

# **Addiction as a Brain Disease: Strategies for Integrating Treatment into the Court Systems**

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## **“A Public Health Solution: Recovery-Oriented Systems of Care”**

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**November 6, 2009  
Savannah, GA**

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President Barack Obama

*“As a Nation, we must work together to provide access to effective services that reduce substance abuse and promote healthy living.”*

August 31, 2009



*“At the Department of Health and Human Services we have a simple mission: protect the health of the American people and provide essential human services, especially for those who are least able to help themselves.”*

Kathleen Sebelius  
Secretary  
U.S. Department of Health & Human Services

May 5, 2009

# Substance Abuse and Mental Health Services Administration

- SAMHSA is one of 11 grant-making agencies within Department of Health & Human Services.
- SAMHSA's Mission: To build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.
- SAMHSA's 3 Centers:
  - Center for Substance Abuse Treatment
  - Center for Substance Abuse Prevention
  - Center for Mental Health Services

# SAMHSA GOALS

## Accountability

### Measure and Report Performance

- Track national trends
- Establish measurement and reporting systems
- Achieve excellence in management practices

## Capacity

### Increase Service Availability

- Support needs assessment, planning, and system improvements
- Promote appropriate outreach, assessment, and referral
- Support service expansion
- Promote consumer choice

## Effectiveness

### Improve Service Quality

- Improve client outcomes in SAMHSA programs
- Identify and promote evidence-based approaches
- Support recruitment, education, and retention of workforce

# We Face Multiple Challenges

- Reaching those in need of services
- Providing adequate resources
- Developing culturally-appropriate, evidence-based interventions
- Building and sustaining a qualified workforce
- Integrating substance use disorder services into the public health paradigm

# SAMHSA Priorities

SAMHSA Matrix of Priorities		Cross-Cutting Principles									
		Science to Services/ Evidence-Based Practices	Data for Performance Measurement & Management	Collaboration with Public, Private & International Partners	Reducing Stigma & Discrimination & Other Barriers to Service	Cultural Competency/ Eliminating Disparities	Community & Faith-Based Approaches	Trauma & Violence (e.g. Physical & Sexual Abuse)	Financing Strategies & Cost-Effectiveness	Rural & Other Specific Settings	Disaster Readiness & Response
Programs/Issues	Co-Occurring Disorders										
	Substance Abuse Treatment Capacity										
	Seclusion & Restraint										
	Strategic Prevention Framework										
	Children & Families										
	Mental Health System Transformation										
	Suicide Prevention										
	Homelessness										
	Older Adults										
	HIV/AIDS & Hepatitis										
	Criminal & Juvenile Justice										
	Workforce Development										

**A Life  
In The  
Community  
For  
Everyone**

**Building  
Resilience &  
Facilitating  
Recovery**

# SAMHSA Matrix of Priorities

- SAMHSA's Matrix of Priorities emphasizes the importance of promoting holistic, integrated approaches that advance the health and well-being of individuals, families, and communities.
- Through an integrated approach, mental and substance use disorders will be treated with the same urgency as other health conditions, and services will be more readily available where they are most easily accessed by people who need them.

# **SAMHSA's Role in Supporting Recovery from Substance Use Problems & Disorders**

- SAMHSA works to ensure that science, rather than ideology or anecdote, forms the foundation for the Nation's addiction treatment system.
- SAMHSA serves health professionals and the public by disseminating scientifically sound, clinically relevant information on best practices in the treatment of addictive disorders and by working to enhance public acceptance of that treatment.

# Substance Misuse can:

## Lead to:

- **Worsened medical conditions** (e.g. diabetes, hypertension, dental) and
- **Worsened brain disorders** (e.g. depression, psychosis, anxiety & sleep disorders)
- **Unintentional injuries & violence**



## Result in:

- **Dependence**, which may require multiple treatment services
- **Low birth weight, premature deliveries, and developmental disorders, child abuse & neglect**

# Substance Misuse can:

Contribute to or be associated with :

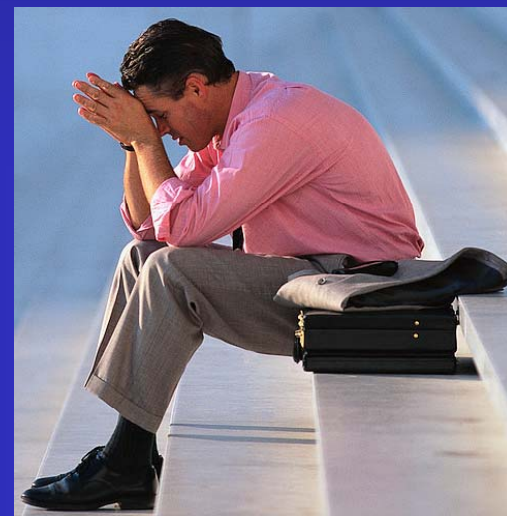
- Homelessness
- Criminal justice involvement
  - Domestic Violence
  - DUI/DWI
  - Assault and Battery
- The adverse effects and abuse of prescribed medications
- Unemployment
- Gambling
- Legal Issues
  - Bankruptcy
  - Foreclosures/Evictions
- Dropping out of school



# Substance Misuse can:

## Induce or facilitate:

- **Medical diseases** (e.g. Stroke, dementia, hypertension, cancers, dental)
- **Acquiring Infectious diseases & infections** (e.g. HIV, Hepatitis C)
- **Suicide attempts or tendencies**



# SAMHSA/CSAT's Public Health Approach

- Population-based
- Comprehensive and holistic
- Incorporates early intervention, treatment, recovery support, and health promotion
- Works across systems and professions
- Involves people in recovery, the community, the public and private sectors
- Evidence-based

# National Survey on Drug Use and Health

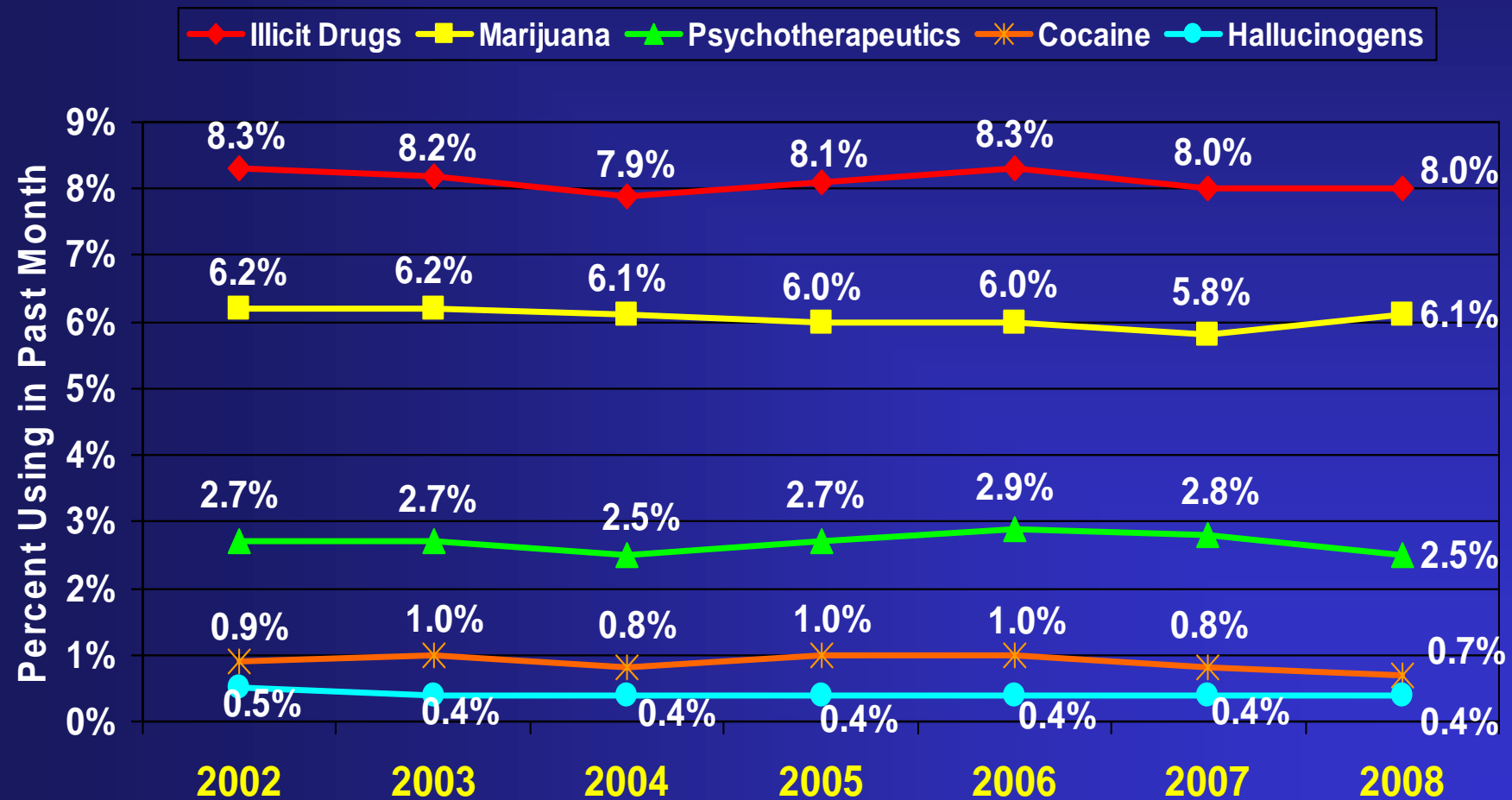
- Sponsored by SAMHSA
- NSDUH is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, noninstitutionalized U.S. population 12 years and older.
- Approximately 67,500 persons interviewed each year.

# Past Month Alcohol Use - 2008

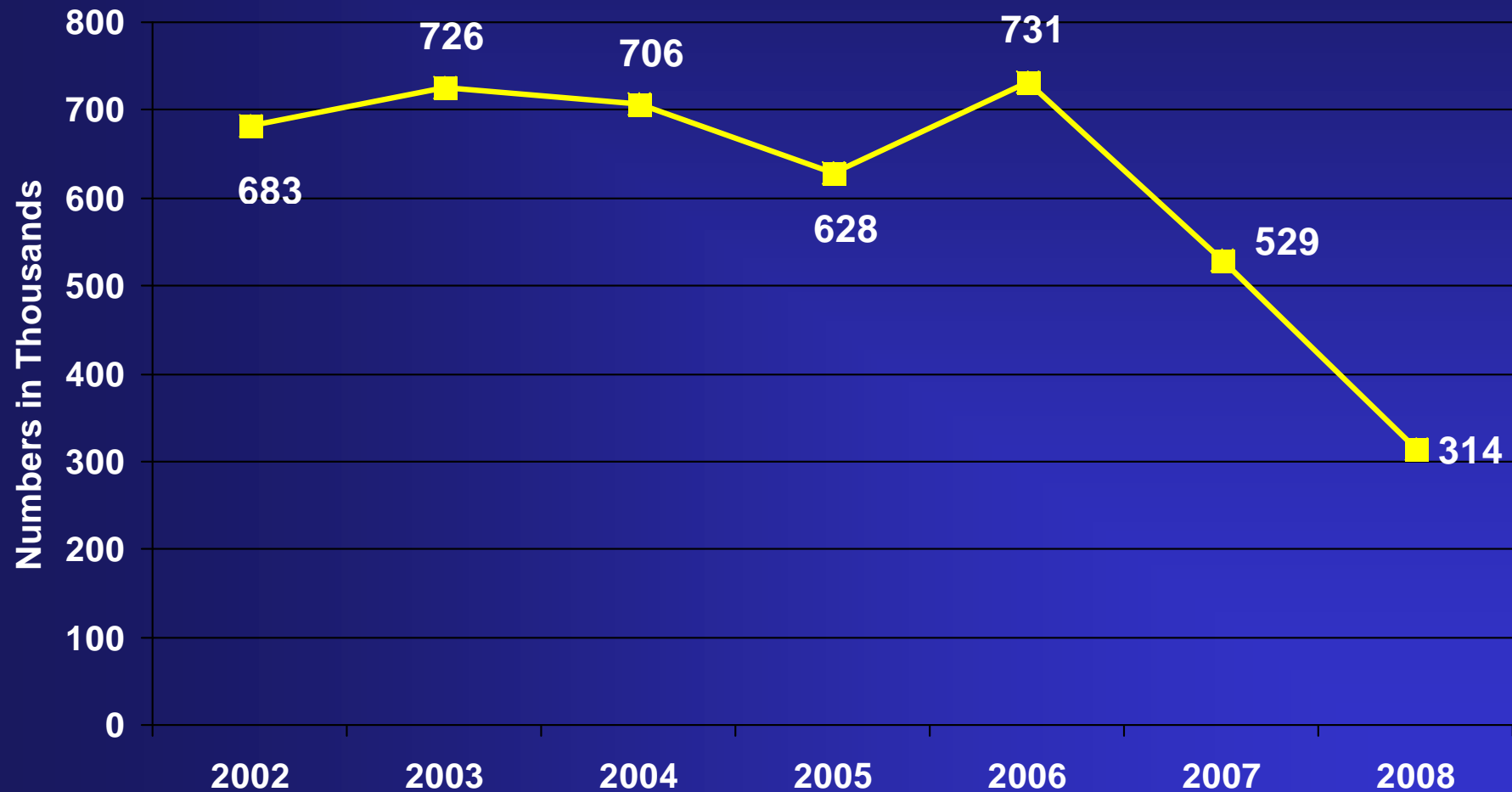
- Any Use: 52% (129 million)
- Binge Use: 23% (58 million)
- Heavy Use: 7% (17 million)

