

Reducing Crime Together

Medication Assisted
Treatment for Opioid
Addiction

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Working Together

Opioid Use Disorder



- Opioid use leads to significant issues for the community
- Many individuals started with a prescription
- High number of individuals with history of underlying childhood trauma and/or mental health illness
- US Statistics
 - 2014 – 1.9 million people with opioid use disorder related to prescription pain relievers and 586,000 related to heroin use
 - Significant increase in overdose deaths since 1999 - 256% increase among men and 400% increase among women

Opioid Use in El Dorado County



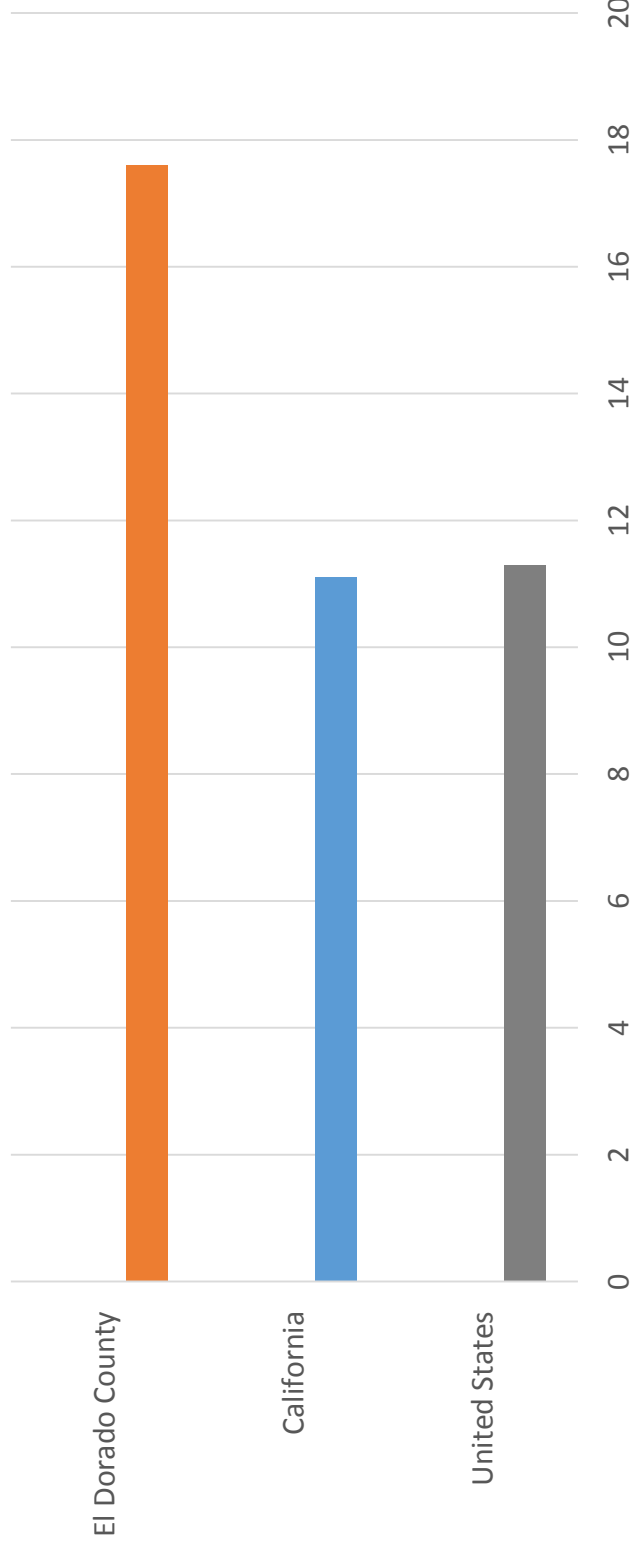
- High morbidity and mortality
 - HIV, Hepatitis, STDs, Overdoses
- High criminal behavior
- Increased costs for criminal justice system and health care system

Morbidity/Mortality Related to Overdoses



- El Dorado County higher than state or nation
 - 458 Overdose
 - 187 ED Visits
 - 168 Hospital Admits
 - 92 Deaths

2006-2013 Deaths per 100,000



Criminal Behavior Related to Opioid Use



- Opioid use disorders highly prevalent among criminal justice populations
- U.S. Department of Justice reports 50% of inmates/prisoners reported with opioid use disorder
- Largely untreated during periods of incarceration
- Relapse upon release increases risk of fatal overdoses
 - Risk = 12 x likely within first two weeks of release compared to other individuals
- Untreated opioid use disorders contribute to a return to criminal activity

(Krebs, et al., 2017)

Cost of Criminality Related to Opioids



- Opioid misuse, abuse, dependence and overdose results in \$7.7 billion in criminal justice-related costs — nearly all paid through state and local governments' budgets

(Florence, et al., 2016)

Treatment in the Criminal Justice System



- National Center on Addiction and Substance Abuse at Columbia University 2010 study revealed approximately 65 % of the 2.3 million incarcerated individuals met the medical criteria for a substance-use disorder, while another half million had committed a crime while under the influence or had a history of substance use
- Treatment for individuals with an opioid use disorder proven to be effective at reducing the risk of criminal recidivism, overdose and death, according to the Department of Health and Human Services.
Yet, only 11 percent of inmates receive treatment while incarcerated

(The National Center on Addiction and Substance Abuse, 2010)

Why Medication Assisted Treatment?



