

Medicine for Opioid Use Disorders: Considerations for Judges and Justice Stakeholders

Chief Judge Kim McGinnis, PhD
Pueblo Pojoaque Tribal Court
April 20, 2023

Disclosures

None

The content of this activity may include discussion of off label or investigative drug uses.

The faculty is aware that is their responsibility to disclose this information.



Educational Objectives

At the conclusion of this activity participants should be able to:

- Understand the mechanisms of action in the brain of opioids that may lead to an opioid use disorder.
- Recognize that changes to brain architecture and function related to trauma and substance misuse may lead justice-involved individuals to act in unexpected ways.
- Describe how medicine for opioid use disorder alleviates OUD symptoms and improves outcomes for justice-involved individuals.

Medicines for Opioid Use Disorder



Methadone (juice, fizzies)	Buprenorphine (Suboxone, subs, bupes, stops)	Naltrexone (Vivitrol)
Agonist (activates opioid receptor)	Partial agonist (partial activation of opioid receptor)	Antagonist (blocks opioid receptor activation)
Oral	Oral tablet or film, subdermal implant; intramuscular injection	Oral, intramuscular injection
Daily reporting for dose; potential for misuse/diversion	Take home doses; Potential for misuse/diversion	Lowers opioid tolerance and can increase overdose risk; requires full detox before use

Justice System Goals for MOUD



- Reduce recidivism/incarceration
- Decrease criminogenic behavior (habilitation)
- Save lives
- Improve outcomes

MOUD/MAT Prohibitions Not Permitted



- Federal TC funders: no prohibition or required discontinuance
- Americans with Disabilities Act (ADA)
- Fourteenth Amendment Due Process guarantees
- Eighth Amendment Cruel and Unusual punishment prohibition



Addiction/Substance Misuse

Chronic relapsing disorder

- Loss of control over substance intake: use despite negative consequences
- High motivation to obtain substance
- Persistent craving for the substance

Low risk use illegal drugs/alcohol is not SUD

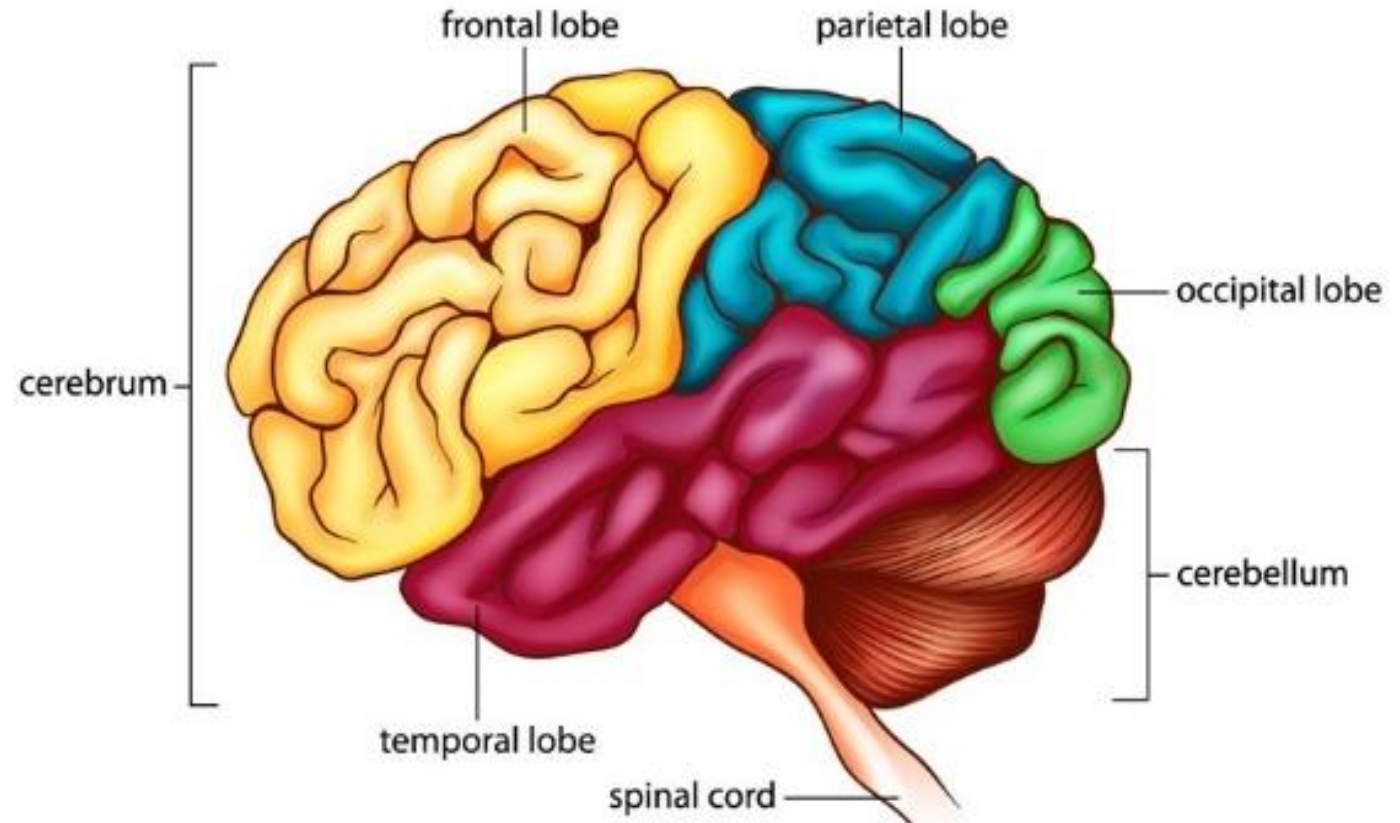


Dependence Versus Addiction



Changes to the Brain

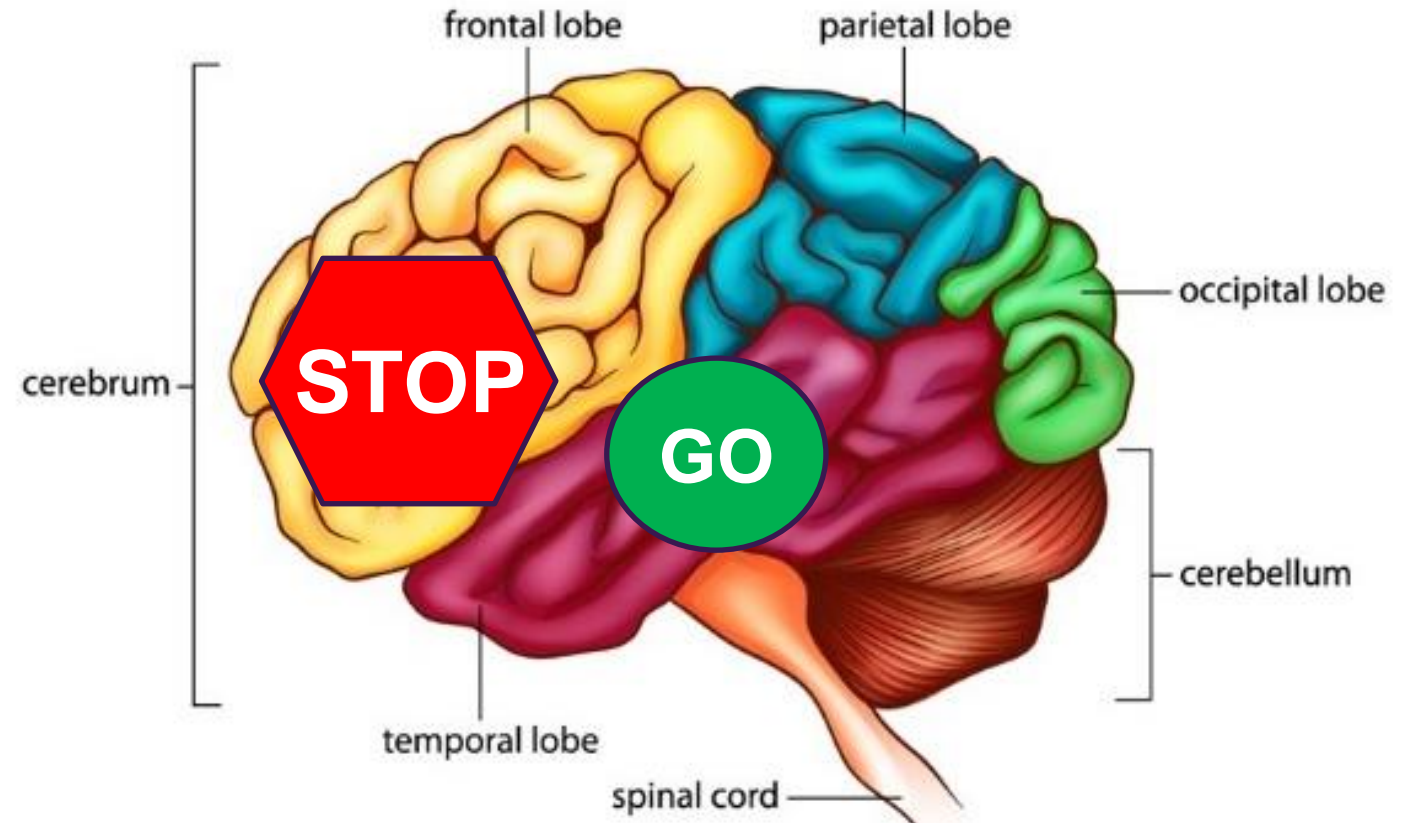
- Substance Misuse
- FASD
- Trauma
- Historical Trauma
- TBI/Persistent Post Concussive Symptoms



