

Opioid-Related News and the Courts

Weekly Review

December 30, 2022



National

[Deadly fentanyl hybrids and substitutes could fuel 2023's opioid crisis](#)

The Hill

As 2022 comes to a close, the U.S. opioid crisis — now more than two decades old — rages on.

According to the U.S. Centers for Disease Control and Prevention, more than 108,000 Americans died from drug overdoses in the last 12 months, the highest on record, and many more remain caught in the throes of addiction. While there have been some bright spots along the way — the number of drug overdose deaths slowed compared to prior years, more healthcare providers are prescribing medically-assisted treatment than ever before, and the opioid-reversing drug naloxone is becoming more mainstream — new challenges await.

The drug trade continues to evolve, and the U.S. must continue to evolve with it. Fentanyl, a synthetic opioid more than 50 times more powerful than heroin, remains the key driver of the drug crisis, continuing its devastating romp through communities across the country, and is increasingly found mixed with other illicit substances, including heroin, cocaine and methamphetamine. While chronic drug users initially shied away from fentanyl due to the short-lasting “high” and risk of overdose, many now purposefully seek it out after building up a tolerance to the powerful narcotic.

National

[There May Not Be a Tomorrow: Immediacy, Motivational Interviewing, and Opioid Intervention Courts](#)

Federal Probation

1. Motivational Interviewing fits. It is an EBP for OUDs that is well-suited for brief interventions—even single sessions or within compressed time frames
2. The nagging question of critical immediacy for OIC first contacts: Can you ruin motivation in three minutes?
3. Conventional treatment or Motivational Interviewing (MI) in compressed time frames?
4. Even when actively offering MOUD, there is no guarantee. MOUD needs MI.

5. MI can stand the heat. It has effective methods for individuals with OUD who present as resistant to treatment.
6. MI has been effectively trained to Peer Support providers and is used to empower peer assistance.
7. The use of MI doubles the effect size with minority populations.
8. MI is learnable and has a multi-modal training capacity for OICs.
9. MI complements other evidence-based practices a treatment court may be using.

National

[“I was 15 when I started doing drugs with my dad:” Victimization, Social Determinants of Health, and Criminogenic Risk Among Women Opioid Intervention Court Participants](#)

Journal of Interpersonal Violence

We recruited women from the first national Opioid Intervention Court, a fast-track SUD treatment response to rapidly increasing overdose deaths. ...Six primary themes emerged: child or adolescent abuse as triggers for drug use; impact of combined child or adolescent abuse with loss or witnessing abuse; adult abduction or assault; trajectory from lifetime abuse, substance use, and criminal and antisocial behaviors to sobriety; role of friends and family support in recovery; and role of treatment and opioid court in recovery, which we related to [social determinants of health], gender-based criminogenic factors, and public health. These experiences put participants at risk of further physical and mental health disorders yet indicate potential strategies. Findings support future studies examining strategies where courts and health systems could collaboratively address SDH with women Opioid Intervention Court participants.

National

[Barriers to drug treatment in police diversion programs and drug courts: A qualitative analysis.](#)

American Journal of Orthopsychiatry

This article explores barriers in linking people who use drugs (PWUD) into drug treatment facilities in urban, suburban, and rural areas of Connecticut, Kentucky, and Wisconsin. Between December 2018 and March 2020, study teams in the three states conducted in-depth, semistructured interviews with key informants involved in programs to divert PWUD from criminal justice involvement including police, lawyers, judges, and others who work in drug treatment courts, and substance use disorder treatment providers who received referrals from and worked with police diversion programs or drug courts. Police diversion programs and drug treatment courts showed intraprogram variation in the structure of their programs in the three states and in different counties within the states. Structural barriers to successfully linking PWUD to treatment included a lack of resources, for example, a limited number of treatment

facilities available, difficulties in funding mandated treatment, particularly in Wisconsin where Medicaid expansion has not occurred, and PWUDs' need for additional services such as housing. Many police officers, judges, and others within drug treatment court, including drug treatment specialists, hold stigmatizing attitudes toward medications to treat opioid use disorder (MOUD) and are unlikely to recommend or actively refer to MOUD treatment. Drug courts and police diversion programs offer a welcome shift from prior emphases on criminalization of drug use. However, for such programs to be effective, more resources must be dedicated to their success.

Pennsylvania

[Bucks County Opioid Task Force Lays Out 'Roadmap' For Settlement Funds](#)

Patch

Funding is also earmarked for a drug court staffing position; drug testing strips; and grand family resources for residents who are raising their grandchildren because their son or daughter has died from an opioid overdose.

