Medication Assisted Treatment and Complex Issues facing Drug Courts

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New England (HHS Region 1)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Moderator:

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Disclosures

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New England Association of Drug Court Professionals

- The New England Association of Drug Court Professionals is a nonprofit consortium of drug treatment court professionals from six states (CT, RI, MA, NH, VT, ME)
- We exist to: Address critical current and emerging issues confronting drug treatment courts through high-quality training and TA
- Promote regional coordination to address challenges common in New England drug treatment courts and develop responsive pro-active policies and practices
- Provide a central forum and repository of resources relevant to the development, operation, and administration of drug treatment courts
- www.NEADCP.org

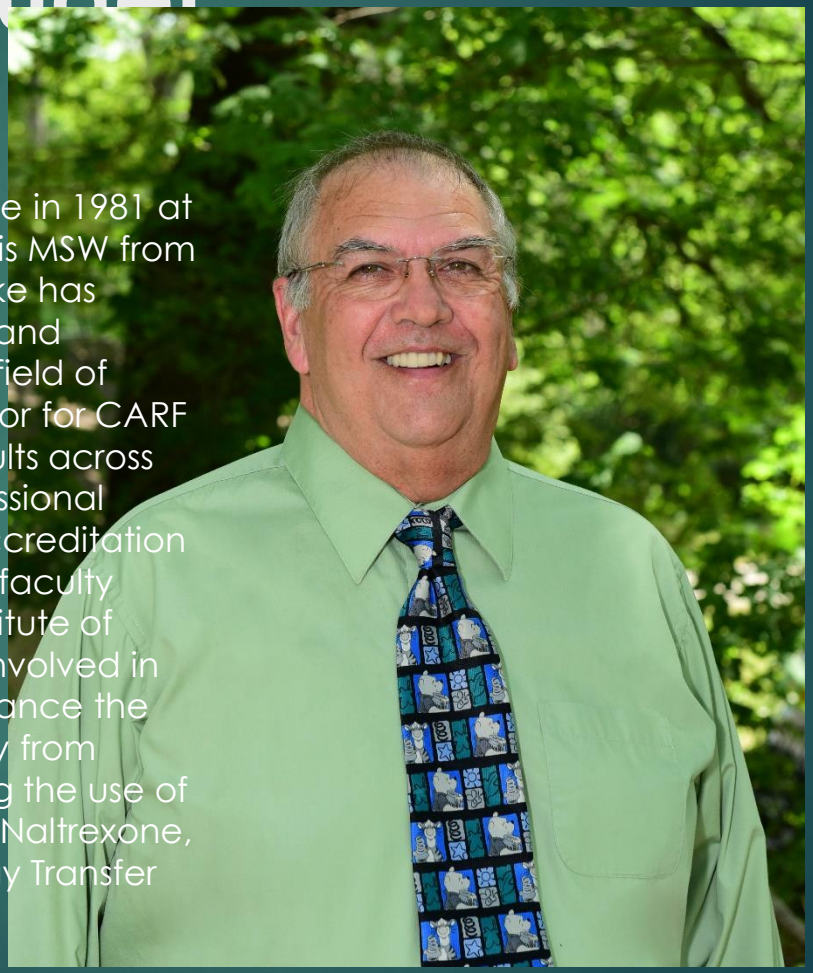
In the Previous Two Sessions….

- **Linda Hurley,** CEO, CODAC Behavioral Health Care, Inc., provided an Introduction to Medication Assisted Treatment (MAT) and Drug Court Systems, with information on what Opioid Use Disorder (OUD) is, what the medications are that treat OUD, how those medications work, and how they will benefit Treatment Courts
- **Eric Haram**, LADC, detailed the gaps in access to Medication Assisted Treatment (MAT) and the stigma that results in poor response in Treatment Capacity and in General Medical Settings on our second webinar titled Opioid Use Disorder, MAT, and Stigma: The impact of Stigma on Drug Court Participating Accessing MAT

In This, the Third and Final Session of the Series…

- Periodically, members of Treatment Courts are faced with situations that could indicate that a person with a Substance Use Disorder (SUD) is inappropriate or ineligible for MAT or they could at least lead to some debate as to what would be the most effective course of action
- This includes, but is not limited to, persons with co-occurring psychiatric conditions, persons with co-occurring SUDs involving other types of drugs, and persons who are under the age of 21

