# **Opioid-Related News and the Courts**

## **Weekly Review**





#### Illinois

Gov. Pritzker signs legislation to fight opioid abuse, establish accessible treatments WFVS

"Deaths from opioid overdoses are as tragic as they are preventable," said Governor JB Pritzker. "By deploying harm reduction strategies and expanding drug court treatment programs rooted in rehabilitation, we can save countless lives. Drug dependency is not a choice, it's a disorder and should be treated as such. These bills mandate the tools, resources, and compassion necessary to help Illinoisans with substance use disorders while addressing the opioid crisis head on."

**Senate Bill 2565** allows circuit courts to implement drug court treatment programs. The courts will also include additional harm-reduction services and allow a state's attorney to file motions to vacate and expunge convictions and records to people who successfully complete these programs. This legislation is effective immediately.

#### **Pennsylvania**

<u>US, Pa. Clash Over Responsibility for Policies Toward Persons with Opioid Use Disorder</u> Legal Intelligencer

The future of the U.S. Department of Justice's case against the Pennsylvania Unified Judicial System—over denial of medication to persons suffering opioid use disorder—currently depends on who a federal judge decides is responsible for setting court policies.

David Knight argued Thursday for the DOJ that because Pennsylvania's constitution assigns judicial power to the UJS, it's the entity that should be sued for allegations of policies breaching Title II of the Americans with Disabilities Act. But Geri Romanello St. Joseph argued Pennsylvania's policies are made at the district court level, leaving the DOJ unable to pursue its claims in one statewide case.





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#### Wisconsin

Study: Medically assisted opioid treatment lessens overdose risk

WIFR

A study by University of Wisconsin School of Medicine and Public Health (UW) in partnership with Medicaid Outcomes Distributed Research Network (MODRN) suggests that the longer [patients with opioid use disorder] use medically assisted treatment, the less chance they have of future overdose.

Nearly 300,000 Medicaid recipients who received treatment with drugs such as methadone, buprenorphine, and naltrexone were evaluated in two-month intervals over the span of a year.

Data showed that for every 60 days the patients stayed on medication, their risk of overdosing decreased by 10%. Overall, 61% of subjects were less prone to overdoses compared to those who stopped treatment before week eight.

The results also enforce the importance of access to long-term treatment.



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