

Alcohol and Other Drug Problems: *A Public Health and Public Safety Priority*

A Resource Guide for the Justice System on Evidence-Based Approaches

Physicians and Lawyers for National Drug Policy
in partnership with
The National Judicial College

Physicians and Lawyers for National Drug Policy

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Physicians and Lawyers for National Drug Policy: A PUBLIC HEALTH PARTNERSHIP

Physicians and Lawyers for National Drug Policy (PLNDP) in partnership with The National Judicial College (NJC) developed this resource guide and a training program on the science and need for evidence-based approaches for alcohol and other drug problems in the justice system. The overall goal is to provide the justice system with scientifically-based information and resources to supplement their understanding of alcohol and other drug problems, thereby bridging the gap between the justice and medical systems to build safer communities and healthier individuals and families.

Physicians and Lawyers for National Drug Policy (PLNDP) was created in 2004 to unite leaders from law and medicine to promote the need for evidence-based policy and practice in handling alcohol and other drug problems in medical and legal settings. PLNDP was formed as an outgrowth of Physician Leadership on National Drug Policy, an earlier medical initiative started in 1997. In the Spring of 2004, PLNDP medical leadership decided that in order to have a meaningful and lasting impact on alcohol and other drug policies it was imperative to bring in leaders of law to work with medicine on this public health concern—in response, Physicians and Lawyers for National Drug Policy was created.

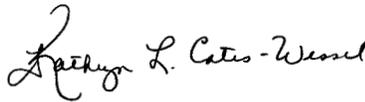
PLNDP's mission is to align policy, practice, and public understanding with the scientific evidence that substance use disorders are preventable and treatable. PLNDP represents a new approach to alcohol and drug policies—a **public health partnership** of physicians, lawyers, and allied professionals advocating for **evidence-based** policies and practices that emphasize the need for **local innovation** and **community engagement**.

The National Judicial College (NJC) is entering its 44th year of providing judicial education and professional development for our nation's judiciary as well as for judges from other countries. Programs offered at NJC are designed to give participants the practical tools needed to effectively serve on the bench. The emphasis is on quality and relevance, while the focus is on the individual needs of each participant. With courses held onsite, across the nation and around the world, NJC offers an average of 95 courses annually with more than 2,700 judges enrolling from all 50 states, U.S. territories and more than 150 countries. NJC's mission is to provide leadership in achieving justice through quality judicial and collegiate dialogue.

Why a partnership between PLNDP and NJC? **The National Judicial College** is a premier educator for the judicial community, and **PLNDP** has extensive experience in developing educational resources for medical professionals and policymakers about the science of alcohol and other drug problems and the need to use evidence-based practices (PLNDP, 2002). As nationally recognized educators, these two organizations are well positioned to translate science into understandable terms while providing the credibility that is needed to promote the need for integrated systems. This guide also outlines evidence-based approaches to guide justice and medical professionals to more effectively address these public health and public safety concerns.



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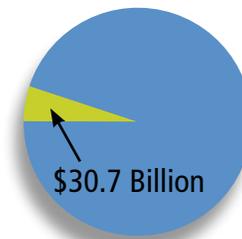
Introduction

Alcohol and other drug problems are concerns of the public health and justice systems, including the criminal, civil, and juvenile branches. The impact of alcohol and other drug problems in the justice system are not limited to cases involving drug-related offenses. Alcohol and other drug problems compound many of the complex issues the justice systems handle every day, including assault, vandalism, child abuse, and divorce.

While most attempts to decrease the number of drug-related offenses have often solely emphasized drug interdiction and incarceration, research has shown that they have had minimal—if any—impact on decreasing substance abuse or the violence associated with criminal activity by individuals with alcohol and other drug problems (Marlowe, 2002).

Effectively addressing problems requires an integrated public health and public safety approach. Treatment decreases drug problems, crime, and recidivism while improving health conditions. Treatment also saves money, and in today's climate of growing fiscal constraints, it is imperative to re-evaluate spending priorities. Alcohol and other drug problems place a huge burden on our economy—resulting in high health care costs, productivity losses, and other expenses associated with crime and accidents (Belenko et al., 2005). A large portion of this economic burden falls on state justice systems (Join Together, 2006).

If treatment costs less and works better, why have only about 18% (4 million) of the 22.6 million Americans with substance use problems received treatment (Samsha, 2007)? In addition to the reluctance to seek treatment by those who need it, the general public, including health professionals, have a lack of knowledge about the effectiveness of treatment and are concerned about the difficulty identifying and accessing appropriate services (Compton et al., 2007). Therefore, educating the justice system about the complexities of handling alcohol and other drugs and the need for scientifically proven approaches is particularly important since the justice system is often society's first and, many times, only opportunity to identify individuals with substance use disorders. As a result, judges, lawyers, probation and parole officers, and other court personnel are uniquely positioned to link these individuals to health professionals, treatment programs, mutual-help groups, local specialty treatment courts, and other related resources.



In 1998, states spent \$30.7 billion (4.9% of the total state budgets) for incarceration, probation, parole, juvenile justice, and criminal and family court costs relating to alcohol and drug involved offenders (CASA, 2001).



80% of state and federal inmates have been incarcerated for alcohol or drug related offenses, intoxicated at the time of their offense, committed the offense to get money to support their addiction, or had a history of alcohol abuse or dependence and/or regular illegal drug use (CASA, 1998).



Significantly higher rates of recidivism are reported for offenders with alcohol and other drug problems who do not receive treatment; approximately one half of them recidivate within eighteen months of release from prison and 70% recidivate within three years of release (SAMHSA, 1999).



Alcohol and other drug problems are common factors in 70% of child abuse and neglect cases and frequently arise in custody and visitation cases. It is not uncommon for families to be involved in concurrent cases in family, juvenile, and criminal courts, especially if domestic violence is also present (CASA, 1999).



(CALDATA, 2004)

According to several conservative estimates, every \$1 invested in treatment yields a return of between \$4 and \$7 in reduced drug-related crime and criminal justice costs. After including health care-related savings, the benefits exceed the costs by a ratio of 12:1.

Over the past 20 years, the justice system has re-examined the way it handles individuals with alcohol and other drug problems by using an innovative approach called therapeutic jurisprudence (Wexler, 1990; Hora et al., 1999). This approach focuses on the concept that the justice system can and should identify and address legal problems in ways that are therapeutic and holistic—encompassing a wide range of issues experienced by individuals with alcohol and other drug problems, including medical and social problems. Problem-solving courts, like drug courts, provide an example of an effective, integrated approach that grew out of therapeutic jurisprudence. However, because of the pervasiveness of substance problems, this guide is not only intended to educate already established systems, but also assist in the development and implementation of integrated approaches throughout and beyond the justice system.

TERMINOLOGY

Throughout the guide, we attempt to use language that does not stigmatize individuals with alcohol and other drug problems who are involved with the justice system.

Abuse	Alcohol and other drug abuse , as defined by the DSM-IV, is a maladaptive pattern of substance use marked by recurrent and significant negative consequences related to the repeated use of substances (CSAT, 2005).
Alcohol and Other Drugs	<p>“Alcohol and other drugs” includes alcohol, illicit drugs, prescription drugs, and tobacco products.</p> <p>“Alcohol and other drug problems” describes a wide range of problems, including unhealthy or hazardous drinking and drug use, abuse, and dependence. Alcohol and other drug problems may also be referred to as substance abuse, substance use disorders, alcohol use disorders, and/or drug use disorders.</p>
Binge Drinking	The definition of binge drinking varies based on age and gender. For men between age 18 and 65, bingeing is drinking 5 or more drinks in one occasion; while for women and people over 65, bingeing is drinking 4 or more drinks in one occasion (Saitz, 2005). For adolescents, the Institute of Medicine report Reducing Underage Drinking: A Collective Responsibility used the term “heavy drinking” to refer to consumption of five or more drinks on the same occasion in the past 30 days (National Research Council and IOM, 2004).
Heavy Drinking	
Dependence	Alcohol and other drug dependence , as defined by the DSM-IV, is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual is continuing use of the substance despite adverse consequences (CSAT, 2005).
DSM-IV	The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) are guidelines developed by the American Psychiatric Association to diagnose mental disorders, including alcohol and other drug abuse and dependence.
Evidence-based	Evidence-based refers to at least one randomized clinical trial has shown this practice to be effective and the practice either targets behaviors or shows good effect on behaviors that are generally accepted outcomes.
Justice System	Justice system refers to both the criminal and civil justice systems and other agencies/organizations that play a significant role in the administration of justice, such as corrections departments.
Treatment	Treatment refers to a broad range of services—including identification, brief intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services, and continuing care—for individuals with alcohol and other drug problems. The goal of treatment is to reduce or eliminate the use of alcohol and other drugs as a contributing factor to physical, psychological, and social dysfunction and eliminate associated problems (IOM, 1999).
Treatment System	Treatment System refers to all providers of a broad range services—including identification, brief intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, and social services.



Defining the Problem



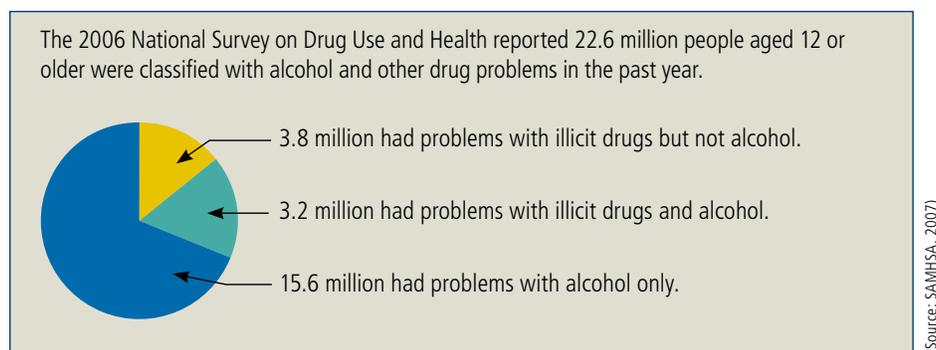
“As we attempt to increase attention to preventive education and treatment, instead of the current, continued focus on law enforcement alone, a coalition of physicians, judges and law enforcement personnel can be most compelling in getting the most effective messages to policymakers and the public.”

Allen Rosenfield, MD, PLNDP Leadership Council

Defining the Problem

The Impact and Science

There are dramatic differences in the prevalence of alcohol and other drug problems in the justice system and the general population. In the justice system there is a higher concentration of the problem among both youth and adults regardless of the nature of the crime or how their use influenced behavior. However, it is important to address the problem in both sectors because of the social and economic impact (Belenko et al., 2005).



Prevalence

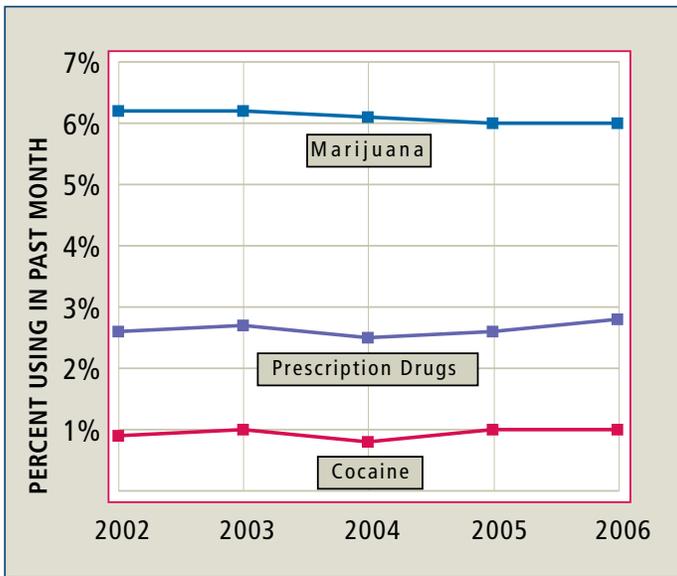
General Population

There is a range of problems with alcohol and other drugs—hazardous use, unhealthy use, abuse, dependence (or addiction). In the United States the greatest problem with alcohol and other drugs is not dependence. Less than 10% of the U.S. population is dependent on alcohol and/or other drugs while 30% use alcohol at unhealthy levels, placing them at risk for social, legal, and medical problems associated with their use even though they are not dependent (Saitz, 2005). In 2006, 23% of Americans aged 12 or older participated in binge drinking, meaning they drank five or more drinks for men and four for women on the same occasion on at least one day in the past month (SAMHSA, 2007).

