Participants' experiences using medication-assisted treatment (MAT) in treatment court to treat their opioid use disorders

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Presentation Objectives

- Objective 1: Synthesize the nature, history, and current role of drug courts in the criminal justice system and their role in addressing the opioid epidemic.
- Objective 2: Compare and contrast drug court participants' opinions and experiences with using MAT in drug court to treat their opioid use disorders.
- Objective 3: Assess how the findings from this qualitative study can be used to inform practice for the range of professionals who use MAT to treat opioid use disorders.

Defining Drug Courts: The Key Components

(National Association of Drug Court Professionals, 2004)

1. Drug courts **integrate alcohol and other drug treatment** services with the justice system case processing
2. Using a **nonadversarial approach**, prosecution and defense counsel promote public safety while protecting participants' due process rights
3. Eligible participants are **identified early and promptly placed** in the drug court program
4. Drug courts provide access to a **continuum of alcohol, drug, and other related treatment** and rehabilitation services
5. Abstinence is monitored by frequent alcohol and other **drug testing**

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6. A coordinated strategy governs **drug court responses to participants' compliance**
7. **Ongoing judicial interaction** with each drug court participant is essential
8. Monitoring and **evaluation measure** the achievement of program goals and gauge effectiveness
9. Continuing **interdisciplinary education** promotes effective drug court planning, implementation, and operation
10. **Forging partnerships** among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

Literature Review

- Drug courts are, perhaps, the most evaluated criminal justice program ever, and nearly three decades of evidence have found them to be more effective at reducing criminal recidivism than other criminal justice interventions, such as traditional probation (Mitchell, Wilson, Eggers, & MacKenzie, 2012; Shaffer, 2011).

- However, a recent study by Gallagher and colleagues (2018) found that participants who identified opioids as the primary drug used were 80% less likely to graduate, as compared to drug court participants who identified non-opioids as their primary drug used. Only 30% of participants who primarily used opioids successfully completed drug court, whereas nearly 70% of participants successfully completed who primarily used non-opioids.

Research Question & Sample Size

- What are drug court participants' perceptions on the most helpful aspects of drug court in treating their opioid use disorders, how the drug court could be more helpful in treating their opioid use disorders, and their thoughts and experiences on the use of MATs to support recovery?

- Thirty-nine drug court participants met the inclusion criteria and 38 chose to participate, providing a response rate of 97%.

Methodology & Sample

- In 2018, the researchers facilitated 6 focus groups. On average, 6 to 7 participants were in each focus group and the focus groups lasted for nearly an hour.
- The average age of focus group participants was 34 years old, the majority were male (63% male, 37% female), and almost three-fourths of the sample were White (71% White, 29% non-White).
- All of the research participants had a moderate to severe opioid use disorder and the majority (58%) had been on a MAT at some point in their life.
- Furthermore, 37% of the research participants were on a MAT at the time of the focus group. For the participants who were on a MAT at the time of the focus group, 50% were on Suboxone (buprenorphine/naloxone), 29% on Vivitrol (naltrexone), and 21% on methadone.

Focus Group Questions

1. Could you please describe what aspects of drug court are most helpful to you in treating your opioid use disorder?
2. Could you please describe how drug court could be more helpful to you in treating your opioid use disorder?
3. Could you please describe your thoughts and/or experiences on the benefits of using medication-assisted treatments to treat your opioid use disorder?
4. Could you please describe your thoughts and/or experiences on the challenges of using medication-assisted treatments to treat your opioid use disorder?
5. Could you please describe your thoughts and/or experiences on whether or not the drug court effectively utilizes medication-assisted treatments to treat participants who have opioid use disorders?

