

New Jersey Adult Drug Court Medication-Assisted Treatment Protocols and Procedures for Drug Court Teams

I. Background and Definition

On August 10, 2015, Governor Christie signed into law S2381 as P.L. 2015, c.93. The act took effect immediately and amended N.J.S.A. 2C:35-14 and creating N.J.S.A. 2C:45-5 to permit the use of medication-assisted treatment by Drug Court participants under specific conditions stipulated within this legislation. The term “medication-assisted treatment (MAT)” is herein defined as “the use of any medications approved by the federal Food and Drug Administration (FDA) to treat substance use disorders, including extended-release naltrexone, methadone, and buprenorphine, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders”.¹

II. Elements of the MAT Law

- A. Residential or ambulatory treatment at a facility licensed by the Department of Human Services (DHS) and approved by the Division of Mental Health and Addictions Services (DMHAS) may include the use of medication-assisted treatment.²
- B. A positive drug or alcohol test shall only constitute a violation for a person using medication-assisted treatment as defined in paragraph (7) of subsection f of this law if the positive test is unrelated to the person’s medication-assisted treatment.³
- C. Concerning violation for failure to complete the required treatment program successfully, use of the medication-assisted treatment shall not be the basis to constitute a failure to complete the treatment program successfully.⁴

III. Protocols and Procedures

- A. The team must obtain from the physician prescribing the MAT an initial assessment and plan, including but not limited to, the following:
 - 1. Health risks identified and how each will be addressed;
 - 2. The medication selected and rationale for prescribing it, and expected impact of pharmacotherapy; and
 - 3. The informed consent and education provided to the client about the medication-assisted treatment options, his/ her/ their health conditions and any potential interactions or complications

¹ N.J.S.A. 2C:35-14f(7) and 2C:45-5

² N.J.S.A. 2C:35-14a(8)

³ N.J.S.A. 2C:35-14e, 2C:35-14k(1), 2C:35-14l

⁴ N.J.S.A. 2C:35-14f(7) and 2c:45-5

that may occur in regards to the planned medication-assisted treatment.

- B. Teams must request clinical updates, which include, but are not limited to, progress in psychosocial treatment (counseling), medication compliance, dosage adjustments, and drug screen results.
- C. Drug Court clients may resume the use of MAT following court sanctions yielding brief jail time or after discontinuation as long as clinical justification is provided by the prescribing physician.
- D. If it is medically and clinically indicated, while serving a jail sanction arrangements may be made to maintain Drug Court clients on their MAT. When possible, this can be achieved by the Drug Court coordinator assisting the Opioid Treatment Provider (OTP) with coordinating dosing services at the jail.
- E. Participants may successfully complete treatment, obtain phase promotions and successfully complete Drug Court while on an MAT.
- F. Clients may titrate off MAT at any time they desire or as clinically indicated.

IV. **Special Considerations**

- A. Drug testing and diversion—Drug testing will need to include methadone/buprenorphine for MAT clients and other participants to verify that MAT clients are taking their MAT and not diverting. For clients suspected of diversion, the courts may communicate with methadone clinics to restrict the number of take-home bottles allotted and with buprenorphine prescribers to restrict the amount of Suboxone per refill.
- B. Safety of participants' children—Methadone is a powerful opiate agonist and can be fatal. When conducting a home visit, probation officers may want to ask participants if “take-home” dosages are safely stored or in a locked cabinet.
- C. Teams may need to establish a relationship and communication with physicians who prescribe MAT and who are out of the drug court network.
- D. Communication with treatment providers-- Teams will need to direct their providers that the team must be advised in advance when a participant is being recommended to use MAT for the sake of participant compliance with special probation mandates.