Unhealthy levels of alcohol and drug use can lead to hazardous behaviors, such as driving while intoxicated (DWI) by alcohol and/or other drugs.

- 30.5 million persons aged 12 or older drove under the influence of alcohol at least once in the past year.
- 10.2 million persons aged 12 or older reported driving under the influence of an illicit drug during the past year.
- The rate of driving under the influence of illicit drugs was highest among 18 to 25 year olds .
- Almost 50% of patients in trauma centers have positive blood alcohol concentrations.

(Source: SAMHSA 2007; GENTILELLO et al 1999)



Illicit Drug Use, 2002-2006

This graph is a comparison of past month use of selected illicit drugs among persons ages 12 or older in 2002, 2003, 2004, 2005 and 2006. The use of marijuana has decreased, but remains the most commonly used illicit drug (Modified from SAMHSA, 2007).

Illicit drug use includes the use of illegal drugs, like marijuana and heroin, and the inappropriate use of prescription drugs. In 2006, about 20.4 million (8.3%) of Americans aged 12 or older used an illicit drug in the past month. Marijuana is the most commonly used illicit drug and prescription drugs are the second most commonly abused. In 2006, 5.2 million Americans aged 12 or older used prescriptions drugs non-medically in the past month (SAMHSA, 2007).

Research shows that half of all children in the United States live in a household where a parent or other adult uses tobacco, drinks heavily or uses illicit drugs—almost 25% of children live in a household where an adult is a binge or heavy drinker while 12.7% live in a household where a parent or other adult uses illicit drugs (SAMHSA, 2006). Alcohol and other drug use by parents or other adults in the home increases the likelihood that a child will use alcohol and other drugs. In 2006, 15.4% of 12th graders reported using a prescription drug nonmedically within the past year (Johnson et al 2007). Rates of bingeing and

heavy drinking are much higher among young adults aged 18-25—in 2006, 42.2% reported binge drinking, and 15.6% reported heavy drinking. Rates of tobacco use are also highest among young adults aged 18 to 25 (SAMHSA, 2007).

Justice System

Criminal Justice

The Bureau of Justice Statistics measured alcohol and other drug problems for the first time on the 2004 Survey of Inmates in State and Federal Correctional Facilities using DSM-IV criteria for drug abuse or dependence. Based on the results of the survey, prisoners were more likely than adults in the general population to meet the criteria for drug dependence or abuse (Mumola and Karberg, 2006).

Drug users commit a disproportionate amount of all types of crime, not just drug possession offenses (Marlowe, 2002). 80% of state and federal inmates have been incarcerated for alcohol or drug-related offenses, intoxicated at the time of their offense, committed the offense to support their addiction, or had a history of alcohol abuse or dependence and/or illegal drug use (CASA, 1998).

► For more information on DSM-IV criteria—See page 11

FAMILY COURT

Alcohol and other drug problems contribute to a wide range of problems. Many parents are likely to appear in family court in proceedings involving divorce, domestic violence, child abuse and neglect (McMahon and Giannini, 2003).

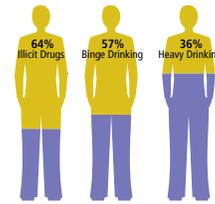
In family courts, judges are faced with difficult decisions about whether a parent or guardian with substance problems should remain in the household, have custody or unsupervised visitation rights, or have their parental rights terminated. Such measures can be destabilizing and create burdens on society and should be reserved for the most extreme cases. Many children unsafe in their own home are placed in foster care to allow time for treatment to stabilize parents and prevent further maltreatment when and if children return home. However, the treatment timeline for adults with substance use disorders may be inconsistent with the timeline imposed by federal statutes for resolving the status of children in foster care. This means that parents who are in treatment but still struggling with relapse and recovery may find their parental rights terminated because of the pressures imposed by federal law. (CASA, 1999; BOLT, 2007).

JUVENILE JUSTICE

More than two million youth are charged with delinquency offenses and enter into the juvenile justice system each year. 62.5% report alcohol and other drug problems (National Institute of Justice, 2003), while 75% also report mental health problems (Drug Strategies, 2005). Many of these individuals also have other problems that may influence their delinquent behavior and their use of alcohol and other drugs. Availability of treatment is a serious problem in the juvenile justice system with fewer than 3% of adolescents in the juvenile justice system that need treatment receive it (CASA, 2004).



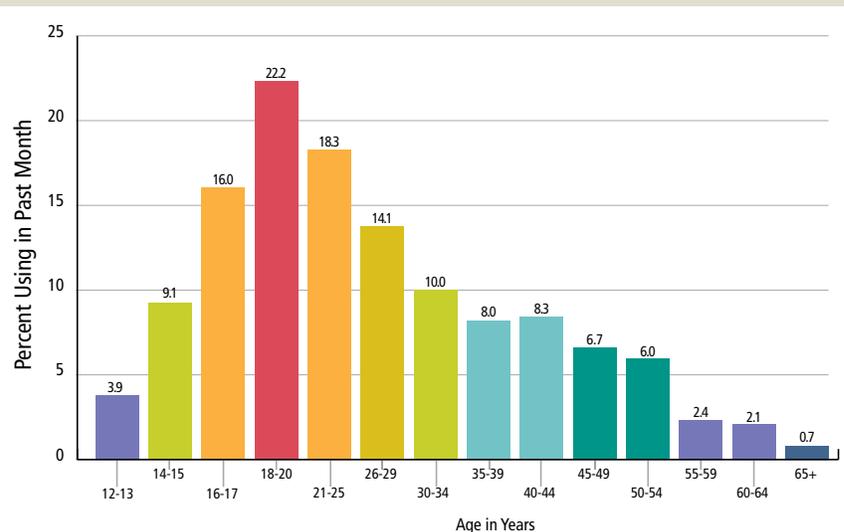
53% of State and 45% of Federal prisoners met the DSM-IV criteria for alcohol or drug abuse or dependence. Prisoners abusing or dependent on alcohol or other drugs were least likely to be violent offenders and most likely to be incarcerated for drug violations only (Mumola and Karberg, 2006).



Data from the Arrestee Drug Abuse Monitoring program indicate that in 2000, 64% of male arrestees tested positive for at least one of five illicit drugs (cocaine, opioids, marijuana, methamphetamines, and PCP). 57% reported binge drinking (4 drinks for women and 5 drinks for men on one occasion) in the 30 days prior to arrest, and 36% reported heavy drinking (Taylor et al., 2001).

A Problem of Adolescents and Young Adults Graphic Explanation:

This chart illustrates past month illicit drug use among persons aged 12 or older by age in 2006. The highest % ages are found in people between the ages of 14 and 34.



(Source: SAMHSA, 2006)

Economic Impact

Alcohol and other drug use, abuse, and dependence have a huge direct and indirect economic impact on society through health care expenditures, lost earnings, and expenses associated with crime and injury. The heaviest economic burden of alcohol and other drug problems falls on states and localities, funding public programs like Medicaid and child welfare systems (CASA, 2001; Join Together, 2006).

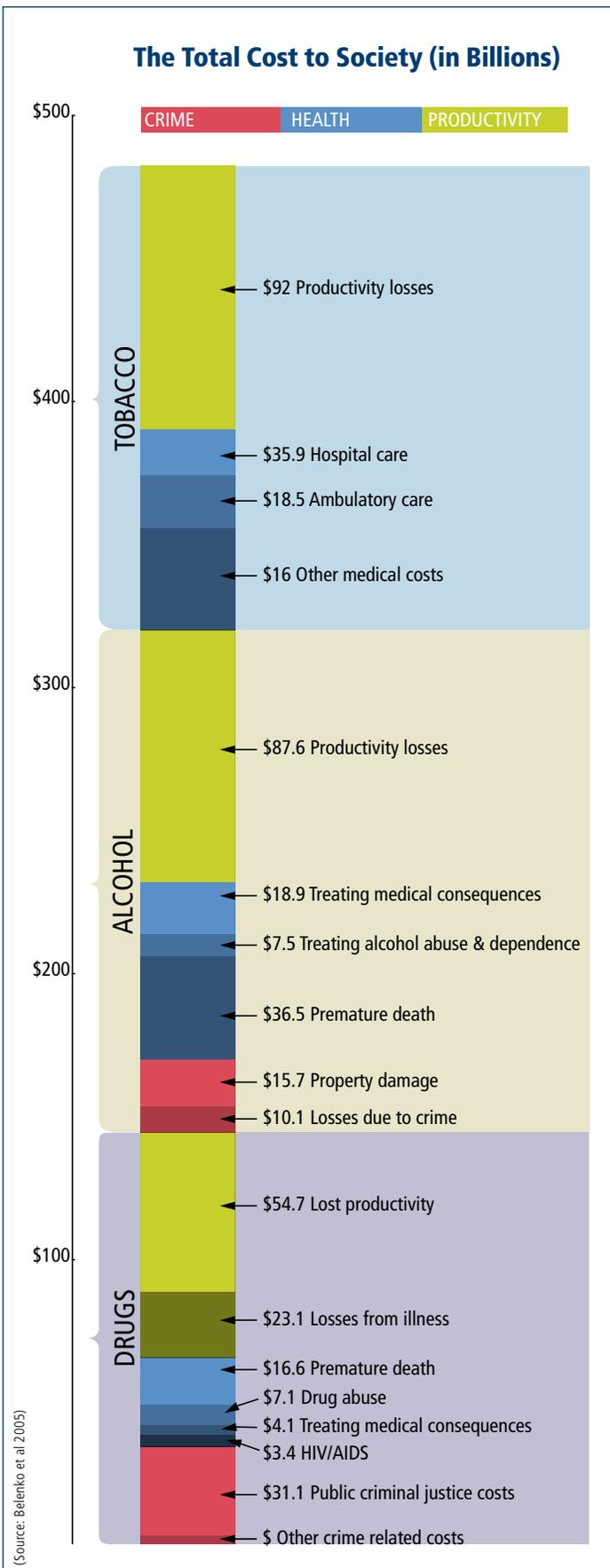
The cost of alcohol and other drug problems to society is even greater when the impact on public health is considered: as they contribute to the spread of infectious diseases like HIV/AIDS either through sharing of drug paraphernalia or unprotected sex; homelessness; and motor vehicle crashes. Other associated costs are more difficult to quantify, such as compromised family environments that contribute to poor developmental outcomes in children, lower socioeconomic status, poor marital relations, and parental conflict (McMahon and Giannini, 2003).

The Science

Research on the biology of substance use disorders can help explain why these problems persist despite their negative impact on the health and safety of individuals, families, and communities.

What determines if an individual will become addicted or not? Developing substance use disorders is a function of a number of interacting factors related to the individual, such as genetics and gender; the type of drug, the amount taken and method of delivery; and the environment in which the substance is used. These factors can both decrease or increase the risk that an individual will develop a problem. Factors that increase the risk are called risk factors; factors that decrease the risk are referred to as protective factors (McLellan et al., 2000; O'Brien, 2003).

Research shows that genetic factors account for between 40% and 60% of an individual's vulnerability to developing substance abuse problems, including the effects of environment on gene expression and function. Environmental factors that



influence an individual's vulnerability to developing problems include home, family, school, and peers. Adolescents and individuals with mental health disorders are at greater risk of developing alcohol and other drug disorders than the general population (NIDA, 2007). Another factor that is important to consider is the age of first use of substances. Compelling data demonstrate that the younger a person is at the onset of substance use, the more likely they are to develop a substance use disorder and to continue that disorder throughout adulthood. In 2006, adults aged 21 or older who first used alcohol before age 21 were more likely (9.6% vs 2.4%) than adults who had their first drink at age 21 or older to be classified with alcohol or drug dependence or abuse (SAMHSA, 2007). Recent research by Drs. King and Chassin (2007) found that early (age of 13 or younger) drug use triples the odds of an adolescent developing drug dependence in adulthood. However, early alcohol and other drug use does not always result in later abuse and dependence; but it is a risk factor that may increase the likelihood of developing a problem (King and Chassin, 2007).

