



Convening, Collaborating, Connecting:

Courts as Leaders in the Crisis of Addiction



**The criminal justice system
is the single largest source
of referral to substance use
disorder treatment.***

Substance Abuse and Mental Health
Services Administration

*Second only to self-referral

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The National Judicial Opioid Task Force (NJOTF)

Leadership, Collaboration, Treatment, Prevention, and Data-Driven Decision-Making

The NJOTF was created by Resolutions of the Conference of Chief Justices (CCJ) and Conference of State Court Administrators (COSCA) during their annual meeting in 2017. The Conferences recognized the need to respond to the mounting stress on criminal and family court dockets impacting state court systems across the country. It was funded by a grant from the State Justice Institute¹ and supported by the National Center for State Courts.² It is composed of experts from 24 states, representing trial and appellate judges, court administrators, program directors, probation and parole experts, child welfare advocates, and others.

Five overarching principles were adopted to guide the NJOTF's direction and work:

1. At every intersection point, the justice system should lead the way in delivering solutions to the opioid epidemic.
2. Judges should maximize their role as conveners by bringing together government agencies and community stakeholders to address the opioid epidemic and any underlying causes.
3. Courts should ensure that individuals with opioid use disorders receive the treatment they need. Interventions should include a continuum of treatment strategies and support services.
4. Given the inordinate impact of the crisis on children and families, courts must focus attention on this area, with an emphasis on prevention and the expeditious placement of children in a safe, stable environment.
5. Courts should objectively assess performance and support programs and practices that work—through the use of robust data collection, quality-assurance practices, and data-driven decision-making.

Over the following two years, a comprehensive set of court-specific tools, bench cards, webcasts, and educational materials were produced; and the Opioid Resource Center for Courts, found at www.ncsc.org/opioids, was developed. These resources are specifically described in Appendix A and can be freely accessed electronically. They are already being used around the country and are the first ever comprehensive tool kit for courts and justice professionals to deal with the addiction crisis.

Further, responding to the need for leadership across all branches of state and federal government, including state court systems, the Task Force members invested significant time and effort in sharing the results of their work, traveling over 100,000 miles, speaking to over 50,000 attendees at national conferences, and reaching millions through countless media appearances. A list of these outreach efforts can be found in Appendix B.

Finally, through collaboration with multiple sources inside and outside government, including experts on treatment, prevention and data, the members of the Task Force approved a comprehensive set of policy and best-practice recommendations. In July 2019, these recommendations were considered and endorsed by Resolutions of CCJ and COSCA. The remainder of this report is centered around these findings and recommendations.

Introduction

In 2018, more Americans died of opioid overdoses than cancer, gunshot wounds, or even car crashes. In fact, by at least one metric, the epidemic is more dire for Americans than was the Vietnam War: while an average of 11 Americans died per day during the 14 years the United States was involved in Vietnam, nearly 120 Americans died per day of opioid overdoses in 2018 alone.

The numbers are staggering, and the toll on communities across the country is devastating. Still, an important part of the story has gone largely untold. At some point, if the opioid abusers survive, most end up in court. Perhaps they have been arrested for stealing to feed their addiction or perhaps an agency has deemed them unfit parents. Whatever the reason, one fact remains: the state court justice system is now the top referral source for addiction treatment in the country.

This reality has put an enormous strain on our nation's state courts and their millions of customers. In a recent survey, the majority of chief justices and state court administrators ranked the opioid epidemic's impact on the courts as severe. Given the complexity of opioid and addiction cases, these results are unsurprising: it takes an enormous amount of time to figure out what is best for people with substance use disorder (SUD), how to care for their children, and what resources are available for them. And those who are placed in a treatment program with court oversight may remain involved with the court for many years.

Court leaders quickly realized that the epidemic's stress on the courts was a "crisis within a crisis." With 96 percent of all cases in the country filed in state courts, it is imperative that judges educate themselves on addiction and have a comprehensive understanding of how the opioid crisis affects state courts. Judges must be equipped with crucial resources and tools in order to be a successful component of the national policy response to this epidemic and future epidemics. For years, the justice system knew how to be "tough on drugs"; now is the time for us to become "smart" on drugs.

This led CCJ and COSCA, who represent thousands of state court judges, to establish the NJOTF in 2017. Since its inception, the task force has developed practical information, educational resources, tools, and best practice recommendations for state court judges, court administrators, and numerous partners and stakeholders.

This report is not a detailed or comprehensive review of the opioid epidemic, as that information is now well known. Rather, we provide state and federal policymakers and our state court colleagues the lessons learned from almost three years of effort. This report thus shares the recommendations, tools, best practices, and examples of successful programs so that state courts can serve as effective partners in the management and eventual end to the addiction crisis.



Co-Chairs

**Honorable
Loretta H. Rush**
Chief Justice, Indiana
Supreme Court

Deborah Taylor Tate
Director, Tennessee
Administrative Office
of the Courts

"The misuse of opioids such as heroin, morphine, and prescription pain medications is not only a devastating public health crisis, it is critically affecting the administration of justice in courthouses throughout the United States."

**Chief Justice Loretta H. Rush, Indiana Supreme Court
Co-Chair National Judicial Opioid Task Force**

The image shows the upper portion of a classical marble building facade. At the top, there are several large, seated figures in relief. Below them is a decorative cornice with a repeating geometric pattern. A wide, flat marble band contains the words 'EQUAL JUSTICE UNDER' in large, capital letters. Below this band are more relief sculptures, including a figure holding a scale. To the right, a large, fluted column with a highly decorative capital is visible. The overall scene is brightly lit, suggesting an outdoor setting.

EQUAL JUSTICE UNDER

The opioid epidemic is not just a criminal justice issue — every part of the court system is impacted.

- Removal of thousands of children/foster care caseloads
- Guardianship/conservatorships/property cases
- Criminal offenses/felonies/property crimes/traffic offenses
- Bankruptcy/financial issues impact a range of cases
- Business and commercial transactions
- Workers compensation
- Insurance issues
- Divorce/custody
- Probation and parole management

Findings

1. There is a Lack of Access to and Education About the Use of Quality, Evidence-Based Treatment, Including Medication-Based Treatment for OUD

The scientific evidence is clear and broadly accepted: Opioid Use Disorder (OUD) is a treatable chronic brain disease. Further, the use of the three primary FDA-approved medications to treat OUD produces successful outcomes and saves lives.³ Unfortunately, the majority of people with OUD in the United States receive no treatment at all. Courts are often not aware of medication-based treatment, and only 36 percent of approved treatment facilities offer at least one of the FDA-approved medications.

By endorsing the recommendations of the NJOTF, CCJ and COSCA joined other national organizations⁴ in promoting the use of medication-based treatment for OUD as the presumptive standard of care and the removal of barriers for court-involved persons who need access to this treatment.

To be successful, courts must have access to comprehensive treatment services. These include individualized assessments that contain mental health and behavioral health conditions, detoxification services, the full range of FDA-approved therapies, and longer-term support services to prevent return to use and support and sustain recovery.

Unfortunately, there is a gap between the most effective methods of treating OUD and the treatment and services currently recommended to and ordered by or available as options to courts. This gap is even larger in rural communities and among other vulnerable populations. Part of the gap is due to a belief by some judges, other justice system partners, and treatment providers that medication-based treatment is “substituting one addiction for another.” This belief demonstrates the need for additional judicial training and education to change the lingering perceptions of addiction as a moral failure rather than a health condition requiring medical intervention and treatment. Courts and justice system partners need access to information that examines the public health approach to addiction and explores how courts can develop and implement programs and policies to support that approach.

In many states, treatment services are provided through executive branch agencies and are not under the control or authority of the courts. But judges must exert leadership and advocate for the availability of quality, evidence-based treatment services as the best and most effective response to the opioid epidemic.

“To be successful, courts must have access to comprehensive treatment services.”

“Judges must exert leadership and advocate for the availability of quality, evidence-based treatment services as the best and most effective response to the opioid epidemic.”

2. The Most Significant Impact of the Epidemic Involves Cases With Children and Families

The devastation the opioid epidemic has caused for so many American families is startling. Nationally, we are experiencing significantly elevated rates of child neglect and maltreatment and child welfare system involvement for families affected by parental substance use disorder.

There is a growing body of evidence that highlights the role of parental substance misuse as a significant contributing factor to the increased rates of child abuse and neglect and foster care entry.⁵ In fact, after more than a decade of sustained declines in the number of children in foster care nationally, the number of children entering foster care rose approximately 10 percent between 2012 and 2016. Notably, many states have seen their foster care caseloads grow by over 50 percent during this period.⁶

This, in turn, leads to increased trauma to children and families as a result of removal and family separation, increased dockets for courts, increased caseloads for attorneys and social workers, and typically poor outcomes for children and families. These trends and negative outcomes require courts and partner child welfare agencies to create a child welfare system that works upstream: one that partners with and supports families experiencing SUD or at risk of developing SUD so that foster care is only used when necessary. These trends and outcomes also require funding agencies at the federal, state, and local levels to develop policies and make investments in programs, services, and workforces that have the capacity to strengthen families in crisis or at risk.

“As the opioid epidemic ravages lives across the state, the court system has become ground zero from the resulting criminal and civil cases. While criminal cases related to substance abuse are to be expected, it’s incredibly disheartening to see the explosion in family law cases as well. Dependency, neglect and abuse cases fill our dockets as daily reminders of the grim toll the epidemic is taking on Kentucky families and children.”

