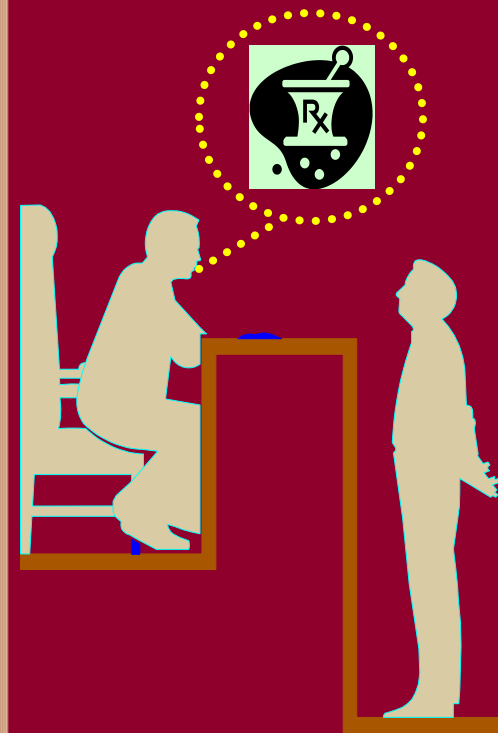
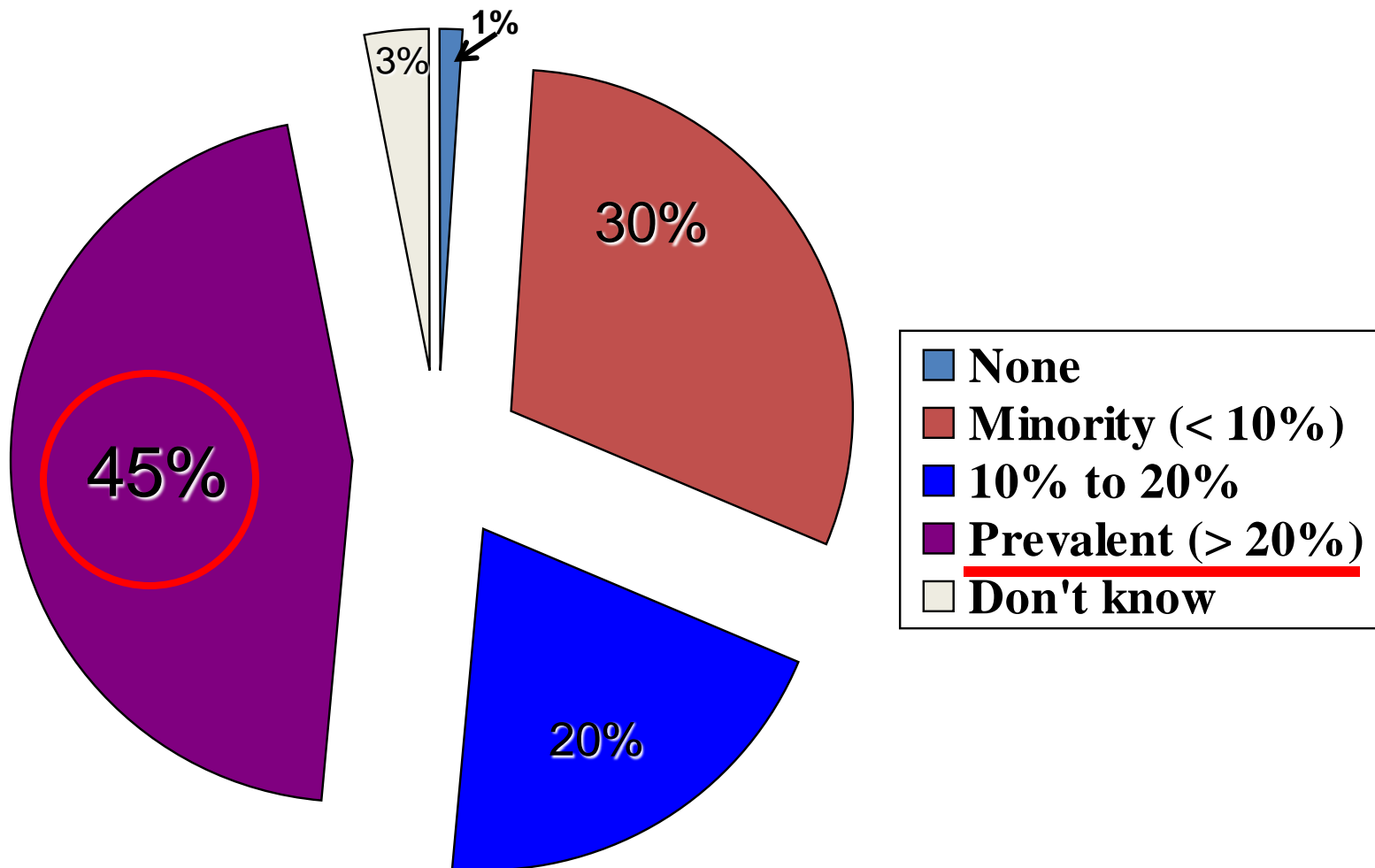