Michael Gaudet LICSW



earned his undergraduate degree in 1981 at Bridgewater State College and his MSW from Rhode Island College in 1984. Mike has extensive clinical, management and administrative experience in the field of behavioral health and is a surveyor for CARF International. He trains and consults across the country on clinical and professional growth topics, including CARF accreditation preparation and, since 1986, is a faculty member of the New England Institute of Addiction Studies. He has been involved in several projects designed to advance the use of medication in the recovery from substance use disorders, including the use of Methadone, Buprenorphine and Naltrexone, through the Addiction Technology Transfer Center of New England.

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Focus of this Webinar

- On the surface it may seem counterproductive to recommend MAT for individuals with chronic pain or other co-occurring medical conditions, especially since they may be prescribed narcotics to alleviate pain. Equally true, pregnant women may be perceived as unlikely candidates for MAT because of fear of the medications' potential effects on fetal development

Yet, neither of these conditions are exclusionary!!!

- This webinar will examine these two common complexities and explore the rationale that supports referral to MAT

Objectives

- Participants will be able to state:
  - Three or more complex considerations when working with an individual with OUD and chronic pain,
  - Three or more complex considerations when working with a pregnant woman with OUD,
  - The rationale for referral to MAT

Co-occurring Medical Condition: Chronic Pain

- In 2010, in a large health facility on the West Coast, a formal review of admissions revealed that there was a significant increase in 19 common health conditions, such as chronic pain, among persons with a history of SUD, including OUD
- Limitation of the review: it did not determine what the relationship was between the health condition and SUD. Did the SUD result in the person developing the health condition, or did the health condition lead to the use of substances to self-medicate which resulted in developing a SUD?
- The study also suggested that persons with a SUD had a greater 10-year Mortality Risk than those without a SUD, which certainly supported the provision of intervention and care
- Those with OUD had the greatest risk of death

1. NIDA Notes. Eric Sarlin. 10/24/17

Co-occurring Medical Condition: Chronic Pain

Substance Use Disorder	Medical Condition
Alcohol use disorder	Cardiovascular diseases Cancers Cirrhosis Injuries Stroke
Opioid use disorder	Arthritis Chronic pain Headache Hepatitis C Musculoskeletal disorders Opioid-related overdoses
Cannabis use disorder	Cardiovascular diseases Lung cancer Respiratory deficits

3. NIDA Notes. Eric Sarlin. 10/24/17

Co-occurring Medical Condition: Chronic Pain

- Additional medical conditions associated with OUD:
  - Endocarditis
  - Necrotizing Fasciitis
  - Wound Botulism
  - MRSA (Methicillin-resistant Staphylococcus aureus)
  - Tuberculosis
  - Sexually Transmitted Diseases
  - Hepatitis A, B, C
  - HIV/AIDS

Co-occurring Medical Condition: Chronic Pain

- Prevalence
  - 52% of veterans with an OUD who were seeking treatment complained of moderate to severe chronic pain
  - 37%-61% of patients taking methadone for OUD present having chronic pain
- Tolerance for pain for persons with OUD is less than in general population
- The presence of chronic pain is not an indicator of poor treatment outcomes for persons with OUD seeking MAT

Conventional and non-conventional pain treatment utilization among opioid dependent individuals with pain seeking methadone maintenance treatment: A needs assessment study. Declan T. Barry, Ph.D. Mark Beitel, Ph.D. Christopher J. Cutter, Ph.D. Dipa Joshi, B.A., Jean Falcioni, Ph.D. and Richard S. Schottenfeld, M.D. American Journal of Addictions. 2009.