**Kentucky Chief Justice
John Minton**



340,000

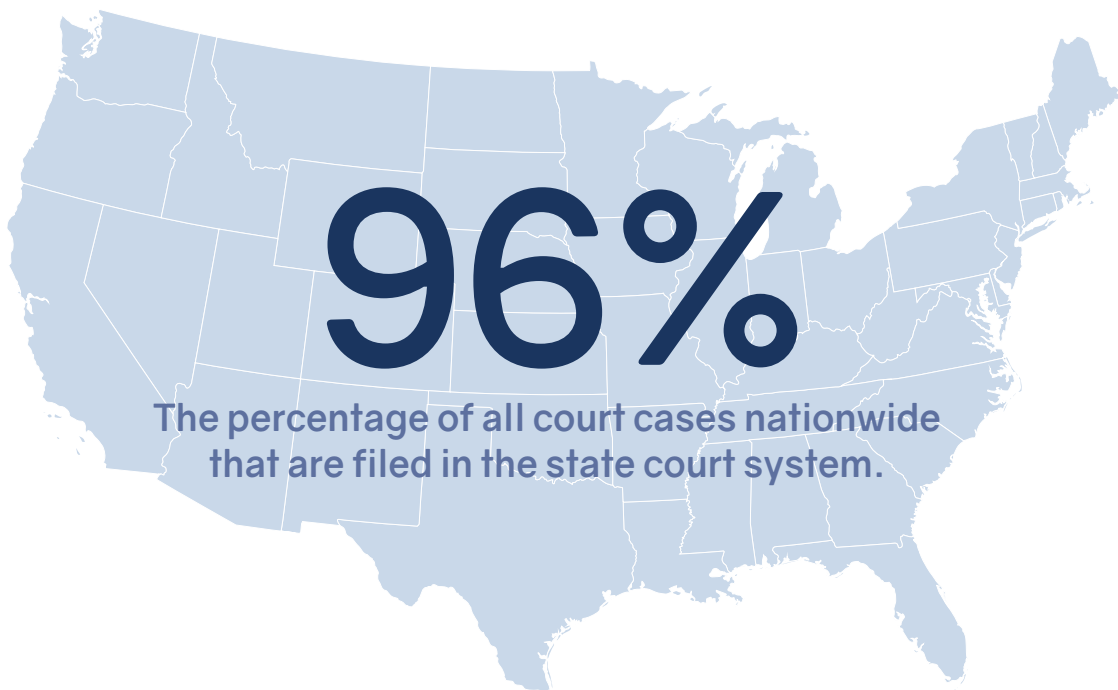
The estimated number of infants born in 2017 affected by prenatal exposure to illicit substances.

3. Congress and Federal Agencies Must Recognize State Courts as Essential Partners in the Response to the Opioid Crisis

Although the opioid crisis is a national issue and the President, Congress, and executive branch agencies have responded with targeted policies and additional resources, state and local governments bear the greatest burden for the primary and secondary costs of untreated addiction. Federal, state, and local leaders have mobilized to address many of the primary impacts on communities, but the secondary impacts on state and local court systems have yet to be fully acknowledged or addressed. Not only state criminal courts, but all jurisdictions—including juvenile, civil, and family dockets—have been exponentially affected by the scope and magnitude of the problem. Notably, state courts and the criminal justice system are the largest outside source of referrals for treatment; yet, state courts are often not included in the policy discussions and response plans of federal agencies. And only small amounts of congressional funding reach state courts and the programs they provide. In developing and executing a successful policy response to the opioid epidemic, recognizing state courts as a critical partner and equipping them with funding and other crucial resources is essential.

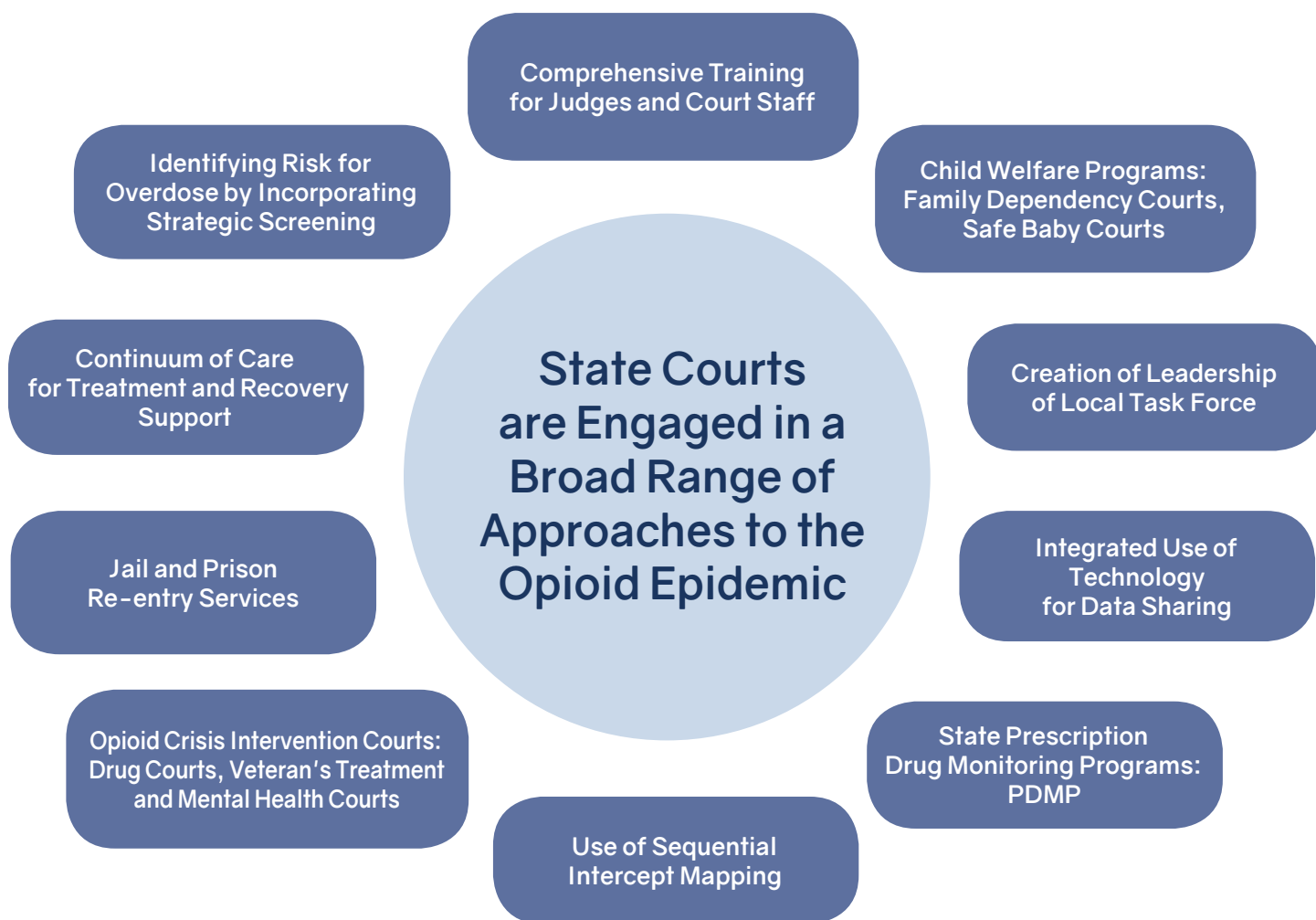


Indiana Chief Justice Loretta Rush, NJOTF co-chair, addressed state and national organizations to talk about the opioid crisis and how state courts are impacted and finding solutions.



4. State Courts Must Design Programs and Resources that will be Effective Responses to the Next Addiction Crisis — Not Just Opioids

While the circumstances surrounding the opioid epidemic prompted the creation of the NJOTF, the Task Force recognized that the current epidemic is just one of many “crises” involving various substance use disorders, with more likely to follow.⁷ Accordingly, the NJOTF sought to develop solutions, tools, resources, and policy recommendations that can be sustained and that are applicable, appropriate, and helpful in response to substance use disorders and addictions generally. In short, the solutions and tools developed by the NJOTF are meant to set up a model for courts to effectively deal with both current and future addictions.



Recommendations

1. Judicial Leadership

As the impact of the opioid crisis reverberates through American communities, one aspect is startlingly clear: the crisis is a complex social problem that cannot be adequately addressed by any one government agency or sector of the community. Therefore, a multidisciplinary, coordinated approach is essential, and state courts have a key role in a comprehensive response to the epidemic. Chief justices and state court administrators can—and should—be leaders in devising solutions.

LOCAL, STATE, AND REGIONAL TASK FORCES

Judges should lead in their states by creating and actively participating in local, state, and regional opioid task forces, which are a key, initial step to addressing the crisis.⁸ In short, when a judge convenes a community meeting to deal with a social issue affecting their community, people show up.

Judges can lead in matters of public policy issues and request and prioritize available resources. Moreover, they can require, recommend, and enable court systems to implement and support programs, policies, and best practices that can lead to successful outcomes. Local judges are uniquely positioned in their communities to convene key stakeholders who can facilitate, target, and sustain collaborations needed for change. The NJOTF, therefore, calls upon all state court judges and justice system leaders to maximize their positions of leadership in response to the opioid crisis.

In many states, governors and members of the judiciary have led the charge in creating state task forces; and because courts are the most likely points of access and intervention for persons with OUD, judicial membership and participation in state-level policy discussions and decisions are essential. These state task forces have succeeded in assessing the nature and scope of the crisis within each state, establishing responsive policies and recommending legislation. Local task forces are equally vital to responding to the opioid epidemic, with a more targeted focus on problematic issues within a particular community, taking into account the resources available.



