

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 system ¹⁸⁻²⁰; 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.