**(Current, Binge, and Heavy Use estimates are similar to those in 2007)**

# Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002-2008



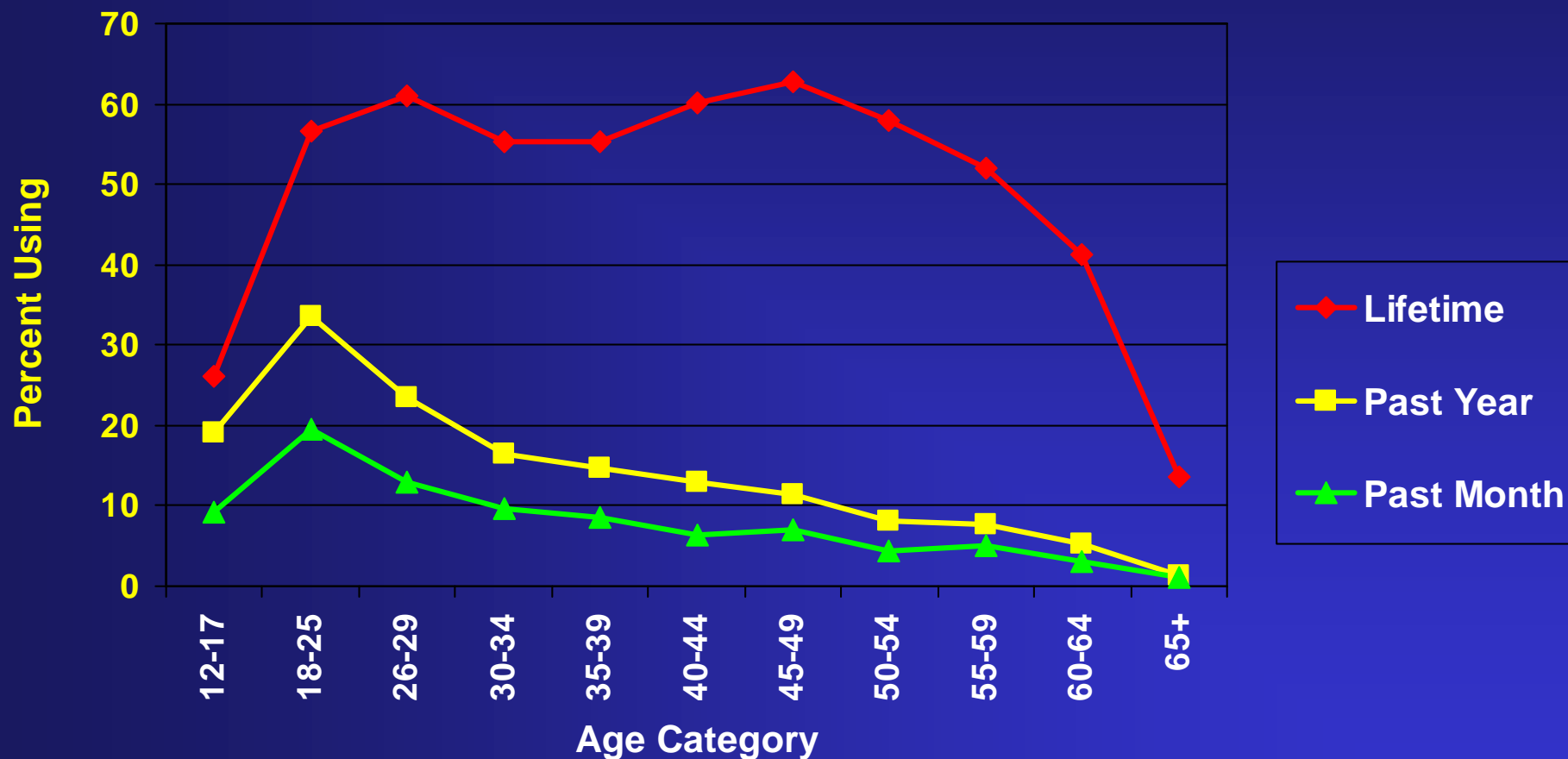
# Past Month Methamphetamine Use: Persons 12 years and older



# Ecstasy and LSD Use among Youths aged 12-17



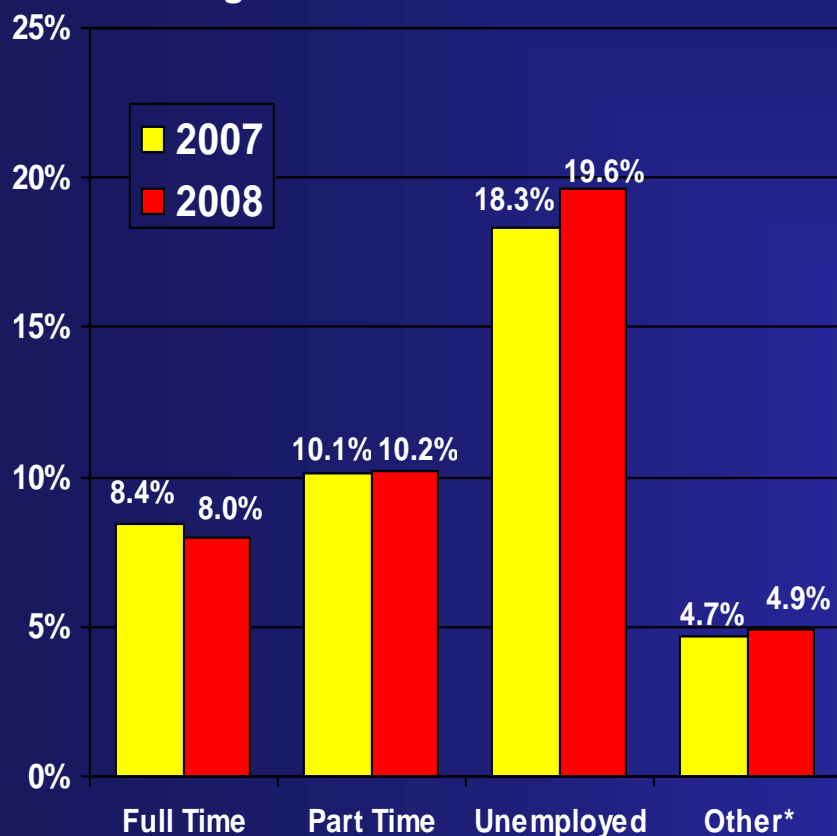
# Drug Use Among the General Population – 2008



Source: SAMHSA, Office of Applied Studies, national Survey on Drug Use & Health, 2005 & 2006

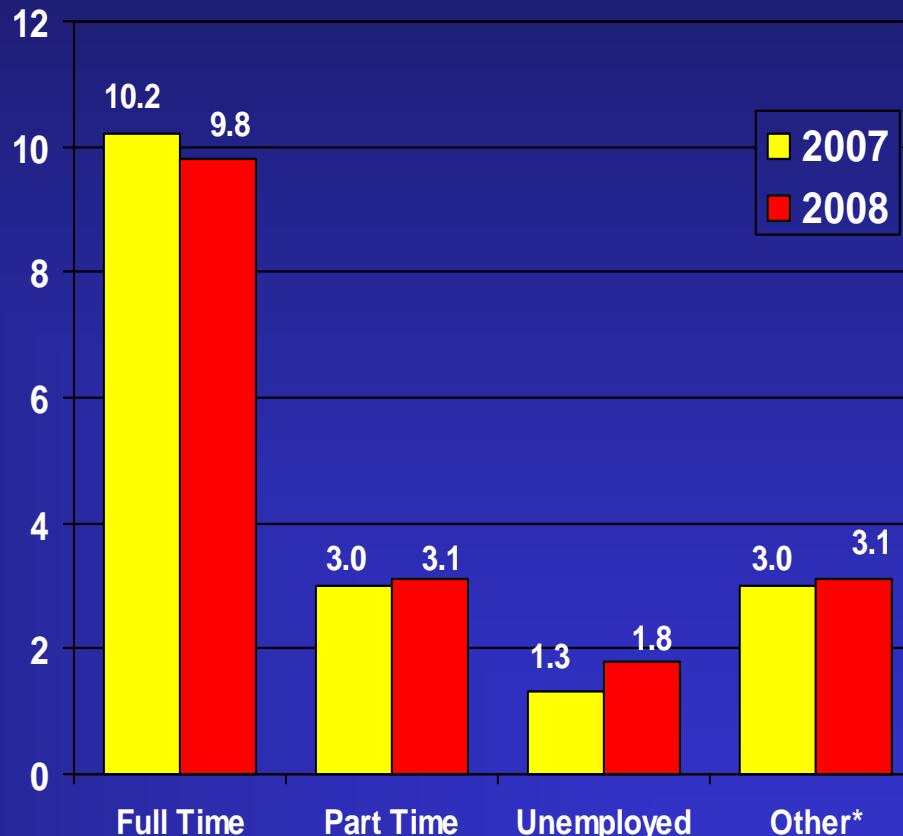
# Past Month Illicit Drug Use by Employment Status (18 years and older)

