

Medication-Assisted Treatment in Substance Use Disorder Treatment Courts: Ethics, Screening, Options, Outcomes.

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Terminology

- MOUD – Medications for Opioid Use Disorder (OUD).
- MAT – Medication-Assisted Treatment, originally used only for OUD.

MAT can be used in a broader sense to include all SUDs: opioids, methamphetamine and alcohol.

Not all illegal or illicit drug users meet criteria for SUD/ODD diagnosis or require MOUD/MAT

- Decision follows a process:
- Preliminary screening;
- Referral when indicated;
- Physician-level evaluation;
- Treatment recommendation.

Ethics Terminology

- **Morality:** refers to beliefs, customs, and values held by a person or society.
- **Ethics:** refers to the critical, reasoned study of and analysis of those moral beliefs.
- **Applied ethics:** examines real-world problems.

The real-world problem: Use of MAT in OUD

- Two million Americans report OUD, 20.3 million report SUD. (SAMHSA, 2019.)
- OUD with buprenorphine, 15,831 people, all-cause mortality during treatment drops from 9.5 per 1,000 cases to 4.3 per 1,000. (Sordo et al., 2017.)
- While on buprenorphine, over-dose-specific mortality was 3.3 times lower. (Ibid). Approximately 50,000 annual opioid OD deaths during study years (CDC).
- 3- & 12-month outcomes on buprenorphine, 40,800 people, 76% & 59% over-dose reduction, respectively. (Wakeman et al., 2020.)

The real-world problem: use of MAT in SUD Treatment Courts

- Clinical standards of care. Can courts ethically either order or prohibit MAT outside of medical standards of care?
- Informed consent, as the usual medical standard of care, includes 5 components: capacity, disclosure, understanding, voluntariness and access.
- Voluntary consent vs. coercion. Is consent truly voluntary when the alternative is incarceration?
- Can it be ethical for an offender be offered treatment court only on the condition that a recommendation, if any, for MAT must be followed?

Alternative ethical view

Can coercive methadone therapy justified?

D'Hotman et.al, 2018; Bioethics/Volume 32/Issue 7/ pp. 405-413.

“Methadone programs reduce the severe health risk associated with heroin dependence, assist drug offenders in achieving broad psychosocial change, and achieve lasting criminal reform...marred by controversy and protest by those who hold coercive treatment to be impermissible. We have outlined an ethical case in favor of such programs...”

Not all drug-related offenders should receive Medication-Assisted Treatment

- The mission at intake is risk profile screening to determine who should receive full physician-level evaluation.
- Considering MAT effect on mortality, screening, and when indicated referral for full evaluation, is an ethical imperative and is a medical standard of care.
- The subsequent physician-level evaluation determines if MAT should be offered.
- The emphasis is on “offered”. The consensus is that the client must make the decision, but with legitimate alternative views.

Allrise Best Practice Standards, H. p. 69:

“All prospective candidates for ... treatment court are screened [for] indications for medication- assisted treatment (MAT) and are referred, where indicated, to a qualified medical practitioner for a medical evaluation and possible initiation or maintenance MAT.”

“Treatment court staff rely exclusively of the judgement of medical practitioners in determining whether a participant needs MAT, the choice of medication, the dose and duration of the medication regimen and whether to reduce or discontinue the regimen.”

“All members of the treatment court team receive at least annual training on how to enhance program utilization of MAT...”

Allrise Validated Screening and Treatment Planning Tools E. pp 9-15

- Screening tools can be used by trained court teams to stratify prospective court participants according to high risk and low risk profiles, e.g. Risk Needs and Triage (RANT & DUI-RANT), Global Appraisal of Individual Needs – Quick Version (GAIN-Q3) and many others.
- The RANT tool was developed specifically for probation & drug courts. Reviews 19 items, takes about 15 minutes, places clients in 1 of 4 risk groups. GAIN-Q3 is longer about 25 minutes and addresses broader MH & BH issues.
- Both are commercial products. (I have no affiliation with either company.)

RANT Risk Assessment Tool

How drug courts triage risk and need to cut recidivism from 50% to 38%



High Need requires referral for full MAT evaluation.

