Pregnant/Parenting Women Offenders: Treating Addiction Motherhood, Babies, Drugs, and Jailed: Getting Help

New England (HHS Region 1)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Disclosures

The development of these training materials were supported by grant H79 TI080209 (PI: S. Becker) from the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services. The views and opinions contained within this document do not necessarily reflect those of the US Department of Health and Human Services, and should not be construed as such.

Pregnant/Parenting Women Offenders: Treating Addiction

Motherhood, Babies, Drugs, and Jailed: Getting Help

Objectives

- We will discuss and explore:

1. Medication Assisted Treatment
2. Women's Health and the Impact of Substance Use
3. SA Treatment for Women
4. Pregnancy Management for Opiate Addicted Mothers
5. Women Offenders and SA Treatment

Introduction

- <u>Please introduce yourself:</u>
  - Your name and your organization
  - Your Experience with opioid treatment
  - Your experience working with women offenders and addicted pregnant women
  - Your expectations of today's training

Savings

- One Addiction Treatment Dollar saves $4.00 to $7.00 Crime-related dollars (Justice Costs and Theft to Citizens)

Quick Facts Opiates and Offenders

- 52% Prisoner Population addicted to Heroin versus 2% general population (Mumola & Karberg, 2006)
- Limited treatment (until recently) for opioid addiction among prisoners (Dolan et al, 2007)
- Upon release very quick return to opioid use with severe impact for health, public safety, communicable disease & return to Prison (Farrell & Marsden, 2008;Kanato, 2008;Hough, 2002;Metz et1l, 2010)

MATCHING the Rules and the PLAN

- Treatment Professionals and Justice Professionals need to weave the PLAN and the RULES for successful outcomes
- Deliberate Coordination and Span the Divide
- Counselors/P&P Officers/Offenders – What can go wrong and what can go right

Research Recommendations

- Evidence that MAT
- 1. Lowers relapse rates
- 2. Demonstrated utility for monitoring and managing probation conditions
- 3.Promotes capacity for recovery
- 4. Influences recidivism- lowers return to custody
- 5. Treatment Retention increases

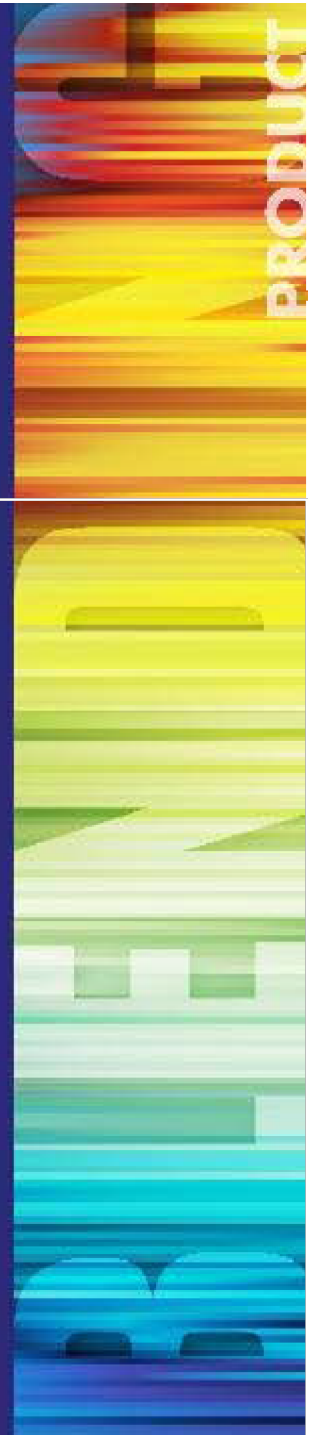
Opiate Treatment

- Overview of Medication Assisted Treatment with Buprenorphine and Methadone
- Role of NIDA and the ATTC

blending initiative
NIDA • SAMHSA

111re1orphi11 Tr111111111

A Training for Multidisciplinar y Addiction Professionals



NIDA NATIONAL INSTITUTE ON DRUG ABUSE

SAMHSA

ATTC Unifying science, education and services to transform lives.

NIDA/SAMHSA Blending Initiative

- Developed in 2001 by NIDA and SAMHSA/CSAT, the initiative was designed to meld science and practice to improve addiction treatment.
- "Blending Teams," include staff from CSAT's ATTCs and NIDA researchers who develop methods for dissemination of research results for adoption and implementation into practice.
- Scientific findings are able to reach the frontline service providers treating people with substance use disorders. This is imperative to the success of drug abuse treatment programs throughout the country.

