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Medication Assisted Treatment: Experiences from the Field

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Abstract

The use of heroin and other opiates has increased considerably in recent years with many users becoming involved with the criminal justice system. Because of this growth, the use of medication assisted treatment is becoming increasingly popular in courts that specialize in opiate addictions. This paper analyzes the experiences of treatment teams in courts that specialize in providing medication assisted treatment. Overall, perceptions of medication assisted treatment were positive although service providers identified some limitations. Recognizing the benefits and limitations of medication assisted treatment is useful for social work practice that focuses on opiate addictions because heroin use continues to rise.

Keywords: medication assisted treatment, opiate addiction, drug courts

Introduction

A recent Substance Abuse and Mental Health Services Administration (SAMSHA) report states that there were over 600,000 heroin users aged 18 and older in 2013, and rates of heroin overdose deaths have nearly doubled between 2011 and 2013 (Hedegaard, Chen, & Warner, 2015; SAMSHA, 2014). In an attempt to curb the use of opiates and heroin, several states have enacted laws to monitor the sales of prescription drugs (Centers for Disease Control and Prevention, 2015). Given the increase in opiate use, and the emphasis on policing the sales of opiates, a growing proportion of individuals are being arrested for opiate use or crimes related to opiate use, e.g., trafficking, thefts committed to obtain drugs (Jones, 2013; Office of National Drug Control Policy, 2014) with 98% of drug courts serving at least one opiate addicted client (Matusow, 2013).

In response to this growth, criminal justice agencies are developing medication assisted treatment (MAT) programs to treat individuals with opiate addictions (Lee & Rich, 2012). A

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recent nationally representative survey found that 56% of drug courts provided any MAT (Matusow et al., 2013) and MAT is becoming increasingly popular in courts that specialize in alcohol and opiate addictions (Lee & Rich, 2012; Nunn, Zaller, Dickman, Trimbur, Nijhawan, & Rich, 2009; Volkow et al., 2014). MAT utilizes medications in conjunction with treatment services to address alcohol and opiate addictions, e.g., heroin, morphine, oxycodone (Volkow, Frieden, Hyde, & Cha, 2014). The medications used for MAT bind to the same receptors that are activated during both alcohol and opiate use, but each medication has different mechanism and effects (for a discussion on mechanisms and effects of MATs see Connery, 2015). It is important for social workers to learn about MAT because they are being implemented by more courts and social workers work in many systems where MAT can be used such as court systems, drug treatment centers, hospitals, and mental health treatment centers.

Methods

To address the number of opiate related arrests the state of Ohio created a pilot program that offered MAT to offenders with opiate and/or alcohol addictions (Baughman Sladky, Singer, Gearhart, Tuschman, 2015). The program took place in 10 courts across seven counties. Each court had a multidisciplinary core team that included court coordinators, service providers, probation officers, and court staff. Although each court had its own requirements for graduation, the MAT court process typically lasted between one and two years. These courts offered an array of services that varied by location, and included case management, substance use and mental health counseling, dual disorder treatment, and anger management among others. All courts received funding to provide MAT to clients.

Focus groups were conducted with treatment teams at nine of the ten courts because one court withdrew from the pilot program. Data for this study were obtained from the notes of these focus groups. A total of 53 individuals participated in the focus groups. Most participants (60.4%, $n = 32$) were affiliated with a treatment provider (e.g., counselor, aftercare specialist), 13 (24.5%) were affiliated with the courts (e.g., court coordinator, assistant prosecutor), and eight (15.1%) were from the probation department. Researchers analyzed the data using a grounded theory approach to understand how MAT impacted the treatment process (Cresswell, 2013). For this study, one researcher created open, axial, and selective codes, and coded the interviews. The research team then discussed and reached consensus about the codes. Emergent themes from focus groups are described in the following sections. All data collection procedures were approved by Case Western Reserve University's institutional review board.

Key Themes

Deciding to Use MAT

Although each court had their own procedures for informing clients about MAT, the decision of whether or not to use MAT was left to the discretion of the client. Courts relied on medical staff and/or a counselor or therapist to help clients make decisions about MAT. In one court, a judge stated that a particular medication was not available to clients because it could be sold as a narcotic. Most courts (88.8%, $n = 8$) stated that clients were on medications for 10 to 12 months. The decision to discontinue MAT use was also left to the discretion of the client. In very few cases clients chose to stop using MAT because of side effects. Each site reported anywhere from

one to four clients who experienced side effects that commonly included anxiety, nausea, changes in appetite, restlessness, and headaches. Typically, the reported side effects had relatively little to do with the medications and more to do with discontinued opiate use. In the words of one focus group participant, “One guy said he thought [the medication] messed up his knee but he had an abscess he wasn’t aware of because he was on opiates and didn’t know.” All focus groups agreed that the side effects typically dissipated after a few days.