MEDICATION-ASSISTED TREATMENT IN PROBLEM- SOLVING COURTS

DOUGLAS B. MARLOWE, JD, PHD
*NATIONAL ASSOCIATION OF DRUG COURT
PROFESSIONALS*

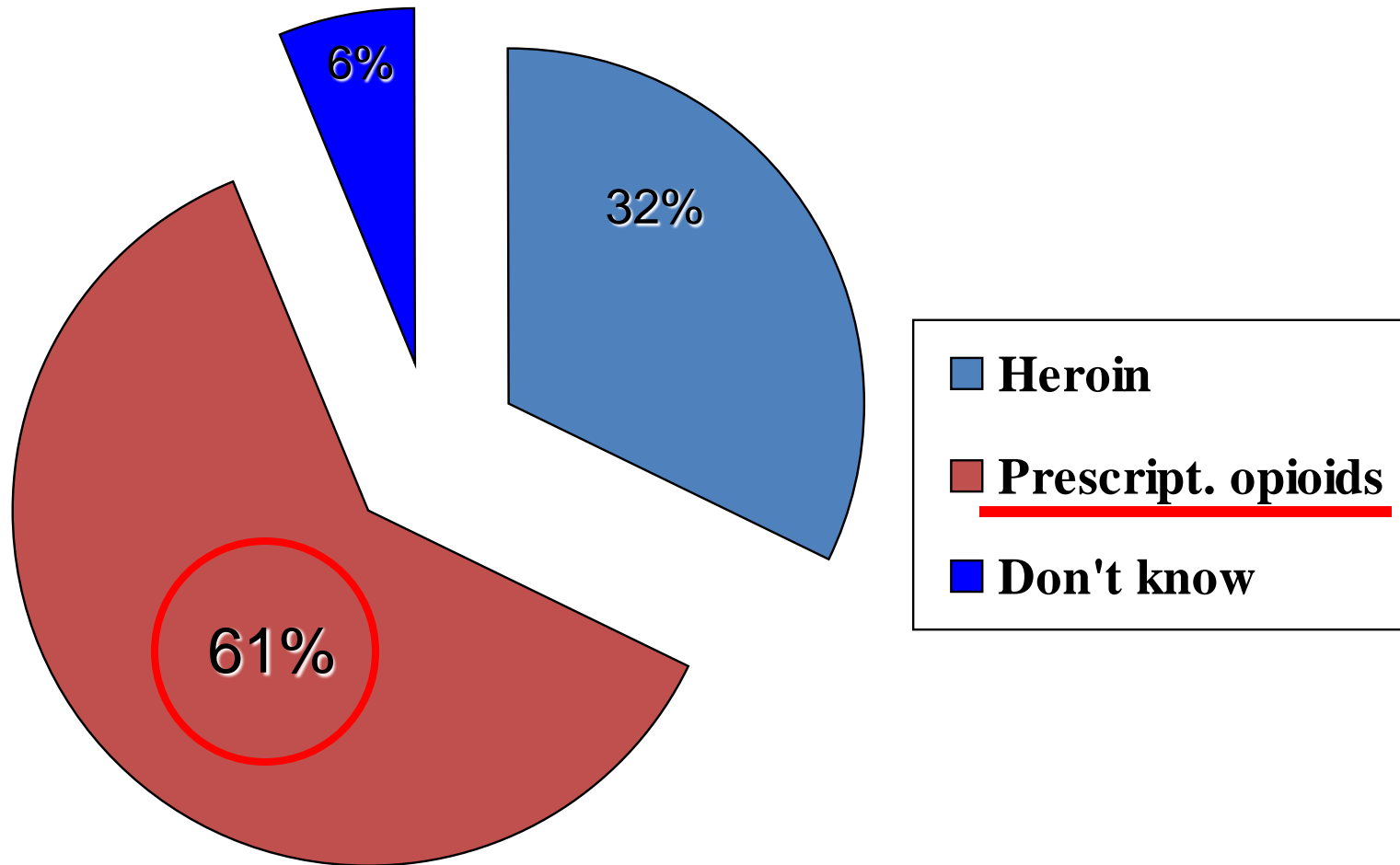


Opiate/Opioid Dependence

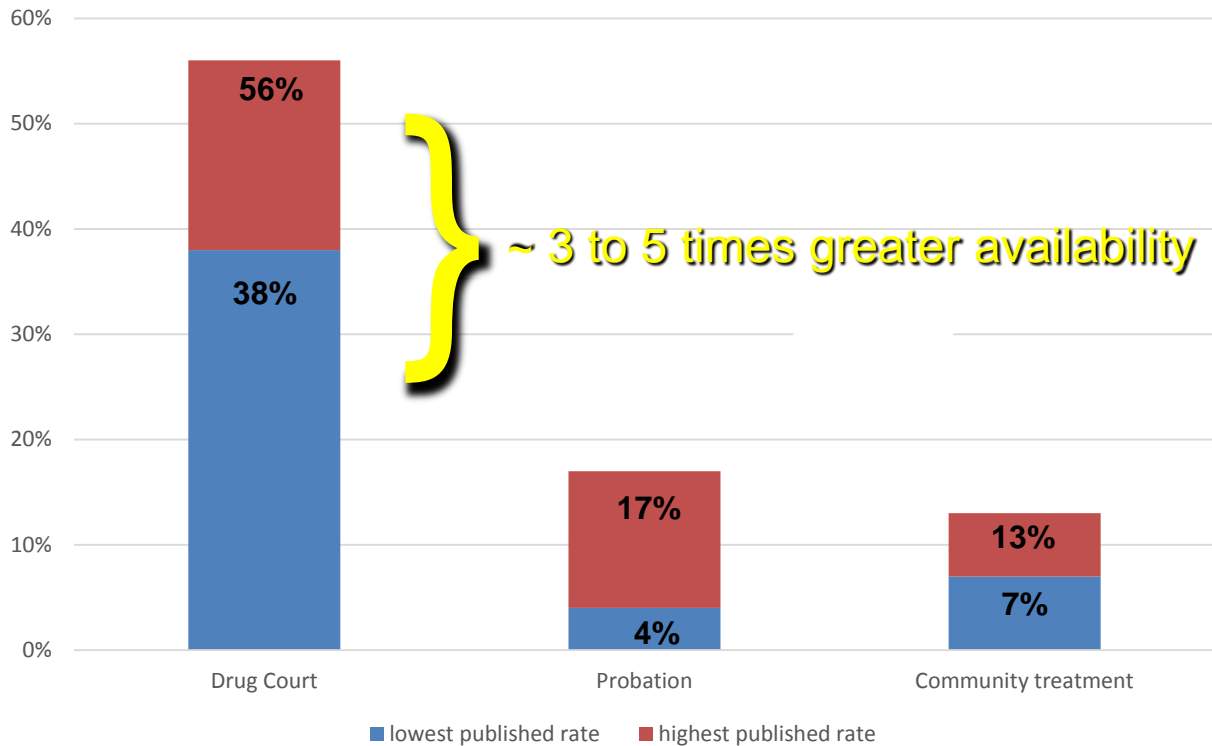


Matusow et al., 2013

Type of Opioid Problem

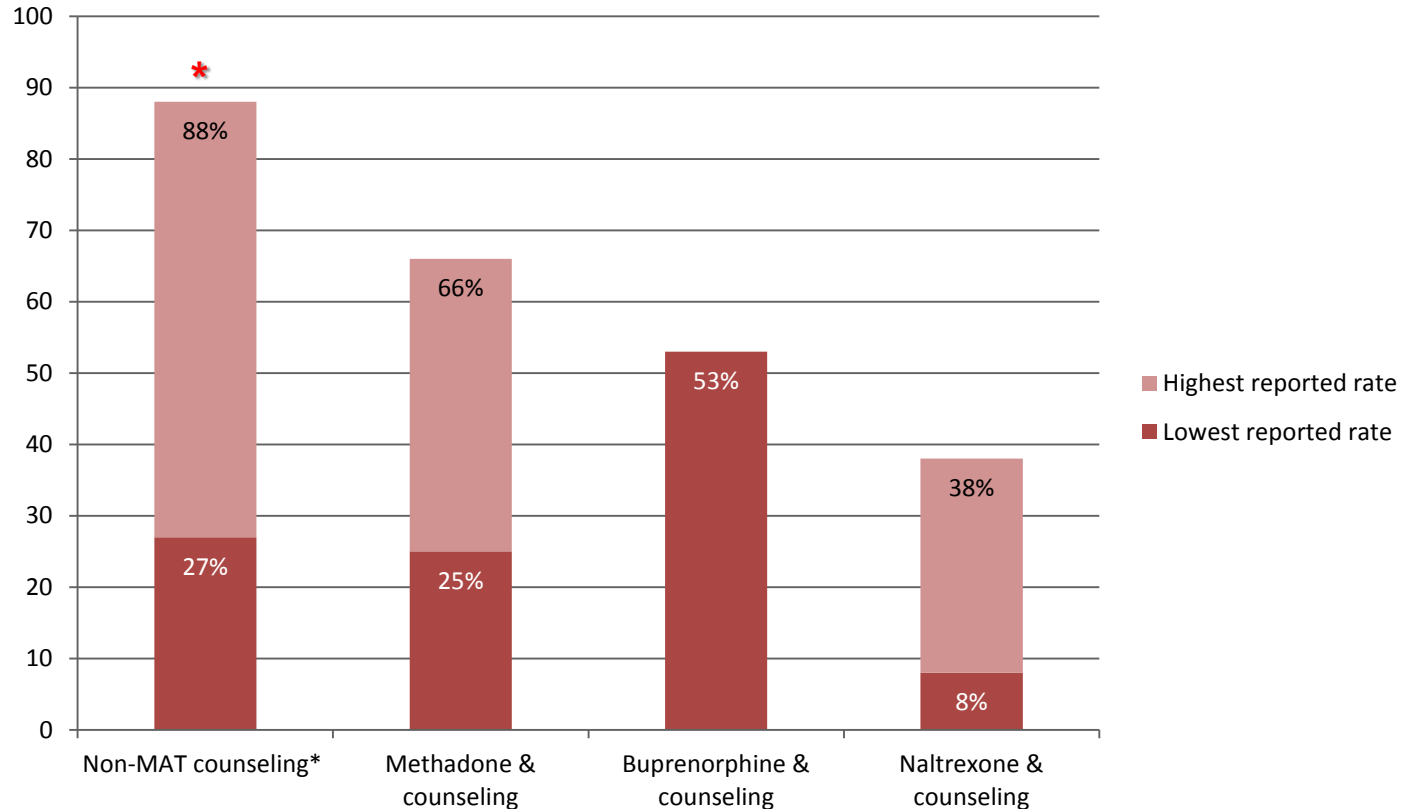


Availability of MAT



Sources: Chandler et al. (2009); Friedmann et al. (2012); Matusow et al. (2013); SAMHSA (2014a).

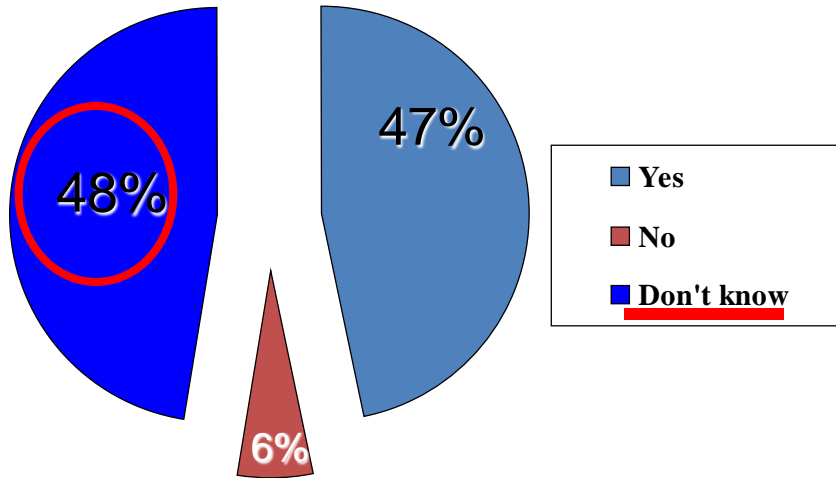
Opiate Use After Treatment



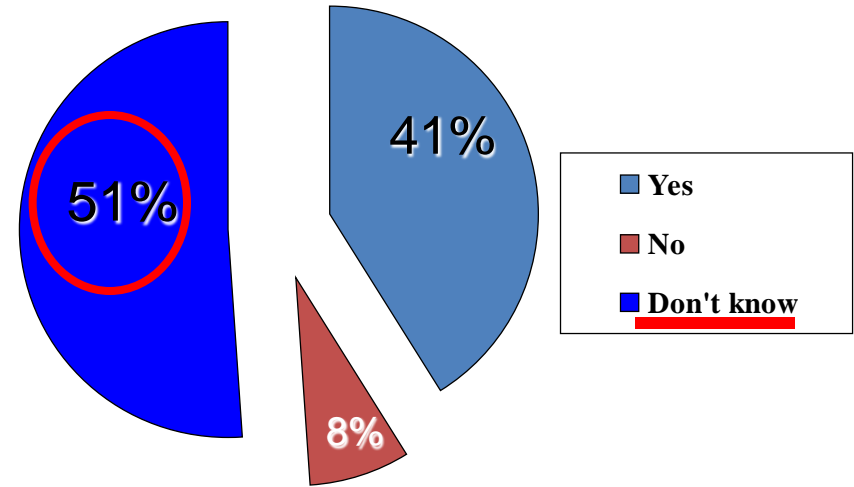
Sources: Cornish et al. (1997); Coviello et al. (2012); Coviello et al. (2010); Gordon et al. (2008); Gryczynski et al. (2012); Kinlock et al. (2009); Lee et al. (2013); Magura et al. (2009); Mitchell et al. (2013).