Pre-Frontal Cortex= Brakes



PFC connectivity affected
by trauma and SUDs



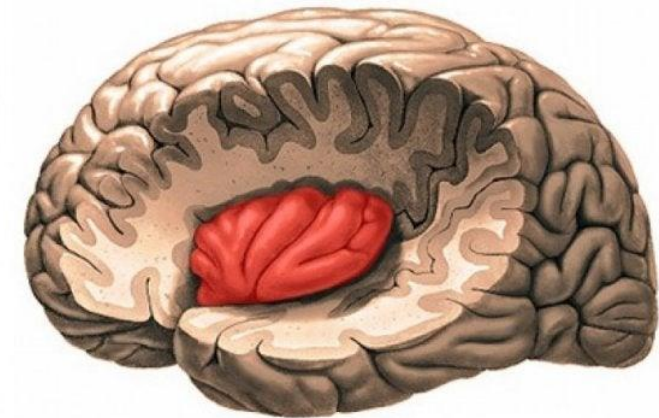
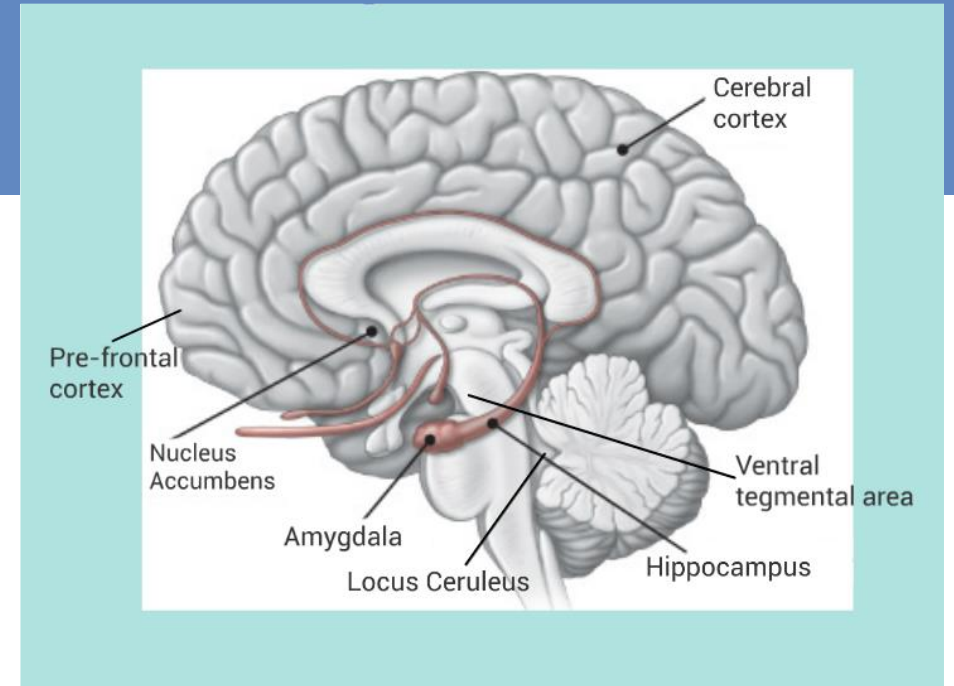
People Are Stressed When They Come to Court

- Withdrawing or thinking about drug use
- Afraid of the judge
- Housing/food insecurity
- Lots of anxiety about case and/or their children
- Frustrating behaviors/bad decisions

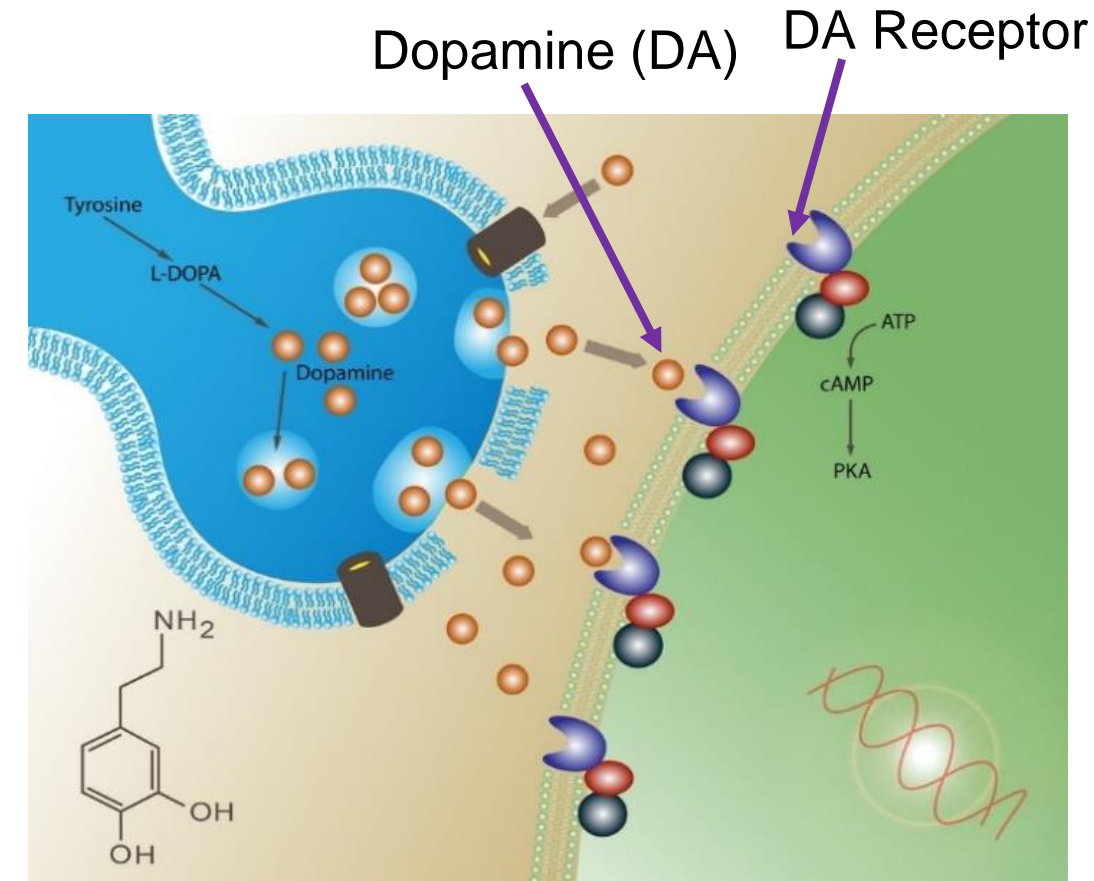
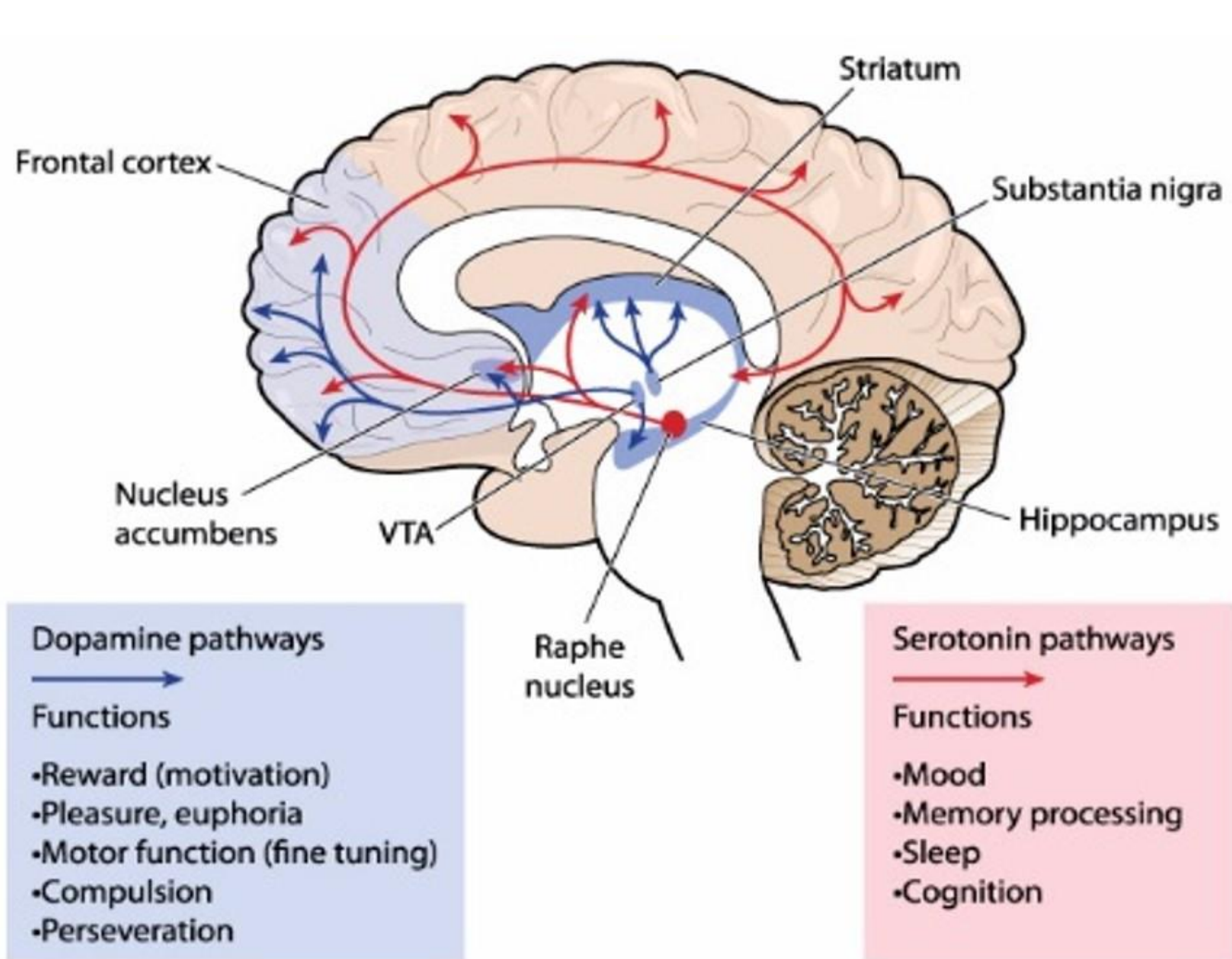


Brain Regions

- **VTNA**: motivation pathway; fundamental needs to be satisfied
- **Basal Ganglia**: associated with habit formation
- **Amygdala**: smoke alarm; emotional information about event; conditioned response; craving; implicit memory
- **Hippocampus**: storage/ retrieval of emotion laden memories with input from amygdala; explicit memory
- **Pre-frontal cortex**: forethought; planning
- **Locus coeruleus**: alarm center
- **Insular cortex**: cravings; monitors body condition; social and physical pain