Medication Assisted Treatments (MATs)

	Methadone	Buprenorphine & Naloxone	Naltrexone (injectable)
Brand names:	Dolophine	Suboxone	Vivitrol
Estimated Cost:	Least Expensive (~$360/month)	Middle (~$500/month)	Most Expensive (~$1,400/month)
Type:	Full Agonist (Opioid)	Partial Agonist (Opioid-based)	Antagonist (Non-opioid)
Common side effects:	Nausea, constipation, headache, lightheadedness	Nausea, constipation, headache, lightheadedness	Cold symptoms, muscle cramps, joint pain, decreased appetitie

Importance of Drug Testing

66% of the participants contributed to this theme

- "I would say that they [drug court] work with you. If you're honest about, you know, slipping or relapsing, they are willing to give you another chance and not just throw you in jail and keep you locked up. I relapsed myself a few times and they worked with me. The drug testing keeps you on your toes because, being on blue in the beginning, you got to be clean for three days. But, some people, you know, they try to beat the system. I tried to beat the system and it ended up biting me, but, you know, I learned my lesson. Being on the color, blue, it keeps you on your toes and helps me make better decisions."

Importance of Drug Testing

66% of the participants contributed to this theme

- "At the beginning, I was on the color, blue, and just knowing that you're going to be tested three times a week, and it's random, it's like the hardest time. It holds you accountable by knowing that you are going to have to pass these drug tests. You have to come in everyday you get selected, and it's not set by you, it's random and three times a week. So, it helps knowing you're going to have to do that or go back to jail. There are consequences for not doing the drug tests. I think that helps a lot. I didn't enjoy being on blue, but it definitely helped me at the beginning."

Stigmatization of MAT

58% of the participants contributed to this theme

- "You get people saying comments all the time about it, like when I was on Suboxone, they would say, 'oh it's just switching one opiate for another opiate, you're still using.' That is offensive. The people who were supposed to be supporting me were judging me. They don't understand my recovery, like I wasn't shooting up [opioids] anymore and I was keeping a job and functioning well. So, they just don't understand it, so people who don't understand things like this like to make comments. The drug court does a good job, though. The judge allows people to take medications and she praises them for doing well, she doesn't judge them. Using medications in this program is a good thing."

Stigmatization of MAT

58% of the participants contributed to this theme

- "Treatment requires that we go to NA [Narcotics Anonymous] meetings, but sometimes I leave the meetings frustrated. The people there, not all, but many look down upon others who are on medications like methadone and Suboxone. They don't see it as real recovery and make comments like, 'these people are just substituting one addiction for another and it's only a matter of time before they start using heroin again.' I have stopped using heroin without medications and with, and I do much better on Suboxone. The cravings are less, I do good in drug court, my family is happy that I'm not getting high, and I have more energy and feel better, better self-esteem. These NA meetings, you know, are not always good for people on medications. I am selective in what I share at these meetings, and I rarely mention medications anymore. We need support and encouragement, not to be told we aren't in recovery."

Stigmatization of MAT

58% of the participants contributed to this theme

- "When I'm doing good, my family is okay for the most part and they don't give me that much of a hard time. But, the moment I make some mistake, they blame it on the methadone. They say I'm still getting high on the methadone and I'll never change. They don't see that the methadone is helping. This is the best I've felt ever, and I still have a long way to go, but the methadone takes away the cravings and obsession to use heroin. Methadone is part of my recovery, it helps me stay clean and sober and do the right thing. I wish my family saw it that way, too. I have spent many nights crying and just wishing my parents would stop making it so difficult for me."

Importance of combining MATs with treatment

50% of the participants contributed to this theme

- "I'm in the women's matrix program at [name of treatment center] and it's a lot different than IOP [intensive outpatient program]. We talk about different life skills, how to cope with drugs, family life, work life, everything. Whether you are on a medication-assisted treatment or not, for us with heroin addictions, it's important for us to attend treatment each week."

Importance of combining MATs with treatment

50% of the participants contributed to this theme

- "It's good to get into treatment right away. It gives you at least a head start, you know? Trying to go through all of this with being sick and being out there on the streets is impossible. We need Suboxone or whatever else helps and treatment. Like I said, it gives you a head start. The counselors teach you how to think clear because when you're using drugs, you aren't thinking straight. Your mind changes completely, you know, and it gets your mind thinking, I can start life again."

