correctional populations because of the low abuse liability and lack of euphoria associated with this treatment.



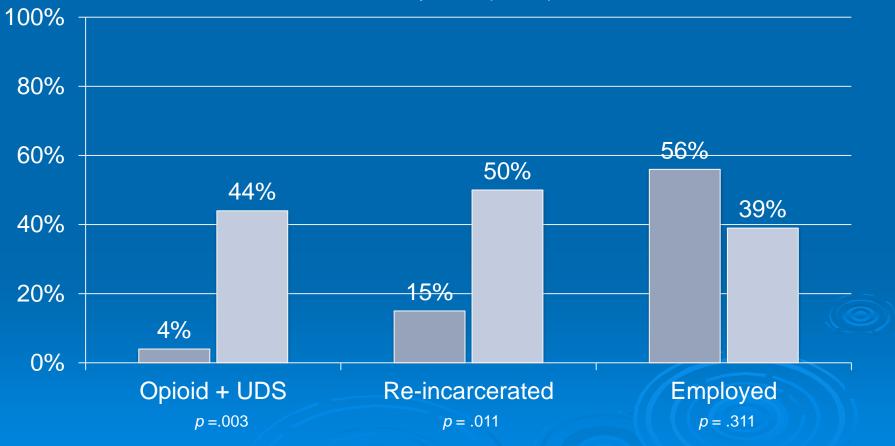


Cropsey, et al. (2005). Pharmacotherapy Treatment in Substance-Dependent Correctional Populations: A Review. Substance Use & Misuse, 40, 1983-1999.



### Six Month Treatment Outcomes All Sites

Completer (n=27)Non-completer (n=13)





Coviello et al., In Press



## Comparative Evidence Base of MAT for Opioid Dependence

- Despite the success of agonist treatments such as methadone and buprenorphine, few offenders receive these treatments
- Criminal justice system has not been favorable to agonist treatments

	Efficacy	Community Effectiveness	<b>CJS</b> Feasibility	CJS Effective	CJS Adoption
Methadone	+ + + +	+ + +	+ + +	+ +	+
BUP-NX (buprenorphine)	+ + + +	+++	+ +	+	+
XR-NTX	+ +	+ +	+++	++	?





#### Recommendations

#### Make all Addiction Medications <u>Pharmacy</u> <u>Benefits</u>

- Include Methadone Maintenance as a benefit for all individuals with opioid addiction (in the exchange plans)
- Have CDC and county jails employ proactive enrollment of patients in MAT before release





#### Recommendations

#### Support AB Bills:

 AB 395 – To allow residential SUD treatment programs licensed by the department to include on-staff physicians knowledgeable of addiction medicine as part of a multidisciplinary healthcare team

- AB 720 To require counties to designate an individual or agency to enroll into Medi-Cal certain individuals held in county jail, consistent with federal requirements
- AB 889 Would require a plan or insurer to have an expeditious process in place to authorize exceptions to step therapy when medically necessary, and to conform effectively and efficiently to continuity of care