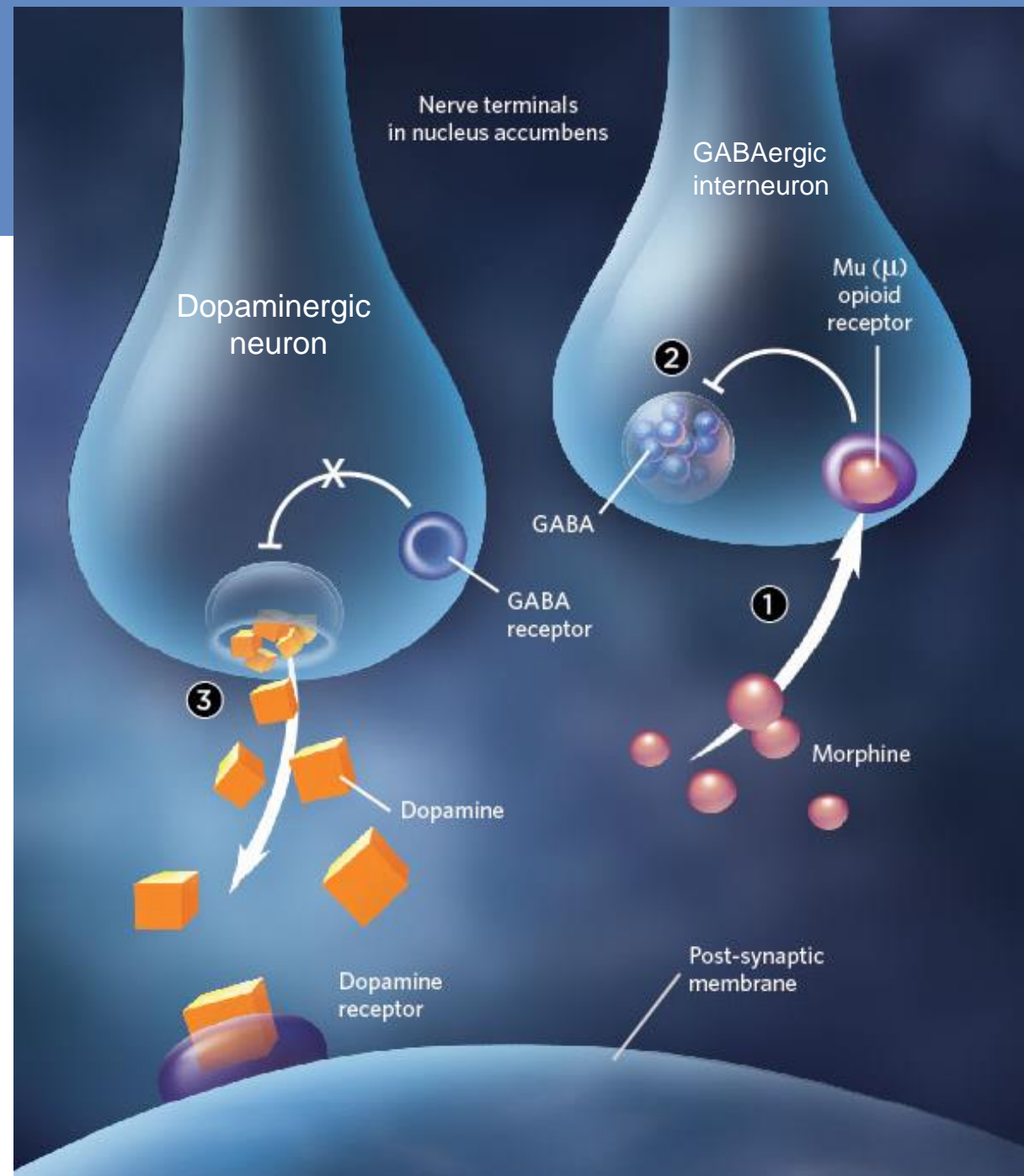
Motivation Pathway



Synapse

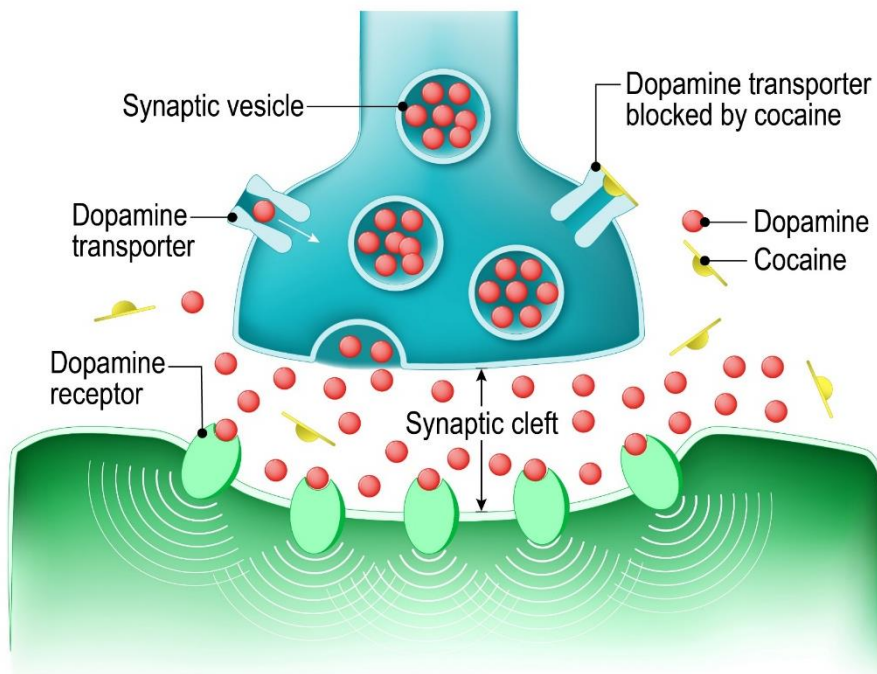
Opioid Mechanism

Opioid binds to Mu opioid receptor to shut down GABA release:
Dopamine flows without inhibition