Co-occurring Medical Condition: Chronic Pain

- Common Misconceptions:
  - Methadone Maintenance for OUD provides sufficient pain relief
  - Buprenorphine is a pain-relieving medication, so Buprenorphine Maintenance for OUD is sufficient alone for pain relief
  - If you are prescribed Vivitrol, you cannot effectively treat pain
  - Using prescribed opioids to relieve pain will result in OUD relapse
  - Combining opioid pain-relieving medications with MAT may cause respiratory and central nervous system depression
  - The pain complaint is probably a manipulation to obtain medications in order to feel 'high'

Co-occurring Medical Condition: Chronic Pain

- Common Truths:
  - Any pain is a potential life-stressor
  - A person on MAT who has untreated pain may be predisposed to relapse
    - May return to the street to purchase diverted prescription or illicit drugs,
    - May use legal drugs such as alcohol to anesthetize to the pain

Co-occurring Medical Condition: Chronic Pain

- Patient: Doc, my back is killing me
- Doctor: Let me check your blood pressure
- Patient: Yeah, but Doc, my back is killing me
- Doctor: Blood pressure seems fine, bend over so I can check your prostate.
- Patient: DOC! I am in excruciating pain!!!
- Doctor: Nurse, come change the dressing on his arm

- Some people, especially those who are known to be on MAT,

  just aren't heard.

Co-occurring Medical Condition: Chronic Pain

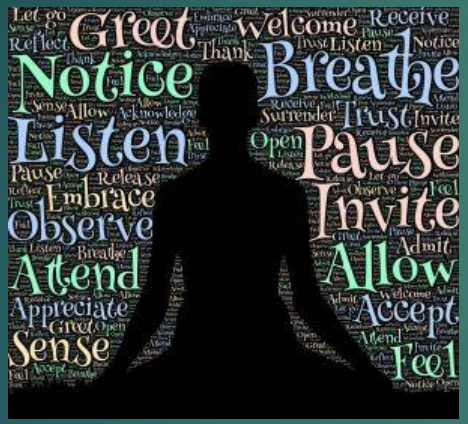
- **Pseudoaddiction:** A condition resembling drug addiction, due to drug-seeking behavior, caused by under-prescription of medications to treat pain in the patient, causing them to seek more. Three stages of pseudoaddiction:
  - Stimulus: pain exists and warrants pain-relieving medication but dose is insufficient
  - Escalation: try to convince the prescriber of the need for medication in order to obtain Rx
  - Crisis: engage in increasingly bizarre drug-seeking behaviors, leading to "a crisis of mistrust" with anger and isolation by the patient and frustration and avoidance by the health care team

https://www.mdedge.com/psychiatry/article/22399/addiction-medicine/watch-hallmarks-pseudoaddiction; John Femino, MD, 2005

Co-occurring Medical Condition: Chronic Pain

- Best-practice principles recommend, whenever possible, to involve the person's healthcare provider in the coordination of care
- Greater improvement results have been achieved by focusing on the adverse effects of the SUD on the overall health of the person, and to connect engagement in MAT with sustained improvements
- Thorough initial and on-going assessment of the person's history and needs is critical in gaining insight into the etiology of the person's medical and substance use disorders and determining an appropriate plan of action

Co-occurring Medical Condition: Chronic Pain



- Chronic pain is reportedly more difficult to treat than acute pain for persons with OUD
- Persons typically have a history of multiple surgical procedures, unsuccessful pain treatment and increased drug abuse
- Pain clinics offer a broad spectrum of interventions that should be considered in addition to MAT. These include biofeedback, acupuncture, behavioral management and other procedures

Co-occurring Medical Condition: Chronic Pain

- Methadone and Chronic Pain
  - As mentioned earlier, a common misconception is that a person maintained on a stable dose of methadone does not require additional pain-relieving medication
  - Person prescribed methadone develops a tolerance to their stabilizing dose and receive little to no analgesic effects
  - Federal regulations allow Opioid Treatment Programs (OTPs) to dose only once a day which is adequate to prevent withdrawal but not to relieve pain
  - The same steps that are followed for people who do not have an OUD should be followed for OTP patients with chronic pain
  - A diagnosis of pain should lead to attempts to alleviate pain with non-medication therapies and/or non-narcotic medications
  - Opioid medications could be considered only if an assessment indicates that these medications are likely to be safe and effective, and taken in a responsible way over time

Co-occurring Medical Condition: Chronic Pain

- Buprenorphine and Chronic Pain
  - There are few data or clinical guidelines available to advise as to the effectiveness of treating chronic pain while prescribed a maintenance dose of Buprenorphine to treat OUD
  - Persons with chronic pain may not be a good candidate for MAT with Buprenorphine because of the medication's ceiling effect
  - Sublingual tablets (Suboxone, Subutex, Zubsolv, etc.) are not FDA-approved for the treatment of pain and would have to be prescribed off-label.
  - However, FDA Buprenorphine preparations for pain treatment include a patch: Belbuca Patch

