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# Substance Use Treatment for Justice Involved Californians



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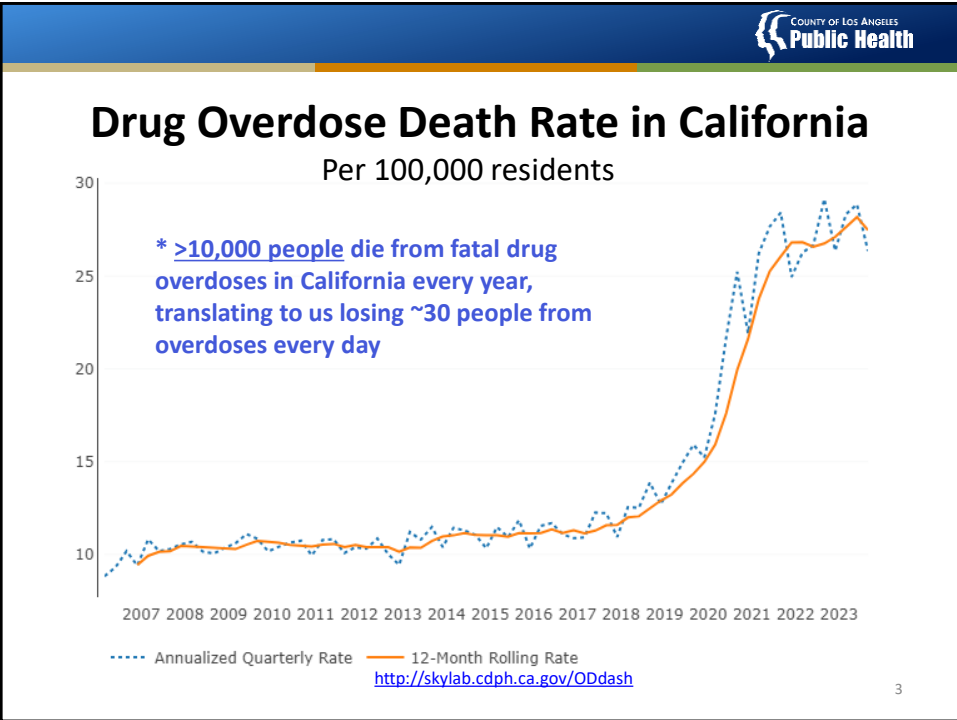
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No financial conflicts of interests

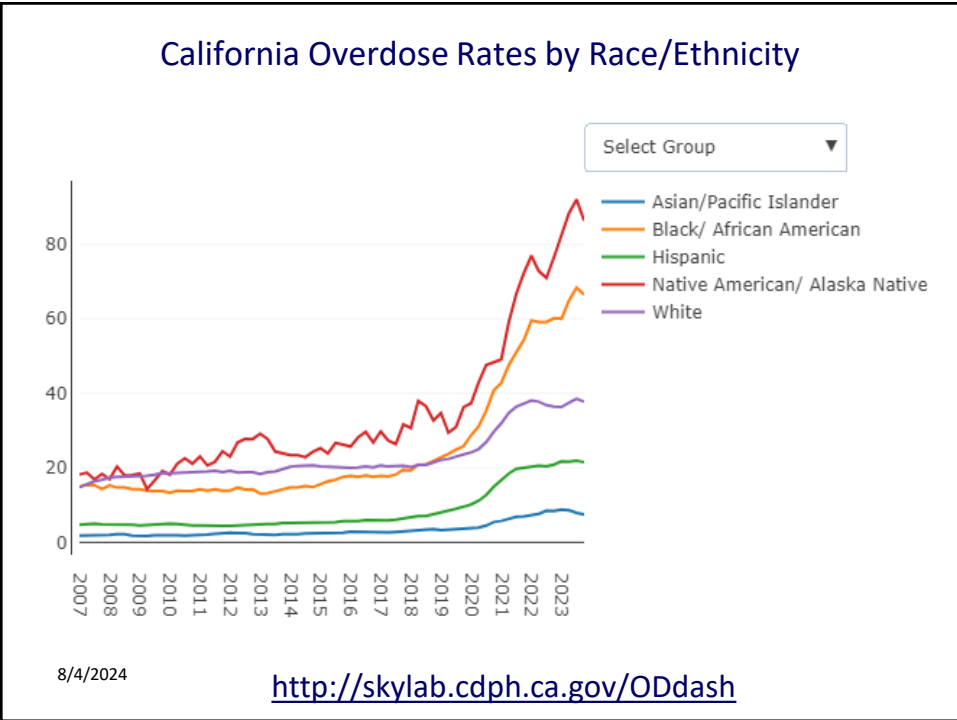
Brian is the President of the American Society of Addiction Medicine, so comments on topics involving ASAM (which maintains a [Treatment in Correctional Settings Toolkit](#) among other training products and practice guidelines) may be biased towards ASAM

None of the medications discussed in this presentation are FDA approved for Stimulant Use Disorders

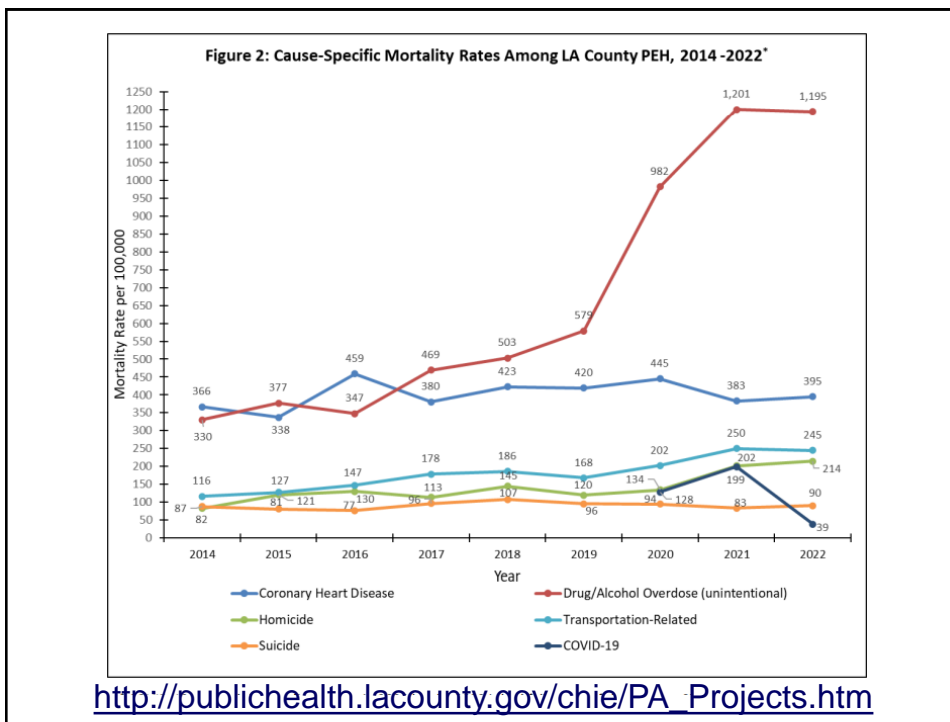
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## Carceral Settings

- 65% percent of the incarcerated population in the US has an active substance use disorder.
- Another 20% percent does not meet the official criteria for a substance use disorder, but were under the influence of drugs or alcohol at the time of their crime.
- For those in jail, regular use of opioids was reported at 17 percent.
- Up to 20% of individuals housed within prison in the United States meet criteria for opioid use disorder.

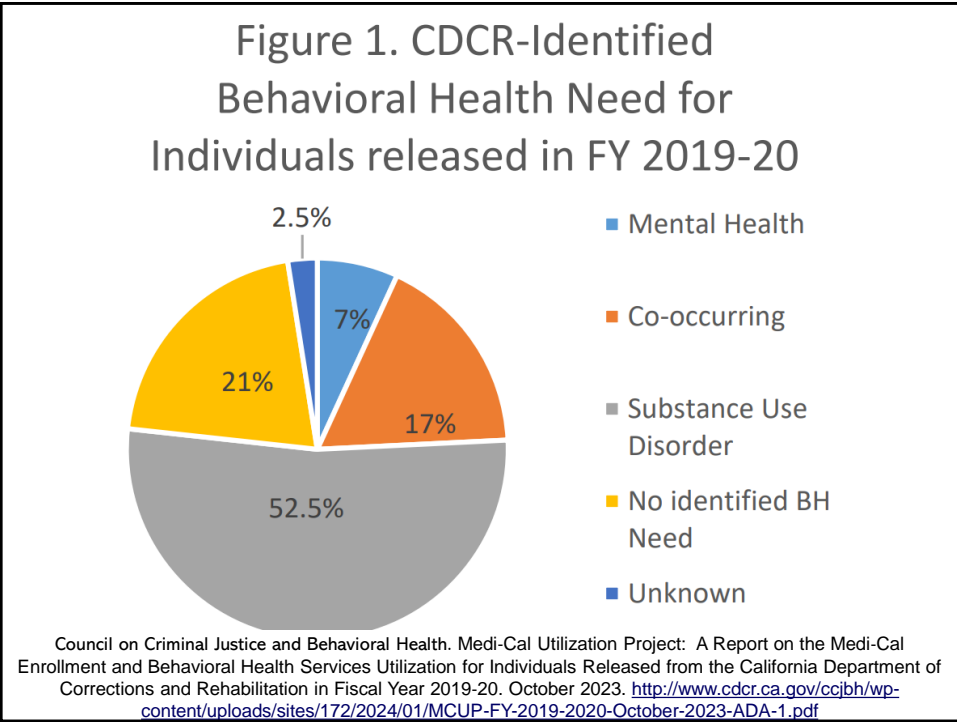
Center on Addiction, Behind Bars II: Substance Abuse and America's Prison Population, February 2010. <https://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america-s-prison-population>

Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2017). Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007- 2009. NCJ 250546. Washington, DC: Bureau of Justice Statistics

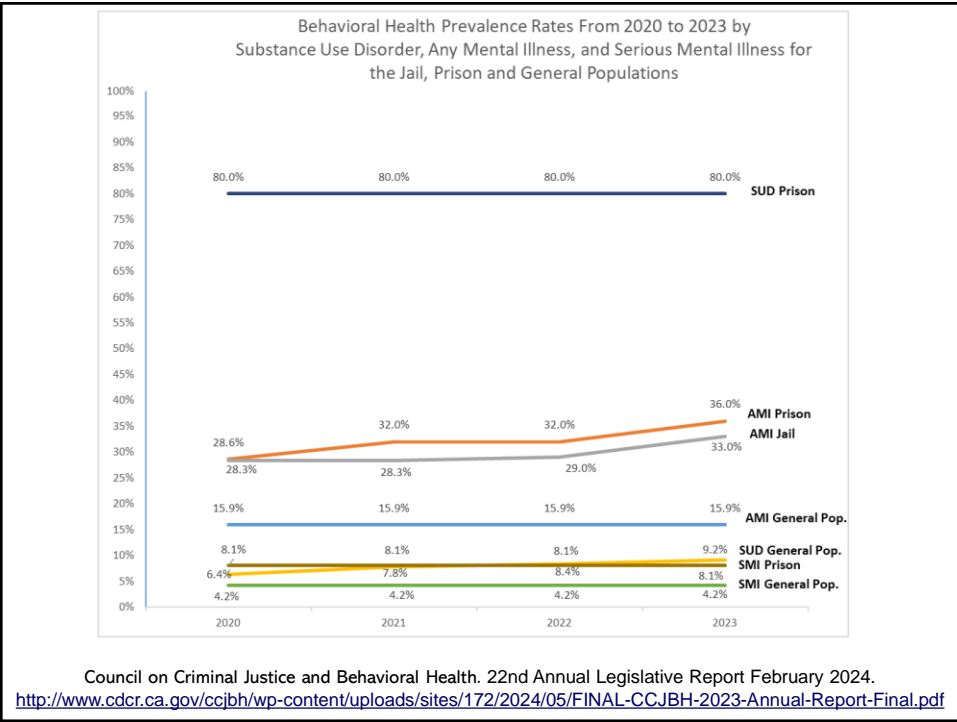
Lo CC, Stephens RC. Drugs and prisoners: treatment needs on entering prison. Am J Drug Alcohol Abuse. 2000;26(2):229-45.