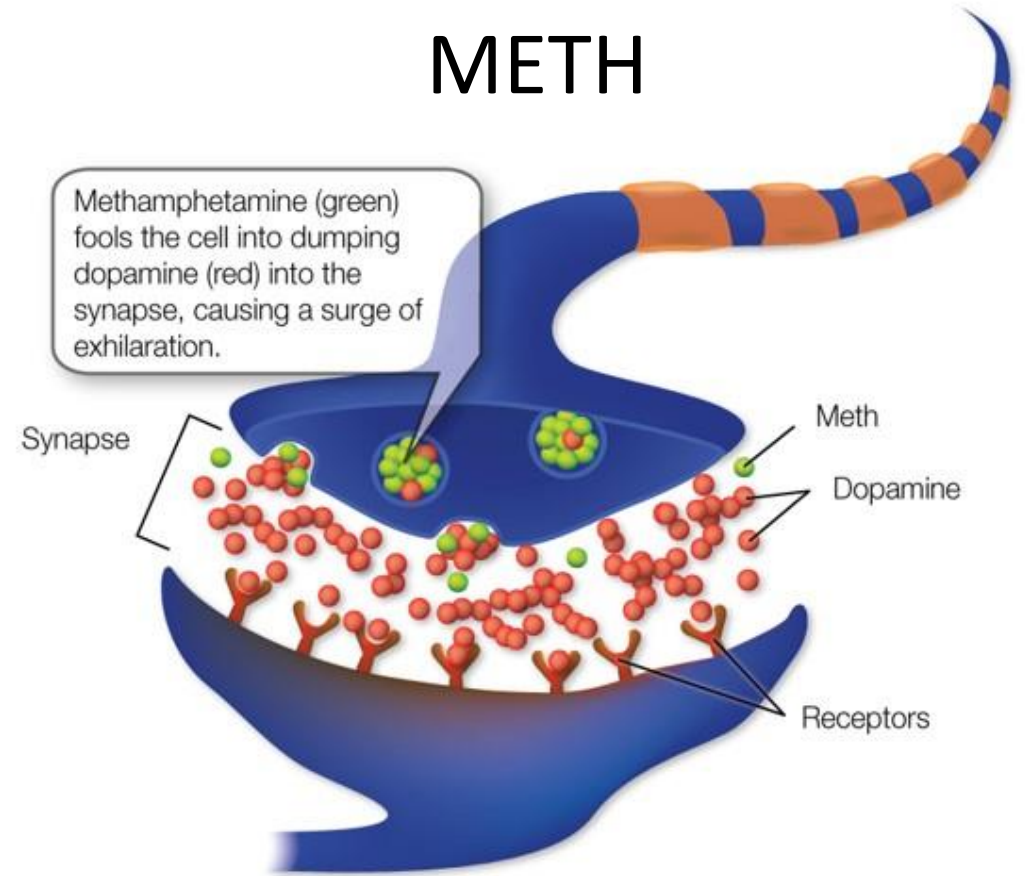


Different Substances: Different Mechanisms

COCAINE

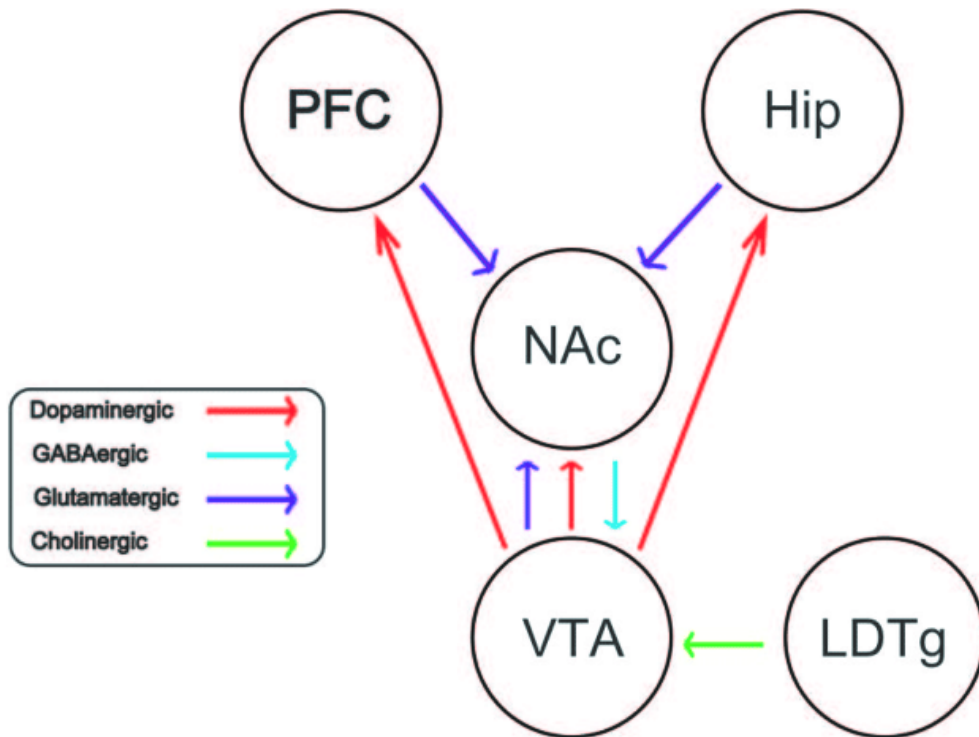


METH

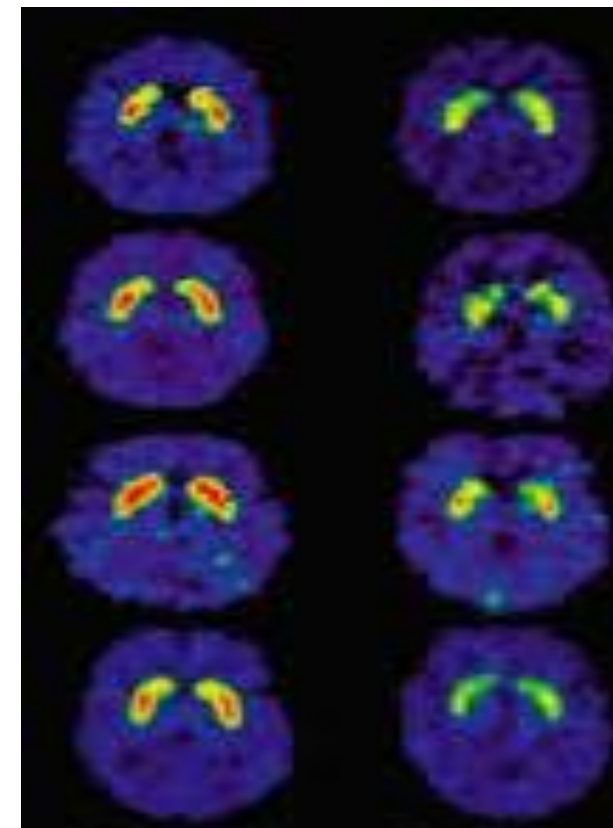
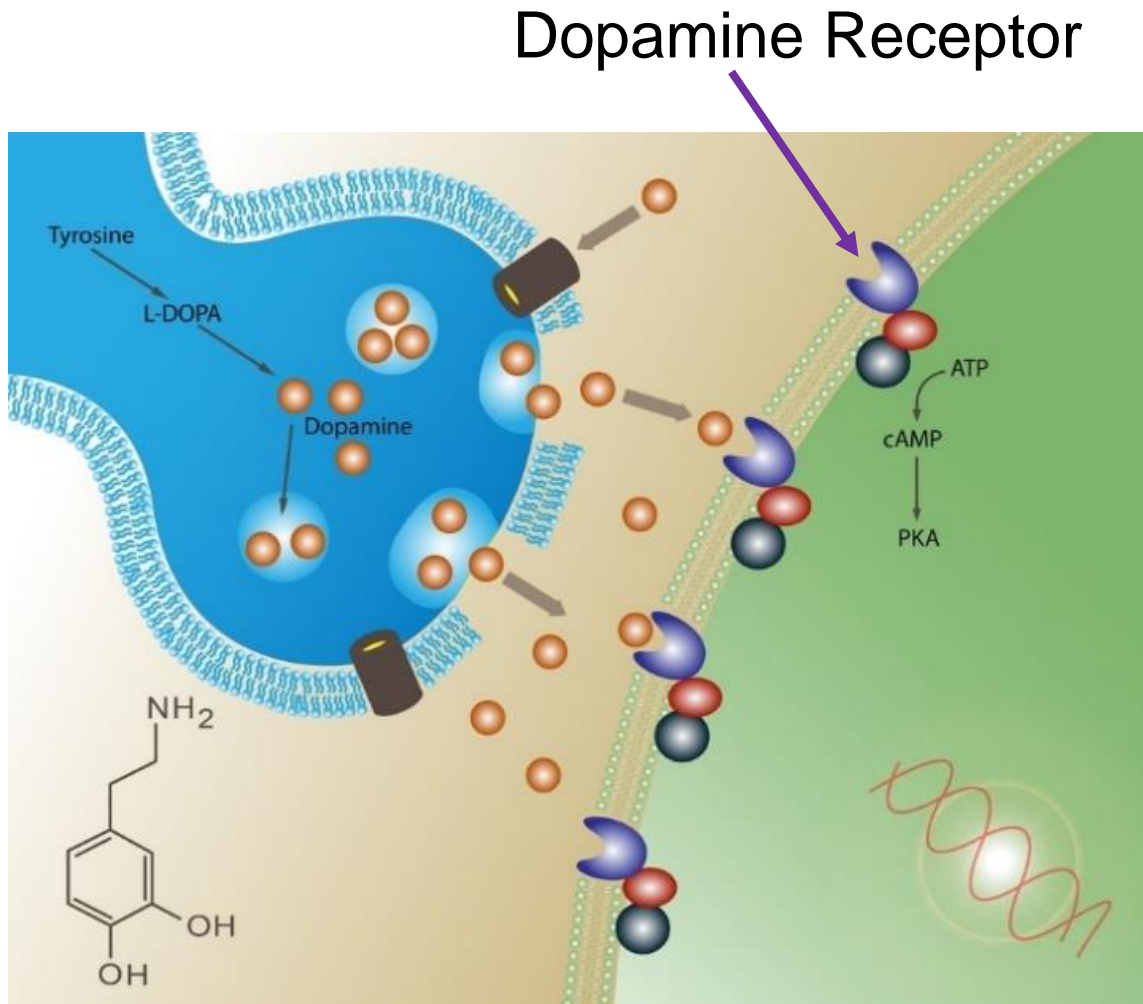


Salience Detection

- DA mediated pleasure signals importance in PFC
- VTA to Amg and Hip: emotional and memory associations
- DA acts in amygdala to reduce anxiety/stress



DA Receptor Signaling Affected by SUD



Cocaine

Meth

Alcohol

Heroin

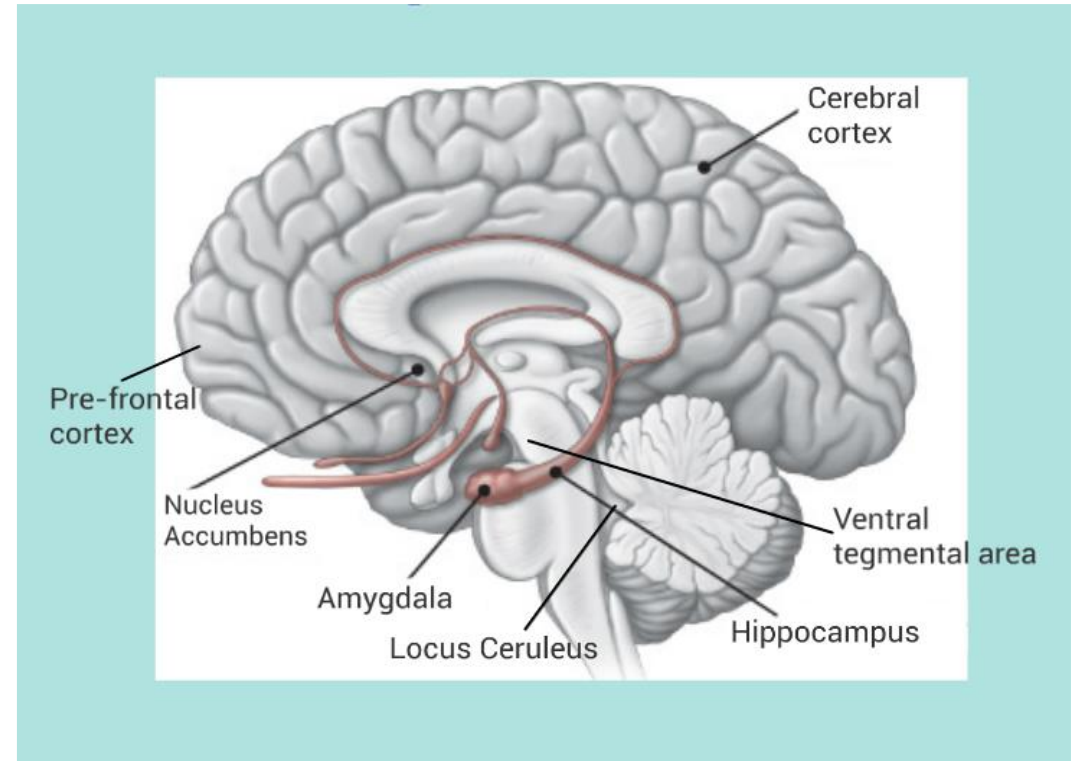
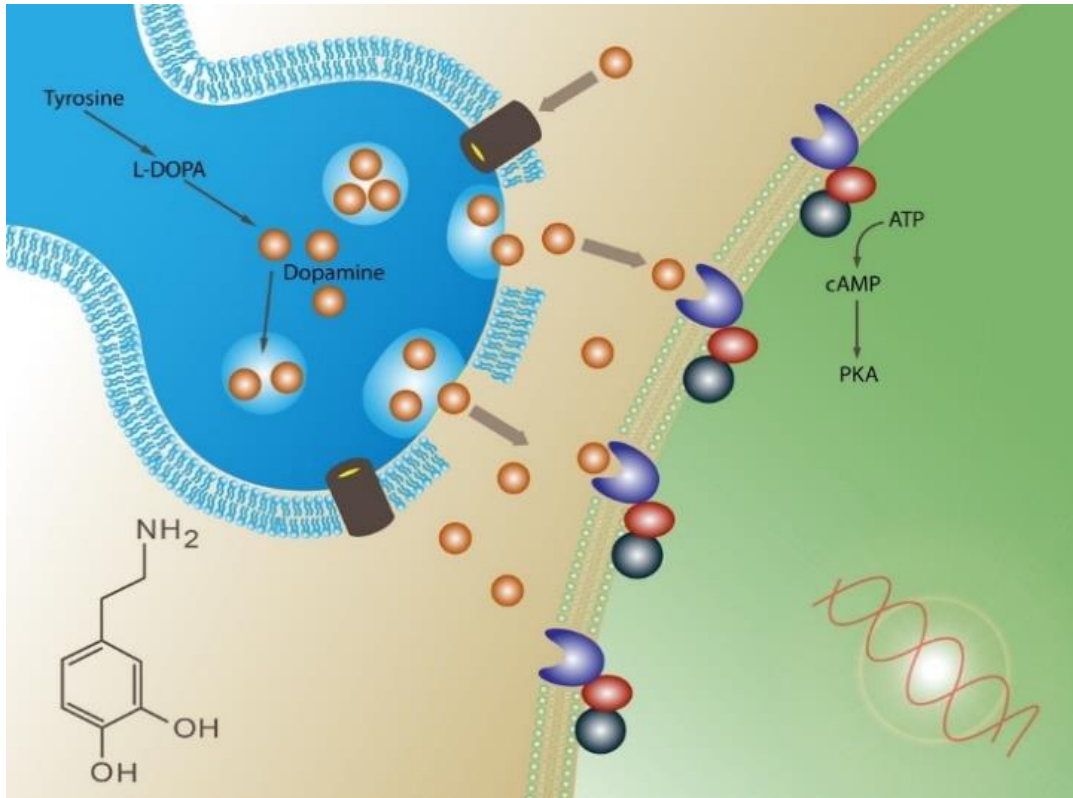
Control