Blending Team Members

Leslie Amass, Ph.D. – Friends Research Institute, Inc.
Greg Brigham, Ph.D. – CTN Ohio Valley Node
Glenda Clare, M.A. – Central East ATTC
Gail Dixon, M.A. – Southern Coast ATTC
Beth Finnerty, M.P.H. – Pacific Southwest ATTC
Thomas Freese, Ph.D. – Pacific Southwest ATTC
Eric Strain, M.D. – Johns Hopkins University

ATTC representative NIDA researcher/Community treatment provider

Additional Contributors

Judith Martin, M.D. – 14th Street Clinic, Oakland, CA

Michael McCann, M.A. – Matrix Institute on Addictions

Jeanne Obert, MFT, MSM – Matrix Institute on Addictions

Donald Wesson, M.D. – Independent Consultant

The ATTC National Office

The O.A.S.I.S. Clinic

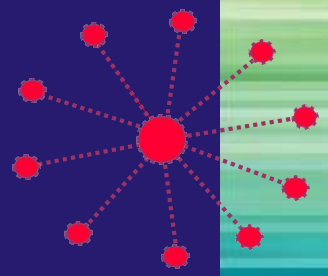
– developed and granted permission for inclusion of the video,
  "Put Your Smack Down! A Video about Buprenorphine"

The ATTC Network serves as the agent to bring Science Findings from Addiction Research to Service Providers within an organizational structure and network established across the country

Where does the research come from??

NIDA's Clinical Trials Network

- Established in 1999- CTN
- NIDA's largest initiative to blend research and clinical practice by bringing promising therapies to community treatment providers
- Network of 16 University-based Regional Research and Training Centers (RRTCs) involving 240 Community Treatment Programs (CTPs) in 23 states, Washington D.C., and Puerto Rico



Buprenorphine Treatment: The Myths and The Facts

MYTH : Buprenorphine is simply a substitute for heroin or other opioids

FACT: Buprenorphine ***is*** a replacement medication; it is ***not simply*** a substitute

- ✓ Buprenorphine is a legally prescribed medication, not illegally obtained.
- ✓ Buprenorphine is a medication taken sublingually, a very safe route of administration.
- ✓ Buprenorphine allows the person to function normally.

MYTH : Providing medication alone is sufficient treatment for opioid addiction

FACT: Buprenorphine is an important treatment option. However, the ***complete*** treatment package must include other elements, as well.

- ✓ Combining pharmacotherapy with counseling and other ancillary services increases the likelihood of success.

MYTH : Patients are still getting high

FACT: When taken sublingually, Buprenorphine is slower acting, and does not provide the same "rush" as heroin.

- ✓ Buprenorphine has a ceiling effect (32 mg) resulting in lowered experience of the euphoria felt at higher doses.

A Brief History of Opioid Treatment

Opium

The Plant of Joy-Papaver Somniferum

- Milky sap in the pod is Opium and extracted after petals fall
- First Use 4000 BC , by 1500 mixed with Brandy to make Laudanum
- 1805 Morphine isolated from the sap –named Morphine for the Greek God of Dreams – Morpheus
- 1860 British are largest drug cartel importing 280,000 pounds per year

And more

- 1868 US Medical Text states ”opiates cause a feeling of delicious ease…makes you for a time a better and greater man”
- 1874 Big Switch in opinion- medicine must address the scourge of Morphine with an alternative
- 1898 Young Bayer chemist Alder Wright boiled morphine with acetic acid and Heroin resulted
- 1898 Bayer the German Pharmaceutical Giant markets the new alternative to Morphine

All US Physicians sent Samples

BAYER

PHARMACEUTICAL PRODUCTS.

We are now sending to Physicians throughout the United States literature and samples of

ASPIRIN

The substitute for the Salicylates, agreeable of taste, free from unpleasant after-effects.

HEROIN

The Sedative for Coughs,

HEROIN HYDROCHLORIDE

Its water-soluble salt.

You will have call for them. Order a supply from your Jobber.

