



Opioids and the Courts News: December 2, 2019

National

[Q&A with Chief Justice Loretta H. Rush, Indiana Supreme Court](#)

Policy Research Associates

The purpose of the National Judicial Opioid Task Force is to get tools before courts. Our website houses the Resource Center for Courts and offers very broad information.

This crisis is at the intersection of law and medicine. So you can't just use your own organization's data; you really have to pull data from other groups. There are many examples of how this data sharing is effective:

We have prescription drug monitoring programs in Indiana, as a lot of states do, which allow us to track the types and units of drugs people are being prescribed and to share that information with courts and probation agencies. Other important data points that courts should consider include rates of recidivism and program retention as well as screening and assessment data.

Courts also have to look at the Centers for Disease Control and Prevention's information. We have a heat map for Indiana that tracks drug overdoses each week, and I send that information out to the counties and judges. This allows us to look at where our hotspots are. For example, if in the small Jennings County of 23,000 people there are 30 overdoses and however many deaths, we can inform courts there of the intensity of the issue. You can also see which counties are unaffected on the heat map, and judges can contact those counties and ask, "What are you doing? What's being done right there?" There's some real synergy with regard to looking at what other counties are doing.

And our court captures the percentage of child protection cases involving parents with substance use disorder, how long their treatment will last, and where their children are. We then look at the outcomes of these cases to see what services worked. Ultimately, courts need to track people from the time of arrest and pre-trial, seeing where the person with the substance use disorder went from that point, what services were offered, and what the outcomes were. To get this kind of comprehensive view across all of our cases, we have to look at data from child welfare, treatment, mental health, corrections, education, probation, and the U.S. Department of Veterans Affairs (VA).

Speaking of the VA, something we're doing with technology is sharing electronic records with the VA when we have a veteran who is arrested and in jail. This allows us to immediately determine the availability of veterans court and the services that may be accessible through the local VA entities.

Ultimately, in the court system we're used to "cookie cutter" approaches—this means making changes can be a hard sell for our judges. But changes are needed, and difficult





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questions must be asked. Are we equipping our jails with what is needed when so many people are detoxing in them without medical supervision? And regarding policing, do officers know what to do with a person showing signs of substance use disorder other than take them to jail?

Lastly, we must adapt to consider how courts are treating people not only with substance use disorders but also with mental and co-occurring disorders. Like it or not, our jails and the criminal justice system have become de facto mental health providers. We have a lot of work to do.

National

[SAMHSA's GAINS Center Now Accepting Applications for Sequential Intercept Model \(SIM\) Mapping Workshops](#)

Policy Research Associates

SAMHSA's GAINS Center is soliciting applications from communities interested in Sequential Intercept Model (SIM) Mapping Workshops (SIM Workshops). SIM Workshops are designed to bring together a local cross-system multidisciplinary group of key stakeholders from a particular jurisdiction to facilitate collaboration and to identify and discuss ways in which barriers between the criminal justice and behavioral systems can be reduced through the development of integrated local strategic plans. SIM Workshop participants are expected to be drawn, in large part, from local criminal justice and behavioral health agencies and organizations.

The GAINS Center is accepting applications for two types of SIM Workshops:

SIM Workshops to Develop Comprehensive, Community-wide Strategic Plans for Addressing Opioid Use: These SIM Workshops will focus specifically on identifying and treating opioid use disorders across all the intercepts of the Sequential Intercept Model, including screening and assessment, diverting individuals out of the criminal justice system and into appropriate community-based treatment programs, implementing or expanding medication-assisted treatment (MAT), and maintaining continuity of care through transitions in and out of custody.

Traditional SIM Workshops: These SIM Workshops will focus on identifying and responding to the needs of adults with mental and substance use disorders who are involved or at risk for involvement in the criminal justice system.

Applications for both types of SIM Workshops are due by December 20, 2019.

[Download the applications and apply today.](#)



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[A 'Rare Case Where Racial Biases' Protected African-Americans](#)

New York Times

When the opioid crisis began to escalate some 20 years ago, many African-Americans had a layer of protection against it.

But that protection didn't come from the effectiveness of the American medical system. Instead, researchers believe, it came from racial stereotypes embedded within that system.

As unlikely as it may seem, these negative stereotypes appear to have shielded many African-Americans from fatal prescription opioid overdoses. This is not a new finding. But for the first time an analysis has put a number behind it, projecting that around 14,000 black Americans would have died had their mortality rates related to prescription opioids been equivalent to that of white Americans.

Starting in the 1990s, new prescription opioids were marketed more aggressively in white rural areas, where pain drug prescriptions were already high. [Some researchers think] African-Americans received fewer opioid prescriptions because doctors believed, contrary to fact, that black people: 1) were more likely to become addicted to the drugs; 2) would be more likely to sell the drugs; and 3) had a higher pain threshold than white people because they were biologically different.

A fourth possibility is that some white doctors were more empathetic to the pain of people who were like them, and less empathetic to those who weren't. Some of this bias "can be unconscious," said Dr. Andrew Kolodny, a director of opioid policy research at Brandeis University.

National

[Pushed into the shadows: How punishing pregnant women for opioid use leads to more birth complications](#)

ABC News

[Samantha] Powell is particularly thankful for [the Vanderbilt Maternal Addiction Recovery Program's] aid in connecting her with Tennessee's Safe Baby Court program. Enacted in 2017, this unique court system aims to reward progress with speedier exits from the system. Powell says that the structure of the program has motivated her to stay clean. "I now have [Luna] 4 days out of the week, and it feels good to accomplish things and [get] more time with her," she said.



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Indiana

[Courts have key role in combating opioid abuse epidemic, study finds](#)

Northwest Indiana Times

Judges in Indiana counties, and courthouses across the country, must take a leadership role in combating the opioid abuse crisis, because it's coming — ready or not — directly to their courtrooms.

That's among the conclusions of a two-year study by the National Judicial Opioid Task Force, led by Indiana Chief Justice Loretta Rush, that examined all aspects of addiction and its consequences for state judicial systems.

The task force's 36-page final report, available online at ncsc.org/opioids, acknowledges the crisis is so complex it can't be addressed by a single government agency or nonprofit organization.

Instead, it will take a multidisciplinary, coordinated approach to devise meaningful solutions, and courts are uniquely positioned to bring together official and community stakeholders at the local, state, and national level, the report says.

"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," Rush said. "It's crucial that judges are involved in reversing this epidemic."

Kansas

[Grant awarded to face opioid abuse in Reno County](#)

The Hutchinson News

The Reno County Health Department and Community Drug Impact Task Force have been awarded a \$150,000 federal grant to respond to opioid abuse in Reno County.

The "Overdose Data to Action" grant from the Centers for Disease Control and Prevention will be spread over three years, starting in 2020.

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Another component of the plan is supporting the Reno County Drug Court system, particularly assisting people in the system unable to pay for therapy, medications or mental health services.