



### Survey on the Treatment of Opioid Use Disorders (2020)

This survey is intended for **adult drug courts**. This may include hybrid adult drug courts that, for example, also serve persons charged with DWI or those with co-occurring disorders. It is not intended for stand-alone DWI courts, juvenile drug courts, family drug courts, veteran's treatment courts, mental health courts, or other types of treatment courts.

If your court does not meet the above criteria, please let us know and do not complete the survey.

Responses will be reported in the aggregate and will **not** be attributed to any individual adult drug court.

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### Basic Information

This page gives us basic information useful when evaluating the data. Please remember that responses will be reported in the aggregate and will not be attributed to any individual adult drug court.

**\*1. State:**

**\*2. County:**

**\*3. Zip Code:**

**4. Title (optional):**

**\*5. What type of program is your adult drug court?**

- Adult drug court
- Hybrid adult drug and DWI court
- Hybrid adult drug and co-occurring disorders court
- Other (Please describe):

**\*6. What is your primary position or role on the drug court team? (Please select the one that best describes your role.)**

- Judge, commissioner, or magistrate
- Program coordinator or administrator
- Court clerk

- Bailiff
- Probation or community supervision officer
- Treatment representative
- Defense counsel representative
- Prosecution representative
- Law enforcement representative
- Evaluator or researcher
- Other

**\*7. How long have you been in this position?**

years

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### Practices and Policies Relating to Medication-Assisted Treatment

The following questions pertain to medication-assisted treatment for opioid use disorder in your drug court. Please take a few minutes to respond to each of the following statements by choosing the response that best reflects your perception.

**\*8. Are you aware of the top five (5) substances used most frequently by participants prior to entering your drug court?**

- Yes
- No

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**\*9. During the most recent 12 months, please rank-order the five (5) substances used most frequently by participants prior to entering your drug court (with 1 being the most frequent).**

|  | 1                     | 2                     | 3                     | 4                     | 5                     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Alcohol  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Marijuana  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pharmaceutical opioids (e.g., Oxycodone, Vicodin, codeine)     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heroin or other nonpharmaceutical opiates (e.g., opium)        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fentanyl (including carfentanil)                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cocaine  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Crack Cocaine  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pharmaceutical sedatives (e.g., benzodiazepines, barbiturates) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pharmaceutical stimulants (e.g., Ritalin, Dexedrine, Adderall) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Methamphetamine (e.g., "ice" or "crystal")                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Synthetic cannabinoids (e.g., K2, Spice)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hallucinogens (e.g., LSD, peyote, psilocybin mushrooms)        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| PCP (phencyclidine, Angel Dust)                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Club drugs (e.g., MDMA, GHB)                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inhalants (e.g., model glue, aerosols)                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dextromethorphan (cough syrup)                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please describe below)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**10. If other drugs, please describe:**

**\*11. Is this answer based on:**

- Actual court data
- Educated estimate based on reports or impressions of program staff

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**\*12. Within the past three (3) years, has there been a change in the prevalence of use of the following substances by persons entering your drug court? (Check one per row.)**

|   | Unsure or unknown     | No change             | Increase              | Decrease              |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| *Alcohol  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Marijuana  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Pharmaceutical opioids (e.g., Oxycodone, Vicodin, codeine)     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Heroin or other nonpharmaceutical opiates (e.g., opium)        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Fentanyl (including carfentanil)                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Cocaine  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Crack cocaine  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Pharmaceutical sedatives (e.g., benzodiazepines, barbiturates) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Pharmaceutical stimulants (e.g., Ritalin, Dexedrine, Adderall) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Methamphetamine (e.g., "ice" or "crystal")                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Synthetic cannabinoids (e.g., K2, Spice)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Hallucinogens (e.g., LSD, peyote, psilocybin mushrooms)        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *PCP (phencyclidine, Angel Dust)                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Club drugs (e.g., MDMA, GHB)                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Inhalants (e.g., model glue, aerosols)                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Dextromethorphan (cough syrup)                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Other drugs (please describe)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

below)

**13. Other (please describe)**

**\*14. Is this answer based on:**

- Actual court data
- Educated estimate based on reports or impressions of program staff
- Unsure or unknown

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### Practices and Policies Relating to Treatment

The following questions pertain to medication-assisted treatment for opioid use disorder in your drug court. Please take a few minutes to respond to each of the following statements by choosing the response that best reflects your perception.