Fazel S, Bains P, Doll H. Substance abuse and dependence in prisoners: a systematic review. Addiction. 2006;101(2):181-91.

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## Carceral Settings

- High risk of overdose in the period immediately following release from custody. Post-release overdose is the leading cause of death among people released from jails or prisons.
- People who have been incarcerated are at risk of death from overdose >100 times greater than the general population.
- Risk is highest in the two weeks after release.

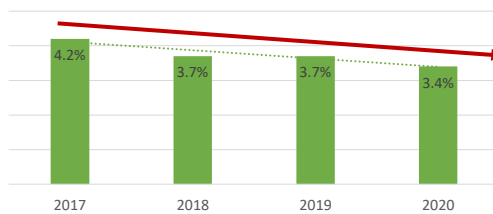
Joudrey, P. J., Khan, M. R., Wang, E. A., Scheidell, J. D., Edelman, E. J., McInnes, D. K., & Fox, A. D. (2019). A conceptual model for understanding post-release opioid-related overdose risk. *Addiction science & clinical practice*, 14(1), 17.

Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, et al. Release from prison—a high risk of death for former inmates. *N Engl J Med*. 2007;356(2):157–65.

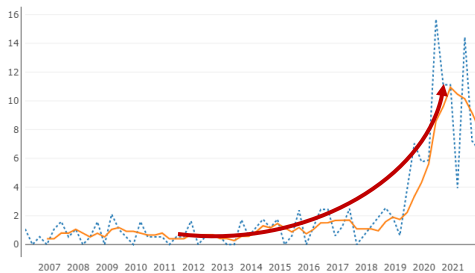
Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Ann Intern Med*. 2013;159(9):592–600.

Grella CE, Ostlie E, Scott CK, Dennis ML, Carnevale J, Watson DP. A scoping review of factors that influence opioid overdose prevention for justice-involved populations. *Subst Abuse Treat Prev Policy*. 2021 Feb 22;16(1):19. doi: 10.1186/s13011-021-00346-1. PMID: 33618744; PMCID: PMC7898779.

% Opioid **Misuse** Amongst Youth (12 or Older)



Overdose **Deaths** Amongst Youth (15 or Older) LA County



### Youth Opioid Misuse & Overdoses: Fentanyl

Youth overdose deaths continue to **RISE** even though **LESS** youth are misusing opioids...why?

Answer: Illicit Fentanyl is increasingly being laced in counterfeit pills.

Takeaway: Any pill that doesn't come directly from a healthcare provider can contain fentanyl and be deadly.



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## How do Opioids Affect the Brain?

 A diagram showing a human head in profile with a brain inside. A magnifying glass is focused on a specific part of the brain, showing a cross-section of neural tissue. In this magnified view, there are several brown dots representing neurotransmitters. One dot is labeled 'CALM' and another is labeled 'PAIN'. The diagram illustrates how opioids interact with these receptors to affect the brain's response to pain.

1.The National Institute on Drug Abuse: Mind Matters: The Body's Response to Opioids

Slide Credit: Dr. Siddarth Puri and Lisette De La Trinidad-Alvarado

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**Public Health**

# Overdose

Oxygen starvation leads to:  
Unconsciousness  
↓  
Coma  
↓  
**Death**

**Within 3-5 minutes** without oxygen, brain damage starts to occur, soon followed by death

Slide Credit: Dr. Siddarth Puri and Lisette De La Trinidad-Alvarado (Harm Reduction Coalition, n.d.)

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**Public Health**

## Understanding Naloxone

- Reverses an opioid overdose.
  - Restores normal breathing to a person whose breathing has slowed or stopped because of an opioid overdose.
- Effective with opioids only: Heroin, fentanyl, oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine.

Slide Credit: Dr. Siddarth Puri and Lisette De La Trinidad-Alvarado

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Slide Credit: Dr. Siddarth Puri and Lisette De La Trinidad-Alvarado

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**Bottom Line**


**Nobody needs to die from  
an opioid overdose**

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## Naloxone Vending Machines

- LA County Carceral Facilities



*No-cost naloxone vending machine at Los Angeles County Jail Release Center. December 2019.*

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### Criminal Justice Services

SAPC Home / Providers / Programs and Initiatives / Criminal Justice Services

SAPC offers a no-wrong-door policy for anyone to access Substance Use Disorder (SUD) treatment through the Substance Abuse Service Helpline (SASH), Client Engagement and Navigation Services (CENS), and self-referrals directly to Network Providers. The Criminal Justice Team collaborates with Probation, Office of Public Defender, Los Angeles Sheriff's Department, Department of Mental Health (DMH), Department of Health Services-Office of Diversion and Reentry and Integrated Correctional Health, and contracted community-based treatment providers to ensure SUD treatment for in-custody individuals transitioning to the community are coordinated and delivered with a warm handoff.

No-cost SUD treatment services are available to justice involved adults who are:

- Residents of Los Angeles County,
- Medi-Cal eligible and/or enrolled,
- Those with coverage under My Health LA (which also covers services for undocumented individuals), or
- Individuals eligible for select County funded programs such as Assembly Bill 109 (AB 109).

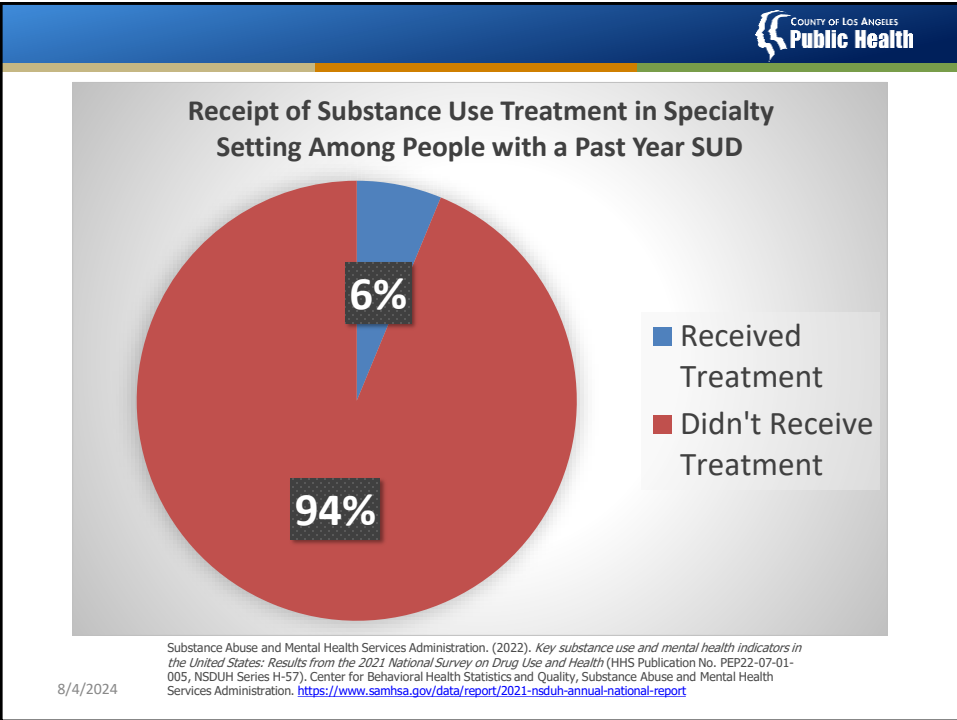
Services includes a range of outpatient, intensive outpatient, residential, withdrawal management (detox), opioid treatment programs, recovery bridge housing, and recovery support services. Substance Use Disorder (SUD) treatment focuses on a patient centered, individualized approach, where a patient is supported throughout their recovery journey. Recovery Support Services (RSS) are available to justice involved individuals immediately upon release from custody (admitted directly to RSS without requiring prior engagement in treatment services). Individuals do not need to be abstinent from drugs for any specified period.

Adult Drug Court (ADC)	+
Assembly Bill 109 (AB 109)	+
Alternatives to Incarceration (ATI) Rapid Diversion Program (RDP)	+
Community Collaborative Courts (CCC)	+
In-Custody to Community Referral Program (ICRP)	+
Law Enforcement Assisted Diversion (LEAD) Program	+
Proposition 36/PC1210	+
Sentenced Offender Drug Court (SODC)	+

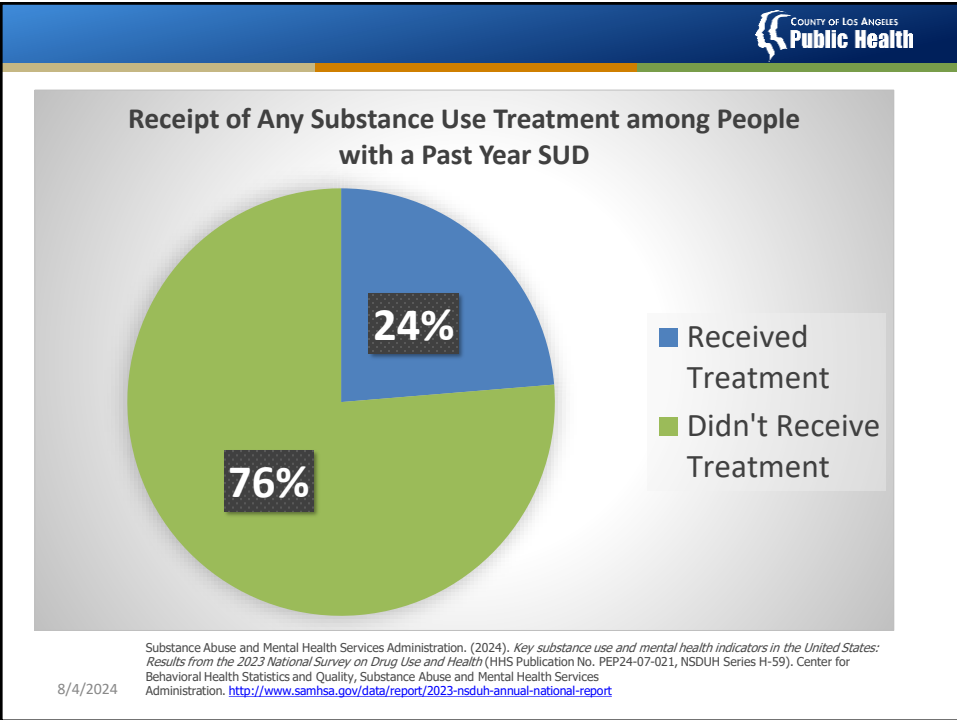
<http://publichealth.lacounty.gov/sapc/providers/programs-and-initiatives/criminal-justice.htm>