SUD

National Institute of
Drug Abuse

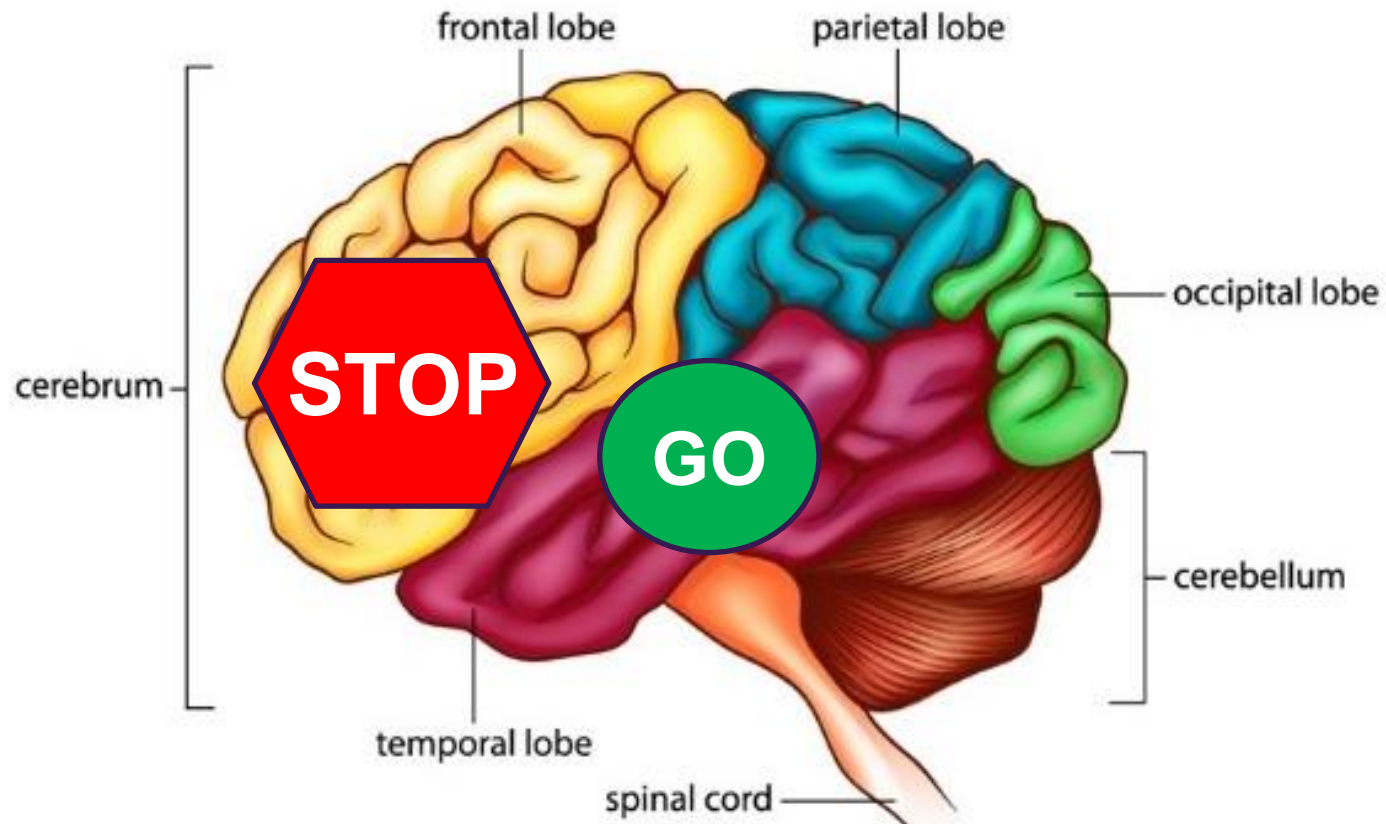
Shift From Reward to Conditioning

Because of changes in the brain, substance misuse moves from pleasure seeking to **relief seeking**



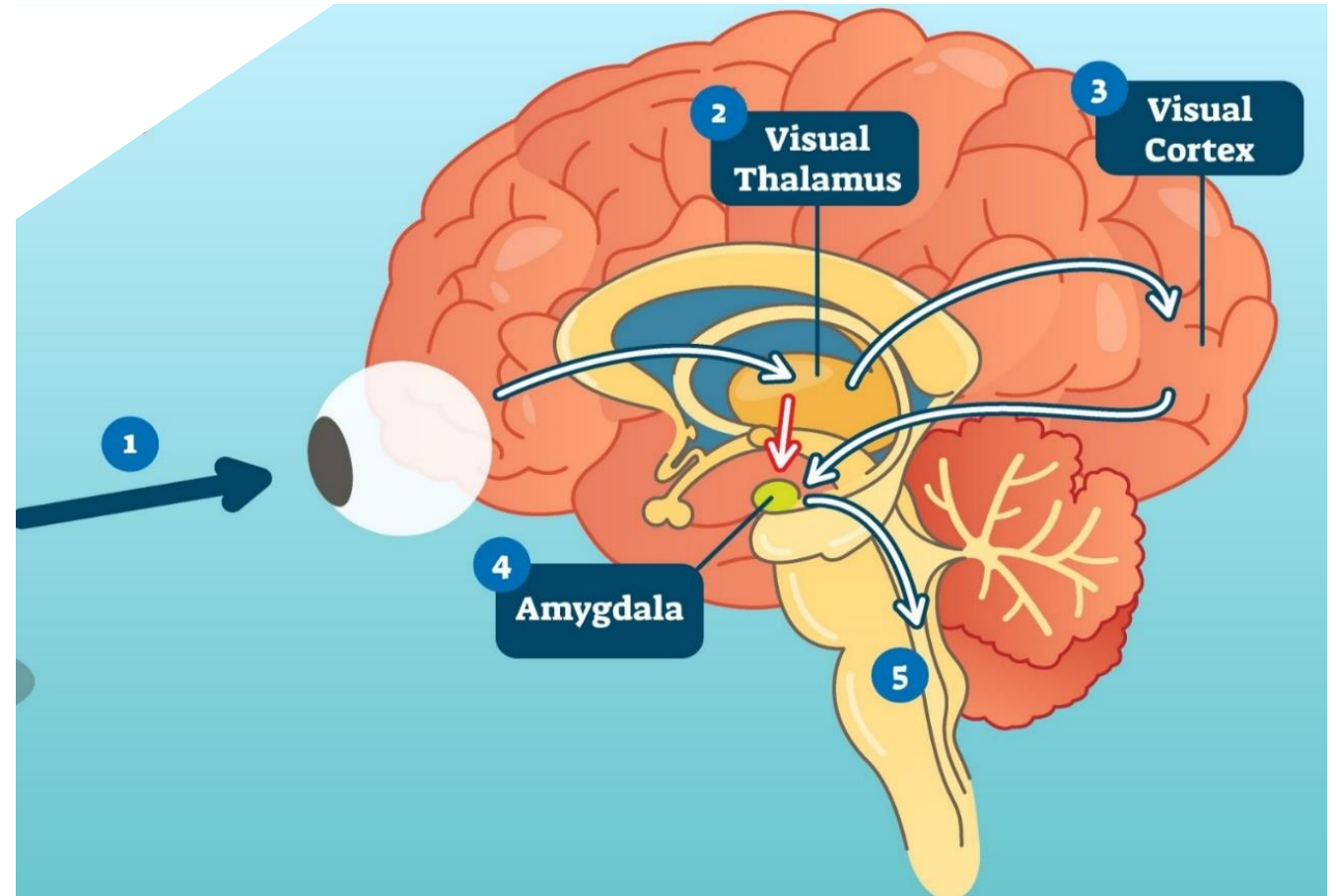
Voluntary, goal-directed activity becomes compulsive