Percent Using in Past Month



Rate of Use

Millions of Users

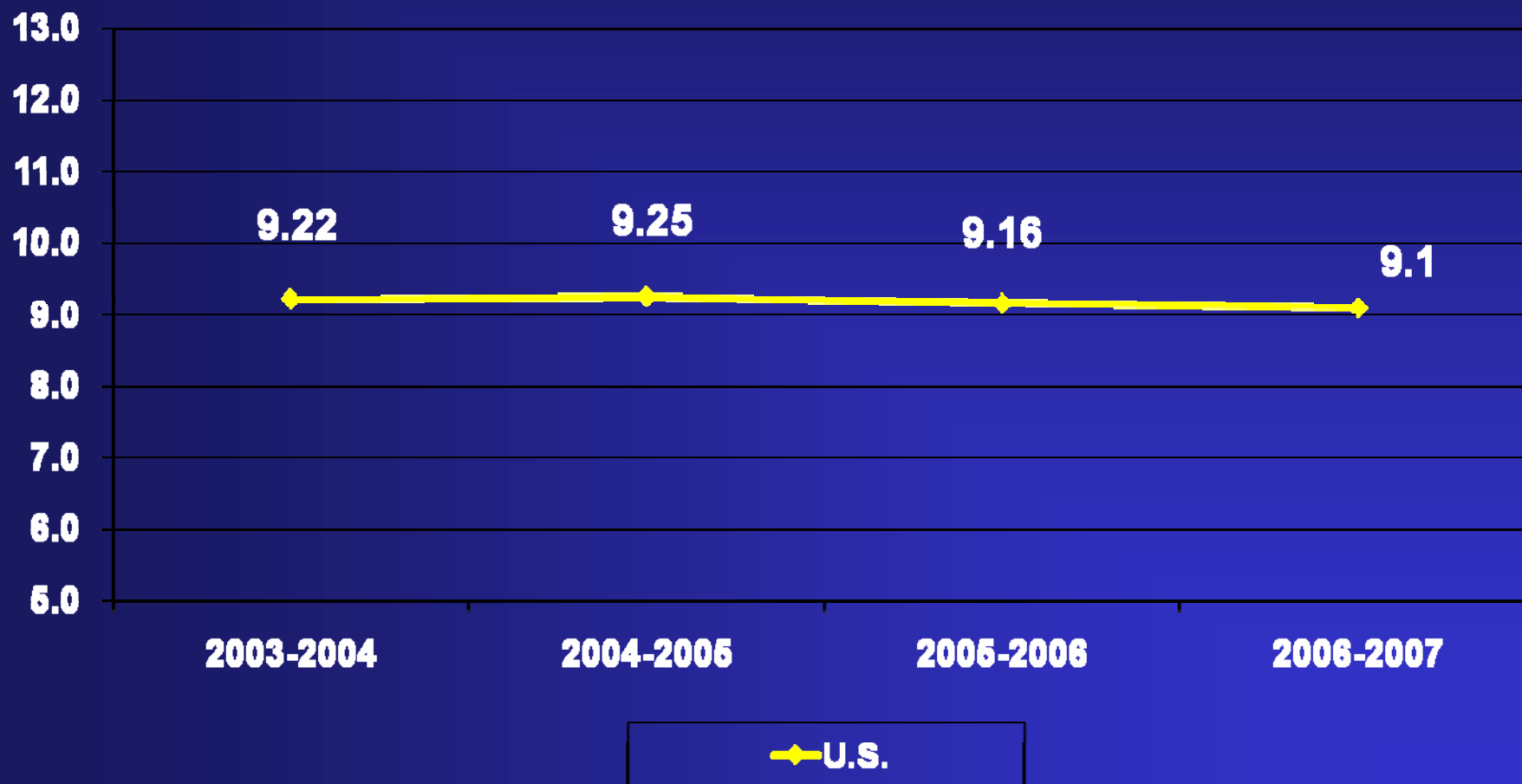


Number of Users

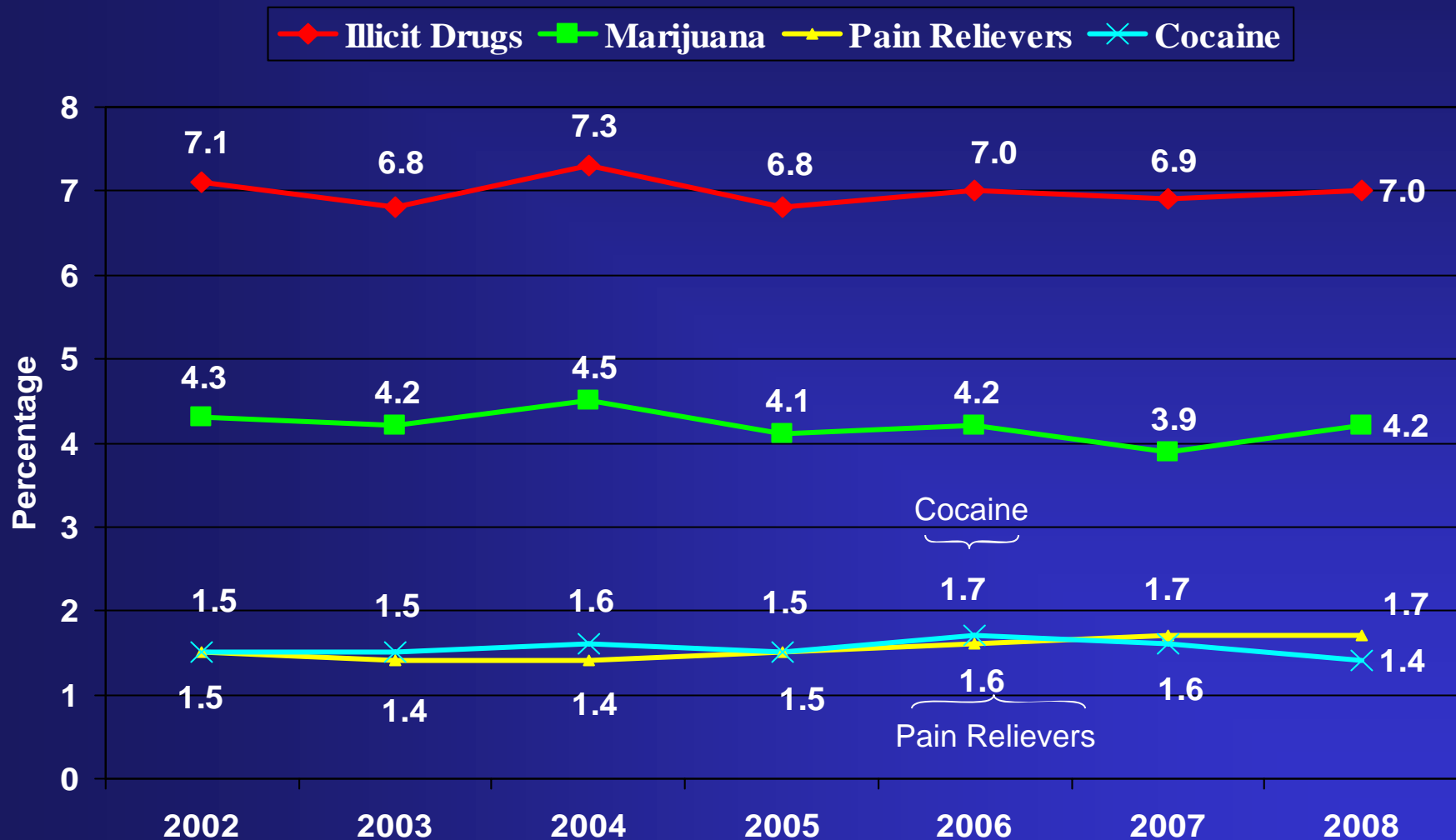
\* The Other Employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force. Source: NSDUH 2008

# Past Year Alcohol or Illicit Drug Dependence or Abuse (Persons 12+ years)

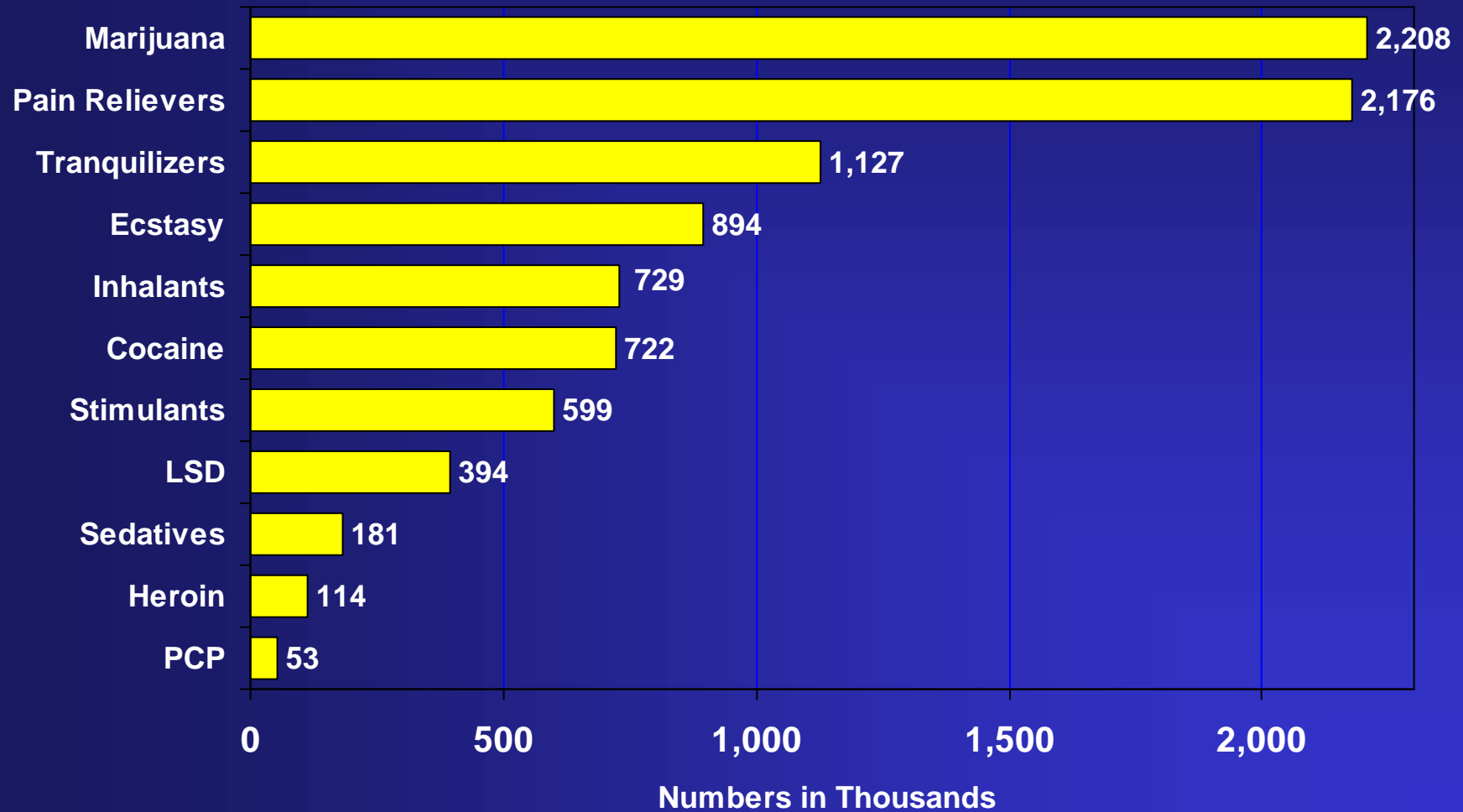
Percent



# Dependence on or Abuse of Selected Illicit Drugs



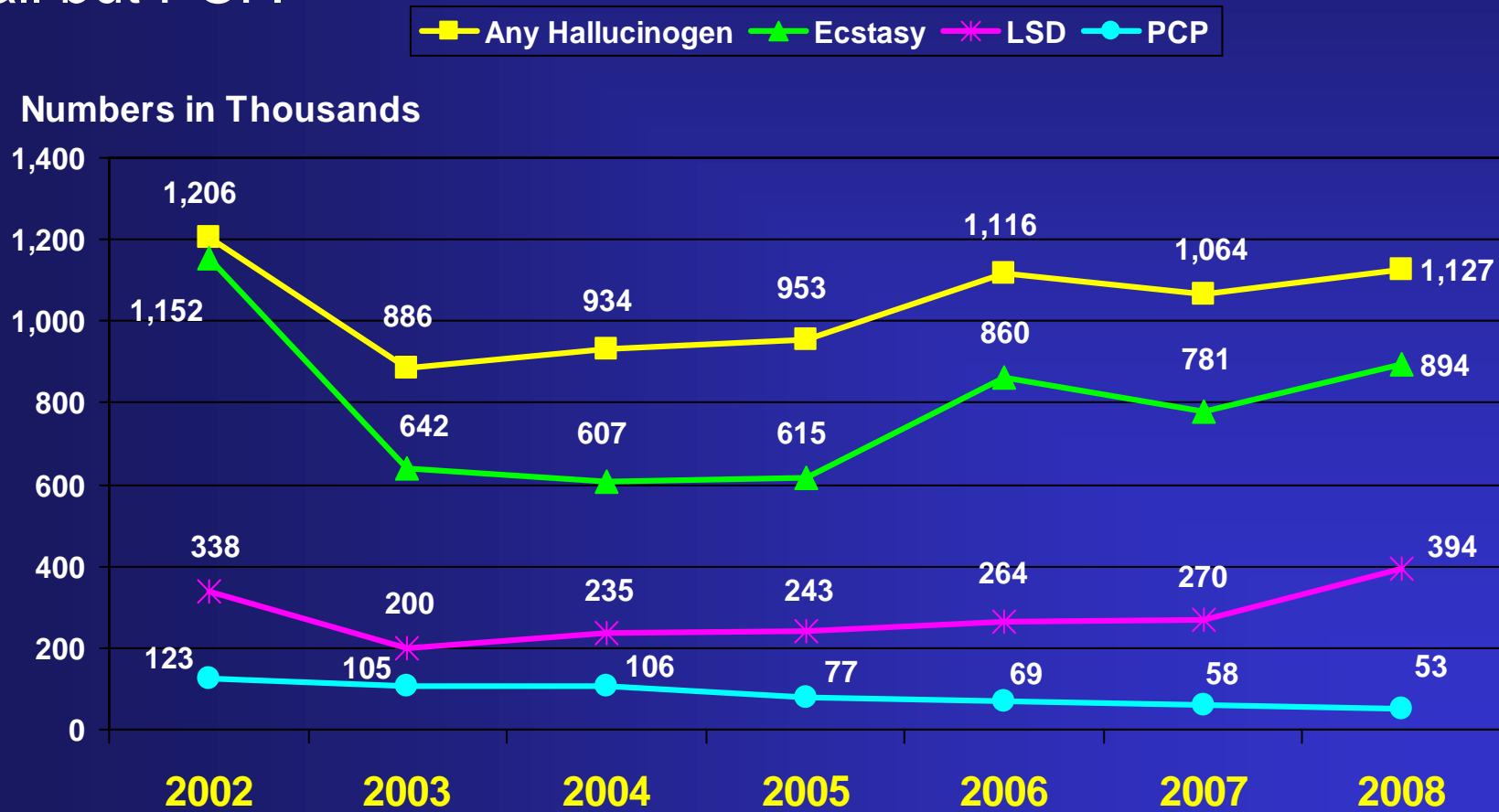
# Past Year Initiates for Specific Illicit Drugs among Persons Aged 12 or older: 2008



Source: NSDUH 2008

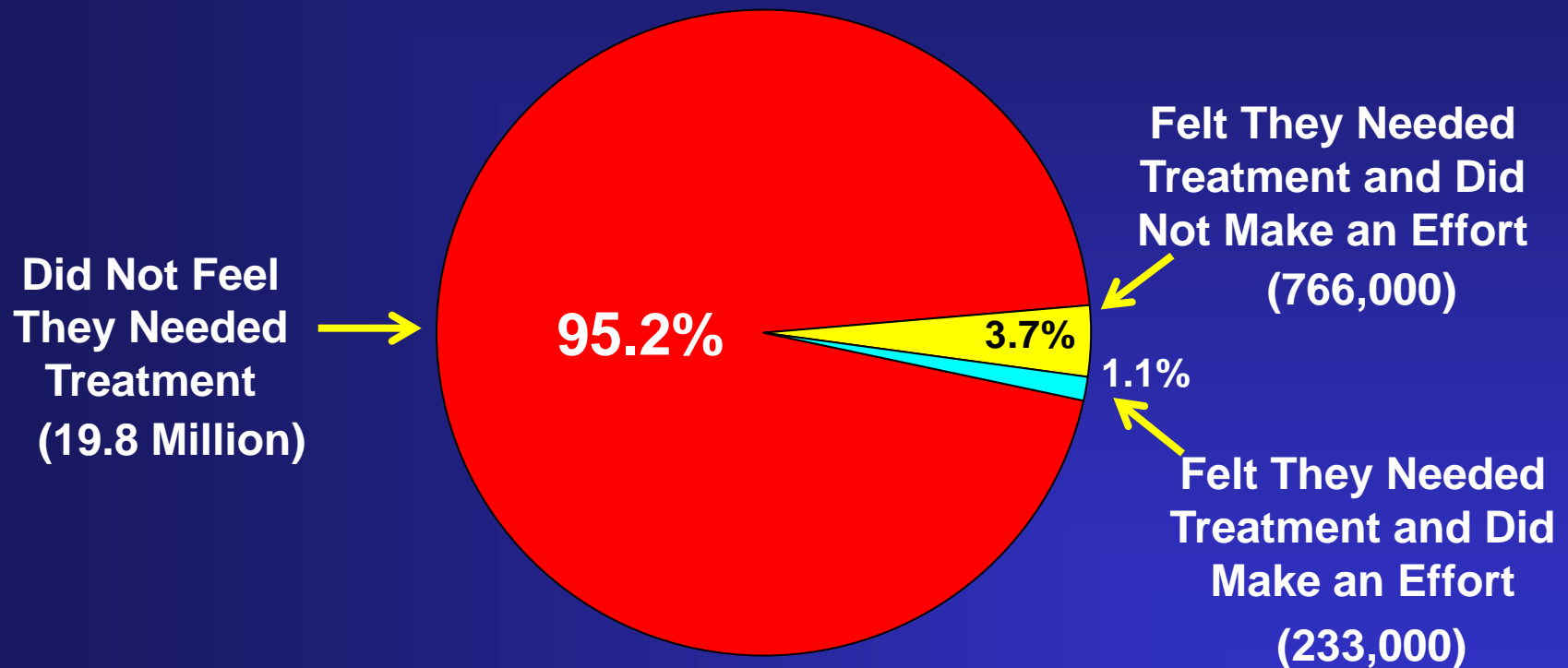
# Past Year Hallucinogen Initiates among Persons Aged 12+

There was an increase in past year hallucinogen initiates for all but PCP.



