



National Academies of Sciences,
Engineering, and Medicine

Methadone Treatment for Opioid Use
Disorder

Examine Federal Regulations and Laws

A VIEW FROM THE BENCH

JUDGE MICHAEL J. BARRASSE

SCRANTON, PA

Michael J. Barrasse

- ▶ Special Assistant US Attorney
- ▶ Special Assistant PA Attorney General
- ▶ Former District Attorney (3 terms)
- ▶ 22 years Trial Court Judge
- ▶ Past Chairman BOD National & PA Association Drug Court Professionals
- ▶ NHTSA/ABA/Judicial Outreach Liaison
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- ▶ Judicial Advisory Council Responsibility.org

Reality From the Trenches, of the Bench

- ▶ #1 Obstacle
 - ▶ STIGMA
- ▶ #2 Misinformation
 - ▶ Lack of Adequate Information
- ▶ #3 Regulations
- ▶ #4 Availability Pathway
- ▶ #5 Changes

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA,

Plaintiff,

v.

THE UNIFIED JUDICIAL SYSTEM OF
PENNSYLVANIA,

Defendant,

CIVIL NO.

COMPLAINT

Plaintiff, United States of America, respectfully alleges:

1. The United States brings this suit against Defendant, the Unified Judicial System of Pennsylvania (UJS), to enforce Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. §§12131-34, as amended, and its implementing regulation, 28 C.F.R. Part 35. The UJS has unlawfully discriminated against individuals with Opioid Use Disorder in its court supervision programs, in violation of Title II of the ADA, by prohibiting or otherwise limiting the use of medication prescribed to treat their disability.

JURISDICTION AND VENUE

2. This Court has jurisdiction over this action under Title II of the ADA, 42 U.S.C. § 12133, and 28 U.S.C. §§ 1331 and 1345.

3. The Court may grant the relief sought in this action pursuant to 28 U.S.C. §§ 2201-2202 and 42 U.S.C. § 12133.

4. The United States has authority to seek a remedy for violations of Title II of the

advises that they and their providers base decisions “on knowledge of the evidence base for the use of these medications, individualized assessments, and an individualized treatment plan they collaboratively develop and agree upon. Arbitrary time limits on the duration of treatment with OUD medication are inadvisable.” *Id.*

B. The Jefferson County Court of Common Pleas

13. The Jefferson County Court of Common Pleas is a component court of the UJS.

14. The Honorable John Foradora is the presiding—and only—judge for the Jefferson County Court of Common Pleas.

15. On August 3, 2018, Judge Foradora issued an administrative order (below) requiring all individuals under the court’s supervision to be “completely clean” of any “opiate based treatment medication regardless of whether or not these drugs are prescribed,” within 30 days of being sentenced. This included individuals sentenced to the court’s Accelerated Rehabilitative Disposition, Probation, Parole, Intermediate Punishment, and Drug Court

ORDER OF COURT

AND NOW, this 3rd day of August, 2018, this Court and its probation department dealing with opiate abuse by probationers, and this Court finding that the vast majority (well in excess of 80%) of individuals prescribed with Suboxone, Methadone, Subutex and other opiate based treatment programs, abuse those drugs with regularity; and further that it makes these probationers ineffective and nearly impossible to manage; and finally, it does not appear to help the patients in any way to become productive members of society. It should be noted that among the thousands of individuals who have been on probation while prescribed these drugs, there have been less than 15 people who have successfully completed treatment and been completely weaned off of these drugs.

IT IS HEREBY ORDERED AND DECREED that effective immediately but beginning with this Court’s sentencing on August 15, 2018, no individual who is sentenced to ARD, Probation, Parole, Intermediate Punishment or Drug Court shall be permitted to take Suboxone, Subutex, Methadone or any other opiate based treatment medication regardless of whether not these drugs are prescribed, they will be completely clean of the substance within 30 days of the date of their sentence or face probation revocation.

IT IS FURTHER ORDERED AND DECREED that the only exception shall be pregnant probationers (who are pregnant upon commencement of probation) during pregnancy and with the permission of their obstetrician/gynecologist. These probationers shall be off opiates and free of the substance within 30 days of the end of their pregnancy.

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Stigma

▶ Past Problems

- ▶ Doctor Pill Factories
 - ▶ Paying for Prescription Only
- ▶ Clients traveling To Other Jurisdictions
- ▶ High Diversion Potential
- ▶ High Abuse Potential
- ▶ No Treatment counseling

Today – OTP Obstacles

- ▶ Stigma or Reality of past problems
- ▶ Criminal Justice System adverse to Methadone
- ▶ Buprenorphine Naltrexone less of a stigma & and can be prescribed in an office or prison setting as Compared to Opioid Treatment Program (OTP)
- ▶ Very few Methadone programs as compared to alternative medication availability
- ▶ Hours of operation of Methadone programs
- ▶ Transportation
- ▶ Childcare
- ▶ Work
- ▶ States have MORE restrictive procedures for prescribing & distribution of Methadone

NEED Pathway to Methadone

- ▶ Warm hand-off from hospital to correct level of MAT care
- ▶ Most Criminal Justice “Jails” do not have Methadone included in their Medication Formularies
- ▶ Insurance Mandates
 - ▶ End Date
 - ▶ Won't Cover “Out of Network”
 - ▶ Costly medication for self-pay

Changes in Regulation

- ▶ Rule 1: All Opioid Use Disorder Patients
 - ▶ Must be assessed for appropriate MAT, including Methadone & reason given, if denied.
 - ▶ Deemed appropriate for methadone treatment must be provided with the same pathways to treatment as any other MAT.
 - ▶ All Federal grants must require grantees (including States) to abide by Rule 1 or NOT eligible for funding.
 - ▶ All States, Agencies, Providers and Insurers that fail to follow Rule 1 will be subject to prosecution by U.S. DOJ Civil Rights Division for failure to comply with Title II of the Americans with Disabilities Act.
- ▶ Rule 2: All OUD Patients deemed appropriate for MAT must be provided with proper level of care of treatment and counseling until it is deemed no longer appropriate by the D&A coalitions.

Contact Information

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