SUD and Trauma

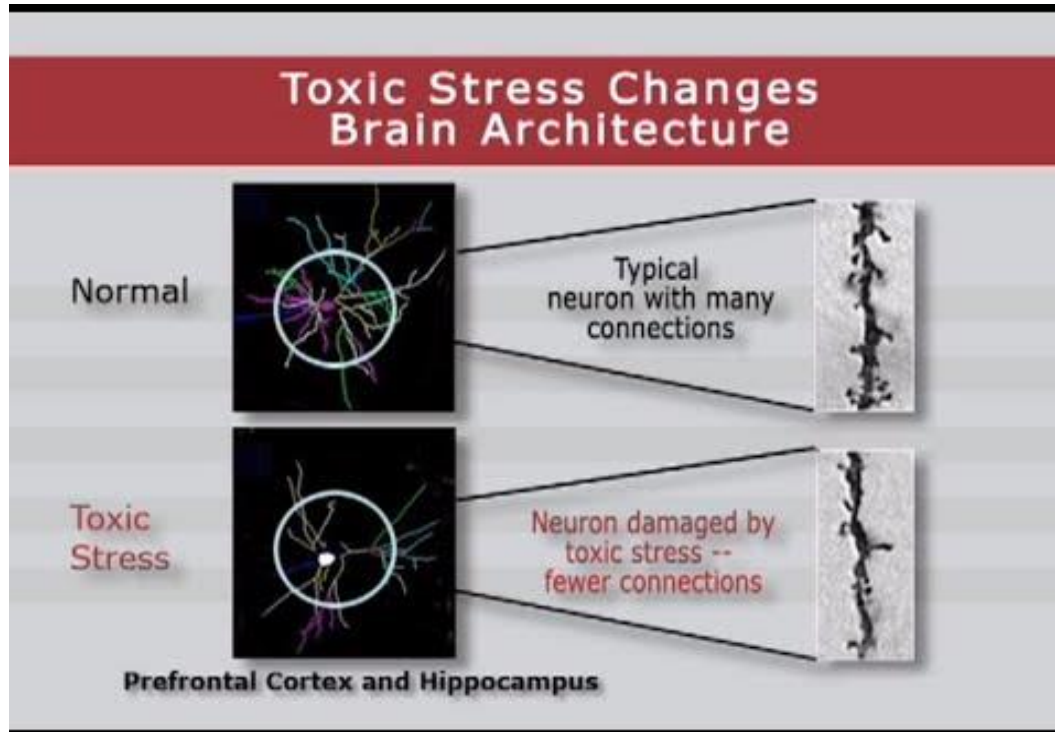


Fight
Flight
Freeze
Surrender

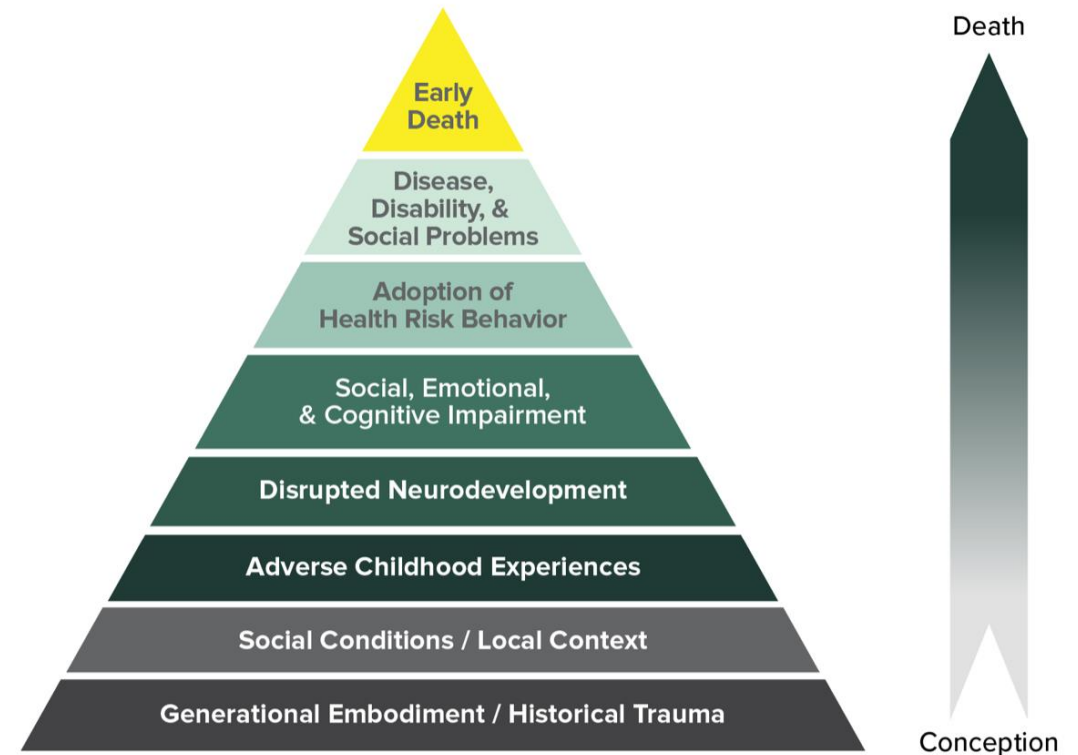
Threat/Trauma Trigger



Toxic/Chronic Stress/Trauma Remodel the Brain



Center on the Developing Child at Harvard University



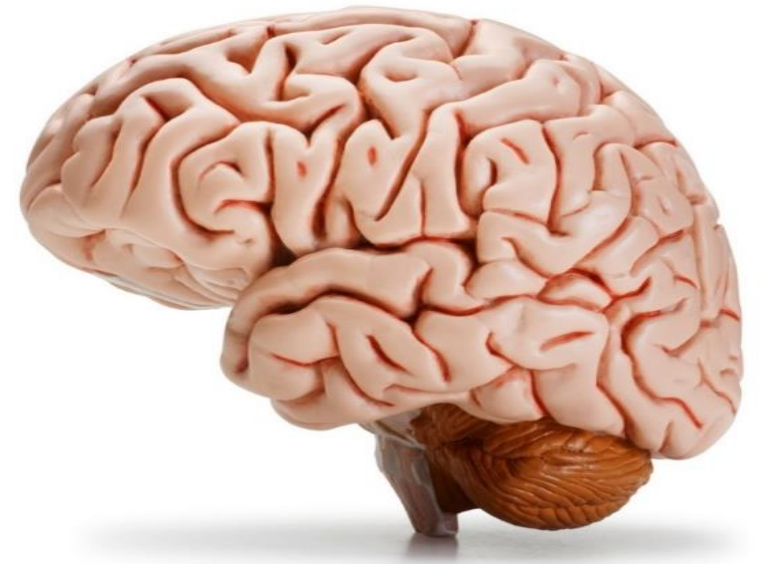
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

www.cdc.gov/violenceprevention/aces/about.html

Changes to the Brain Drive Return to Use

- Conditioned response (cue>routine>reward)
- Stress/Trauma (HALT)
- Re-exposure to substance

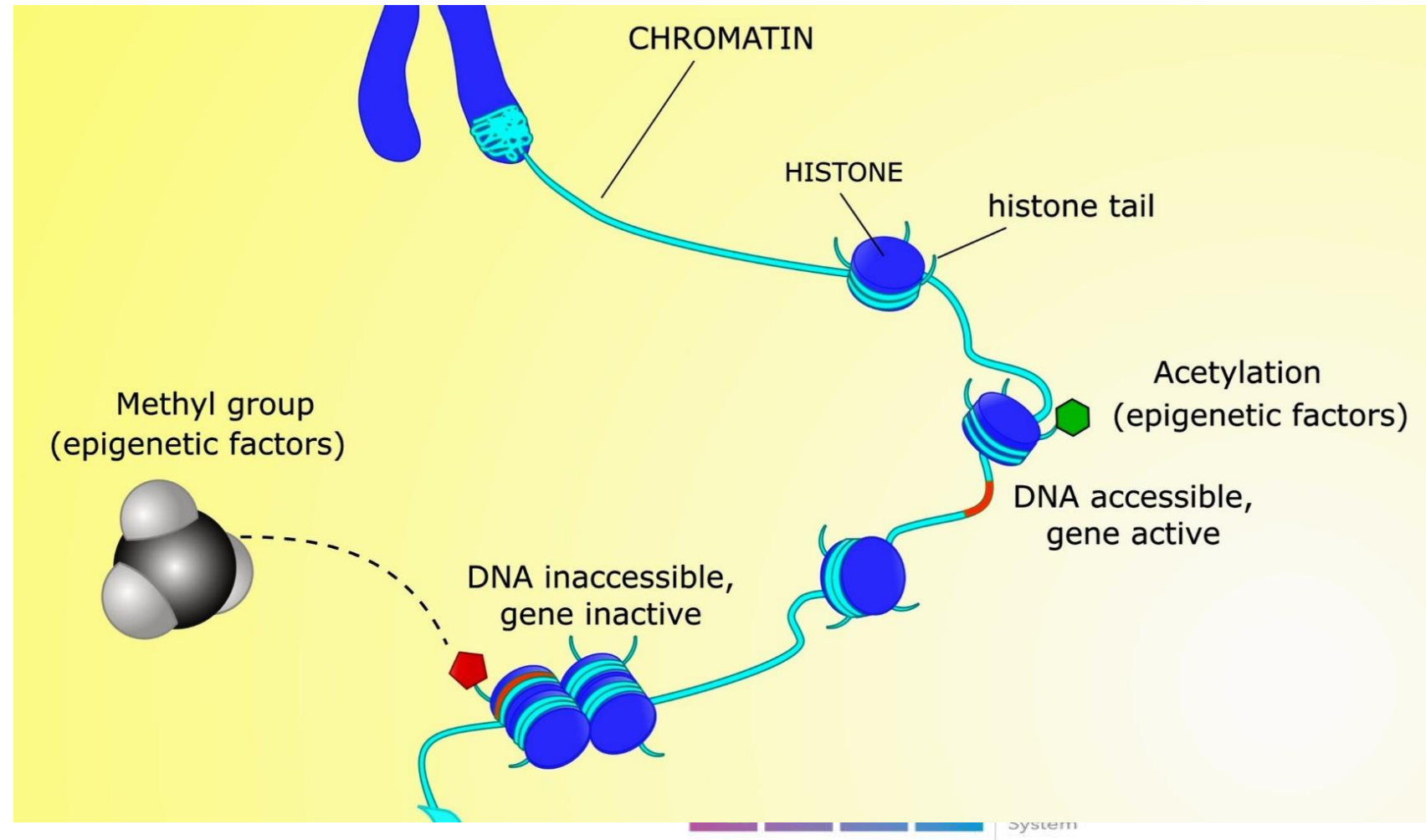
MOUD prevents return to use



Epigenetics: Intergenerational Transfer of Risk and Resilience

Historical Trauma is
“a constellation of
characteristics
associated with
massive cumulative
group trauma across
generations”

-Dr. Maria Yellow
Horse Braveheart
(1999)



Treatment

“To be effective, treatment must address the individual’s drug misuse and any associated medical, psychological, social, vocational, and legal problems.”