Source: NSDUH, 2008

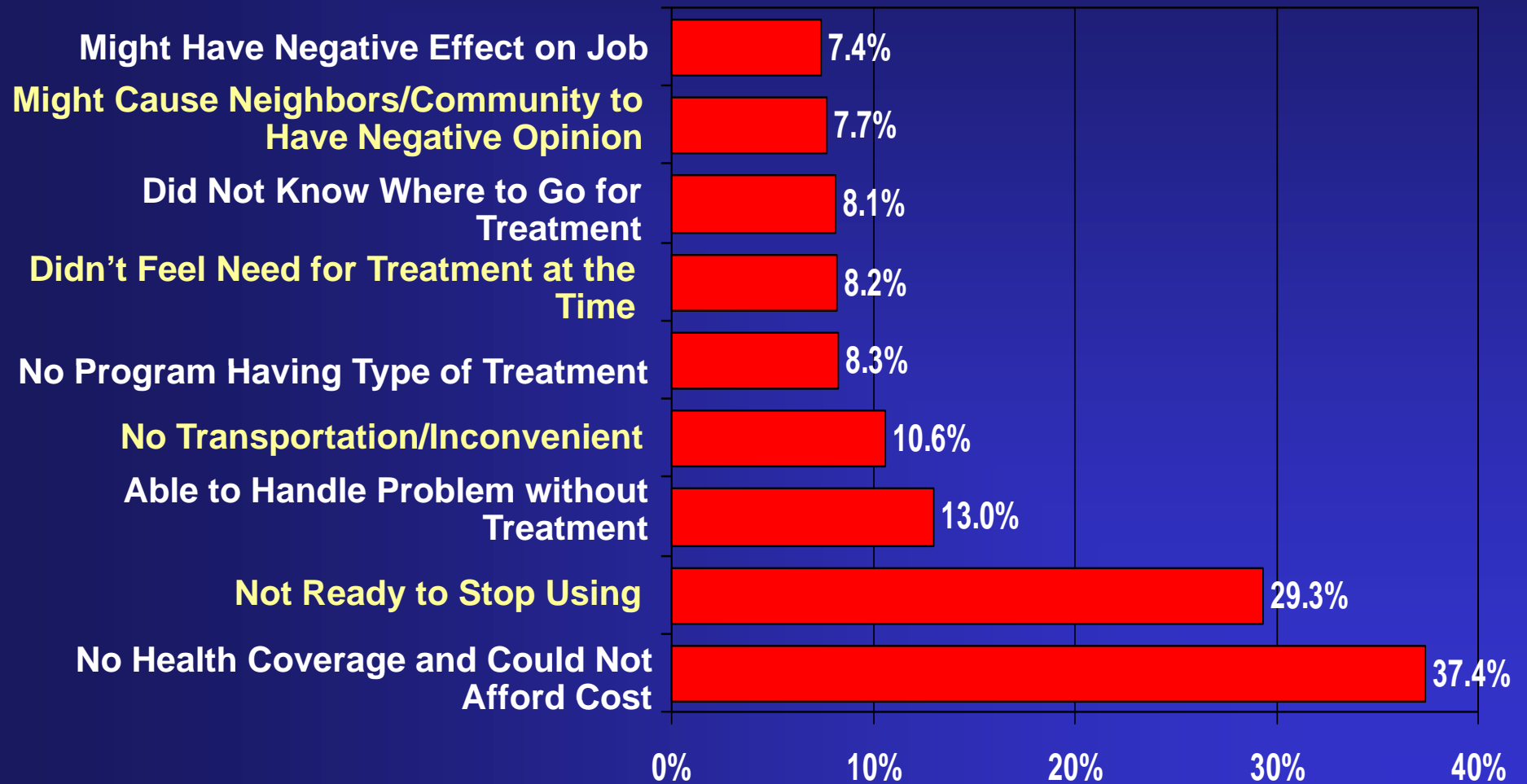
# Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2008



**20.8 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use**

# Reasons for Not Receiving Substance Use Treatment: Persons Aged 12+

Those who Needed & Made the Effort to Get Treatment But Did Not Receive Specialty Treatment



Source: NSDUH, 2005-2008 combined

Percent Reporting Reason

# SAMHSA's Public Health Approach

- Population-based
- Comprehensive and holistic
- Incorporates early intervention, treatment, recovery support, and health promotion
- Works across systems and professions
- Involves people in recovery, the community, the public and private sectors
- Evidence-based

# Drug Use and Criminal Activities

- As you are well aware, working in the criminal justice system, drug use and criminal activities are intricately connected.
- An annual average of 1.2 Million adults (18+) were arrested for serious violent or property offenses from 2002 to 2004.
- An annual average of 60.1% of adults who were arrested from 2002 to 2004 for any serious offense were more likely to have used an illicit drug in the past 12 months than those who were not arrested (13.6%).

# Drug Use and Criminal Activities

- The rate of substance abuse or dependence among adult offenders on probation or parole supervision is more than four times that of the general population<sup>1</sup> (38.5% vs. 9%)
- Nearly 3/4ths of state prison inmates are in need of some substance abuse intervention:
  - 31.5% of male inmates and 52.3% of all female inmates require intensive services such as residential treatment programs.<sup>2</sup>

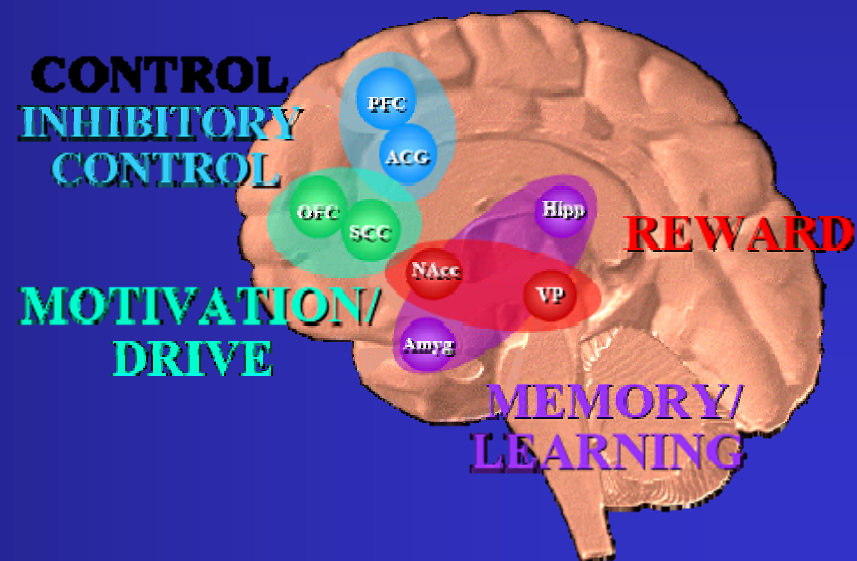
<sup>1</sup> NSDUH Report (2006)

<sup>2</sup> Belenko and J. Peugh, Estimating drug treatment needs among state prison inmates, *Drug and Alcohol Dependence* (2005),

# Drug Abuse and Criminal Activities

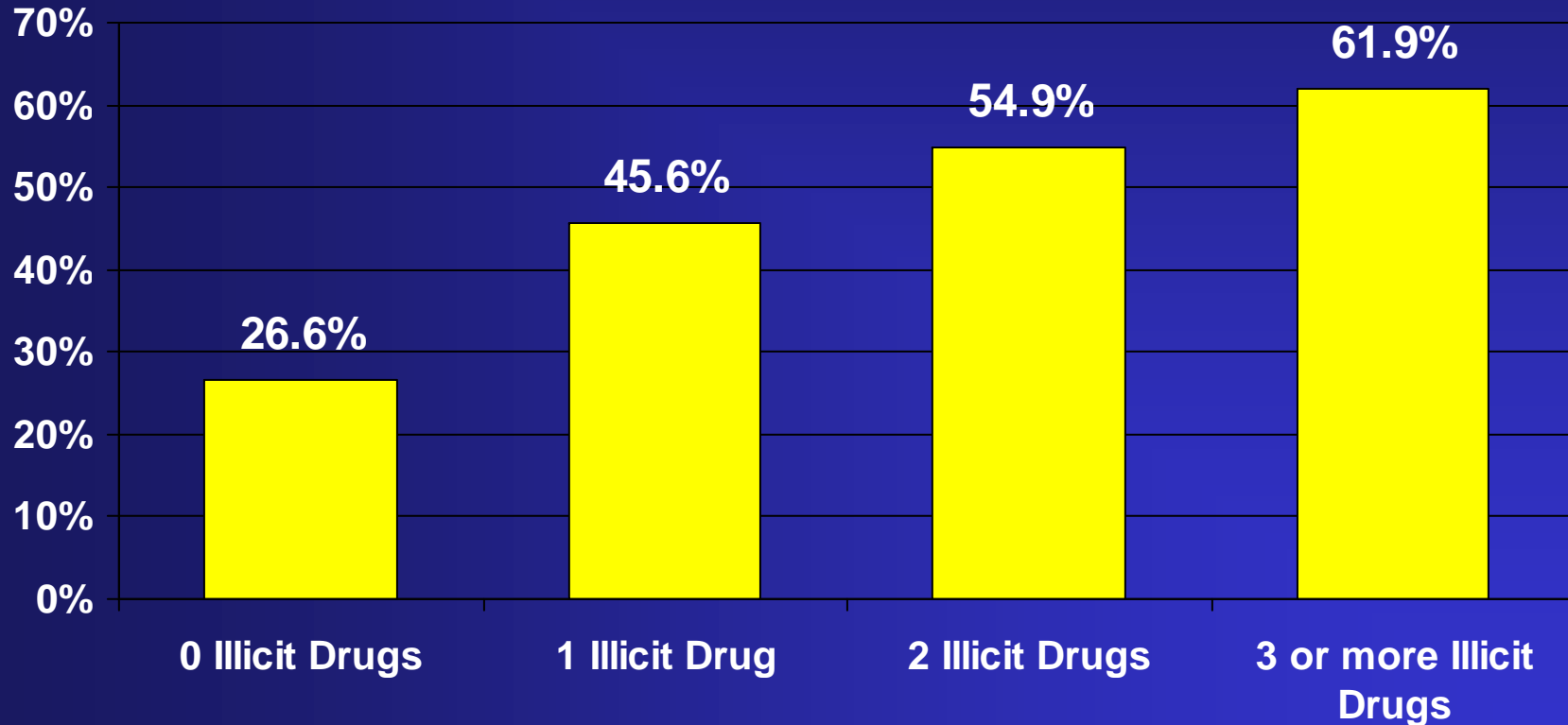
Repeated use of addictive drugs changes how the brain functions:

- Changes affect the brain's natural inhibition and reward centers, so the addict continues using drugs despite the threat of adverse health, social and legal consequences.



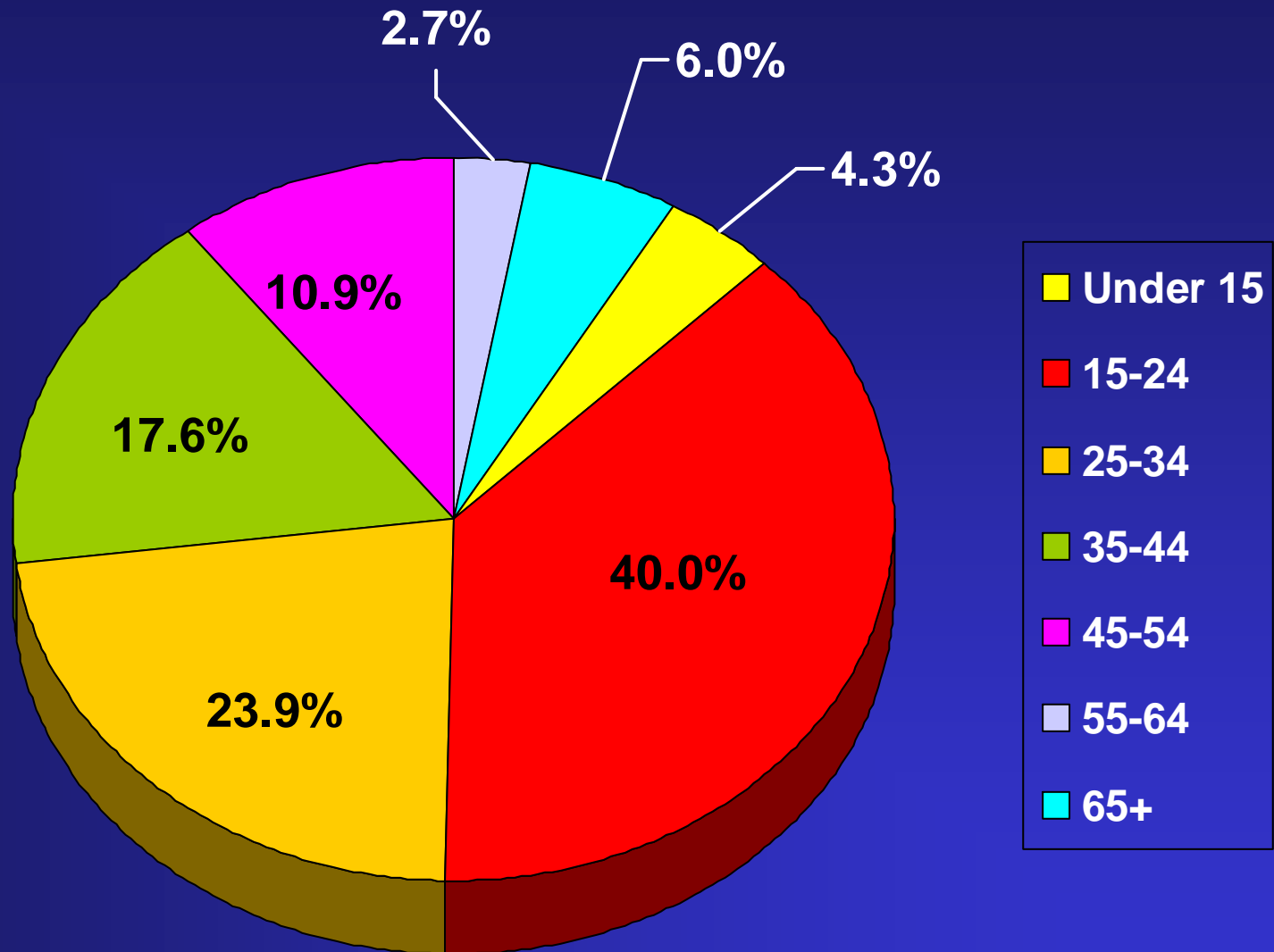
# Youth: Violent Behavior & Number of Drugs Used

