



National Judicial Opioid Task Force

Understanding the Basics of Addiction

Addiction: The National Institute on Drug Abuse (NIDA) defines addiction as “a chronic, relapsing brain disease that is characterized by compulsive drug seeking [behavior] and use, despite harmful consequences.” Addiction disrupts the normal functioning of a previously healthy brain, causing physical changes to areas of the brain that are critical to judgment, decision making, learning, memory, and behavior.

Factors Contributing to Addiction

A host of factors contribute to someone becoming addicted to a substance. Both environmental (*e.g.*, conditions at home or school) and biological (*e.g.*, someone’s genetic composition or stage of development) factors can increase the risk of addiction. Other factors, such as early use, medical conditions, or trauma (*i.e.*, adverse childhood experiences (ACEs)) may increase a person’s chances of becoming addicted, in addition to adolescence and mental disorders. The focus should not only be on the addiction but what precipitated the addiction.

Because the prefrontal cortex (*i.e.*, the part of the brain that enables humans to assess situations, make sound decisions, and keep their emotions in check) continues to develop throughout the teenage years, introducing drugs during this developmental period may have negative and enduring consequences.

BOTTOM LINE FOR COURTS

1. Drugs are chemicals that interfere with the way neurons normally send, receive, and process information.
2. Drugs change the brain’s structure and how it works.
3. These brain changes often lead to the harmful behaviors seen in people who abuse drugs.
4. Drug abuse and mental illness often co-exist.

RESOURCES

- [Drug Misuse and Addiction](#)
- [Drugs and the Brain](#)
- [Addiction and Health: Medical Consequences](#)
- [The Addiction Series](#)

Opioids

In 2016, approximately 2.1 million Americans were addicted to prescription opioid pain medicines, and opioid overdose deaths increased fivefold from 1999 to 2016. As individuals shift from prescription opioids to heroin because it is easier and cheaper to obtain, they are dying in record numbers, with over 15,000 Americans dying of a

heroin overdose in 2016. Opioid use disorders (OUDs) can also contribute to infants born dependent on opioids and increased spread of HIV and hepatitis C. A study by the National Institute on Drug Abuse revealed major changes in the brains of heroin users.

BOTTOM LINE FOR COURTS

1. For many with OUD, the opioids of choice shift from prescription drugs to heroin, since it is easier and cheaper to get heroin.
2. Drug overdose is the leading cause of accidental death in the United States.
3. Studies reveal major changes in the brains of heroin users.

RESOURCES

- [Results from the 2016 National Survey on Drug Use and Health: Detailed Tables](#)
- [A Revealing Look at the Brain on Heroin](#)

Treatment of Opioid Use Disorder

Treatment for a chronic illness, such as OUD, requires a continuum of care, helping patients stabilize, enter remission from symptoms, and establish and maintain recovery. Many effective treatments exist for the disease, and individuals can obtain recovery and live successful and fulfilling lives. A number of individuals require medication-assisted treatment (MAT) for varying lengths of time, including lifelong treatment. Using medication to treat OUD should be a clinically-driven decision between the patient and his or her clinician, on an individual basis. Outpatient counseling, intensive outpatient treatment, inpatient treatment, or a long-term therapeutic community should be coupled with MAT.

There are currently three medications that are effective in treating OUD - methadone, buprenorphine, and naltrexone. However, they are highly underutilized. Moreover, in order to successfully treat OUD, it is critical that the stigma of addiction and other barriers are negated.

BOTTOM LINE FOR COURTS

1. Effective MAT exists for OUD, but it is underutilized because there remains a stigma attached to addiction and to the use of medications to treat addiction.
2. Methadone, buprenorphine, and naltrexone can successfully treat OUDs.
3. MAT should not be used alone but rather in conjunction with talk therapy.

RESOURCES

- [The ASAM Criteria®](#)
- [Medications to Treat OUD: Overview](#)
- [How Medications to Treat OUD Work](#)
- [The Efficacy of Medications to Treat OUD](#)
- [TIP 63: Medications for Opioid Use Disorder](#)

Opioid Use Disorder in Criminal Justice Settings

OUD is common in criminal justice populations, and people with OUD are up to 13 times more likely to be involved in the criminal justice system as compared with people who do not suffer from OUD. Using MAT in criminal justice settings (*e.g.*, drug courts, jails, and prisons) is a good practice in quelling continued opioid use upon reentry. Within the first two weeks of release from incarceration, an individual is 12 times more likely to die from a fatal overdose than other individuals with OUD. This is because a period of abstinence from a drug causes a person to lose

tolerance for the drug. Moreover, untreated OUD also contributes to additional criminal activity and risky behavior, and therefore, to reincarceration. Despite evidence-based research on the benefits of MAT in criminal justice settings, many states do not offer access to, or utilize, medications to treat OUD. It should be noted that the use of methadone and buprenorphine have been shown to be effective treatments during pregnancy, thereby reducing the incidence of neo-natal abstinence syndrome (NAS).