Co-occurring Medical Condition: Chronic Pain

- Vivitrol and Chronic Pain
  - Since Vivitrol is an antagonist medication that blocks opioids from activating opioid receptors (innate pain-relieving process), suggestions for pain management include regional analgesia or the use of non-opioid analgesics for those on MAT with Vivitrol
  - Persons prescribed Vivitrol should inform all healthcare providers, especially in the event of injury and chronic pain
  - Persons can download a Vivitrol Pain Management Card that they would carry with them in case of emergencies. Available at Vivitrol.com
  - Vivitrol can assist in pain relief by reducing inflammatory process associated with pain
  - If opioid therapy is required, it should be administered by specially trained healthcare providers and the patient should be monitored closely

Noon K, Sturgeon J, Kao M, et al. A novel glial cell inhibitor, low dose naltrexone, reduces pain and depression, and improves function in chronic pain: a CHOIR study. Poster 418 presented at: Annual Meeting of the American Pain Society; May 11-14, 2016; Austin, Texas.
Younger, J., Parkitny, L., & McLain, D. (2014). The use of low-dose naltrexone (LDN) as a novel anti-inflammatory treatment for chronic pain. *Clinical rheumatology*, *33*(4), 451–459. doi:10.1007/s10067-014-2517-2

Co-occurring Medical Condition: Chronic Pain

- Joan is a 28 year old Caucasian woman who presents at Drug Court with a charge of breaking and entering and drug possession. She tested positive for heroin at the time of her arrest
- Her history of OUD began 5 years earlier with misusing her prescribed opioid medication for a chronic pain disorder. Joan reports that her chronic pain is the result of a car accident (when she was 21 years old) in which she had sustained serious injuries to her back and neck that continue to interfere with her quality of life. (Confirmed by ER records)

Co-occurring Medical Condition: Chronic Pain

- Four years ago, Joan's prescriber became concerned about her misuse of prescribed opioids evidenced by her frequent requests for increase in potency and accelerated requests for refills. The prescriber subsequently stopped providing prescriptions
- After several failed attempts to find a prescriber who would treat her pain with prescribed opioids, Joan began buying heroin 'and anything else (she) can get (her) hands on'
- Joan has no prior arrest history though she has disclosed attempts to support her 'habit' with prostitution and robbing her 'Johns'. Joan states her current use of illicit opioids is daily IV heroin averaging 5 bags, sometimes a 'little more'

Co-occurring Medical Condition: Chronic Pain

- Should Joan be considered for a referral to MAT? Why? Why not?
- If appropriate for MAT and based on what little you know, which medication do you think would be most effective?

Co-occurring Medical Conditions: Pregnancy

- I'm sorry! I forgot to mention that Joan is three months pregnant
- Should Joan be considered for a referral to MAT? Why? Why not?
- If appropriate for MAT and based on what little you know, which medication do you think would be most effective?

Co-occurring Medical Conditions: Pregnancy

- 12,587 pregnancies among 10,741 women with OUD were evaluated between 2009 and 2015
  - Approximately 44% of these women received no MAT,
  - 27% were prescribed Buprenorphine and
  - 28% were prescribed Methadone
- Less than 50% had behavioral health counseling during pregnancy.
- Prescriptions for Buprenorphine increased during that time while utilization of Methadone decreased slightly.
- A higher percentage of women prescribed Methadone received behavioral health counseling.

