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Monday, July 20, 2009
Philadelphia, PA
Medication Assisted Treatment for Opiate Addiction
In the Criminal Justice System
Average Cost Per Year for One Heroin Addict

Source: New York State Division of Substance Abuse Services, 1991 by Dole and De Jarlais
Cost-Effectiveness of Drug Treatment

- Every $1.00 invested in treatment yields us to $7.00 in reduced crime-related costs
- Savings can exceed costs by 12:1 when health care costs are included
- Reduced interpersonal conflicts
- Improved workplace productivity
- Fewer drug-related accidents

Source: National Institute on Drug Abuse (NIDA)
Crime among 491 patients before and during MMT at 6 programs

Baltimore –– Philadelphia –– New York City

Adapted from Ball & Ross - The Effectiveness of Methadone Maintenance Treatment, 1991
# Lifetime and Recent Prevalence of Psychiatric Symptoms Among Male Methadone Maintenance Patients

<table>
<thead>
<tr>
<th>Psychiatric Symptoms</th>
<th>Percent with Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious depressions</td>
<td>48.3</td>
</tr>
<tr>
<td>Serious anxiety</td>
<td>51.7</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>8.6</td>
</tr>
<tr>
<td>Difficulty Understanding, concentrating, remembering</td>
<td>28.0</td>
</tr>
<tr>
<td>Trouble controlling violent behavior</td>
<td>24.9</td>
</tr>
<tr>
<td>Thoughts of suicide</td>
<td>15.3</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>8.5</td>
</tr>
<tr>
<td>Had one or more symptoms</td>
<td>68.4</td>
</tr>
</tbody>
</table>

**Valid cases – 567**

Source: Ball and Ross. The Effectiveness of Methadone Maintenance Treatment
Estimated Opiate Dependent Drug Users in Substitution Treatment per 100,000 Population
Deadly abuse of methadone tops other prescription drugs

Only cocaine kills more by overdose

By Donna Leinwand
USA TODAY

Methadone, a painkiller that has been used to treat heroin addicts for decades, has emerged as an increasingly popular and deadly street drug, joining narcotics such as Vicodin and OxyContin as frequently abused prescription drugs.

Fatal overdoses of methadone rose at a higher rate than those involving any other narcotic from 1999 through 2004, according to a recent study by the National Center for Health Statistics (NCHS). The number of deaths from methadone in 2004 (3,849) represented a 390% rise from 1999, the study said.

Methadone was cited in nearly 13% of all the overdose deaths reported in the USA in 2004, up from about 4% five years earlier. Among drugs cited in fatal overdoses, only cocaine kills more people than methadone.

The NCHS study — and reports from coroners nationwide that the trend is continuing — indicate that doctors' increasing tendency to prescribe methadone as a cheap alternative to addictive pain relievers such as OxyContin has made it easier for addicts to get methadone, the Drug Enforcement Administration's Denise Curry says.

"It's out there, it's available, and it can be dangerous," Curry says.

Methadone's dangers

» Street availability up, 3A

Pharmacies report that methadone is among the most popular drugs stolen, along with Vicodin and OxyContin, she says.

At about $20 a pill on the black market and pennies a dose when prescribed, methadone is considerably cheaper than such opiates.

Methadone has long been viewed as a relatively safe and effective narcotic, in part because its effects are gradual and it can ease withdrawal symptoms for recovering heroin addicts.

However, it also is addictive, and drug addicts account for most methadone-related deaths, says Nicholas Reuter, a senior public health analyst at the Substance Abuse and Mental Health Services Administration.

Reuter says the problem is complicated by doctors who prescribe methadone incorrectly and patients who do not follow directions in taking it. On Nov. 26, the Food and Drug Administration warned doctors that "prescribing methadone is complex" because it eases pain up to six hours but can stay in the body 59 hours. Patients may want more before the dose wears off, the FDA warned.

"Methadone may build up in the body to a toxic level if it is taken too often, if the amount taken is too high, or if it is taken with certain other medications," the FDA said.

Authorities nationwide cite rising methadone fatalities:

» Fatal drug overdoses in New Hampshire rose from 39 in 1995 to 105 in 2003, and chief state medical examiner Thomas Andrew determined that methadone was the key. In 2005, Andrew says, at least 52 of the 153 people who died from overdoses in the state had taken methadone. He suspects the trend continued in 2006.