National Institute on Drug Abuse Principles of Drug Addiction Treatment

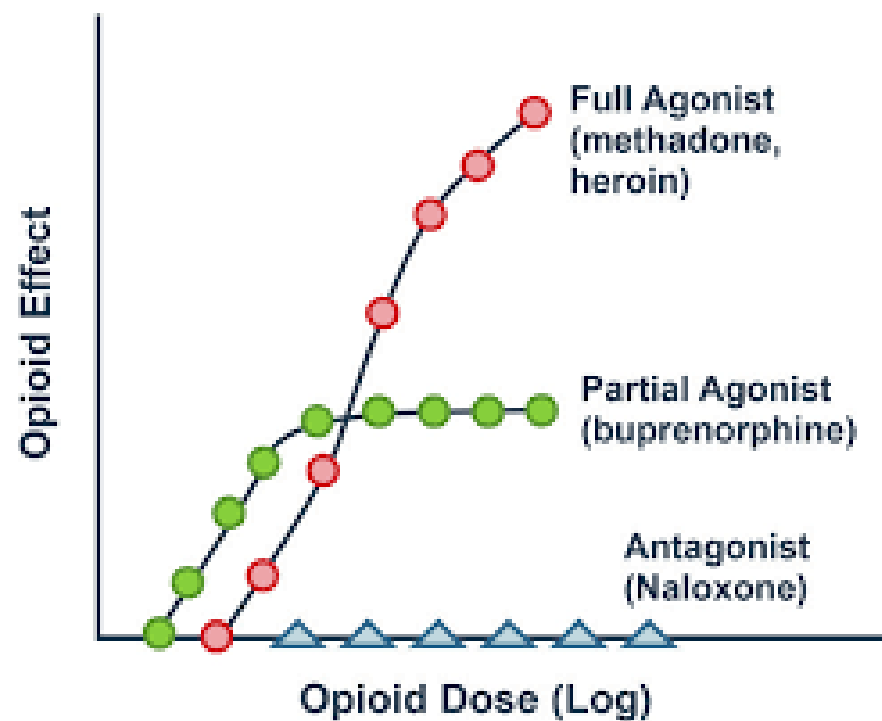


MOUD is Gold Standard of OUD Treatment

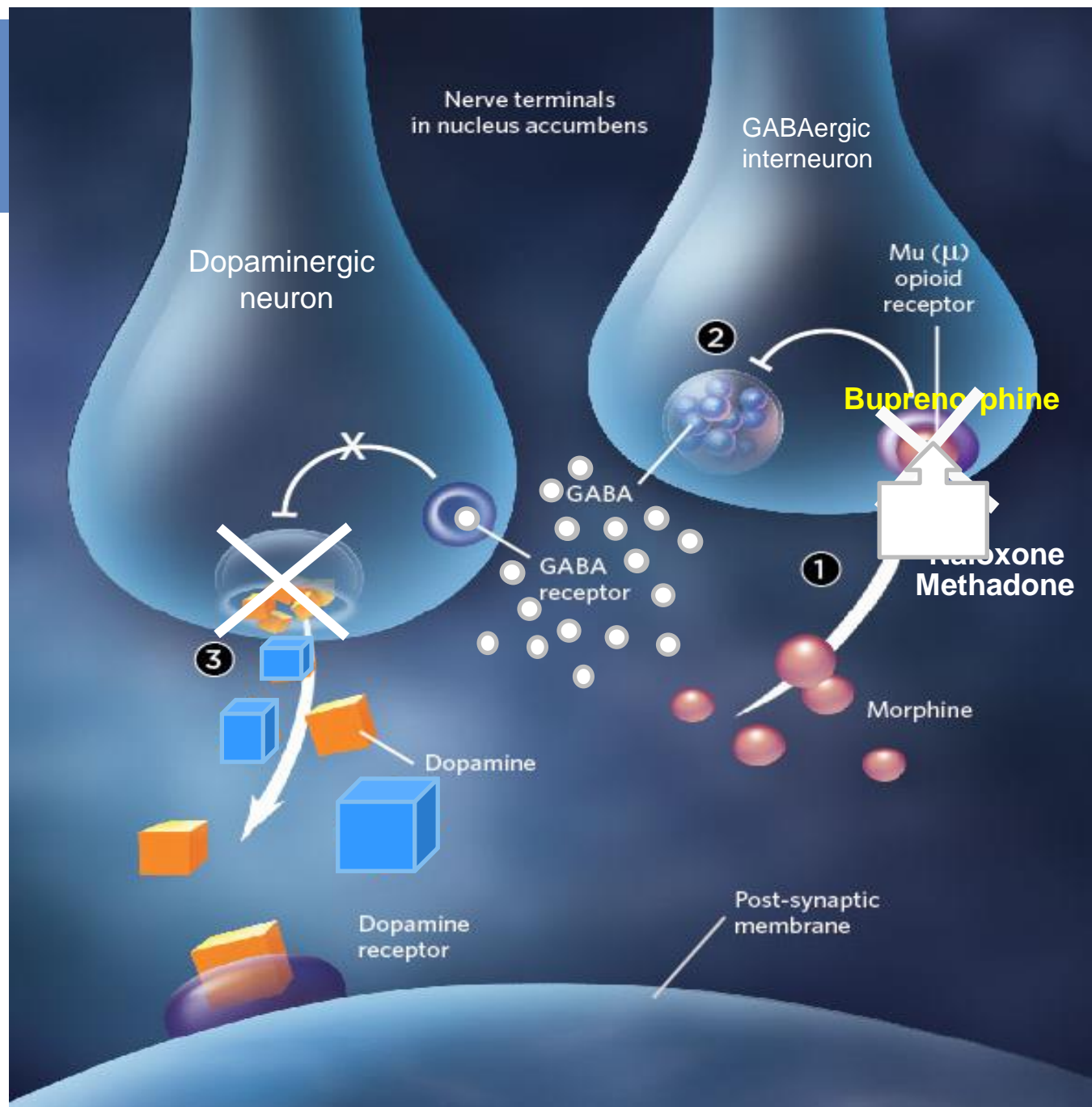
- People with OUD on MOUD for at least 1-2 years have the greatest rates of long-term success.
- No evidence showing benefits of stopping MOUD
- MOUD improves chances of recovery: improving quality of life, level of functioning, and the ability to handle stress.
- Saves lives while in early recovery (2-3 yrs)