- High Need on screening assessment mandates referral for qualified physician-level evaluation, it does not itself decide therapeutic recommendation.
- High Need clients may have a history of past or current MAT/MOUD, be compulsive users or meet ASAM diagnostic standards for OUD and are at higher-risk for overdose and death.
- High Need clients should **NOT** be left without a physician-level evaluation until a new event occurs under court supervision, such as a failed drug screen or other information suggesting relapse. **Relapse = high risk for OD and death. Do not wait for this!**

MAT Referral and Treatment Logistics

- Clinical screening relying on validated instruments.
- Referral to qualified clinician for MAT evaluation if suggested by screening.
- If recommended by qualified clinician, continuation or initiation of MAT.
- Clinical Indication for MAT/MOUD – evaluation indicates “compulsive” opioid use or a diagnosis of Opioid Use Disorder as defined by DSM-5.

DSM-5 Diagnostic Criteria OUD

- 11 DSM-5 criteria, at least 2 met within prior 12 months.*
- Mild: 2 -3 criteria met.
- Moderate: 4-5 criteria met.
- Severe: 6 or more criteria met.
- All severity levels indicate MAT/MOUD treatment.

*Craving, withdrawal, tolerance, higher doses, can't reduce dose, time spent, social, activity, work failures, hazardous use, health issues.

OUD/SUD treatment options

- Buprenorphine (BUP), oral or long-acting injectable. Partial agonist with ceiling effect.
- Methadone, oral. Full agonist, no ceiling effect, can be more difficult than BUP to taper and discontinue.
- Naltrexone, oral or long-acting injectable. Antagonist, same efficacy as buprenorphine or methadone for OUD. Can also be used for alcoholism and methamphetamine (MA) use treatment (not FDA-approved for MA).
- Behavioral therapies and counseling (CBT, etc.).

Substance Use Disorders

- Fentanyl, 7-OH, Kratom, cychlorophine:
 - Tighter binding to mu receptors, needs higher naloxone & MAT doses. In addition to intended use, fentanyl can be found in meth and cocaine; people using those substances may also need MAT for opioid withdrawal.
- Ambulatory Alcohol Withdrawal:
 - Outpatient withdrawal can effectively be treated with oral agents such as gabapentin, clonidine or lorazepam, followed by relapse prevention approaches, e.g. acamprosate, extended-release naltrexone.
- Methamphetamine:
 - Treatment can be effectively assisted with extended-release naltrexone injection, see next slide, not FDA-approved for this indication but legal to use “off-label”. Ethics?

Scientific Evidence for Naltrexone (NTX) Treatment of Methamphetamine (MA) Use

- *The Effects of Naltrexone on Subjective Response to Methamphetamine in a Clinical Sample: a Double-Blind, Placebo-Controlled Laboratory Study*
 - Oral NTX 50mg qd attenuated cue-induced craving for MA
- *Naltrexone moderates the relationship between cue-induced craving and subjective response to methamphetamine in individuals with methamphetamine use disorder*
 - Oral NTX 50mg qd significantly reduced the association between cue-induced craving and positive subject response to MA
- *Naltrexone for the Treatment of Amphetamine Dependence: A Randomized, Placebo-Controlled Trial*
 - Oral NTX 50mgs qd 12-week trial, NTX group negative UA for MA 65.2%, placebo 47.7%
- *Effects of Naltrexone [ER-NTX] on Large-Scale Network Interactions in Methamphetamine Use disorder*
 - Days of MA use decreased from 5.05 to 1.56 in the XR-NTX group
- *Bupropion and Naltrexone in Methamphetamine Use Disorder*
 - Response = 3 of 4 negative UA over 2 weeks; 16.5% response in treatment group, 3.4% in placebo group

Substance Abuse and Mental Health Services
Administration (SAMHSA)
Center for Behavioral Health Statistics and
Quality

“MAT [opioids] has been found to reduce morbidity and mortality, decrease overdose deaths, reduce transmission of infectious disease, increase treatment retention, improve social functioning, and reduce criminal activity.*

* Volkow, N. D., Frieden, T. R., Hyde, P. S., & Cha, S. S. (2014). Medication-assisted therapies—Tackling the opioid-overdose epidemic. *New England Journal of Medicine*, 370(22), 2063–2066.