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COURT CONSIDERATIONS REGARDING Medication-Assisted Treatment

Treatment for opioid use disorders should be individualized and focused on long-term disease management. It should include access to FDA-approved medications and evidence-based, trauma-informed behavioral therapies.

The interventions should be provided by skilled, trained professionals.

Treatment services should be coordinated with all other services for co-occurring disorders and physical issues.

Wraparound support services with peer support specialists and community connections are key.

MAT is the standard for opioid use disorder treatment.

1.



medication decisions

Medication decisions are made between the physician and the individual with opioid use disorder. This includes the choice of medication, delivery method, dosage, length of time using medication, and when to taper off the medication. Studies show that long-term use of medications is associated with improved outcomes.

Judges should:

Encourage individuals to become educated about medication as an option.

Encourage open and honest communication with a physician.

Rely on the physician's expertise (and physician's treatment consultation with the individual), including changes in treatment, length of time on medication, and tapering off of medication.

Monitor stability and support systems during tapering.

Not make court program completion contingent on stopping MAT.

2.



sanctions

Court-ordered sanctions may have unintended consequences for individuals taking medication. Sanctions such as court-ordered confinement may result in stoppage of medication, resulting in withdrawal, cravings, and possibly death. Other sanctions may result in termination of health insurance and other barriers to resources needed for long-term recovery.

Judges should:

Work with local court partners to have MAT maintenance services and processes in place to avoid these consequences.

Not order medication stoppage or the withholding of medication as a sanction.

3.



relapse

Reoccurrence of opioid use even after long periods of treatment can be expected.

Judges should:

Require regular and random drug testing with careful examination of the results.

Encourage close attention to following the dosage prescribed (with dosage possibly monitored by a family member or support).

Bring the person back into court.

Require a treatment review for the need to alter treatment plan (for example, outpatient to inpatient).

Make naloxone (Narcan) available.

4.



pregnant women

Women who are pregnant require special considerations. Abrupt discontinuation of opioids in pregnancy can result in preterm labor, fetal distress, or fetal demise. Medically supervised withdrawal is currently not recommended because the literature suggests that withdrawal is associated with high relapse rates. MAT with methadone or buprenorphine is the standard for pregnant women. (American Academy of Pediatrics Policy Statement)

Judges should:

As with all individuals on MAT, defer to physicians for medication-related decisions and encourage pregnant women to continue treatment recommended by physicians.

Promote connecting pregnant women with pregnancy and postpartum wrap-around services.