Early Discontinuation of MAT

In nearly all courts (88.8%, n = 8), clients typically chose to discontinue medication use earlier than the pharmaceutical companies recommended. Focus group participants stated that clients wanted to stop using medications with continued support from the treatment team. However, treatment teams stated that, “Those that relapsed chose to stop medication three months prior to graduation,” and discontinuing medication use early was “probably not in their best interest. Some people stop at 12 months, others at nine months. The time they stop is a risk factor.” One focus group participant stated, “It seemed like a lot of participants would complete court faster and then relapse shortly after they stopped taking medication.”

Clarity, Mental Health, and Trauma

The most common theme in terms of the benefits of MAT was clarity, which was mentioned 19 times in focus groups. As one focus group participant described:

> Clarity. I would say that the biggest thing is mental clarity. They make better decisions. They’re more willing – they’re easier to work with. They’re more willing to do the things that we are asking of them because they are thinking more clearly.

Focus group participants stated that “[clients’] brains quiet down” and “the obsession and compulsion of the cravings is not there.” One probation officer described how clients could not get a job or support their family because they could not stop using opiates before receiving MAT. With MAT, clients cannot get high and can dedicate more time to finding a job, going to treatment and ultimately meet the conditions of probation. A counselor quoted a client as saying, “I don’t go to bed thinking about it [using] and it’s not the first thing in my mind when I wake up.”

According to the focus groups, the ability to think clearly is an important benefit of MAT. As one clinician pointed out:

> In my experience it’s about three months before they lift their head out of the fog and see clearly where they’ve been. Then there’s often a reason they even get into addiction. It’s due to mental health issues, trauma, family issues…there’s issues you work for each individual. For some it might be family, for others it might be mental health/trauma history.

Mental health and trauma were two issues that were prevalent in the MAT program. One treatment provider shared stories about clients that were demonstrating symptoms of mental health issues at intake. Once the clients started MAT, service providers were able to disentangle how much of the clients’ symptomatology was due to substance use versus mental health issues

and in some cases, the mental health symptoms dissipated. In other cases, clients were able to seek help for mental health issues. Trauma was frequently cited as a cause for clients' mental health issues. In the words of one clinician, "Trauma needs to be addressed. It plays a huge role in their behavior…Recognizing the trauma has made a huge difference in their lives. It makes them more prepared to live in the community successfully."

MAT was seen as an important piece of the treatment process because, "[clients] slow down. The MAT lets us talk about family issues, history, accountability, responsibility." Clinicians reported higher engagement in treatment and stated that clients can "really focus on treatment issues," while a probation officer stated that their clients can "live their lives while working through addiction," and ultimately "comply with the court process."

MAT as One Component of Treatment

Focus group participants also recognized that "addiction is physical, but it's also highly mental. The mental is what you fight the rest of your life." Although MAT serves as a springboard to help clients in treatment, it will only work "as effectively as the person allows it to be in helping them become members of the community." One substance use counselor made the following summation:

> MAT may take them from their cravings, but their lifestyle we can't change. Honestly MAT isn't going to be as effective. For people willing to make a change MAT gives them an opportunity to get their mind right if you will, and let talk therapy and other tools to have their impact.

Further, focus group participants stated that "MAT isn't going to change lifestyle" and clients are "returning to the same systems in an attempt to stand strong and firm, and the challenge is still there." Although MAT is a useful tool, all it does is reduce the severity of cravings and remove the ability to get high on opiates. The goal of MAT is to take advantage of these properties and help clients develop skills to remain sober in their local environments. However, based on focus group feedback, MAT alone cannot meet the needs of an individual.

Relapse and Overdose

According to the focus groups, relapse while on medications was rare throughout the MAT court program. The most commonly used substance for relapse was alcohol, which was reported by seven (77.7%) of the court teams. Although the medications prescribed for MAT are used for opiate and/or alcohol addiction, focus groups debated if this was appropriate. Some stated that MAT prevented clients from getting drunk; others stated that clients got drunk quicker or at the same rate as without MAT. Still others said that "alcohol works in a different way, physically they're feeling it but mentally they aren't so it isn't until you're on [drink] 33 that it hits you." One focus group participant asserted that they would not treat alcohol addictions with MAT. Because clients don't get as high as quickly as they normally would on alcohol or opiates, there is a risk that clients will use more of the substance in an attempt to achieve the same effect and overdose. One focus group participant described a situation where "one person challenged MAT with Percocet. They took three and got no effect and got scared at the risk of overdose."