Examples of Individual and Environmental Risk and Protective Factors		
Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Self-Control
Poor Social Skills	Individual	Positive Relationships
Lack of Parental Supervision	Family	Parental Monitoring and Support
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Anti-Drug Use Policies
Poverty	Community	Strong Neighborhood Attachment

(Source: NIDA, 2007)

► For more information on risk and protective factors and age of first use—See Section 5

DSM-IV Guidelines

The American Psychiatric Association provides guidelines to diagnosing alcohol and other drug abuse and dependence (or addiction) in their Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 2000).

The diagnosis of abuse can be made when one or more of the symptoms are present at some point in the past 12 months. The diagnosis of dependence requires three or more of the seven symptoms to be present (O'Brien, 2003). Physical dependence alone (tolerance or withdrawal) is insufficient for a diagnosis of substance addiction (O'Brien, 2003; McLellan et al., 2000).

Why do people use alcohol and other drugs?

People may use alcohol and other drugs for many reasons including relief of withdrawal, particularly in the criminal justice settings.

To feel good Most drugs, including alcohol, produce intense feelings of pleasure. This initial sensation of euphoria is followed by other effects, which differ with the type of substance used. For example, with stimulants such as cocaine, the "high" is followed by feelings of power, self-confidence, and increased energy. In contrast, the euphoria caused by opiates such as heroin is followed by feelings of relaxation and satisfaction.

To feel better Some people who suffer from social anxiety, stress-related disorders, and depression begin abusing substances in an attempt to lessen feelings of distress. Stress can play a major role in beginning use, abuse, dependence (addiction) and relapse.

To do better The increasing pressure that some individuals feel to chemically enhance or improve their athletic or cognitive performance can play a role in initial experimentation and continued abuse.

Curiosity and "because others are doing it" Adolescents are particularly vulnerable because of the strong influence of peer pressure; they are more likely to engage in "thrilling" and "risk taking" behaviors and experiment with alcohol and/or other drugs.

(Source: Modified from NIDA, 2007)

There are seven symptoms of substance dependence:

- 1 Tolerance, as defined by either:
 - a. need for larger amounts of the substance in order to achieve intoxication or desired effect; or
 - b. markedly diminished effect with continued use of the same amount
- 2 Withdrawal as manifested by either:
 - a. Characteristic withdrawal syndrome for the substance; or
 - b. The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
- 3 Substance is often taken in larger amounts or over a longer period than intended
- 4 Persistent desire or unsuccessful efforts to cut down or control substance use
- 5 A great deal of time spent in activities necessary to obtain, use, or recover from the substance
- 6 Important social, occupational, or recreational activities are given up or reduced because of substance abuse
- 7 Continued use despite knowledge of physical or psychological problems caused or exacerbated by the substance

(Adapted from APA, 2000)

Impact on the Brain

Though the initial use of substances is voluntary, continued heavy use can lead to dependence (or addiction), which is a chronic brain disease that causes physical changes in areas of the brain that are critical to judgment, decision-making, learning, memory, and behavior control. Once an individual becomes addicted to a particular substance, their actions become in part involuntary in response to their brain's demand or craving for increased use despite medical and legal consequences. Technical violations of probation, which are frequently seen in the justice system, may be partially driven by this biological process.

Alcohol and other drugs alter the way brain cells, called neurons, communicate with each other. Neurons send messages to each other through molecules called neurotransmitters. Examples of neurotransmitters are acetylcholine, norepinephrine, dopamine, serotonin, and GABA (gamma aminobutyric acid). Drugs disrupt the normal flow of communication in the brain in unique ways: some drugs activate receptors and others block them. Drugs, such as marijuana and heroin, can activate neurons because their chemical structure mimics that of a natural neurotransmitter, which causes neurons to respond as if the natural neurotransmitter were present. Cocaine and amphetamines block the dopamine transporter that normally removes dopamine from the synapse, the space between neurons. Both activation and blocking of receptors result in increased dopamine levels, which in turn results in feelings of euphoria.

Areas of the brain affected by alcohol and other drug use

Alcohol and other drugs have specific and long-lasting effects on the brain. Introducing alcohol and other substances during adolescence has lasting consequences because the brain is still developing.

The brain stem controls basic functions critical to life, such as heart rate, breathing, and sleeping.

The limbic system contains the brain's reward circuit—it links together a number of brain structures that control and regulate our ability to feel pleasure. Feeling pleasure motivates us to repeat behaviors such as eating—actions that are critical to our existence. The limbic system is activated when we perform these activities—and also by substances of abuse. In addition, the limbic system is responsible for our perception of other emotions, both positive and negative, which explains the mood-altering properties of many substances.

The cerebral cortex is divided into areas that control specific functions. Different areas process information from our senses, enabling us to see, feel, hear, and taste. The front of the cortex, the frontal cortex or forebrain, is the thinking center of the brain; it powers our ability to plan, solve problems, and make decisions. Since this part of the brain is developing rapidly during adolescence, this may help explain why adolescents are more likely to engage in risky behaviors like using alcohol and other drugs (NIDA, 2007).

Alcohol and other drugs target the brain's reward system



All substances of abuse directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. Dopamine pathways, known as the brain's reward pathways, are important for natural rewards like food and sex.

Our brains are wired to ensure that we will repeat life-sustaining activities by associating those activities with pleasure or reward. Whenever this reward circuit is activated, the brain notes that something important is happening that needs to be remembered, and teaches us to do it again automatically.

Alcohol and other drugs stimulate the same reward circuit, teaching our brain to remember and desire feelings of euphoria and pleasure. These substances over-stimulate this natural system—that can release 2 to 10 times the amount of dopamine that natural rewards do. The resulting effects on the brain's pleasure circuit dwarfs those produced by naturally rewarding behaviors such as eating and sex. The powerful reward produced by alcohol and other drugs strongly motivates people to continue use.

(Source: NIDA, 2007)

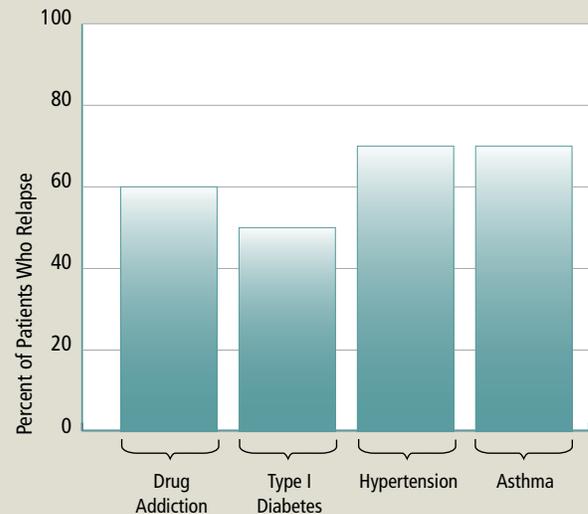
Understanding Relapse

The effect alcohol and other drugs has on the brain helps explain the role of relapse involved with addiction. Relapse is a reoccurrence of substance use after a period of abstinence, often when treatment has been initiated. The justice system tends to view relapse as a voluntary violation of the law. However, relapse frequently occurs when an individual is trying to stop using a substance, but finds it to be difficult for their altered brain to resist craving.

The medical system, however, does not regard relapse as a failure of treatment. Relapse to addiction occurs at similar rates to other chronic medical conditions such as diabetes, hypertension, and asthma. Like other chronic relapsing disorders, addiction to substances may require a change in treatment until abstinence is achieved. This is similar to when a diabetic does not take their medications or fails to exercise as outlined by their physician; their non-compliance and relapse are not seen as a failure but their treatment is altered to more effectively address their problems.

Relapse Rates of Chronic Disease

Comparison of relapse rates in substance abuse treatment to other chronic behavioral diseases (diabetes, hypertension, and asthma).



(Source: McLellan et al., 2000)

Studies show that several chronic, relapsing medical conditions have high relapse rates. Alcohol and other drug treatment has a comparable or lower relapse rate than other chronic, relapsing medical conditions. Each year a recurrence of symptoms that requires medical care is experienced by 30-50% of adult patients with type 2 diabetes, 50-70% of adult patients with hypertension, 50-70% of adult patients with asthma, and 40-60% of adult patients with alcohol and drug dependence (McLellan et al., 2000). Therefore, it is important to address alcohol and other drug problems as a chronic, relapsing medical disorder and not as an acute illness. Providing programs to address relapse prevention and continuing care are important to maintaining sobriety.

Bureau of Justice Statistics

www.ojp.usdoj.gov/bjs/drugs.htm

BJS collects, analyzes, publishes, and disseminates information on crime, criminal offenders, victims of crime, and the operation of justice systems at all levels of government. The latest statistics about drugs and crime are available.

Center for Substance Abuse Treatment

<http://csat.samhsa.gov/mission.aspx>

CSAT promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them.

National Institute on Alcohol Abuse and Alcoholism

<http://www.niaaa.nih.gov/>

NIAAA provides leadership in the national effort to reduce alcohol-related problems

National Institute on Drug Abuse

<http://www.nida.nih.gov/>

NIDA's mission is to lead the Nation in bringing the power of science to bear on drug abuse and addiction.

Commonly Abused Drugs

www.drugabuse.gov/drugpages.html

This pages provides a list of commonly abused drugs with a brief description, the street name, statistics and trends as well as "NIDA's Featured Publications." It also included related abuse articles and charts.

Potentially Abused Prescription Drugs

www.drugabuse.gov/infofacts/PainMed.html

"NIDA InfoFacts: Prescription Pain and Other Medications" an article on addiction based on medication abuse and provides a list of commonly abused medications, interactions, long term effects and the chemical effect on the brain. Article also covers trends in monitoring, warnings and an OxyContin survey.

Substance Abuse and Mental Health Services Administration

National Survey on Drug Use and Health

www.oas.samhsa.gov/nsduhLatest.htm

SAMHSA's National Survey on Drug Use & Health is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general U.S. civilian non institutionalized population, age 12 and older.



Identifying the Problem



“If a drug test is positive in the medical system, the health professional should consider whether treatment is adequate. In the criminal justice system, if a drug test is positive, it is often classified as a violation and the person may be incarcerated. I know of no better example for the medical and justice systems to work together to find a rational accommodation of these differences.”

David C. Lewis, MD, PLNDP Leadership Council

Identifying the Problem

Research has shown that using evidence-based approaches is effective in identifying substance use disorders but NIDA's Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) found few community supervision agencies, jails, and prisons use them (Taxman et al., 2007c). If validated instruments were used, the justice system would be more likely to identify alcohol and other drug problems and define effective approaches to treat these problems thereby saving lives and money.

Screening

Screening is a process to evaluate whether an individual has an alcohol or other drug problem. Instruments used for screening must be standardized and evidence-based. Most effective screening instruments are confidential questionnaires that can be as brief as five questions. Research has established that clinical screening for alcohol and other drug problems should be a standard of care in a variety of settings, including emergency departments, trauma centers, and primary care, pediatrics, family practices, and the justice system. However, in the justice system, it is also important to gather collateral information, such as a drug test, police report, or conversation with family members, to appropriately identify an individual's problem.

Studies indicate a high prevalence of individuals involved with the justice system have substance use disorders. Therefore it is recommended that everyone be screened as soon as they enter the justice system (Peters and Peyton 1998). Most justice staff can administer a screening questionnaire without extensive training.

When developing a screening protocol it is important to answer these questions:

1. What is the purpose of the screening?
2. What screening instruments/tools are best suited for clientele and environment where screen will be performed?
3. Where, when, and how will the screening will be conducted?
4. Who will administer the screening protocol?
5. What happens with the results?
6. How will confidentiality be maintained?

Examples of Evidence-Based Screening Questionnaires for Adults in the Criminal Justice System

Alcohol Dependence Scale (ADS)

ASI-Drug Use subscale (ASI-Drug)

Simple Screening Instrument for Substance Abuse (SSI-SA)

TCU Drug Screen (TCUDS)

(Source: Peters et al., 2000)

The ideal screening instrument for the justice system must be standardized, evidence-based, age-appropriate, and easy to use, particularly in busy courtrooms. Choosing the appropriate screening tool requires consideration of a number of factors, including:

- 1 Client characteristics: age, gender, education, and ethnicity
- 2 Environmental factors, like the setting within the judiciary (i.e. juvenile justice system, family court, criminal justice system, problem-solving courts)

If possible, screening for mental health disorders should occur at the same time as screening for substance use problems due to the high co-occurrence of both disorders. Because these disorders affect one another, simultaneous treatment is also the most effective approach.