In Past Year Violent Behavior, by Number of Illicit Drugs Used in Past Year: 2002, 2003, and 2004



# Arrests Attributed to Age Group

The age groups with the highest illicit drug use are also the age groups with the highest arrest rates



# Drug Use and Criminal Activities

- According to the FBI, law enforcement made more arrests for drug abuse violations (an estimated 1.8 million arrests, or 13% of the total number of arrests) than for any other offense in 2007.
- Also, in 2007, 3.9% of the 14,831 homicides -- in which circumstances were known -- were narcotics related.
  - Murders that occurred specifically during a narcotics felony, such as drug trafficking or manufacturing, are considered drug related.

# Offenders Under the Influence

- About 26% of the victims of violence reported that the offender was using drugs or alcohol.
- Overall 41% of violent crimes committed against college students and 38% of nonstudents were committed by an offender perceived to be using drugs.
- About 2 in 5 of all rape/sexual assaults and about a quarter of all robberies against a college student were committed by an offender perceived to be using drugs.
- 35% of workplace victims of violence believed the offender was drinking or using drugs at the time of the incident

# Disparities

- According to the FBI, the majority (69.7 percent) of persons arrested in 2007 were white.
- However, according to a recent Pew Center study, Black adults are four times as likely as whites and nearly 2.5 times as likely as Hispanics to be under correctional control.
- The FBI also reports that of those arrested in 2007 for drug violations:
  - 63.7% were white
  - 35.1% were black
  - 0.6% were American Indian/Alaska Native
  - 0.6% were Asian/Pacific Islander

# New Policy on Medical Use of Marijuana

- October 29, 2009, Attorney General's memorandum regarding investigations and prosecutions in States authorizing the medical use of marijuana.
- 14 states allow some use of marijuana for medical purposes.
- Federal resources should not be focused in States or with individuals whose actions are in clear and unambiguous compliance with existing state laws providing for the medical use of marijuana.
- Prosecution of commercial enterprises that unlawfully market and sell marijuana for profit continues to be an enforcement priority for the Department of Justice.

# Defining “Clear and Unambiguous Compliance”

- According to the Department of Justice memo, the presence of any of the following characteristics may indicate illegal drug trafficking activity of potential federal interest:
  - Unlawful possession or use of firearms;
  - Violence;
  - Sales to minors;
  - Financial and marketing activities inconsistent with purported compliance with state or local law – money laundering, financial gains or excessive amounts of cash;
  - Amounts of marijuana inconsistent with purported state or local law;
  - Illegal possession or sale of other controlled substances; or
  - Ties to other criminal activities.

# Basis for Prosecution

- The memorandum does not alter the DOJ's authority to enforce federal law.
- The guidance regarding resource allocation does not “legalize” marijuana or provide a legal defense to a violation of federal law.
- Nothing in the memo precludes investigation or prosecution where there is a reasonable basis that compliance with state law is being used as a pretext for illegal production/distribution of marijuana.
- The guidance also does not preclude investigation or prosecution – even when there is clear and unambiguous compliance with existing state law – when investigation or prosecution otherwise serves important federal interests.

# Response from the Department of Transportation

- The Department of Transportation declared that advice from the Department of Justice regarding guidelines for federal prosecutors in states that have enacted laws authorizing the use of “medical marijuana” have no bearing on the DOT’s regulated drug testing program.
- “It remains unacceptable for any safety-sensitive employee subject to drug testing under the Department of Transportation’s drug testing regulations to use marijuana,” said Jim L. Swart, Director of the Office of Drug and Alcohol Policy and Compliance of the Department of Transportation

# **A Balanced Approach To Drug Abuse Intervention**

# Unintended Consequences

- A solution that only considers one or two of the strategies may only serve to stimulate the creativity of the narcopharmacologist.
- Narcopharmacologists are flexible
  - If one source is blocked, they'll find another.
  - If law enforcement focuses on one area, they'll move to another.
  - If prevention messages target one audience, they'll market to another.

# Tipping Public Support

- An unbalanced approach that does not consider all possible consequences may only serve to tip the American public against those in charge of public health and safety –
  - Resulting in unintended consequences
- We must not lose sight of the big picture objective: reducing widespread demand and use of illicit drugs.
  - Narcopharmacology is a business.
  - If that business is no longer profitable, it closes up shop.



# Creativity of the Narcopharmacologist

- In 2008, a Tennessee trio was arrested in a Wal-Mart parking lot when security guards discovered a “one pot” (or “shake and bake”) meth lab in their car.
- The new “shake and bake” method requires only a few pseudoephedrine pills, circumventing laws passed restricting the sale of large quantities of over-the-counter decongestants, cold and allergy remedies.
- After a 40 minute ride in the car or even a bike, with ingredients mixed in a 2-liter plastic soda bottle, the meth producer usually retrieves the contents, and discards the bottle – producing a further hazard for the general public.



# The Tail Wagging the Dog?

- According to 2008 NSDUH 314,000 people in the U.S. admitted to past month methamphetamine use (down from 529,000 in 2007).
- In 2007, there were 137,154 admissions to treatment facilities related to meth use. *(TEDS)*
- There were an estimated 900 methamphetamine related deaths in 2005. *(Rand Drug Policy Research Center – CureResearch.com)*
- In the U.S., 35 to 50 million people get the flu each year. *(American College of Allergy, Asthma & Immunology)*
- CDC estimates that there are 200,000 flu-associated hospital admissions each year – a figure that is steadily increasing.
- Of those admissions, there are an average of 39,000 flu-related deaths annually.



## The Tail Wagging the Dog?

- Policy intended to solve one problem may result in causing a larger one:
- In Indiana, a woman was arrested for purchasing 2 cold medicines for her family within a seven day period.
  - The purchase of one box of Zyrtec-D for her husband and a box of Mucinex-D for her adult daughter totaled 3.6 grams of pseudoephedrine in a week's time.
  - The amount put her in violation of Indiana law -- created to limit access to key ingredients for meth production -- which restricts the sale of ephedrine and pseudoephedrine products to no more than 3.0 grams within any seven-day period.



# The Tail Wagging the Dog?

The process that lead to the arrest:

- Indiana pharmacies post “meth warning” signs and keep records of customers who purchase products containing PSE.
- Pharmacies are required to submit a list of purchase records to police, who examine the lists for violations of the law.
- The woman arrested – a grandmother and employee of the Rockville Correctional Facility -- found her police mug shot on the front page of the local newspaper with an article entitled “17 Arrested on Drug Sweep.”
- The Vermillion County Prosecutor is working with the woman on a deferral program that could result in the class-C misdemeanor being erased from her record in 30 days.



## The Tail Wagging the Dog?

- Union, Missouri (pop. 8,000) recently became the second U.S. town to pass a law requiring prescriptions for cold and allergy medications that contain pseudoephedrine. (Washington, MO passed its own law in June.)
- Union's mayor said he would prefer a state-wide prescription law, but that the state doesn't seem to want to address the problem.
- Organizations against the new law include the Missouri Medical Association, Missouri Retailers Assn, and the Missouri Pharmacy Assn – citing it will make it more difficult and expensive for those who are sick to get relief.
- One retired resident agreed, saying the law is going to be a hardship for people. "Meth is definitely a problem, but meth makers can just go to the next town to get what they want," he said.

# Balanced Strategies To Methamphetamine

**Stepped up  
Law Enforcement**

**Increased Prevention  
Efforts**

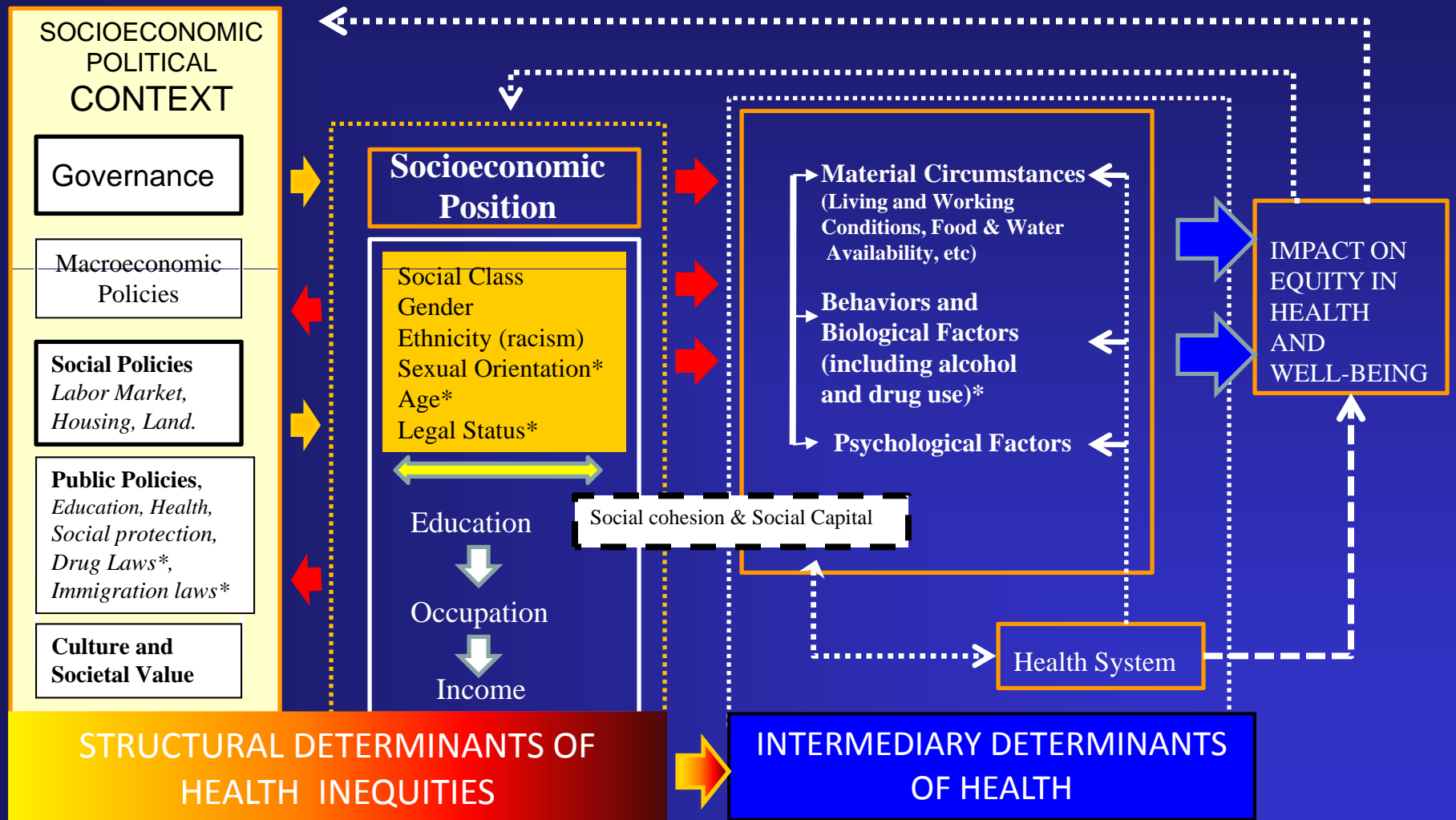
**A  
Balanced  
Approach**

**Increased Access  
To Treatment**

**Pseudophedrine Laws**

**Multiple Media  
Campaigns**

# The Social Determinants of Health\*



\* Adapted from the World Health Organization

# Recovery is a “Holistic” Process

- Recovery is a “holistic” process that benefits from the participation of a diverse group of private and public resources.
- Every resource, system, service, etc., that contributes to the recovery of an individual “owns” a piece of the recovery process.
- The Federal government has a role, but the approach is much larger – encompassing a wide spectrum of State, local, Tribal, community-based, faith-based, and peer-to-peer supports, services, and systems.

# The Recovery Process

Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.