“Opioids have had a devastating impact on our communities, but the Judiciary can make a difference. Judges, in their role as community leaders and conveners, are uniquely situated to bring people together and implement data-driven solutions to address this crisis,” said New Mexico Chief Justice Judith Nakamura, member of NJOTF’s executive committee.

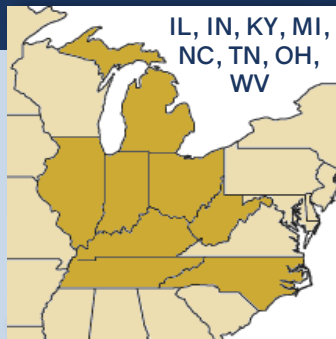
Recommended Actions

Since courts play a critical role in delivering viable solutions, judges should maximize their roles as conveners to bring together a cadre of government and community stakeholders at the local, state, and regional level.

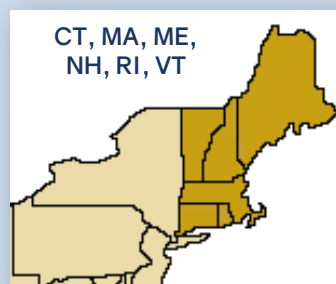
Members of CCJ and COSCA should lead the establishment of or support state-level, multidisciplinary opioid task forces. State-level task forces created by executive or legislative branch officials should include representatives of the judicial branch, selected or recommended by the state chief justice.

At the local level, judges should provide leadership in the creation of local or regional opioid task forces.

Regional Judicial Opioid Initiatives*



In August 2016, a multi-state regional summit was convened by the Supreme Court of Ohio. More than 150 attendees, representing states across the **Appalachia/Midwest region** – the epicenter of the opioid epidemic – met to discuss the impact of the crisis. Summit delegates developed a regional action plan with strategies to combat the opioid epidemic and formed the Regional Judicial Opioid Initiative (RJOI). The eight RJOI states include: Illinois, Indiana, Kentucky, Michigan, North Carolina, Ohio, Tennessee, and West Virginia.



In April 2019, the Chief Justices of six **New England** states formed the New England Regional Judicial Opioid Initiative (NE RJOI): Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. This initiative is developing a regional approach and identifying solutions regardless of state borders while continuing to support the state-specific opioid initiatives.

***These initiatives are a sampling of collaborations and not an all-inclusive list.**
The Bureau of Justice Assistance provided funding for the Initiatives.

2. Collaboration

Quelling the effects of the opioid epidemic in America cannot be addressed without cross-disciplinary collaboration. It is worth repeating: collaboration is key to fighting this crisis where parents, children, mothers, fathers, friends and colleagues are dying. That is why, across the country, communities are uniting to create, find, and implement innovative solutions to the crisis. Judges are in a unique position to bring together stakeholders to form partnerships and multidisciplinary teams that can achieve successful outcomes. Such teams, though formed in response to the opioid epidemic, can provide a structure and process for the development of prevention programs and responses to future problems and issues.

At the national level, NJOTF leaders worked with the:

- Legal Services Corporation;
- Surgeon General of the United States;
- U.S. Office of National Drug Control Policy;
- National Association of Drug Court Professionals;
- National Association of Attorneys General;
- American Bar Association;
- American Judges Association;
- American Academy of Addiction Psychiatrists;
- Tribal Law Policy Institute;
- National Judicial College; and
- numerous federal executive branch agencies to identify, access, and share information and resources with state courts.

"Judges are in a unique position to bring together stakeholders to form partnerships and multidisciplinary teams that can achieve successful outcomes."

Conversely, information about the critical role of state courts and the serious impacts of the opioid crisis on state courts was shared with federal partners, who often worked with state-level executive branch agencies, but had very little understanding, contact, or experience with the state justice system. Finally, more extensive engagement with our federal and tribal court partners led to the following recommendations.

WORKING WITH FEDERAL COURTS

There are more than 3,000 specialty drug treatment courts at the state level across the United States.⁹ Unfortunately, in the federal system, these programs do not commonly exist due to the differences in the nature of the drug-related crimes resolved in federal courts and the smaller number of cases. In some jurisdictions, state court judges have offered to share the benefits of successful state court supervision and treatment programs with their federal court colleagues. The NJOTF reviewed these programs and developed a model transfer agreement for use by jurisdictions interested in state and federal court collaboration.

Recommended Actions

Members of CCJ and COSCA should communicate with federal district court judges and U.S. attorneys in their states or territories to discuss the availability of appropriate and effective treatment for federal court defendants and probationers with substance use disorders. Where appropriate, state and federal courts should consider the use of the Sample Court Transfer Agreement for State and Federal Courts (see Appendix A), allowing federal court judges to transfer treatment and program oversight of federal court defendants and probationers to state specialty courts. These agreements should include the transfer of funding by the federal courts sufficient to support associated costs.

WORKING WITH CHILD WELFARE AGENCIES

It is critical that state court leaders strengthen collaboration with child welfare agencies to better serve children and families impacted by the opioid epidemic. Strong collaboration between the courts and these agencies, both at the statewide leadership level and the local community level, has led to improved court and agency practices, a better educated workforce, refined policies, changed law, and improved resources.

Recommended Actions

Courts should advocate for and support the utilization of prevention services for

families at risk through the implementation of the Family First Prevention Services Act and should work with their state's Title IV-E agency to leverage the opportunities of this new federal law and funding stream for prevention services, the funding of judicial education, and support Court Appointed Special Advocates (CASA) programs.

Courts should require or recognize the need for quality legal representation for all parties at every stage of dependency cases, including at the pre-petition stage, and work with their state's Title IV-E agency to use the new federal policy that allows states to draw down Title IV-E funds for parent and child representation in dependency cases.

Courts should advocate for and support uniform, regulated, and timely placement of children in safe homes within, or outside of, the state, through the implementation of the revised Interstate Compact on the Placement of Children, the National Electronic Interstate Compact Enterprise system, or the execution of border agreements.

Courts should support the adoption of the revised Interstate Compact on the Placement of Children and state implementation of the National Electronic Interstate Compact Enterprise system to improve the interstate placement of children.

"The nation's foster care system is a system in crisis. Over the past decade, the number of children being separated from their families has steadily increased, while the number of children in foster care returning home to their parents has decreased. And further, the national opioid epidemic and failing mental health system in America are only making this crisis worse."

Iowa Chief Justice Mark S. Cady
President, Conference of Chief Justices
NJOTF Executive Committee Member

WORKING WITH TRIBAL COURTS

Judges and justice system staff who serve tribal courts have developed a number of effective programs and resources in response to the opioid epidemic. One response is Tribal Healing to Wellness Courts, which provide culturally appropriate programs and services for American Indian/Alaskan Native (AI/AN) offenders and have proven to be more successful than the programs offered to the AI/AN offenders in state courts. However, most AI/AN communities have limited access to health care and treatment services, despite having higher opioid overdose rates than those found in other racial and ethnic populations.



Therefore, where possible and appropriate, state and tribal courts must share resources and replicate successful programs and interventions. To facilitate the cross collaboration between state and tribal courts, the NJOTF and the Tribal Law and Policy Institute developed tools and resources that assist in the development and adoption of programs to improve and maximize effective responses to the opioid epidemic.

"By collaborating with tribal courts, treatment courts can provide and promote culturally sensitive, holistic, quality substance use and mental health treatment for American Indian people."

Montana Judge Gregory Pinski
Eighth Judicial District Court
NJOTF Member

Recommended Actions

Members of CCJ and COSCA who serve in states that include areas defined in federal law as "Indian Country" should:

- a. encourage and support inter-jurisdictional collaboration and communication between state and tribal courts to address the opioid epidemic (e.g., Tribal-State Court Forums);
- b. consider the use of the Model Memorandum of Understanding and Transfer Agreement (see Appendix A), allowing state court judges to transfer treatment and program oversight of tribal members who are arrested or criminally charged in state courts to Tribal Healing to Wellness Courts, if available, as they may offer more effective and culturally appropriate interventions and services;
- c. support the training of state court judges and employees on issues of American Indian and Alaska Native cultural competence and encourage the distribution and use of cultural competence publications and bench cards (see Appendix A); and
- d. encourage all opportunities for the appropriate sharing of judicial, law enforcement, and treatment resources and expertise between state and tribal communities and for the development and support of best practices and the most effective interventions in response to the crisis.

3. Treatment and Services to Address Opioid Use Disorder

A host of factors contribute to substance addiction. Adolescence, mental disorders, and environmental and biological factors can increase the risk of addiction, as can early use, medical conditions, or trauma. The focus should not only be on the addiction but also on what precipitated the addiction, through treatment and ancillary services.

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, and individuals can obtain recovery and live successful and fulfilling lives. A number of individuals require medication-based treatment for OUD 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. Further, outpatient counseling, intensive outpatient treatment, inpatient treatment, or a long-term therapeutic community should be coupled with medication-based treatment for OUD. Other services may include housing assistance, obtaining a GED, or the provision of childcare.

“We know if you use opioids you have a significantly greater chance of dying. And yet, people use opioids. They are willing to risk death. Why do we think risking prison is going to be some kind of motivating deterrent? It’s just not.”

**Minnesota Judge
Jill Eichenwald O’Connor**



Drug court judges have the resources and the ability to help rehabilitate and re-integrate people back into society.