Periodic screening during and after treatment, throughout an individual’s involvement with the justice system and as they transition back into the community is necessary to ensure that the appropriate levels and kinds of treatment are used in order to meet the individual’s needs and to avoid relapse.

► For more information on screening for co-occurring problems—See Section 4

Description of Recommended Screening Questionnaires for Adults

Questionnaire	Purpose	Description
Alcohol Dependence Scale (ADS)	A 25-item instrument developed to screen for alcohol dependence symptoms; performs adequately in community and institutional settings	The ADS can be coupled with the ASI-Drug Use section to provide an effective screen for alcohol and drug use problems. To order the ADS, visit www.camh.net/Publications/CAMH_Publications/alcohol_dependence_scale.html For more information contact the Center for Addiction and Mental Health at (800) 661-1111.
Simple Screening Instrument for Substance Abuse (SSI-SA)	A 16-item screening instrument that examines symptoms of both alcohol and drug dependence	An expert panel developed the SSI-SA as a tool for outreach workers. The SSI-SA, which can be administered without specialized training, includes items related to alcohol and drug use, preoccupation and loss of control, adverse consequences of use, problem recognition, and tolerance and withdrawal effects. The SSI-SA and information about the tool is available in CSAT’s Treatment Improvement Protocol 11: www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.32939
TCU Drug Screen (TCUDS)	A 15-item substance abuse diagnostic screen	The TCU Drug Screen is completed by the individuals and serves to quickly identify individuals who report heavy drug use or dependency (based on the DSM-IV-TR and the National Institute of Mental Health Diagnostic Interview Schedule) and who therefore might be eligible for treatment. For more information regarding the TCUDS and other related instruments go to www.ibr.tcu.edu .

(Source: CSAT, 2005)

Stopping the Problem Before It Starts

Screening and Brief Intervention (SBI) is a procedure designed specifically to identify individuals using unhealthy levels of alcohol and other drugs but not for treating dependency. SBI is directed toward changing an individual's pattern of use to reduce consumption before a more serious problem develops.

Screening for substance problems with a confidential, standardized questionnaire identifies if an individual's use places them at risk for developing a problem. If screened positive, a behavioral health specialist will conduct a brief intervention—a manualized, educational, and motivational counseling session between five and 15 minutes in length.

Brief interventions reduce rates of arrest for driving under the influence by 50%, decrease readmission to trauma centers by 50%, and reduce alcohol consumption (Gentilello et al., 1999; Schermer et al., 2006). SBI also cuts health care costs: every \$1 spent on SBI in Emergency Departments and hospitals saves almost \$4 (Gentilello et al., 2005). The American College of Surgeons' Committee on Trauma recently mandated all Level I and II Trauma Centers have the capacity to provide screening and all Level I Trauma Centers also have the capacity to provide brief interventions. Like trauma centers the justice system provides a "teachable moment" for getting someone's attention to address a problem.

SBI: A 3-Step Process

1 Screening Individuals helps identify whether their use places them and others at risk for subsequent problems therefore warranting a brief intervention.

2 Conducting a Brief Intervention in the justice system may capitalize on the fact that an individual's involvement in the justice system may help motivate behavior change. These individuals can learn from the "teachable moment" offered by the justice system. Brief interventions are a way to help reduce or eliminate at-risk substance use. Brief interventions typically use three components:

- a. Information or feedback about screening results, the link between substance use and involvement in the justice system, guidelines for acceptable use, and methods for reducing or stopping use, etc.
- b. Understanding the patient's view of their use and increasing motivation. This part of the intervention encourages patients to think about how their use may have contributed to their involvement in the justice system, what they like and dislike about their use pattern, and how they might change to reduce their risks. This process engages patients in the conversation to make their own decisions about substance use.
- c. Clear and respectful professional advice about the need to reduce risk by cutting down or quitting substance use and to avoid high-risk substance-related situations. The intervention is also likely to require negotiation between what the clinician thinks is best, judicial mandates, and what the patient is willing and able to do. The optimal result is for patients to establish and articulate their own goals and define a plan of action.

3 Follow-Up Research indicates that patients' outcomes improve when follow-up is provided. Courts with sufficient resources might consider:

- Providing follow-up visits or telephone contact to reinforce the intervention
- Recommending patients consult their primary care providers
- Discussing options for additional services as needed, such as counseling

(Source: Modified American College of Surgeons - COT Quick Guide)

► For more information on **health and social services**—See Section 3

(Source: Adger, 2007)

Length of Urinalysis Detection Period for Some Drugs of Abuse	
Drug	Detection Period
Alcohol	6-10 hours
Marijuana	2 days – 11 weeks
Barbituates	2-10 days
Benzodiazepines	1-6 weeks
Cocaine	2-4 days
Heroin	1-2 days
LSD	8 hours
Amphetamines	1-2 days

► For more information on drug testing

Shaw, L.M and Kwong, T.C. (2001) *The Clinical Toxicology Laboratory: Contemporary Practice of Poisoning Evaluation*. Washington, DC: AACCC Press

Drug Testing

Drug testing, or toxicology screening, is a laboratory procedure used to determine if a substance is currently in an individual’s body. Drug testing is primarily done on urine, but it can also be done on hair, saliva, sweat, and other bodily tissues. The Federal Drug Testing Programs mandate the urine testing of amphetamines, cannabinoids, cocaine, some opioids, and phencyclidine. Other drugs, including alcohol, may be tested, but what drugs are tested varies. Judges may request testing for additional drugs based on the needs of a case and the capabilities of the court and laboratory.

While drug testing is important for monitoring abstinence during and after treatment it is NOT equivalent to a diagnosis of substance abuse or addiction. Random drug tests of probationers can determine if the conditions of probation have been upheld or violated (Hon, 2004). Frequent and random drug testing of probationers can also enhance treatment adherence and protect public safety by preventing behaviors like driving under the influence of alcohol or other drugs (Hon, 2004).

While drug testing is useful, it is not always done appropriately, thereby decreasing the accuracy of the test. For example, a recent study in the primary care setting found that while 95% of physicians have ordered urine toxicology screens, only 23% use an evidence-based procedure (Levy et al., 2006). This study also found that many physicians lacked the training to accurately interpret drug test results (Levy et al., 2006). Additionally, drug tests may be easily tampered with and results falsified. Therefore, whether in the medical or the justice system, careful oversight and handling procedures are necessary to prevent inaccuracies and detect falsified results. Toxicological screening must be performed under the supervision of a qualified specialist and should be conducted with the knowledge and consent of the individual being tested. Another precaution is that while judges may order many of the typically used drug tests, many drug tests do not detect drugs such as alcohol, Ecstasy (MDMA), OxyContin, and Vicodin.

Toxicology screening is a powerful tool to monitor and address relapse episodes and serves as an “early warning” device to detect problems while an individual is in treatment so adjustments can be made to the treatment plan. Drug testing should be used with other clinical screening tools to gather important data needed to determine the severity of the individual’s problems.

Assessment/Diagnosis

If a screening questionnaire identifies the likelihood of an alcohol and other drug problem or if a drug test indicates use, a clinical assessment should be administered. Assessments not only confirm the presence of a problem, but also determine the severity of the problem and what services and/or treatment would be most effective (Knight et al., 2003).

An assessment consists of gathering key information and engaging in a process with an individual that enables a health professional to understand the individual's readiness for change, problem areas, diagnosis, disabilities, and strengths. Unlike screenings, assessments should be administered and interpreted by a trained behavioral health professional, such as a nurse, physician, social worker or psychologist.

Clinical assessments can identify factors that affect alcohol and other drug problems like social support networks, employment history, health, inadequate housing, motivation to change, a history of physical and sexual abuse, and mental illness. Sharing the information gathered from an assessment between the treatment and justice systems is critical. This information can be used by the justice system to ensure appropriate treatment and legal interventions are employed. Assessments, like screenings, should be performed periodically throughout an individual's involvement in the justice system and throughout treatment to determine if it is effective in reducing the health and associated legal problems, just as a physician would determine if a cancer patient's chemotherapy was preventing a tumor from metastasizing or if a diabetic's insulin dosage is appropriate to maintain their blood sugar.

► For more information on health and social services—See Section 3

Screening and Assessment among Specific Populations

Most screening and assessment instruments were developed and tested in adult male populations. These instruments vary in their ability to detect substance use disorders and other problems among different populations. Gender, age, ethnicity, literacy, and physical or cognitive inability may affect the ability of the instrument to identify and address problems.

For women, using a longer, more flexible format is often useful, particularly to explore unanticipated issues that may arise. Females are more likely to have trauma-related problems and co-occurring (mental health and substance abuse) disorders. In addition, females are also more likely to be affected by poverty, abuse histories, unstable social supports, and medical problems.

► For more information on mental health problems—See Section 3

► For more information on adolescents—See Section 5

Screening and assessment instruments can be adapted to use with women, adolescents, or a particular ethnic group. However, if a questionnaire is substantially modified for use with specific populations, research is needed to validate the effectiveness of the modified instrument. The administration of the questionnaire may also be altered for specific populations. For example, when providing a clinical assessment, it may be necessary to: (1) schedule breaks during interview sessions, (2) move at a slower pace during the interview, and (3) obtain collateral information to verify key information related to mental disorder symptoms, treatment and medication use, and interactive effects of mental health and alcohol and other drug problems.

Referral

If an assessment indicates an individual has a substance use disorder, the individual should be referred to the appropriate level of treatment. Referral for treatment of other mental and physical health problems are also critical. Whenever possible treatment for all conditions should be integrated. There are many types of treatment and it is important to provide individuals with the type of treatment appropriate to address the severity of their problems. Treatment options are described in detail in Section 3: Treating the Problem.

However, ensuring an individual receives the appropriate treatment is no simple task particularly with so few resources available in the justice and treatment systems. Therefore, finding a treatment program that is appropriate for and available to an individual can be challenging. Once an appropriate program is identified, sanctions and incentives can be useful methods for the justice system to employ to increase the likelihood that the individual will follow through on the referral and remain engaged. If treatment is not available it is important to have medical and justice personnel work collaboratively to identify best approaches.

► For more information on **determining appropriate evidence-based interventions for the treatment of alcohol and other drug problems:**

SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP)
www.nrepp.samhsa.gov/

► For more information on integrating systems—See Section 6

Center for Substance Abuse Treatment**<http://csat.samhsa.gov/mission.aspx>**

CSAT promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them.

For more information on Screening and Assessment: Treatment Improvement Protocols (TIP) prepared by the Center for Substance Abuse Treatment are highly recommended.

TIP 7 Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System**www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.27486****TIP 44 Substance Abuse Treatment for Adults in the Criminal Justice System chapter 2: Screening and Assessment****www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.80066**

For assistance developing and implementing screening and assessment protocols, contact local chapters of the following behavioral health specialists' professional organizations:

American Academy of Addiction Psychiatry**www.aaap.org****American Psychological Association****www.apa.org****American Society of Addiction Medicine****www.asam.org****National Association of Social Workers****www.socialworkers.org/****National Institute on Alcohol Abuse and Alcoholism****<http://www.niaaa.nih.gov/>**

NIAAA provides leadership in the national effort to reduce alcohol-related problems

National Institute on Drug Abuse**<http://www.nida.nih.gov/>**

NIDA's mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction.

National Highway Traffic Safety Administration**www.nhtsa.dot.gov**

NHTSA's mission is to save lives, prevent injuries and reduce economic costs due to road traffic crashes, through education, research, safety standards and enforcement activity.

Screening, assessment, and treatment planning for persons with co-occurring disorders**http://coce.samhsa.gov/cod_resources/PDF/OP2-ScreeningandAssessment-8-13-07.pdf**

An overview paper from the Co-Occurring Center for Excellence that discusses the purpose, appropriate staffing, protocols, methods, advantages and disadvantages, and processes for integrated screening, assessment, and treatment planning for persons with COD as well as systems issues and financing.