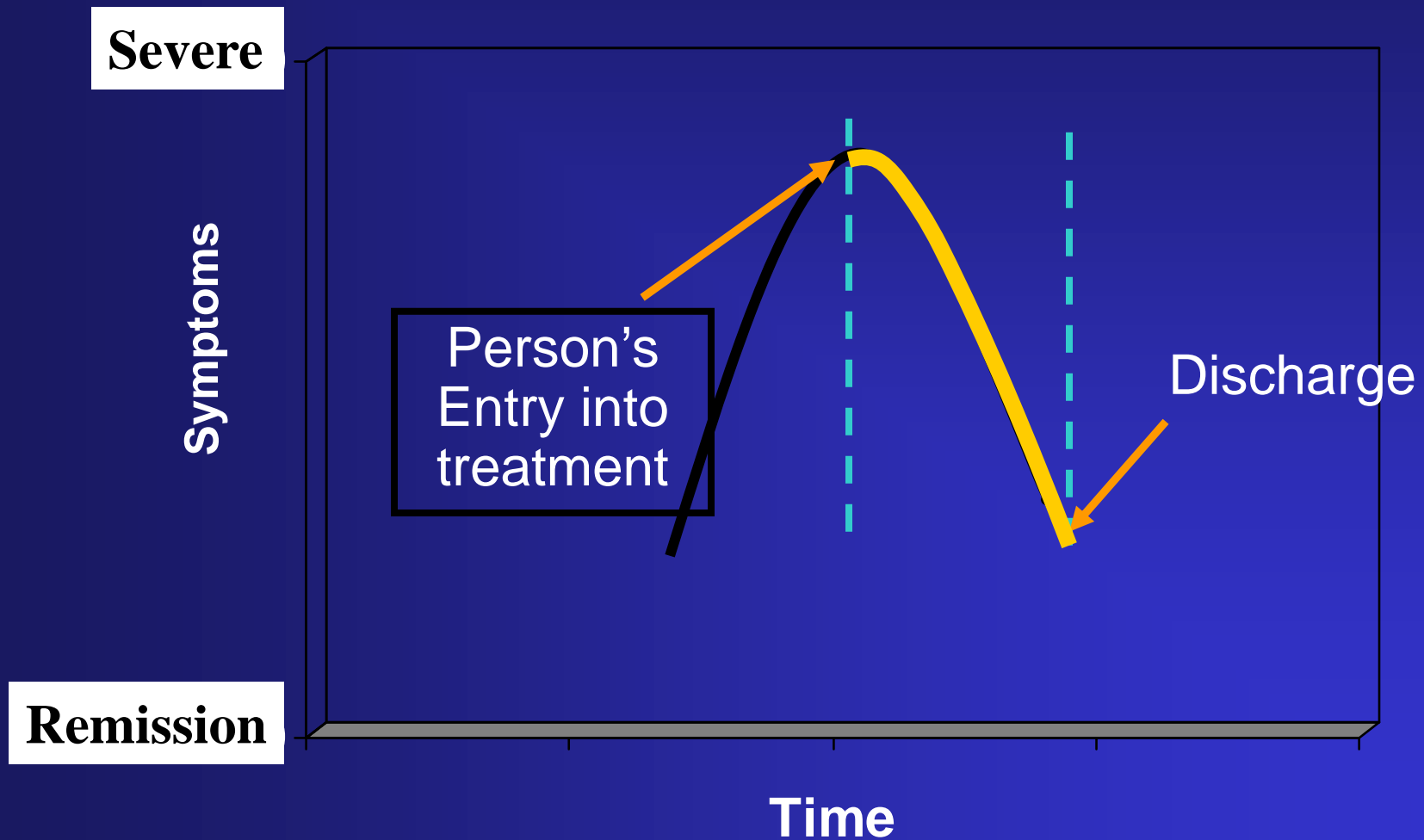
# Challenges for a Traditional Approach

- Traditional treatment approaches provide challenges that translate into less cost-effective use of funds:
- 52.3% of those admitted to U.S. public substance abuse treatment programs in 2006 were re-entering treatment:
  - 21.3% for the second time, 17.4% for the third or fourth time, and 13.6% for the fifth or more time. <sup>1</sup>
- One recent study found that median time from first treatment to 1 alcohol- and drug-free year was 9 years – with 3 to 4 episodes of treatment.<sup>2</sup>

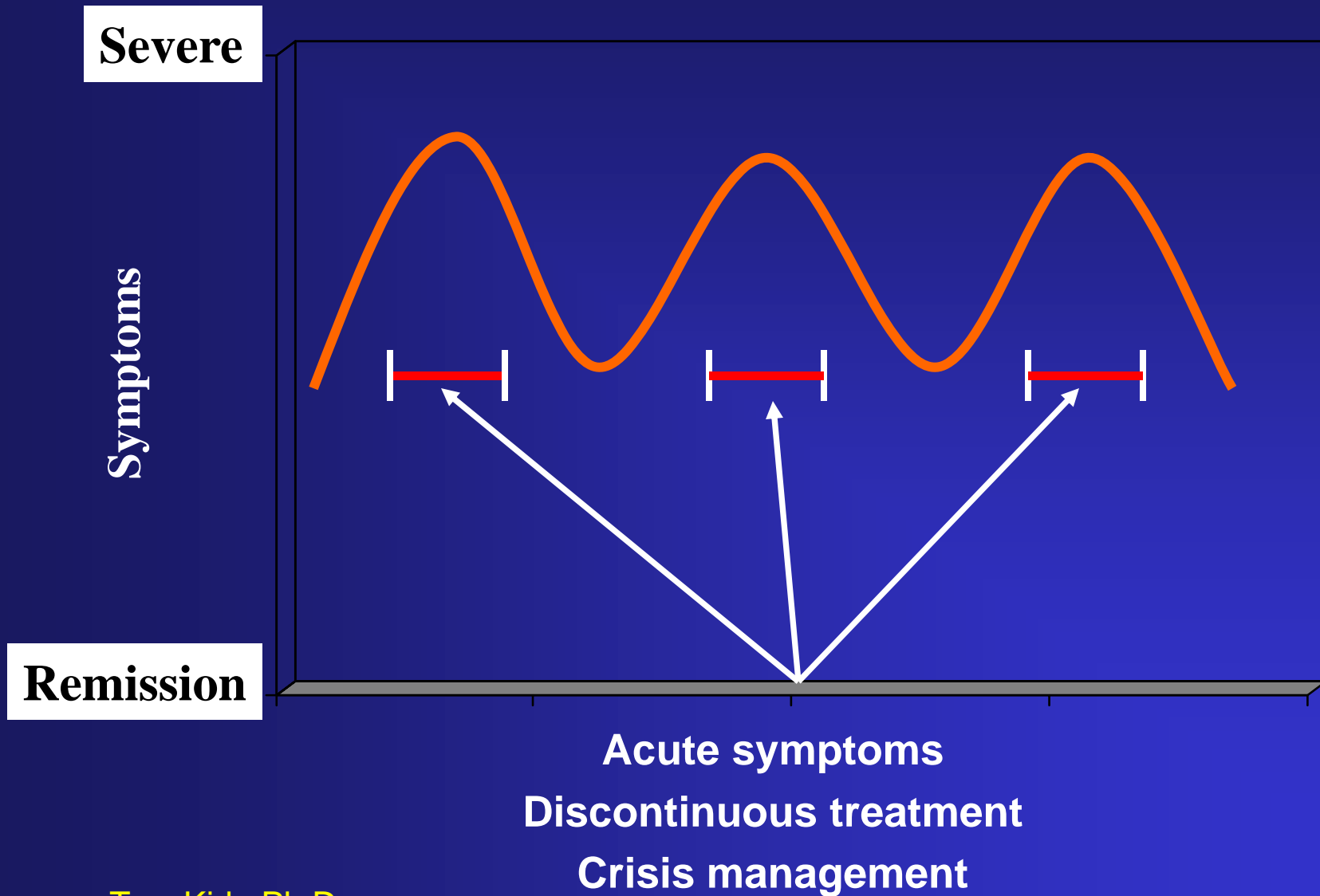
<sup>1</sup>SAMHSA, Office of Applied Studies. Treatment Episode Data Set (TEDS). Highlights - 2006. National Admissions to Substance Abuse Treatment Services

<sup>2</sup>Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers, *Journal of Substance Abuse Treatment* 28 (Suppl. 1): S51-S62

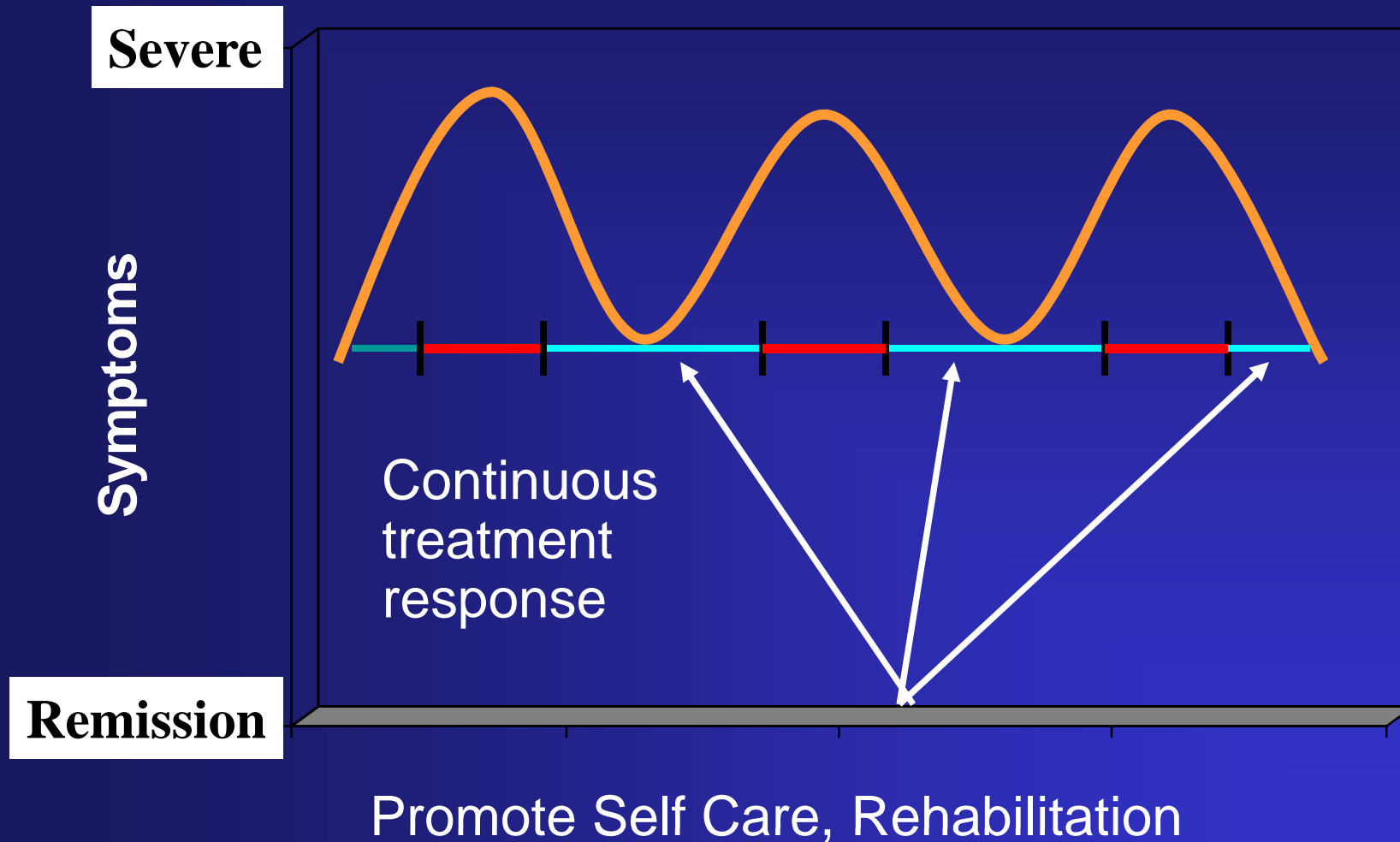
# A Traditional Course of Treatment for a Substance Use Disorder



