

Opioid-Related Conditions and the Courts

In the News: July 24, 2020



National

[To Stop Deadly Overdoses, 'The Opioid Fix' Urges Better Use of Tools We Already Have](#)
NPR

The book goes deep inside the world of drug courts, which provide an alternative to prison. But your research found that many judges ignore the potential of MAT, and some even force people in recovery to stop taking medicine as a condition of staying out of jail, or to regain custody of their kids. What's going on?

There is basic intellectual confusion over the fact that buprenorphine and methadone are opioids, although of a very different kind [than heroin and addictive opioid painkillers]. As one judge told me: "Why would we just give a whiskey bottle to an alcoholic?" But the focus shouldn't be on the fact that buprenorphine is an opioid. The focus needs to be on the fact that someone taking it is able to function and they're able to function better.

Back in 2013, there was a groundbreaking study published that showed that 50% of adult drug courts nationally *prohibited* buprenorphine, which is just mind blowing. Now, we haven't had a study of that scale to date, so we don't know how those numbers have changed. But I have done my own studies looking at smaller areas, and also statewide in Indiana and in Florida, and there's still a lot of negativity in the court system towards methadone and buprenorphine, especially — not so much towards naltrexone, because it's not an opioid.

You write that some of the stigma against MAT is easing, and in the book you acknowledge some of the clinicians and treatment centers that *do* understand how effective MAT can be, and encourage it and prescribe it. But what other changes could help?

The people who run drug courts, who make decisions about practices and policies in that court, they're not composed of medical professionals. You have a judge, the prosecutor, a program administrator, and a counselor who is typically from a community agency, which is often — statistically, it's 65% of the time — abstinence-only. So there's little information-sharing within that environment about the medications.

They're very autonomous, these courts. Oftentimes there's no real oversight over them. Now, Florida, interestingly, in about a year or so is going to be requiring courts, at least the adult drug courts, to get certified in order to get funding. And part of the certification requirements will include adhering to best practices with respect to MAT. And that's really exciting.

That's something I actually argued for, in one of the first articles I wrote. Why aren't more states doing this? Greater oversight is so important when there are decision makers who don't have a medical background, making decisions that impact people's health care.

Alabama

[Drug Overdoses Increase During The Pandemic](#)

WBHM

Evan lives in Birmingham and is the manager at a software company. The 32-year old has used drugs off and on since he was 14. He asked us not to use his last name for fear of losing his job.

Earlier this year, Evan ended up in drug court and decided to get sober, but then COVID-19 threw a wrench in that plan.

“When the pandemic hit,” he said, “it was just the perfect mixture of isolation and no accountability.”

Evan was working from home, his drug court appointments were canceled, and he was spending a lot of time alone.

“Next thing I know I was doing lots of cocaine,” he said, “started using intravenously and more or less locked myself in a bathroom for about two months.”

After overdosing in late May, Evan entered a detox program and has been staying at a sober living facility ever since.

“It’s a strange time to get sober,” he said.

Massachusetts

[Fatal drug overdoses reach new peak in U.S., Massachusetts sees slight decrease](#)

Boston Herald

As drug overdose deaths across the U.S. hit a new peak last year, Massachusetts saw a slight dip in fatal drug ODs as the Bay State has “targeted funding for things that make a difference,” an addiction treatment and recovery specialist tells the Herald.

[Daliah Heller, director of Drug Use Initiatives at Vital Strategies, a global health organization], like many, said she’s concerned about potential for the coronavirus pandemic to drive an increase in drug usage.

“The physical distancing and shelter-in-place orders are anxiety-provoking experiences, and people turn to substances for comfort,” she said.

During the pandemic, the Department of Public Health has provided more than 13,000 Narcan kits and more than 1,000 other kits — that included Narcan and local resources — to help reduce the risk of opioid overdose deaths among high risk populations, including people recently released from incarceration.

Telemedicine was also implemented in licensed facilities to provide counseling, group support services and referrals to treatment.

South Carolina

[More people are dying of drug overdoses in SC as pandemic limits treatment options](#)

The State

“We’re going to do everything that we can to make it work,” [Jeremy Martin, vice president of treatment and intervention at a drug use treatment operation in Richland County] said. “We’re not able to meet as high a standards as we used to meet, but we’re at least able to support the patients we have and accept new patients.”

Beyond a contraction of treatment, people with substance use are missing markers for progress because of the virus, Peebles said. Affirmation from family and friends, meeting milestones established by courts and movement toward getting custody of children have changed or are no longer in sight for some because of the virus’ effects.