



Opioids and the Courts News: April 17, 2018

National

[Anguished Families Shoulder The Biggest Burdens Of Opioid Addiction](#)

NPR

Last August, Destini Johnson practically danced out of jail, after landing there for two months on drug charges. She bubbled with excitement about her new freedom and returning home to her parents in Muncie, Ind. She even talked about plans to find a job.

Eight months later, Johnson, 27, lay in a coma, silent except for the beeping of machines. She looked small and pale, buried in a tangle of hospital bedsheets and tubes, after suffering a dozen or so strokes as a result of her latest opioid overdose.

Her mother, Katiena Johnson, kept vigil at the intensive care unit at Ball Memorial Hospital in Muncie every day, fretting not only about whether her daughter would live, or how much brain damage she'd suffered, but also how to pay for the myriad costs resulting from the latest harrowing chapter of Destini's opioid addiction. Katiena Johnson says her daughter is regaining consciousness and is out of the ICU.

"Her troubles just kept piling on top of one and the other and the other and the other," she says. "They just bury [themselves] deeper and deeper in cost after cost after cost, of court costs and everything else."

National/North Carolina

['Imagine that entire crowd at a Wolfpack game deceased.' Jeff Sessions says opioid deaths would fill a stadium.](#)

News & Observer

U.S. Attorney General Jeff Sessions offered a somber idea to illustrate just how many people die from opioid abuse in this country.

In Raleigh on Tuesday afternoon to meet with law enforcement and federal prosecutors in North Carolina, Sessions laid out some of the ideas the Trump administration has for battling a crisis with opioids that he said left 64,000 dead in this country in 2016.

"If you take 64,000, that's more than enough to fill up Carter-Finley stadium," Sessions said, making note of the nearly 57,600 seats for the Wolfpack football stadium. "Imagine that entire crowd at a Wolfpack game deceased as a result of overdoses in one year."

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Chief Justice Mark Martin and Justice Paul Newby, the two Republicans on the state Supreme Court, attended Sessions' speech in Raleigh.



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Georgia

[Special Report: Opioid crisis leading to more children in GA foster care](#)

WTXL ABC 27

Judge Lisa Jones presides over the Southwestern Judicial Circuit's juvenile court. It serves six counties including Lee, Macon, Sumter, Webster, Stewart and Schley.

Jones said she has also seen the increase in the number of children taken from their parents' care because of opioids.

"I don't know the exact percentage, but I know that we're overwhelmed, and I'm sure that the other circuits around here are too," Jones explained.

Both Ludlam and Jones said they believe awareness is the first step to stopping the opioid crisis and its effects on innocent children.

"This affects everyone," Jones said. "It's not just something you see in crime-ridden areas. This is a problem for all of us."

"Children have no regard of what adults are doing at times," said Ludlam. "Children are so innocent and they definitely need to be loved."

Illinois

[Lake County Jail, courts advance use of new addiction treatment program](#)

Chicago Tribune

The county began looking into using Vivitrol in 2017 after Coroner Merrilee Frey pushed for the County Council to adopt the prescription for action plan to help fight the opioid epidemic.

"It's really making a difference in people's lives," Judge Julie Cantrell said.

Cantrell said she's seen cases involving alcoholism and addiction in her court and the treatment program could work for many of those defendants.

"If we don't do something, it's going to overrun us," Cantrell said.



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Minnesota

[First, Do NO Harm: The Intersection of Opioids and the Courts](#)

Minnesota County Attorneys Association

KEY QUESTIONS FOR COURTS

Some of the questions and responses that Dr. Seppala believes probation agents and judges should ask in formulating helpful pretrial release conditions is as follows:

1. “Do you use opioids daily?” They will either tell us the whole story or not. We are not going to find out if they refuse to tell us, unless there is clear evidence related to the reason they are in court. If they are not daily users, the risk of loss of tolerance is not a consideration. They could still overdose by using an excessive amount, but not because they have lost tolerance to the amount they are usually using. Our primary goal is twofold: to prevent the risk of overdose in those who have been off opioids long enough to have lost their tolerance to the effects of the drug, and to initiate addiction treatment.
2. “Do you need more now than you did a few weeks ago to get the same high?” This establishes if they have increased tolerance, revealing an increased risk of overdose after a period of abstinence.
3. “Have you experienced opioid withdrawal when you’ve suddenly stopped opioids?” The symptoms include diarrhea, nausea, vomiting, gooseflesh, anxiety, and insomnia. This provides a sense of the severity and regularity of use, also helping establish risk of overdose upon return to use.
4. “Have you ever overdosed on opioids?” This is a predictor of future overdoses.
5. “When was your last use of opioids?” If they have not used for over a week, they have been experiencing significant withdrawal and a slight reduction in tolerance, adding to the risk of overdose upon return to use. Past the two-week mark they have lost more, if not most, of their tolerance and are at a high risk of overdose upon returning to the same doses they were using prior to stopping.
6. “Would you like to continue to use opioids or would you like to stop?” This helps determine motivation and the type of resources to consider. For those who have no interest in stopping, the use of Buprenorphine to limit withdrawal and prevent use could still be in order, but probably not an unstructured treatment program. For those who want to stop, a formal treatment program with medications would be an option either at the time or at a later date. Use of a drug court for either group would be ideal. Even those who do not want to stop can come around with a period of abstinence and are greatly helped by drug courts.



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7. “Have you ever used Buprenorphine, either by prescription or on the street?” This will help in gauging their knowledge base as well as their interest in stopping. And understanding their own experience with this medication would help in decision-making related to their situation.

It is my hope that following these protocols will be helpful for judges and probation agents as they consider pretrial release conditions for individuals appearing before the courts who are using opioids.

New York

[Justice Brian D. Burns: Drug Treatment Courts in Otsego County -- and Dublin, Ireland](#)

NY Courts Amici Podcast

Judge Burns, who opened one of the first family drug treatment courts in the state in 2001, recently traveled to Dublin, Ireland as a Fulbright Specialist to attend and speak at a seminar entitled, "Social Justice: The Use of Drug Treatment Courts as a Judicial Response to the Opioid Crisis."

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John Caher: Let me take a step back if I could. We all know that we, the state, the country, maybe the world, is dealing with a severe opioid crisis. Is dealing with an opioid addict different from dealing with a cocaine addict from a drug court standpoint, or is it the same thing?

Judge Burns: It's different. The lethality of an overdose is so much more of a significant concern with an opioid addict. Certainly, you can die of cocaine overdose, but you don't read about 60,000 Americans a year dying of cocaine overdoses.

North Carolina

[Learning How To Live: Buncombe County Drug Court Program Can Be Tougher Than Prison](#)

BPR / Blue Ridge Public Radio

Buncombe County Superior Court Judge Alan Thornburg is the ruling judge of drug court. He says each person who goes through it is treated as an individual, not a case number. Like any situation where you get to know someone and what makes them tick, he says it takes time. A long time. “If they show up when they’re supposed to show up – whether that be to treatment or to test or supervision or to community service – that’s a victory. We’re trying to change their way of life. And a 90-day program is not always enough.”



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Thornburg says the long-term behavior-changing approach is what makes drug court so tough for those who go through it. “Well...you have to want this. For some folks, the easy way out is take your punishment. Do your time.”

Thornburg says that’s also largely been the mentality of the criminal justice system in the United States. “We know from the numbers that more often than not if people take that route, they will come back into the system.”

Ohio

[The Opioid Epidemic Has Made Some Courts Into A New Kind Of Clinic](#)

IdeaStream / WVIZ

Judges from Lake County to Geauga to Ashtabula send defendants from their courtrooms to Dennis Michelson for a pre-sentencing evaluation. It’s his job to determine whether they’re a good candidate for drug treatment. And, to answer that question, Michelson starts with one of his own.

“Let’s say you come in to see me,” said Michelson, during an interview at his office in Chardon. “You’re expecting me to hammer you – how could you rob your mother, this that and the other. No, it’s going, ‘Well, what do you want to do in life?’”

Their ability to answer that question, he says, tells him whether they have a shot at recovery.

As the opioid epidemic has spread throughout Northeast Ohio, the criminal justice system has searched for alternatives to punishing offenders.

Washington

[Judge OKs state's suit against opioid maker](#)

Seattle Post Intelligencer

A King County Superior Court judge has rejected an opioid manufacturer's bid to dismiss a lawsuit filed by the state of Washington, which accuses Purdue Pharma of fueling the drug epidemic in Washington with a massive marketing campaign.

Judge Catherine Moore denied Purdue's motion to dismiss the state's lawsuit. Purdue has lost similar motions in South Carolina and Oklahoma.