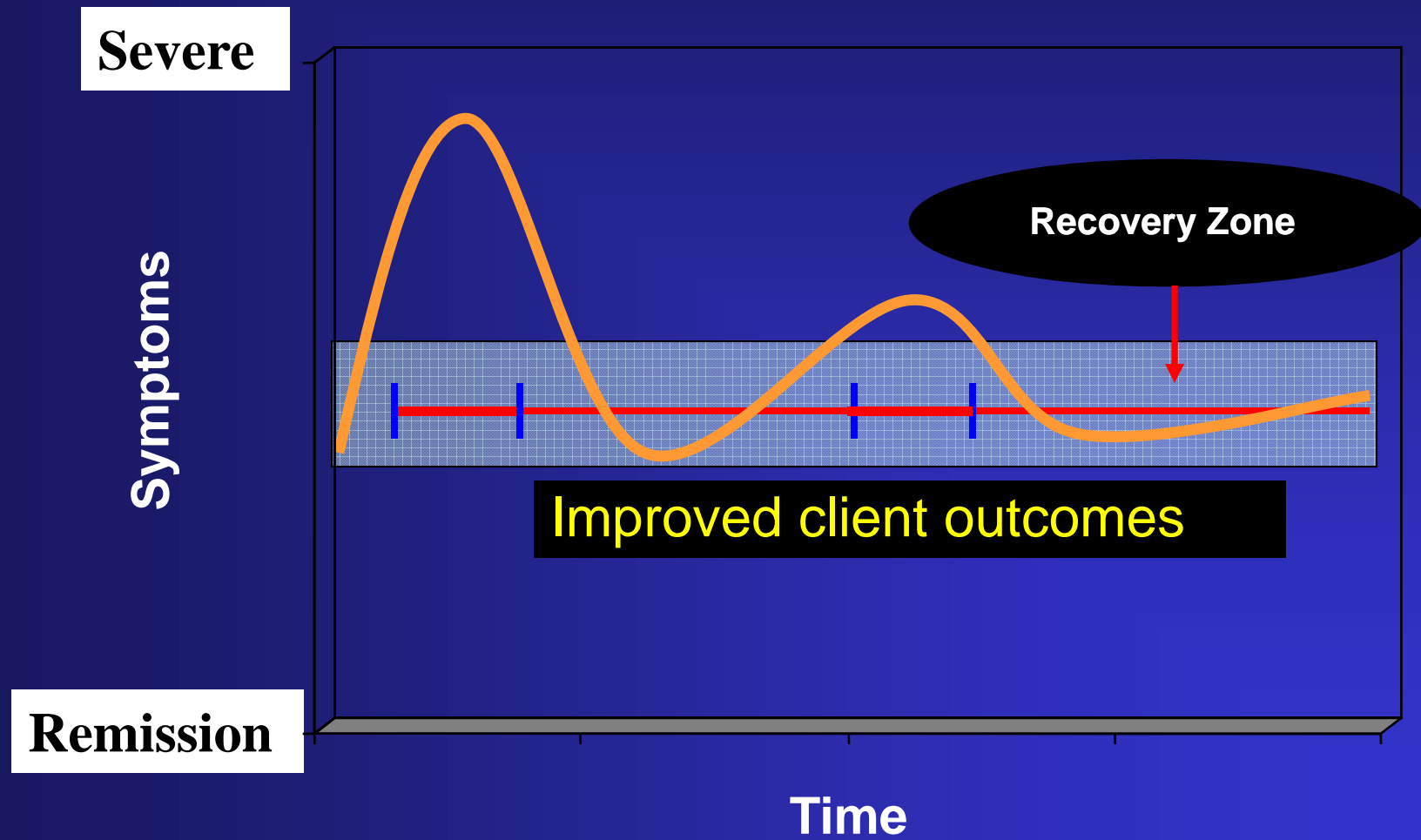
# A Traditional Service Response



# A Recovery-Oriented Response



# Helping People Move Into A Recovery Zone



# Benefits of Moving into a Recovery Zone

- Chronic care approaches, including self-management, family supports, and integrated services, improve recovery outcomes <sup>1</sup>
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness <sup>2</sup>

<sup>1</sup> Lorig et al, 2001; Jason, Davis, Ferrari, & Bishop; 2001; Weisner et al, 2001; Friedmann et al, 2001

<sup>2</sup> Smith, Meyers, & Miller, 2001; Humphreys & Moos, 2001)

# Description of Recovery-Oriented Systems of Care

A recovery-oriented systems of care approach supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.

# Recovery-Oriented Systems of Care: A Paradigm Shift

Recovery-Oriented Systems of Care shift  
the question from

*“How do we get the client into treatment?”*

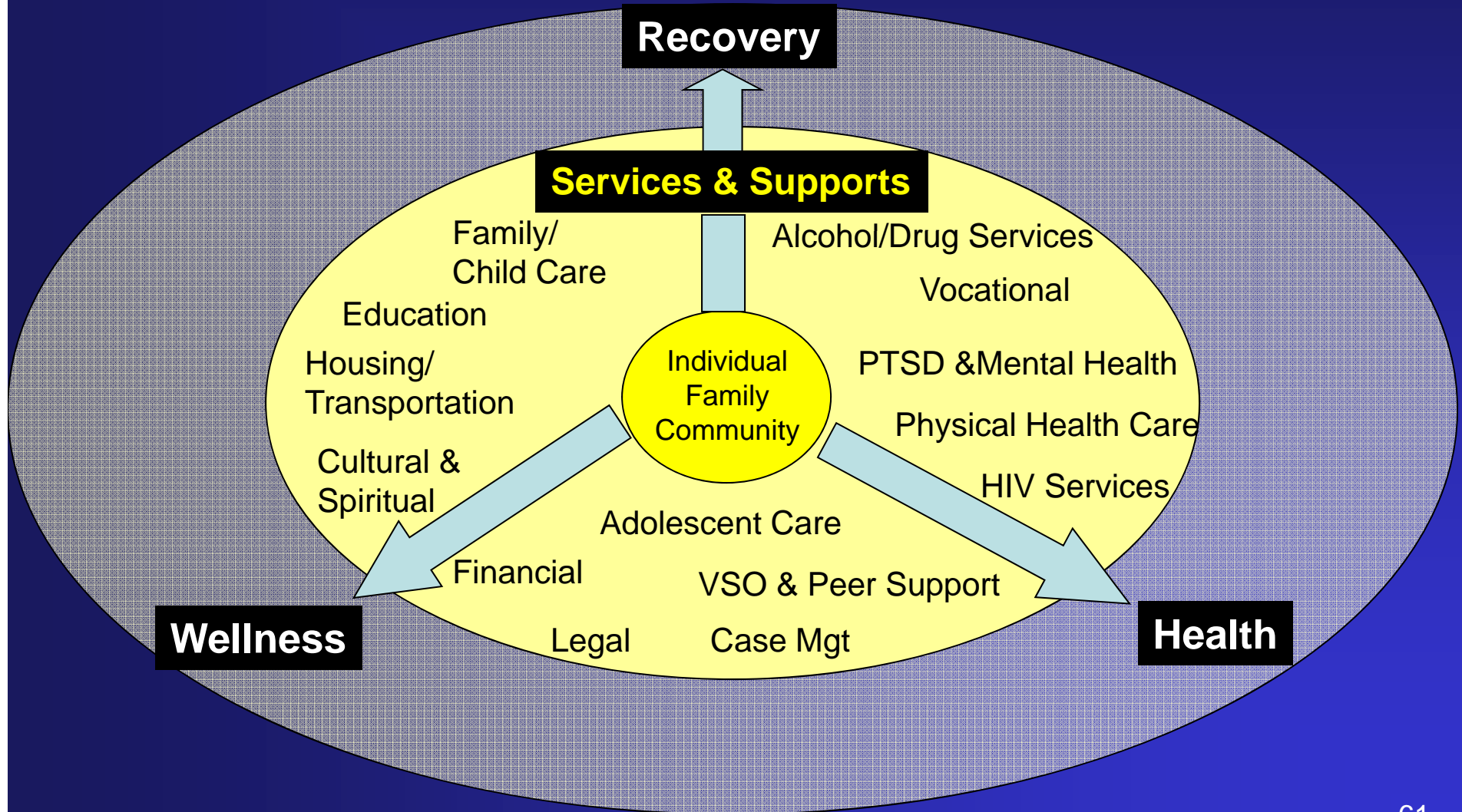
to

*“How do we support the process of  
recovery within the person’s  
environment?”*

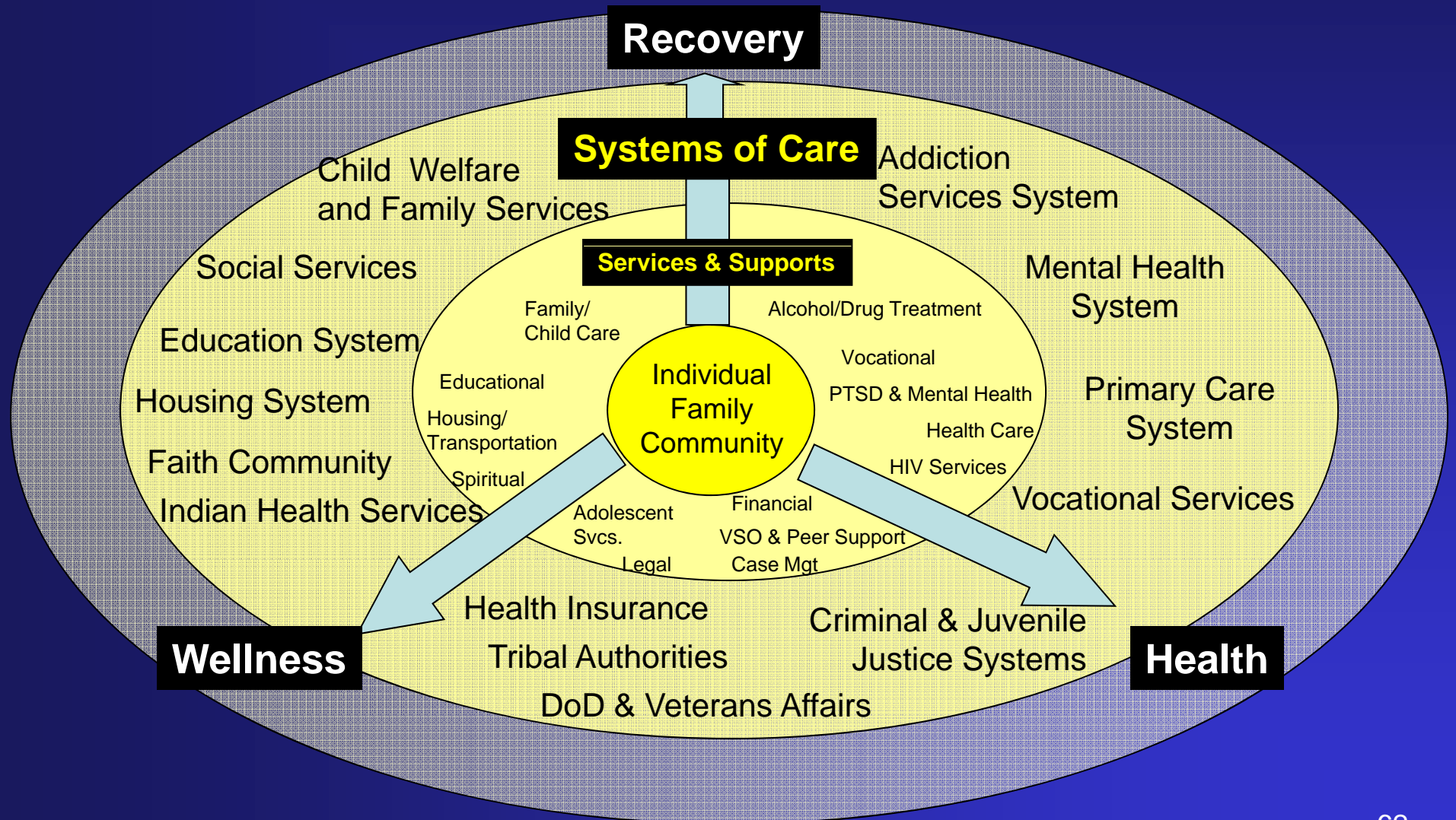
# A Client-Centered Approach

- In the recovery-oriented systems of care approach, the treatment agency is viewed as one of many resources needed for a client's successful integration into the community.
- No one source of support is more dominant than another.
- Various supports need to work in harmony with the client's direction, so that all possible supports are working for and with the person in recovery.

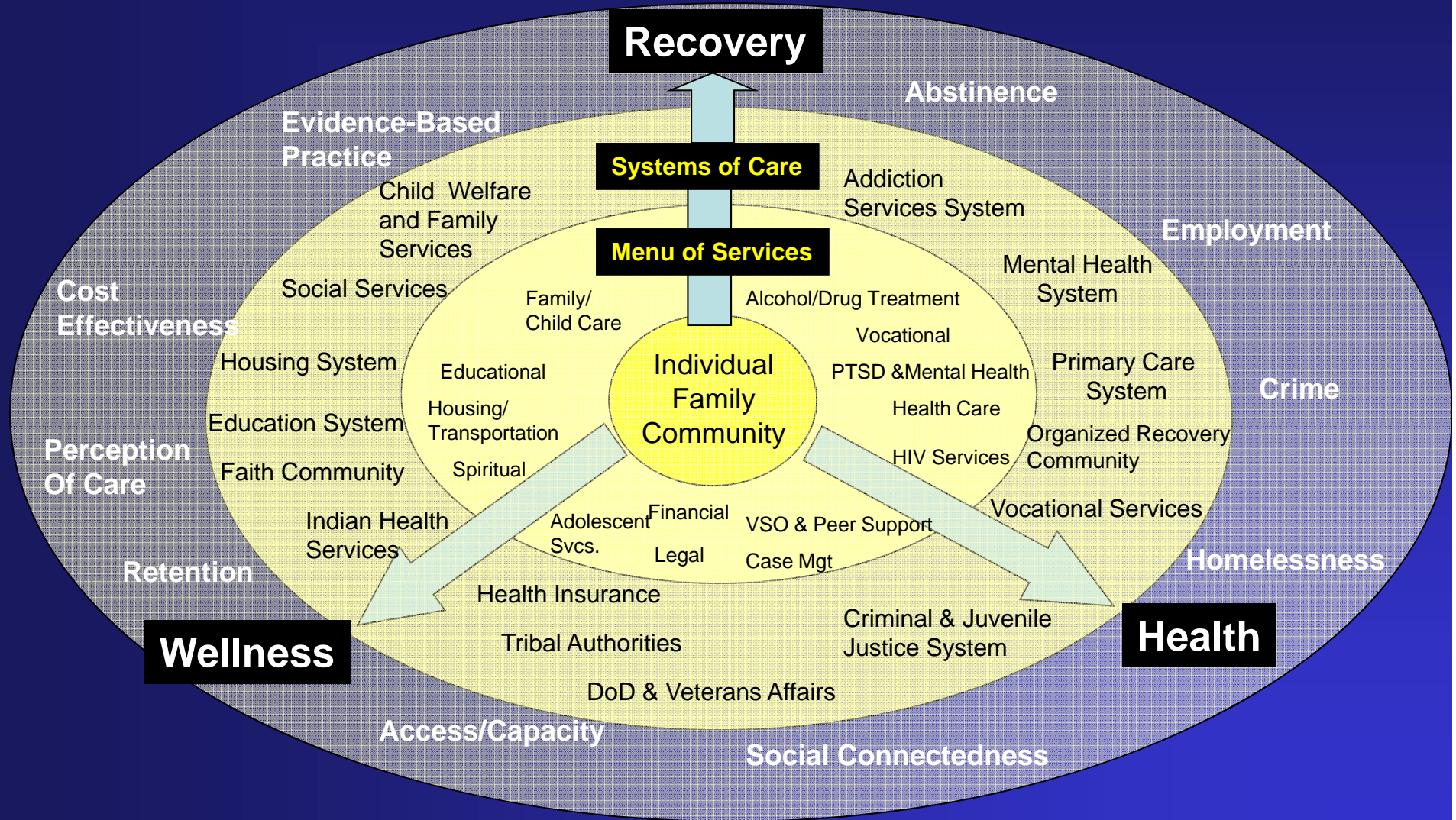
**ROSC offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathways to recovery.**



# ROSC encompass and coordinate the operations of multiple systems...



# ...providing responsive, outcomes-driven approaches to care.



# Recovery-oriented Systems of Care (ROSC) Approach



# Goals of a Recovery-Oriented Systems Approach

- To support preventive strategies related to substance use problems & disorders;
- To intervene early with individuals with substance use problems;
- To support sustained recovery for those with substance use disorders; and
- To improve individual, family and community outcomes.