MOUD Mechanism

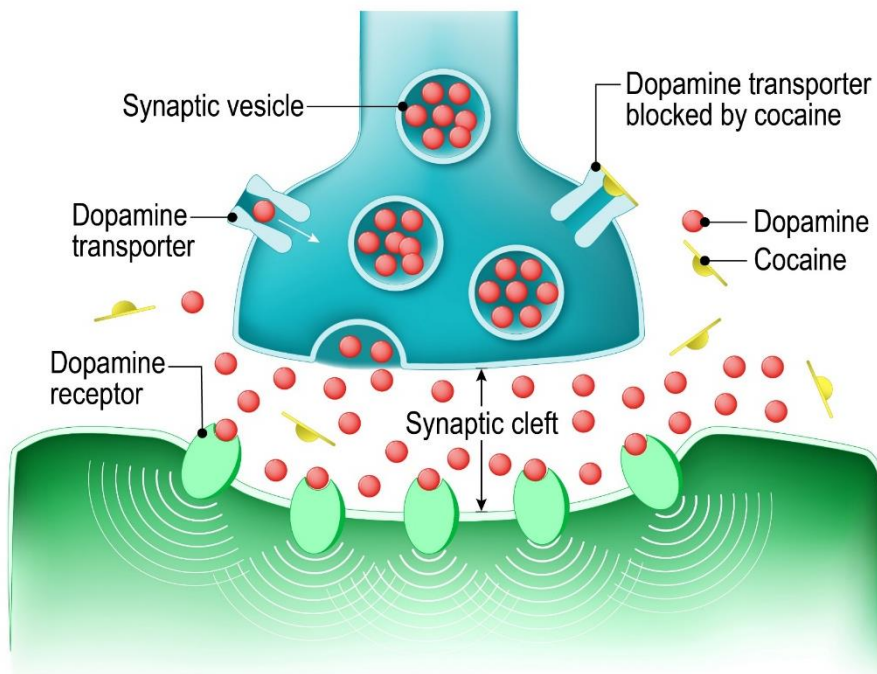


SAMHSA

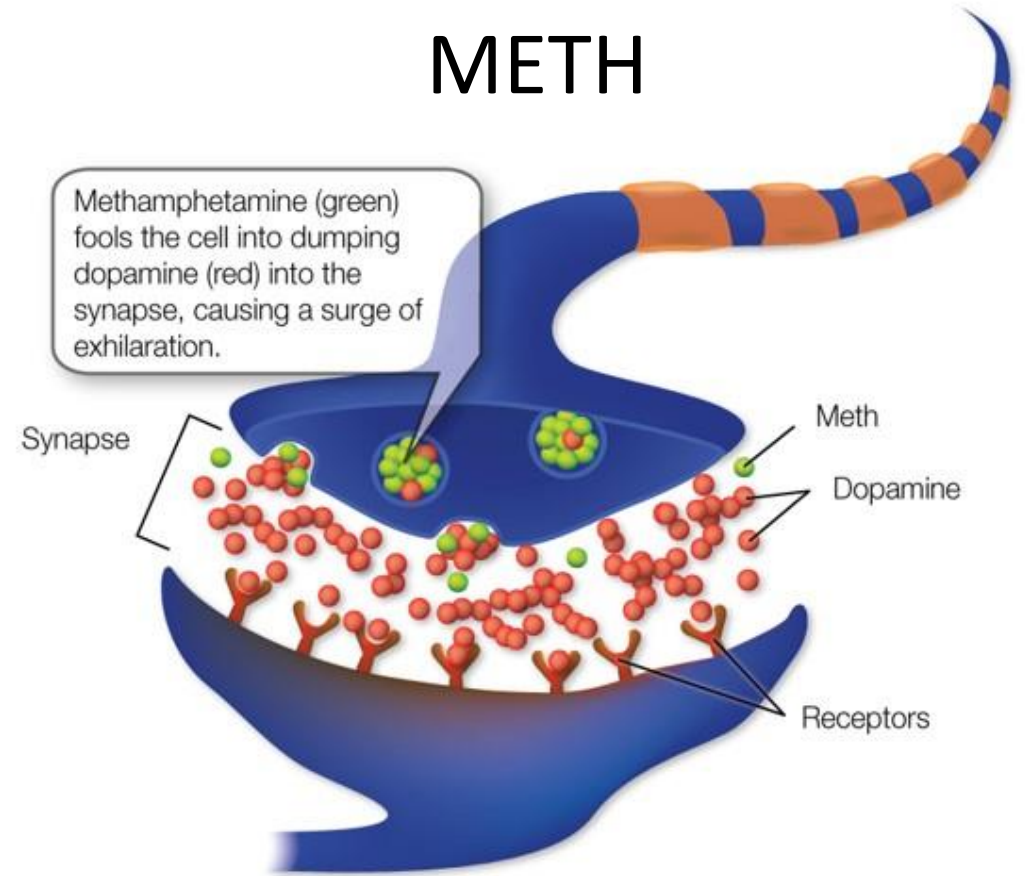


Different Substances: Different Mechanisms

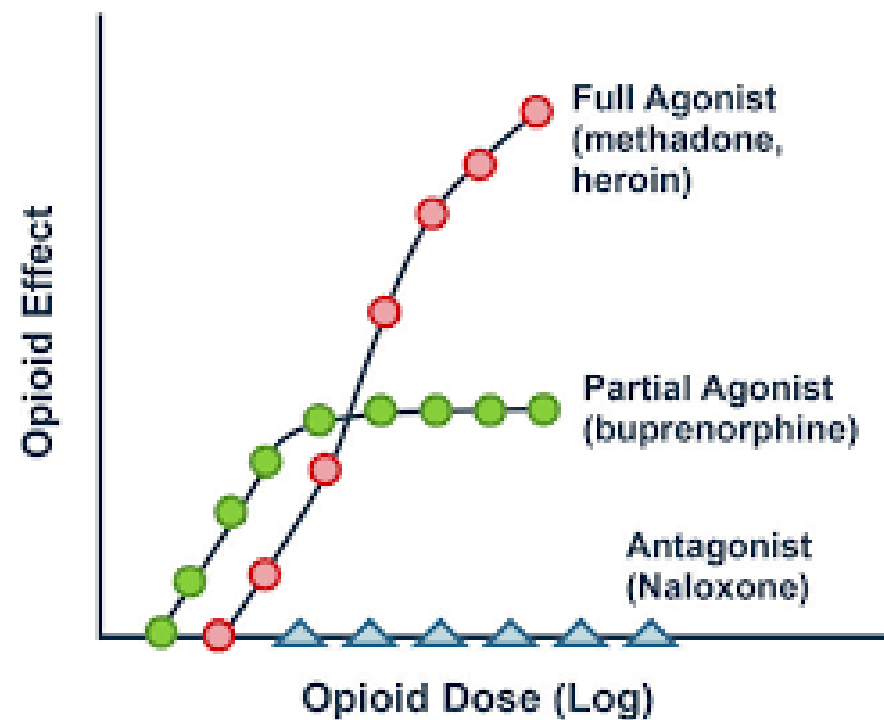
COCAINE



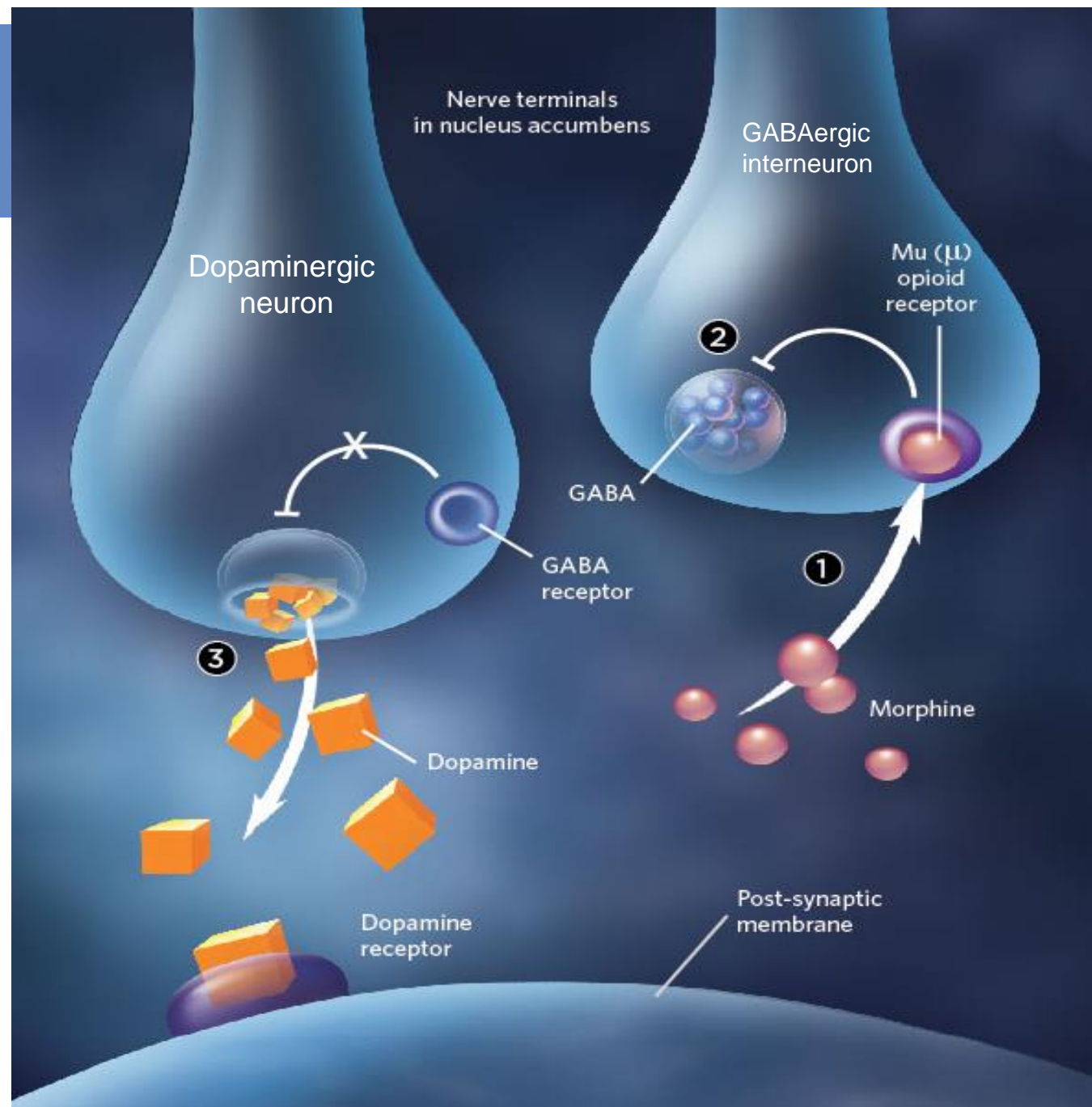
METH



MOUD Mechanism



SAMHSA





Common MOUD Myths

- Buprenorphine/methadone use is just substituting one drug addiction for another
- MOUD is only for the short term
- Providing MOUD will delay recovery process/abstinence is better

Judges are not Clinicians



All decisions about
medicine are between
clinician and patient

Court-Mandated Accountability



- Frequent random screening
- Test for presence of MOUD
- Probation check-ins
- Judicial Reviews/Treatment Court

Pro-Social Activities

- Peer Recovery Meeting: White Bison; AA/NA; SMART Recovery; In the Rooms
- Traditional crafts
- Spiritual/cultural connections
- Outdoor activities
- Community service
- Bowling; movies; game nights
- Community meals
- Exercise



Working Toward a Trauma Competent/Healing Focused Court

- Trauma Training
- Motivational Interviewing Training for All Staff (Including the Judge)
- Seeking Safety or Other Trauma-focused Groups
- Reflective Supervision
- Rules Reduction
- Harm Reduction



Harm Reduction Saves Lives



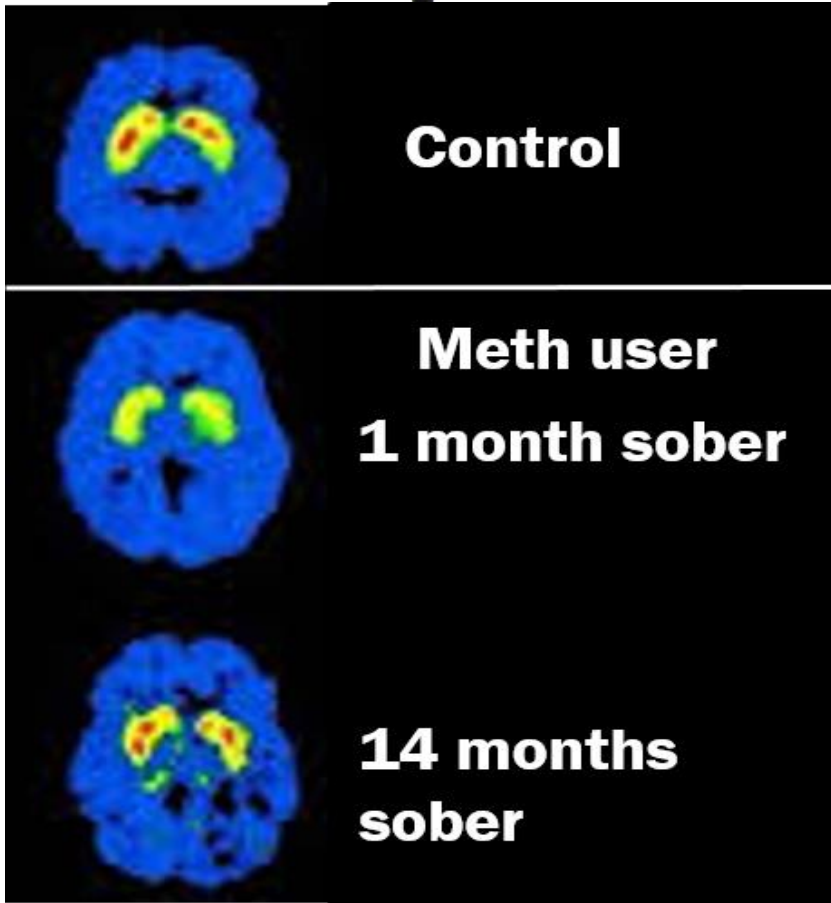
Naloxone distribution



MOUD



Needle exchange/
Safe injection sites



The Brain Can Heal



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PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

<https://pcssNOW.org/mentoring/>



Providers
Clinical Support
System

PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

<http://pcss.invisionzone.com/register>



Providers
Clinical Support
System

PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Mental Wellbeing
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine



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Educate. Train. Mentor



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