*Only comparisons against non-MAT counseling were statistically significant.

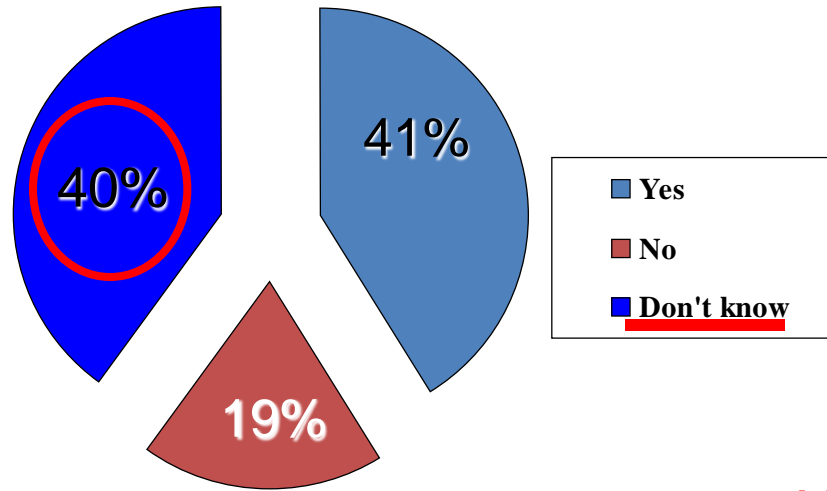
Drug Court Knowledge



Buprenorphine reduces drug use?



Buprenorphine reduces crime?



Methadone reduces crime?

Best Practice Standards

- **Affirmative obligation to learn the facts about MAT**
- **No blanket prohibitions for entry or graduation**
- **Particularized inquiry**
- **Obtain expert consultation**

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ADULT DRUG COURT
BEST PRACTICE STANDARDS

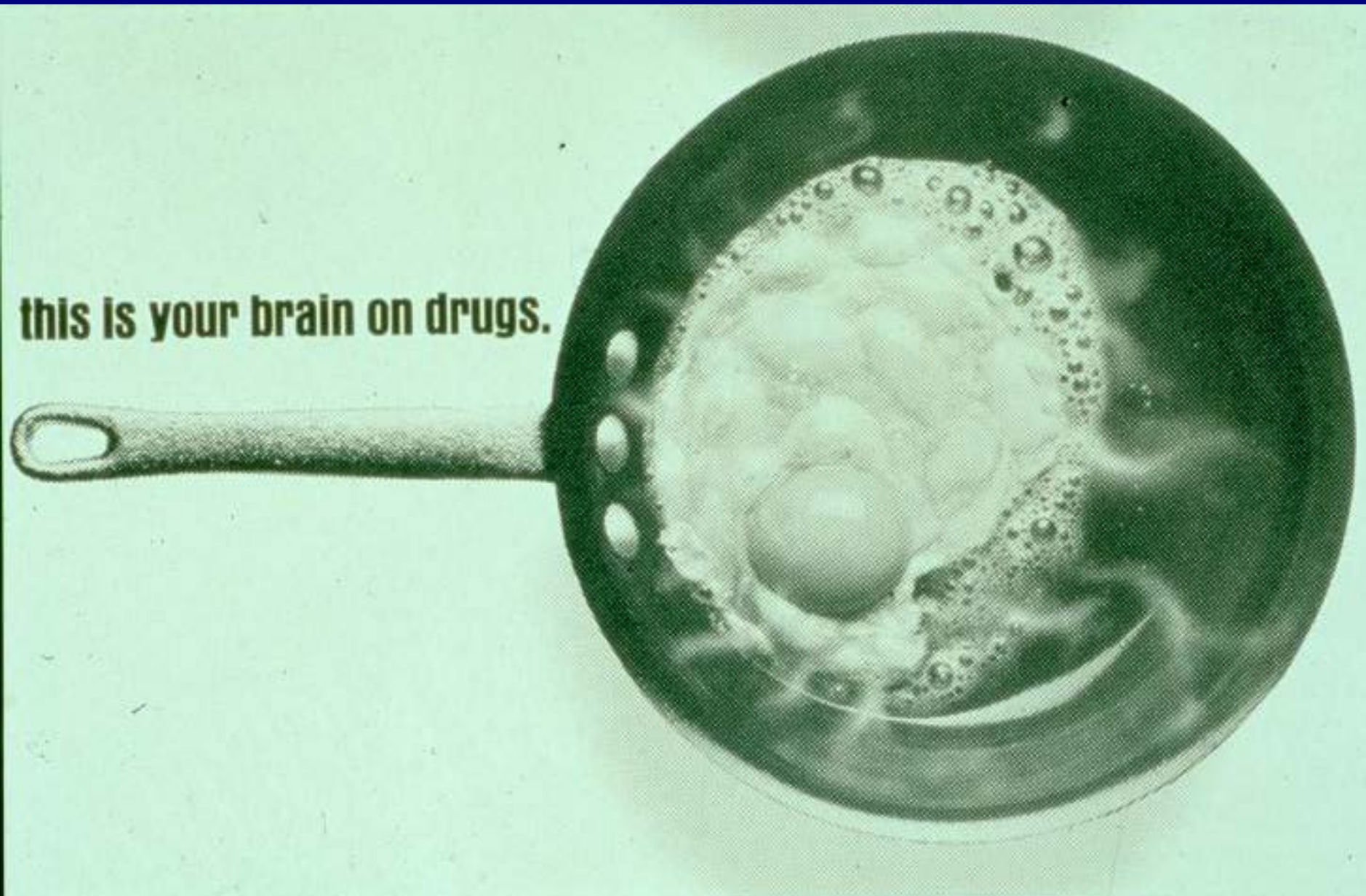
VOLUME I



NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS
ALEXANDRIA, VIRGINIA

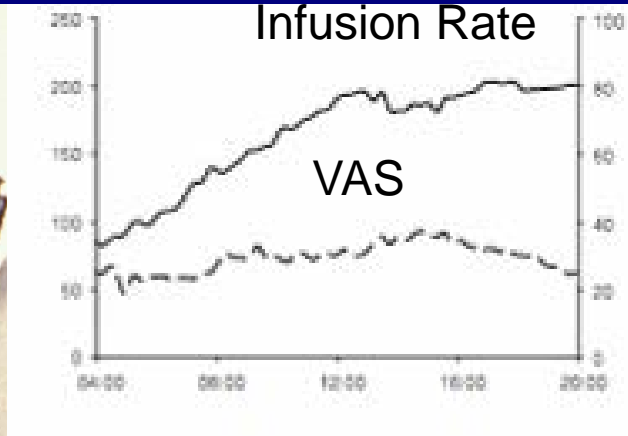
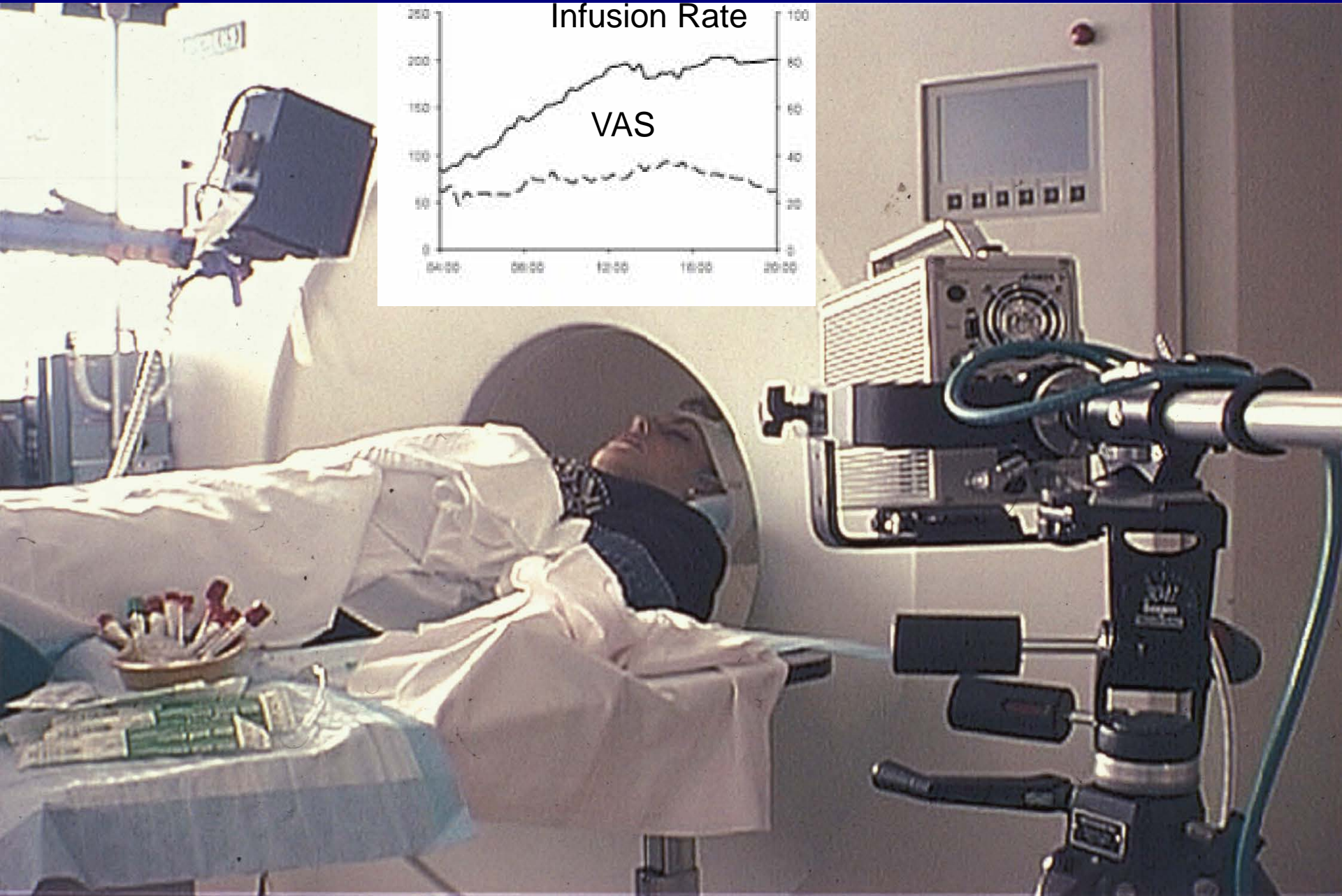
(NADCP, 2013, 2015)

