



A Whole Person Approach: Adding Addiction Medicine Services to a Drug Treatment Court

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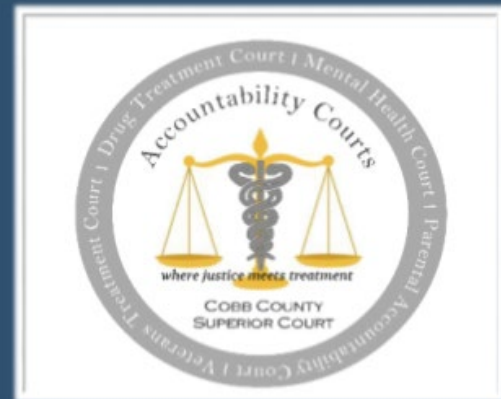
Porsha Winfrey, MS

- Over 16 Years working in the criminal justice system
- strengthening restorative practices in programs for offenders,
- victims and families
- Program Coordinator, Cobb County Drug Treatment Court
 - Program Administration
 - Program Fidelity
 - Grants Management
 - Budget Management
- Certified Accountability Court Coordinator



Jennifer Tillery, LPC, NCC, MAC, CPCS, MATS

- ▶ Accountability Courts Director Cobb County Superior Court
- ▶ Over 12 years in accountability courts
 - ▶ Treatment Coordination & Counseling
 - ▶ Specialties include: EMDR, CBT, SFBT, MATS
 - ▶ Administration – Certified Court Coordinator
 - ▶ Director of Accountability Courts
 - ▶ Drug Treatment Court
 - ▶ Veterans Accountability & Treatment Court
 - ▶ Mental Health Court
- ▶ Licensed MH & Addiction Specialist, Supervisor



Dr. Shonali Saha, MD, FASAM

- ▶ Board Certified Addiction Medicine Physician
- ▶ Started working in residential treatment, ATI 1996 in New York City
- ▶ Worked as a substance use counselor in NYC and India
- ▶ Completed residency in Internal Medicine at Cambridge Health Alliance of Harvard Medical School
- ▶ Completed fellowships in Addiction and Adolescent Medicine at Johns Hopkins
- ▶ Sees patients privately at Whole and Healthy You Addiction Medicine Services in Atlanta
- ▶ Whyaddictionmedicine.com



Disclosures



- ▶ We have no financial disclosures nor conflicts of interest
- ▶ Dr. Saha will be discussing off label uses of medications

Learning Objectives

- ▶ To explore addiction medication services as a component of drug treatment court in accordance with best practice standards
- ▶ To describe a model of pro-active partnerships between a treatment court, a doctor's office, and a local pharmacy
- ▶ To review the pharmacology and indications for addiction medicines
- ▶ To discuss cases and experiences of participants and staff
- ▶ To identify the successes and challenges encountered in forming and maintaining our collaboration
- ▶ To conceptualize how similar partnerships may be possible in your community or county
- ▶ To detail potential sources of funding

History of Cobb County Drug Treatment Court

- ▶ Began operation over 20 years ago – 2003
- ▶ 722 Graduates since programs inception
- ▶ 20% Recidivism rate within 24 months of Graduation



Best Practice Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

2011, NADCP board of directors issued a unanimous resolution directing drug courts to undertake the following:

1. Keep an open mind and learn the facts about MAT
2. Obtain expert medical consultation on MAT when available
3. Make a fact-sensitive inquiry in each case to determine whether MAT is medically indicated or medically necessary for the participant

Best Practice Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

2011, NADCP board of directors issued a unanimous resolution directing drug courts to undertake the following:

4. Explain the court's rationale for permitting or disallowing the use of MAT
 - ii. The resolution states explicitly that drug courts should not have blanket prohibitions against MAT
 - iii. 2013, NADCP released Vol 1 of BPS – which outlined that courts could not exclude from participation, to offer MAT when it is prescribed by physician and that courts that ignore these provisions are operating below the recognized standard of care and may be ineligible for funds

Timeline of Integrating Addiction Medicine Services in Cobb County's Treatment Courts

- ▶ 2011-2016 – Not accepted within the Court
- ▶ 2017 – Courts began allowing naltrexone injectables
- ▶ 2017 – Open and ready to implement inside the Court programs

