

Juvenile Dependency Court, Opioid Addiction, And Reasonable Efforts

In a juvenile dependency case, the young children were removed from the parents because each parent was addicted to heroin (an opioid) and neither could adequately care for the children. Reunification services were put in place, including a requirement that the parents engage in drug treatment. The social worker referred them to a substance abuse class and to Narcotics Anonymous. At the six months review, neither parent had stabilized their substance abuse. The attorneys for the parents argued that the agency was not providing reasonable efforts to stabilize the parents' drug abuse. The judge asked for more information about effective services.

The attorneys responded with the following argument.

According to the Center for Disease Control, the opioid epidemic has resulted in almost 50,000 deaths each of the past three years. Not surprisingly, the epidemic has impacted families, and many children are removed from their parents' custody because of opioid addiction.

According to the best current medical advice, opioid use disorder (OUD) is a chronic brain disease best managed by starting a program of medication for addiction treatment (MAT). MAT uses FDA-approved medicines such as buprenorphine (Suboxone), methadone, and naltrexone (Vivitrol) often supplemented by behavioral treatment and social supports. A "medication first" approach first stabilizes patients on medication and then assesses and provides the right level of care to fit their needs.

Data demonstrate the effectiveness of MAT in treating OUD, yet there are many objections to its use.

Some say that it is not correct to treat a drug addiction with another drug. Yet data reveal that methadone and buprenorphine result in 65-75% sobriety at one year and decreases overdose death rates by half.

Others say that the best way to treat OUD is simply not to use a drug - abstinence-based treatment. But abstinence-based treatment results in only 15% sobriety at one year and leads to high overdose rates, high levels of relapses, and deaths.

Research shows that brain chemistry does not return to normal for at least two years after opioid misuse stops. Some people with OUD can stop taking MAT, but some may need MAT indefinitely, just as people with diabetes, HIV, or high blood pressure must take medications indefinitely. Moreover, the duration of treatment is a medical issue, not one that judges, social workers or probation officers should be making.

Summary:

When the service provided to persons with OUD is no more than substance abuse classes and referrals to Narcotics Anonymous, the judge should consider making a "no reasonable efforts" finding and ordering that parents be evaluated by a clinician for MAT. When the social worker or probation officer orders the parent to stop MAT treatment, the judge should stop that order and refer the parent to his/her provider for a medical opinion. Stopping MAT is a medical decision. Understanding the science behind addiction and treatment can help decision makers provide effective treatment opportunities. Most importantly for juvenile court judges, it can result in stabilization of parental addiction and likely reunification with their children.

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