



# Opioids and the Courts News: Feb. 28, 2018

## State of the Judiciary Addresses

### [Georgia Chief Justice P. Harris Hines](#)

The increase in the number of children in foster care has been fueled in part by illegal drug usage, including illicit use of opioids. Nationally, the number of children in foster care has tripled since 2012.

### [Maine Chief Justice Leigh I. Saufley](#)

#### **OPIOID CRISIS**

I move now to a topic that cannot wait—the Opioid Addiction Crisis.

My focus is necessarily on the ways that the courts can address the challenges, but the crisis is affecting every aspect of life in Maine and across the country.

The statistics gathered by the Attorney General's Office, the Department of Public Safety, the Department of Health and Human Services, and national organizations tell a heartbreaking story.

This crisis affects our families:

- For context, in 2011, 522 child protection petitions were filed by the Department of Health and Human Services in Maine courts.
  - ✦ By 2015 that number had almost doubled, rising to 1002 petitions, and in 2017 there were 937 new petitions filed.
- In Federal Fiscal Year 2016, Maine ranked **sixth** in the nation for cases in which drug or alcohol use was indicated as a contributing factor for the removal of children from their parents—55% of the cases, and that rose to 60% last year.
- In 2017, 14,000 Mainers between the ages of 16 and 24 were neither in school nor working.

It affects our criminal justice system:

- The Department of Public Safety and the DEA in Maine report that they intercepted literally *millions* of doses of heroin and fentanyl in 2017.
- Notwithstanding those interceptions, and even though criminal case filings continue to drop slightly each year, judges, prosecutors, and the defense bar all report that the amount of substance abuse and mental illness involved in criminal charges is expanding every year.
- Drug Courts are helping, but the numbers are small.



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- In 2017, 254 people participated in Adult Drug Courts. ○ 51 people in 2017 successfully graduated from a Drug Court.
- And the most recent evaluation of the Adult Drug Courts, from a Report in 2016, indicated a recidivism rate of 16%. That's a very hopeful statistic.
- But the Drug Courts do not currently reach enough people, and the success rates remain challenging.
  - ✦ Of the 254 people participating in Drug Courts last year, 45 defendants, almost 20%, had to be terminated from the program before the year was over, and
  - ✦ By the end of 2017, there were only 142 active Drug Court participants. There were 19 defendants in the Co-Occurring Disorders Court, and 12 in the Veterans Court.

But the crisis is affecting our communities in much larger numbers:

- The Attorney General reports that, in 2017, there were 418 drug-induced deaths in Maine. That is an 11% increase over 2016.
- Although 12% of the deaths were understood to be suicides, 87% were accidental overdose deaths.
- The same report indicates that 85% of the 418 deaths were caused by at least one opioid, with fentanyl causing 58% of the deaths from overdose.
- On average, one person dies every 21 hours from a drug overdose in Maine.
- Overdose fatalities have now far outstripped traffic fatalities.
- In 2017, 2,503 doses of Narcan were administered by EMTs in Maine.
- And 952 drug-affected babies were born in Maine.

OK, enough of the numbers.

They can become mind-numbing and depersonalizing.

The stark reality is:

People are dying; families are hurting; communities feel helpless.

We know that we are not alone—this is happening in many other states.

But we should not sugar-coat it. What we—in government—are doing

**IS NOT ENOUGH.**

We have to try harder.



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We need to match our own sense of urgency with rapid access to treatment and seriously comprehensive follow-up.

Today, for court-based responses, I recommend a two-fold approach:

First, we must expand the number of communities where fully resourced Drug Court and Veterans Programs are available.

And second, we should create an alternative to traditional Drug Courts to determine whether an expanded, comprehensive approach will be more successful.

I am therefore recommending a pilot project for a full Wrap-Around Drug Court.

This would be a first-of-its-kind in Maine project. It would include immediate and extensive access to addiction treatment, mental health treatment, comprehensive case management, testing, sober housing, job training, employment assistance, transportation, family-related services, and long-term follow-up.

If we are able to fund this project, it must include thorough evaluations and rigorous application of nationally recognized best practices.

Fairly quickly, we will learn whether a more comprehensive approach to addiction recovery yields better outcomes.

It will not be inexpensive, but the long-term consequences of failing to find an answer to this crisis are beyond measuring.

Governor LePage has given his preliminary support for the Wrap-Around Drug Court pilot project, and I hope that you will all work together to find the funding to move us in the right direction.

To be clear, no statutory changes are needed to accomplish either of these goals, and the Judicial Branch does not need additional funding to expand Drug Courts or manage a new wrap-around pilot project.

As long as all of the trial court judicial positions are filled, the Judicial Branch has sufficient resources. And Justice Nancy Mills, the Chair of the Drug Court Steering Committee, stands ready to provide oversight and management for any expansions or innovations in the Drug Courts.



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However, significant resources *are* needed in the communities for treatment, case management, testing, and all of the needed services.

That is where your focus and funding efforts should go.

Please—help us expand our response to this heartbreaking crisis.

## National

### [Buffalo's Opioid Court Hopes to Show New Path in Addiction Fight](#)

NBC Nightly News

The court is the nation's first opioid crisis intervention court. Unlike typical drug courts, the program gets users into treatment within hours — not weeks — of their arrest.

## National/Minnesota

### [The Week in Public Finance: How One County Put a Number on the Opioid Crisis](#)

Governing

One of the most dramatic examples of this is the changes to the county's budget for child protection. The \$122 million Hennepin County spent in 2016 is double what it was just eight years before. In a single year, reports of child abuse doubled from 11,000 to 22,000. The county has also seen a 70 percent increase in foster care placements in two years. Nine in 10 of those placements are for children under the age of five who have a parent abusing drugs. Last year, those placements cost the county \$50 million.

## Minnesota

### [On front lines of opioid abuse, Minn. Judicial Council signs off on new tribal drug court](#)

Duluth News Tribune

Within 48 hours this past December, White Earth Nation was hit with seven drug overdoses. In the months following, a joint drug court program has received approval from the Minnesota Judicial Council to combat what the tribal government calls an urgent public health crisis.

"There is no question that our region is on the front lines of our nation's battle against the abuse of opioids and other drugs," state Ninth Judicial District Judge Anne M. Rasmusson said in a press release Thursday, Feb. 22.

## Ohio

### [Ohio Team Addressing Opioid Epidemic Continues Work](#)

Ohio Court News



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The Ohio team within a regional group addressing the opioid crisis met last week to identify state programs that target the crisis and gaps where more help may be needed.

The gathering included 19 state and local organizations and a national partner that together form Ohio's team in the eight-state Regional Judicial Opioid Initiative (RJOI).

Ohio participants are considering several priority areas as they move forward, including continued enhancements and access to Ohio's prescription drug monitoring program (called OARRS) for courts with specialized dockets, treatment access using teleservices, infants with prenatal substance exposure, naloxone access and distribution, and stigma