BOTTOM LINE FOR COURTS

1. Treating OUD while individuals are in the criminal justice system is a good practice.
2. Untreated OUD increases the likelihood of an individual overdosing or resuming criminal activity upon reentry into the community.

RESOURCE

- [OUD in the Criminal Justice System](#)

Innovative Court Programs

Buffalo (NY) Opioid Intervention Court

The Buffalo Opioid Intervention Court is a judicially-supervised triage program, linking participants with MAT and/or behavioral treatment within hours of their arrest. The program provides participants with tools to achieve and maintain recovery and is presided over by the Honorable Craig D. Hannah, in collaboration with a cadre of professional staff members and agencies.

The intervention process consists of:

1. diverting participants at arraignment;
2. placing participants into treatment within 24 hours of their arrest;
3. holding criminal charges in abeyance;
4. linking participants with a range of ancillary services (e.g., job readiness programs);
5. enforcing an 8:00 pm curfew;
6. instituting random drug testing and “wellness checks;”
7. daily face-to-face contact among the judge, his treatment team, and the participants; and
8. case conferencing during treatment.

Participants are screened and evaluated, immediately. They are required to follow a treatment plan that often uses MAT. Participants always undergo either outpatient or inpatient treatment which may consist of alcohol and drug and/or mental health treatment. This model has been replicated in Cumberland County, Pennsylvania’s Intensive Opioid Intervention Court.

For more information on the Buffalo Opioid Intervention Court, call 716-845-2633 or visit [their website](#).

The 4th Judicial District (TN)

In 2013, the 4th Judicial District of Tennessee began using a low cost, high impact recovery-oriented compliance strategy (ROCS) that relied on the practices and principles of drug treatment court to address the lack of behavioral health treatment in the rural jurisdiction. Originally used for pregnant women with OUD who are on buprenorphine, “TN ROCS” has a high success rate. Between July 1, 2014 and June 30, 2018, this program has produced 34 pregnant women with healthy birth outcomes, including no NAS or minimal hospital stays related to NAS. Thirty out of these 34 women have retained custody of their newborn children, and over the same three-year period, only 30 out of 94 people who

appeared on this docket even once committed a new crime. Moreover, over 85% of mothers have retained custody of their newborns, and recidivism rates have been reduced, substantially. “TN ROCS” is now a key strategy of the state’s plan to combat the opioid-driven addiction crisis, and the Tennessee Department of Mental Health and Substance Abuse Services will soon distribute a bench card on OUD and MAT and an interactive map of “trusted treatment providers” to assist all stakeholders.

For more information on the TN ROCS, call 865-397-8733.

Norfolk (VA) Circuit Court Reentry Docket

Launched in March 2011, the Norfolk Circuit Court Reentry Docket is a coordinated effort of the Norfolk Circuit Court, Norfolk Commonwealth’s Attorney Office, Norfolk Sheriff’s Office, Norfolk Probation and Parole, Norfolk Public Defender’s Office, and the City of Norfolk. The program is aimed at reducing recidivism and helping reentering citizens become productive members of the community. The addiction recovery section of the program requires participants to undergo regular drug testing and cognitive behavioral treatment in group and individual counseling sessions and peer-based substance abuse treatment.

The program primarily is part of sentencing for a probation violation or a new offense and takes approximately 18 months to complete. Offenders serve at least six months in the Norfolk City Jail in a pre-release phase that includes many ancillary services, and after release, participants are required to seek employment or enroll in school, regularly appear in court, undergo routine drug testing, and participate in therapy sessions. Participants are required to waive their rights to protection from unreasonable searches and to have a lawyer present if they get sanctioned (e.g., community service) for violating a condition of the program. If a participant successfully completes the program, he or she will not be sentenced to probation.

For more information on the Norfolk Reentry Court, visit [their website](#).

ADDITIONAL RESOURCES

- American Academy of Addiction Psychiatry; <https://www.aaap.org/>.
- American Society of Addiction Medicine; <https://www.asam.org/>.
- Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health; <https://addiction.surgeongeneral.gov/>.
- National Drug Court Institute; <https://www.ndci.org/>.
- National Institute on Drug Abuse; <https://www.drugabuse.gov/>.
- National Rx Drug Abuse & Heroin Summit; <https://vendome.swoogo.com/2018-rx-summit/>.
- Substance Abuse and Mental Health Services Administration; <https://www.samhsa.gov/>.
 - Finding Quality Treatment; <https://www.findtreatment.samhsa.gov/>.
- The Addiction Resource Center; <https://www.addictionresourcecenter.org/>.
 - Finding Local Resources; <https://www.addictionresourcecenter.org/gethelp>.
- Treatment for Opioid Withdrawal (medication to mitigate the symptoms of opioid withdrawal); <https://www.fda.gov/Drugs/InformationOnDrugs/ucm609838.htm>.