Write for literature to

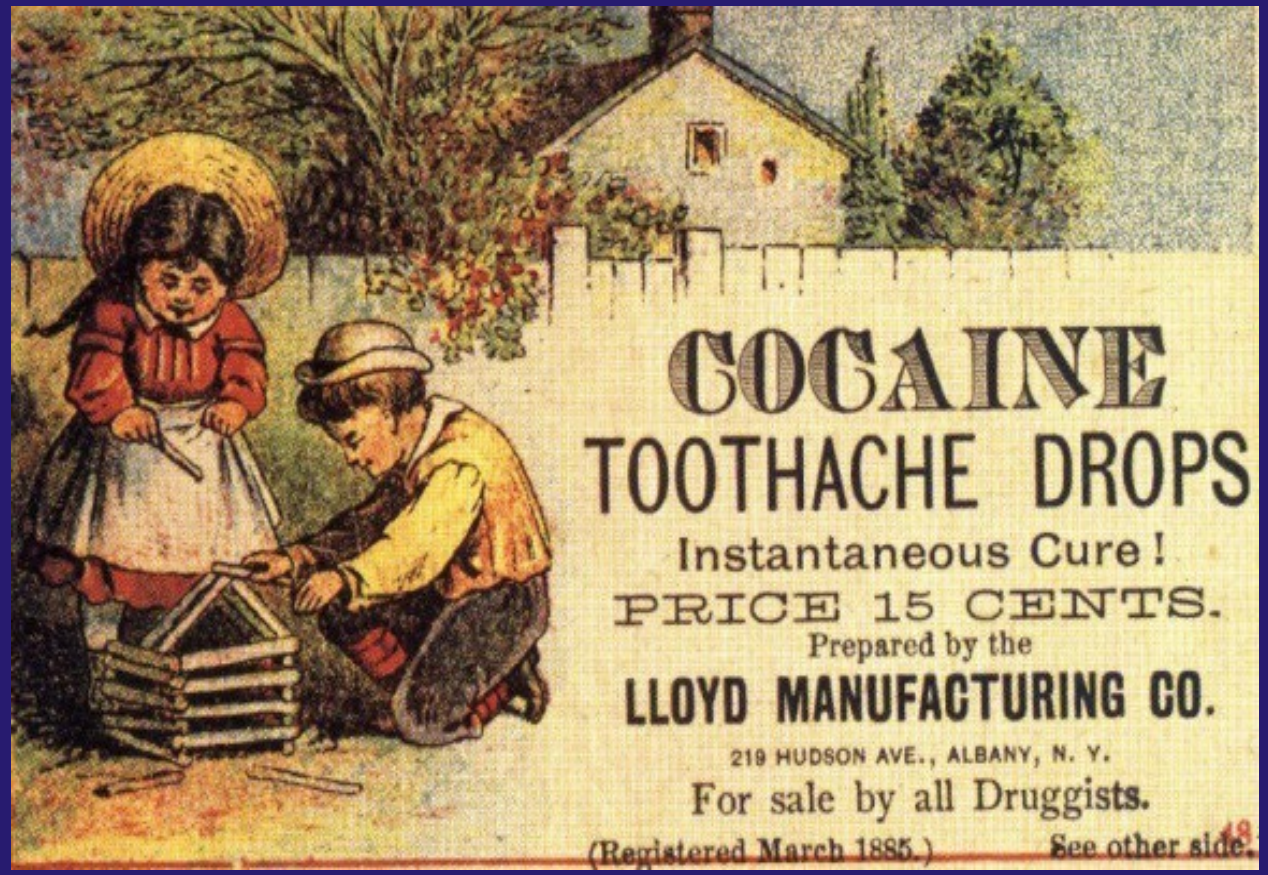
FARBENFABRIKEN OF ELBERFELD CO.

40 Stone Street, New York,

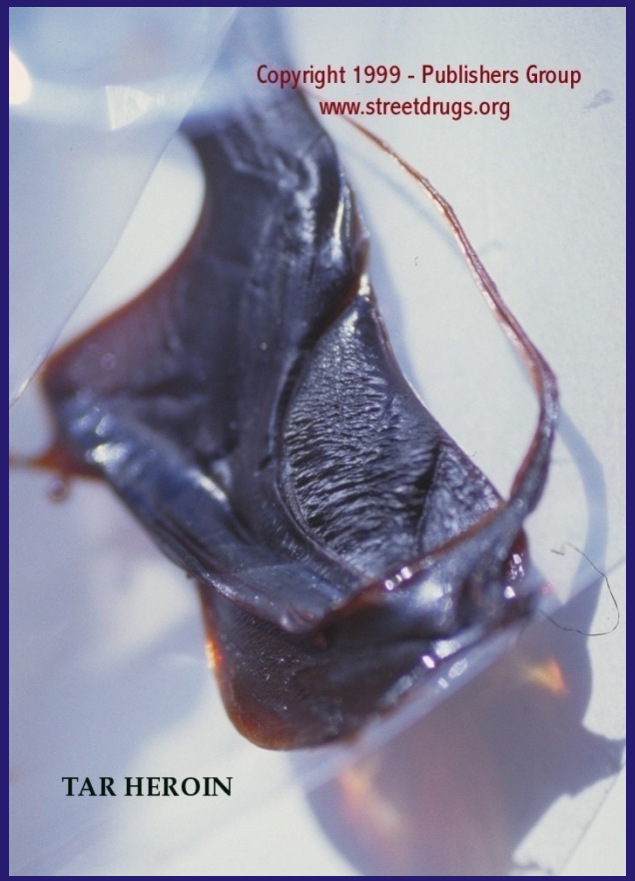
SELLING AGENTS

For the Colic of a Newborn –Opium and Flavored Brandy

Small Children and the Pain Killer Cocaine



Heroin



(www.streetdrugs.org)