Timeline of Integrating Addiction Medicine Services in Cobb County's Treatment Courts

- ▶ 2018 – DTC applied for BJA grant to expand MAT program
- ▶ 2019 – Grant received but MAT program failed to launch
- ▶ 2020-2021 – Pandemic barriers

Timeline of Integrating Addiction Medicine Services in Cobb County's Treatment Courts

- ▶ 2022 – Implemented MAT program in Drug Treatment Court
 - ▶ Presentation to educate and obtain buy in from judges, teams
 - ▶ Met with Dr. Saha to create partnership
 - ▶ Agreement with Genoa Pharmacy to provide medications
 - ▶ Signed MOU and rolled out MAT program in June 2022
 - ▶ Attended national conference with stakeholders where MAT use and policies were reinforced July 2022

DOJ and the ADA (4/22)



U.S. Department of Justice Civil Rights Division

The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery

The opioid crisis poses an extraordinary challenge to communities throughout our country. The Department of Justice (the Department) has responded with a comprehensive approach prioritizing prevention, enforcement, and treatment. This includes enforcing the Americans with Disabilities Act (ADA), which prohibits discrimination against people in recovery from opioid use disorder (OUD) who are not engaging in illegal drug use, including those who are taking legally-prescribed medication to treat their OUD. This guidance document provides information about how the ADA can protect individuals with OUD from discrimination—an important part of combating the opioid epidemic across American communities. While this document focuses on individuals with OUD, the legal principles discussed also apply to individuals with other types of substance use disorders.

1) What is the ADA?

The ADA is a federal law that gives civil rights protections to individuals with disabilities in many areas of life. The ADA guarantees that people with disabilities have the same opportunities as

Early Myths and Perceptions about Incorporating Addiction Medicines

- ▶ Abuse is imminent
- ▶ Not truly “clean/sober”
- ▶ Will hinder recovery
- ▶ Changing one drug for another
- ▶ Cannot be monitored or verified
- ▶ Drug Courts must be 100% abstinence-based

Words Matter from NIDA

Use...	Instead of...	Because...
<ul style="list-style-type: none"> ▪ Person with a substance use disorder¹⁰ ▪ Person with an opioid use disorder (OUD) or person with opioid addiction 	<ul style="list-style-type: none"> ▪ Addict ▪ User ▪ Substance or drug abuser ▪ Junkie 	<ul style="list-style-type: none"> ▪ Using person-first language shows that SUD is an illness. ▪ Using these words shows that a person with a SUD “has” a problem/illness, rather than “is” the problem.⁶ ▪ The terms avoid elicit negative associations, punitive attitudes, and individual blame.⁶
<ul style="list-style-type: none"> ▪ Person with alcohol use disorder ▪ Person who misuses alcohol/engages in unhealthy/hazardous alcohol use 	<ul style="list-style-type: none"> ▪ Alcoholic ▪ Drunk 	
<ul style="list-style-type: none"> ▪ Person in recovery or long-term recovery/person who previously used drugs 	<ul style="list-style-type: none"> ▪ Former addict ▪ Reformed addict 	

Terms

Use...	Instead of...	Because...
<ul style="list-style-type: none">▪ Substance use disorder▪ Drug addiction	<ul style="list-style-type: none">▪ Habit	<ul style="list-style-type: none">▪ “Habit” implies that a person is <i>choosing</i> to use substances or can <i>choose</i> to stop. This implication is inaccurate.⁵▪ Describing SUD as a habit makes the illness seem less serious than it is.
<ul style="list-style-type: none">▪ Use (for illicit drugs)▪ Misuse (for prescription medications used other than prescribed)	<ul style="list-style-type: none">▪ Abuse	<ul style="list-style-type: none">▪ The term “abuse” was found to have a high association with negative judgments and punishment.⁷▪ Use outside of the parameters of how medications were prescribed is misuse.

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professionals-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

Terms

- **Testing positive (on a drug screen)**

- Dirty
- Failing a drug test

- Use medically accurate terminology the same way it would be used for other medical conditions.⁸
- These terms may decrease a person's sense of hope and self-efficacy for change.⁶

Terms

Use...	Instead of...	Because...
<ul style="list-style-type: none"> ▪ Medication treatment for OUD ▪ Medications for OUD ▪ Opioid agonist therapy ▪ Pharmacotherapy ▪ Medication for a substance use disorder 	<ul style="list-style-type: none"> ▪ Opioid substitution ▪ Replacement therapy ▪ Medication-assisted treatment (MAT) 	<ul style="list-style-type: none"> ▪ It is a misconception that medications merely “substitute” one drug or “one addiction” for another.⁵ ▪ The term MAT implies that medication should have a supplemental or temporary role in treatment. Using “MOUD” aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient’s treatment plan.
<ul style="list-style-type: none"> ▪ Being in remission or recovery ▪ Abstinent from drugs ▪ Not drinking or taking drugs ▪ Testing negative (on a drug screen) 	<ul style="list-style-type: none"> ▪ Clean 	<ul style="list-style-type: none"> ▪ Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.⁸

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professionals-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

Terms

Use...	Instead of...	Because...
<ul style="list-style-type: none">▪ Baby born to a parent who used drugs while pregnant▪ Baby with signs of withdrawal from prenatal drug exposure▪ Newborn exposed to substances▪ Baby with neonatal abstinence syndrome	<ul style="list-style-type: none">▪ Addicted baby	<ul style="list-style-type: none">▪ Babies cannot be born with addiction because addiction is a behavioral disorder.▪ Using person-first language can reduce stigma.▪ Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.⁸

What are Addiction Medicines?

- ▶ Medications for Substance Use Disorders (previously known as MAT) are the use of medications, in combination with counseling and behavioral therapies, to provide a 'whole-patient' approach to the treatment of substance use disorders
- ▶ Chronic disease model of SUDs (diabetes, hypertension, depression, etc.)
- ▶ Under federal law 42 CFR 8.12, must be coupled with counseling

Medications for SUDs

Effectiveness

- ▶ Improve patient survival
- ▶ Increase retention in treatment
- ▶ Decrease illicit opioid use and other criminal activity among people with substance use disorders
- ▶ Increase patients' ability to gain and maintain employment
- ▶ Improve birth outcomes among women who have substance use disorders and are pregnant

Medications for Alcohol Use Disorders approved by FDA

Medication	Mechanism
▶ Disulfiram (250-500mg)	▶ Inhibits breakdown of alcohol causing severe reaction (flushing, nausea, palpitations) due to build up of aldehyde
▶ Naltrexone (oral and IM depo) (25-50mg; 380mg IM)	▶ Blocks opioid receptor: decreases cravings and inhibits positive reinforcement; no “buzz”
▶ Acamprosate (666mg TID)	▶ Mechanism uncertain; glutamate mediated; helps in prolonged withdrawal

Off Label Medications for AUD

- ▶ Nalmefene *
- ▶ Topiramate (25-50mg QD)
- ▶ Gabapentin (300mg TID)
- ▶ Varenicline (0.5-1 mg BID)
- ▶ Baclofen (10-20mg TID)

Off Label Medications for AUD

- ▶ Sodium oxybate
- ▶ Aripiprazole
- ▶ Ondansetron
- ▶ Mifepristone
- ▶ Ibudilast
- ▶ Suvorexant
- ▶ Prazosin
- ▶ Doxazosin
- ▶ N-acetylcysteine
- ▶ GET73
- ▶ ASP8062
- ▶ ABT-436
- ▶ PF-5190457
- ▶ Cannabidiol

Medications for Severe Opioid Use Dx

Medication

- ▶ Methadone
- ▶ Buprenorphine or Buprenorphine/Naloxone
- ▶ Naltrexone (oral and IM depo)

Mechanism

- ▶ Full opioid agonist; can only be prescribed in program with waiver for OUD
- ▶ Partial opioid agonist; paired with Naloxone to prevent diversion
- ▶ Blocks opioid receptor: protects against overdose; IM prevents cravings

Medications for Severe Opioid Use Dx

Medication

- ▶ Methadone
(by mouth daily)

Mechanism

- ▶ Full Opioid agonist; can only be prescribed in program with waiver



Medications for Severe Opioid Use Dx

Medication

- ▶ Buprenorphine or Buprenorphine/Naloxone (under the tongue daily or monthly injection)



Mechanism

- ▶ Partial Opioid agonist; office based opioid treatment (OBOT); paired with Naloxone to prevent diversion

NEWS

The [Drug Enforcement Administration \(DEA\)](#) and the [Substance Abuse and Mental Health Administration \(SAMHSA\)](#) announced the elimination of requirements related to the X-waiver. According to the DEA and SAMHSA announcements, effective immediately:

- Prescriptions for buprenorphine do not require an X-waiver number, only the DEA registration number;
- Limits on the number of patients a practitioner may treat with buprenorphine have been removed; and
- SAMHSA will no longer accept Notices of Intent for X-waiver registration.

Medications for Severe Opioid Use Dx

Medication

- ▶ Naltrexone (daily pill or monthly injection)

Mechanism

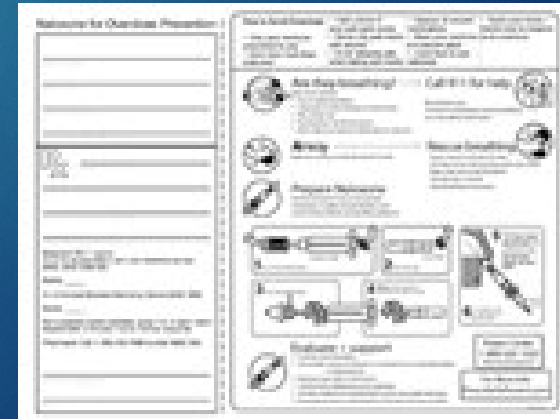
- ▶ Blocks Opioid receptor: protects against overdose; IM may prevent cravings; OBOT



Overdose Protection with Naloxone



- ▶ Community members (nonmedical, including users' families) taught to administer intranasal Naloxone and shown to have decrease in overdose rates as compared to communities that did not have training (Walley et al, 2013)
- ▶ As of April 2014, 3rd parties may administer naloxone without penalty in Georgia
- ▶ Standing order in Georgia
- ▶ prescribetoprevent.org
- ▶ Georgiaoverdoseprevention.org
- ▶ nextdistro.org/naloxone



Treatments for Stimulant (Meth) Use Disorders

- ▶ Mirtazapine 15-30mg
- ▶ Bupropion XL 150-300mg
- ▶ Extended release naltrexone¹
- ▶ Contingency management²
- ▶ ~~Stimulants~~

1. K. J., Acheson, L. S., Lintzeris, N., & Ezard, N. (2020). Pharmacological Treatment of Methamphetamine/Amphetamine Dependence: A Systematic Review. *CNS drugs*, 34(4), 337–365. <https://doi.org/10.1007/s40263-020-00711-x>
2. Roll JM, Petry NM, Stitzer ML, Brecht ML, Peirce JM, McCann MJ, Blaine J, MacDonald M, DiMaria J, Lucero L, Kellogg S. Contingency management for the treatment of methamphetamine use disorders. *Am J Psychiatry*. 2006 Nov;163(11):1993-9. doi: 10.1176/ajp.2006.163.11.1993. PMID: 17074952

Limitations pharmacotherapies for other SUDs

- ▶ Cocaine- baclofen¹, disulfiram², TMS³
- ▶ THC-N-Acetylcysteine, SSRIs namely buspirone⁴
- ▶ Benzodiazepines-SSRIs, Longer acting vs shorter acting, *must be tapered⁶


1. Haney, M., Hart, C. L., & Foltin, R. W. (2006). Effects of baclofen on cocaine self-administration: opioid- and nonopioid-dependent volunteers. *Neuropsychopharmacology : official publication of the American College of Neuropsychopharmacology*, 31(8), 1814–1821. <https://doi.org/10.1038/sj.npp.1300999>
2. Kosten, T. R., Wu, G., Huang, W., Harding, M. J., Hamon, S. C., Lappalainen, J., & Nielsen, D. A. (2013). Pharmacogenetic randomized trial for cocaine abuse: disulfiram and dopamine β -hydroxylase. *Biological psychiatry*, 73(3), 219–224.
3. Antonelli, M., Fattore, L., Sestito, L., Di Giuda, D., Diana, M., & Addolorato, G. (2021). Transcranial Magnetic Stimulation: A review about its efficacy in the treatment of alcohol, tobacco and cocaine addiction. *Addictive behaviors*, 114, 106760.
4. Weinstein, A. M., & Gorelick, D. A. (2011). Pharmacological treatment of cannabis dependence. *Current pharmaceutical design*, 17(14), 1351–1358. <https://doi.org/10.2174/138161211796150846>
5. Brett, J., & Murnion, B. (2015). Management of benzodiazepine misuse and dependence. *Australian prescriber*, 38(5), 152–155. <https://doi.org/10.18773/austprescr.2015.055>

Overdose Protection with Naloxone



- ▶ Georgiaoverdoseprevention.org
- ▶ georgiaharmreduction.org
- ▶ nextdistro.org/naloxone





Are you concerned that
addiction medication is
replacing one drug with
another?

a) Yes

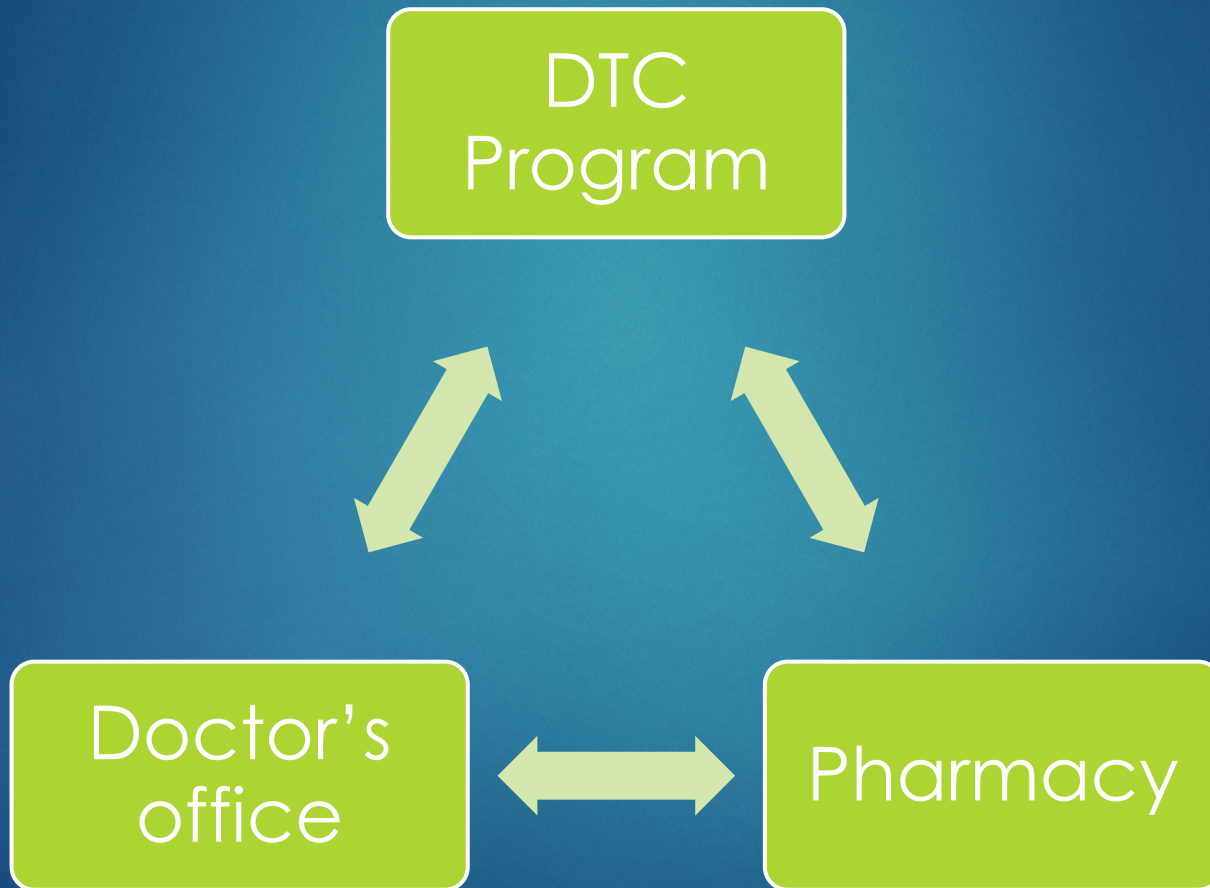
b) No

c) I am not certain



Let's talk about your
concerns...

What is our model?



