



THE SUPREME COURT of OHIO

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

Ohio Specialized Dockets Conference
October 27-28, 2016





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Ohio's Journey ... Opioids and the Courts

2014 Ohio Judicial Opiate Symposium

- Convened by Chief Justice Maureen O'Connor, Governor Kasich
- Almost 1,000 people in judge led teams from 83/88 counties

2015 Ohio MAT Forum

- Experts in criminal justice, treatment reached consensus on Principles

2016 Regional Judicial Opioid Initiative – Opening Summit

- Chief Justice O'Connor convened high level ranking officials from 9 states and national partners for three day kickoff

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Our State Partners:

- Supreme Court of Ohio
- Ohio Judicial Conference
- Governor's Opiate Action Team (GCOAT)
- Department of Health
- Department of Medicaid
- Department of Mental Health and Addiction Services
- Attorney General's Office
- Ohio Medical Board
- Ohio Society of Addiction Medicine (OHSAM)
- Ohio Board of Pharmacy
- Ohio Association of County Behavioral Health Authorities (OACBHA)
- Case Western Reserve University

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Our National Partners:

- Illinois TASC – Center for Health and Justice
- National Association of Drug Court Professionals (NADCP)
- Office of National Drug Control Policy (ONDCP)
- Substance Abuse Mental Health Services Administration (SAMHSA)
- SAMHSA Center for Substance Abuse Treatment (CSAT)
- US Department of Health and Human Services (HHS)

Our Local Partners:

- Judges
- Addiction Treatment Providers
- Case Western Reserve University
- ADAMH Boards

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PRINCIPLE 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.

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- 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.
- 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.

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PRINCIPLE 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.

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- 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.
- Known risk factors for relapse, recidivism, overdose, and other barriers to recovery should be reflected in drug court practices.

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PRINCIPLE 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.

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PRINCIPLE 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.

- Reduction in relapse rates is significantly improved with the inclusion of FDA-approved medications for opioid use disorders.
- Medication should be used in conjunction with a comprehensive treatment plan that includes quality behavioral health services.
- 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.

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PRINCIPLE 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.

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PRINCIPLE 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.

- Participants who present with confirmed or suspected opioid use should be referred to a properly licensed medical professional for a complete, in person assessment.
- 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.
- 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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PRINCIPLE 5: Drug courts should rely on medical providers and participants to present well-informed medical treatment plans to the court, which may include MAT.

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- Providers should address opioid use disorders as a chronic relapsing disease of the brain and adhere to current and emerging evidence-based practices.
- Any plans involving MAT should take an individualized approach to medication choice, delivery method, dosage, and length of treatment.
- Courts should establish a process for identifying and working with qualified providers that prescribe appropriate medication as medically indicated for each participant.

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PRINCIPLE 6: When addressing program violations, drug court judges should consider how the potential collateral consequences of any sanction may disrupt recovery.

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- 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.
- 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.
- Special populations, such as pregnant women, warrant additional considerations.

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PRINCIPLE 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.

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- Drug courts should connect participants to recovery-oriented systems of care (ROSC) upon entry into the program.
- 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.
- Drug courts should consider options to offer support for participants after commencement from the docket.

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QUESTIONS?



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