Treating the Problem



“Most parolees and probationers with a history of addiction are not receiving modern, evidence-based treatment. The result is relapse and return to prison in a revolving door fashion. The National Institute on Health has developed important new treatments involving medications and specific forms of psychotherapy which should be made available to those caught up in the justice system.”

Charles O'Brien, MD, PhD, PLNDP Leadership Council

Treating the Problem

A Continuum of Care

Evidence-based treatment for substance use disorders is an effective approach to improving public health and public safety. While some individuals involved with the justice system receive “treatment,” the nature and quality varies tremendously with no assurance that such treatment is effective or grounded in research. Treatment can be as informal as educational materials, mutual-help to lectures or discussions to more formal inpatient in a specialized treatment program. There are a variety of evidence-based approaches to treatment to consider and this section explains what “treatment” is and what components are necessary for it to be effective.

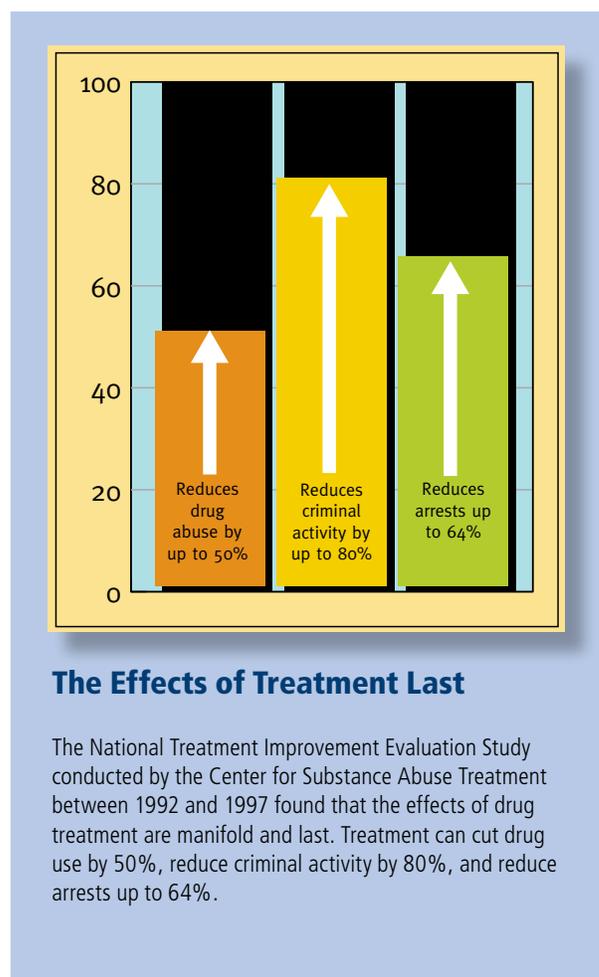
The Medical, Societal, and Financial Benefits of Treatment

Though the financial, social, and health impacts of alcohol and other drug problems are catastrophic, there is a solution. Treatment has been shown to save lives and money by (1) reducing substance use, (2) reducing crime, (3) decreasing incarceration, (4) improving health, (5) improving family functioning, (6) decreasing injury, and (7) increasing employment (Belenko et al., 2005).

If treatment saves lives and money, why aren't more people being treated? Some believe that it costs too much to provide treatment. But research on the economic impact of treatment consistently illustrates that the economic benefits of treatment outweigh the cost. A review of the economic benefits of treatment found the average net benefit per client was \$42,905 with 98% of that net benefit—\$42,151—was a result of crime reduction (McCollister and French, 2003). Treating alcohol and other drug problems also reduces other public health concerns such as HIV and hepatitis B and C.

Components of Effective Treatment

Treatments for abuse and dependence (or addiction) are designed not only to reduce current and prevent future alcohol and other drug use but also to reduce recidivism and improve health and social functioning.



The National Institute of Drug Abuse recommends treatment for a minimum of 3 months for individuals involved in the criminal justice system with substance use disorders.

Individuals with severe alcohol and other drug problems and co-occurring disorders typically need longer treatment and more comprehensive services. Treatment must be provided long enough to produce consistent behavioral changes.

There are numerous approaches used for treatment, varying in content, duration, intensity, goals, location, provider, and target population. The most effective treatments combine a variety of bio-psycho-social services.

The National Institute on Drug Abuse (2006) has developed 13 principles of effective treatment for addiction for criminal justice populations:

- 1 Drug addiction is a brain disease that affects behavior.
- 2 Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
- 3 Treatment must last long enough to produce stable behavioral changes.
- 4 Assessment is the first step in treatment.
- 5 Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations.
- 6 Drug use during treatment should be carefully monitored.
- 7 Treatment should target factors that are associated with criminal behavior.
- 8 Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
- 9 Continuity of care is essential for drug abusers re-entering the community.
- 10 A balance of rewards and sanctions encourages prosocial behavior and treatment participation.
- 11 Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
- 12 Medications are an important part of treatment for many drug abusing offenders.
- 13 Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.

Engaging in Treatment

Research indicates that an individual's motivation to reduce substance use improves treatment outcomes; motivation is associated with a decrease in quantity

and frequency of alcohol and drug use and an increase in number of days abstinent. Motivation may be internal or external. External motivation, or "coercion," has been shown to have positive outcomes in the workplace, sports, professional licensure, and the justice system (Nace et al., 2007). Court-mandated treatment has been shown to effectively increase treatment retention rates, increase number of days abstinent, and decrease crime (Nace et al., 2007). While coercion is not always necessary, mandated treatment may provide an opportunity for individuals in the justice system with alcohol and other drug problems to access and benefit from treatment (Whitten, 2006).

Annual Cost of Alcohol and Drug Treatment

Methadone Maintenance:	\$4,160 - \$5,200*
Outpatient:	\$3,744 - \$8,632*
Residential:	\$28,288 - \$38,844*
Treatment in Prisons:	\$2,132 - \$4,004*†
Treatment in Drug Courts:	\$4,524*
Cost of Incarceration:	\$22,650**

*Costs inflated to 2004 dollars, see Belenko, 2005.

†Cost in addition to incarceration

**Stephen, 2004

How to Identify Effective Treatment

- 1 Does the program accept your insurance? If not, will they work with you on a payment plan or find other means of support for you?
- 2 Is the program run by state-accredited, licensed and/or trained professionals?
- 3 Is the facility clean, organized and well-run?
- 4 Does the program encompass the full range of needs of the individual (medical: including infectious diseases; psychological: including co-occurring mental illness; social; vocational; legal; etc.)?
- 5 Does the treatment program also address sexual orientation and physical disabilities as well as provide age, gender and culturally appropriate treatment services?
- 6 Is long-term aftercare support and/or guidance encouraged, provided and maintained?
- 7 Is there ongoing assessment of an individual's treatment plan to ensure it meets changing needs?
- 8 Does the program employ strategies to engage and keep individuals in longer-term treatment, increasing the likelihood of success?
- 9 Does the program offer counseling (individual or group) and other behavioral therapies to enhance the individual's ability to function in the family/community?
- 10 Does the program offer medication as part of the treatment regimen, if appropriate?
- 11 Is there ongoing monitoring of possible relapse to help guide patients back to abstinence?
- 12 Are services or referrals offered to family members to ensure they understand addiction and the recovery process to help them support the recovering individual?

(Source: <http://csat.samhsa.gov/faqs.aspx>)

Motivation is defined as the individual's readiness to engage in and complete the various tasks needed to change a specified behavior (Prochaska and DiClemente, 1992). The Stages of Change Model is a research-based clinical guide that explains stages of change and why some populations have a difficult time becoming and remaining abstinent. There are five stages: precontemplation, contemplation, preparation, action, and maintenance. Moving through the Stages of Change successfully requires accomplishing specific tasks at each stage (DiClemente, 2007).

Professionals in the justice system are not expected to use this framework to diagnose individuals; however, the **Stages of Change Model** (on next page) can assist justice professionals working with individuals with alcohol and other drug problems in their recovery process. Information about treatment readiness should be used to determine whether external pressure is required for treatment retention, and if so how much. Thus, more pressure may be indicated for individuals who are not otherwise treatment ready, but diversion from the justice system or other

approaches that employ lesser pressure may be needed in cases when the individual is treatment ready. While individuals in the justice system may not be able to choose from a variety of treatment options, referral to treatment should try to include consideration of individual needs. Effective treatment for substance use problems is not a one-size-fits-all approach.

Stages of Change	
1 Precontemplation	At this stage, the individual does not believe a problem exists and is not interested in engaging in treatment. The individual must become concerned about the problem and interested in treatment. In order to do so, the individual needs evidence of the problem and its consequences.
2 Contemplation	In the contemplation stage, an individual recognizes that a problem exists and considers treatment. While considering treatment, the individual must complete the tasks of analyzing the balance of risks and rewards of treatment. The individual needs support and information to understand treatment options as they make decisions about treatment.
3 Preparation	When an individual is in the preparation stage, they are ready to begin treatment, but needs help finding appropriate treatment. While preparing for treatment, an individual must create an effective and acceptable treatment plan. Justice and health professionals may work with the individual to develop the treatment plan.
4 Action	At the action stage, an individual begins treatment and must reaffirm his or her commitment to the treatment plan and follow up with treatment providers to determine if the plan needs to be revised. Ongoing support from justice and health professionals, family, and community may help the individual to sustain his or her commitment.
5 Maintenance	The major characterization of the maintenance stage is continued commitment to sustaining new behavior. In this stage, justice and health professionals should develop a continuing care plan with the patient, including relapse prevention. Even if relapse does occur, justice and health professionals need to reassess the patient, evaluate the triggers, and determine the best course of action for the patient and his/her support network.

(Source: Prochaska and DiClemente, 1992)

Stages of Treatment

► For more information on
Detoxification:

TIP 45 Detoxification and Substance Abuse Treatment
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.85279

American Academy of Addiction Psychiatry
www.aaap.org

American Society of Addiction Medicine
www.asam.org

Detoxification

Detoxification is a precursor to treatment for people who have been identified as dependent on a substance. Medically supervised detoxification is often needed to counteract withdrawal complications before treatment can begin. However, it is recommended that the justice system not routinely mandate an individual into detoxification without medical advice because it may not be medically necessary or recommended. For example, detoxification could be medically contraindicated by HIV or pregnancy. Additionally, forced, unmedicated, unsupervised detoxification could cause resistance to future treatment and in some cases death.

Most often detoxification occurs in a hospital or facility where medical care is readily available, but it can also be successful in an ambulatory setting. The manifestations of withdrawal can range from mild dysphoria to life-threatening convulsions. There are two common methods to alleviate the potentially dangerous effects of withdrawal: (1) the dose of the abused substance is slowly tapered or (2) a long-acting pharmaceutical medication similar to the drug is administered. The process typically requires 3-5 days; however, the length of time varies depending on the individual, the type of substance used, and the severity of the problem.

While detoxification does treat the acute physiological effects of decreasing or eliminating substance abuse, it does not address the psychological, social, and behavioral problems associated with addiction. As a result, detoxification does not typically produce lasting behavioral changes necessary for sustained recovery.

Treatment

SETTING

Treatment services can be provided across a variety of settings/levels. There are four primary settings—or locations—where treatment usually take place: (1) Inpatient, (2) Residential, (3) Intermediate, and (4) Outpatient. These settings correspond to “levels of care.” The level of care should correspond to the severity of an individual’s substance problem and not a criminal charge, conviction, or ruling (see page 36).

MODALITIES

“Treatment modality” refers to the specific activities used to relieve symptoms or induce behavior change. There are a variety of treatment modalities used to treat alcohol and other drug abuse; however, all generally fit into one of two categories: (1) behavioral and (2) pharmacological. Because of the significant behavioral changes resulting from substance use disorders, behavioral therapies that help

Behavioral Treatment

patients: (1) identify and avoid cues, (2) control urges, and (3) build healthy social supports. Behavioral therapy, also referred to as “talk therapy,” engages people in treatment, modifying their attitudes and behaviors related to alcohol and other drug problems and increasing their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for substances resulting in relapse. Moreover, behavioral therapies can enhance the effectiveness of medications and help individuals remain in treatment and maintain their sobriety longer.