**\*15. How many participants are currently in your drug court (excluding those on long-term warrant status)?**

- 0-10
- 11-25
- 26-50
- 51-100
- 101-200
- More than 200

**\*16. During the most recent 12 months, approximately what percentage of participants in your drug court has been assessed as having an opioid-use disorder by a clinician or other treatment provider?**

- Unknown or Unable to answer
- None
- Very few (less than 10%)
- Some (about 25%)
- About half
- Most (about 75%)
- All or Nearly all

**\*17. Among your participants with an opioid use disorder, what is the primary type of opioid problem seen?**

- This information is not available to me
- Pharmaceutical opioids based on a legal prescription
- Pharmaceutical opioids without a prescription
- Illicit opioids (e.g., heroin, fentanyl, carfentanil)

- My drug court does not have participants with opioid use disorders

**18. During the most recent 12 months, has there been a substantial change in the prevalence of opioid use among adult drug court participants in your court? (Please check all that apply.)**

- This information is not available.
- Use of pharmaceutical opioids has increased
- Use of pharmaceutical opioids has decreased
- No apparent change in use of pharmaceutical opioids
- Use of illicit opioids has increased
- Use of illicit opioids has decreased
- No apparent change in use of illicit opioids

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**\*19. Is medication-assisted treatment (MAT) available for participants with opioid use disorders in your drug court?**

- Yes
- No
- I don't know

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### Treatment for Opioid Use Disorders

**20. Under which of the following circumstances are methadone or buprenorphine (Suboxone, Subutex, Zubsolv) available to participants with opioid use disorders in your drug court? (PLEASE CHECK ALL THAT APPLY)**

- As tapered detox for participants already receiving methadone or buprenorphine
- As tapered detox for participants with current opioid use disorders
- Continued maintenance for participants already receiving methadone or buprenorphine
- Induction and maintenance for participants not currently receiving methadone or buprenorphine
- For pregnant women already receiving methadone or buprenorphine
- Induction and maintenance for pregnant women not already receiving methadone or buprenorphine
- Other (Please describe):

**\*21. If your drug court has specific policies governing the use of MAT for opioid use disorder, approximately how long ago were they enacted or most recently revised or updated?**

- Not applicable; no uniform policies govern MAT for opioid use disorder in our drug court
- Within the past year
- In the past 1-2 years
- 3 or more years ago

**\*22. If MAT for opioid use disorder is available for participants in your drug court, what medications do your treatment regimens include? (Please check all that apply.)**

- Methadone
- Buprenorphine (e.g., Suboxone, Subutex, Zubsolv)
- Naltrexone (e.g., ReVia, Depade, Vivitrol)
- This information is not available.
- No treatment regimens are available for participants in my drug court
- Other

**\*23. In the most recent 12 months, approximately what percentage of participants with an opioid use disorder received methadone in your drug court?**

- Unknown or Unable to answer
- None
- Very few (less than 10%)
- Some (about 25%)
- About half
- Most (about 75%)
- All or Nearly all

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**\*24. In the most recent 12 months, approximately what percentage of participants with an opioid use disorder received buprenorphine (e.g., Suboxone, Subutex, Zubsolv) in your drug court?**

- Unknown or Unable to answer
- None
- Very few (less than 10%)
- Some (about 25%)
- About half
- Most (about 75%)
- All or Nearly all

**\*25. In the most recent 12 months, approximately what percentage of participants with an opioid use disorder received Naltrexone (e.g., ReVia, Depade, Vivitrol) in your drug court?**

- Unknown or Unable to answer
- None
- Very few (less than 10%)
- Some (about 25%)
- About half
- Most (about 75%)
- All or Nearly all

**\*26. Are participants in your drug court required to discontinue use of any of the following medications as a condition of graduating from the program? (Please check all that apply.)**

- Methadone
- Buprenorphine (e.g., Suboxone, Subutex, Zubsolv)
- Naltrexone (e.g., ReVia, Depade, Vivitrol)
- This information is not available.
- Participants are not required to discontinue medications as a condition of graduating from the program

**\*27. Which, if any, of the following medications, are generally available for your drug court participants while they are in custody as a sanction for program infractions? (Please check all**

that apply.)