ADDRESSING THE ISSUES FROM A PUBLIC HEALTH PERSPECTIVE

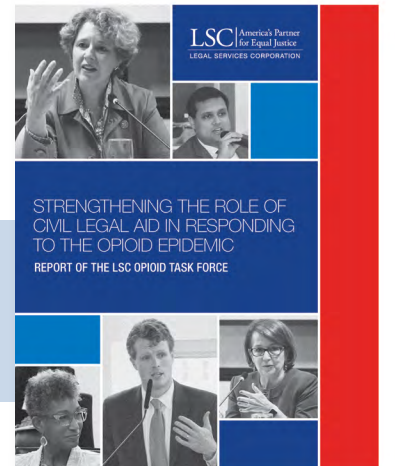
Public and private sector community-based solutions can tackle any public health crisis through prevention, evidence-based treatment interventions that modify behaviors throughout society, and recovery supports.

Recommended Actions

Courts should address the opioid epidemic from a “public health” model, recognizing that the problem and potential solutions cut across traditional lines of responsibility for government agencies and academic disciplines and require the direct engagement of the public for a successful response.

Courts should address OUD, particularly in rural and underserved justice systems, through community collaboration.

“Strengthening the Role of Civil Legal Aid in Responding to the Opioid Epidemic”: the Legal Services Corporation report features collaborative work with NJOTF and is an excellent resource for justice professionals.



USE OF THE SEQUENTIAL INTERCEPT MODEL

Individuals suffering from OUD are 13 times more likely to be involved in the criminal justice system, with many having co-occurring mental health issues. Finding a way to address these issues is essential to reducing recidivism. The Sequential Intercept Model (SIM) is a conceptual approach that identifies key points within the criminal justice system at which those with behavioral health (e.g., mental health or SUD) issues can be afforded services to address the underlying issues that brought the individuals into the system. SIM is an effective method to analyze and understand problems and target resources at a time and place that will be most effective for successful outcomes. It can be used for developing court responses to the opioid epidemic in the criminal justice system or in juvenile and family court cases where parents, other family members, or other parties have substance use or mental health challenges.

"... a state court can take the lead on convening stakeholders, support discourse across sectors, maximize resources, and create the coordinated community response necessary to truly address the opioid crisis in our communities."

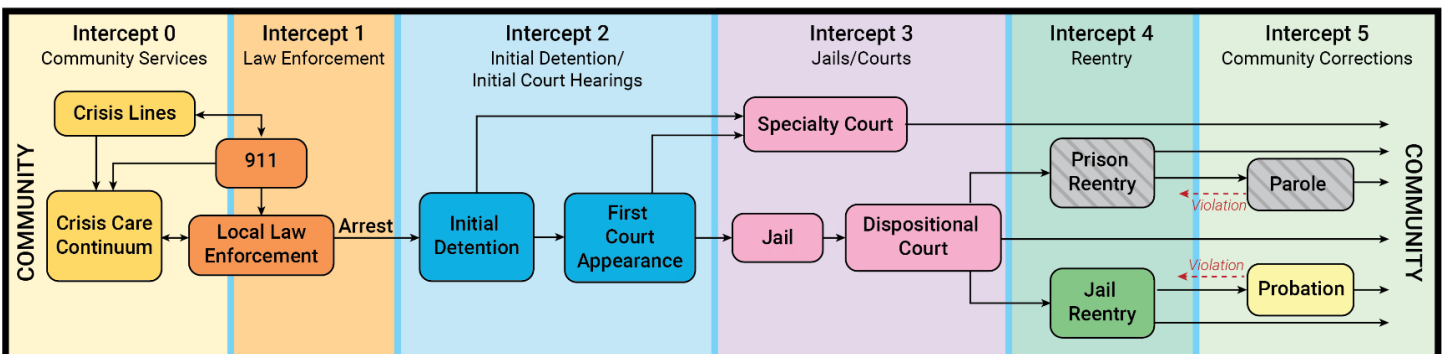
Chief Justice Paula M. Carey
Massachusetts Trial Court
NJOTF Member

Recommended Actions

Judges should support the use of SIM at a state-wide and local level as a framework to assess individuals with substance use and co-occurring mental health disorders, the individuals' interactions with state and local agencies and officials, and the opportunities by the judicial branch to maximize resources that support evidence-based responses and the most effective outcomes.

SEQUENTIAL INTERCEPT MODEL

Identify Resources • Identify Gaps • Develop Solutions



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>
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USE OF, AND ACCESS TO, MEDICATION-BASED TREATMENT FOR OUD

As the opioid epidemic continues to affect more people each year, the medical community has increasingly turned to medication-based treatment for OUD to help individuals suffering from OUD. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines medication assisted treatment (MAT) as “the use of medications, in combination with counseling and behavioral therapies, to provide a ‘whole patient’ approach to the treatment of SUDs.”

The three medications approved by the Food and Drug Administration that are primarily used to treat OUDs are:

- methadone;
- naltrexone; and
- buprenorphine.¹⁰

Buprenorphine is the only medication that may be prescribed and dispensed in various settings, including in an office or correctional facility.¹¹ Medication-based treatment for OUD with buprenorphine is often referred to as Office Based Opioid Therapy (OBOT).¹² The key to OBOT is that it allows healthcare professionals to provide treatment in clinical settings, thus expanding the availability of care.

“Medication assisted treatment is absolutely necessary to effectively treat offenders with opioid use disorder. The science is compelling: nearly 90% of people suffering from opioid disorder cannot stop using without the assistance of medication regardless of the level of traditional treatment they receive. Whether in drug court, on probation or in jail or prison, if this proven treatment method must be offered to the offenders we see in the criminal justice system.”

Chief Justice Tina Nadeau
New Hampshire Superior Court
NJOTF Member

Recommended Actions

Judges should use individualized assessments and appropriate treatment referrals and advocate for necessary treatment options, including medication-based treatment for OUD, that are accessible by and available to all.

Courts should include medication-based treatment for OUD as one part of a comprehensive treatment plan, in all civil and criminal cases, and recognize the importance of making medication-based treatment for OUD available to incarcerated individuals.

According to research by SAMHSA, MAT can help:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

National Judicial Opioid Task Force
Medication-Assisted Treatment for Adolescents with Opioid Use Disorder

The Role of the Court in Ensuring Evidence-Based Treatment Services for Adolescents
 Judicial leadership can play a crucial role in ensuring that juveniles with Opioid Use Disorder (OUD) under court jurisdiction have access to evidence-based treatment services, including medication-assisted treatment (MAT) when indicated and age-appropriate. The National Judicial Opioid Task Force has created a resource to educate justice systems professionals about OUD and call attention to key issues surrounding MAT: the evidence that underlies treatment types, best practices, and legal implications.¹ Juvenile and family court judges should also be well educated on what constitutes evidence-based treatment practices for juveniles with OUD.

Rates of Opioid Use Among Adolescents
 Between 1991 and 2012, the rate of “non-medical use” (i.e., without a prescription) of opioid medications by adolescents (12-17 years) and young adults (18-25 years) has more than doubled.² In 2017, approximately 760,000 adolescents aged 12 to 17 missed opioids in the past year.³

Research that demonstrates the effectiveness of using MAT for treating adults with opioid use disorders (OUD), there is limited research regarding the efficacy of MAT in adolescents. However, there have been at least two randomized controlled trials that have shown positive outcomes for adolescents and young adults prescribed buprenorphine for OUD.⁴

A recent study found that only 1 out of 12 adolescents in need of treatment for opioid use disorder received any care in 2014. Of those who did receive treatment for prescription opioids, only 0.4% received MAT. Comparatively, between 10 and 30 times as many adults receive medication as part of their treatment plan for opioid addiction.⁵ This is, in part, due to few primary care pediatricians having the required 8-hour buprenorphine training. Further, federal regulations require publicly funded opioid MAT clinics to receive a waiver to treat adolescents, and adolescents must have had two failed attempts without medication before they become eligible for MAT.⁶

Rates of Opioid Use Among Adolescents
 Because the development of brain regions associated with motivation and impulsivity primarily occurs during adolescence and young adulthood, this suggests that OUD treatment strategies may differ in adolescents, as compared to adults.⁷ While there is a large body of

Past Year Opioid Misuse among People Aged 12 or Older, by Age Group: 2017*

Age Group	Number of People (in Millions)	Percent
12 or Older	114.1	4.2
12 to 17	0.8	13.1
18 to 25	2.5	7.3
26 or Older	81.1	13.8

BARRIERS TO TREATMENT

Many gaps in our nation's capacity to treat OUD exist, with more in rural and underserved populations than in urban areas.

A number of common barriers exist, including:

1. access to, and availability of, adequate treatment;
2. the stigma associated with being a drug user;
3. inability to afford or have insurance (including Medicaid) that covers treatment;
4. the lack of parity in paying for, and treating, OUD compared to other chronic diseases;
5. bias against medication-based treatment for OUD;
6. housing; and
7. transportation.

It is critical that those in the justice and medical community, and society as a whole, treat those with SUD the same as those with other chronic medical conditions—with compassion and adequate care.

Recommended Actions

Members of CCJ and COSCA should ensure that all judges and justice professionals who come in contact with individuals with SUD are aware of stigma as a barrier to successful treatment; recognize the medical basis of SUD and the impact of exposure to Adverse Childhood Experience and other trauma; and understand the importance of the use of appropriate language in promoting recovery.

When addressing OUD in rural and underserved justice systems, courts should ensure that telehealth—a method to enhance public health through telecommunications technologies—is used, so that the same level of care in remote communities is provided as in urban areas.

"It's simply...we needed a different outcome. The punishment wasn't working. The drugs were coming into the community. The problem of opioid abuse, and heroin, was getting worse and worse. And putting people in prison just wasn't solving the problem."

