



NADCP

**National Association of
Drug Court Professionals**

RESOLUTION OF THE BOARD OF DIRECTORS

ON THE AVAILABILITY OF MEDICALLY ASSISTED TREATMENT (M.A.T.) FOR ADDICTION IN DRUG COURTS

WHEREAS, addiction to illicit drugs and alcohol is, in part, a neurological or neuro-chemical disorder characterized by chronic physiological changes to brain regions governing motivation, learning, attention, judgment, insight, and affect regulation¹⁻⁵; *and*

WHEREAS, certain medically assisted treatments (M.A.T.) for addiction – including antagonist medications such as naltrexone, agonist medications such as methadone, and partial agonist medications such as buprenorphine – have been proven through rigorous scientific studies to improve addicted offenders’ retention in counseling and reduce illicit substance use, re-arrests, technical violations, re-incarcerations, hepatitis C infections, and mortality⁶⁻¹²; *and*

WHEREAS, the availability and use of M.A.T. for addiction is endorsed by leading scientific and practitioner organizations in the substance abuse treatment field¹³⁻¹⁷; *and*

WHEREAS, despite the proven efficacy of M.A.T., it is infrequently available for addicted individuals involved in the criminal justice system¹⁸⁻²⁰; *and*

WHEREAS, the conditions for participation in Drug Court, like those of probation, should be based on a particularized determination in each case that the conditions are reasonably related to the goals of protecting public safety, rehabilitating the offender, or ensuring the offender’s appearance in court²¹:

NOW, THEREFORE, BE IT RESOLVED THAT:

- 1. Drug Court professionals have an affirmative obligation to learn about current research findings related to the safety and efficacy of M.A.T. for addiction.**
- 2. Drug Court programs should make reasonable efforts to attain reliable expert consultation on the appropriate use of M.A.T. for their participants. This includes partnering with substance abuse treatment programs that offer regular access to medical or psychiatric services.**
- 3. Drug Courts do not impose blanket prohibitions against the use of M.A.T. for their participants. The decision whether or not to allow the use of M.A.T. is based on a particularized assessment in each case of the needs of the participant and the interests of the public and the administration of justice.**
- 4. Drug Court judges base their decision whether or not to permit the use of M.A.T., in part, on competent expert evidence or consultation. In cases in which a participant, the participant's legal counsel, or a medical expert has requested the possible use of M.A.T., the judge articulates the rationale for allowing or disallowing the use of addiction medication.**
- 5. Nothing in this Resolution prevents a Drug Court from imposing consequences on a participant for failing to respond to drug-free counseling, if M.A.T. was made available to the participant but was refused.**

¹ Baler, R. D., & Volkow, N. D. (2006). Drug addiction: The neurobiology of disrupted self-control. *Trends in Molecular Medicine*, *12*, 559-566.

² Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating drug abuse and addiction in the criminal justice system: Improving public health and safety. *Journal of the American Medical Association*, *301*, 183-190.

³ Dackis, C., & O'Brien, C. (2005). Neurobiology of addiction: Treatment and public policy ramifications. *Nature Neuroscience*, *8*, 1431-1436.

⁴ Goldstein, R. Z., Craig, A. D., Bechara, A., Garavan, H., Childress, A. R., Paulus, M. P., & Volkow, N. D. (2009). The neurocircuitry of impaired insight in drug addiction. *Cell*, *13*, 372-380.

⁵ McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *JAMA*, *284*, 1689-1695.

⁶ Cornish, J. W., Metzger, D., Woody, G. E., Wilson, D., McLellan, A. T., Vandergrift, B. (1997). Naltrexone pharmacotherapy for opioid dependent federal probationers. *Journal of Substance Abuse Treatment*, *14*, 529-534.