Heroin Notes

- Heroin Potency 1960 = 4%
- Heroin Potency 2014 = 35%
- Average number of Days from Snorting to IV Drug Use = 35 days (Tolerance)
- US Heroin now smuggled from South America
- South American Poppy now cultivated has high concentration of Morphine in pod sap +13%

Opioid Epidemic in a National Survey Population

According to the 2007 National Survey on Drug Use and Health:

- An estimated 6.9 million persons were currently using prescription drugs non-medically (variety of drugs) .
- An estimated 5.2 million were using pain relievers for non-medical purposes.
- Approximately 4.4 million persons used OxyContin non-medically at least once in their lifetime.
- Estimates that 1.7 million are Heroin Addicts

(SAMHSA, OAS, 2008; SAMHSA, NSDUH, 2009)

Intervention Timeline

- 1964: Methadone is approved.
- 1974: Narcotic Treatment Act limits methadone treatment to specifically licensed Opioid Treatment Programs (OTPs).
- 1984: Naltrexone is approved, but was rarely used (approved in 1994 for alcohol addiction).

Intervention Efforts Continue

- 2000: Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid treatment.
- 2002: Tablet formulations of buprenorphine (Subutex®) and buprenorphine/naloxone (Suboxone®) were approved by the Food and Drug Administration (FDA).

Drug Addiction Treatment Act of 2000
(DATA 2000)- Tackling the Problem

- Expands treatment options to include both the general health care system and opioid treatment programs.
  - Expands number of available treatment slots
  - Allows opioid treatment in office settings
  - Sets physician qualifications for prescribing the medication

Approval of Buprenorphine and Buprenorphine/Naloxone

- U.S. FDA approved buprenorphine (marketed as Subutex®) and buprenorphine/naloxone (marketed as Suboxone®) for opioid addiction treatment on October 8, 2002.
- Product launched in U.S. in March 2003
- Interim rule changes to federal regulation (42 CFR Part 8) on May 22, 2003 enabled Opioid Treatment Programs (specialist clinics) to offer Buprenorphine.

Why A Need for Alternative Options

- Move outside traditional structure to:
  - Attract more patients into treatment
  - Expand access to treatment
  - Reduce stigma associated with treatment

- Buprenorphine is a potential vehicle to bring about these changes.

Opioid Addiction and the Brain

- Opioids attach to specific receptors in the brain called mu receptors.
- Activation of these receptors causes a pleasure response.
- Repeated stimulation of these receptors creates a tolerance – requiring more drug for same effect.

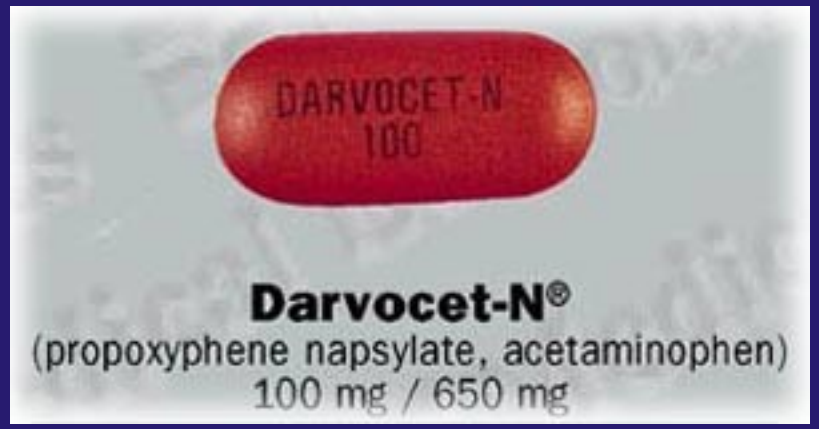
Medication Assisted Treatment

Methadone and Buprenorphine

Methadone

(www.methadoneaddiction.net/m-pictures.htm)