**Wisconsin Opioid Court
Judge Thomas Walsh**

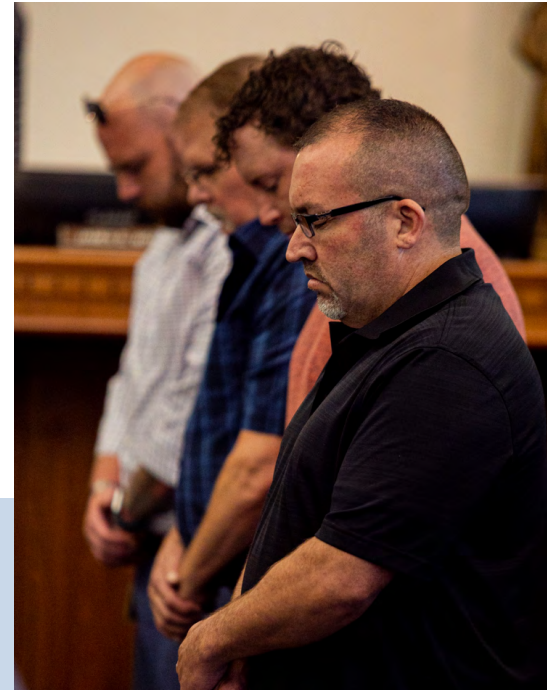


Judges see firsthand the devastating effects of addiction. Drug courts allow judges to also see the pride and gratitude of those who have struggled with addiction successfully complete their programs.

4. Court-Based Programs and Strategies to Address Opioid Use Disorder

OVERDOSE PREVENTION AND SAFETY

Court facilities are a prime location for regular contact with individuals who are at high risk for overdose. Moreover, the risk of overdose and death are particularly high immediately following periods of incarceration. All courts and court facilities should have naloxone readily available, and judges and court officials should be trained on its administration. Courts should also assist in ensuring that individuals receiving naloxone are immediately connected to addiction treatment, as they continue to be at high risk of subsequent overdose and death. Judges can be effective advocates for the provision of evidence-based treatment in jails¹³ and prisons, and courts should develop programs that provide and enhance the timely connections to treatment in the period immediately following release and upon reentry to the community.



13x

The likelihood that people with opioid use disorder will be involved in the criminal justice system than those who do not suffer from this disorder.

Recommended Actions

All judges and justice system personnel who come in contact with individuals with substance use disorders should collaborate with court administrators to develop an opioid overdose response protocol, including naloxone or its equivalent, that is followed in the case of an opioid overdose.

All judges and justice system personnel who may come in contact with evidence containing fentanyl, carfentanil, and their analogs should collaborate with court administrators to develop and follow a protocol to address the handling of such evidence.

REVISION AND CREATION OF SPECIALTY COURTS

Since the late 1980s, problem-solving or “specialty” courts have proliferated throughout the nation. These specialty courts address the underlying issues that bring individuals into the justice system and provide treatment and assistance.¹⁴ Many specialty courts, including adult, family and juvenile drug courts, mental health courts, veterans’ courts, safe baby courts, and homeless courts, have developed over the years. However, in response to the opioid epidemic, many states have further revised and specialized their operations and procedures and have created “opioid intervention courts¹⁵,” designed to reduce overdose deaths through early intervention and immediate connections to effective treatment.

Recommended Actions

Courts should allow the use of medication-based treatment for OUD for those who participate in specialty court programs.

Courts should explore implementing new family-treatment drug courts (e.g., family dependency drug courts, family wellness courts, family drug courts), which address the unique needs of parents with substance use disorders who are involved in the child welfare system and which provide improved outcomes for the families. Courts in rural jurisdictions that may not have the resources or the volume needed to support a full family-treatment drug court model should explore infusing the elements of the family-treatment drug court model into existing child welfare cases based upon the best practice standards recently promulgated by the Center for Children and Family Futures and the National Association of Drug Court Professionals.

Courts should explore implementation of “Safe Baby Courts” (e.g., early childhood courts, baby courts, infant-toddler courts, or any of the Zero to Three Initiatives), which have proven effective in addressing the unique needs of infants and their parents affected by the opioid epidemic. The opioid epidemic has led to a dramatic increase in infants and young children entering the child welfare system; and these young children are at high risk for attachment issues, medical issues, and developmental delays.

Courts should ensure that the medical community (OBGYNs, pediatricians, neonatologists, public health providers, addiction specialists, etc.) is included in the specialty court’s collaborative court team. Courts must ensure that judges and stakeholders are well educated on the most current research and evidence-based best practices regarding treating substance-exposed infants, trauma-informed care, and family-centered treatment and that they are incorporated into practice.



Judge Craig Hannah’s Buffalo, N.Y. Opioid Crisis Intervention Court has four steps: After arrest, defendants are evaluated by medical professionals and the DA to determine eligibility; if eligible, they are immediately taken through detox and begin in- or-out patient treatment; follow strict curfews and daily court appearances for at least 30 days; transition to traditional drug court programs after completion.



Judge Duane Slone’s Healthy Babies Program in Tennessee is a cross-branch collaboration aimed at decreasing the number of babies born with NAS. The program provides access to reversible contraceptives and drug treatment for pregnant women and in one location offers a “Recovery Cabin” that provides safe and sober housing for pregnant women. In one year, NAS cases decreased by 52 percent.

PROGRAMS RESPONSIVE TO THE NEEDS OF CHILDREN AND FAMILIES

The NJOTF has worked to develop solutions, educational tools, program highlights, and policy recommendations designed to address the impacts of the epidemic on the child welfare system. One of the major areas of focus has been on prevention and how the courts can work within their communities to support transforming the child welfare system to a system that focuses on strengthening families at risk before maltreatment occurs. The opioid epidemic has highlighted the downstream and reactive nature of our current system. Fortunately, recent federal statutory and policy reforms have provided opportunities and tools for states to make system transformations and bring better outcomes to children and families.¹⁶

Recommended Actions

Courts should work with their child welfare partners to engage parent partners (e.g., parent mentors, parents for parents, veteran parents, and parent allies) within their jurisdictions. Parent partners are parents with previous experience in the child welfare system who assist parents currently involved or at risk of becoming involved with the child welfare system. These programs can be court-based, within child welfare agencies, part of law offices, or independent. Research indicates that they can improve reunification outcomes and foster increased trust and confidence in the child welfare and juvenile court systems.

Promising Program

Kentucky's Sobriety Treatment and Recovery Teams (START)

- **Pairs specially trained child protective service workers with family mentors** to work with court-involved families to help parents achieve recovery and maintain custody of their children
- **Partners with treatment providers** to ensure participants have access to appropriate treatment

The NJOTF's resources and tools, as well as its policy development focusing on the needs of children and families, highlight the following:

- Establish medical-legal partnerships to help families at risk
- Provide judicial training on ACES and trauma informed decision making
- Ensure high quality legal representation for children and parents
- Improve policies and practice to promote kinship placement
- Leverage Families First Prevention Services Act funding for prevention services
- Incorporate the voice of those with lived child welfare experience
- Establish Parent Partner programs
- Provide judicial training on new treatment protocols for substance exposed infants
- Improve visitation/family time policies and practices, including for incarcerated parents
- Encourage CASA programs

Children/Opioid Pilot Projects

The **National Center for State Courts** continues to work on addressing the impact of the opioid epidemic on children and families, particularly the impact on the child welfare system. That work includes pilot projects in several states to improve outcomes for children impacted by the opioid epidemic. With funding support from SJI, these projects include:

- A **Medical-Legal Partnership** targeting pregnant women with opioid use disorder. (WV)
- Developing and piloting a **framework** similar to the Sequential Intercept Model (SIM) to the child welfare system. (IN and PA)
- Piloting **pre-petition court programs** that work with families at risk for child welfare system involvement due to substance use disorder. (AZ and TN)

5. Judicial Education Regarding Opioid Use Disorders



Tennessee Administrative Director and NJOTF Co-Chair Deborah Taylor Tate spoke to numerous state and national organizations to educate them about how state courts are responding to the opioid crisis and about the resources developed by the task force.

"It is incumbent upon judges and court staff members, particularly those serving in problem-solving courts and family courts, to understand the basics of addiction and its impact on the brain, the standard for treatment of opioid use disorder, and legal implications and court responses to individuals with this disorder."

Florida Chief Justice Charles Canady

The current opioid addiction crisis requires that judges and justice professionals "get smart" about the disease of addiction and what works. Science and pharmacology of opioids, their impact upon the brain, and the best evidence-based treatments to employ are essential topics for judges to learn. For some judges, this information is contrary to cultural assumptions about addiction and the "appropriate" role of the judge and the court. The special impacts of the opioid crisis on children and families require an understanding of the secondary impacts of opioids and OUD. It is critical that judges understand the basics of addiction, treatment, and recovery and how to best understand and address addiction within the justice system, which currently stands as the primary referral source to get individuals to treatment.

"It is critical that judges understand the basics of addiction, treatment, and recovery and how to best understand and address addiction within the justice system..."

NATIONAL JUDICIAL TRAINING AND MODEL CURRICULUM

The NJOTF, in partnership with the American Academy of Addiction Psychiatrists and the National Judicial College, created a model curriculum and assembled a cadre of expert judicial and medical trainers to provide specialized education for judges in every state and U.S. territory. In November 2019, the NJOTF offered a three-day training that featured top faculty and specialists from the judicial and medical communities. Participants included one state court judge from each state and territory, nominated by that jurisdiction's chief justice. Participants received copies of the model curriculum and accompanying training materials, sat in on expert presentations of the materials, and participated in discussions about the subject matter and effective adult learning techniques. Participants committed to making themselves available to serve as judicial faculty members in their own states and regions during 2020, as a way to deliver the curriculum and reach judges in every state. The use of the model curriculum, program materials, and trained faculty can assist courts in providing the education called for in the following recommendations.