Pharmacological Treatment

Understanding that prolonged use of alcohol and other drugs can change the structure and function of the brain helps explain why pharmacological treatment can have an important role in the treatment of substance use disorders.

Historically, controversy has surrounded the use of pharmacological treatment for alcohol and drug dependence. The primary principles of pharmacological treatment are to decrease craving, allow individuals to stop using and remain substance free. Philosophically, some people have objected to the use of any medication to treat a substance problem. Society seems to have accepted that there are a number of pharmaceutical treatments for nicotine dependence—nicotine gum to help people stop smoking cigarettes—but there is less acceptance of using medications for alcoholism and drug addiction. Research supports the use of pharmacotherapy when accompanied with behavioral therapy for treating alcohol and other drug problems.

The Institute of Medicine (1990) defines the levels of treatment as:

Inpatient —“The provision of treatment for alcohol and other drug problems, including medical services, nursing services, counseling, supportive services, housing, laundry, and housekeeping for persons who require 24-hour supervision in a hospital or other suitably equipped and licensed medical setting.”

Residential —“The provision of treatment, including medical services, nursing services, counseling, supportive services, housing, laundry, and housekeeping for persons who require 24-hour supervision in a freestanding residential facility or other suitably equipped and licensed specialty setting.”

Intermediate — “The provision of treatment for alcohol and other drug problems, including medical services, nursing services, counseling, supportive services, housing, laundry, and housekeeping for those who require care or support or both, in partial (less than 24-hour) treatment or recovery setting. Those individuals generally need more intensive care, treatment, and support than are available through outpatient settings or they benefit from supportive social arrangements during the day in a suitably equipped and licensed specialty setting.”

Outpatient — “The provision of treatment for alcohol and other drug problems, including medical services, nursing services, counseling, and supportive services for persons who can benefit from treatment available through ambulatory care settings while maintaining their usual living arrangements.”

Examples of Behavioral Therapies:

Cognitive-Behavioral Therapy (CBT) focuses on thoughts and thought processes in addition to behaviors. The patient and therapist decide together on the treatment goals and plan. CBT is based on social learning theory. This approach assumes that how a person initiates use and abuse of substances is how they learn to continue use. Therefore the therapist will teach skills and strategies that the individual can use after treatment to identify and avoid cues and modify their behavior through urge control techniques. CBT seeks to help patients recognize, avoid, and cope with situations in which they are most likely to abuse alcohol and other drugs. (NIDA, 1998).

Community Reinforcement Approach (CRA) is based on the understanding that environmental factors can play a significant role in encouraging and discouraging substance use. CRA uses social, recreational, familial, and vocational reinforcement to support the individual's recovery process. CRA integrates several treatment components, including: (1) building the client's motivation to quit, (2) helping the client initiate sobriety, (3) analyzing patterns of use, (4) increasing positive reinforcement, (5) learning new coping behaviors, and (6) involving significant others in the recovery process. This approach can also be effective when combined with family therapy and motivational interviewing. The overall philosophy of CRA is that "in order to overcome alcohol problems, it is important to rearrange the person's life so that abstinence is more rewarding than drinking" (Miller et al., 1999).

Contingency Management (CM) is a systematic reinforcement of desired behaviors using incentives (positive reinforcement) and sanctions (negative reinforcement). Positive consequences for abstinence may include vouchers that can be exchanged for access to additional services or privileges. Negative behaviors, such as unfavorable reports from parole officer, could result in withholding vouchers. CM can be used in variety of ways, including reinforcement of medication compliance and reinforcement of treatment attendance.

Matrix Model (MM) was developed as an outpatient treatment for stimulant abuse. It requires therapists to use a combination of skills to act as a teacher and coach simultaneously. The therapist fosters a positive encouraging relationship with the individual and uses that relationship to reinforce positive behavior change. The interaction between the therapist and the patient is realistic and direct but not confrontational or parental. Therapists are trained to view the process as a way to promote self-confidence, dignity, and self worth. Research shows that the Matrix Model has demonstrated: (1) significant reductions in alcohol and other drug use, (2) improvements in psychological indicators, and (3) reduction in risky sexual behaviors associated with HIV transmissions (Rawson et al., 1995). Comparable results have been shown with methamphetamine and cocaine users (Huber et al., 1997). MM has also been shown to increase effectiveness of naltrexone treatment for opiate addictions.

Motivational Interviewing (MI) is a directive client-centered counseling approach for eliciting behavior change by supporting clients to explore and resolve ambivalence. MI is more focused and goal directed than other counseling techniques. MI is most useful for individuals misusing and abusing substances rather than those already dependent. An analysis of 72 studies that examined the effect of motivational interviewing compared to "traditional advice" on a variety of health outcomes found that "MI had a significant and clinically relevant effect (Rubak et al., 2005). Analysis of the 47 studies that examined MI targeting alcohol and other drug problems found MI was effective in reducing blood alcohol concentration or amount of alcohol consumed in 75% of the studies.

Multisystemic Therapy (MST) "is an intensive family-based treatment for serious antisocial behavior in adolescents and their families. The primary goals of MST are to reduce rates of antisocial behavior in the adolescent, reduce the number of out of home placements, and empower families to resolve future difficulties." Research indicates MST reduces long-term rates of criminal activity, incarceration, and related costs (Henggeler, 2002).

In an effort to standardize pharmacological treatment for alcohol use disorders, the American Society of Addiction Medicine is developing a Supplement to the ASAM Patient Placement Criteria on Pharmacotherapies for Alcohol Use Disorders. These new guidelines will be released in 2008. See www.asam.org or call 301-656-3920 for more information.

Research shows that when pharmacotherapy is used, many experience a decrease in craving, improved treatment outcomes, increased participation in 12-step programs, and a reduction in recidivism.

Medications can be provided in tablets, drinkable liquids or through injection. While pharmacological therapy can be useful, it should not be considered the sole answer to solving all alcohol and drug problems. Research does support the use of medications as a part of a comprehensive treatment plan that includes behavioral therapy as well as ancillary services to address the individual's medical, psychological, social, vocational, and legal needs.

While there are no pharmacological treatments for stimulants, hallucinogens, or marijuana, medications for alcohol and opioid addiction are effective. Medications for alcohol addiction include Acamprosate and Disulfiram. Medications for opioid addiction include Methadone and Buprenorphine. Some medications, like Naltrexone, are used for both alcohol and opioid dependence treatment. The two prominent pharmacological properties of medications used to treat dependence are: (1) activating receptors and (2) blocking receptors in the brain. Medications that activate receptors, like Methadone, are called agonists. Medications that block receptors, like Naltrexone, are called antagonists. Both properties inhibit the euphoric effects of alcohol and other drugs, which provides individuals with substance use disorders the ability to make decisions and increases their likelihood of remaining in treatment, and maintaining sobriety.

MEDICATIONS FOR ALCOHOL ADDICTION

Acamprosate (Campral) After alcohol use has ceased, an unpleasant physical condition, known as protracted abstinence syndrome, can develop. Acamprosate works to reduce the discomfort of protracted abstinence syndrome, increasing the likelihood that individuals will remain abstinent and sustain their recovery longer because they no longer feel the urge to drink alcohol to relieve their discomfort. Acamprosate is an effective treatment among motivated and abstinent populations. Research has found Acamprosate reduced the quantity and frequency of drinking and increased abstinent days, particularly among motivated patients. Among these patients, Acamprosate use resulted in a much higher percentage of abstinent days (72.5%) than the control group (58.1%) (Mason et al., 2006).

Disulfiram (Antabuse), approved by the FDA for the treatment of alcohol addiction in 1949, has been used primarily by patients who are not currently drinking in order to avoid using alcohol in high-risk situations. This medication discourages drinking by producing unpleasant physical effects, such as vomiting, chest pain, blurred vision, mental confusion, breathing difficulty, red face, and anxiety when

even small amounts of alcohol are consumed. Research has demonstrated that Disulfiram can reduce drinking quantity and frequency (Garbutt et al., 1999).

Naltrexone (Revia, Vivitrol, Depade) is a synthetic opiate antagonist with few side effects. It is FDA-approved for treatment of alcohol and heroin addiction. Naltrexone has no potential for abuse or addiction. Daily treatment with Naltrexone, in combination with psychosocial support, leads to reduced alcohol craving and alcohol consumption, resulting in an approximately 50% lower incidence of relapse (Volpicelli et al., 1992). Adherence to daily naltrexone administration, like Disulfiram, is a common problem. However, a long-acting (30 days), injectable form of Naltrexone, known as Depot Naltrexone was recently approved by the FDA and is expected to improve treatment compliance and, in turn, improve treatment outcomes. Depot Naltrexone combined with motivational enhancement therapy has been shown to increase the likelihood of abstinence longer when compared to patients receiving only motivational enhancement therapy (Kranzler et al., 2004).

Methadone, a synthetic opioid, is used widely in Methadone Maintenance Treatment (MMT) programs. In these programs, Methadone is administered in gradually increasing doses until a stabilizing dose is reached. At stabilizing levels, methadone markedly blunts the effects of heroin and prescription opioids. MMT can be a long-term treatment for opioid dependence. MMT is not a cure for opioid addiction, but it improves treatment retention and as a result decreases relapse and the health and criminal problems associated with illicit opioid use. (Rich et al., 2005).

► For more information on **extended-release injectable Naltrexone:**

Substance Abuse Treatment Advisory:
Naltrexone for Extended-Release
Injectable Suspension for Treatment of
Alcohol Dependence

www.kap.samhsa.gov/products/manuals/advisory/text/0701_naltrexone.htm

Medications for Treating Alcohol and Drug Dependence

This table lists the medications available for treating dependence to alcohol and other drugs. There are no medications approved to treat addiction to benzodiazepines (such as Xanax, Valium, Ativan, and Klonopin), cocaine, methamphetamine, amphetamines, methylphenidate (such as Ritalin), inhalants, hallucinogens (such as LSD and MDMA), or marijuana.

Substance	Medication
Alcohol	Acamprosate (Campral)
	Disulfiram (Antabuse)
	Naltrexone (ReVia, Vivitrol, Depade)
Heroin, prescription painkillers (oxycodone, OxyContin, Percocet, Percodan)	Methadone
	Buprenorphine (Suboxone, Subutex)
	Naltrexone (ReVia, Depade)
Tobacco	Nicotine Replacement Therapy (Transdermal Nicotine Patches, Gum, Lozenges, Inhalers, Nasal Spray, Sublingual Tablet)
	Bupropion (Zyban)
	Nortriptyline
	Clonidine
	Varenicline (Chantix)

Addressing Nicotine Dependence

Nicotine dependence is the most common substance use disorder in the United States, but often overlooked because it is not associated with legal problems and does not have an immediate societal impact. However, nicotine dependence is associated with enormous morbidity and mortality and effective pharmacologic and behavioral therapies exist. In addition, individuals with alcohol or other substance use disorders are much more likely to have nicotine dependence compared to those without substance use disorders. In one study of individuals who had received treatment for alcohol-dependence, nicotine-related ailments were the primary cause of mortality in 10-year period following treatment. For this reason, it is important to screen for nicotine dependence, encourage smoking cessation and offer smoking cessation treatment.

MEDICATIONS FOR OPIOID ADDICTION

Methadone is one of the most monitored and highly regulated medical treatments in the United States. The 1997 National Institute of Health Consensus Development Conference on Effective Medical Treatment of Heroin Addiction concluded that heroin addiction is a medical disorder that can be effectively treated in methadone maintenance treatment programs and recommended expanding access to Methadone treatment by increasing funding and minimizing federal and state regulations (Hall and Brown, 1997).

In 2005, 1,069 treatment facilities had an Opioid Treatment Program certified by SAMHSA to provide treatment with methadone. While the number of clients receiving Methadone fluctuates, the 2005 National Survey of Substance Abuse Treatment Services reported that on March 31, 2005 there were 235,836 individuals on Methadone in outpatient and inpatient treatment facilities (SAMSHA, 2006).

