Medication Assisted Treatment in the Justice System

NCSL Law, Criminal Justice and Public Safety Committee Breakfast
Quick Facts About Addiction for Justice-Involved Individuals:

- More than half of state prisoners meet the criteria for drug dependence or abuse.
- More than two-thirds of sentenced jail inmates meet the criteria for drug dependence or abuse.

Sources: BJS Report; SAMHSA
According to Substance Abuse and Mental Health Services Administration (SAMHSA), the criminal justice system is the single largest source of referral to substance abuse treatment.

Source: SAMHSA Treatment Episode Data Set – Discharges (TEDS-D), 2011.
Increasing Treatment & the Public Health Approach to Justice-Involved Individuals with Substance Use Needs

1. New deflection efforts by local jurisdictions and states.
   - Programs and policies connecting individuals to treatment before arrest or prosecution.

2. Expansion of pretrial diversion and drug court programs.
   - Programs connecting individuals to treatment before trial/conviction.

3. Increasing availability of treatment for incarcerated and supervised individuals.
   - Programs connecting individuals to treatment after conviction.
1. Deflection

“Stopping a citizen from entering the criminal justice system who is at immediate risk of or is at likely future risk of entering the criminal justice system due to behavioral health challenges, and instead deflecting (moving) them into the community human services system.”
Recent Deflection Enactments:

▪ California SB 843 (2016)
  ▪ LEAD pilot program and made a $15 million appropriation.

▪ Kentucky SB 120 (2017)
  ▪ Authorized Angel Initiative programs.

▪ New Jersey AB 3744 (2016)
  ▪ Authorized law enforcement assisted addiction and recovery program.

▪ New Mexico HB 2 (2017)
  ▪ Authorized funding for the study of LEAD in Santa Fe.
2. Diversion

Thirty-four states have statutorily authorized pretrial diversion alternatives for defendants with substance use disorders.

- In 2016, about two thirds of states enacted a law related to pretrial diversion, and of those, 22 appropriated funds or authorized new funding sources.
- Preliminary NCSL numbers show that 24 states addressed pretrial diversion again this year.

Sources: SAMHSA Report
Medication Assisted Treatment Enactments Affecting Diversion Programs:

In recent years, at least 12 states have enacted new laws addressing the use of medication assisted treatment in treatment courts and diversion programs.

- Florida HB 5001 (2016)
- Illinois HB 5594 (2016)
- Indiana SB 464; HB 1304; HB 1448 (2015)
- Michigan HB 5294 (2016)
- Missouri HB 2012 (2016)
- New Jersey SB 2381 (2015)
- Ohio HB 59 (2013)
- Tennessee SB 2653 (2016)
- Virginia HB 30 (2016)
- Wisconsin AB 657 (2016)
- West Virginia HB 2880 (2015)
These enactments:

▪ Appropriate funds to support the use of medication assisted treatment (MAT).

▪ Require diversion programs and treatment courts to allow participants to engage in MAT. Prohibit them from setting conditions that prohibit MAT or require discontinuation for successful program completion.

▪ Authorize the use of MAT in established diversion and treatment court programs.

▪ Require training for judges, prosecutors, public defenders and others on MAT.

▪ Require the creation of MAT pilot programs with performance and program evaluation requirements.
3. Treatment for Incarcerated & Supervised Individuals

The majority of justice-involved referrals to treatment come from probation and parole.

Source: SAMHSA Treatment Episode Data Set–Discharges (TEDS–D), 2011.
In recent years, at least 10 states have enacted new laws addressing the use of medication assisted treatment correctional facilities and by supervision agencies.

- California SB 843 (2016)
- Florida HB 5001 (2016)
- Indiana SB 464; HB 1304; HB 1448 (2015)
- Kentucky SB 192 (2015)
- Michigan HB 5294 (2016)
- Missouri HB 10 (2015); HB 10 (2013)
- New Jersey SB 2381 (2015)
- Pennsylvania HB 1589 (2016); SB 524 (2015)
- Tennessee HB 1374 (2015)
- West Virginia HB 2880 (2015)
Among criminal justice treatment referrals who were then discharged from treatment, the most common reason for discharge was treatment completion.

NOTE: The percentages may not sum to 100.0 percent due to rounding.

* The “other” category includes the client dying, the client moving, becoming ill, being hospitalized, being transferred to another substance abuse program/facility but not reporting to treatment, or some other reason somewhat out of the client’s control.

Source: SAMHSA Treatment Episode Data Set—Discharges (TEDS–D), 2011.

Sources: SAMHSA Report
Questions?

amber.widgery@ncsl.org