Recommended Actions

All judges and justice system persons who deal directly with individuals with SUD must be provided continuing education that includes the following issues emanating from the opioid crisis:

- a. the science of brain disorders including substance use disorders;
- b. the impact of adverse childhood experiences and trauma from those experiences;
- c. secondary trauma;
- d. identification and recognition of the signs of OUD and potential for overdose, as well as the potential increased risks upon release from incarceration or ER and inpatient services;
- e. the need for quality SUD, trauma, and mental health screenings and assessments;
- f. the basics of medical-based treatment for OUD and the importance of only using treatments that are evidence-based and certified by the appropriate certifying state or federal entity;
- g. risks of exposure to fentanyl, carfentanyl and their analogs;

All trial court judges and court partners who hear or are involved in dependency, neglect and juvenile justice cases should receive enhanced judicial training on (1) the impact of trauma and becoming a trauma-responsive court; (2) adverse childhood experiences; (3) medication-based treatment for OUD for pregnant women and parents involved in the child welfare system; (4) medication-based treatment for OUD for adolescents; (5) reasonable efforts findings; (6) the importance of high quality and frequent visitation, regardless of positive/negative drug screens; and (7) the need for timely screening of children in care for developmental delays and Fetal Alcohol Spectrum Disorder, if indicated; (8) the requirements of legal counsel for both parents and children under the Families First Prevention Act.

All judges and court administrators should have access to resources, curriculum and appropriate training expertise—provided by qualified faculty—on the sequential intercept model and its potential use in response to the opioid crisis.

Members of CCJ and COSCA should provide all judges and court personnel who deal directly with individuals with SUD with access to the Medical–Legal Addiction Resource Guide and should support and encourage the use of the Guide in all substance-use-disorder training provided to judges and court personnel.

Chief justices and state court administrators should encourage and support the provision of judicial education within their state on the issues of OUD, the model curriculum, and the use of their state’s faculty/participant in the National Judicial Training Event.

The American Academy of Addiction Psychiatry and members of the Task Force worked together to write and publish this comprehensive **Resource Guide** for judges and court system personnel on the science of addiction, appropriate treatment, and evidence-based approaches to substance use disorders within the context of the justice system.

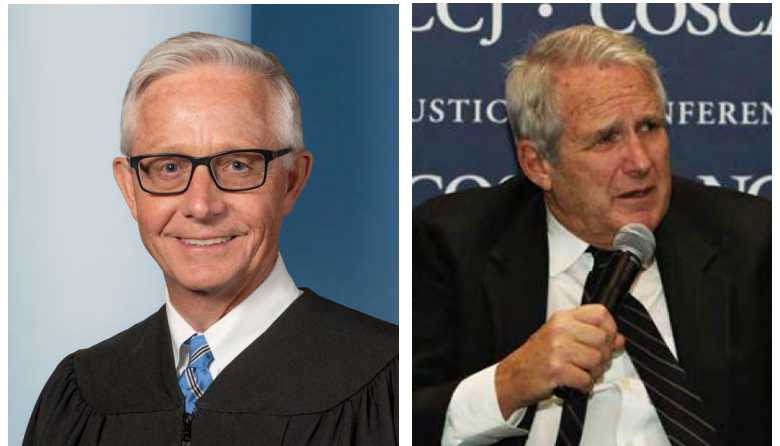


6. Legislation and Funding for Opioid and Other Use Disorders

Funding and sustaining state court programs that address OUD and SUD in the justice system should be a national priority. The most likely point of intersection between a community and an individual with OUD is a state court, and the most frequent referral point for an individual with OUD to treatment is from a state court. Equipping and supporting state courts in this critical role is an essential component of an effective and successful national response.

Despite significant new investments of federal funding in the opioid crisis response by Congress and executive branch agencies, very little has made its way to state courts and the programs they provide. Federal agencies and their funding streams are primarily structured through state-level executive branch agencies.

Even when state judicial branch agencies are technically eligible to receive funding provided by Congress to a state executive branch agency, such distributions are exceptional. In some federal funding programs, federal appropriating language includes a requirement that a percentage of funds available to state courts or requires the inclusion of the state courts as a partner in a comprehensive state response. Given the critical role of state courts in the response to the opioid epidemic, such requirements by Congress and federal agencies should be considered. Further, state legislatures and executive offices must recognize the crucial role of the state judiciary in the state's comprehensive opioid response and provide state courts the resources and funding necessary to deliver successful outcomes.



Iowa Chief Justice Mark Cady, left, and Vermont Chief Justice Paul Reiber, both NJOTF Executive Committee members and current and former CCJ Presidents, advocate for equipping and supporting the state courts as an essential component of an effective national response to America's addiction crisis.

Recommended Actions

Courts should encourage the federal government to provide grants to implement high-speed, wireless Internet access in areas that do not have such technological capabilities.

Courts should support the adoption of the revised Interstate Compact on the Placement of Children and state implementation of the National Electronic Interstate Compact Enterprise system to improve the interstate placement of children.

Courts should encourage the federal government to provide funding to states to facilitate systematic data collection related to the opioid crisis.

Courts should encourage their state child welfare agencies to leverage the opportunities of the Family First Prevention Services Act.

"These efforts provide a hopeful beginning. We are dedicated to building on these successes, learning from our mistakes, and working collaboratively – with our judicial partners; legislative and executive colleagues; and local, state and federal governments – to commit the resources and craft the responses that are required. 'All hands on deck.'"

**Chief Justice Loretta H. Rush, Indiana Supreme Court
Co-Chair National Judicial Opioid Task Force**

Conclusion

The work of the NJOTF was to establish a framework for courts to address the disease of addiction. From seeing a beaming new mother in recovery holding a full-term healthy baby in front of a packed courtroom to a rancher in Montana doing yoga on the top of a pickup truck to being part of a presidential briefing at the White House—these are just a few of the images our Task Force has experienced firsthand.

However, from small towns in West Virginia to urban areas in Los Angeles to suburban affluent neighborhoods, drugs and drug addiction is alive and well in America. Deaths continue to occur at unfathomable rates, with no regard for race, color, economic level, or geographic location. And, in addition to the huge personal cost to American families, the cost to our nation is astronomical—over \$1 trillion and climbing.

Over the past two years, the NJOTF has undertaken an in-depth look at the problems courts and citizens alike are facing and have established a framework for courts to utilize to address the disease of addiction from the judiciary's unique perspective. What has taken almost a decade to truly recognize and comprehend, will certainly take years to understand and overcome. While the NJOTF will complete its work at the end of 2019, we are pleased that new funded initiatives through CCJ and COSCA will continue to build on the work of the Task Force, focusing more specifically on the special impacts of the crisis on children and the intersection between co-occurring mental health and substance use disorder issues.

The judicial leadership on display and the innovative and insightful work taking place in courts across our country in response to the opioid crisis are inspiring. Along with incredible partners from all sectors—legislative and executive branch colleagues, state and federal agencies, medical and treatment professionals, neuroscientists and brain disease specialists, non-profit entities and corporate leaders, and the media—this epidemic will take all of us working together.

The state courts are dedicated to building on our successes, working collaboratively to commit our resources and craft unique solutions that are required to eradicate this national epidemic. We pledge our continued support to work collaboratively to identify the responses within the Judiciary's purview to make our nation, our communities and especially our youngest citizens, safe, healthy and productive.

"Too many people in our criminal justice system are there because of substance abuse disorders. This is undeniable. We know that substance abuse disorders are a major driver in criminal justice spending. We also know that through long-term treatment and therapy, those addicted can lead law-abiding, productive lives."

Ohio Chief Justice Maureen O'Connor

Chief Justice O'Connor hosted the first-ever summit about opioids in the courts in Cincinnati, Ohio in 2016. Under her leadership as then-president of the Conference of Chief Justices the NJOTF was created.

Appendix A - Addiction Resources

CHILDREN AND FAMILIES

“One of the things that hasn’t gotten enough attention is the collateral impact on children and families from the opioid problem. We’ve seen an explosion of child protection cases in our courts.”

Vermont Chief Justice
Paul Reiber
NJOTF Executive
Committee Member
and New England RJOI
Committee Member



The Court's Role in Reshaping the Child Welfare System to Focus on Prevention

Webinar that addresses the role of the judiciary in reshaping the child welfare system and features Jerry Milner and David Kelly from the Children's Bureau of the Administration for Children and Families.



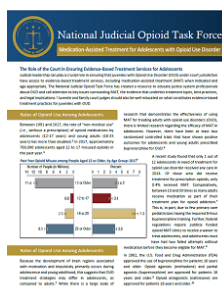
The Court's Role in Reshaping the Child Welfare System to Focus on Prevention

Brief overview of the main points of the above webinar.



Trauma, Substance Use, and Trauma-involved Youth

Raises awareness of the impact the opioid epidemic has on children and families and shares examples of strategies courts have adopted to become more trauma-informed and trauma-responsive to youth and their families.



Medication-assisted Treatment for Adolescents with Opioid Use Disorder

Educates justice system professionals about opioid use disorder, key issues surrounding medication-assisted treatment, the evidence that underlies treatment types, best practices, and legal implications.



Parent Partner Programs – Promising Practice to Keep Families Struggling with Substance Use Disorder Together

Illustrates how some states are using parent partner programs to improve reunification outcomes and foster increased trust and confidence in the child welfare and juvenile court systems.

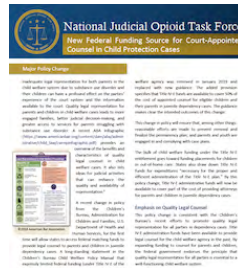
"The Task Force deliverables are reflective of our courts' commitment to best practices of individualized treatment, as opposed to a focus on punishment, in order to help minimize SUD litigants from cycling in and out of our justice system. In so doing, the Task Force has prepared us to better address this epidemic and those we face in the future."