Your Brain on Drugs . . . then

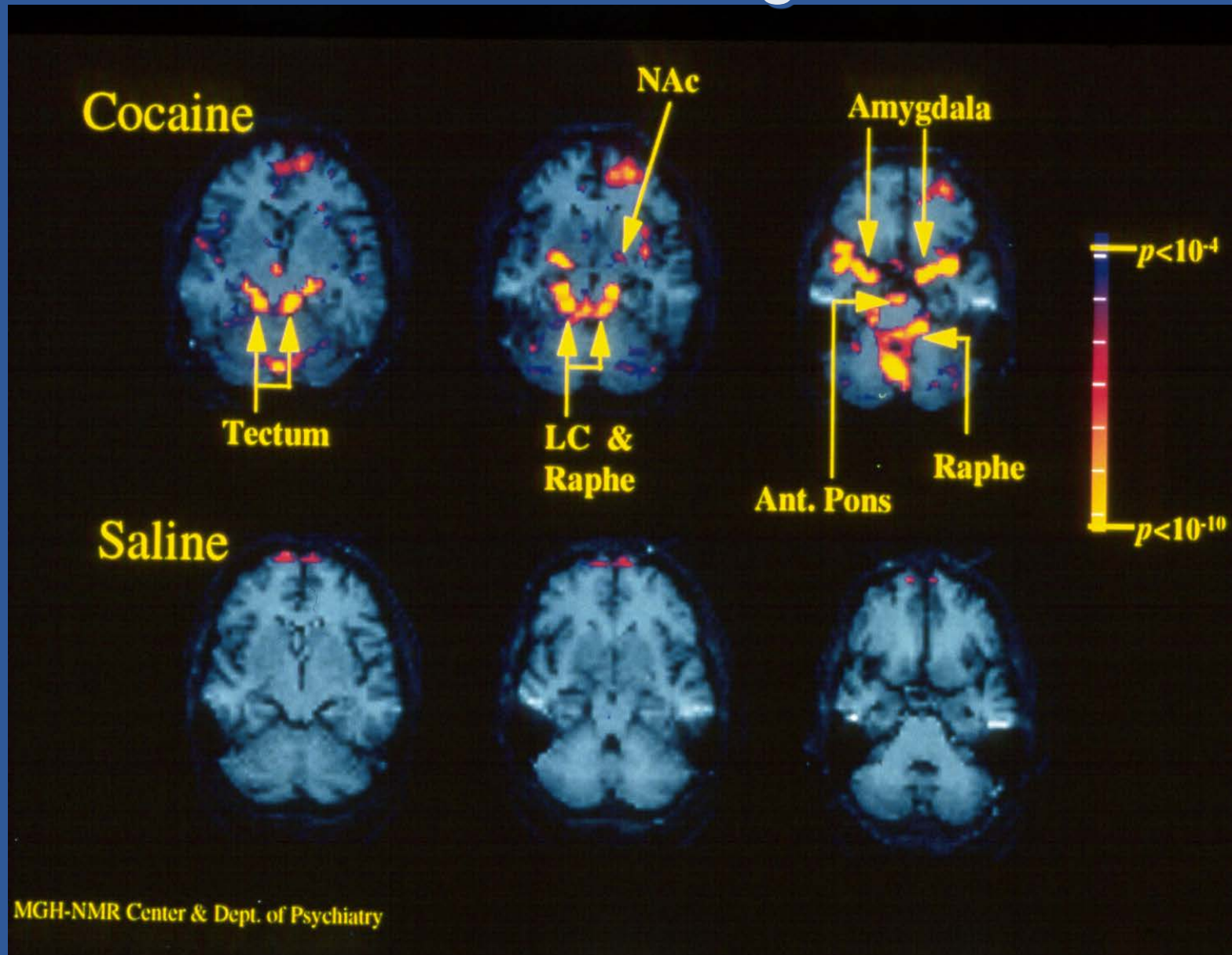


this is your brain on drugs.