- ⁷ Dolan, K. A., Shearer, J., White, B., Zhou, J., Kaldor, J., & Wodak, A. D. (2005). Four-year follow-up of imprisoned male heroin users and methadone treatment: Mortality, re-incarceration and hepatitis C infection. *Addiction*, *100*, 820-828.
- ⁸ Gordon, M. S., Kinlock, T. W., Schwartz, R. P., & O'Grady, K. E. (2008). A randomized clinical trial of methadone maintenance for prisoners: Findings at 6 months post-release. *Addiction*, *103*, 1333-1342.
- ⁹ Kinlock, T. W., Gordon, M. S., Schwartz, R. P., & O'Grady, K. E. (2008). A study of methadone maintenance for male prisoners: Three-month postrelease outcomes. *Criminal Justice & Behavior*, *35*, 34-47.
- ¹⁰ Magura, S., Lee, J. D., Hershberger, J., Joseph, H., Marsch, L., Shropshire, C., & Rosenblum, A. (2009). Buprenorphine and methadone maintenance in jail and post-release: A randomized clinical trial. *Drug & Alcohol Dependence*, *99*, 222-230.
- ¹¹ O'Brien, C. P., & Cornish, J. W. (2006). Naltrexone for probationers and prisoners. *Journal of Substance Abuse Treatment*, *31*, 107-111.
- ¹² Stallwitz, A., & Stover, H. (2006). The impact of substitution treatment in prisons—A literature review. *International Journal of Drug Policy*, *18*, 464-474.
- ¹³ National Institute on Drug Abuse. (2006). *Principles of drug abuse treatment for criminal justice populations* [NIH Pub. No. 06-5316]. Bethesda, MD: Author.
- ¹⁴ Center for Substance Abuse Treatment. (2004). *Clinician guidelines for the use of buprenorphine in the treatment of opioid addiction* [Treatment Improvement Protocol (TIP) Series 40, DHHS Publication No. (SMA) 04-3939]. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁵ Center for Substance Abuse Treatment. (2005). *Medication-assisted treatment for opioid addiction in opioid treatment programs* [Treatment Improvement Protocol (TIP) Series 43, DHHS Publication No. (SMA) 05-4048]. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁶ Center for Substance Abuse Treatment (2009). *Incorporating alcohol pharmacotherapies into medical practice*. [Treatment Improvement Protocol (TIP) Series 49. HHS Publication No. (SMA) 09-4380]. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁷ National Drug Court Institute. (2002). *Methadone maintenance and other pharmacotherapeutic interventions in the treatment of opioid dependence* [Practitioner Fact Sheet Vol. III, No. I]. Alexandria, VA: Author.
- ¹⁸ Taxman, F. S., Perdoni, M. L., & Harrison, L. D. (2007). Drug treatment services for adult offenders: The state of the state. *Journal of Substance Abuse Treatment*, *32*, 239-254.
- ¹⁹ Nunn, A., Zaller, N., Dickman, S., Trimbur, C., Nijhawan, A., & Rich, J. D. (2009). Methadone and buprenorphine prescribing and referral practices in US prison systems: Results from a nationwide survey. *Drug & Alcohol Dependence*, *105*, 83-88.
- ²⁰ Chandler, et al. (2009), *supra* note 2.
- ²¹ See, e.g., *Roberts v. United States*, 320 U.S. 264, 272, 88 L. Ed. 41, 64 S. Ct. 113 (1943) (holding basic purpose of probation is to provide individualized program of rehabilitation); *Commonwealth v. Wilson*, 2010 PA Super 233, 11 A.3d 519 (2010) (finding primary concern of probation is rehabilitation, and probation order must be unique and individualized); *In re. Victor L.*, 182 Cal.App.4th 902, 106 Cal.Rptr.3d 584 (2010) (requiring individualized approach to probation conditions); *State v. Philipps*, 242 Neb. 894, 496 N.W.2d 874 (1993) (finding it necessary to give careful, humane and comprehensive consideration to particular situation of each probationer); *Commonwealth v. Hartman*, 908 A.2d 316, 320 (Pa. Super. 2006) (stating conditions of probation must be reasonable); *People v. Beaty*, 181 Cal.App.4th 644, 105 Cal.Rptr.3d 76 (2010) (holding restrictions on medical marijuana by probationers must be reasonably related to offense and based on medical evidence); *People v. Carbajal*, 10 Cal.4th 1114, 43 Cal.Rptr.2d 681, 899 P.2d 67 (1995) (concluding probation conditions must be reasonably related to the crime or risk of future criminality).