To: Healthcare Provider

From: Jennifer M.A. Goff, Drug Court Coordinator

Date: _____

Re: Drug Court Participation

Drug Court is a special program in the Circuit Court system that is designed to treat addicted individuals and give them the tools they need to change their lives. The Drug Court Judge serves as the leader of an inter-disciplinary team of professionals. Most people that participate in the program are charged with drug-related offenses. Our Drug Court program is scheduled to be 18 months in duration, although some people may need more time to satisfy the criteria for program completion. To graduate, the participant must demonstrate continuous abstinence from drugs and alcohol for a substantial period of time (generally 6 months or longer), satisfy treatment conditions, and pay applicable fines and fees. They typically undergo several random, weekly drug and alcohol tests, and attend treatment and support groups.

Please note that _____ is recovering from a substance use disorder and is a participant in our Drug Court program. They are required to inform you (their healthcare provider) that they are prohibited from taking medications from the following groups because they pose a significant risk to their recovery: Benzodiazapines, Opiates/Opioids, Alcohol, Ephedrine, Anabolic Steroids, Stimulants, and other illicit drugs such as Methamphetamine, Cocaine, Heroin, and Marijuana. Please do not prescribe medication from the above categories unless it is medically necessary.

NOTE TO PARTICIPANT: You must provide: (1) a signed physician letter, (2) a doctor's note, discharge notes, or pharmacy printout, and (3) a written safety plan to the Drug Court Coordinator and Alcohol and Drug Counselor ***prior*** to taking any medication prescribed.

THIS ORIGINAL MUST BE COMPLETED BY THE MEDICAL PROVIDER AND RETURNED TO THE DRUG COURT COORDINATOR IMMEDIATELY

Name of provider:_____

☐ I acknowledge that I have received and read the letter from Crook County Drug Court dated _____.

☐ I understand that _____ is a Drug Court participant and is prohibited from taking medications from the following groups because they pose a significant risk to their recovery: Benzodiazapines, Opiates/Opioids, Alcohol, Ephedrine, Anabolic Steroids, Stimulants, and other illicit drugs such as Methamphetamine, Cocaine, Heroin, and Marijuana

There are ☐ are not ☐ alternative medications that I can prescribe at this time.

Medications prescribed:_____

_____

_____ _____

Signature of Medical Provider Date

Please return to:
Crook County Circuit Court
Attn: Jennifer M.A. Goff
Drug Court Coordinator
300 NE Third Street
Prineville, Oregon 97754
(541) 447-6541 x116
Fax: (541) 447-5116