Confronting an Epidemic: The Case for Eliminating Barriers to Medication-Assisted Treatment of Heroin and Opioid Addiction

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Drug overdoses are now the leading cause of accidental death in America, surpassing traffic fatalities at the beginning of this decade with more than 36,000 deaths annually.[1] Opioid pain relievers pose an increasingly dangerous threat to public health, leading to more deaths than those from all illegal drugs combined.[2] Meanwhile, heroin dependence and use more than doubled in just ten years, rising from an estimated 214,000 users in 2002 to 467,000 in 2012.[3]

Despite the devastating toll of this epidemic - both human and financial - a demonstrably effective medical response to the scourge of opioid addiction is tragically, and senselessly, underutilized: Medication-Assisted Treatment (MAT). A broad range of barriers prevent Americans with substance use disorders (SUDs) from getting vital treatments they desperately need.

> "Access to medication-assisted treatment can mean [the] difference between life or death."
>
> Michael Botticelli, October 23, 2014
> Director, White House Office of National Drug Control Policy

These barriers include woefully inadequate coverage from both private and public insurers, regulatory and bureaucratic hurdles, and ignorance and outmoded stereotypes that too often prevent MAT from becoming available - in the health care system and additionally in the criminal justice system. After reviewing the clear benefits of MAT and the obstacles to its utilization, this report recommends specific steps that will expand its availability and help America implement a forceful, effective response to heroin and opioid addiction.

A Proven, Life-Saving Treatment

Medication-Assisted Treatment is the use of medications in combination with counseling and behavioral therapies, providing a whole-patient approach to the treatment of substance use disorders. MAT for opioid addiction utilizes medications to stabilize brain chemistry, block the euphoric effects of opioids, relieve physiological cravings, and normalize body functions. Numerous studies have shown that MAT reduces drug use, disease rates, and criminal activity among opioid addicted persons.

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[1] "2010 National Hospital Ambulatory Medical Care Survey." Centers for Disease Control and Prevention, Jul 2014.
[2] "DrugFacts: Prescription and Over-the-Counter Medications." National Institute on Drug Abuse (NIDA), Nov 2014.
[3] Miller, T. and Hendrie, D. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis. DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, SAMHSA, 2008.

According to Dr. Nora Volkow, Director of the National Institute on Drug Abuse, "Medications can be helpful in [the] detoxification stage, easing craving and other physical symptoms that can often trigger a relapse episode. However, this is just the first step in treatment. Medications have also become an essential component of an ongoing treatment plan, enabling opioid-addicted persons to regain control of their health and their lives."[4]

Medications are an essential tool in the treatment of all chronic illnesses, including alcohol and other drug addictions. For opioid addictions, three medications are currently approved by the FDA - methadone, buprenorphine/naloxone (Suboxone), and injectable naltrexone (Vivitrol). Each has proven effective.

The National Institutes of Health has stated "the safety and efficacy of MAT has been unequivocally established," adding that "methadone maintenance coupled with relevant social, medical and psychological services has the highest probability of being the most effective of all available treatments for opioid addiction."

Research has also shown that the use of buprenorphine/naloxone (Suboxone) in monthly physician-appointment treatments has long-term positive patient health outcomes.[5] And "clinical trials have shown Vivitrol (injectable naltrexone) to be effective in preventing not only relapse to drug use following detoxification, but also to diminish cravings that often drive it," according to the National Institute on Drug Abuse.[6]

Other research demonstrates that those in MAT programs experience dramatic improvements while in treatment and for several years following, including decreases in narcotic use, drug dealing, and other criminal behavior as well as increases in employment and marriage.[7] One study found those receiving MAT as part of their treatment were 75 percent less likely to experience a mortality related to their addiction than those not receiving MAT.[8]

MAT's critical benefits for people involved in the criminal justice system are also well established. Numerous studies show MAT reduces recidivism, illegal drug overdose deaths, and infectious disease transmission - inside jails and prisons but also in the community.[9] Drug overdose is the leading cause of death for individuals reentering society after incarceration. However, with

[4] Testimony of Nora D. Volkow to the Senate Caucus on International Narcotics Control, M.D., America's Addiction to Opioids: Heroin and Prescription Drug Abuse, 14 May 2014.
[5] Parran TV, Adelman CA, Merkin B, et al. Long-term outcomes of office-based buprenorphine/naloxone maintenance therapy. Drug Alcohol Depend 1 Jan 2010. Fiellin DA, Moore BA, Sullivan LE, et al. Long-term treatment with buprenorphine/ naloxone in primary care: results at 2-5 years. American Journal of Addiction Apr 2008.
[6] "Principals of Drug Addiction Treatment: A Research Based Guide." National Institute on
[7] Hubbard, Marsden, Rachal, et al.,1989. Powers and Anglin, 1993. Web Guide, Part B. National Institute on Drug Abuse, Ed. NIDA International Program, 2013.
[8] "DrugFacts: Prescription and Over-the-Counter Medications." National Institute on Drug Abuse (NIDA).
[9] Treatment Research Institute (TRI), Ed. "Cost & Utilization Outcomes of Opioid-Dependence Treatment." American Journal of Managed Care 2011.