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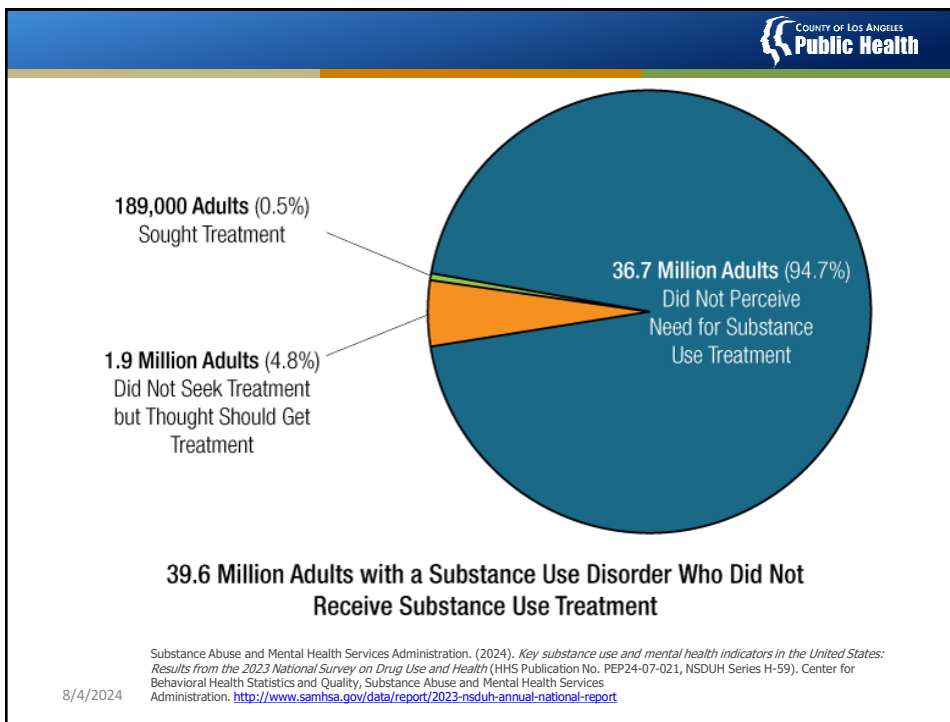
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- COUNTY OF LOS ANGELES Public Health**
- ### Reasons Cited for Not Seeking Treatment
- Should be able to handle alcohol / drug use on own (74.1%)
  - Not being ready to start treatment (65.6 %)
  - Not being ready to stop or cut back (60.1%)
  - Being worried about what people would think or say (43.9%)
  - Thinking treatment would cost too much (42.4%)
  - Not having enough time for treatment (41.0%);
  - Not knowing how or where to get treatment (38.%);
  - Worried information would not be kept private (34.8%);
  - Bad things would happen if people knew (33.5%)
    - *Losing job, home, or children*
  - Health insurance would not pay enough treatment costs (31.9%)
- Substance Abuse and Mental Health Services Administration. (2024). *Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health* (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <http://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>
- 8/4/2024

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<b>Table 1</b> <b>Comparison of Penetration and Engagement Rates</b> <b>for Members Transitioning from Incarceration in FY 2018-19 and FY 2019-20</b> <b>with Any Type of Behavioral Health Services by Behavioral Health Need</b>						
Behavioral Health Need	Penetration			Engagement		
	FY 2018-19	FY 2019-20	% (+/-)	FY 2018-19	FY 2019-20	% (+/-)
SUD Only	30%	27%	-3%	16%	21%	+5%
Co-Occurring	56%	51%	-5%	35%	41%	+6%
Mental Health Only	55%	50%	-5%	36%	41%	+5%

- Penetration rate of mental health needs > SUD needs

Council on Criminal Justice and Behavioral Health. Medi-Cal Utilization Project: A Report on the Medi-Cal Enrollment and Behavioral Health Services Utilization for Individuals Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2019-20. October 2023. <http://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2024/01/MCUP-FY-2019-2020-October-2023-ADA-1.pdf>

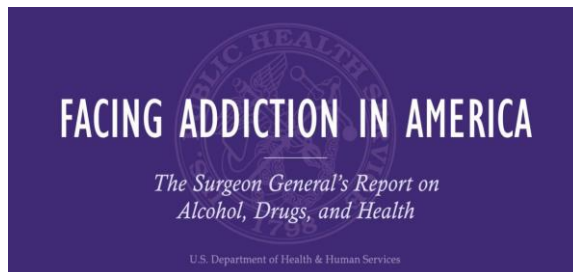
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<b>Table 2</b> <b>Penetration and Engagement Rates in Behavioral Health Services</b> <b>By Behavioral Health Need and Medi-Cal Behavioral Health Service Type</b> <b>for Members Transitioning from Incarceration in FY 2019-20</b>							
Medi-Cal Behavioral Health Service Type	# of Services	Behavioral Health Need					
		SUD Only		Co-Occurring		Mental Health Only	
		n	%	n	%	n	%
Medi-Cal SUD	1+	2,898	19%	1,434	29%	451	23%
	5+	2,295	15%	955	19%	290	15%
	Total Enrolled	14,973	100%	4,952	100%	1,958	100%
SMHS	1+	1,122	7%	1,462	30%	681	35%
	5+	859	6%	1,177	24%	574	29%
	Total Enrolled	14,973	100%	4,952	100%	1,958	100%
Non-SMHS	1+	1,313	9%	1,189	24%	420	21%
	5+	479	3%	471	10%	154	8%
	Total Enrolled	14,973	100%	4,952	100%	1,958	100%

Council on Criminal Justice and Behavioral Health. Medi-Cal Utilization Project: A Report on the Medi-Cal Enrollment and Behavioral Health Services Utilization for Individuals Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2019-20. October 2023. <http://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2024/01/MCUP-FY-2019-2020-October-2023-ADA-1.pdf>

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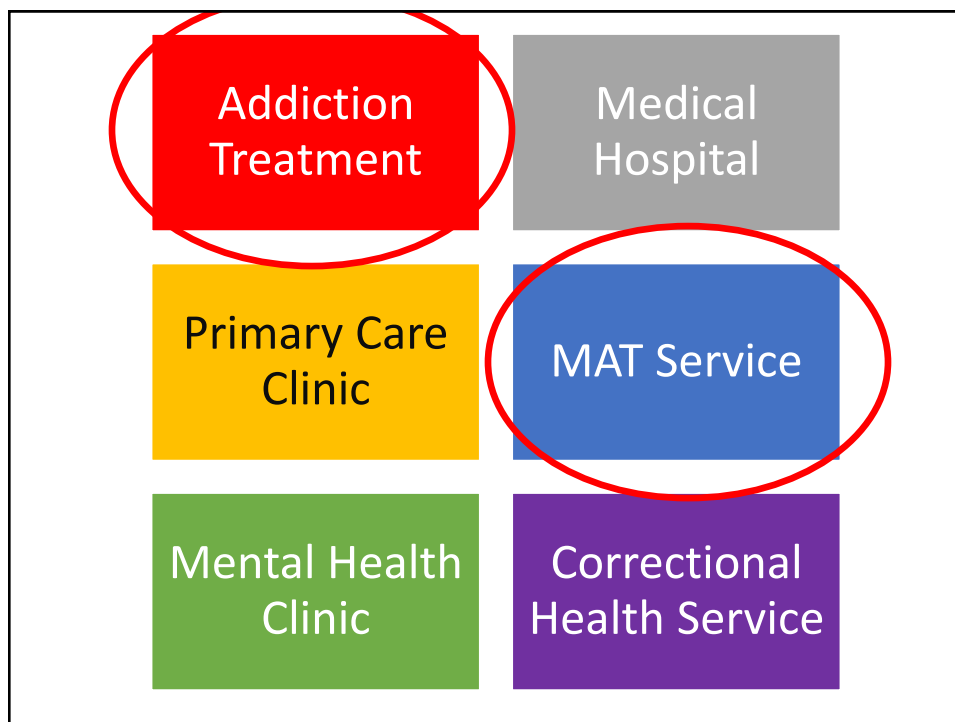
## Surgeon General's Report



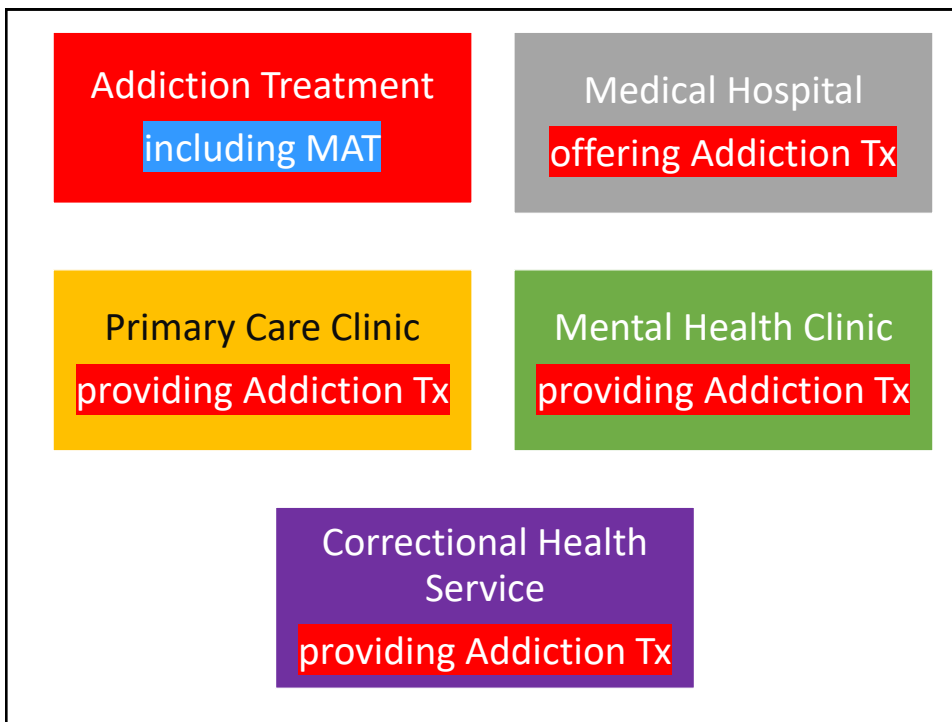
Integrating substance use services results in better outcomes

<https://addiction.surgeongeneral.gov/>

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The image shows the cover of a SAMHSA advisory report. At the top right is the logo for the County of Los Angeles Public Health. The main title is "SAMHSA ADVISORY" in large, bold, white letters on a dark blue background. Below the title is the text "Substance Abuse and Mental Health Services Administration". The date "DECEMBER 2023" is displayed in white. The advisory title is "ADVISORY: LOW BARRIER MODELS OF CARE FOR SUBSTANCE USE DISORDERS" in bold, dark blue letters. Below that is the subtitle "Principles and Components of Low Barrier Models of Care" in a smaller, dark blue font. At the bottom, there is a URL: <http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005>. The page number "28" is in the bottom right corner.