Your Brain on Drugs . . . now

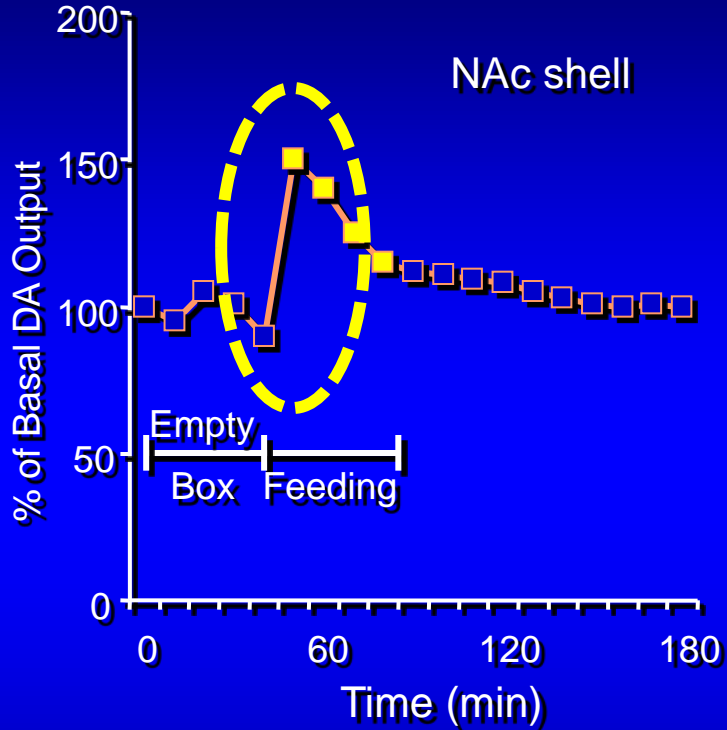


Your Brain on Drugs – Now



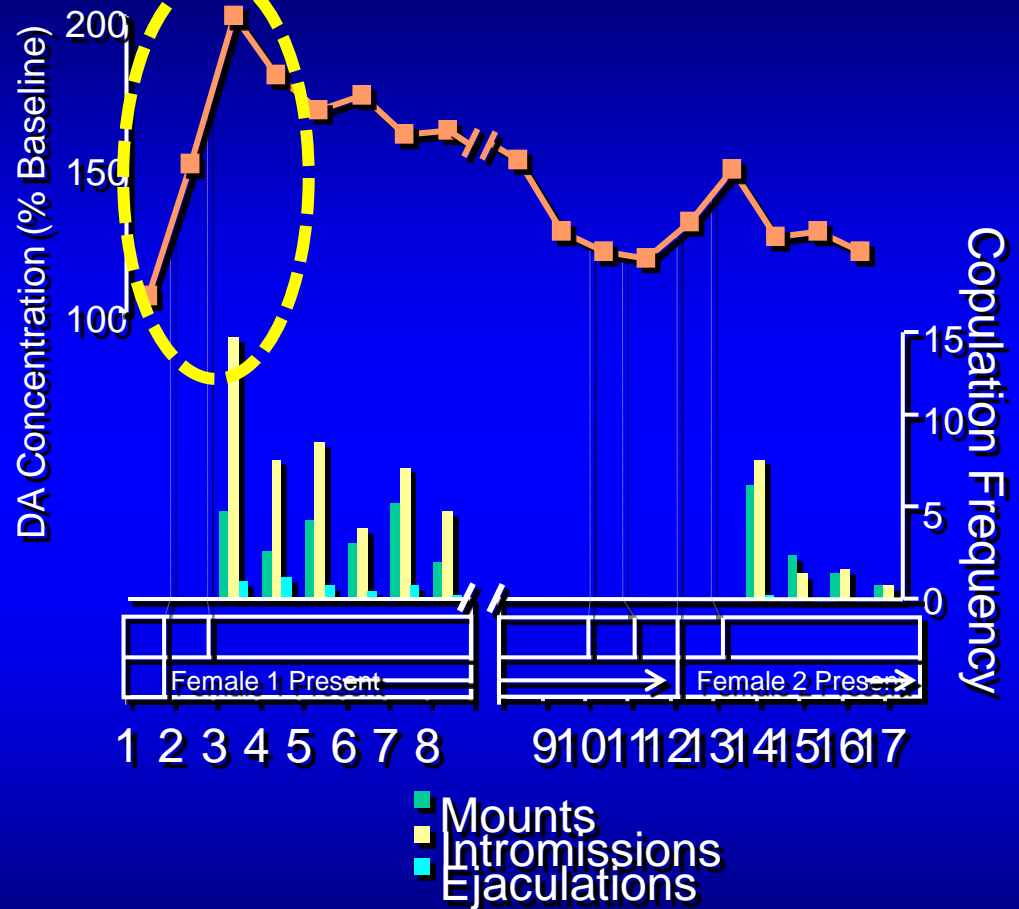
Natural Rewards Elevate Dopamine

FOOD



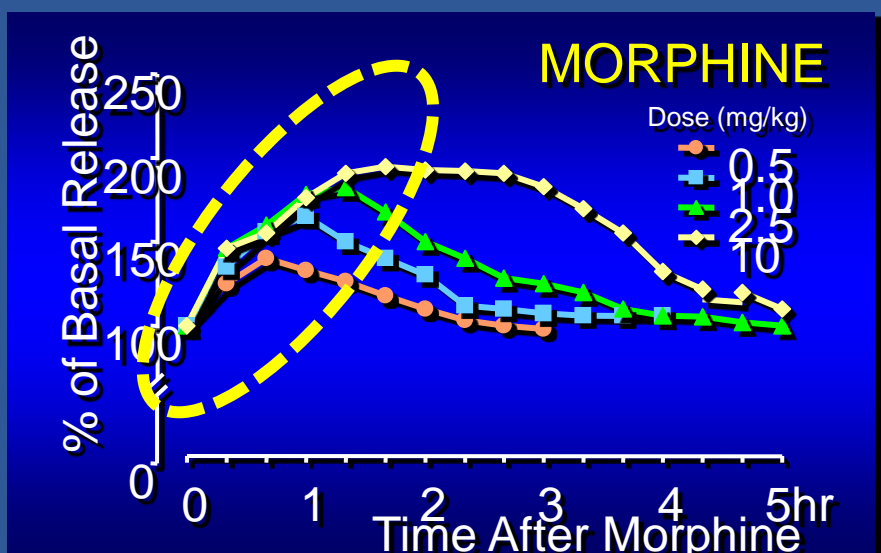
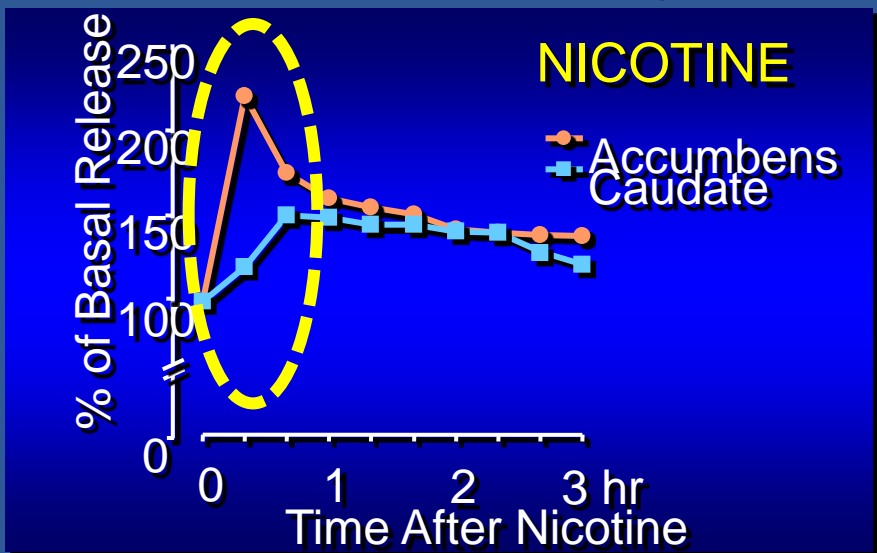
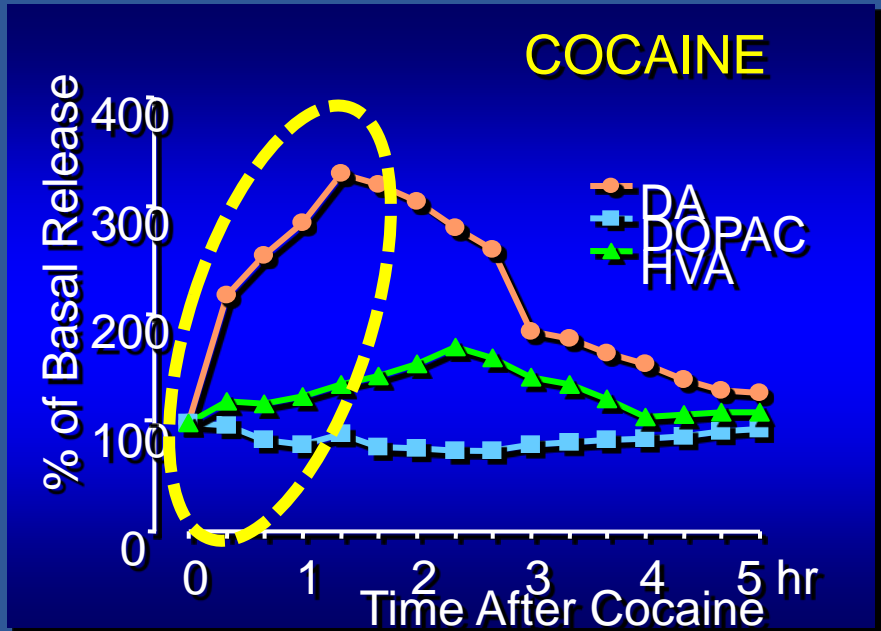
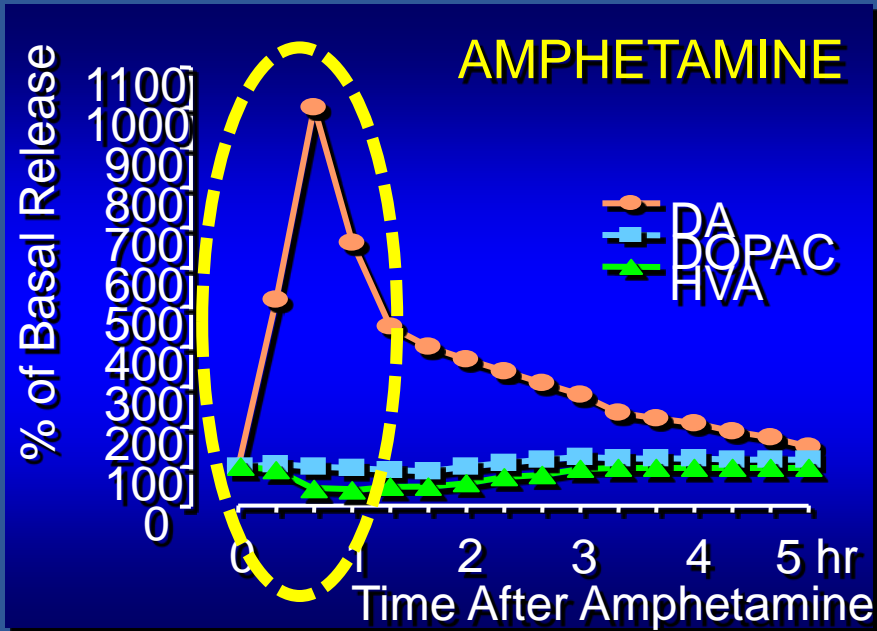
Source: Di Chiara et al.

