

# MEDICATION-ASSISTED TREATMENT IN TREATMENT COURTS

*The United States is facing an unprecedented opioid crisis. Today, more Americans will die from a drug overdose than a car accident. But there is hope: research has shown that the use of medication in coordination with substance use disorder treatment can save lives.*



What is medication-assisted treatment (MAT)? Why should your treatment court ensure access to MAT? What does the research say about its effectiveness? This one-day, skill-building training will answer all of these questions and more. In addition, NDCI will help your treatment court team develop an action plan and assist you in the implementation process.

## MODULE 1 - WHY MEDICATION-ASSISTED TREATMENT?

*Learn which medications are FDA-approved and what scientific research says about their effectiveness.*

## MODULE 2 - PRESENTATION FOR STATE OFFICIALS

*Learn about the availability of treatment, prescribers and funding in your state.*

## MODULE 3 - INTERPRETATION OF DRUG TESTING RESULTS IN MAT

*Learn how these medications affect drug testing results and how to prevent 'false positives.'*

## MODULE 4 - DRUG COURTS AND MAT: THE LEGAL LANDSCAPE

*Learn about the legal ramifications of blanket MAT prohibition and how to best use MAT resources from NDCI.*

## MODULE 5 - ADAPTING YOUR COURT STRUCTURE

*Learn how to modify your program operations to address the unique needs of participants using MAT.*

## MODULE 6 - WRAP-UP

*Develop an action plan to implement MAT in your program and discuss strategies with other teams.*



### Drug Court Practitioner Fact Sheet

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#### Medication-Assisted Treatment for Opioid Use Disorders in Drug Courts

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##### Ensuring the Safe, Effective, and Responsible Use of Addiction Medications for Drug Court Participants

A substantial proportion of adult drug court participants have a moderate to severe opioid use disorder. In a 2014 survey of all state and territorial drug court coordinators in the United States, opioids were ranked as the primary substance of abuse in approximately 20% of adult urban drug courts and in just over 30% of rural and suburban drug courts (Markovits, Hardin, & Fox, 2016). In a 2013 online survey of more than 100 drug courts in 47 U.S. states and territories, nearly half (48%) of the drug courts reported that more than 20% of their participants were dependent on opioids, and an additional 20% of drug courts reported that between 10% and 20% of their participants were dependent on opioids (Matusow et al., 2013).

Three generic medications have been approved by the U.S. Food and Drug Administration (FDA) to treat opioid use disorders by reducing the reinforcing effects of unabsorbed opioids: methadone, buprenorphine, and naltrexone. Despite substantial scientific evidence supporting their effectiveness in criminal justice populations (reviewed later), a recent national online survey found that only 36% of drug courts offered any of these medications in their programs, and 30% had blanket prohibitions against the use of buprenorphine or methadone (Matusow et al., 2013).

Underutilization of medication-assisted treatment (MAT) is not limited to drug courts, however. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), in 2013 only about 13% of outpatient substance use disorder treatment programs in the United States offered methadone maintenance, buprenorphine maintenance, or extended-release naltrexone. Moreover, a 2007 study of 134 community corrections agencies reported that a mere 17% of probation and parole programs offered methadone, and only 1.4% offered other medications for the



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