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### **SAMHSA Principles of Low Barrier Models of Care**

- Person-centered care
- Harm reduction and meeting the person where they are
- Flexibility in service provision
- Provision of comprehensive services
- Culturally responsive and inclusive care
- Recognize the impact of trauma

<http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005>

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### **SAMHSA Components of Low Barrier Models of Care**

- Available and accessible
- Flexible
- Responsive to patient needs
- Collaborative with community based organizations
- Engaged in learning and quality improvement

<http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005>

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Barrier Level	Requirements and Approach <sup>35,36,37,38,39,40</sup>	Requirements and Approach (medication only)	Availability <sup>41,42,43,44,45</sup>
<b>Low Barrier Care</b>	<ul style="list-style-type: none"> <li>No service engagement conditions or preconditions.</li> <li>Visit frequency based on clinical stability.</li> <li>Ongoing substance use does not automatically result in treatment discontinuation.</li> <li>Client's individual recovery goals prioritized.</li> <li>Reduction in substance use and engaging in less risky substance use as acceptable goals.</li> </ul>	<ul style="list-style-type: none"> <li>Medication at first visit.</li> <li>Home initiation permitted.</li> <li>Various medication formulations offered.</li> <li>Individualized medication dosage.</li> <li>Rapid re-initiation of medication after short-term disruption.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment available in non-specialty SUD settings.</li> <li>Other clinical and non-clinical services incorporated into SUD treatment settings.</li> <li>Same-day treatment availability, no appointment required.</li> <li>Extended hours of operation.</li> <li>Telehealth and in-person services available.</li> </ul>
<b>High Barrier Care</b>	<ul style="list-style-type: none"> <li>Requirements for current or previous engagement with specific services.</li> <li>Visit frequency based on a rigid, pre-determined schedule.</li> <li>Treatment discontinuation due to ongoing substance abuse.</li> <li>Treatment goals imposed.</li> <li>Abstinence as the primary goal for all clients, all the time.</li> </ul>	<ul style="list-style-type: none"> <li>Two or more visits before medication.</li> <li>Clinic initiation required.</li> <li>Limited medication formulation options.</li> <li>Uniform maximum dosage.</li> <li>Induction required to restart medication.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment only available at specialty SUD programs.</li> <li>Non-integrated or limited-service offerings.</li> <li>One or more day wait to initiate treatment, appointment required.</li> <li>Traditional hours of operation.</li> <li>Services only available in-person.</li> </ul>

Jakubowski, A., Fox, A. (2020). Defining Low-threshold Buprenorphine Treatment. J Addict Med. 2020 Mar/Apr;14(2):95-98. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075734>

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### Reaching the 95% (R95) Initiative

- **Fundamentally, we need to take a different approach to address SUDs to substantively increase our reach into the 95% and increase our treatment penetration rates.**
- **Data demonstrates that we will be unlikely to substantively increase the people we serve without focusing on engaging this 95%.**
- **The R95 Initiative was launched by the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control (DPH-SAPC) in 2023 to focus on needed CULTURE CHANGE WITHIN THE SPECIALTY SUD SYSTEM to shape the way that we think about and treat those with SUD.**
  - Key Goals
    1. Optimizing Outreach & Engagement
    2. Establishing Lower Barriers to SUD Care

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## Expanding Reach

- **DPH-SAPC operates the specialty SUD system**
  - While specialists are important in care delivery, they are not the only providers of care and it’s important to enlist a broad network of entities to help ensure access to needed services (primary care, caregivers, etc).
- **With a condition such as SUD where most of the people with the condition aren’t seeking out services, we need to leverage every possible avenue to help engage people with SUD, most importantly those who spend the most time with them.**
  - e.g., housing providers, primary case managers outside the SUD system, teachers, caregivers, primary care, etc.

Specialty SUD Providers : **SUD**

~


Cardiology : **High blood pressure or cholesterol**

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Endocrinology : **Diabetes**

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## Implicit bias


Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner

A group of researchers used a “Go-No Go” task to test implicit bias (positive or negative response) toward language used for substance use disorders

Ashford, RD, Brown. AM & Curtis, B (2018): The Language of Substance Use and Recovery: Novel Use of the Go/No–Go Association Task to Measure Implicit Bias. Health Communication.

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)

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## Findings

<u>Negative</u>	<u>Positive</u>
<ul style="list-style-type: none"><li>• Substance Abuser</li><li>• Relapse</li><li>• Medication-Assisted Treatment</li><li>• Overdose</li><li>• Addict</li><li>• Alcoholic</li><li>• Opioid Addict</li></ul>	<ul style="list-style-type: none"><li>• Person who uses substances</li><li>• Recurrence of use</li><li>• Pharmacotherapy</li><li>• Accidental drug poisoning</li><li>• Person with a substance use disorder.</li></ul>

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)

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## Recommendations

- Avoid labeling
- Receive training to help you become aware of unconscious biases and increase your knowledge and understanding.
- Use person first language (avoid stigmatizing language)
- Create an atmosphere that is supportive with zero tolerance for discrimination.
- Acknowledge patients' significant others and encourage their support and participation in prevention and treatment programs.

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)

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**Your Words Matter**

The use of affirming language inspires hope and advances recovery.

**LANGUAGE MATTERS.**


**Words have power.**

**PEOPLE FIRST.**

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

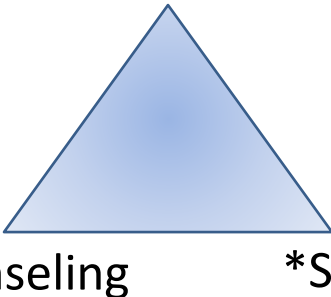
<http://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

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**Core Components of Addiction Treatment**