- Maintenance therapy is effective in the reduction of both narcotics-related and acquisition crime
- Inmates started on treatment while incarcerated less likely to test positive for illicit opioids at one month following release and more likely to stay in treatment with a significant reduction in overdoses
- The PREMOS study to investigate convictions and criminal behavior at baseline and after 6 years of maintenance treatment
 - Significant and clinically relevant reduction in criminal behavior in opioid-dependent patients in long-term maintenance treatment
 - 84.5 % charged or convicted with drug-related offenses
 - 17.9 % decrease in charges/convictions after 12 months

(NIH, 2017, Soyka, M et al., 2012 and Zaller, et al., 2013)

Cost Savings to Public Safety



- Retrospective study of CA publicly funded drug treatment facilities
 - Lower costs of crime 6 months following initiation of treatment
 - Economic benefits greater for individuals receiving time-unlimited treatment
- According to the National Institute for Drug Abuse, Every \$1 invested in treatment yields up to \$7 in crime-related savings given that individuals with untreated opioid use disorders are more likely to commit crimes and, consequently, become incarcerated and experience high rates of recidivism

(Krebs, et al., 2017 and NIH, 2017)

Medication Assisted Treatment (MAT)



- Evidence-based treatment for opioid addiction using prescribed medication along with counseling and therapy
- Relapse rates for heroin and prescription opioid users can be as high as 80-90 % without medication
- Treatment for opioid use disorders reduces risk of mortality and infectious disease transmission
- Increased access to opioid agonist treatment is associated with a reduction in heroin overdose deaths

(Schwartz R. et al., 2013)

Buprenorphine (e.g., Suboxone, Subutex)

- Partial opioid agonist
 - Effects reach a plateau and no longer continue to increase with higher doses
 - Decreases the risks of overdose death significantly since users do not stop breathing even at high doses.
 - Lower risk of abuse, addiction and adverse side effects compared to other opioid drugs
- Normalizes brain chemistry, blocks the euphoric effects of opioids decreasing physiological craving
- Suboxone = buprenorphine + naloxone
 - Prevents snorting or injecting
 - Naloxone becomes activated and blocks the euphoric effect buprenorphine or elicits withdrawal symptoms from other opioids (e.g., heroin, pain pills)

ECDCH MAT Program Not Just Medication



- Counseling and behavioral health therapy
- Group education relapse prevention
- Urine drug screens
- Refill of medication tied to appointments
- Coordination with County Mental Health and Alcohol and Drug
- Coordination with inpatient and outpatient treatment programs
- Coordination with probation
- Coordination with corrections

Working Together as a Community



- Encourage opioid drug users to seek recovery
- Treating opioid use disorders together can result in significant cost savings
- Continue to explore projects to distribute life saving medications to prevent and treat overdoses
- Coordinate to reduce the stigma related to medication assisted treatment

Addiction is a Disease Not a Crime



- Current collaborations in EDC
 - Homeless Outreach Program
 - Probation
 - Corrections – pregnant women
 - Marshall ED
- Law Enforcement Projects
 - The Police Assisted Addiction and Recovery Initiative (PAARI)
 - Law Enforcement Assisted Diversion Program (LEAD)



References

- Florence, C., Zhou, C., Luo, F., and Xu, L. (2016). The economic burden of prescription opioid overdose, abuse, and dependence in the United States. *Medical Care*, 54(10), 901-906. DOI: 10.1097/MLR.0000000000000625
- Krebs, E., Thomas, K., Julio, M., Evan., and Bohdan, N. (2014). Dynamics in the cost of criminality among opioid dependent individuals. *Drug Alcohol Dependence*, 144, 193-200. doi: 10.1016/j.drugalcdep.2014.09.007
- Krebs, E., Urada, D., Evans, E., Huang, D., Hser, Y.-I., and Nosyk, B. (2017) The costs of crime during and after publicly funded treatment for opioid use disorders: a population-level study for the state of California. *Addiction*, 112(5), 838–851. doi: 10.1111/add.13729
- National Institute of Drug Abuse. (May 2017). Treatment of Opioid Use Disorder in the Criminal Justice System. Retrieved from <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/treatment-opioid-use-disorder-in-criminal-justice-system>
- Schwartz, R., et al. (2013). Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995–2009. *American Journal of Public Health*, 103 (5), 917–922. doi: 10.2105/AJPH.2012.301049
- Soyka, M., et al. (2012). Criminal behavior in opioid-dependent patients before and during maintenance therapy: 6-year follow-up of a nationally representative cohort sample. *Journal of Forensic Science*, 57(6), 1524-1530. doi: 10.1111/j.1556-4029.2012.02234.x
- The National Center on Addiction and Substance Abuse. (2010). New CASA report finds: 65% of all U.S. inmates meet medical criteria for substance abuse addiction, only 11% receive any treatment. Retrieved from <https://www.centeronaddiction.org/newsroom/press-releases/2010-behind-bars-II>
- Zaller, N., McKenzie, M., Friedmann, P., Green, T., McGowan, S., and Rich, J. (2013). Initiation of buprenorphine during incarceration and retention in treatment upon release. *Journal of Substance Abuse Treatment*, 45(2), 222-226. doi:10.1016/j.jsat.2013.02.005.