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Corrective medicine

The challenges of opiate addiction among inmates and parolees has Clackamas County piloting a program to give them the drugs they need to stay clean

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Justin Davenport, Jake Moses and Brandin Riehle are best friends, the closest friends each of them has had in their entire lives.

The three are in their twenties: Davenport is 28, Moses, 27, and Riehle, 24. Like all friends, they have quite a bit in common. They enjoy playing basketball and other sports.

Most importantly, they're recovering from heroin addiction together.

The three young men are all in Clackamas County's Corrections Substance Abuse Program, or CSAP, a pilot program exploring the integration of medication-assisted treatment into its drug treatment programs for parolees.

The opiate crisis is in full swing in Oregon, as is the rest of the country. State and local health departments for Clackamas, Multnomah and Washington counties show medical emergencies and fatalities from opiate addiction are a daily occurrence. Between a dozen and five dozen people overdose each week. 104 people died from opiate overdoses in the first six months of 2017, numbers on par with 2016.

As the population of inmates and parolees who struggle with opiate addiction in Oregon grows, county jail systems are

examining to what extent medication-assisted treatment can be integrated into their services to prevent painful withdrawal, relapses, and overdoses.

As the name suggests, medication-assisted treatment involves taking a drug to recover from using another drug, rather than relying on behavioral treatment alone. And studies indicate the treatment drugs produce better results in preventing relapse.

Davenport, Moses, and Riehle emphatically believe they would not be sober and their lives would be completely different were it not for the CSAP program.

"It's given all three of us our families back, the lives that we deserve to live," Davenport said.

The CSAP program began integrating the medical assisted treatment program within the county's existing residential treatment facility six months ago.

Currently, 24 women and 32 men participate in the program. Captain Jenna Morrison, director of Clackamas County's parole and probation programs, expects the program to expand to 50 men and 30 women by July. Program participants are screened by probation officers to qualify.

Clackamas joins corrections programs across the country that have begun incorporating medication-assisted treatment into their residential reentry programs, following a recommendation from the U.S. Attorney General's office. Programs were pioneered in a handful of counties along the East Coast as early as 2014. Last year Rhode Island became the first state system to offer a range of medicines to treat addiction.

In medication-assisted treatment programs, one of three drugs are used to treat opiate addiction.

Methadone, the most well-known and commonly prescribed drug, is an opiate and controlled substance that is given to patients in prescribed doses, creating a controlled high that prevents withdrawal.

Buprenorphine, also known as Subutex, or Suboxone when combined with Naloxone, is also an opiate and controlled substance that is a time-released drug and relieves pain and cravings.

Vivitrol, also known by as naltrexone, can be taken in pill form each day or injected every 28 days. The drug blocks the brain's opiate receptors, thus reducing cravings and reduces, if not entirely eliminates, the body's physiological desire for opiates.

The CSAP program uses Vivitrol via injection. Morrison said the program chose Vivitrol because there are fewer federal

regulations regarding how the drug is prescribed and administered.

Medication-assisted treatment isn't without its detractors. Historically, there has been resistance to medication-assisted treatment from those who argue that the only, or best, way to recover from drug addiction is abstinence. And methadone is "shrouded in stigma and controversy," said Dr. Alison Noice, the deputy director of CODA, an Oregon drug treatment agency, because it is, like heroin, an opiate and controlled substance.

Morrison admits to being one of those people. "Twenty years ago, when I was a baby parole officer, I thought, 'no way, with methadone, you're getting high,'" Morrison said.

But studies suggest it is more effective than cold turkey.

An October 2015 article published in the Journal of Substance Abuse Treatment analyzed the relapse rates of 52,000 people who were in drug treatment for opiate addiction between 2004 and 2010 and who received methadone or buprenorphine as part of their treatment.

The analysis found that people who received medication-assisted treatment had a 50 percent lower risk of relapse than those without the medicines Healthcare

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