\*Medications



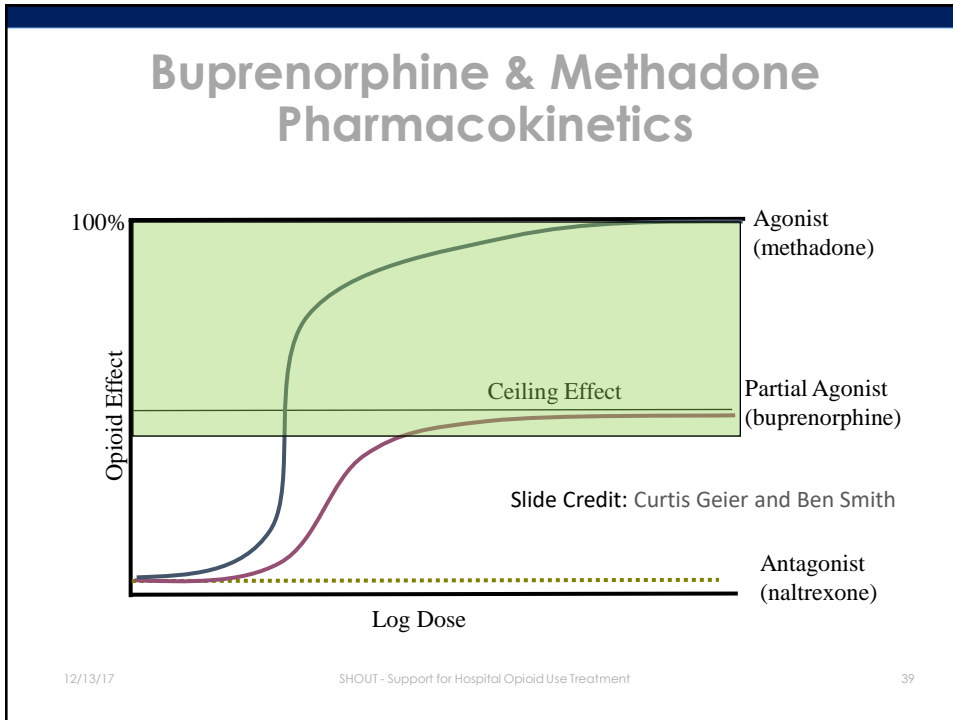
\*Counseling

\*Support

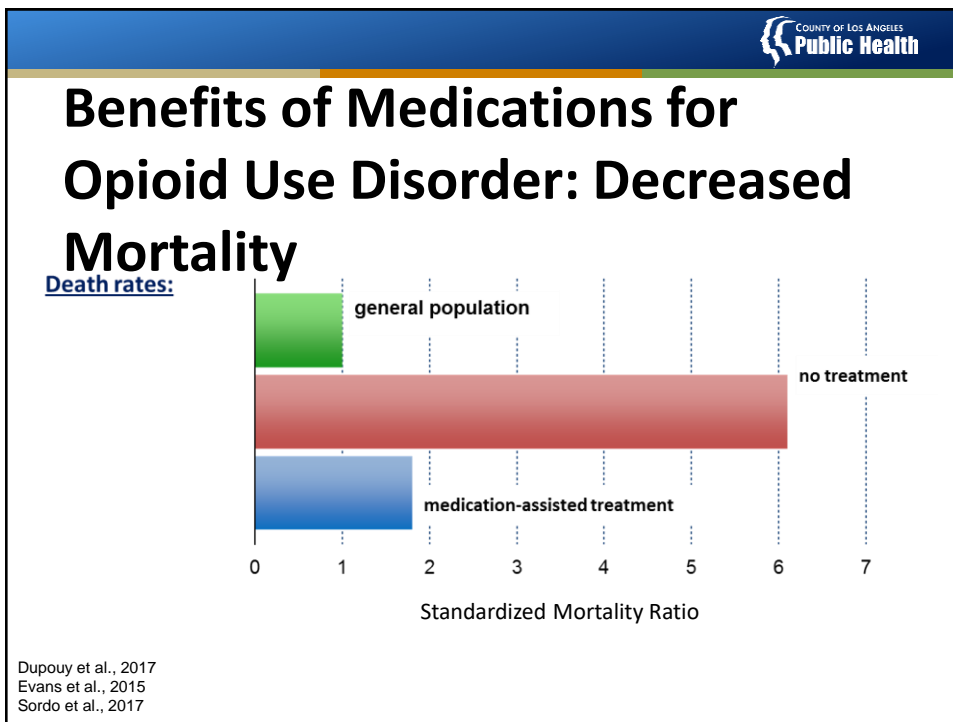
\*When appropriate

Source: <https://www.samhsa.gov/treatment>

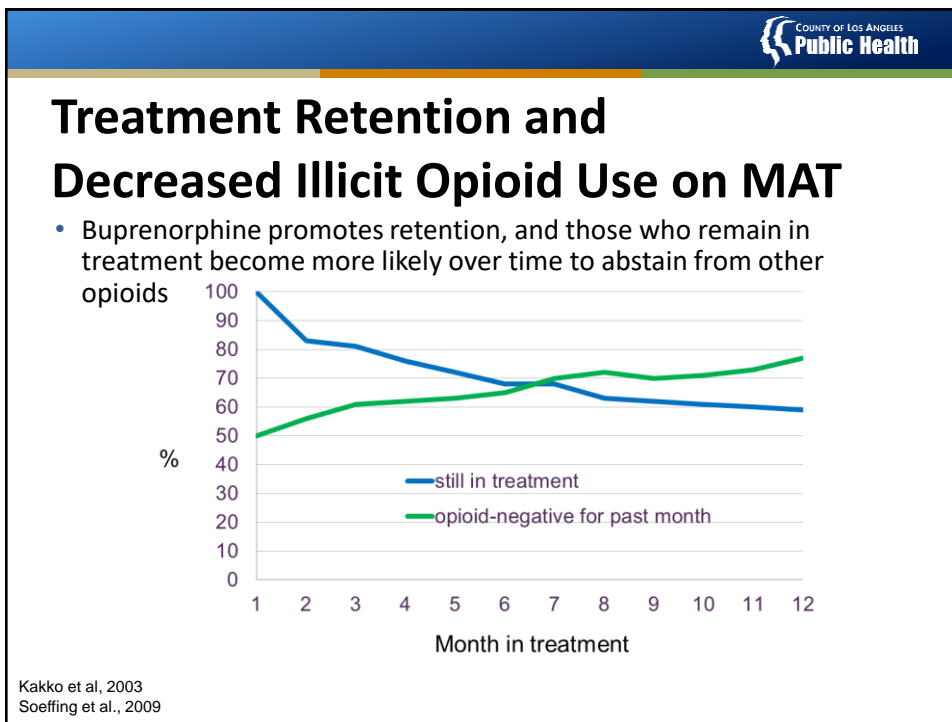
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## Why Not Detoxification?

POST-DETOXIFICATION RELAPSE RATES APPROACH 100% WITHIN THE FIRST 90 DAYS FOLLOWING COMPLETION OF DETOXIFICATION.



Slide Credit: Larissa Mooney, M.D.

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## Incarcerated Individuals

- 77 percent of incarcerated individuals with an OUD relapse to opioid use within three months of release (even after participating in a counseling program) without addiction medications.

SAMHSA (2019). **Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States.**

<http://store.samhsa.gov/product/Medication-Assisted-Treatment-MAT-in-the-Criminal-Justice-System-Brief-Guidance-to-the-States/PEP19-MATBRIEFCS>

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## Medication FIRST Model

- People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatments planning sessions;
- Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;
- Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy;
- Pharmacotherapy is discontinued only if it is worsening the person's condition.

<http://www.nomodeaths.org/medication-first-implementation>

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## Medication FIRST Model

- Medication *first does not mean Medication only*
- Medication is contingent upon the pt's benefit, not based upon a timeframe, patient's participation in counseling, an unexpectedly positive test result, etc

<http://www.nomodeaths.org/medication-first-implementation>

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### Receipt of Medication for Opioid Use Disorder People with a Past Year OUD

Category	Percentage
Received MOUD	18%
Didn't Receive MOUD	82%

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Substance Abuse and Mental Health Services Administration. (2024). *Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health* (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <http://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>

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## Buprenorphine Formulations for Opioid Use Disorder

Content	Route	Products	Available Doses	Equivalent Dose to 8mg Buprenorphine
With Naloxone	Sublingual	Film (suboxone)	2mg Bup/0.5mg Nx 4mg Bup/1mg Nx 8mg Bup/2mg Nx 12mg Bup/3mg Nx	8mg
		Tablet - Generic	2mg Bup/0.5mg Nx 8mg Bup/2mg Nx	
	Sublingual	Tablet - (Zubsolv®)	1.4mg Bup / 0.36mg Nx 2.9mg Bup / 0.7mg Nx 5.7mg Bup / 1.4mg Nx 8.6mg Bup / 2.1mg Nx 11.4mg Bup / 2.6mg Nx	5.7 mg
	Buccal	Film (Bunavail®)	2.1mg Bup / 0.3mg Nx 4.2mg Bup / 0.7mg Nx 6.3mg Bup / 1mg Nx	4.2mg
Mono-product	Sublingual	Tablet - Generic	2mg Bup 8mg Bup	8mg
	<del>Implant</del>	<del>buprenorphine</del>	<del>74.3mg</del> <del>(Essential to the treatment of</del>	<del>74.3mg</del>
	Injection	sublocade	100mg, 300mg (Once-monthly injection)	300 mg: First dose 100mg: Steady state dose
	Injection	brixadi	128mg, 96mg, 64mg monthly injections 32mg, 24mg, 16mg, 8mg weekly injections	Equivalent to 16mg weekly; 64mg monthly

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## MOUD Expansion at LAC CHS

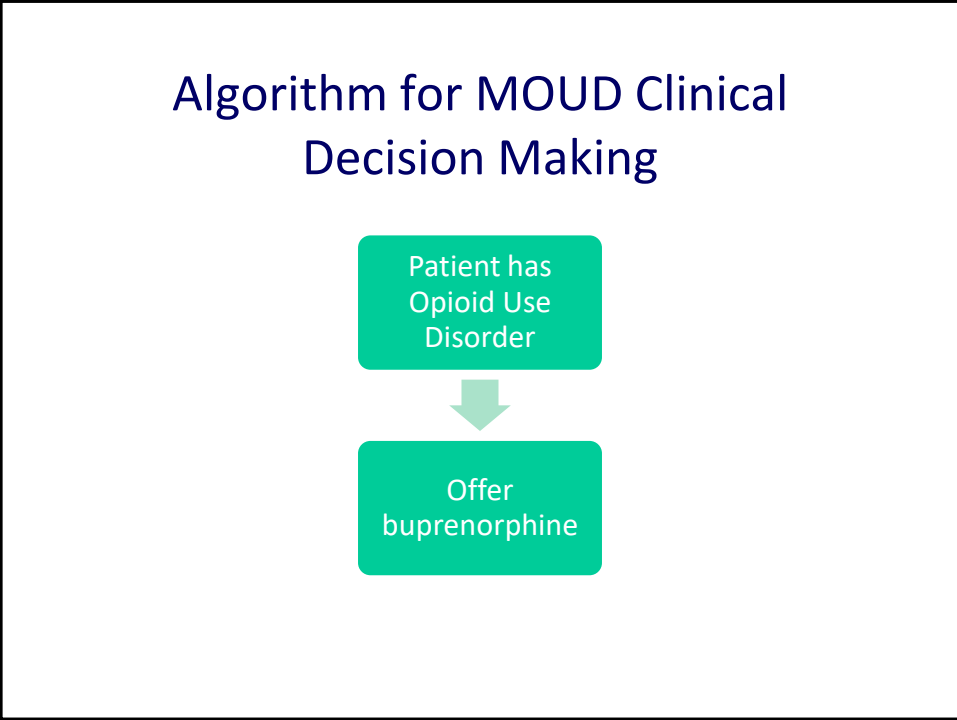
Matt Sexter, MD

Clinical Director of Addiction Medicine- LAC CHS

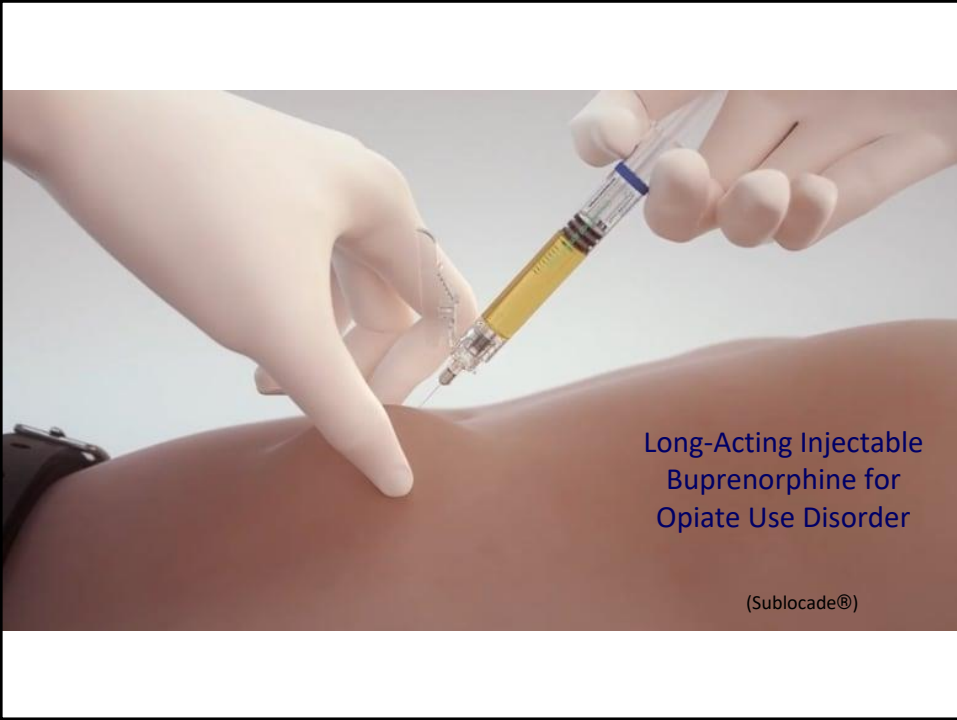
(no disclosures)

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## ER Buprenorphine Injection

### Advantages

- Only once per month
  - **Less staff needed to administer compared to a daily controlled med**
  - **Patients will be protected when they leave jail to the community**
  - Better adherence
- Eliminates diversion

