



MEDICATION-ASSISTED TREATMENT IN THE COURTROOM

A BENCHCARD FOR JUDICIAL
PROFESSIONALS SERVING PARENTS
AND CHILDREN AFFECTED BY
OPIOID USE DISORDERS



National Center on
Substance Abuse
and Child Welfare



The National Center on Substance Abuse and Child Welfare (NCSACW) prepared this benchcard to help courts and their collaborative partners improve systems and services for families affected by substance use disorders (SUDs). Information included here comes from NCSACW's years of practice-based experience providing technical assistance (TA) to states, Tribes, and communities; extensive literature reviews; empirical research; and collaboration with other experts in the fields of child welfare, substance use and mental health treatment, public health, family treatment courts, maternal health, and pediatrics. Points of view or opinions expressed in this tool are those of the authors and do not necessarily represent the official positions or policies of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the Administration on Children, Youth, and Families (ACYF).



OVERVIEW OF MEDICATION-ASSISTED TREATMENT (MAT)











Medication-assisted treatment (MAT) is an evidence-based treatment for opioid use disorders (OUDs). MAT uses medications, in combination with counseling and other therapeutic techniques, to provide a “whole-patient” approach to the treatment of SUDs.¹⁻³ MAT is primarily used for the treatment of addiction to opioids such as heroin; prescription pain relievers containing opiates like morphine and codeine; and semi-synthetic opioids such as hydrocodone, oxycodone, Percocet, Vicodin, and fentanyl. SAMHSA, along with the National Institute on Drug Abuse (NIDA), the American Society of Addiction Medicine (ASAM), the Centers for Disease Control and Prevention (CDC), and the American Medical Association (AMA) recommend MAT as a best practice for treating OUDs, and the American College of Obstetricians and Gynecologists (ACOG) recommends MAT as a best practice for treating pregnant women with OUDs.

Doctors have successfully prescribed buprenorphine (Suboxone and Subutex) for nearly two decades; and methadone for more than three decades to treat OUDs.^{4,5} More recently the Food and Drug Administration (FDA) approved oral naltrexone and extended-release injectable naltrexone (also known as Vivitrol) as highly effective medications.

¹**Treatment of Alcohol Use Disorder (AUD):** Acamprosate, disulfiram (also known as Antabuse), oral naltrexone, and Vivitrol have proven effective.

The following specifies key details that partners should bring to court. They are designed to support, guide, educate, and ensure effective communication, coordination, and collaboration among members of the court and community partners.

INFORMATION FOR THE COURT TO INFORM COURT OVERSIGHT OF MAT

	Who are the community provider(s) of methadone and/or buprenorphine?		How has MAT affected the participant's recovery?
	What is the treatment provider's clinical recommendation for the use of MAT?		What type of counseling (frequency and duration) is provided to accompany MAT?
	If MAT is not recommended, what are the reasons?		What measures are prescribers using to reduce the risk of medication misuse or diversion?
	If MAT is prescribed, what does the provider recommend for medication, dose, and frequency?		If the participant is experiencing challenges with MAT, counseling, or other aspects of their treatment plan, what is the provider's recommendation to the court?
	Are additional medication(s) prescribed for mental health management? If so, what are the indications?		Does the treatment provider or program address the effects of SUD on families?



QUESTIONS TO ASK COURT PARTICIPANTS



Did you have access to MAT this week?



Which medication(s) are you prescribed?



Have you informed your physician that you are taking medication for your disorder?



Did you receive counseling this week along with your MAT?



How did MAT help you maintain your sobriety this week?



How has MAT helped you access other supports (housing, employment, additional services)?



How has MAT helped with your parenting role and your relationship with your children?



Where do you plan to keep your medications at home to ensure your children do not have access to them? (For more recommendations, visit [Medication Safety | Safe Kids Worldwide](#))



How will you pay for your prescriptions once released from court?



What barriers exist for you to receive MAT?



How can I help you with recovery and the use of MAT?

FREQUENTLY USED MEDICATIONS FOR MAT

Those unfamiliar with the science of MAT sometimes question why an individual is taking what is perceived as a high dose of methadone or buprenorphine. The use of MAT, type of medication, dosage, frequency, and duration of treatment are *individualized medical decisions* made at the sole discretion of the licensed medical professional providing services. People may safely take medications used in MAT for months, years, or even a lifetime. **Plans to stop any medication must always be discussed with a doctor.**^{6,7,8} Table 1 provides examples of frequently used MAT for OUD.