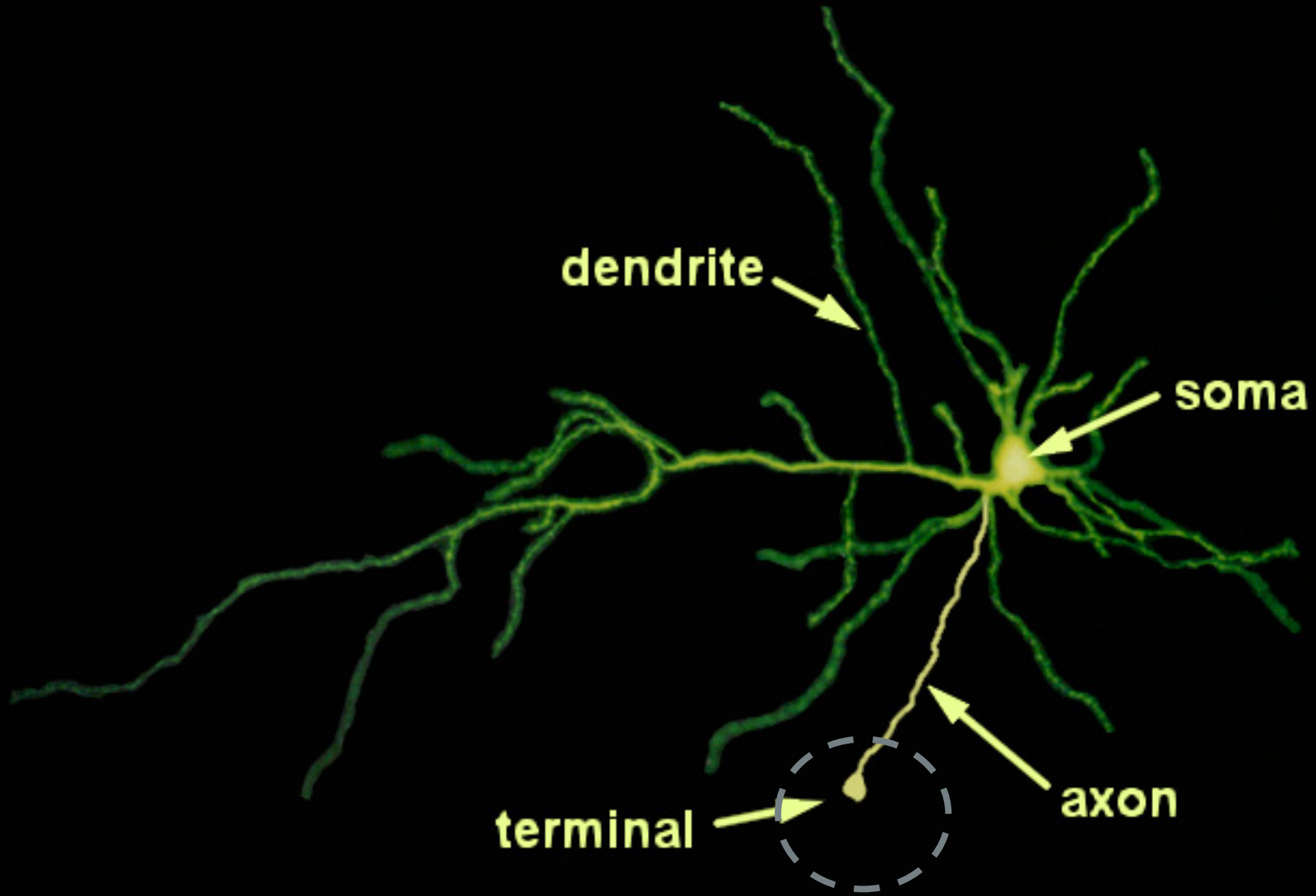
SEX

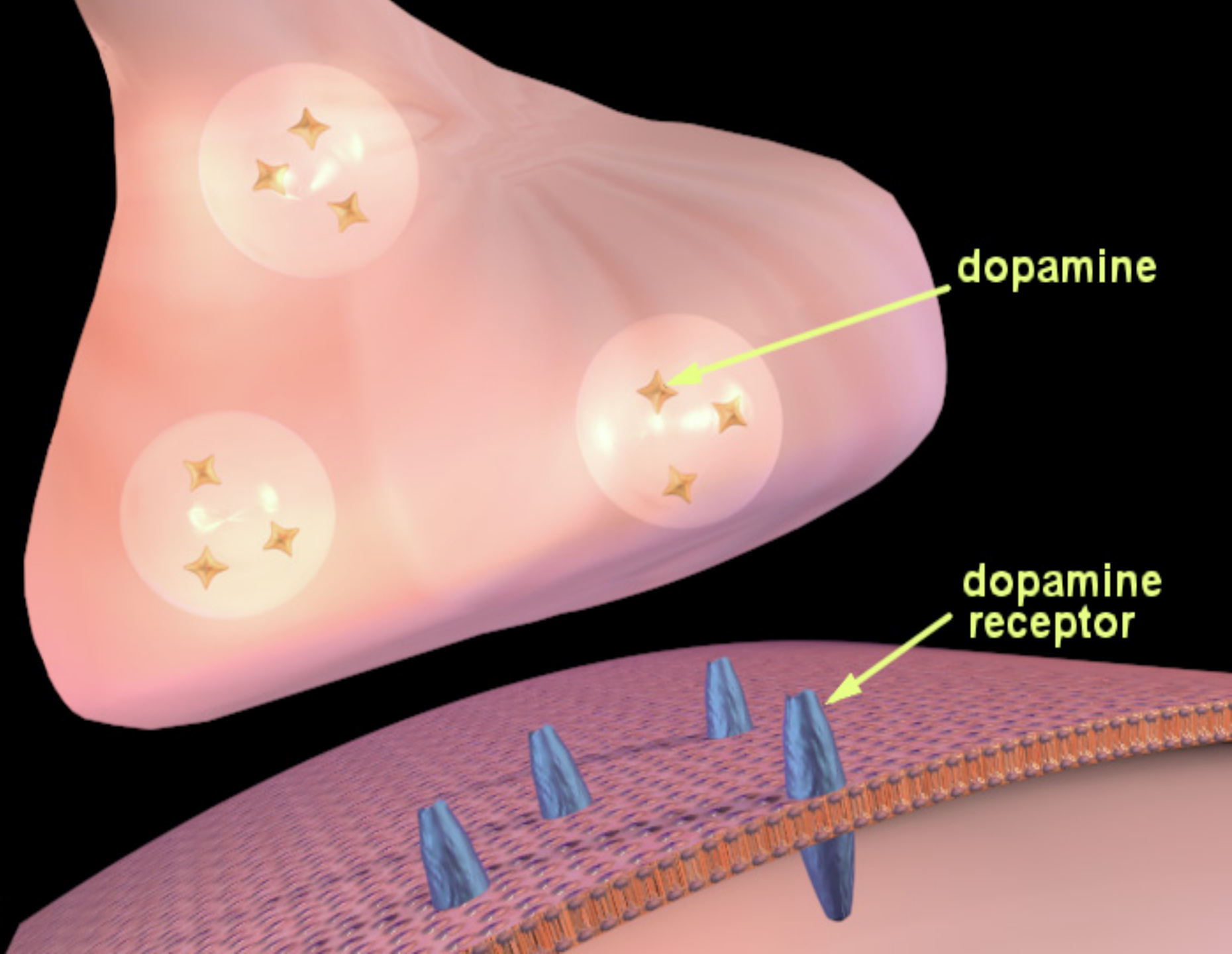


Source: Fiorino and Phillips

Drugs Elevate Dopamine MORE

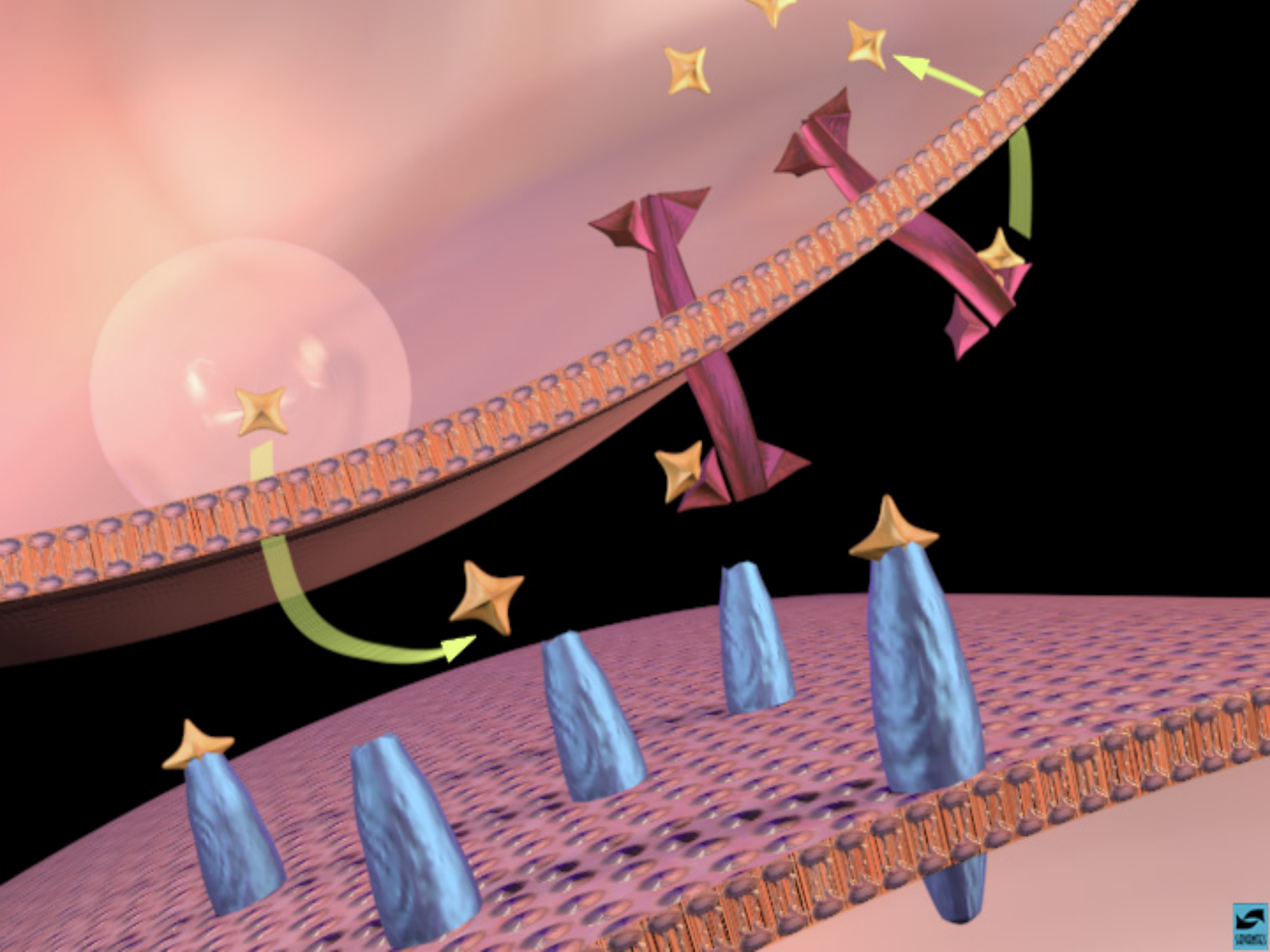


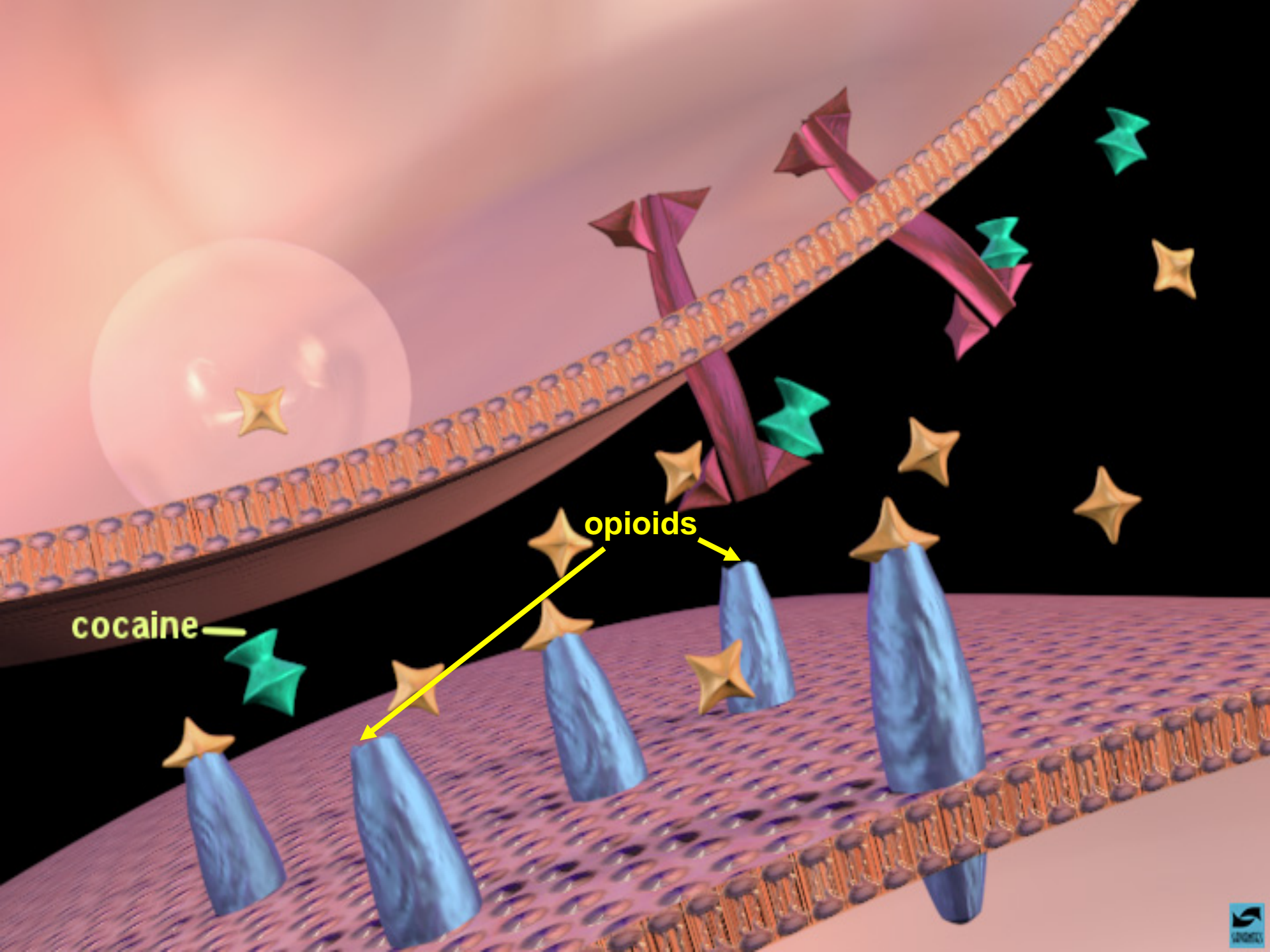




dopamine

dopamine
receptor



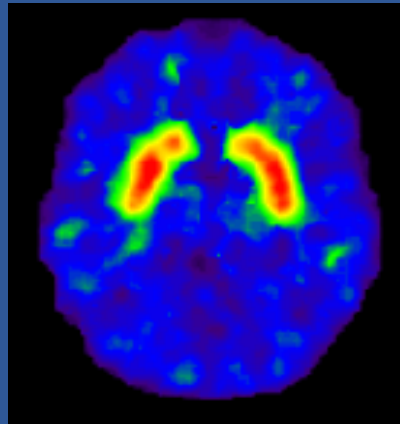


cocaine

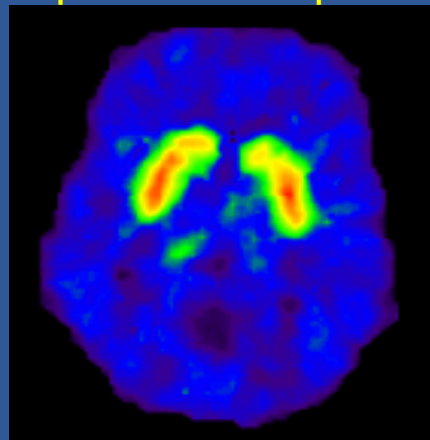