### Disadvantages

- Pain from Injection
- Less popular with patients

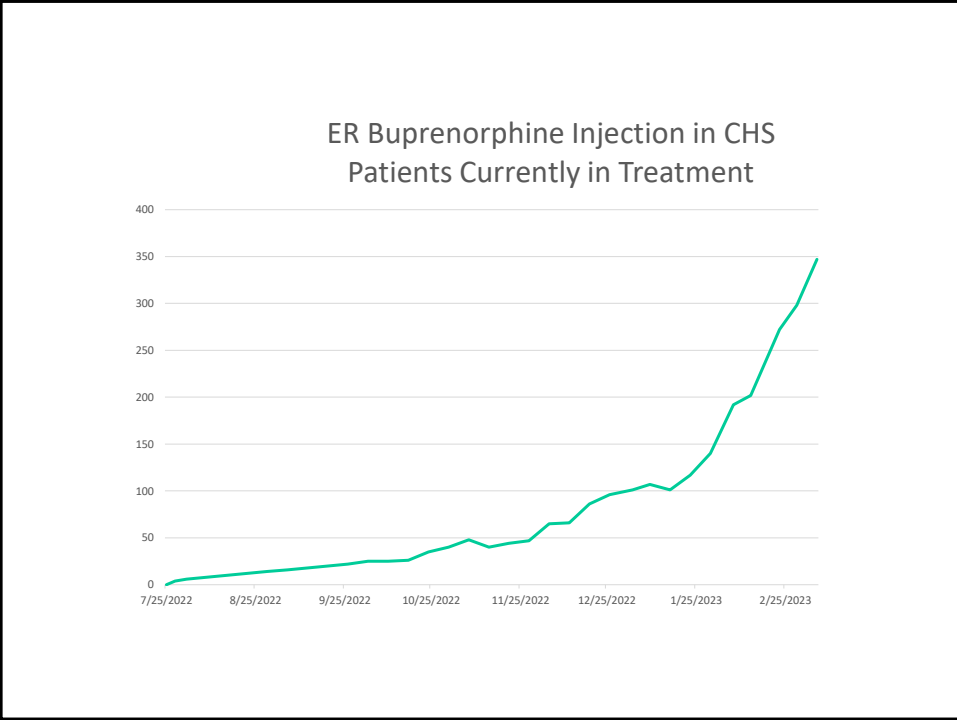


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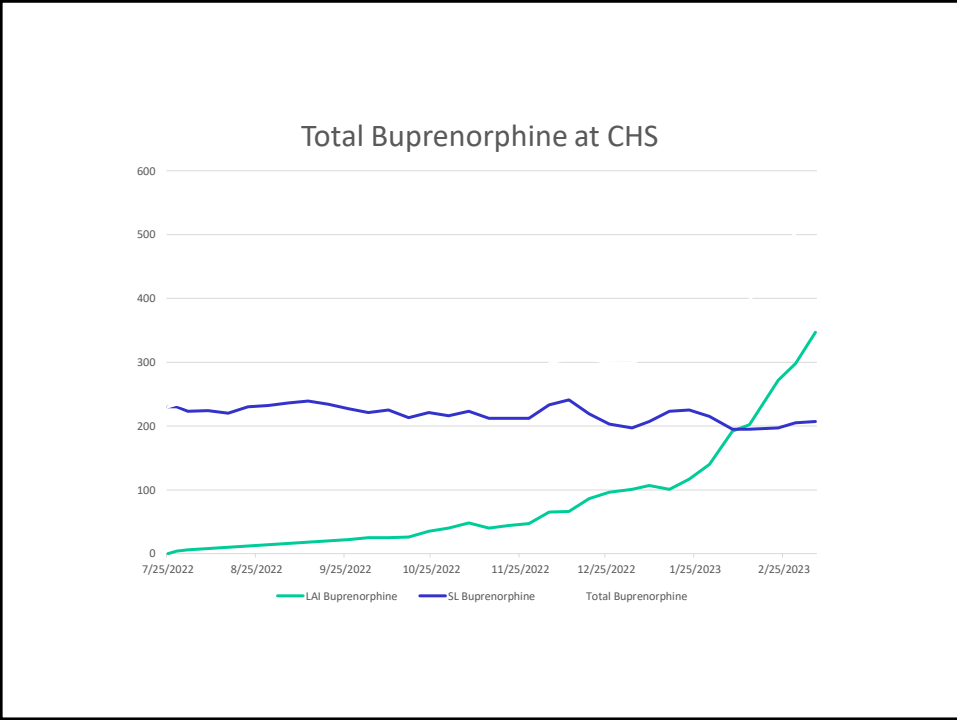
## Follow up

- Generally well-tolerated
  - “Thank you for giving me this treatment!”
- Possible complaints
  - Irritation at injection site, “allergic reaction”
  - Persistent pain
  - Withdrawal/cravings
  - Urinary retention
  - Fatigue
  - “I need to switch back to suboxone”

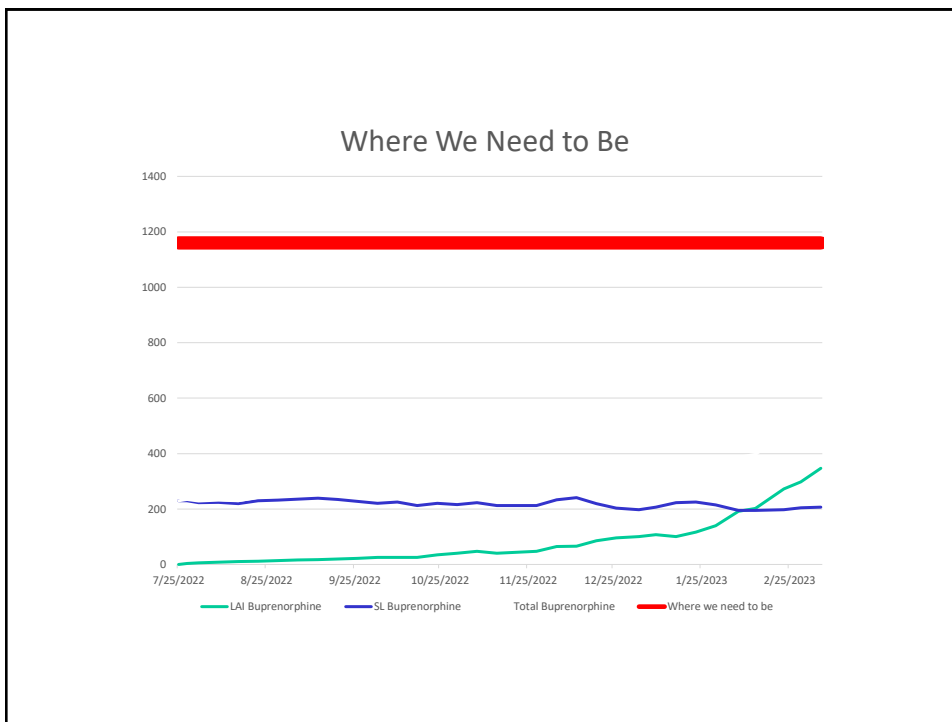
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**In Opioid Use Disorder:  
 Adding psychosocial support does not  
 change the effectiveness of retention in  
 treatment and opiate use during  
 treatment.**

Amato L, Minozzi S, Davoli M, Vecchi S. Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD004147. DOI: 10.1002/14651858.CD004147.pub4

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## Alcohol Use Disorder (AUD) Pharmacotherapy

Medications for AUD have different mechanisms of action:

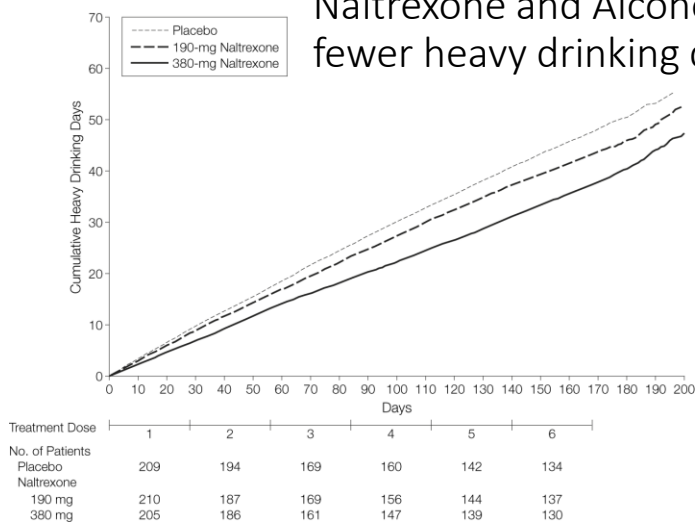
- Discourage drinking by creating unpleasant association with alcohol
  - *Aversive effect (i.e. "punishment")*
- Block or reduce euphoria from alcohol
  - *Reduce positive reinforcement*
- Reduce post-acute withdrawal
  - *Negative reinforcement*



Slide Credit: Larissa Mooney, M.D.

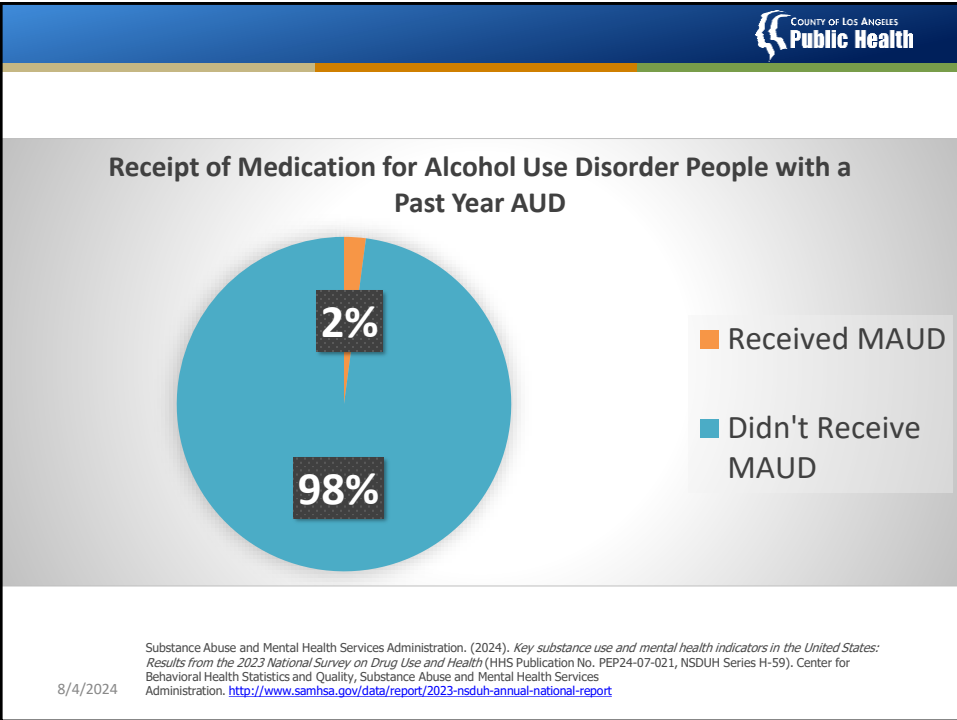
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### Naltrexone and Alcohol: fewer heavy drinking days



Garbutt, J. C., Kranzler, H. R., O'Malley, S. S., Gastfriend, D. R., Pettinati, H. M., Silverman, B. L., ... & Vivitrex Study Group. (2005). Efficacy and tolerability of long-acting injectable naltrexone for alcohol dependence: a randomized controlled trial. *Jama*, 293(13), 1617-1625.