Voices of MAT Success

Suboxone saved my life. I've been clean and sober since that day five years ago when I walked into my doctor's office beaten down by my addiction and finally asked for help.

Medication-Assisted Treatment is a BIG part of my recovery, but staying sober depends on more than just medication. I do service work, go to meetings, stay away from drugs/alcohol, and surround myself with supportive people.

Medication-Assisted Treatment is the best decision I had made in a long time. I know I wouldn't be where I am today without the help from my doctors and the MAT program. Suboxone has stopped my cravings and preoccupation with getting high.

I'm 100 % committed to my recovery. Even though some days are still hard, I know I can make it through the tough times. I now have a good job, a house, and a family. Besides all that, I now have something I never thought I could, sobriety and true happiness. I owe a lot of that to MAT.

Ian C.
Minneapolis, MN

access to treatment, those released from prison are almost twice as likely to stay out of prison and successfully reenter the community.[10]

Clear Economic Benefits

In addition to the health and public safety value of MAT, its economic benefits are staggering. According to a study by the National Drug Intelligence Center (NDIC), in 2007 alone illicit drug use in the United States is estimated to have cost the U.S. economy more than $193 billion due to lost productivity at work, health care fees, and costs associated with the criminal justice system. Medication-assisted treatment has been proven to significantly reduce these costs.

Further evidence-based research found an economic cost-benefit ratio for methadone maintenance therapy of nearly $38 saved for every dollar spent - taking into account the lifetime impact of unemployment, potential incarceration, criminal activity, health care utilization, and the possible need for multiple treatment episodes.[11]

More widespread use of MAT - especially in advance of an encounter with the criminal justice system - could yield tremendous financial benefits, considering the annual cost of incarceration averages more than $22,000, while the average annual cost of MAT is approximately $4,000.[12]

Obstacles to Medication-Assisted Treatment

The opioid epidemic is a public health emergency that is part of the larger problem of untreated addiction. Only 10 percent of the 23 million Americans with addictions and substance use disorders (SUD) receive any care in a given year. The lack of treatment access is also significant for justice-involved individuals - those in the courts, incarcerated, reentering society, or under community supervision like probation. Of the 2.4 million people currently in prison, an estimated 65 percent are clinically addicted to drugs or alcohol, but only 11 percent receive any professional treatment while incarcerated.[13] In addition, more than half of those on parole or probation continue to go untreated.[14]

A long-running and widespread lack of sufficient community - and prison-based treatment programs results in a cycle of untreated addiction and, for many, incarceration.

[10]"Methadone Maintenance Treatment" U.S. Department of Health & Human Services, CDC, Feb 2002.
[11] Hubbard, Marsden, Rachal, et al.,1989. Powers and Anglin, 1993. Web Guide, Part B.
[12] TRI, Ed. "Cost & Utilization Outcomes of Opioid-Dependence Treatment."
[13] "Legality of Denying Access to MAT In the Criminal Justice System." Comp. Legal Action Center. Rep. Dec, 2011.
[14] Miller, T. and Hendrie, D. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis.

A Story of Tragic MAT Denial

Robert Lepolszki died of a heroin overdose last winter. He was 28 years old.

For his father, Rudolf, Robert's death was all-the-more tragic because after years of opioid addiction, Robert had been steadily improving in a methadone treatment program. He was even working a steady job.

Six months before his death, however, a judge ordered Robert to end methadone treatment or go to jail. Although Robert firmly believed the methadone was curbing his cravings and helping him stay off heroin for the first time in years, he gave up the treatment against his doctor's recommendation. Soon, he relapsed to using heroin use.

"The judicial system failed him," Robert's father told NBC news, "If he was still on methadone, he would have made it …."

Exacerbating the problem is the persistent under-utilization of a proven form of opioid addiction treatment known as medication-assisted treatment (MAT) because of medical, financial and societal barriers that prevent millions from receiving MAT.