Importance of combining MATs with treatment

50% of the participants contributed to this theme

- "You need to work a program. I need to work a program and that involves using a medication, Vivitrol, and going to counseling and meetings [recovery support groups]. Unless you're working a program, it's not going to work. Going to counseling, you know, working on your head stuff is what you need. Vivitrol isn't going to change your head stuff, like thinking about getting high."

Uneasy relationship: Harm reduction and drug court

50% of the participants contributed to this theme

- "One of the other downfalls is the shift in the drug of abuse, or drug of use. The switch from opiates over to methamphetamine. Stuff like that. That is one thing we've seen a lot more of, more positive drug tests with the medication-assisted treatment guys, especially positives for methamphetamine."

Uneasy relationship: Harm reduction and drug court

50% of the participants contributed to this theme

- "There is a perception because heroin is so devastating, so fast, that even highly addicted people with very advanced substance use disorders know that, oh my god, I got to get off this. They take the med [medication-assisted treatment], they're off heroin and start thinking, alright, now I can do these other things. Alcohol was never my problem, or weed should be legalized anyway, or what's wrong with a little cocaine, it's not heroin."

Uneasy relationship: Harm reduction and drug court

50% of the participants contributed to this theme

- "I have known people who were using heroin and they don't want to relapse on heroin, so they'll go find somebody who has Suboxone and they'll use their Suboxone instead of relapsing on heroin. They think that's a better alternative than going back and using heroin."

Uneasy relationship: Harm reduction and drug court

50% of the participants contributed to this theme

- "They still kind of look down upon it, of course, because, you know, it's still you failed [positive drug test] for something, but they still do high-fives and congratulate you because you didn't do your drug of choice. You're still clean this long from your drug of choice. I've been 8 months clean off heroin. So, for me, as long as I don't use heroin, I am doing good."

Additional Benefits: Common Themes (reported by 25% to 50% of respondents)

Reduced Cravings: Several participants reported that MAT helped reduce cravings for opioids. Methadone, buprenorphine and Vivitrol (extended-release naltrexone) were all reported to reduce cravings.	"Vivitrol curbs your cravings and your urges. You know you can't get high on it, so your thoughts make you not crave it. I guess you could say you retrain yourself."
Engagement and Attendance in Treatment: Some participants felt MAT improved their engagement and attendance in treatment as well as other aspects of their life, such as employment.	"I get there [methadone clinic], take my medication and I'm good for the day. I go to work every day; I don't miss a day of work. I actually got a certificate for work for being non-tardy. It's an attendance thing. I attend treatment more, especially more than when I wasn't on the medicated assistance [methadone] and I actually participate in the groups."

Additional Benefits: Common Themes (reported by 25% to 50% of respondents)

Support from the Judge and Team: Some participants viewed the drug court team, particularly the judge, as supportive of MAT and having insight into how MAT assists recovery from opioid use disorders. Compliance with MAT demonstrated to staff that the participant was committed to sobriety and elicited positive feedback and support.	"They [drug court team] don't judge you at all for that [being on a MAT]. They actually, they appreciate you going to treatment and taking your medicine because you're trying to stay on the right track. And if that's what it takes for people, that's what it takes, and they are totally open for ideas."
Peer Support for MAT: Some participants, including those not on MAT, were supportive of those who were and offered encouragement and camaraderie.	"Abstinence is what I need, but if someone needs methadone or another opiate, a prescribed one, to do better, I feel like it's better than sticking a needle in your arm, you know. I know it's hard to get off heroin, and you do whatever you need to do, so the drugs [MAT] should be available to people who need it."