Darvocet

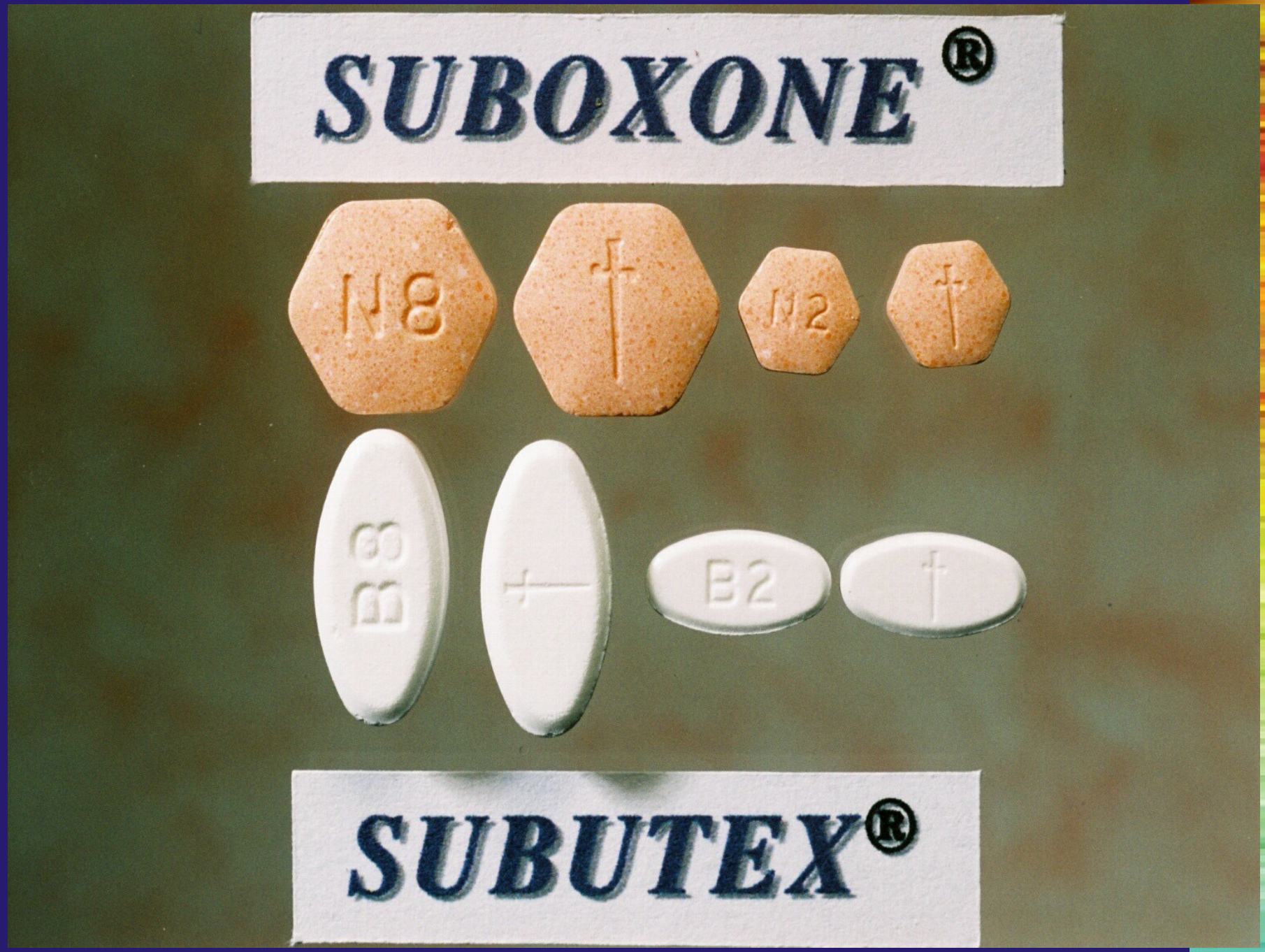


Agonist –Full

- Methadone is full agonist as it binds to the opiate receptor (Mu) and activates the receptor
- Dosage is titrated to provide adequate activation to prevent craving
- Stable dosing does not produce euphoria
- Promotes return to daily life activities
- Slow excretion (once daily dose)

Methadone Maintenance Therapy

- Used effectively and safely for over 30 years
- Not intoxicating or sedating, if prescribed properly
- Effects do not interfere with ordinary activities
- Suppresses opioid withdrawal for 24-36 hours
- Half life about 60 hours
- Methadone withdrawal for some can be difficult
- Safe for Pregnancy


SUBOXONE®
N8
N2
B8
B2
SUBUTEX®

Agonists- Partial

- Suboxone is a Partial Agonist as it is formulated with NALOXONE resulting in PARTIAL Agonist actions by blocking Opioid receptors from reacting to intake of more opiate –based drugs
- The compound acts to prevent any euphoric stimulation from increased doses of Buprenorphine having a “ceiling effect at 32 mg”
- The compound provides a degree of protection in the event of overdose
- Half Life estimated 24-42 hours

Summary MAT

- Use of medications as a component of treatment can be an important in helping the person to achieve their treatment goals.
- DATA 2000 expands the options to include both opioid treatment programs and the general medical system.
- Opioid addiction affects a large number of people, yet many people do not seek treatment or treatment is not available when they do.
- Expanding treatment options to Office –based care in addition to Methadone Clinic care can
  - make treatment more attractive to people;
  - expand access; and
  - reduce stigma.