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**The ASAM/AAAP  
CLINICAL PRACTICE GUIDELINE ON THE  
Management of  
Stimulant Use  
Disorder**

<http://www.asam.org/quality-care/clinical-guidelines/stimulant-use-disorders>

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The screenshot shows a webpage from the County of Los Angeles Department of Health Care Services (DHCS). The header includes the DHCS logo and navigation icons for Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and a Search function. The main heading is "Recovery Incentives: California's Contingency Management Program" with a sub-heading "Update on the Recovery Incentives Program- January 2023". The text discusses a pilot program for contingency management (CM) for stimulant use disorder, mentioning a Request for Proposal (RFP) issued on August 19, 2022, and a Notice of Intent to Award issued in November 2022 to Pear Therapeutics, Inc. A section titled "What is Contingency Management?" is present but empty. A URL is provided at the bottom: <http://www.dhcs.ca.gov/Pages/DMC-ODS-Contingency-Management.aspx>. The page number "61" is in the bottom right corner.

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The slide features the County of Los Angeles Public Health logo at the top right. The main title is "Contingency Management (CM)". Below the title is a bulleted list of "Basic Assumptions of CM":

- Substance use can be reduced using operant conditioning
- Useful in promoting treatment retention and adherence
- Incentives for negative urine tests useful in decreasing drug use

To the right of the list is a rounded rectangular box containing the text "CONTINGENCY MANAGEMENT".

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## Contingency Management (CM)

- **Key Concepts**
  - Behavior to be modified (e.g. stimulant use) must be objectively measured
  - Behavior to be modified (e.g. urine toxicology tests) must be monitored frequently
  - Reinforcement must be immediate
  - Penalties for unsuccessful behavior (e.g. +UDS) include withholding the reinforcer

<http://www.dhcs.ca.gov/Pages/DMC-ODS-Counties-Participating-in-the-Incentives-Recovery-Program.aspx>

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### Voucher Incentives for Cocaine Use Disorder

Weeks of Treatment	Behavioral (Percent of Subjects)	Standard (Percent of Subjects)
1	55	48
2	65	30
3	70	30
4	80	28
5	75	10
6	65	28
7	75	28
8	70	15
9	70	10
10	70	15
11	60	15
12	70	15
13	70	15
14	55	8
15	60	8
16	70	8
17	60	8
18	60	10
19	40	8
20	50	10
21	55	8
22	60	8
23	48	8
24	48	8

Higgins ST, Budney AJ, Bickel WK, Foerg FE, Donham R, Badger GJ. Incentives improve outcome in outpatient behavioral treatment of cocaine dependence. Arch Gen Psychiatry. 1994 Jul;51(7):568-76. doi: 10.1001/archpsyc.1994.03950070060011. PMID: 8031230. Slide Credit: Maxine Stitzer, Ph.D. [ctndisseminationlibrary.org/PPT/485Stitzer.ppt](http://ctndisseminationlibrary.org/PPT/485Stitzer.ppt)

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### Medications for Stimulant Use Disorder (MAT for StimUD)

- Pharmacotherapies, including psychostimulant medications, may be utilized off-label to treat StUD.
- When prescribing controlled medications, clinicians should closely monitor patients and perform regular ongoing assessment of risks and benefits for each patient.
- Psychostimulant medications should only be prescribed to treat StUD by:
  - Physician specialists who are board certified in addiction medicine or addiction psychiatry; and
  - Physicians with commensurate training, competencies, and capacity for close patient monitoring.

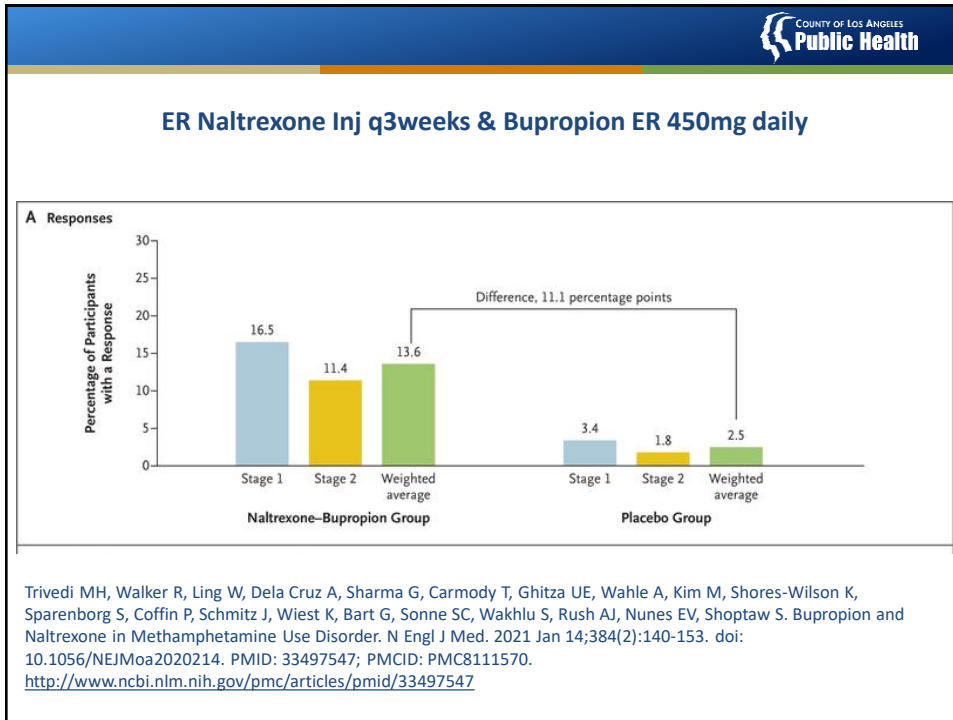
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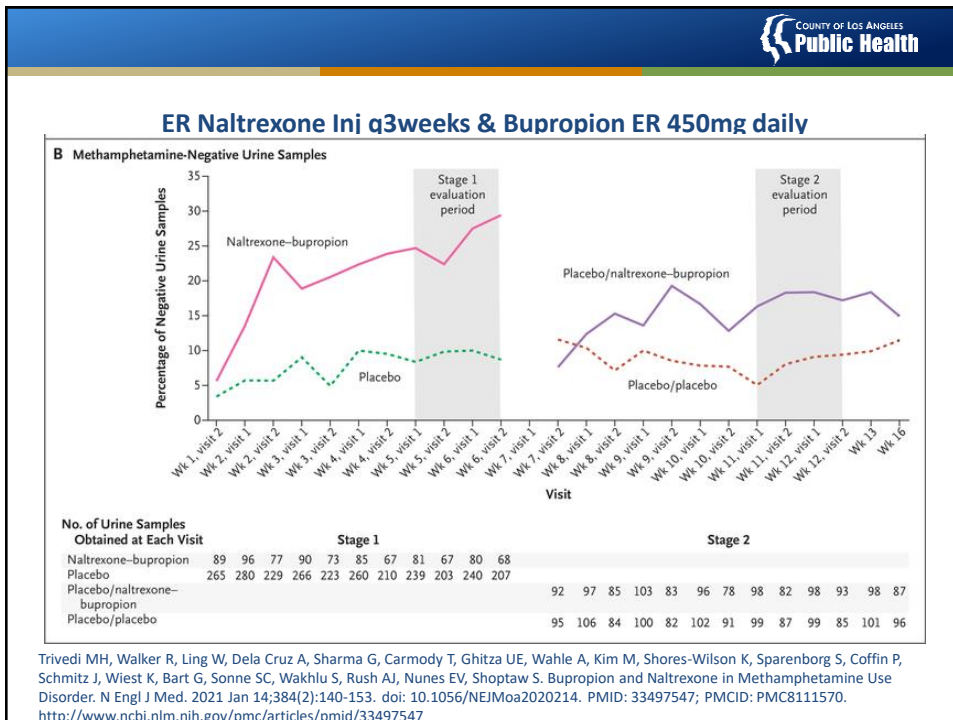
### Medications for Methamphetamine Use Disorder *(none are FDA approved for the indication of StimUD)*

- ER Naltrexone injection and high dose bupropion
- Mirtazapine (two small studies)
- Bupropion (low-level users who will adhere)
- Topiramate (low-level users)
  
- Methylphenidate (moderate to high dose in frequent users/those with ADHD)


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### Medications for Cocaine Use Disorder *(none are FDA approved for the indication of StimUD)*

- Bupropion (works best when combined with CM)
- Topiramate (low-level users)
  
- Modafinil (if the client does not have alcohol use disorder)
- Combination of Mixed Amphetamine Salts-Extended Release and Topiramate
- Mixed Amphetamine Salts-Extended Release

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## Aftercare Planning

High rate of return to use for people who don't continue in treatment


Link patients to community resources on release

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# Residential SUD Treatment

## The ASAM Criteria and Medical Necessity for Length of Stay



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### Residential Treatment and Length of Stay

- Longer time in treatment → better treatment outcomes<sup>1</sup>
- It is not duration of *residential treatment* per se that is associated with reduced relapse risk
- Rather: matching characteristics of the patients to the level of care that best meets their needs for as long as they need it
- Residential SUD treatment should be as long as medical necessary
  - Medical necessity is based on **ASAM Criteria**
- For adults in LA County, DPH-SAPC authorizes an initial 60 days of residential treatment that can be renewed every 30 days based upon the patient meeting medical necessity for ongoing residential treatment. There is no absolute cap on the duration of residential treatment.

1. Andersson HW, Wenaas M, Nordfjærn T. Relapse after inpatient substance use treatment: A prospective cohort study among users of illicit substances. *Addict Behav.* 2019 Mar;90:222-228. doi: 10.1016/j.addbeh.2018.11.008. Epub 2018 Nov 11. PMID: 30447514.

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### AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

- The ASAM Criteria is a set of nationally-accepted and evidence-based guidelines for SUD treatment placement initially launched in 1991 followed by ongoing revisions.
- Supports medical necessity decision.
- Required by CA as the basis for Drug Medi-Cal funded SUD treatment.

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<sup>1</sup> <https://www.asamcontinuum.org/knowledgebase/what-are-the-six-dimensions-of-the-asam-criteria/> Retrieved December 22, 2020  
2 State Health & Values Strategies. (2019, November).

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### Addiction is a Chronic Disease → Continuum of Ongoing Care

Prevention/Early Intervention
LEVEL 1 Outpatient
LEVEL 2 Intensive Outpatient/Partial Hospitalization
LEVEL 3 Residential/Inpatient
LEVEL 4 Intensive Inpatient

<p>.5 Early Intervention 1 Outpatient Services 2.1 Intensive Outpatient Services 2.5 Partial Hospitalization Services 3.1 Clinically Managed Low-Intensity Residential Services</p>	<p>3.3 Clinically Managed Population-Specific High-Intensity Residential Services 3.5 Clinically Managed High-Intensity Residential Services 3.7 Medically Monitored Intensive Inpatient Services 4 Medically Managed Intensive Inpatient Services</p>
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- Substance use disorder treatment requires a continuous care strategy
- This does not mean longer episodes of residential treatment or repeated residential admissions, but rather using the full continuum of levels of care
- Determination of when it is clinically appropriate to the next level of care is according to **ASAM Criteria**
- Clients step down to next level of care based on their treatment progress and readiness to continue recovery work at that level of care

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1. Dennis M, Scott CK. Managing addiction as a chronic condition. Addict Sci Clin Pract. 2007 Dec;4(1):45-55. doi: 10.1155/ascp074145. PMID: 18292710; PMCID: PMC2797101.

