

Minutes

Special Commission on Substance Addictions Treatment in the Criminal Justice System

Date: Friday, September 11, 2015

Time: 10:30am

Location: Two Center Plaza, Boston, MA

Commission Members Present:

Brian Sylvester	Co-chair and Director of Inter-Agency Initiatives, Bureau of Substance Abuse Services (BSAS) Representative
Harry Spence	Co-Chair, Court Administrator for the Executive Office of the Trial Court
Paula Carey	Chief Justice of the Trial Court
Randy Hunt	House of Representatives
John Verner	Attorney General's Office Representative
Brooke Doyle	Acting Deputy Commissioner, Department of Mental Health (DMH) Representative
Randy Hunt	House of Representatives
Katherine Chimel	Deputy Commissioner, Department of Correction (DOC) Representative
Jennifer Queally	Undersecretary for Law Enforcement-EOPSS Representative
Erin Hearn	Representative, Senator Richard Ross' Office

Visitor Attendees:

Sheila Casey	Trial Court Specialty Courts Administrator
Georgia Critsley	Trial Court Intergovernmental Relations Senior Manager
Linda Holt	Trial Court Research & Planning Director
Shawna Andersen	Research & Planning Specialist, Mass. Parole Board
Mary Hogan Sullivan	Trial Court Director of Specialty Courts
James Kelleher	Chief of Staff, Hampden County Sheriff Department
Louellyn Lombros	Scituate FACTS
Edward Callahan	Trial Court Veterans Court Program Director
Jennifer Bruni	Trial Court Administration and Communication
Sarah Wakeman, MD	Medical Director, MGH
Pamela O'Sullivan	Alkermes

I **Call to order:** at 10:35 a.m. by Co-Chair Harry Spence.

II **Quorum:** The meeting was called to order by Co-Chair Harry Spence. At which time the April and June minutes were approved.

Introductions: Co-Chair Spence provided a brief introduction for our speaker, Dr. Sarah Wakeman, Medical Director for the Substance Use Disorders at Mass. General Hospital. Her presentation covered substance use disorders and addictions within a normal population verses being incarcerated and the risk factors for overdose and treatment.

An individual with Opioid Use Disorder requires long term treatment and care. Many are at a higher risk for overdose because of a reduction in tolerance, mixing of substances and the lack of treatment. Without treatment addiction is progressive and can result in disability or premature death.

A study comparing fatal and non-fatal opioid overdose in people using heroin determined that the main risk factor for fatal overdose was the use of those drugs combined with use of other sedatives or alcohol.

It is common for someone with Substance Use Disorder to relapse after detoxification alone if not treated. Many inmates that have a drug addiction are at a higher risk to die by an overdose. Probably the most proven long-term strategy to prevent opioid overdose in people dependent on heroin and other opioids is to provide continuous treatment with a medication such as methadone or buprenorphine. Methadone increases the tolerance for opioids, and in so doing reduces the effects of

additional opioid use. Methadone maintenance treatment reduces the risk of opioid overdose and reduces the need for heroin. Both methadone and buprenorphine treatment are essential for a pre-release inmate with Opioid Use Disorder. They are highly effective in preventing overdose in prisoners who were opioid-dependent when entering prison and in increasing treatment retention and sobriety after release. Programs that induce either methadone or buprenorphine administration more than two weeks before individuals leave the prison system can reduce post-release overdose rates dramatically.

A further effective strategy is ensuring that pre-release inmates establish contact with drug treatment programs in their community. It is most beneficial to provide opioid-dependent persons with continuous drug treatment, including opioid maintenance treatment, throughout that transition period. Successful prison pre-release interventions ensure that prisoners participate in overdose prevention awareness programs.

An increasing number of countries have now made opioid agonist treatment available in prisons, but most prisoners remain without access to treatment with methadone or buprenorphine. Many countries do not coordinate release with treatment and the access is hard to gain. Many doctors do not prescribe buprenorphine and access to these effective treatments continues to be a challenge.

Drug Court Overview: Judge Hogan Sullivan, Director of Specialty Courts continued the discussion on medicated assisted treatments from a judicial perspective, as well as a step by step overview of the process. Drug courts are the ideal setting for pharmacotherapy. Addicts are monitored and structured treatment with a team based care. Generally to be considered there is a clinician assessment and treatment plan with ongoing monitoring and evaluation

The recent increase in prescription and heroin overdose in the United States has prompted legislators to call for a resolution to prevent prescription opioid overdose, including distribution of naltrexone to first responders and court officers.

Working Group: Working Group: Co-Chair Sylvester gave an update regarding the Working Group. Linda Holt continues to gather data. The subcommittee will continue to meet and work on a draft report for the Commission to review. The basic outline has been completed and sections have been assigned to subcommittee members.

SAMHSA “Substance Abuse and Mental Health Services Administration” Grant: Sheila Casey, Specialty Court Administrator then briefed the Commission on the grant recently awarded to the Trial Court by the Substance Abuse and Mental Health Services Administration. The grant will commence on September 30, 2015.

The MISSION-Cape grant was received from SAMHSA to enhance the substance use and co-occurring mental health disorder treatment services being provided through the Barnstable Drug Court (BDC) by embedding Maintaining Independence and Sobriety Through Systems Integration, Outreach, and Networking (MISSION)-Cape directly into BDC. Using the grant funds to increase access to mental health, substance abuse, trauma and employment resources among drug court participants will reduce criminal recidivism. The grant will support the hiring of 1.5 Case Managers and 1.5 Peer Support Specialists who will work with 90 participants in the Barnstable Drug Court who have co-occurring disorders over three years. The Case Managers and Peer Support Specialists will utilize evidence based practices in delivering wrap-around services designed to help people succeed in their recovery.

Adjournment: There being no more order of business Co-Chair Spence declared the meeting adjourned by unanimous consent.

Meeting adjourned at 12:14 p.m.