MMT is an effective, evidence-based approach to treatment for individuals in the criminal justice system particularly when combined with counseling. The Key Extended Entry Program (KEEP) at New York City's jail facilities at Rikers Island was the first MMT program in the United States for incarcerated individuals dependent on heroin. Individuals enrolled in KEEP received a stable dose of Methadone in jail and were referred to community MMT programs. The KEEP program increased enrollment and retention in treatment after release from Rikers. Results from the first evaluation of the program found 85% of KEEP participants enrolled in treatment after release compared to 37% of the controls, who were rapidly detoxified from heroin using Methadone. At a 6-month follow-up, 27% of KEEP participants remained in treatment compared to 9% of the controls. Participation in treatment at follow-up was associated with decreased heroin use and decreased crime (Magura et al., 1993).

MMT use in prisons and re-entry programs is still limited. In 2003 most state and federal prison medical directors surveyed did not provide Methadone to opioid-dependent inmates or refer them to methadone programs upon release (Rich et al., 2005). One of the barriers to MMT involves concern about the appropriate length of time to administer MMT. Research has shown use of methadone for 8 months or longer reduces recidivism and other health problems, while MMT for periods of five months or less is associated with increased risks of recidivism and hepatitis C infection (Dolan et al., 2005). MMT is administered to stabilize individuals and enable them to be abstinent, which allows individuals to make lasting, behavioral changes. Each individual will require different amounts of medication and duration to be effective.

Buprenorphine is a partial opioid agonist that can alleviate cravings and withdrawal symptoms. In addition to treating heroin addiction, Buprenorphine may also be used to treat addiction to prescription opioids such as oxycodone, hydrocodone, and codeine. While Methadone is not prescribed in primary care settings for the treatment of addiction, Buprenorphine is available by prescription. Prescribing physicians do not have to be addiction specialists but must be specifically trained in the administration of buprenorphine before they are able to prescribe buprenorphine and are limited to prescribing buprenorphine to 100 patients. The availability of Buprenorphine by prescription from primary care physicians, psychiatrists, and specialty care physicians (such as infectious disease, cardiology, and obstetrics-gynecology) presents many advantages to patients. For example, it increases the availability and accessibility of treatment for opioid dependence, reduces stigma, and increases physician's capacity to treat co-occurring mental or physical health problems (McCance-Katz, 2004).

There are two preparations of Buprenorphine: (1) Suboxone®, which is buprenorphine combined with the opioid antagonist naloxone and (2) Subutex®, which is Buprenorphine alone. Research has shown that Subutex and Suboxone decrease drug use (17.8% and 20.7% respectively) compared with placebo (5.8%) (Fudala, 2003). Suboxone is primarily used in the United States.

Naltrexone (ReVia, Vivitrol, Depade) is a synthetic opiate antagonist with few side effects. It is FDA-approved for treatment of alcohol and heroin addiction. Naltrexone has no potential for abuse and is not addicting. Naltrexone blocks the effects of opiates like heroin and prevents the euphoric effects of other opiates. If other opiates are used while on naltrexone, the individual experiences a less desirable effect that gradually results in breaking the habit of opiate addiction.

Naltrexone is effective in preventing relapse and reincarceration. A study of opioid-dependent federal probationers participating in a 6-month program of probation plus Naltrexone and brief drug counseling found only 26% of those receiving Naltrexone were reincarcerated compared to 56% of the control group, which only received counseling (Cornish et al., 1997). As with Naltrexone use for alcohol addiction, poor compliance with oral Naltrexone has resulted in disappointing treatment results. A recent study found long-acting, injectable Depot Naltrexone to be safe and effective in retaining patients in treatment (Comer et al., 2006). There is a study currently underway examining the effectiveness of using Depot Naltrexone with heroin addicts on parole to determine its effectiveness in relapse prevention and eliminating craving. When available, it has been proposed to make treatment with Depot Naltrexone an option in the disposition of non-violent drug offenders whose charges are resolved by plea negotiations.

► For more information on
Pharmacotherapy:

American Academy of Addiction
Psychiatry
www.aaap.org

American Osteopathic Association
www.osteopathic.org

American Psychiatric Association
www.psych.org

American Society of Addiction
Medicine
www.asam.org

Center for Substance Abuse
Treatment's Division of
Pharmacologic Therapies
[www.dpt.samhsa.gov/
medications/medsindex.aspx](http://www.dpt.samhsa.gov/medications/medsindex.aspx)

National Institute of Drug Abuse
www.drugabuse.gov

Benefits and Costs of Methadone Treatment

Methadone treatment saves money by reducing crime, increasing employment, improving access to health care. The first treatment episode costs \$2699 but reaps \$13,116 in economic benefits. Estimates based on single treatment episodes indicate every \$1 spent on treatment yields \$4.86 in benefits. However, treatment also has long-term benefits. Estimates based on ongoing methadone treatment indicate that every \$1 spent on treatment yields almost \$38 in benefits.

OUTCOME

Crime

Mean pre-treatment cost per month per individual	\$2,707
Mean post-treatment cost per month per individual.....	\$2,298

Employment

Mean pre-treatment earnings per month per individual	\$371
Mean post-treatment earnings per month per individual.....	\$1,005

Health Care

Mean pre-treatment costs per month per individual.....	\$140
Mean post-treatment costs per month per individual	\$89

Economic

Mean pre-treatment monthly economic benefit per month per individual.....	<- \$12,475>
Mean post-treatment monthly economic benefit per month per individual	<- \$1,382>
Net economic benefit per first treatment episode	\$13,116
Treatment cost per first treatment episode.....	\$2,699
Benefit-cost ration (economic benefits per episode/treatment cost per episode).....	\$4.86

(Source: Zarbin et al., 2005)

HEALTH AND SOCIAL SERVICES

Effective treatment must address a variety of social and environmental factors that compound the difficulty of overcoming alcohol and other drug problems. Many individuals with substance use disorders have multiple financial responsibilities—child support, family obligations, job requirements, and restitution—which can be major obstacles to participating in treatment and achieving and maintaining sobriety. To the extent the treatment and justice systems are able, it is important to assist individuals to meet their basic needs, including disease prevention and treatment, housing, and job training. Social services can be ordered as a condition of bail/release, probation, and parole to enhance the likelihood of successful completion of treatment and probation/parole.

Disease Prevention and Treatment Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis. The rates of infectious diseases, such as hepa-

titis, tuberculosis, and HIV/AIDS, are higher among individuals with substance use disorders, incarcerated individuals, and those under community supervision than in the general population. Infectious diseases affect not just the individual, but also the justice system and the community at large. Justice staff working with individuals with serious medical conditions should work with them to identify and access appropriate healthcare services, encourage compliance with medical treatment, and re-establish their eligibility for health services such as Medicaid (NIDA, 2006).

Housing Stable living arrangements are crucial to successful treatment. However, a lack of stable housing is a major challenge for individuals re-entering the community from the justice system. Additionally, alcohol and other drug problems are common among homeless populations and lead to morbidity and mortality and may perpetuate homelessness (Kertesz et al., 2003). Therefore, housing issues should be addressed as part of treatment planning.

Job Training and Placement Research shows individuals who are employed are more likely to remain in treatment and, therefore, less likely to recidivate. Job training and placement should begin at the start of treatment (Wexler, 2001). Job training and placement play a significant role in preventing relapse in preparation for re-entry back into the community after treatment and incarceration.

TREATMENT RETENTION

Staying in treatment is important not only to the health of individuals with alcohol and other drug problems but also to public safety. There are a number of factors that influence whether an individual will stay in treatment or not, including treatment readiness, treatment appropriateness, pressure from an outside source like the justice system or an employer, and family involvement in treatment (CSAT, 2005a).

Attention to individual needs Referring an individual to treatment that appropriately addresses their needs improves the likelihood that the individual will successfully complete treatment, saving lives and limited resources. However, the justice system is not always able to identify effective treatment but clinical experts can identify clients' needs and define the appropriate treatment. Access to clinical expertise can help the justice system provide individuals and their families with the appropriate resources to address their problems, improving medical and legal outcomes.

► For more information on **substance abuse treatment for individuals with HIV/AIDS:**

CSAT's TIP 37
Substance Abuse Treatment for Persons with HIV/AIDS

www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.64746

Drugs, Alcohol and HIV/AIDS: A Consumer Guide

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17362>

Drugs, Alcohol and HIV/AIDS: A Consumer Guide for African Americans

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17632>

► For more information on **job training and employment issues:**

CSAT's TIP 38
Integrating Substance Abuse Treatment and Vocational Services

www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.68228

► For more information on **culturally competent substance abuse treatment:**

Cultural Competence in Substance Abuse Treatment, Policy Planning, and Program Development
www.attc-ne.org/pubs/ccsat.pdf

► For more information on **evidence-based treatment approaches for individuals with alcohol and other drug problems in the criminal justice system:**

Marlowe, D., (2002) Effective strategies for intervening with drug abusing offenders. Villanova Law Review, 47, 989-1026.

Treatment should be modified as needed to meet the individual’s specific needs. Severity of alcohol or other drug problems, criminal history, gender, culture, socioeconomic status, ethnicity, language, literacy, and physical or cognitive ability may affect how an individual responds to treatment and should be considered during clinical assessment and throughout treatment.

Individuals with substance use disorders should be placed in treatment programs with the appropriate structure and level of intensity based on the severity of their problems, not based on their criminal charge (Taxman et al., 2007a). Participation in drug treatment in state and federal prisons increased between 1997 and 2004 as a result of increases in participation in mutual-help groups, peer counseling, and drug abuse education programs (Mumola and Karberg, 2006). However, “drug-involved offenders are likely to have dependence rates that are four times greater than those among the general public, the drug treatment services and correctional programs available to offenders do not appear to be appropriate for the needs of this population” (Taxman et al., 2007b). With limited amount of resources available, it is important to ensure that the most appropriate resources are used.

Another concern is that while most programs have been developed specifically for men there has been a significant increase in the number of females entering the justice system. Though the female prison population is growing faster than the male prison population, few treatment programs have been developed specifically for female offenders, and many of the programs that do exist for women in jails and prisons are based on treatment models developed for male offenders (Peters et al., 1997). Research has shown that females are more likely than males to have a mental health disorder and trauma-related problems in addition to a substance use problem. They are also more likely to be affected by poverty, physical or sexual abuse, unstable social supports, and medical problems like HIV.

Research of women in jail-based substance abuse treatment programs suggests that such programs should be designed to meet individual needs wherever possible (Peters et al., 1997). There needs to be sufficient time set aside for

Practice Implications for Individuals with Alcohol and other Drug Problems in the Criminal Justice System

An individual’s criminogenic risks (for recidivism and treatment failure) and criminogenic needs (severity of substance use disorder) should be considered when implementing sanctions and incentives. If an individual has high criminogenic needs, their recovery should be viewed as a long-term goal and sanctions should be implemented at a low level and gradually increased. However, sanctions should be implemented at a high level if an individual is using substance at unhealthy levels but not dependent.

	High Risk	Low Risk
High Needs	Intensive Treatment Restrictive Consequences Positive Reinforcement	Intensive Treatment Positive Reinforcement
Low Needs	Restrictive Consequences	Prevention Negative Reinforcement outside the justice system

(Source: Marlowe, 2007)

the assessment and diagnosis of co-occurring disorders and for teaching a range of skills (i.e., parenting, nutrition and health care, accessing social services and housing) that are generally not considered as important in treatment programs for male offenders (Peters et al., 1997). Treatment for women may present the additional challenge of providing care for children. It is important to involve family members in treatment when possible and establish agreements with relevant child welfare agencies (CSAT, 1999).

Incentives and Sanctions The conventional justice model offers incentives and sanctions. Under such a model, specific findings such as a positive urinalysis are often met with sanctions. Such sanctions are imposed with the assumption that drug consumption is undertaken rationally and with freedom of choice. However, research suggests that some instances of drug use result from biological urges that an individual may be unable to control (CSAT, 2005).

Incentives and sanctions may be used creatively to keep an individual in treatment. Incentives, or positive reinforcement, are easier to implement, have less negative side effects, and may have more positive results. There is a broad array of incentives, including reduced supervision and increased access to other services like job training or improved housing. Both treatment and justice staff should strive to focus on reinforcing desired behavior and continue to search for innovative ways to motivate and engage individuals from a positive perspective (CSAT, 2005).

