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.
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

Parolees
Probationers
Asian
African American
Caucasian
Hispanic
Pacific Islander
American Indian
## Co-Occurring Disorders Common among State Inmates

<table>
<thead>
<tr>
<th></th>
<th>NO PROBLEMS</th>
<th>DRUG ABUSE/DEPENDENCE ONLY</th>
<th>MENTAL HEALTH DISORDER ONLY</th>
<th>DRUG ABUSE/DEPENDENCE &amp; MENTAL HEALTH DISORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL INMATE POPULATION</strong></td>
<td>29.6%</td>
<td>22.0%</td>
<td>17.8%</td>
<td>30.6%</td>
</tr>
<tr>
<td><strong>OFFENSE TYPE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIOLENT</td>
<td>32.9%</td>
<td>18.8%</td>
<td>21.0%</td>
<td>27.3%</td>
</tr>
<tr>
<td>DRUG</td>
<td>26.1%</td>
<td>28.5%</td>
<td>11.7%</td>
<td>33.7%</td>
</tr>
<tr>
<td>NON-VIOLENT NON-DRUG</td>
<td>26.3%</td>
<td>22.9%</td>
<td>16.7%</td>
<td>34.1%</td>
</tr>
</tbody>
</table>
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)
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.
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
Answer:

They all belong to the 1970s
Addiction Treatment Model 1975
“Put them in a box and cure them”
Addiction Treatment Model 2013
“Maximize Effectiveness using a Continuum of Care”

Detox

Residential Treatment

Outpatient Behavioral and Medication Treatment

Continuing Care/Recovery Support Services
Standardized Assessment and Patient Placement

- Standardized Assessment
- Standardized Patient Placement
  - Detox
  - Residential
  - Outpatient
- Continuing Care/Recovery Support Services
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 \( \mu \) 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
In-Custody Methadone Induction Improves Treatment Effectiveness

Methadone Experiment: 6 Mo Post Release (N=201)

- Signif. diff from referral
- Signif. diff from treatment only on release

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.

Source: Rabideau et al. 2010.
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® limits diversion by causing severe withdrawal symptoms in addicted users who inject it to get “high.”
Buprenorphine For Women in the Criminal Justice System

- 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.

Extended Release Naltrexone

- Opiate antagonist available in tablet or extended-release injection form (Vivitrol®).
- 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.

Six Month Treatment Outcomes
All Sites

- Opioid + UDS Completer (n=27): 44%  Non-completer (n=13): 4%
p = .003

- Re-incarcerated Completer (n=27): 50%  Non-completer (n=13): 15%
p = .011

- Employed Completer (n=27): 56%  Non-completer (n=13): 39%
p = .311

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

<table>
<thead>
<tr>
<th></th>
<th>Efficacy</th>
<th>Community Effectiveness</th>
<th>CJS Feasibility</th>
<th>CJS Effective</th>
<th>CJS Adoption</th>
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</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>++++</td>
<td>+++</td>
<td>+++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>BUP-NX (buprenorphine)</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>XR-NTX</td>
<td>++</td>
<td>++</td>
<td>+++</td>
<td>++</td>
<td>?</td>
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Recommendations

- Make all Addiction Medications Pharmacy Benefits
- 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.