Krans, EE, Kim, JY, James AE III, Kelley, D, & Jarlenski, MP. (2019). Medication-Assisted Treatment Use Among Pregnant Women with Opioid Use Disorder. *Obstet Gynecol, 133*(5): 943-951

Co-occurring Medical Condition: Pregnancy

- It may be difficult to identify pregnancy because the early signs (fatigue, headache, nausea, vomiting, etc.) mimic withdrawal symptoms
- Onset of pregnancy may cause an increase in illicit use if it is thought to be withdrawal

Co-occurring Medical Condition: Pregnancy

- Methadone maintenance and Buprenorphine are the treatment of choice for pregnant opioid-addicted women; however, neither are FDA approved for that purpose
- Opioid withdrawal should be avoided during pregnancy
- Vivitrol is FDA pregnancy category C. It is not known whether Vivitrol will harm an unborn baby and is therefore not prescribed

Jones, H. E., Johnson, R. E., Jasinski, R., O'Grady, K. E., Chisholm, C. A., Choo, R. E., & Milio, L. (2005). Buprenorphine versus methadone in the treatment of pregnant opioid-dependent patients: Effects on the neonatal abstinence syndrome. Drug and Alcohol Dependence, 79, 1–10. Retrieved from http:// www.ncbi.nlm.nih.gov/pubmed/15943939 (accessed June 27th, 2019).

Co-occurring Medical Condition: Pregnancy

- Studies have shown the benefits of pharmacotherapy for OUD during pregnancy outweigh the risks of untreated OUD
  - Treatment of OUD helps to block the cyclic withdrawal symptoms associated with misuse of opioids and provide a more stabilized intrauterine environment
  - Untreated opioid addiction is associated with adverse obstetrical outcomes such as low birth weight, preterm birth, and fetal death; untreated opioid addiction often results in continued or relapsing illicit opioid use

Substance Abuse and Mental Health Services Administration. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

Co-occurring Medical Condition: Pregnancy

- Obstetrical Complications associated with use and withdrawal:
  - Placental abruption, intrauterine death, intrauterine growth retardation, placental insufficiency, premature delivery, septic thrombophlebitis, spontaneous abortion
- Medical Complications:
  - Anemia, poor nutrition, increase blood pressure, hyperglycemia, STD's, Hepatitis, Preeclampsia, etc.
  - Be sure to have consent forms to speak directly with OBGYN. If client refuses, document request and subsequent refusal

Co-occurring Medical Condition: Pregnancy

- Barriers to treatment:
  - Legal consequences imposed on women with OUD and their infants
  - Shame during pregnancy and the desire to hide use
  - Misinformation among healthcare professionals
  - Others identified by you?...

Co-occurring Medical Condition: Pregnancy

- Women who are new to MAT for OUD may struggle to adjust to the changes related to pregnancy as well as those related to taking a new medication
- Moving from one medication to another can place the woman at risk of relapse

Co-occurring Medical Condition: Pregnancy

- Polysubstance use is common among pregnant women with a diagnosis of OUD
- Thorough assessment should include:
  - Nature of current use
  - Underlying co-morbidity
  - Physical and psychological functioning
  - Outcomes of past treatment episodes
  - Toxicological screens
- Care Coordination among all healthcare professionals is especially important

Co-occurring Medical Condition: Pregnancy

- Healthcare professionals should discuss:
  - Importance of routine pregnancy testing in clinical work up
  - Benefits of smoking cessation if relevant
  - Importance of weight management and prenatal vitamin regimen
  - Preparation for, and the risks and benefits associated with, breastfeeding
    - Pregnant mothers need to know when they should or should not breastfeed
    - a stable mother being treated for opioid use disorder is encouraged to breastfeed, although there are situations where breastfeeding is not recommended (e.g., the mother is HIV-positive, has tuberculosis, has cracked or bleeding nipples, is hepatitis C-positive, has returned to illicit drug use including cannabis)
  - Enrolling in parenting classes, if relevant
  - The potential need to readjust medication in response to physiological changes during pregnancy
  - The need for continued treatment postpartum

Co-occurring Medical Condition: Pregnancy

- Healthcare professionals should be sensitive to:
  - The potential for depression and other psychiatric conditions
  - Drug interactions that could impact effectiveness
  - Assessing appropriate level of care
  - The impact of some medications such as antidepressants on severity of NAS
  - Medication metabolism increases as pregnancy advances
  - The potential for needing to increase psychiatric medication dose during third trimester

Co-occurring Medical Condition: Pregnancy

- Neo-natal Outcomes:
  - Infants prenatally exposed to opioids have a high incidence of neonatal abstinence syndrome (NAS) characterized by hyperactivity of the central and autonomic nervous systems that are reflected in changes in the GI tract and respiratory system
  - NAS is influenced by type of substances used by the mother, timing and dosage of methadone before delivery, characteristics of labor, nutrition, etc.; However, the severity of NAS does not appear to be impacted by dose level, therefore reduction of maternal dose is unwarranted
  - NAS may be mild and transient, delayed in onset or incremental in severity

