

Principles for the Use of Medication Assisted Treatment (MAT) in Drug Courts

- 1. Drug courts are in a unique position and leadership role to motivate and support recovery among individuals with an opioid use disorder who are involved in the criminal justice system.**
 - a. Individuals, families, and communities benefit from reduced recidivism rates, increased public safety, and more efficient and coordinated use of resources that accompany a collaborative approach to long-term recovery without jeopardizing accountability.
 - b. Drug court advisory committees and treatment teams are important vehicles to coordinate efforts of the medical, behavioral health, social service, and criminal justice systems to achieve shared goals.
- 2. Drug court team members and stakeholders should engage in ongoing education to ensure a common understanding of the evolving research and literature, and commit to using best practices.**
 - a. Cross-systems training will ensure all stakeholders have a current, complete, and shared understanding of core concepts such as the science of substance use disorders and MAT, behavioral health practices, evidence-based decision making, and court processes.
 - b. Known risk factors for relapse, recidivism, overdose, and other barriers to recovery should be reflected in drug court practices.
- 3. Drug courts should consider any of the medications approved by the FDA for treatment of an opioid use disorder as appropriate for use with justice-involved adults if prescribed for an individual by a qualified medical provider and administered in conjunction with behavioral health treatment.**
 - a. Reduction in relapse rates is significantly improved with the inclusion of FDA-approved medications for opioid use disorders.
 - b. Medication should be used in conjunction with a comprehensive treatment plan that includes quality behavioral health services.
 - c. While each specific medication is effective for the treatment of opioid use disorders, like with any disease or condition, individuals respond differently to any particular treatment strategy.
- 4. Drug courts should refer participants for a medical exam to consider whether MAT is appropriate, and should monitor and enforce compliance with the full treatment plan.**
 - a. Participants who present with confirmed or suspected opioid use should be referred to a properly licensed medical professional for a complete, in person assessment.
 - b. Incentives, sanctions and therapeutic interventions should take into account whether the desired behavior is a proximal or distal goal for each stage of their recovery.
 - c. Judges should consider seeking reassessments from treatment professionals as necessary and adopt any adjustments to the medical and behavioral treatment plans that are indicated.

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- 5. Drug courts should rely on medical providers and participants to present well-informed medical treatment plans to the court, which may include MAT.**
 - a. Providers should address opioid use disorders as a chronic relapsing disease of the brain and adhere to current and emerging evidence-based practices.
 - b. Any plans involving MAT should take an individualized approach to medication choice, delivery method, dosage, and length of treatment.
 - c. Courts should establish a process for identifying and working with qualified providers that prescribe appropriate medication as medically indicated for each participant.
- 6. When addressing program violations, drug court judges should consider how the potential collateral consequences of any sanction may disrupt recovery.**
 - a. Incentives, sanctions and therapeutic interventions should be used in a manner that minimize the unintended termination of medication, behavioral health treatment, health insurance, employment, and other resources needed to support long-term recovery.
 - b. When using court-ordered confinement as a sanction, it may be necessary to consult with the participant's medical treatment provider in advance to ensure continuity of effective medical care within institutional formularies and other limitations.
 - c. Special populations, such as pregnant women, warrant additional considerations.
- 7. Drug courts should approach recovery as an ongoing process that may be initiated with the court's intervention but is ultimately supported and sustained in the community.**
 - a. Drug courts should connect participants to recovery-oriented systems of care (ROSC) upon entry into the program.
 - b. Throughout the process, drug courts should build a participant's capacity to engage with community-based services and supports that will sustain recovery beyond program commencement.
 - c. Drug courts should consider options to offer support for participants after commencement from the docket.

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