APA Official Actions

Position Statement on Pharmaceutical Marketing to Justice Entities regarding Medication Treatment for Substance Use Disorders

Approved by the Board of Trustees, July 2020
Approved by the Assembly, April 2020

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:

Persons with substance use disorders who enter the justice system often receive treatment for their disorders under supervision. For example, they may have the option of participating in drug courts that provide treatment as an alternative to incarceration, plea bargains may require treatment as a condition of release on probation, and judges may forgo punitive sanctions for probationers or parolees who have violated the terms of their release on the condition that they pursue treatment. There are several forms of evidence-based, medication treatments for substance use disorders; the ones most immediately relevant to the issue at hand are methadone, buprenorphine, as well as oral and extended-release naltrexone for opioid use disorder.

The APA, in the statement "Treatment of Substance Use Disorders in the Criminal Justice System" (2016) has taken the position that medication treatment, as offered by medical professionals in accordance with evidence-based practices, is an essential component of treatment for many individuals with substance use disorders in criminal justice settings, such as alternative-to-incarceration programs, jails and prisons, and aftercare programs. Specifically, the APA takes the position that the opioid agonist medications methadone and buprenorphine are an essential part of treatment for many such individuals.

However, considerable stigma and misinformation has long been attached to medication for addiction treatment, especially in the case of opioid agonist medications, resulting in significant barriers to appropriate access.[1] Potentially exacerbating these barriers, reports are emerging that pharmaceutical marketing has influenced the types of medication treatment offered in justice settings, especially in the case of alternative-to-incarceration programs. Marketing efforts have employed this misinformation to argue for restrictions on the range of available medications; for example, by promoting extended-release naltrexone as "non-addictive," portraying buprenorphine or methadone treatment as "addictive," and arguing that treatment with agonists does not count as "abstinence" (conflating the normal physiological dependence of agonist treatment with "addictiveness"). These marketing efforts have been aimed directly at judges presiding over drug courts and at drug court staff (including non-clinicians as well as clinicians

[1] Matusow, H., Dickman, S.L., Rich, J.D., Fong, C., Dumont, D.M., Hardin, C., Marlowe, D. and Rosenblum, A., 2013. Medication assisted treatment in US drug courts: Results from a nationwide survey of availability, barriers and attitudes. Journal of substance abuse treatment, 44(5), pp.473-480.

without appropriate medical training in medication treatment for substance use disorders). Additionally, pharmaceutical lobbying has been directed at state legislators —with resultant funding prioritization for particular medications and restrictions of others, including limitations on the availability of buprenorphine or methadone.

Of particular concern, marketing to non-clinicians results in intrusions on medical professionals' decision making. Regulations on pharmaceutical marketing to non-medical "healthcare partners" (e.g., judges, attorneys, non-medical drug court professionals, and probation and corrections officers) may be more lenient than regulations on marketing to clinicians. Thus, some individuals in drug courts and other justice settings may be subjected to mandated medication treatment that has been influenced—and in some cases, ordered entirely—by non-clinicians. Thus, the mandated medication treatment chosen for some individuals in drug courts and other justice settings may be influenced-and in some cases-ordered entirely-by non-clinicians.

For patients and their treating clinicians, it is critical to have access to the full range of medication treatments for substance use disorders, particularly in the context of the current opioid overdose crisis. There is no ambiguity in the scientific literature: these medication treatments, including methadone and buprenorphine, save lives by preventing relapse and reducing the risk of overdose and death. It is clinically important for treating clinicians to able to have a discussion about all available medication options, taking into account risks, benefits, and patient preferences, in order to formulate an individualized treatment plan that best serves each patient.

APA Position:

1. **States should not enter into agreements or enact legislation that restricts or has the effect of restricting access to medically accepted medication treatment for substance use disorders, or disproportionately favors access to particular treatments, for persons in justice settings. In particular, opioid agonists are an important treatment option for opioid use disorder and should be available to persons in justice settings. Because persons in justice settings are already subject to a restricted range of medical choices and some degree of inherent coercion, it is imperative to safeguard against unjustified restrictions on access to medically accepted treatment for substance use disorders.**

2. **Marketing that is intended to restrict access to medically accepted medication treatment for opioid use disorder and other substance use disorders unduly interferes with professional decision making and puts patients at risk.**

3. **Individuals in justice settings with substance use disorders should have comprehensive medical, psychiatric and substance use evaluations prior to treatment, and medical advice to allow patient decision making should be provided by appropriately trained medical professionals. Medical professionals should be primarily responsible for conducting assessments and recommending medication or other clinical treatments for individuals with substance use disorders. Non-clinicians (e.g., judges or other non-medical drug court professionals) should not be responsible for assessments and recommendations.**

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