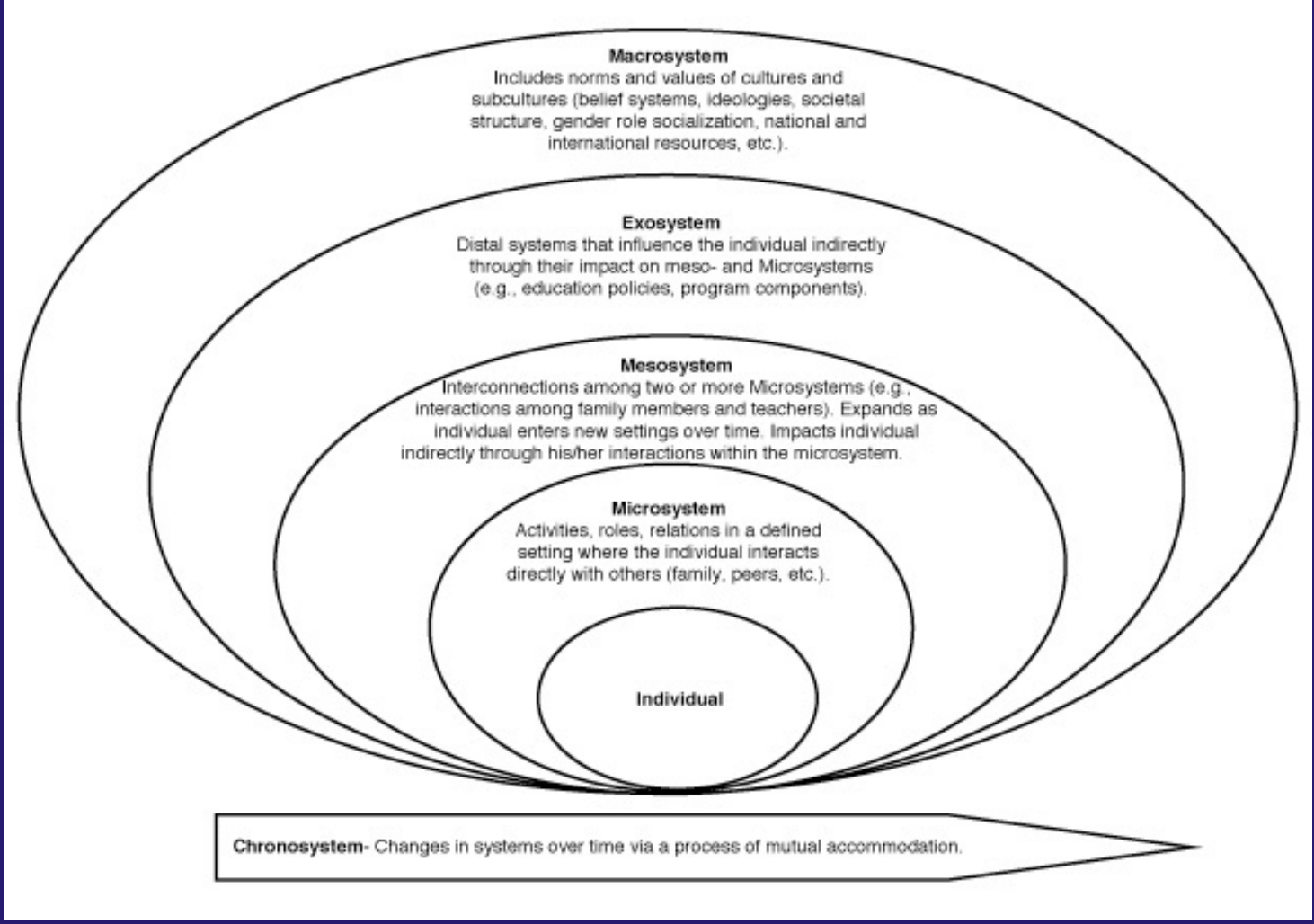
Blockade Drugs Full Antagonist Effect

- Naloxone/Narcan – rapid acting to block effects of opioid overdose , used as Nasal Spray
- Naltrexone- Tablet form used for Alcohol craving
- Naltrexone- Injection (one month half life) used for Opioid use (Vivitrol)

Women and Substance Use

Ecological Conceptual Model of Treatment

Bronfenbrenner (1979)
Why we behave the way we do



Big 5 Systems

- Micro: Next-to-you we both influence and are influenced by these social interactions
- Meso: Relationships are reciprocal (neglected childhood less than adequate school attachment)
- Exo: External Contextual Shaping Influences
- Macro: Cultural & Social Background
- Chrono-system: Across the life course