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The screenshot shows the website for the National Clinician Consultation Center (NCCC) at UCSF. The page is titled "California Substance Use Line". It features a navigation bar with "Clinician Consultation", "Clinical Resources", and "About the Center". A search bar and "Login | Register | Donate" links are also present. The main content area includes a photo of a woman, a description of the service as a free, 24/7 tele-consultation service, and a "Call for a Phone Consultation" button with the phone number (844) 326-2626. A URL is provided at the bottom: <http://nccc.ucsf.edu/clinician-consultation/substance-use-management/california-substance-use-line>. The page number "75" is visible in the bottom right corner.

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The graphic is for the Ambulatory Care Network Health Services in Los Angeles County. It features a teal and white color scheme with a medical symbol. The text reads: "Medications for Addiction Treatment (MAT) Consultation", "Support Available 7 days per week", and "MAT Consult Line: (213) 288-9090". A list of bullet points describes the service: MAT can be started in any setting, safe via telehealth; DHS on-call providers help start MAT for patients with alcohol and/or opioid use disorder; patients benefit, even if not yet ready to quit drinking/using opioids; and a reminder to offer Narcan/Naloxone in high risk settings. The logo for Health Services is at the bottom, along with the date 8/14/2024 and a sponsorship note: "Sponsored by National Health Foundation for MAT Access Points Project, in partnership with Los Angeles County and CA Bridge".

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## SUD Treatment Referral Line

- (800) 879-2772 – Statewide Toll-Free, or
- (916) 327-3728 – Outside California

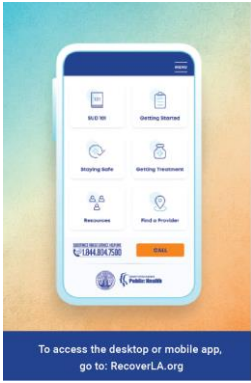
OR

- [Directory of County SUD Referral Lines](#)
  - [http://www.dhcs.ca.gov/individuals/Pages/SUD\\_County\\_Access\\_Lines.aspx](http://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx)

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## Recover LA Mobile App

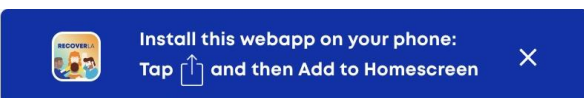


- Free mobile app
- Provides education and resources for those seeking substance use services for themselves or others
- Available in 13 languages
- [RecoverLA.org](https://RecoverLA.org)

QR code can be used to access the app as well



To access the desktop or mobile app, go to: [RecoverLA.org](https://RecoverLA.org)



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## Substance Abuse Service Helpline (SASH)

**SUBSTANCE ABUSE SERVICE HELPLINE**

 **1.844.804.7500**

• Toll-free, available 24/7, year-round • Interpretation available, including TTY •



**1. Anyone** can call the SASH (adults, youth 12+)



**2. Clinicians/Counselors** conduct a screening and connect the caller to a treatment provider



**3. The SASH operator** will connect you with a treatment provider or provide you with a referral option

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## Service & Bed Availability Tool (SBAT)

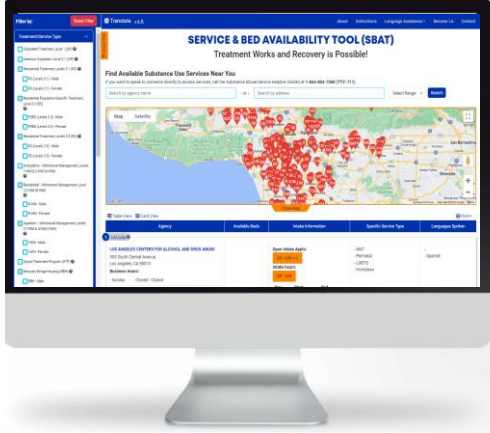
**Service & Bed Availability Tool (SBAT) at**

[www.SUDHelpLA.org](http://www.SUDHelpLA.org)

→ find SUD treatment services, beds, and site contact information.

**Filter by:**

- Distance
- Treatment/Service Type
- Languages Spoken
- Clients Served (e.g. youth, perinatal, disabled, LGBTQIA, homeless, re-entry, etc.)
- Night/Weekend availability

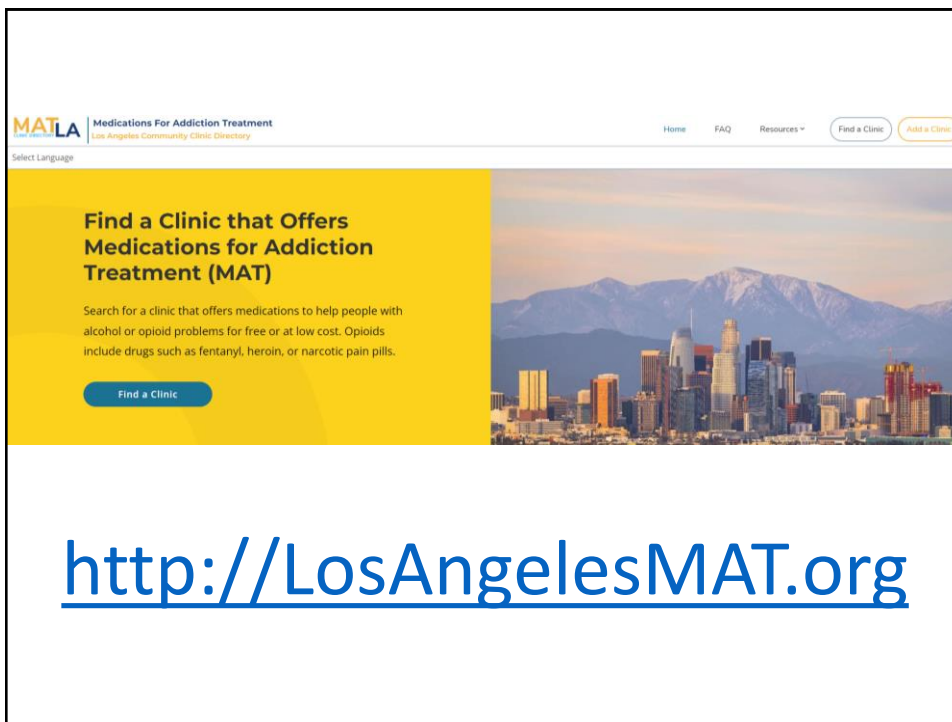


[www.SUDHelpLA.org](http://www.SUDHelpLA.org)

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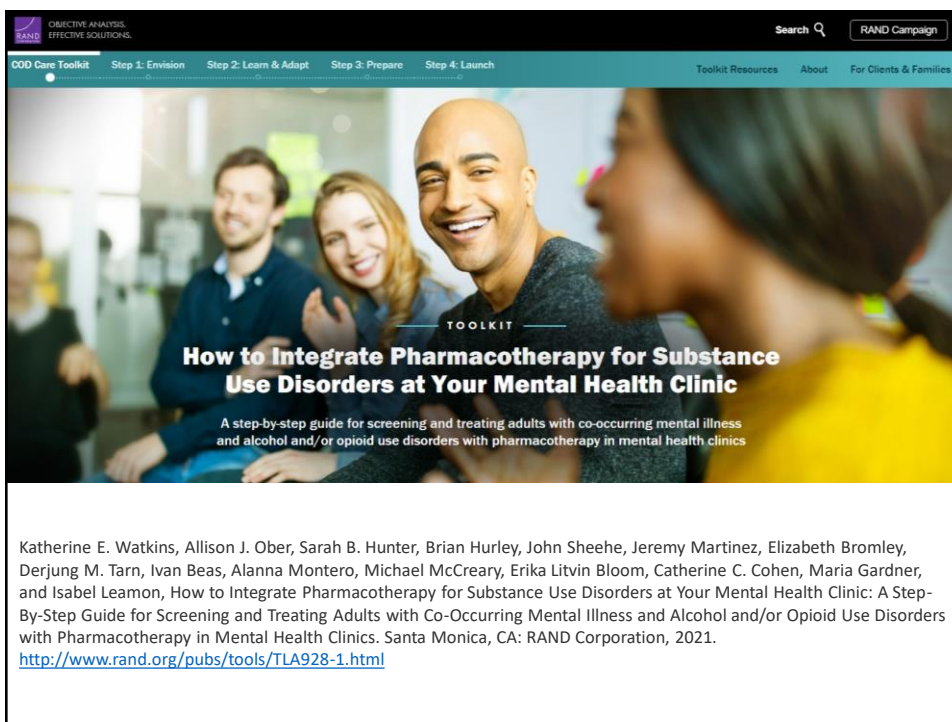
80





<http://LosAngelesMAT.org>


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Katherine E. Watkins, Allison J. Ober, Sarah B. Hunter, Brian Hurley, John Sheehe, Jeremy Martinez, Elizabeth Bromley, Derjung M. Tarn, Ivan Beas, Alanna Montero, Michael McCreary, Erika Litvin Bloom, Catherine C. Cohen, Maria Gardner, and Isabel Leamon, How to Integrate Pharmacotherapy for Substance Use Disorders at Your Mental Health Clinic: A Step-By-Step Guide for Screening and Treating Adults with Co-Occurring Mental Illness and Alcohol and/or Opioid Use Disorders with Pharmacotherapy in Mental Health Clinics. Santa Monica, CA: RAND Corporation, 2021.

<http://www.rand.org/pubs/tools/TLA928-1.html>

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## Key Take Home Points

- **Everyone gets naloxone**
- **Language matters**
- **Lack of demand > Lack of supply of formal specialty substance use treatment**
  - **95% of people don't get specialty SUD treatment (because they are not interested in treatment as usual)**
- **Don't assume the goal of abstinence initially**
  - **The 95%!**
- **Offer Medications for Addiction Treatment**
  - **Particularly for Opioid Use Disorder**
  - **As quickly as possible**
  - **Without unnecessary contingencies**

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## Questions?

Brian Hurley, M.D., M.B.A., FAPA, DFASAM  
[bhurley@ph.lacounty.gov](mailto:bhurley@ph.lacounty.gov)

Interested in more? Come to:

<ul style="list-style-type: none"> <li>• ASAM Annual Meeting (Denver in April 2025!)  <a href="http://www.asam.org">http://www.asam.org</a></li> </ul>	<ul style="list-style-type: none"> <li>• CSAM Annual Meeting (San Francisco Aug 2024!)  <a href="http://csam-asam.org">http://csam-asam.org</a></li> </ul>	<ul style="list-style-type: none"> <li>• AAAP Annual Meeting (Naples, FL Nov 2024!)  <a href="http://www.aaap.org">http://www.aaap.org</a></li> </ul>
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