# Benefits of a Recovery-oriented Systems Approach to Criminal Justice

- Drug abusing offenders often have problems in other areas – family difficulties, limited social skills, educational and employment problems, infectious diseases, mental health problems, etc.
- Because addiction can be a chronic disease, drug relapse and return to treatment are common features of an individual's path to recovery.
- A “holistic” approach to treatment that includes all aspects of potential influence (social connectedness, housing, employment, etc.) decrease the chances for a drug relapse.

# **CSAT's Criminal Justice Portfolio**

# Overview of the Criminal Justice Challenge

- SAMHSA's and CSAT's missions become much more complex when the many special populations served are factored in -- including those involved in the criminal and juvenile justice systems.
- The prevalence of mental health and substance abuse disorders among those involved in the justice system is troubling.
- The justice systems provide more referrals to treatment than any other source at the state and local level.

# CSAT's Criminal Justice Grant Programs

- CSAT's Criminal Justice Portfolio addresses the challenges of providing effective substance abuse treatment to criminal justice populations.
- Criminal Justice programs focus on diversion and re-entry for adolescents, teens, and adults with substance use and mental disorders.
- Criminal Justice program grantees are tasked with providing a coordinated and comprehensive continuum of supervision, programs and services to help members of the target population become productive, responsible and law abiding citizens.

# Adult Criminal Justice Treatment: Outcomes

<b>Clients reporting...</b>	<b>At Intake</b>	<b>6-Month Follow-up</b>	<b>Difference</b>
No substance use	58.8%	85.8%	↑ <b>46.0%</b>
Being employed	28.6%	45.7%	↑ <b>59.6%</b>
Being housed	29.9%	31.5%	↑ <b>5.4%</b>
No arrests	93.5%	95.8%	↑ <b>2.4%</b>
Being socially connected	85.3%	90.2%	↑ <b>5.7%</b>

# Adult Criminal Justice Treatment: Risk Behavior Outcomes

Clients reporting...	At Intake	6-Month Follow-up	Difference
Injection Drug Use	1.6%	0.6%	↓ 60.0%
Unprotected sexual contact	65.3%	55.6%	↓ 14.9%
Unprotected sexual contact w/an Individual high on some substance	18.2%	6.1%	↓ 66.7%

# Treatment Drug Courts

- The “drug court” model removes the confrontational approach of the normal trial protocol – judge, defense attorney and prosecutor as adversaries trying to prove guilt or innocence with a team approach.
- From less than a dozen drug courts in 1990, in 2008 there are over 2000 drug court programs. (National Association of Drug Court Professionals 2008)
- Effective strategies drug courts use include:
  - Intensive community supervision/monitoring
  - Ongoing accountability with increased hearings
  - Longer treatment periods
  - Implementation of evidence-based treatment

# CSAT's Support for Treatment Drug Courts

SAMHSA/CSAT has actively supported Treatment Drug Court programs for a number of years.

- **2002-** 28 Adult, Family and Juvenile treatment drug court projects were funded
- **2003-** 13 Adult, Family and Juvenile treatment drug court projects were funded
- **2005** – 16 Juvenile and Family treatment drug court projects were funded
- **2006** – 9 Juvenile and Family treatment drug court projects were funded

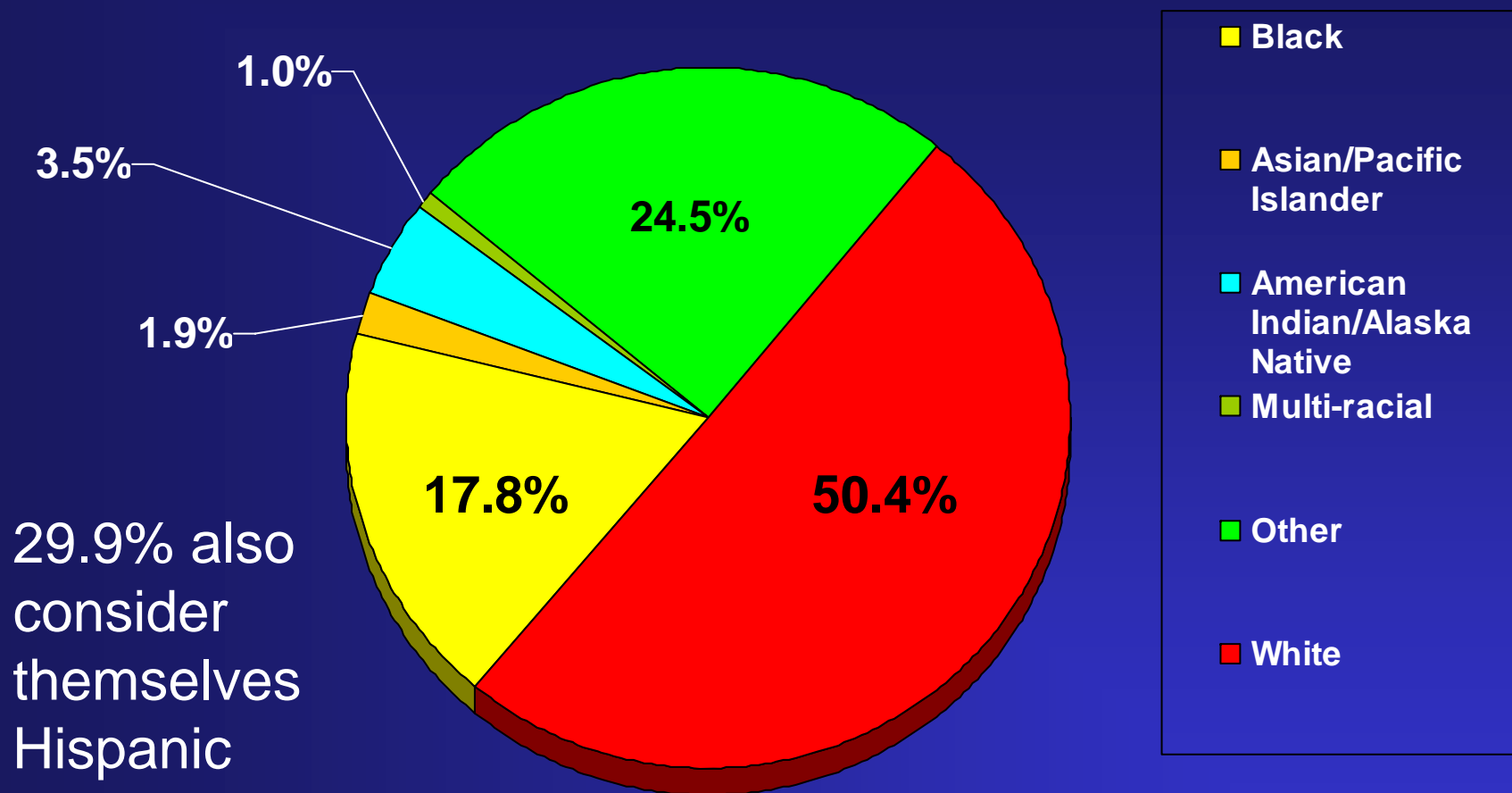
# FY 2008 Adult Treatment Drug Court Grantees

- In FY 08, SAMHSA/CSAT awarded 20 new Adult Drug Court grants, totaling \$17.4 million over the next three years.
- The grants are being used to expand and/or enhance substance abuse treatment services in “problem solving” courts that use the treatment drug court model.

# FY 2009 Drug Treatment Court Grants

- In FY 09, CSAT awarded \$38.2 million over 3 years to 44 new Adult Drug Treatment Court grantees.
  - The new grants will be used to expand and enhance their treatment capability.
- CSAT also awarded \$2.4 million dollars over the next 4 years to 3 Juvenile Drug Court grantees.
  - The program is being implemented in collaboration with the U.S. Department of Justice's Office of Juvenile and Delinquency Prevention and the Robert Wood Johnson Foundation.
  - CSAT funds will be used for screening, assessment and treatment components of the juvenile drug court program.

# TDC: Demographics



- The TDC program has served 10,457 clients.

# Treatment Drug Courts: Outcomes

<b>Clients reporting...</b>	<b>At Intake</b>	<b>6-Month Follow-up</b>	<b>Difference</b>
No substance use	41.2%	77.9%	↑ <b>88.9%</b>
Being employed	56.0%	73.6%	↑ <b>31.5%</b>
Being housed	57.5%	59.3%	↑ <b>3.1%</b>
No arrests	83.6%	93.9%	↑ <b>12.3%</b>
Being socially connected	91.7%	96.5%	↑ <b>5.2%</b>

# Treatment Drug Courts: Risk Behavior Outcomes

<b>Clients reporting...</b>	<b>At Intake</b>	<b>6-Month Follow-up</b>	<b>Difference</b>
Injection Drug Use	3.7%	1.5%	↓ <b>60.5%</b>
Unprotected sexual contact	61.2%	58.7%	↓ <b>4.1%</b>
Unprotected sexual contact w/HIV+ Individual	0%	0%	<b>No Change</b>
Unprotected sexual contact w/IDU	4.6%	4.0%	↓ <b>12.5%</b>
Unprotected sexual contact w/an Individual high on some substance	18.9%	12.6%	↓ <b>33.3%</b>

# Challenges for the Treatment Drug Courts Movement

- “Convert the Unbelievers”
- Evaluate/Prove the model is “evidence-based” – satisfy OMB for federal dollars
- Promulgate fidelity to the model and expand the Statewide system
- Link with Case management systems such as TASC
- Align with and incorporate public health concepts:
  - Screening, Brief Intervention, Referral to Treatment
  - HIV Rapid Testing
  - ATR and voucher programs
  - Infectious Diseases screening and health intervention

# CSAT/SAMHSA Relationship with DOJ

- To improve the effectiveness of Treatment Drug Courts, SAMHSA/CSAT has formalized our long-standing relationship with the Department of Justice (DOJ). This partnership has resulted in:
  - A Memorandum of Understanding (MOU) between the agencies cementing the overarching philosophical, policy, and programming agreement on criminal justice-substance abuse issues.
  - SAMHSA/CSAT and DOJ jointly funded FY 2009 Juvenile Treatment Drug Court model based on the Robert Wood Johnson Reclaiming Futures Model.
  - SAMHSA/CSAT and DOJ are completing work on FY 2010 'braided' Adult Treatment Drug Court solicitation

# Reclaiming Futures Model

- The five-year initiative of the Robert Wood Johnson Foundation involves the courts, police, detention facilities, businesses, schools, faith-based organizations, and families in a network of support for the young person.
- The goal is to enable each community to
  - identify substance-abuse problems as early as possible,
  - match individual teens with appropriate & culturally relevant treatment options,
  - mobilize a range of positive influences within the young people's lives, and
  - deliver care and treatment through a coalition of service providers working under the guidance of a local court.

# Continuing SAMHSA Work with Drug Courts

- SAMHSA/CSAT is continuing its decade long support of the annual National Association of Drug Court Professionals (NADCP) Drug Court Training Conference.
- SAMHSA/CSAT is working with NADCP/National Drug Court Institute to assist the development of Veterans Academy Courts –to provide Technical Assistance to sites wanting to know more about Veterans Courts.
- SAMHSA/CSAT is working with Join Together/CASA to promulgate drug courts and Criminal Justice in State leadership planning – NY and NJ are current sites that are receiving training.

# Continuing SAMHSA work with Drug Courts

- SAMHSA/CSAT is working with National Highway Traffic Safety Administration to encourage the expansion of DWI/DUI Courts.
- SAMHSA/CSAT is providing specialized Technical Assistance through **NIATx** to stimulate process improvement in our new FY 2009 Adult Drug Court grant cohort.

# Continuing SAMHSA work with Drug Courts

- SAMHSA/CSAT is working with National Development and Research Institutes to assist our Adult Drug Court grants in building consensus in order to adopt process improvement protocols.
- SAMHSA/CSAT is tackling the tough issue of Medically Assisted Treatment in the Criminal Justice System.

# SAMHSA/CSAT Information

- SAMHSA web site: [www.samhsa.gov](http://www.samhsa.gov)
- SBIRT web site: <http://sbirt.samhsa.gov/>
- Access to Recovery web site:  
<http://atr.samhsa.gov>
- National Center for Substance Abuse and Child Welfare web site: [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)
- For information regarding grants & application:  
<http://www.grants.gov/>
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities  
SHIN TDD Line: 1-800-487-4889
- 1-800-662-HELP – SAMHSA’s National Helpline  
(average # of sub abuse tx calls per mo.- 24,000)