- Unknown (Please do not check any of the remaining responses)
- None (Please do not check any of the remaining responses)
- Methadone
- Buprenorphine (e.g., Suboxone, Subutex, Zubsolv)
- Naltrexone (e.g., ReVia, Depade, Vivitrol)
- Other (Please specify):

**\*28. Which professional(s) are typically responsible for making the decision whether or not to use MAT for opioid use disorder in specific cases? (Please check the one best answer that applies):**

- Prescribing physician gets the final say in most situations
- Treatment representative(s) on the drug court team gets the final say in most situations
- Drug court team as a whole agrees on the issue in most situations
- Judge gets the final say but generally defers to a physician's recommendation or prescription
- Judge gets the final say based on his or her judgment or the recommendations of drug court team members
- Other (Please specify):

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### Overdose Prevention

**\*29. Does your drug court have naloxone (Narcan, EVISIO) available onsite at the courthouse for participants experiencing an overdose?**

- Yes
- No
- I don't know

**\*30. Do the treatment programs affiliated with your drug court have naloxone (Narcan, EVISIO) available onsite for participants experiencing an overdose?**

- Yes, all of them
- Yes, some of them
- No
- I don't know

**\*31. Does your drug court provide training to participants on how to use naloxone (Narcan, EVISIO) to reverse an overdose?**

- Yes
- The drug court team does not provide training, but another entity in the community does
- No training is provided
- I don't know

**\*32. Does your drug court or an affiliated treatment program provide naloxone kits to participants in the program?**

- Yes
- No
- I don't know



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### Medication-Assisted Treatment for Opioid Use Disorders

**\*33. Is your drug court considering expanding the availability of MAT for opioid use disorders?**

- No applicable; MAT is already widely used
- Not considering expansion
- Undecided on expansion
- Considering expansion

**\*34. To what extent do the views or opinions of external policymakers or administrators (outside of the drug court team) reduce or prevent utilization of MAT for opioid use disorder in your drug court?**

- Not at all
- Slightly
- Moderately
- Greatly

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**\*35. Are you aware of any factors that limit or prevent the use of MAT for opioid use disorder, or certain types of medications such as buprenorphine or methadone, in your drug court?**

- Yes
- No

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**\*36. Please rank-order up to three reasons that limit or prevent the use of MAT for opioid use disorder, or certain types of medications such as buprenorphine or methadone, in your drug court (with 1 being the most influential reason).**

**If MAT is widely offered, please skip this question.**

|  | <b>1</b>              | <b>2</b>              | <b>3</b>              |
|--|-----------------------|-----------------------|-----------------------|
| Refusal or disinterest from participants   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Philosophy or views of treatment providers   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Philosophy or views of the judge   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Philosophy or views of the prosecutor or defense counsel   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Insufficient funding   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of availability of qualified MAT providers  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of knowledge of or familiarity with MAT by drug court staff   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prohibitions from external (outside the drug court) policymakers or administrators   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Insufficient resources to prevent misuse or diversion (e.g., pill counts, observed ingestion)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Insufficient access to training or technical assistant on MAT for opioid use disorder  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Use of other substances by participants that may interact dangerously with methadone or buprenorphine (e.g., benzodiazepines, alcohol) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please describe below)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**37. Other (Please describe):**

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87%

**\*38. Does your drug court have the following reasons for limited or no provision of buprenorphine for drug court participants with opioid use disorder?**

|  | Yes                   | No                    | Uncertain             |
|--|-----------------------|-----------------------|-----------------------|
| *Cost is prohibitive/insufficient funding  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Risk of diversion   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Drug court policy does not permit its use                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Drug treatment provider does not recommend or provide it                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Clients are detoxed before they enter supervision                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Not beneficial to clients   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Opposition from prosecutor  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Opposition from judge   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Opposition from state/county/municipal government                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Lack of local providers   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Opioid use disorders are not a common problem among our drug court participants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\*39. Does your drug court have the following reasons for limited or no provision of methadone for drug court participants with opioid use disorder?**

|  | Yes                   | No                    | Uncertain             |
|--|-----------------------|-----------------------|-----------------------|
| *Cost is prohibitive/insufficient funding  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Risk of diversion                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Drug court policy does not permit its use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Drug treatment provider does              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

not recommend or provide it

\*Clients are detoxed before they enter supervision

\*Not beneficial to clients

\*Opposition from prosecutor

\*Opposition from judge

\*Opposition from state/county/municipal government

\*Lack of local providers

\*Opioid use disorders are not a common problem among our drug court participants

**\*40. Has your drug court received training to implement or increase delivery of MAT to participants with opioid use disorder?**

Yes

No

I don't know

**41. Please briefly describe any MAT training your drug court received:**

**\*42. If applicable, did this training expand the use of MAT for opioid use disorder or affect MAT practices in your drug court?**

Not applicable; no MAT training was received

No

A little

Moderately

Greatly

Unknown or unable to answer

**43. Please briefly explain:**

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Thank you for completing the Practices and Policies Relating to Medication-Assisted Treatment for Opioid Use Disorders in Adult Drug Courts Survey! We appreciate your time immensely. Your information has been recorded and NDCI staff will be in touch with next steps, if applicable.



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