Skepticism towards MAT

Although overall perceptions of MAT were positive, focus group members reported early skepticism pertaining to the use of MAT. As one respondent noted, "One of the biggest challenges was—even though there was great communication between probation and treatment—there was a lot of—we needed to build the trust in MAT, period. I think we have over time." Skepticism towards MAT was not limited to the court program staff however. A significant barrier to starting MAT programs in some courts was:

> probably trying to get the entire community all on board. I would suggest that there are quite a few people that aren't – I wouldn't say unhappy with it, but probably are skeptical. I would assume those people aren't believers in treatment [referring to MAT].

One substance use counselor stated that clients were met with resistance at treatment groups because, "old timers believe you're substituting another drug for the one you're using. People with MAT continue MAT even though old timers say you should be off it."

Challenges to Implementation

In addition to the skepticism about MAT's effectiveness, focus groups discussed challenges to providing MAT. There was little consistency across sites in terms of the challenges experienced. The most commonly discussed challenge was detox, which was discussed in four of the nine focus groups (44.4%). Detox is an important component of MAT because clients need to maintain a seven to 14 day period of sobriety before starting MAT. One focus group participant stated that having clients detox and then administering the medication is "impossible to do unless they are in residential." Another issue was using jail as a detox facility. One focus group participant was against using jail as a detox facility and stated that the greatest need for their court was "a rapid detox facility that is a closed door facility so we can do humane detox instead of a jail cell with a hot shower." Another theme that emerged was the importance of the services in the surrounding community. One focus group reported challenges because there was only one provider of MAT in the county. Participants in another focus group stated that recovery groups like Alcoholics Anonymous and services for needs like employment were scarce, so clients did not have many supports outside of the court program.

Limitations

There are multiple limitations worth noting. Researchers were only able to conduct interviews with court teams and were not able to interview program participants. In terms of analysis, one researcher was responsible for the coding and there was no member checking. Further, the findings reflect the experiences of ten courts in one state and may not generalize to all courts that provide MAT. Researchers also cannot determine what other services courts provided in addition to MAT.

Discussion

Focus group participants agreed that MAT is a useful tool for treatment, but there are limits to its effectiveness. Questions were raised in terms of the effectiveness of MAT for addressing alcohol use. Not only does this highlight an important area for future research, but social workers may

also need to build in additional supports that target alcohol use when working with clients on MAT. The findings also illustrate the importance of education about relapse. Although relapse prevention is an important goal of treatment, there is an elevated importance placed on the risk of overdosing for clients that are on MAT because clients are likely to take more of a substance in an attempt to get high.

Social workers are in a position to capitalize on the benefits of MAT like suppressing the urge of cravings, eliminating the ability to get high, and improving mental clarity. This allows practitioners to use their clinical skills to disentangle and address the complex relationships among substance use, mental health, and trauma as well as provide services that address the root causes of clients' addictions. Social workers are also able to identify clients who may require services that are not part of the standard drug court services like motivational interviewing, trauma informed care, and integrated dual disorder treatment.

Social workers can also be involved in the discussion of how to more successfully blend treatment and court processes. Focus groups identified a need to build a bridge to MAT that involves detoxing in a location that is humane and facilitates a smooth transition from detox to receiving MAT. Drug courts using MAT may also need to examine how to more successfully blend treatment and court processes with the recommended guidelines of the medications used in treatment. Social workers may also find MAT guidelines useful for planning termination because the time an individual discontinued MAT use was regarded as an important risk factor for relapse. Further, clients wanted to transition off of MAT while still receiving direct services, which illustrates that services are an important part of this transition. Therefore, social workers can play an important role in developing methods of transitioning clients off of MAT to prevent relapse after treatment.

Another important step for MAT programs is raising awareness and educating members of the treatment community about what MAT is and why individuals on MAT can still be considered sober because clients are taking medications as prescribed (The Betty Ford Institute Consensus, 2007). Social workers are a valuable educational asset in this regard because they span multiple systems that interact with individuals using MAT.

Focus group participants reached a consensus that the impact of MAT was ultimately positive and outweighed the risks associated with the medications. However, MAT is best used as a supplement to effective practice. Understanding the strengths and limitations of MAT can better inform social work practice that incorporates MAT.

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