opioids

Predisposition

Dopamine Receptors and Response to Methamphetamine



unpleasant response

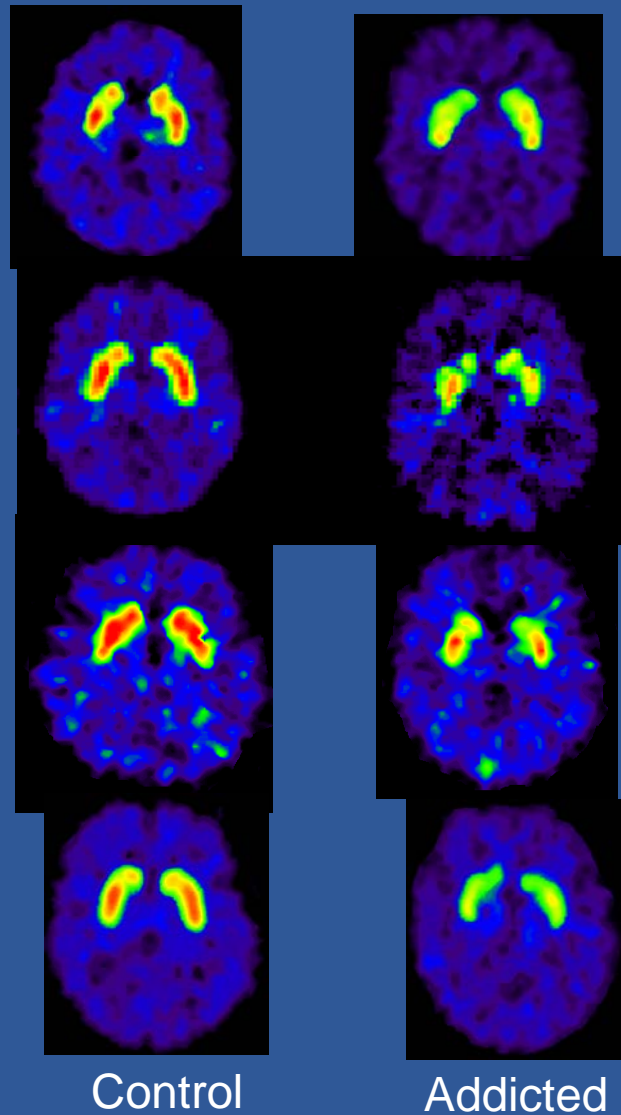


pleasant response



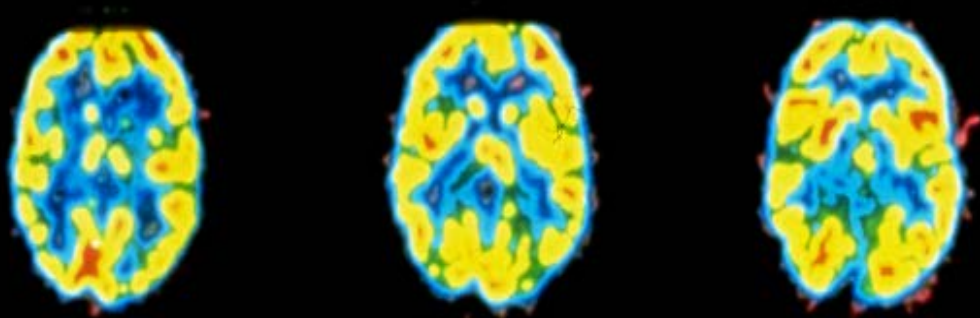
Subjects with low receptor levels found methamphetamine pleasant while those with high levels found it unpleasant