Women and Addiction

Do women need specific treatment approaches

Why an Ecological Approach

Impact Substance Abuse for Women

- Life Management
- Health
- Relationships
- Pregnancy
- Motherhood

Life Management

***Chaotic Lifestyle

- Coping
- Stress Management
- Problem Solving
- Goal Setting
- Budgets
- Babies

Health

***Physical Responses to Drug & Alcohol

- Telescoping addiction patterns
- Telescoping major health problems
- Reproductive problems

Psychological Health

***Companion Problems

- Depression
- Anxiety
- PTSD (Trauma & Violence)

Pregnancy

- Pre-natal Exposure (Alcohol, Tobacco, & Drugs)
- Delayed Pre-natal care
- Pregnancy complications
- Birth outcomes

Motherhood

- Abstinence for Pregnancy frequent return after birth
- Babies & Kids loved but lost
- Stigma

Relationships

- Limited social supports
- Abandonment by significant other
- Living with substance abusing other
- Intimate violence patterns
- Conflicted interpersonal relationships

Women & Addiction

Intervention and Treatment

Opioid Dependence in Pregnancy

- Prenatal Exposure to Drugs and Alcohol estimated to be 4-16% of pregnancies
- 54,000 Pregnancies/year (underestimated) affected by opioid abuse
- Neonatal Abstinence Syndrome 4.39/1000 births (2009)
- Opioid abuse 1st Trimester 20% estimated prevalence (2009)
- Prevalence of accompanying Alcohol Abuse= 14%

Opioid Intoxication for Pregnancy

*** Baby

- Hypoxemia
- Acidosis
- Growth Restriction
- Fetal Demise

**** Mother

- Respiratory Depression
- Aspiration
- Overdose

Opioid Withdrawal for Pregnancy

***Baby

- Miscarriage
- Pre Term Labor
- Premature Rupture Membranes
- Fetal Demise

***Mother

- Tachycardia
- Hypertension
- Nausea & Vomiting
- Pain
- Metabolic Demand

Alcohol and Pregnancy

- Alcohol is toxic to the developing baby
- Fetal Alcohol Spectrum Disorders
- NO safe amount NO safe time during a pregnancy

Pregnancy Care for Opioid Dependence

- Opioid Maintenance is standard of care
- Detox Dangers:
- A) 29% will return to Drug use after birth
- B) 25% of pregnant women being detoxed had withdrawal which resulted in active labor

MAT- Methadone for Pregnancy

- Decades of experience for pregnancy safety
- Promotes connections to pre-natal care services
- Supports improved pregnancy/birth outcomes
- At birth foster home placement rates reduced

Methadone Drawbacks

- Daily dosing
- Stigma
- ** Exposure to others who are abusing drugs
- Neonatal Abstinence Syndrome 50% of all newborns

MAT-Buprenorphine for Pregnancy

- Office-based treatment
- Prescribed and take at home
- Less stigma
- Less exposure to others
- Less severe NAS and shorter hospitalization for newborn
- Initiation somewhat risky because pregnant woman must be in early stage of withdrawal

Buprenorphine Drawbacks

- Not effective for IV drug using with high doses
- Need Waiver to treat , not FDA approved
- Research studies suggest safe to use
- *** High drop out rate 33% (Methadone treatment drop out rate 18%)

Post Partum

- High risk for post partum depression
- Breast Feeding is safe
- Detox in post partum period not recommended
- Must be connected to social and instrumental supports

Preventing Rapid Repeat Pregnancy

- 87% of Opioid Dependent women have unintended pregnancies
- Discuss pregnancy spacing
- Long Acting Reversible Contraception (LARC) methods can be helpful (Implant or Intrauterine Device)

Summary: Opioid Addiction and Pregnancy

- Methadone maintenance is still the treatment of choice and standard of care in the US.
- Buprenorphine treatment is possible, evidence is building (MOTHER study, 2012)
- Detoxification is relatively contraindicated unless conducted in hospital setting where the patient can be closely monitored.

