

# Opioid-Related News and the Courts

## Weekly Review

January 14, 2022



### National

[Overdose deaths hit a historic high in 2020. Frustrated experts say these strategies could save lives](#)

PBS Newshour

When the nation entered lockdown in early 2020, many people were unable to reach treatment centers in their communities and access to medication-assisted treatment was cut off. Telemedicine and take-home treatment were options for some, but that still left huge holes in care infrastructure. Meanwhile, naloxone — the life-saving antidote that can reverse opioid overdose — often has been unevenly available to people, especially depending on ZIP code, according to [Dr. Rahul Gupta, who directs the Office of National Drug Control Policy].

In some communities it's difficult to access medication-assisted treatment, such as buprenorphine, because of cumbersome, if not overly aggressive, federal drug enforcement policies that scare some pharmacists from offering the medication in the first place, said [Dr. Andrew Kolodny, medical director of opioid policy research at Brandeis' Heller School for Social Policy and Management].

When [Dr. Sarah Wakeman, who directs the Substance Use Disorder Initiative at Massachusetts General Hospital and is a professor at Harvard Medical School] graduated from medical school, she said it was easier for her to prescribe fentanyl than it was for her to prescribe methadone and buprenorphine — two forms of medication-assisted treatment used to help someone recovering from opioid use disorder.

“They are the hardest medications to prescribe,” she said.

### National

[Older Americans Are the Ignored Victims of the Opioid Epidemic](#)

Time Magazine

Black men were particularly affected by the increase in opioid overdoses, according to the new data. In 2019, there were 40 deaths among Black men per 100,000: ten times the rate for their age group overall. Older Black men who use illicit drugs tend to live in under-resourced communities, [Maryann Mason, associate professor of emergency medicine at Northwestern University's Feinberg School of Medicine and lead author of the study] notes, where they have historically had less access to drug treatment programs, including medication-assisted treatment for opioid use disorder. But the

[spread of fentanyl](#), a deadly synthetic opioid that can be 50 times more potent than heroin, is likely the main driver of this trend, she says. The rate of overdoses among Black men started to accelerate around 2013 – the year when fentanyl became widespread in the U.S.

Data show that Black Americans were less affected by the opioid epidemic in the 2000s because they have [historically been under-prescribed opioids](#) for pain. Experts attribute this gap to a lack of health care and insurance access in the Black community, as well as racial biases among health care providers who underestimated Black patients' experience of pain. But once fentanyl became ubiquitous in the drug trade, it killed long-time users of different types of illicit drugs – not just opioids. Fentanyl is so dangerous not only because it is very potent, but also because it is often mixed with other drugs like heroin, methamphetamine, cocaine and marijuana, sometimes without a user's knowledge. This means fentanyl is likely reaching drug users who have little experience with opioids, so they don't have an opioid tolerance to help shield them from overdoses.

## Massachusetts

### [Parolees With Opioid Addiction Need Choices, Not a Naltrexone-Only Policy](#)

Filter Mag

In December, a [court case](#) in Massachusetts highlighted this issue. The Massachusetts Parole Board was requiring some people to take naltrexone as a condition of their parole – sometimes against their doctors' recommendations on the matter. Under this blanket policy, the Board allegedly failed to conduct individual assessments to see if the antagonist would work for each person, or to consider whether methadone or buprenorphine might be a better fit.

This case, brought forward by the US Attorney's Office for the District of Massachusetts, ultimately ended in an agreement that the parole board would no longer follow these practices, which prosecutors argued contravened the Americans with Disabilities Act (ADA).

[Amelia Caramadre, a legal fellow with the [Health in Justice in Action Lab](#)] is working to find other US jurisdictions where courts have done what Massachusetts was doing, and where parolees may have been harmed. The team will then perform research and groundwork, building a case to hand up to the states' Assistant United States Attorney's Offices (AUSAs) which, the team hopes, will then prosecute. From there, the non-compliant body can either hope to settle, like Massachusetts, or face further consequences, Caramadre said.