TABLE 1: MAT FOR OPIOID USE DISORDER⁹⁻¹²

NAME	COMMON BRANDS	ROUTE OF ADMINISTRATION	FREQUENCY OF DOSING	HOW IT WORKS	THINGS TO CONSIDER
Buprenorphine <i>For more information, visit SAMHSA's page on buprenorphine.</i>	Suboxone ² Zubsolv Bunavail Subutex Probuphine Sublocade	Pill Patch Injection Implant	Generally administered daily, but sometimes on alternate days	Makes the brain think it is still getting the problem opioid Prevents cravings, withdrawal symptoms, and reduces the risk of overdose	Treatment can start as soon as someone enters withdrawal Relapse risk increases if you forget, or choose not to take medication In an effort to increase access to treatment, more recent legislature ³ allows qualified practitioners to dispense or prescribe buprenorphine for the treatment of OUDs in settings other than Opioid Treatment Programs (OTP), upon completion of specialized training
Methadone <i>For more information, visit SAMHSA's page on methadone.</i>	Methadose Diskets Dolophine	Pill Liquid	Daily use	Makes the brain think it is still getting the problem opioid Prevents cravings and withdrawal symptoms and reduces the risk of overdose	Treatment can start right away; no need for detoxification Less flexible schedule: Dosing occurs in the early morning; daily clinic visits required for medication administration Methadone is often a good option for longtime opioid users or those who have tried other treatments unsuccessfully May cause drowsiness before maintenance dose is determined
Naltrexone <i>For more information, visit SAMHSA's page on naltrexone.</i>	Vivitrol Revia Depade	Pill Injection	Daily use Injection delivered every 4 weeks or once a month	Blocks the effects of both opioids and alcohol Approved for opioid use disorder and alcohol use disorder	Does not cause physical dependence Not recommended for pregnant women; methadone or buprenorphine recommended for pregnant women with OUD Higher overdose risk after naltrexone wears off due to decreased tolerance Naltrexone may affect treatment for chronic pain by blocking opioid receptors Naltrexone is not a controlled substance; it can be prescribed or administered in any healthcare or SUD setting, such as a doctor's office or clinic

Adapted from Quick Guide: MAT Use for Opioid and Alcohol Use Disorders, California Department of Health Care Services

Addiction medications may have various side effects for each person. Information specific to side effects can be found on the [U.S. Food and Drug Administration](#) website's medication search engine. Each medication described by SAMHSA can be found on their page for [Medications, Counseling, and Related Conditions](#).

²Suboxone, Zubsolv, and Bunavail are combination medications that include buprenorphine and naloxone.

³The [Drug Addiction Treatment Act of 2000](#), the [Comprehensive Addiction Recovery Act \(CARA\)](#), and the [Substance Use-Disorder Prevention Opioid Recovery and Treatment for Patients and Communities \(SUPPORT\) Act](#) allow qualified practitioners to dispense or prescribe buprenorphine in settings other than OTPs such as physician offices, significantly increasing access to treatment.

RESOURCES



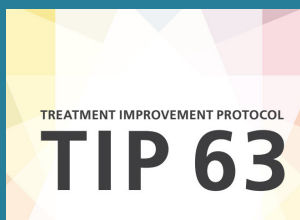
- The **NCSACW** is a national resource center providing information; expert consultation; and free training and technical assistance tools for child welfare, **dependency court**, and substance use treatment professionals to improve the safety, permanency, well-being, and recovery outcomes for children, parents, and families.



- The NCSACW, together with the **Office for Civil Rights (OCR)**, created a training series, *Exploring Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder*, to provide information to child welfare and court professionals about federal disability rights protections that apply to some parents with an opioid or other substance use disorder and involved in child welfare.



- SAMHSA is the agency within HHS that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance use and mental illness in America. Visit the **SAMHSA** website for more information on treatment services for SUDs, **rights for individuals on MAT, federal guidelines for opioid treatment programs**, and SAMHSA's treatment locator which provides referrals to local treatment facilities, support groups, and community-based organizations—filtered by need. For more information visit SAMHSA's **Find Treatment** page or call 800-662-4357 (HELP), a free and confidential helpline open 24/7.



- SAMHSA's 2021 update of **Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder** reviews the use of the three FDA-approved medications used to treat OUD, and the other strategies and services needed to support recovery for people with OUD.

Preface

Drug addiction is a complex illness.

It is characterized by intense and, at times, uncontrollable drug craving, seeking and use that persist even in the face of devastating consequences. The National Institute on Drug Abuse's *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)* is designed to serve as a resource for healthcare providers, family members, and others trying to address the myriad problems faced by patients in need of treatment for drug addiction.

Addiction affects multiple brain circuits, including those involved in reward, learning, and memory, and inhibitory control over behavior. That is why addicted individuals are more vulnerable than others to becoming addicted, due to a combination of genetic makeup, age of exposure to drugs, and other environmental factors. A person initially chooses to take drugs, over time the effects of prolonged drug use compromise that ability to choose, and seeking and using drugs becomes compulsive, often eluding a person's self-control or willpower.



- The **National Institute on Drug Abuse (NIDA)** is the lead federal agency supporting scientific research on drug use and its consequences. NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)* offers guidance and key components of effective treatment programs.
- The **Child Welfare Information Gateway (CWIG)** provides child welfare and adoption professionals, as well as the general public, access to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more.

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