



MEDICATION ASSISTED TREATMENT

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The Drug Treatment Court is seeing multiple instances of opioid addiction which typically have begun with prescription medication. Some participants have moved on to heroin because it is cheaper and some are now injecting it IV.

A proposed participant's case is presented to the team. Justin is 23-years-old and has an opioid use disorder. When he was 18 he was on a senior trip, got drunk and dived into a pond that turned out to be too shallow. He damaged his body in several ways. He now has chronic pain from the incident and his doctor has cut him off from Oxycodone. He has not been referred to a pain specialist.

Last year he discovered that he could purchase heroin for less than bootleg Oxy cost and he began insufflating it (snorting). This is his third arrest for under the influence in public and possession of heroin. On the first case he was given diversion; he served a short stint in jail on the second case; and, he is now interested in drug treatment court. He has tested as "high risk/high need" and is otherwise eligible.

Both the District Attorney and Public Defender want to accept him into the court but the treatment provider reminds the team that they are an "abstinence based" program that does not allow medically-assisted treatment like methadone, buprenorphine, or naltrexone.

Discuss the barriers to success Justin might face.

Discuss the appropriateness of the treatment program's position on no medication.

Discuss what Justin's treatment program might look like.

Would it make a difference if Justin was already on methadone as he appeared?

On Suboxone as he appeared? On Vivitrol as he appeared?

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