Dopamine D2 Receptors are Lower in Addiction

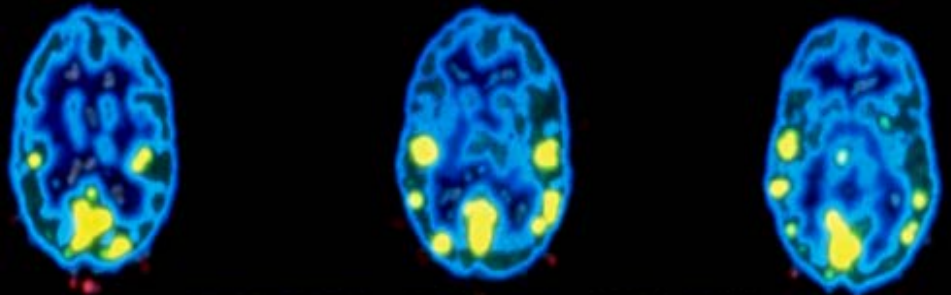


Explains both predisposition to addiction and development of tolerance

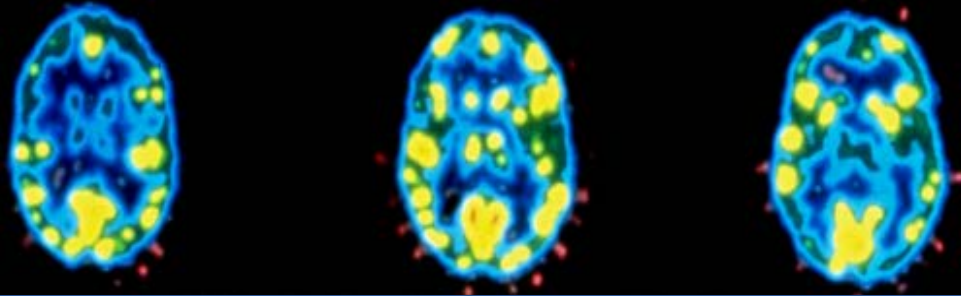
Recovery of Function



Normal



Cocaine Abuser (10 Days)

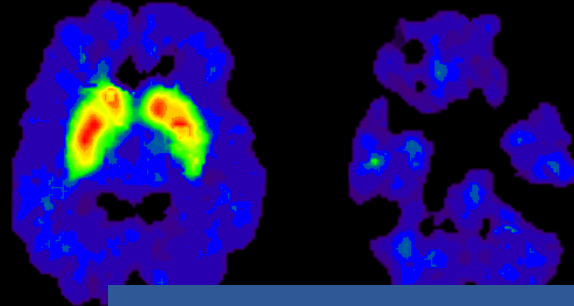


Cocaine Abuser (100 Days)

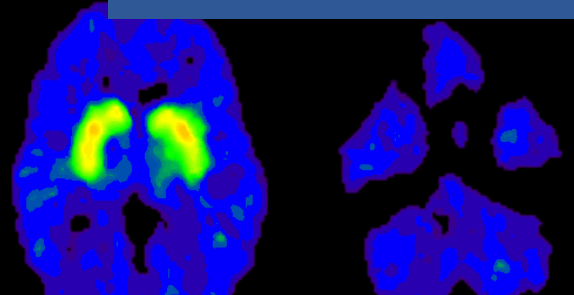


Recovery with prolonged abstinence from methamphetamine

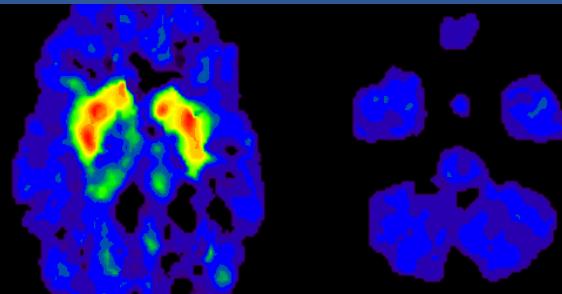
[C-11]d-threo-methylphenidate



Normal Control



Methamphetamine Abuser
(1 month detoxification)



Methamphetamine Abuser
(14 month abstinent)

Source: Volkow, N.D. et al., Journal of Neuroscience, 21(23), pp. 9414-9418, December 1, 2001.

Medication Treatment Strategies

- Agonist (replacement/substitution)
- Antagonist (blockade)
- Aversive (e.g., Disulfiram)
- Treatment of underlying/associated disorders (e.g., depression, mood lability)

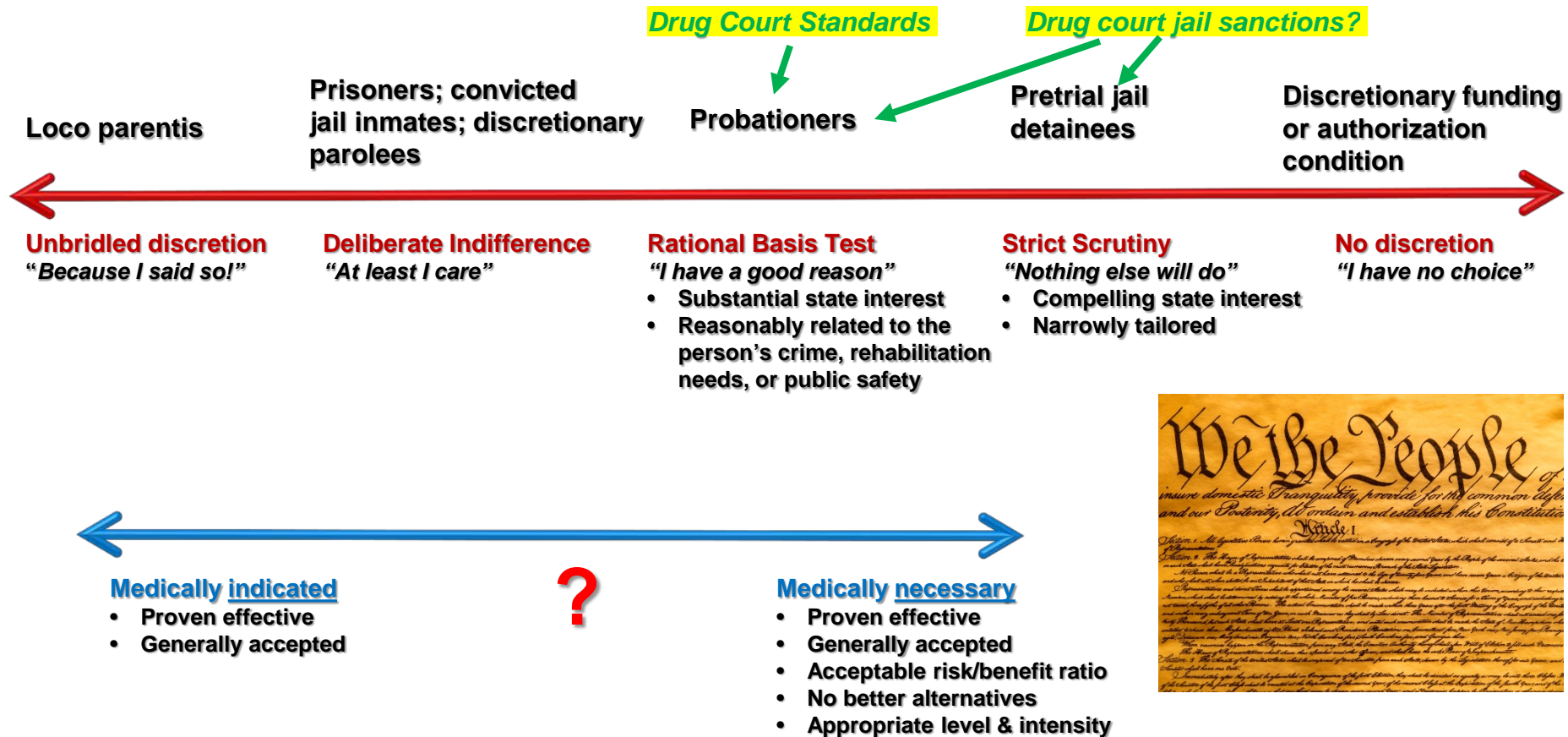


Medications for Opiate Dependence

- Methadone (full agonist)
- Naltrexone (full antagonist)
- Buprenorphine (partial agonist)



Legal Standards



- Statutes (e.g., ADA) and professional best practice standards can increase the level of scrutiny, but cannot decrease it.

Federal Drug Court Funding

- **MAT must be permitted if:**
 - Diagnosed substance use disorder
 - Licensed clinician acting within scope of practice
 - Examined the participant
 - Medication is appropriate
 - Legally valid prescription
- **Unless the judge finds misuse, abuse or diversion**
- **Apt for all uncontested matters**

Minimizing Diversion

- **Observed administration**
- **Adherence monitoring** **Failure to abide by these conditions is a proximal (willful) infraction, and merits a higher-magnitude sanction**
- **Random call-backs**
- **Medication event monitoring system (MEMS)**
- **Pre-approval, full disclosure, and release of information for new prescriptions**
- **Prescription drug monitoring program (PDMP)**
- **Abuse-deterrent formulations**

Choice of Medication

- Patient preference
- Past performance in treatment
- Age of onset and length of drug use
- Family history (genetic predisposition)
- Comorbid medical or psychiatric disorder; adaptive stability
- Side effect profile (e.g., addiction and intoxication potential; respiratory suppression; driving hazard)
- Reduced tolerance
- Street value (diversion)
- Specialized training and regulations
- Progressive tapering
- Ambiguous diagnostic picture



Tapering

- **Successful tapers are typically after 18 to 24 months (correlational studies)**
- **Should not be a requirement for graduating from a 12- to 24-month program, such as a drug court**
- **Past performance in treatment**
- **Age of onset and length of drug use**
- **Family history**
- **Comorbid medical or psychiatric disorder; adaptive stability**
- **Protracted abstinence syndrome (PAS)**



Locating Providers

- American Academy of Addiction Psychiatry
www.aaap.org/patient-resources/find-a-specialist
- American Board of Addiction Medicine
www.abam.net/find-a-doctor
- American Society of Addiction Medicine
community.asam.org/search
- SAMHSA Behavioral Health Treatment Services Locator
findtreatment.samhsa.gov
- SAMHSA Buprenorphine Treatment Physician Locator
www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator