



Council of Accountability Court Judges
of Georgia

MEDICATION
ASSISTED
TREATMENT
PROTOCOL AND GUIDANCE
(Rev fy 21)

MAT



Council of Accountability Court Judges

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Medication Assisted Treatment (MAT) Protocol and Guidance

Introduction

Medication-assisted treatment is the use of FDA-approved medications, in combination with counseling, behavioral therapies, and social support; to provide a “whole-patient” approach to the treatment of substance use and opioid use disorders. When used to treat opioid addiction, MAT stabilizes brain chemistry, blocks the euphoric effects of opioids (the “high”), relieves physiological cravings, and normalizes body functions.

Benefits of MAT include improving the capacity of participants to reduce illicit drug use, disease rates, and overdose events, as well as successfully fulfilling other conditions of court involvement, including participation in treatment. Further, across the criminal justice system, MAT has been found to reduce criminal activity, arrests, as well as probation revocation, and reincarceration.

Studies have shown that individuals who have access to the three MAT drug options- *Methadone*, *Buprenorphine*, and *Naltrexone*- in a treatment capacity are more likely to remain in treatment and abstain from illegal drugs or their substance of abuse than individuals who receive only behavior modification counseling or no treatment.

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APPLICATION	This MAT protocol applies to Accountability Court programs which include Adult Felony Drug Courts, DUI Courts, Family Treatment Courts, and Veteran Treatment Courts.
PURPOSE	To set forth recommended research-based guidelines and procedures to be followed regarding the use of Medication Assisted Treatment (MAT) as a part of a comprehensive treatment plan for substance use and/or opioid use disorders.
GOAL	The goal of accountability courts is to restore participants to productive, working, tax-paying citizens who provide for their families, thereby reducing costs to social services and the penal system. The utilization of medication assisted treatment for those participants who are medically appropriate, demonstrate medical necessity, and who are willing to comply with program guidelines will help to achieve that goal.
DEFINITION	Medication-assisted treatment is the use of FDA-approved medications, in combination with counseling, behavioral therapies, and social support; to provide a “whole-patient” approach to the treatment of substance use and opioid use disorders.
OPIOIDS	<p>Opioids are used to treat moderate to severe pain that may not respond well to other pain medications although such drugs are addictive and can be dangerous when abused. Types of opioid drugs include, but are not limited to:</p> <ul style="list-style-type: none"> • codeine (only available in generic form) • fentanyl (Actiq, Duragesic, Fentora) • hydrocodone (Hysingla ER, Zohydro ER) • hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin) • hydromorphone (Dilaudid, Exalgo) • meperidine (Demerol) • methadone (Dolophine, Methadose) • morphine (Astramorph, Avinza, Kadian, MS Contin, Ora-Morph SR) • oxycodone (OxyContin, Oxecta, Roxicodone) • oxycodone and acetaminophen (Percocet, Endocet, Roxicet) • oxycodone and naloxone (Targiniq ER)
MEDICATIONS	<p>The U. S. Food and Drug Administration (FDA) has approved several medications for use in the treatment of opioid dependence: methadone, buprenorphine, and naltrexone and three medications for alcohol addiction: disulfiram, acamprosate, and naltrexone. A licensed medical provider must determine the appropriate medication:</p> <p style="padding-left: 40px;">Methadone is a Schedule II synthetic opioid that has been used for more than 40 years and is available in liquid form only at the facility. It is a full agonist that binds to mu opioid receptors in the brain,</p>

	<p>mimicking the effects of other opiates and not allowing them to occupy the same receptors. When administered properly, with doses that increase gradually over time, the participants will neither experience euphoria nor will they have to combat cravings or withdrawals. They will also not have the feelings of euphoria should they relapse and abuse another opiate. Methodone is taken orally as a pill or in a liquid solution.</p> <p>Buprenorphine (Suboxone®) is an opiate-mimicking partial agonist that acts like an opiate while also blocking receptors in the brain, thus decreasing likelihood of cravings and withdrawals. Buprenorphine is taken orally as a pill or as a film placed under the tongue.</p> <p>Naltrexone (ReVia®, Depade® or VIVITROL®) is a non-addictive antagonist treatment medication that blocks the effects of opioid medication, including pain relief or feelings of well-being that can lead to opioid abuse. Naltrexone can help keep a person from feeling a “need” to use the opioid. Naltrexone is also used to treat alcoholism by reducing the urge to drink alcohol. This may help a person drink less or stop drinking altogether. Naltrexone will not decrease the effects of alcohol recently consumed. Naltrexone is taken orally daily or in an extended release VIVITROL® monthly injection administered intramuscularly.</p> <p>Disulfiram (Antabuse®) is an alcohol-abuse deterrent. It works by blocking the breakdown of alcohol, causing unpleasant side effects (e.g., vomiting, upset stomach) when even a small amount of alcohol is consumed. Disulfiram is taken orally once a day.</p> <p>Acamprosate Calcium (Campral®) is used for treating alcohol addiction by helping certain patients to avoid alcohol. Acamprosate is used in combination with a treatment program that includes social support. Acamprosate is an anti-alcohol agent. It is thought to work by restoring the balance of certain chemicals in the brain of patients who have used large amounts of alcohol. Acamprosate Calcium is taken with multiple pills orally multiple times a day.</p> <p>Naloxone (Evzio® auto-injectable), (Narcan® pre-packaged nasal spray) Naloxone is a medicine that rapidly reverses an opioid overdose. It should be given to any person who shows signs of an opioid overdose or when an overdose is suspected. Naloxone can be given as a nasal spray or it can be injected into the muscle, under the skin, or into the veins.</p>
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ELIGIBILITY

The target population for MAT are those accountability court participants who have a diagnosed addiction to alcohol and/or opioids and who have not responded to traditional counseling. The use of medication is intended as an additional component to help ensure sobriety. Participants referred to the accountability court program who elect to use MAT as a treatment option must meet the following requirements for entry:

1. Are 18 years of age or older
2. Have been using alcohol and/or opiates for a period no less than one year and demonstrate this need by screening for a severe substance use disorder, based on an appropriate assessment
3. Are currently experiencing withdrawal/withdrawal symptoms at time of admission to an accountability court program or are at a high risk of relapse
4. Have a history of failed treatment or strong likelihood of failed treatment
5. Not in need of pain management and/or are not currently being treated for pain management
6. Be willing to attend group and/or individual substance use counseling, in addition to those conducted within the accountability court program
7. Be willing to have observed urine screens for illegal drugs/drugs of abuse at both the medical treatment facility and through the accountability court program
8. Authorize the accountability court program to gather information about counseling attendance, treatment notes, dosage information, dosage attendance, symptoms, etc.

Specifically, the use of **Naltrexone** is **BEST** suited for participants who are:

1. Both alcohol and opioid dependent
2. Leaving jail or prison
3. Young adults age 18-25
4. Individuals whose professions do not permit an opioid titration program
5. Unable to receive or not appropriate for agonist meds (buprenorphine or methadone)
6. Finishing detox or already abstinent but at high relapse risk
7. Unable (e.g., due to job) to use agonist meds – or unwilling to use them
8. Not stabilizing on methadone or buprenorphine
9. Completing methadone or buprenorphine treatment

The use of **Naltrexone** is **NOT** suited for participants who are:

1. Requiring opioid analgesics for pain management
2. Currently physiologically dependent on opioids or in acute withdrawal
3. Testing positive for opioids or alcohol in their system
4. Pregnant or likely to become pregnant
5. At risk for or have acute hepatitis and/or clinically significant liver dysfunction
6. At risk for or have severe renal failure or moderate to severe renal insufficiency

SCREENING

If an individual being screened for accountability court is currently on a MAT plan through an authorized provider, and the provider indicates that such MAT is a medically necessary part of the individual's treatment, then the court should:

- Request that the individual sign a release of information between the MAT provider, the court and/or treatment provider
- Take steps to ensure that there is communication between the MAT provider and the court treatment provider at all times
- Random drug testing for drugs of abuse, as well as the medication being administered, will be utilized. This ensures medication compliance and abstinence from other substances prohibited by the accountability court program.
- Participants receiving medication assisted treatment may also be provided additional, MAT specifically designed treatment modules used to help address recovery needs.

ASSESSMENT

- Participants being evaluated for addiction involving opioid use, and/or for possible medication use in the treatment of opioid use disorder, should undergo (or have completed) an assessment of mental health status and possible psychiatric disorders.
- Accountability courts should refer participants for a medical exam to consider whether MAT is appropriate and should monitor and enforce compliance with the full treatment plan.

TREATMENT

- Accountability courts should establish a process for identifying and working with qualified providers that prescribe appropriate medication as medically indicated and necessary for each participant.
- The choice of available treatment options for addiction involving opioid use should be a shared decision between the clinician and the participant.
- Programs are highly encouraged to incorporate an appropriate review of medication side effects as well as coping skills and relapse prevention into the individual treatment plans of participants receiving MAT.
- The accountability court mandates participants who are eligible for MAT to adhere to the following treatment protocol or be subject to termination from the program:
 1. Use a court-approved addiction specialist, medical professional organization, or physician with advanced knowledge of recovery/substance use disorders (will be reviewed on case-by-case basis).

2. Use effective medications with the lowest level of potential abuse for the treatment of substance use disorders.
3. Upon request, present documentation of adherence to all medical protocols.
4. Demonstrate treatment engagement and program compliance to achieve the goals of sustainable recovery after graduation from the accountability court program.

SPECIAL POPULATIONS

- Pregnant Women
 - Pregnant women who are physically dependent on opioids should receive treatment using methadone or buprenorphine rather than withdrawal management or abstinence.
- Co-Occurring (Psychiatric and Substance Use/Opioid Use Disorders)
 - All participants with psychiatric disorders should be asked about suicidal ideation and behavior. Participants with a history of suicidal ideation or attempts should have opioid use disorder, and psychiatric medication use, monitored.

DRUG SCREENS

- Positive drug tests for participants receiving MAT must be reported to the medical provider.
- Testing for methadone and buprenorphine is recommended to ensure adherence and detect possible diversion.

MONITORING

Participants receiving MAT are subject to strict monitoring of their medication intake. This includes, but is not limited to; verification of dosages, consumption/injection of medication, and regular medical follow-ups (including patient medication education, physical examination, laboratory studies, and medication monitoring).

- While in the accountability court program, participants must authorize communication between the accountability court and all medical professionals (not limited to MAT service provider) to deter any illicit drug use and to ensure their program compliance.
- The court program should be aware that the use of some medications prescribed for addictive disorders may have the potential for abuse or may pose significant health side effects that requires both medical and court oversight.

DIVERSION

- Participants receiving medication assisted treatment should be counseled to have adequate means to secure their medications to prevent theft.
- Strategies to reduce the potential of diversion include:
 - frequent office visits
 - urine drug testing
 - observed dosing
 - recall visits for pill counts

TITRATION/TAPER

Opioid relapse rates are common and often fatal. Long-term MAT is often required in the same way that long-term medications are needed for other chronic conditions such as diabetes or high blood pressure.

- At no point will a participant be required to titrate off of their medication unless advised to do so by the MAT provider or a medical professional. Titration will not be a requirement for graduation from the program.
- If at any point while in the accountability court program a participant wishes to cease their MAT regimen, they must discuss the situation with their counselor and receive authorization from the MAT provider.
- The duration of treatment should depend on the response of the individual participant, the participant's individual circumstances, and clinical judgment.

SANCTIONS

When using court-ordered confinement as a sanction, it may be necessary to consult with the jail and the participant's medical treatment provider in advance to ensure the continuity of medical care.

NADCP BEST PRACTICE STANDARDS FOR MAT IN DRUG COURTS

Best practice standards require drug courts to permit the use of MAT in appropriate cases. In 2011, the NADCP board of directors issued a unanimous resolution directing drug courts to undertake the following:

- Keep an open mind and learn the facts about MAT.
- Obtain expert medical consultation on MAT when available.
- Make a fact-sensitive inquiry in each case to determine whether MAT is medically indicated or medically necessary for the participant.
- Explain the court's rationale for permitting or disallowing the use of MAT.

The resolution also states explicitly that drug courts should not have blanket prohibitions against MAT.

REFERENCES

1. The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use
<https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>
2. Medication-Assisted Treatment for Opioid Addiction in a Criminal Justice Context: An Implementation Brief for Community Supervision
<https://www.centerforhealthandjustice.org/tascblog/Images/documents/Publications/MAT-in-CJ.pdf>
3. Medication Assisted Treatment in Drug Courts Recommended Strategies Center for Court Innovation
<https://www.lac.org/assets/files/Medication-Assisted-Treatment-in-Drug-Courts-Recommended-Strategies.pdf>
4. National Drug Court Institute (NDCI) Drug Court Practitioner Fact Sheet: Medication-Assisted Treatment for Opioid Use Disorders in Drug Courts https://www.ndci.org/wp-content/uploads/2019/01/mat_fact_sheet-1.pdf
5. SAMHSA Medication-Assisted Treatment (Mat) In The Criminal Justice System: Brief Guidance To The States https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf
6. Jail-Based Medication-Assisted Treatment Promising Practices, Guidelines, And Resources For The Field <https://www.ncchc.org/filebin/Resources/Jail-Based-MAT-PPG-web.pdf>
7. SAMHSA Publication: Evidence-Based Resource Guide Series Use Of Medication-Assisted Treatment For Opioid Use Disorder In Criminal Justice Settings <https://store.samhsa.gov/>
8. World Health Organization (WHO): Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence
https://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf
9. NADCP: Adult Drug Court Best Practice Standards <https://www.nadcp.org/standards/>



*Inability to Comply
Is Different than
“Non-Compliance”*