Marcia Meis, Director
Administrative Office
of the Illinois Courts
NJOTF Executive
Committee Member



Treating Pregnant Women with Opioid Use Disorder

Highlights the important, evidence-based practices recommended in the Substance Abuse and Mental Health Services Administration's (SAMHSA) latest and most comprehensive guidance regarding pregnant women with opioid use disorders.



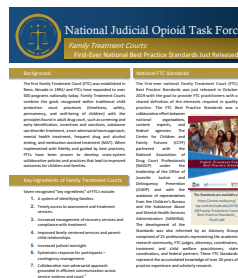
New Federal Funding Source for Court-Appointed Counsel in Child Protection Cases

Announces changes in Title IV-E funding that promotes quality legal representation for parents and children in child welfare dependency cases.



Prenatal Substance Exposure: Improving Outcomes for Women and Infants

Information and guidance regarding how courts can help to improve outcomes for substance exposed infants and their families.



Family Treatment Courts: First-Ever National Best Practice Standards Just Released

Highlights the first national family treatment court standards, released in October 2019.

CIVIL AND CRIMINAL JUSTICE



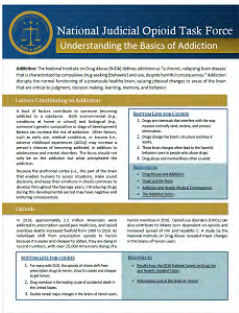
PDMPs and the Courts: Part 1 Webinar

Presentation by Pat Knue of the PDMP Training and Technical Assistance Center and an overview of PDMPs and how they are used in the justice system.



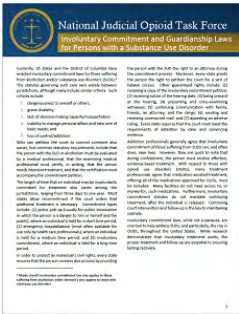
PDMPs and the Courts: Part 2 Webinar

Presentation by Chief Circuit Judge Charles R. Hickman of the 53rd Judicial Circuit of Kentucky and practical information on how the Kentucky Drug Court uses the Kentucky All Schedule Prescription Electronic Reporting System (KASPER).



Understanding the Basics of Addiction

Describes the basics of addiction including contributing factors, treatment, and innovative court programs being used to combat the opioid crisis and what courts should know about addiction.



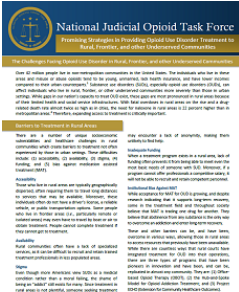
Involuntary Commitment and Guardianship Laws for Persons with a Substance Use Disorder (SUD)

Statutory review and overview that highlights states that have enacted involuntary commitment and guardianship laws for those suffering from alcoholism and/or SUDs.



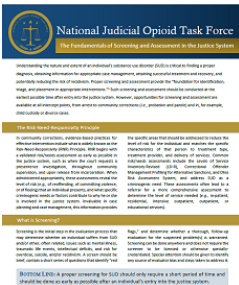
Fentanyl, Carfentanil, and Their Analogs in the Courthouse

Information on fentanyl, carfentanil, and their analogs; what risks they present; and precautionary measures implemented by courts. Available in two formats.



Promising Strategies in Providing Opioid Use Disorder Treatment to Rural, Frontier, and other Underserved Communities

Guide that sets forth the barriers to treatment for opioid use disorders in rural areas and showcases how some states are overcoming those barriers.



The Fundamentals of Screening and Assessment in the Justice System

Delineates the purpose of the substance use disorder screening and assessment and provides available tools and examples of courts that successfully use screening and assessment in their justice systems.

“Judges interact frequently with individuals with substance use disorder who are charged with criminal behavior. To assist judges in this work, the NJOTF created tools with the aim of informing them on topics such as prenatal substance exposure, providing substance use disorder treatment in rural and frontier communities, and the use of prescription drug monitoring programs.”

Nancy Dixon
 Judicial Administrator
 Kansas Judicial Center
 NJOTF Executive
 Committee Member



Can opioids cause someone to overdose?
 Yes. Opioids are powerful painkillers. When taken as directed, they can help relieve pain. However, if someone takes too much, or someone else takes their medicine, it can lead to overdose. Overdose can happen even if someone has never taken opioids before. Symptoms include: slowed or stopped breathing, loss of consciousness, and unresponsiveness. If you suspect someone is overdosing, call 911 immediately.

What are the signs of an opioid overdose?
 The signs of an opioid overdose include: slowed or stopped breathing, loss of consciousness, and unresponsiveness. Other signs include: pinpoint pupils, blue lips and fingernails, and cold, clammy skin.

What should I do if I suspect someone is overdosing?
 Call 911 immediately. If you are alone with someone who is overdosing, you can provide first aid. Lay the person on their side. If you have a naloxone kit, use it. Naloxone is a medicine that can reverse the effects of an opioid overdose. It is available in many forms, including nasal sprays, injectable solutions, and oral tablets.

How is naloxone used?
 Naloxone is a medicine that can reverse the effects of an opioid overdose. It is available in many forms, including nasal sprays, injectable solutions, and oral tablets. It is used by injecting it into the person's muscle or by spraying it into their nostrils.

What are the risks of using naloxone?
 Naloxone is a safe medicine. It does not cause any harm. However, it can cause some side effects, such as dizziness, headache, and nausea. These side effects are usually mild and go away on their own.

How is naloxone stored?
 Naloxone should be stored in a cool, dry place. It should be kept away from heat and light. It should also be kept out of the reach of children.

What should I do if I have a naloxone kit?
 If you have a naloxone kit, you should keep it in a safe place. You should also make sure that you know how to use it. You should also make sure that you have a naloxone kit with you at all times.



Advantages of a Multidisciplinary Team (MDT)
 A multidisciplinary team (MDT) is a group of professionals from different disciplines who work together to address a complex problem. In the context of substance use disorders, an MDT might include judges, lawyers, social workers, counselors, and medical professionals. The advantages of an MDT include: improved communication and collaboration, increased efficiency, and better outcomes for clients.

How is a Multidisciplinary Team (MDT) formed?
 An MDT is formed by bringing together professionals from different disciplines who have expertise in the area of the problem. The team is usually formed through a process of consultation and collaboration. The team members are usually brought together through a process of consultation and collaboration.

What are the roles of the team members?
 The roles of the team members are defined by their professional disciplines. For example, a judge's role is to preside over the court and make legal decisions. A lawyer's role is to provide legal advice and represent clients. A social worker's role is to provide support and counseling to clients. A counselor's role is to provide therapy and help clients develop coping strategies. A medical professional's role is to provide medical care and treatment for clients.

How is the team coordinated?
 The team is coordinated through a process of communication and collaboration. The team members meet regularly to discuss the case and make decisions. They also communicate with each other through various channels, such as email, phone, and in-person meetings.

What are the benefits of an MDT?
 The benefits of an MDT include: improved communication and collaboration, increased efficiency, and better outcomes for clients. An MDT can help to address the complex needs of clients and provide a more holistic approach to care.

Naloxone Use in the Courthouse – A Judicial Bench Card

Sets forth the signs of overdose, what to do if one occurs, how naloxone can be used to reverse the toxic effects of an overdose, and suggestions for a naloxone policy.

Judicial Leadership in Creating and Leading a Multidisciplinary Team to Address Substance Use Disorders

Delineates how judges can bring together otherwise disconnected stakeholders to form partnerships through multidisciplinary teams (MDTs) that work to achieve successful outcomes.

COLLABORATION AND EDUCATION



Notice: This document is designed and recommended for use in jurisdictions where state court judges regularly have jurisdiction over adult drug court programs. It is not intended to be used in jurisdictions where state court judges do not have jurisdiction over adult drug court programs. It is not intended to be used in jurisdictions where state court judges do not have jurisdiction over adult drug court programs.

Notice: This document is designed to allow for the transfer of a defendant from state court to tribal court. It is not intended to be used in jurisdictions where state court judges do not have jurisdiction over adult drug court programs. It is not intended to be used in jurisdictions where state court judges do not have jurisdiction over adult drug court programs.

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Sample Court Transfer Agreement – State and Tribal Courts

For use in jurisdictions where state court judges—especially those who preside over adult drug court programs—operate in proximity to the location of a Tribal Healing to Wellness Court.



Introduction
 The purpose of this document is to provide information to judges about tribal culture and customs. It is intended to help judges understand the needs of American Indian/Alaska Native (AI/AN) communities and provide a more holistic approach to the justice system.

Background
 Tribal culture and customs are an integral part of AI/AN communities. Understanding these cultures is essential for providing effective justice services. This document provides information on tribal history, governance, and customs.

Key Concepts
 Key concepts include: tribal sovereignty, tribal self-governance, and tribal justice systems. Tribal sovereignty is the right of a tribe to govern itself. Tribal self-governance is the ability of a tribe to manage its own affairs. Tribal justice systems are the legal systems of a tribe.

Best Practices
 Best practices include: building relationships with tribal leaders, providing cultural training for judges, and incorporating tribal perspectives into the justice system. Building relationships with tribal leaders is essential for understanding tribal culture and customs. Providing cultural training for judges helps them understand the needs of AI/AN communities. Incorporating tribal perspectives into the justice system helps provide a more holistic approach to justice.

Tribal Cultural Competency Information for Judges

Provides basic information for state judges and court employees who interact with members of American Indian/Alaska Native (AI/AN) communities in their courts.