Even among those who are able to access some sort of treatment, it is often prohibitively difficult to access FDA-approved addiction medications. Among public insurance plans, only 28 states currently cover all three FDA-approved addiction medications under Medicaid.[15]

Additionally, although the Affordable Care Act now requires many insurers to cover addiction treatment benefits, many policies impose onerous prior authorization requirements, place arbitrary limits on medication dosage and length of treatment, or require people to "fail first" at other treatments for one or even all medications. Such policies force would-be patients to either pay out of pocket or forgo necessary treatment. Many private health plans exclude coverage of methadone maintenance treatment altogether, even though it is proven to be the most effective treatment option for many people with opioid addiction

Access to MAT in the criminal justice system presents even greater difficulty. A negligible number of jails and prisons offer addiction medication, and most people successfully engaged in MAT are forced to stop abruptly upon incarceration, thereby increasing the likelihood of relapse, recidivism and death.

Many courts, probation and parole agencies routinely prohibit individuals under their supervision from receiving MAT. Even when prescribed by a physician, those receiving medication-assisted treatment are sometimes sanctioned with jail time and disqualified from alternative sentencing programs. This is true even when the treatment has been successful in enabling them to abstain from illicit drug use, to work, and to regain custody of their children.

> "Our prison policies are failing half of the time, and we know that there are more humane alternatives—especially alternatives that do not involve spending billions more on more prisons—it is time to fundamentally rethink how we treat and rehabilitate our prisoners."
>
> Newt Gingrich, April 7, 2011
> 58th Speaker of the House, U.S. House of Representatives

The White House Office of National Drug Control Policy's recently announced plan to prohibit drug courts receiving federal dollars from forcing people receiving MAT to stop taking their medications is a significant step down the road of ensuring good MAT access in courts, federal and state prisons, jails, and correctional programs.

Broad-brush policies denying access to MAT in the criminal justice system are not only harmful, but also violate the Americans with Disabilities Act and other anti-discrimination laws.[16]

Faced with a national public health epidemic of untreated addiction and a growing opioid crisis, we cannot ignore effective treatment options. Yet that is exactly what we do through insurance practices and criminal justice policies that block access to medication-assisted treatment.

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[15] "Advancing Access to Addiction Medications: Implications for Opioid Addiction Treatment." The American Society of Addiction Medicine, 2013.
[16] "Legality of Denying Access to Medication-Assisted Treatment in the Criminal Justice System." Legal Action Center, December 2011.

POLICY RECOMMENDATIONS

The Legal Action Center urges policy makers to support a number of changes that will expand the availability and utilization of MAT for all those in need, including justice-involved individuals.

- **Provide meaningful insurance coverage for addiction medications**: Policymakers should ensure access to all three FDA-approved medications for opioid addiction - methadone, buprenorphine/naloxone, and injectable naltrexone - through all private and public insurance. Not all patients respond to medicines in the same way; as with other chronic diseases, patients should have the right to any FDA-approved alternatives. Insurance formulary tiers need to be updated so all approved addiction medications are covered. Medicaid policies that require doctors to pay up-front for the medications they prescribe should be reformed, as they can deter doctors from prescribing such medications, thus limiting patient access. All three medications should be available in opioid treatment programs.

- **Enforce public and private insurance consumer protective requirements**: Federal and state regulators, including state insurance commissioners, Medicaid directors and Attorneys General, should pay particular attention to the availability of MAT options as part of effectively overseeing implementation of the federal parity law and enforcing other consumer protection laws.[17] To further enable efficient oversight, the U.S. Department of Health and Human Services and the U.S. Department of Labor need to issue final guidance on how federal parity law applies to MAT and addiction treatment coverage under Medicaid and other public insurance programs.

  Private insurance plans with policies or practices that violate the law should swiftly be brought into compliance. It is illegal under parity law for most private and public insurers to provide coverage for addiction and mental health treatment - including MAT - that is more restrictive than for other chronic illnesses. Tools that insurance plans use to manage their addiction benefits, including utilization review and medical necessity criteria, cannot be any more restrictive than those applied to other medical benefits.

[17] The Mental Health Parity and Addiction Equity Act of 2008 prevents group health plans and health insurance issuers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. (CMS)

Voices of MAT Success

Methadone has allowed me to have a life that is about so many different things. Now I am a mother, a friend, a wife, a daughter, and a good citizen in the community. Methadone is not a miracle drug. It takes determination, a lot of counseling and the want to be clean for the methadone to work.

For now I will stay on methadone, not because I am addicted to it (I'm not) or because I get high on methadone (I don't) but because to me it's like taking any other regulated medicine to keep me healthy in mind, body, and I'm working on my soul."