Consents and Confidentiality

- ▶ CFR-42 compliant consents that are standard for all patients seeking mental health including substance use disorder treatment
- ▶ Additional consent allowing communication regarding attendance and medications prescribed if drug treatment court program is covering cost of medications
- ▶ Any other releases of information are situations specific, time limited, and details discussed with patient/participant

Case Discussion

*These are fictional cases based on experiences of several patients we have worked with in order to protect patient/participant privacy and confidentiality

Case 1



29 year old woman with a history of opioid use disorder recently released from jail after being incarcerated for several months.

Case 2



22 year old man with a history of opioid use disorder has been stable in the accountability court program for several months. He began testing positive for kratom on urine screening.

Case 3

45 y/o man with a history
of severe alcohol use
disorder and opioid use
disorder

Case 4

38 year old man with a history of opioid use disorder prescribed buprenorphine. His sober living is concerned about him overtaking his medication

Case 5

44 y/o woman on stable on injectable buprenorphine therapy that is remanded to jail for a prolonged period

Case 6

27 y/o woman on stable on
injectable buprenorphine
therapy learns she is
pregnant

Case 7

23 year old woman with a
history of alcohol and
stimulant use disorder
having cravings

Participant experiences



- ▶ Surveyed participants on their satisfaction with addiction medicine services
- ▶ 6 question survey about overall experience, likes, dislikes, if they would refer a peer, and if they plan to continue after completion in the drug treatment court program

Participant experiences

- ▶ Overall positive; describe physician and caring and knowledgeable
- ▶ Appreciate support from the drug treatment court program staff around medications and financial assistance to cover costs
- ▶ Most would recommend services to a peer (8-10/10)
- ▶ Medications helpful for cravings: “I do feel less edgy and the cravings seem much less frequent and severe”
- ▶ Majority did not plan to continue medication after the program was completed

Current Beliefs Among staff re: Integrating Addiction Medicine Services

- ▶ Educate participants with OUD and AUD on the benefits of MAT
- ▶ Added benefit to the treatment protocol
- ▶ Improved retention in treatment and in the program
- ▶ More success in the program and in recovery
- ▶ Overall pride in a program that works

How did we pay for it?

- ▶ BJA grant ended December 2022
- ▶ DTC received DATE and Supplementary Grant
- ▶ 2023 Applied and received A.R.P.A. Grant for MAT
- ▶ Future funding may include funds from Opioid Settlement Funds

Future steps in our community

- ▶ Secure future funding
- ▶ Grow an alumni network
- ▶ Continue to deepen our collaboration (showing up for graduations, meeting formally and informally)
- ▶ Spread the word about our work



Cobb County Drug Treatment Court

Graduation
celebrating

2 Graduates

Wednesday, July 10, 2024
10:30 a.m.

Judge Childs
Jury Assembly Room
Cobb County Superior Court
70 Haynes Street
Marietta, Georgia





What are future steps in
your community?

Medications for Opioid Use Disorder Toolkit

- ▶ Participant Brochure
- ▶ Participant Agreement
- ▶ Partner Agency Agreement
- ▶ Practitioner Agreement
- ▶ Recruitment Letter for Providers
- ▶ Letter to Jail Officials

More MOUD Guides

- ▶ Participant Guide: allrise-moud-participant-guide.onrender.com/
- ▶ Team Member Guide: allrise-moud-team-member-guide.onrender.com/
- ▶ Clinician Guide: allrise-moud-clinician-guide.onrender.com/

<https://allrise.org/publications/moud-guides/>

Possible Funding Sources

- ▶ Council of Accountability Court Judges, in partnership with Criminal Justice Coordinating Council, is discussing a statewide application for funds
- ▶ For your county, consider applying to the Georgia Opioid Crisis Abatement Trust (www.gaopioidtrust.org/for-applicants/resources/) Application is currently closed.
- ▶ Resources on Federal Grants available and webinars on how to apply (allrise.org/funding)

Thanks to all of you!



What else do you want to know?





Dr. Shonali Saha, MD, FASAM

- ▶ Accepting new patients 12 and up in Georgia
- ▶ Most insurances including Medicaid and Medicare
- ▶ Telemedicine
- ▶ Office number: 678-355-8722
- ▶ Email: info@whyaddictionmedicine.com
- ▶ whyaddictionmedicine.com