Introduction
 This document provides information on how state and tribal courts can collaborate to address the opioid crisis. It discusses the importance of tribal-state court forums and provides best practices for their implementation.

Background
 The opioid crisis is a major public health problem in the United States. It has led to a significant increase in overdose deaths. Addressing this crisis requires a coordinated effort between state and tribal courts.

Key Concepts
 Key concepts include: tribal-state court forums, collaboration, and best practices. Tribal-state court forums are a way for state and tribal courts to work together. Collaboration is essential for addressing the opioid crisis. Best practices include: building relationships, providing training, and incorporating tribal perspectives.

Best Practices
 Best practices include: building relationships with tribal leaders, providing training for judges, and incorporating tribal perspectives into the justice system. Building relationships with tribal leaders is essential for understanding tribal culture and customs. Providing training for judges helps them understand the needs of AI/AN communities. Incorporating tribal perspectives into the justice system helps provide a more holistic approach to justice.

Tribal-State Court Forums: Addressing the Opioid Crisis

Demonstrates how state and tribal courts can collaborate with respect to the opioid crisis.



Sample Court Transfer Agreement – State and Federal Courts

Recommended for use in jurisdictions where state court judges—especially those who preside over adult drug court programs—operate in proximity to the location of a federal district court.



Words Matter – Judicial Language and Substance Use Disorders

Research-based recommendations of specific language and phrases that judges can use to effectively communicate with individuals with substance use disorders.



Creating a Local or Regional Judicial Opioid Task Force

Outlines how to start a regional or local judicial opioid task force.



SUD Dictionary for State Courts

Helpful resource for judges and court staff who are involved with issues of substance use disorders and who may benefit from a better understanding of the technical terms, acronyms, and references used by medical and treatment professionals.



The Court's Role in Combating the Opioid Crisis: Using the Sequential Intercept Model (SIM) as a Place to Start

Demonstrates how the SIM can be used as a foundational framework toward the goal of improved outcomes for people with opioid use disorders.



Addressing the Larger Mental Health Context of Opioid Use and Misuse: Suicide and the Opioid Epidemic

Information on the link between suicide and OUD and SUD, and actions courts can take to address the risks.

"The NJOTF resources are educational materials to provide judges an additional tool in their tool belt to help combat not only the opioid epidemic but any drug addiction they may encounter from the bench."

Corey Steel
Nebraska State Court
Administrator
NJOTF Executive
Committee Member

Appendix B

NATIONAL JUDICIAL OPIOID TASK FORCE OUTREACH ACTIVITIES

Conference of Chief Justices	Henderson, NV	January 28, 2018
NCSC Pre Trial Summit	Indianapolis, IN	May 4, 2018
LSC Opioid Summit	Washington, DC	June 13, 2018
White House Office of Intergovernmental Affairs	Washington, DC	September 28, 2018
National Alliance for Recovery Residences	St. Louis, MO	October 9, 2018
Conference of State Court Administrators	Las Vegas, NV	December 8, 2018
Purdue University Opioid Conference	West Lafayette, IN	January 18, 2019
National Council of Juvenile and Family Court Judges	Pittsburgh, PA	January 23-24, 2019
Conference of Chief Justices	Clearwater, FL	February 11, 2019
National Association of Court Management	Little Rock, AR	February 12, 2019
Legal Services Corporation Opioid Task Force	Louisville, KY	February 13, 2019
National Association of Attorneys General	Washington, DC	March 5, 2019
Association of Administrators of ICPC	Indianapolis, IN	April 30, 2019
National Courts and Sciences Institute	Omaha, NE	June 6, 2019
Loyola Law School for Journalists	Los Angeles, CA	June 7, 2019
National Council of State Legislators Opioid Policy	Denver, CO	June 24, 2019
National Association of Drug Court Professionals	Baltimore, MD	July 15, 2019
National Association of Women Judges	Washington, DC	July 16, 2019
National Association of Court Management	Las Vegas, NV	July 22, 2019
Conferences of Chief Justices and Court Administrators	Asheville, NC	July 30, 2019
NCJFCJ	Orlando, FL	July 30, 2019
Conference of Court Public Information Officers	Cleveland, OH	August 7, 2019
American Bar Association	San Francisco, CA	August 9, 2019
Association of Presiding Judges and Administrators	Minneapolis, MN	August 20, 2019
SAMSHA GAINS Center	Webinar	September 9, 2019
American Judges Association	Chicago, IL	September 17, 2019
Problem Solving Courts Summit	Denver, CO	October 1, 2019
American Health Lawyers Association	National Webinar	October 10, 2019
National Association of State Judicial Educators	Denver, CO	October 19, 2019
CCJ/COSCA 2019 Mid-West Region Summit	Deadwood, SC	October 23, 2019
Georgetown Law School Opioid Panel	Washington, DC	October 30, 2019
COSCA HR Summit	Phoenix, AZ	November 8, 2019
National Conference of Probate Judges	Philadelphia, PA	November 14, 2019
Justice Roundtable	Washington, DC	November 21, 2019
U.S. Office of National Drug Control Policy	Knoxville, TN	December 10, 2019

NATIONAL JUDICIAL OPIOID TASK FORCE MEETINGS AND SPONSORED EVENTS

NJOTF Organizational Meeting	Arlington, VA	November 13, 2017
First Meeting of the Full Task Force	Henderson, NV	January 27, 2018
Second Meeting of the Full Task Force	Indianapolis, IN	June 4-5, 2018
National Judicial Training Conference	Reno, NV	November 11-13, 2019
National Press Club Event	Washington, DC	November 20, 2019

Endnotes

¹ The State Justice Institute was established by federal law in 1984 to award grants to improve the quality of justice in state courts and foster innovative, efficient solutions to common issues faced by all courts. To learn more, log on to www.sji.gov.

² The National Center for State Courts promotes the rule of law and improves the administration of justice in state courts and courts around the world. To learn more, log on to www.ncsc.org.

³ Committee on Medication-Assisted Treatment for Opioid Use Disorder, National Academy of Sciences, *Medications for Opioid Use Disorder Save Lives*, ed. Alan I. Leshner and Michelle Mancher (Washington, DC: National Academies Press, 2019), pg. 34.

⁴ National Governors Association, National League of Cities, National Association of Counties, President's Commission on the Opioid Crisis, American Correctional Association, American Society of Addiction Medicine and National Commission on Correctional Health Care.

⁵ *Id.*

⁶ Some states include Alaska, Georgia, Minnesota, Indiana, Montana, and New Hampshire. See <https://aspe.hhs.gov/system/files/pdf/258836/SubstanceUseChildWelfareOverview.pdf>

⁷ National experts and the federal government have noted that the opioid epidemic has sparked a dramatic increase in methamphetamine use. See for example, www.dea.gov/stories/2019/07/10/methamphetamine-seizures-continue-climb-midwest.

⁸ K. Murphy, M. Becker, J. Locke, C. Kelleher, J. McLeod, and F. Isasi. *Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States* (Washington, D.C.: National Governors Association Center for Best Practices, July 2016).

⁹ These specialty courts focus on adult and juvenile drug and alcohol offenders, veterans, families, and those with mental health conditions.

¹⁰ Methadone alleviates the pain associated with opioid withdrawal and blocks the effects of opioids. Offered in pill, liquid, and wafer forms, it can only be dispensed through a certified, SAMHSA opioid treatment program or clinic. Naltrexone blocks the euphoria and sedation caused by opioids and reduces opioid cravings. Offered in pill form or via injection, it can be prescribed and dispensed by service professionals who are licensed to prescribe or dispense medications." Buprenorphine produces similar effects as opioids, but the dose is titrated until the person with OUD is at a safe maintenance level.

¹¹ Buprenorphine is offered as a film to be placed under one's tongue, as a skin patch, by injection, or as an implant.

¹² OBOT, according to the American Society of Addiction Medicine, refers to all types of opioid agonists (i.e., drugs that activate receptors in the brain, as opposed to antagonists, which are drugs that block the effects of an opioid in the brain) "that seek to integrate the treatment of opioid addiction into the medical and psychiatric care" of a person, treating OUD as a "chronic medication condition," not unlike diabetes or heart disease.

¹³ All courts should require the collection of data and the implementation of a scientific evaluation for all programs and policy responses in support of developing "programs that work" and ensuring the best use of limited time and financial resources to produce positive, long-term outcomes.

¹⁴ Drug courts, for example, help individuals achieve and maintain sobriety through targeted services such as individual or group therapy, and offer ancillary programs to help the person get his or her life on track.

¹⁵ In Buffalo, New York, Judge Craig Hannah began the Opioid Crisis Intervention Court solely to address the needs of those who came before him who suffer from OUD. In the Opioid Court, after arrest, defendants are evaluated by medical professionals who confer with the district attorney to determine eligibility for the program. If eligible, they are immediately sent to detox and placed into treatment, where the defendants must abide by the strict program rules for at least 30 days, at which point they are transitioned into the regular drug court.

¹⁶ It is important that judges understand that addiction is "a chronic, relapsing brain disease" and not the result of a lack of strong will. A host of factors contribute to someone becoming addicted to a substance, but the bottom line is that it 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.

Acknowledgments

The National Judicial Opioid Task Force is a creation of the Conference of Chief Justices and the Conference of State Court Administrators. Primary support for the Task Force was provided by the National Center for State Courts and was funded by the generous support of the State Justice Institute.

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Conference of Chief Justices
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ISBN 978-0-89656-315-5

This project was supported by a series of grants from the State Justice Institute (SJI).
Points of view or opinions in this document are those of the authors and do not necessarily reflect
the official position or policies of the State Justice Institute.



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