Woman in successful recovery,
Western Carolina
Treatment Center

- **Support education and outreach to health care providers and criminal justice officials**: Medical, community, court, and corrections officers should receive education and training on the nature, application, and implementation of MAT services. Many criminal justice agency policies that prevent access to MAT are based on stereotypes and stigma and have no basis in evidence accumulated in decades of research. The Health Resources and Services Administration should work with the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to incorporate MAT competencies and accreditation standards into academic curricula across medical, social service, and criminal justice disciplines.

  Law enforcement should be trained in the effectiveness of MAT and, in keeping with the suggestions of Michael Botticelli, Acting Director of the White House Office of National Drug Control Policy, "good Samaritan laws, which provide limited legal immunity to overdose witnesses and victims, should accompany naloxone to ensure that no legal barrier prevents an overdose witness from calling for help."[18] No judge, probation or parole officer, or other law enforcement official should be allowed to forbid any person under his or her supervision from receiving appropriate addiction treatment, including MAT, as recommended by a medical professional.

- **Treat justice-involved individuals**: Criminal justice agencies should identify and implement best practices for providing justice-involved individuals with addiction treatment, as directed by the U.S. Attorney General's Interagency Reentry Council. In courts, as well as probation and parole agencies, these best practices must include authorizing and referring individuals with substance use disorders to whatever treatment is appropriate, including MAT.

  Successful MAT programs should be replicated and brought to scale. As jails and prisons are the largest providers of mental health and addiction services in the country, it is critical that they fully integrate MAT as an essential treatment tool, and link people to community-based treatment when released. Jail and prison medical staffs should be trained to recognize and treat substance use disorders and withdrawal, and to utilize MAT. Jails and prisons should have additional resources to create and maintain comprehensive MAT programs. Policies that restrict access to MAT, such as those instituted by the federal Bureau of Prisons, should be eliminated. State and federal criminal justice systems should also utilize opportunities available via Medicaid to maximize health insurance enrollment of the criminal justice population to better fund necessary MAT services.

[18] Botticelli, Michael. "Letter to the Editor: Drug Czar Approaches Challenge from a Different Angle: As a Recovering Alcoholic." The Washington Post, 26 Aug. 2014.

Voices of MAT Success

In January 2011, after being away from her three sons for Christmas and New Year's, Nicole Kapulsky decided that she needed to kick heroin for good. She'd seen it kill her friends. It had to stop.

"I had nothing. I couldn't take any more of not being with my kids. It was heartbreaking for me. My kids were my whole life."

It's called Vivitrol, a monthly injection of naltrexone that binds to human opioid receptors and blocks the drugs' euphoric effects, so addicts can't get high even if they want to. Kapulsky said it also stopped her drug cravings. For Kapulsky, Vivitrol serves as a safety net while she pieces her life back together after she was blindsided by heroin addiction in 2009.

"[Now that I take Vivitrol,] my family trusts me. There's no question of whether I'm clean or not. They know that I am because I go and I get my shot every 28 days… It saved me. I'm not the strongest person in the world, believe me. If I wasn't on Vivitrol, I probably would have relapsed…

It's horrible. I've never seen anything like this in my life, how many people are addicted to opiates. It's everywhere, and nobody's immune to it. People don't want to believe that addiction is a disease. But it is a disease..."

Nicole Kapulsky

- **Promote treatment and recovery over incarceration**: The criminal justice system should emphasize treatment as an alternative to incarceration, where appropriate. Legislation recently introduced in the U.S. Senate - The Comprehensive Addiction and Recovery Act of 2014 - would provide an important step toward that goal. If enacted, the legislation would expand community-based opioid addiction treatment and intervention programs, and would support the expansion of MAT in jails and prisons. The Substance Abuse Prevention and Treatment Block Grant, and other similar funding options, should be expanded and further utilized to finance gaps in treatment coverage that will remain even as the Affordable Care Act and the federal parity law are implemented.

Conclusion

The health, public safety, and economic advantages of medication-assisted treatment present a clear case for expanding access to MAT programs. Barriers in insurance coverage and policies that discriminate against MAT access within the criminal justice system create harmful obstacles to recovery therapies that can effectively help those living with substance use disorders become and stay well. Policymakers can and should take immediate steps to remove these barriers and promote sustained and widespread access to safe, efficient and cost-effective pathways to recovery. MAT should be available and accessible for all opioid addicted individuals who would benefit from them.

The Legal Action Center is the only non-profit law and policy organization in the United States whose sole mission is to fight discrimination against people with histories of addiction, HIV/AIDS, or criminal records, and to advocate for sound public policies in these areas.

For four decades, LAC has worked to combat the stigma and prejudice that keep these individuals out of the mainstream of society. The Legal Action Center is committed to helping people reclaim their lives, maintain their dignity, and participate fully in society as productive, responsible citizens.

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