Additional Challenges: Common Themes (reported by 25% to 50% of respondents)

Side Effects: Several participants reported side effects related to their medication, particularly Vivitrol (extended-release naltrexone).	"The Vivitrol injection thing seemed to have side effects for me. It was like affecting my sleeping, making me depressed, and some other things, private, sexual things. It just wasn't for me. It hurt for like the first two weeks. They shoot you right in the back on the ass, like right above your butt cheek…it was a big knot for the first couple weeks and it gradually goes down."
Discontinuation of MAT in Jail: Some participants expressed serious reservations about agonists and partial-agonists because they feared that if they were incarcerated, even for a few days, there would not be a continuation of care during custody.	"I tell people, don't get on the methadone or Suboxone, none of these medications, because if you get locked up, you aren't getting it in jail and the withdrawal is really bad. Once you're locked up, they don't care about you staying on your meds, so you get out and relapse."

Additional Challenges: Common Themes (reported by 25% to 50% of respondents)

Risk of Abuse with Buprenorphine or Methadone: Some participants reported they did not want to take buprenorphine or methadone because they abused it in the past or feared they might abuse it in the future. However, most of these individuals were open to naltrexone or Vivitrol.

"For me, being a heroin addict, give me any kind of addictive substance like methadone and I'm going to get addicted to it. It's not going to work out for me. It's always going to lead me back to heroin, but I can see how it works for some people, not me, though. Vivitrol because it's not an opiate is probably the best option for me."

Implications: MAT Myths & Fallacies

- "They are substituting one addiction (substance use disorder) for another."
- "They are substituting one drug (e.g. heroin) for another (e.g. Suboxone)."

1. Improved quality of life
2. Decreased criminal behavior
3. Improved health (e.g. reduction in HIV/AIDS, hepatitis C, etc.)
4. Fewer unplanned pregnancies
5. Improved mental health
6. Enhanced children's health (e.g. fewer reports of abuse and neglect, more engaged parents, etc.)

- "You are giving them permission to get high."
- "Every patient will use drugs, none will ever practice total abstinence."

Implications: What is Recovery?

(SAMHSA, 2015)

Paradigm shift in conceptualizing "recovery"

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

Implications: 10 Guiding Principals Of Recovery

(SAMHSA, 2015)

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(SAMHSA, 2015)

Person-Driven

- Self-direction and determination by defining their own goals
- Foundation and recovery
- Leading, controlling, and exercising choice
- Regain control over their lives

Many Pathways

- Every person is unique
- Individualized goals
- Recovery pathways are highly personalized
- Setbacks are a natural part of the recovery process

Implications: Recovery Support Groups

(NA World Services, Inc., 2016)

- Utilize Narcotic Anonymous (NA) and similar types of recovery support groups with caution.
- Some NA meetings may not be welcoming to individuals whose recovery involves the use of MATs, such as the use of methadone or buprenorphine.
- For example, if individuals are on methadone, some NA meetings may "limit the participation of those who are taking this type of medication" (p. 9).
- Furthermore, individuals are encouraged to locate NA "meetings that may be more friendly to people receiving medication assisted treatment" (p. 10), candidly implying that some meetings are not friendly to those whose recovery is based on harm reduction.

Thank you!

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Presenter Biography

Dr. John R. Gallagher, PhD, LSW, LCAC, earned his doctorate in social work from the University of Texas at Arlington and is an Associate Professor at Indiana University School of Social Work. He is a Licensed Social Worker (LSW) and Licensed Clinical Addiction Counselor (LCAC) and has worked at the Berks County, Pennsylvania, dual-diagnosis drug court; Tarrant County, Texas, drug court; and St. Joseph County, Indiana, drug court. Additionally, his research agenda is related to exploring the factors that may contribute to racial and gender disparities in drug court outcomes, predicting graduation and recidivism outcomes in drug courts, and exploring how medication-assisted treatments (MATs) are used in drug courts. Dr. Gallagher has been the lead researcher in numerous journal articles related to problem-solving courts, and his work has been cited in the NADCP *Adult Drug Court Best Practice Standards*.

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