» Florida has had a "steady increase" in methadone deaths since 2001, says Jennifer Cook Pritt of the Department of Law Enforcement.

» In West Virginia, where fatal methadone overdoses rose from 40 in 2001 to 116 in 2005, state legislators are holding hearings on a plan to limit the medical professionals who could prescribe the drug, says Del. Don Perdue, a Democrat who leads the health committee in the House of Delegates.
Number of Prescriptions Dispensed for Methadone

Source: IMS Health Prescription Audit

Bar chart showing the number of prescriptions dispensed for methadone from 1998 to 2006. The y-axis represents millions, and the x-axis represents the years from 1998 to 2006. The chart indicates a significant increase in the number of prescriptions over time, peaking in 2006.
2007 Update: Consistent Rise in Distribution of Buprenorphine to OTPs

DEA ARCOS: Suboxone/Subutex, Drug Units to OTPs (2007 projected)
Corrections in the United States

- 7 million people under State and Federal jurisdiction in 2004
- 2.1 million in jails or prisons.
- US: 724 prisoners per 100,000, higher than any other nation
- 60% of inmates are African or Latin-American
U.S. Adult Offender Population

Adult correctional populations, 1980-2002

- Probation
- Prison
- Parole
- Jail

Graph showing the increase in adult correctional populations from 1980 to 2002.
Who’s Incarcerated?

- 44% men and 52% women meet criteria for alcohol/drug dependence (Karberg & James, 2005)
- 60-83% were under the influence during offense; committed offense to support drug addiction; or charged with a drug/alcohol related crime (Belenko & Peugh, 1998)
- 99% will be released back to the community (RI)

Different Models of Methadone (Buprenorphine in Jails and Prisons)

<table>
<thead>
<tr>
<th>State</th>
<th>Program/Service</th>
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<tbody>
<tr>
<td>New York State</td>
<td>Rikers Island KEEP Program</td>
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<tr>
<td>Rhode Island</td>
<td>CODAC – Delivering Methadone to Inmates</td>
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<tr>
<td>Florida</td>
<td>Orange County Jail Methadone/Buprenorphine</td>
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<tr>
<td>Pennsylvania</td>
<td>Philadelphia Prison System</td>
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<tr>
<td>Maryland</td>
<td>Baltimore County Jail Recidivism Prevention</td>
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<tr>
<td>New Mexico</td>
<td>Legislation – Opiate Replacement Therapy Pilot Project</td>
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<td>Washington</td>
<td>At the Inception</td>
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The Rikers Island Methadone Program, 2000

- The cost of outpatient methadone treatment is about $4,700.00 per year and involves the use of medication in addition to medical care and counseling, compared to the person cost of $18,400.00 for one year of imprisonment.
- The average KEEP patient’s length of stay is 35 days at Rikers Island.
- Approximately 70% of these inmates were men and 10% of the women in the program were pregnant.
- Seventy-six percent of all inmate patients reported to their assigned programs for continued substance abuse treatment following their release from jail.

Source: Rikers Island KEEP Program
The panel calls attention to the need for opiate-dependent persons under legal supervision to have access to *Methadone Maintenance Treatment*. The ONDCP and the U.S. Department of Justice should implement this recommendation.

Source: NIH Consensus Statement; Volume 15, Number 6 - 1997
“The problem was one of the rehabilitating people with a very complicated mixture of social problems on top of a specific medical problem, and that (practitioners) ought to tailor their programs to the kind of problem they were dealing with. The strength of the early programs as designed by Marie Nyswander was in their sensitivity to individual human problems. The stupidity of thinking that just giving methadone will solve a complicated problem seems to me beyond comprehension.”

Vincent P. Dole, M.D., 1989

Source: Courtwright, et. Al. Addiction Who Survived
Principles of Drug Abuse Treatment for Criminal Justice Populations

1. Drug Addiction is a brain disease that affects behavior.
2. Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
3. Treatment must last long enough to produce stable behavioral changes.
4. Assessment is the first step in treatment.
5. Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations.
6. Drug use during treatment should be carefully monitored.
7. Treatment should target factors that are associated with criminal behavior.
8. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.

9. Continuity of care is essential for drug abusers re-entering the community.

10. A balance of rewards and sanctions encourages prosocial behavior and treatment participation.

11. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.

12. Medications are an important part of treatment for many drug abusing offenders.

13. Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions such as HIV/AIDS, hepatitis B and C, and tuberculosis.
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