Logan, B. A., Brown, M. S., & Hayes, M. J. (2013). Neonatal abstinence syndrome: treatment and pediatric outcomes. *Clinical obstetrics and gynecology*, *56*(1), 186–192. doi:10.1097/GRF.0b013e31827feea4

Co-occurring Medical Condition: Pregnancy

- The most common symptoms of NAS include:
  - Tremors (trembling)
  - Irritability (excessive crying)
  - Sleep problems
  - High-pitched crying
  - Tight muscle tone
  - Hyperactive reflexes
  - Seizures
  - Yawning, stuffy nose, and sneezing
  - Poor feeding and suck
  - Vomiting
  - Diarrhea
  - Dehydration
  - Sweating
  - Fever or unstable temperature

Co-occurring Medical Condition: Pregnancy

- NAS can be treated satisfactorily without any severe effects upon the newborn
- Two medications most commonly used to treat NAS: methadone and morphine; Phenobarbital and other sedative-type meds are often used as an adjunct
- A 2012 study on Fetal monitoring has suggested that buprenorphine results in less fetal cardiac and movement suppression than does methadone
  - Salisbury, A. L., Coyle, M. G., O'Grady, K. E., Heil, S. H., Martin, P. R., Stine, S. M., … Jones, H. E. (2012). Fetal assessment before and after dosing with buprenorphine or methadone. *Addiction (Abingdon, England), 107 Suppl 1*(0 1), 36–44. doi:10.1111/j.1360-0443.2012.04037.x
- In addition, buprenorphine results in less severe neonatal abstinence syndrome than does methadone.
  - https://www.mdedge.com/obgyn/article/147302/neonatal-medicine/buprenorphine-linked-less-neonatal-abstinence-syndrome
- Using an opioid ANTAGONIST such as Naltrexone/Vivitrol with pregnant women is contraindicated as it can lead to premature labor or other adverse fetal effects.

Co-occurring Medical Condition: Pregnancy

- There are little to no specific studies examining maternal and neonatal outcomes following buprenorphine treatment during pregnancy using women who were dependent on prescription opioids
- Overall, findings from comparative studies of methadone and buprenorphine, including randomized clinical trials, indicate that both medications are effective in preventing relapse to illicit opioids in opioid-dependent pregnant patients
- Although methadone maintenance is associated with better treatment retention than buprenorphine, buprenorphine maintenance during pregnancy was associated with improved maternal and fetal outcomes, compared with no medication-assisted treatment

Source: Providers' Clinical Support System for Medication Assisted Treatment. 2014.

Co-occurring Medical Condition: Pregnancy

- Have you reconsidered your recommendation for Joan?
- If so, what and why?

Additional Resources

- **PCSSNow.org:** *Promoting evidence-based resources and clinical practices*
  - PCSS provides evidence-based training and resources to give healthcare providers the skills and knowledge they need to treat patients with OUD
  - Through a variety of **trainings** and a **clinical mentoring program**, PCSS's mission is to increase healthcare providers' knowledge and skills in the prevention, identification, and treatment of substance use disorders with a focus on opioid use disorders

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Additional Resources

- **NDCI.org**
  - The National Drug Court Institute (NDCI) and the American Academy of Addiction Psychiatry (AAAP) have collaborated to create a series of educational modules specific to MAT and Drug Courts.

    Module 1: What are Substance Use Disorders?

    Module 2: What is Medication-Assisted Treatment?

    Module 3: Medication Assisted Therapies: Using Medication for Treatment of Opioid and Alcohol Disorders?

    Module 4: Strategies to Reduce Diversion of Abusable Medications

    Module 5: Primary Components of Evidenced Based Treatments for Addictions

    Module 6: Pros and Cons of MAT

    Module 7: Drug Courts and MAT: The Legal Landscape

    Module 8: Long-term Opioid Therapy and Chronic Pain: Understanding and Mitigating Risk

    Module 9: Interpretation of Drug Testing Results in Medication-Assisted Treatment (MAT)

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