Treatment Engagement

- Motivational Interactions & CBT & Supportive
- Skillful management of countertransference
- Address the Access Barriers
- Awareness of influence of sig. others
- Awareness of the Exo-system's influences network policies, laws, legal system)
- Provide care management
- Counseling must be incorporated with MAT

Justice Involved Populations

- Are they suitable Candidates for Office Based MAT
- What are the challenges with this patient Group
- How effective is this treatment for this Group
- Will this treatment approach reduce repeated criminal acts

Criminal Justice Population

* + 2 million incarcerated daily
- 2012- Released 708,677
- 2012- Intake 703,798
- 75%+ Women inmates are addicted
- 60% Male inmates Addicted
- Court Data Suggests 61% criminal offenders report opioid use
- 200,000 Heroin Addicts Released annually

New Paradigm

- Addiction transition Medical Model from Social Model
- Addiction =“Treatable Chronic Brain Disease”
- Must involve both Treatment & Justice Professionals
- Partnering of PUBLIC SAFETY & PUBLIC HEALTH
- Public safety interventions with therapeutic interventions for those whose acts are related to their ADDICTIVE BEHAVIORS

Unique Opportunity for the Justice System to Intervene and Disrupt the Cycle

Justice Involved Messaging

- Understand the perspective of Treatment and Recovery
- Understand that Medication Assisted Treatment/Substitution Treatment/Opiate Replacement Therapy – Terms used to emphasize and align all resources for the best outcomes
- Understand need-based options to match interventions with individuals
- Understand MAT is “not a Cure” but a medical approach for stability

Justice Involved Challenges

- Workforce needs training about scope of MAT
- Care continuity among field, facilities, treatment centers
- Payment issues – Rate Structures
- Standards and Policies at each intersect Court/Facility/Field/Treatment
- Legal Issues Restrictions and Denial across Jurisdictions
- Diversion

Challenges in the Correctional Setting

- Movement of inmate patients –transferred, released, hospitalized – interrupted care
- Storage, Access, Count, Missing (these are Controlled Drugs)
- Guest Dosing (Methadone Clinics)
- Contraband
- Diverting

P&P: Challenges for Field Supervision

- Using MAT for stop gap between “fixes”
- Using MAT to attempt euphoria
- Drug Screens show evidence of poly substance use
- Falsify prescriptions for Suboxone
- Limited Capacity of community clinics

Will Crime be Reduced

- Risk –reducing intervention
- Research suggests addicted individual will remain in treatment longer
- Research suggests can be helpful for first-time offenders
- Evidence suggests that MAT will reduce opiate use
- Evidence suggests that there is an impact on Criminal Acts and longer term studies underway to strengthen the evidence

Public Safety, Public Health, Treatment share Reciprocating and Reverberating Goals in the Huge Problem of Substance Addiction

Effective Coordination of Care

Effective coordination combines the strengths of various systems and professions, including: physicians, addiction counselors, 12-step programs, and community support service providers.

Attributes of Successful Care Coordination

- Understanding roles for each participant in the treatment team
- Ongoing communication across professions
- Personal contact between partners in the system

Justice Involved Professionals and Treatment Professionals

- Mutual understanding Risk-Need-Responsivity (RNR) and Individual Recovery
- Discuss Diverse opinions to avoid impact on care coordination
- Understand roles and obligations
- Share common goal of building noncriminal alternative behaviors despite risky situations

CJ and Treatment: Goals

Treatment Goals

- Reduce Recidivism
- Evaluate and Treat
- Build Skills
- Prevent further Pathology
- Promote recovery

CJ Goals

- Reduce Recidivism
- Monitor & Supervise
- Focus on Public Safety
- Adherence to Treatment
- Respond to the Court

Common Ground

- Public Safety
- Adherence to treatment
- Recovery

Treatment

- This treatment approach is maintenance and of a long duration and relapse is not considered a failure. It is a chronic problem with cascading impacts.

- Both Professional Arenas need to express and span differing perspectives

Criminal Justice Perspective

- Public Safety –reduce crime and recidivism with this intervention
- None adherence carries consequences
- Relapse carries consequences
- Promote recovery

Justice Involved Women

- MAT for Parolees and probationers suggest
- 1. Increased Treatment Retention
- 2. Improved cooperation with P&P Officers
- 3. Decrease in violations
- 4. Evidence of improved behaviors/conduct
- 5. Evidence in reduction of criminal acts

Treatment Tool Kit

- MAT not the only tool for the Justice Involved Women
- Must be incorporated into the Comprehensive Recovery tool bag
- Counseling, Motivational Intervention Strategies
- Drug Testing
- Diversion & non-compliance carry justice driven outcomes

Supervising /Counseling MAT Women Offender Patients

Do not use other Drugs

- Other drug/alcohol use impedes recovery growth
- Development of new dependencies is possible

Taking Care of Business

- Addiction is a full-time job
- Normal responsibilities often neglected
- Take back your life

Substance Abuse Treatment and Women Offenders: Key Principles

- Coordinated Approaches
- Incentives and Sanctions
- Sustained Participation
- Multimodal Approaches
- Medication Assisted Treatment
- Skills Based Interventions
- Treatment Transitions

Going Home