Family Legal and alcohol and other drug problems are not only individual problems—they have a tremendous impact on families. Family courts strive to handle all cases in a holistic way, treating alcohol and other drug and related problems as a family issue. This approach requires flexibility and a broad understanding of addiction, especially relapse and prevention. It is important for the justice system not to make decisions based solely on allegations of substance abuse. Screening is an important tool to evaluate alleged or suspected alcohol and other drug problems. However, a positive screen should not necessarily result in negative reinforcements such as a judge removing a child from a parent’s custody. Such actions could contribute additional stresses that increase the difficulty of successfully completing treatment. Additionally, justice staff have a role in preventing the cycle of alcohol and other drug problems by discussing prevention with children of individuals involved in the justice system. Recent research indicates that parental criminal justice involvement and parental substance abuse increases the likelihood that a family will experience economic strain and unstable home and school conditions (Phillips et al., 2007).

Family involvement in treatment can be a key element of effective treatment for alcohol and other drug problems (O’Farrell, 1993). Two examples of family involvement in treatment are family drug courts and family case management. Family drug

ASAM Patient Placement Criteria

americ20.temp.veriohosting.com/ppc/ppc2.htm

The American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC-2R) for the Treatment of Substance-Related Disorders, Second Edition Revised are practice guidelines for matching addiction patients to suitable levels of care based on client needs, such as alcohol use, readiness to change, and the presence of co-occurring disorders.

► For more information on **incentives and sanctions:**

CSAT’s TIP 12:
Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System.
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.33792

► **Educational approaches providing help for families involved with the court system are currently being developed by:**

Family Justice
www.familyjustice.org

► For more information on **family, alcohol and other drug problems, and treatment:**

Family Matters: Substance Abuse and The American Family

www.casacolumbia.org/absolutenm/articlefiles/380-family.matters.report.pdf

Unified Family Court
www.rwjf.org

treatment courts are effective at retaining parents in treatment, quicker reunification with children, and reduced child abuse and neglect recidivism (Worcel et al., 2006). Family case management is a valuable tool for families because addressing their alcohol, other drug, and related problems often involve multiple systems. Family case management has been shown to decrease drug use even though treatment dosages did not change (Sullivan et al., 2002).

Additionally, reintegrating with family after treatment at a rehabilitation center or a correctional facility can be a powerful source of strength for an individual in recovery. However, it is also possible that the home environment may threaten the individual's treatment progress by providing stressors, such as health or financial problems and exposure to others who are abusing substances. Domestic violence and child abuse situations present additional issues, including the personal safety of family members. Justice system and treatment staff should assess the home environment when defining a treatment plan not only to identify these threats, but also to proactively look for positive family support.

CONTINUING CARE

When formal treatment is completed, continuing care is critical to success. When possible, justice personnel should arrange for continuing care beyond treatment and when re-entering the community. Sometimes it can take as little as a phone call to a physician or hospital, depending on the availability of local resources. Continuing care is important because many problems become more apparent only when an individual returns to the community following inpatient treatment or incarceration. Such activities include learning to handle situations that could lead to relapse; learning how to live substance-free in the community; and developing a substance-free peer support network (NIDA, 2006).

Research shows that the first 3-6 months after treatment are the most vulnerable time period for relapse to occur. Continuing care services can be provided through individual, group, and family therapy and are often scheduled monthly. In some cases telephone counseling has been shown to effectively prevent relapse.

Continuing care is especially important for individuals involved with the justice system, because research shows that 30% of offenders had evidence of substance use within the first 2 months after their release from prison (Pelisser et al., 2007). Another study illustrated that in-prison treatment programs reduced recidivism by about 5%, while in-prison treatment with continuing aftercare treatment reduced recidivism by about 7% (Aos et al., 2006).

An important aspect of continuing care is relapse prevention. Relapse prevention plans provide ways to avoid exposure to triggers and high-risk situations and how to manage these situations if they are unavoidable. High-risk situations, like family conflict or being in places where and with people whose previous substance use occurred, trigger the brain to crave the substance of abuse.

Relapse prevention and recovery maintenance plans are often used by community-based treatment programs to develop a coordinated approach between probation/parole and treatment. These plans are also used in a number of drug and DWI courts. Drug and DWI courts help develop consensus among court, supervision, and treatment staff about an individual's current "risk" level for relapse and in organizing responses to critical incidents and problem behaviors. Sanctions, incentives, and treatment should be adjusted accordingly to decrease risk factors, prevent relapse, and maintain recovery.

Community Support Systems

Spiritual approaches can provide powerful tools for some individuals to achieve and maintain abstinence. Treatment providers can refer clients to the spiritual leaders of their choice for additional counseling. Treatment programs can also accommodate 12-Step groups that do not explicitly endorse any one religion.

Many individuals voluntarily join one of the "12-step" support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Cocaine Anonymous (CA) and do well without formal treatment. For over 70 years AA and other mutual help groups have been the most common and often the only form of continuing care for those who have been addicted. AA is not considered treatment but a fellowship of individuals in recovery supporting one another. While AA is not religious, spirituality is an important element to recovery.

Many researchers and health professionals recommend 12-step programs because they provide a sense of ongoing support and services and are free and available in numerous locations, day and night, seven days a week. Judges, probation, and parole, must be careful and avoid ordering participation specifically in AA or NA as it could violate the person's First Amendment. Instead, judges, probation, and parole should offer a variety of mutual-help-options to consider including: AA, NA, Special Offender Services (SOS), and Lifering.

In addition to helping individuals with substance problems, 12-step programs, such as Al-Anon, can provide support to family members and significant others of those who suffer with addictions. Often individuals and families active in 12-step programs will also be active in formal treatment programs.

► For more information on **re-entry of prisoners to the community:**

Re-Entry Policy Council
www.reentrypolicy.org

Mapping for Community-Based Prisoner Reentry Efforts: A Guidebook for Law Enforcement and Their Partners

www.urban.org/publications/1001099.html

► For more information on **Alcoholics Anonymous**

www.alcoholicsanonymous.org

Addiction Technology Transfer Center (ATTC)

www.nattc.org

The ATTC Network undertakes a broad range of initiatives whose mission is to upgrade the skills of existing practitioners and other health professionals and to disseminate the latest science to the treatment community.

Adopting Changes to Improve Outcomes Now (ACTION) Campaign

www.actioncampaign.org/Home/Home.aspx

The ACTION Campaign goals are to increase access to addiction treatment for individuals in need and to keep clients engaged in treatment. The ACTION Campaign is an unprecedented, cross-sector partnership among NGOs, foundations, and government agencies including the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), State Associations of Addiction Services (SAAS), the Network for the Improvement of Addiction Treatment (NIATx) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

American Academy of Addiction Psychiatry

www.aaap.org

A national association of addiction psychiatrists and other health professionals who specialize in treating mental health and substance use disorders.

ASAM Patient Placement Criteria

www.asam.org/PatientPlacementCriteria.html

The American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC-2R) for the Treatment of Substance-Related Disorders, Second Edition, Revised are practice guidelines for matching addiction patients to suitable levels of care based on client needs, such as alcohol use, readiness to change, and the presence of co-occurring disorders

American Association for the Treatment of Opioid Dependence

www.aatod.org/

The American Association for the Treatment of Opioid Dependence (AATOD) was founded to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive methadone treatment services throughout the United States.

Buprenorphine Physician Locator by State

http://buprenorphine.samhsa.gov/bwns_locator/index.html

Buprenorphine Information and Treatment Resources

www.drugabuse.gov/drugpages/buprenorphine.html

Center for Substance Abuse Treatment
<http://csat.samhsa.gov/>

The Center for Substance Abuse Treatment (CSAT) promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them. CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program. CSAT also supports SAMHSA's free treatment referral service to link people with the community-based substance abuse services they need.

TIP 44 Triage and Placement in Treatment Services
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.80246

TIP 44 Substance Abuse Treatment Planning
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.80397

TIP 44 Major Treatment Issues and Approaches
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.80442

TIP 44 Adapting Treatment for Specific Populations
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.80571

TIP 46 Substance Abuse: Administrative Issues in Intensive Outpatient Treatment
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.87310

TIP 47 Substance Abuse: Clinical Issues in Intensive Outpatient Treatment
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.88658

Methadone Treatment Centers by State
<http://csat.samhsa.gov/>

Council of State Government Re-Entry Policy Council
www.reentrypolicy.org

The Council of State Governments established the Re-Entry Policy Council (RPC) in 2001 to assist state government officials grappling with the increasing number of people leaving prisons and jails to return to the communities they left behind.

Cultural Competence in Substance Abuse Treatment, Policy Planning, and Program Development
www.attc-ne.org/pubs/ccsat.pdf

This bibliography provides background information on cultural competency, culturally competent treatment, why it is an important component of counseling, and implications for program development, administration, and policy planning.

Drugs, Alcohol and HIV/AIDS: A Consumer Guide
<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17362>

This brochure explains the increased risk of HIV transmission among people who abuse substances and stresses the importance of seeking treatment for both substance use and HIV/AIDS.

Drugs, Alcohol and HIV/AIDS: A Consumer Guide for African Americans
<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17632>

This Consumer Guide focuses on these issues as they specifically impact people in the African American community and explains HIV transmission and stresses the importance of treatment for both substance use and HIV/AIDS. Helpful phone numbers and Web links are included.

Faces and Voices of Recovery (FAVOR)

www.facesandvoicesofrecovery.org

Faces & Voices of Recovery is a national campaign of individuals and organizations joining together with a united voice to advocate for public action to deliver the power, possibility and proof of recovery.

Family Interventions

Two family interventions that have been shown to be effective are Behavioral Couples Therapy and CRAFT—Community Reinforcement and Family Therapy. The 2006 book Behavioral Couples Therapy for Alcoholism and Drug Abuse by Timothy J. O’Farrell and William Fals-Stewart and the 2004 book Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening by Robert J. Meyers and Brenda L. Wolfe are useful resources to understand effective family interventions.

Family Matters: Substance Abuse and The American Family

www.casacolumbia.org/absolutem/articlefiles/380-family_matters_report.pdf

A report by the National Center on Addiction and Substance Abuse (CASA) at Columbia University about parents who use illegal drugs, abuse alcohol and use tobacco and the effect on their children.

Family Justice

www.familyjustice.org

Family Justice has emerged as a leading national nonprofit institution dedicated to developing innovative, cost-effective solutions that benefit people at greatest risk of cycling in and out of the criminal justice system.

Heads Up: Real News About Drugs and Your Body

www.teacher.scholastic.com/scholasticnews/indepth/headsup

A drug education series created by NIDA and SCHOLASTIC INC. for students in grades 6 to 12.

Johnson Institute

www.johnsoninstitute.org

The Johnson Institute improves and expands the public’s understanding of addiction as a treatable illness, and promote the power and possibility of recovery from alcoholism, and other drug addiction.

National Council of Alcohol and Drug Dependence (NCADD)

www.ncadd.org/

NCADD has state chapters and provides education, information, help, and hope to the public.

National Institute of Alcohol Abuse and Alcoholism

www.niaaa.nih.gov/

NIAAA provides leadership in the national effort to reduce alcohol-related problems.

National Institute on Drug Abuse

www.nida.nih.gov/

Criminal Justice Drug Abuse Treatment Studies (CJ-DATS)

www.drugabuse.gov/drugpages/CJfactsheet.html

Led by NIDA, CJ-DATS is a network of research centers, in partnership with criminal justice professionals, drug abuse treatment providers, and Federal agencies responsible for developing integrated treatment approaches for criminal justice offenders and testing them at multiple sites throughout the Nation.

Principles of Drug Addiction Treatment: A Research-Based Guide
www.drugabuse.gov/PODAT/PODATIndex.html

This guide summarizes the 13 principles of effective treatment, answers common questions, and describes types of treatment, providing examples of scientifically based and tested treatment components.

Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide
www.drugabuse.gov/PODAT_CJ

NIDA's research-based guide for treating drug abusers involved with the criminal justice system provides 13 essential treatment principles, and includes answers to frequently asked questions and resource information.

National Drug Abuse Treatment Clinical Trials Network (CTN)
www.NIDA.nih.gov/CTN/

The CTN "road tests" research-based drug abuse treatments in community treatment programs around the country.

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov/

ONDCP is to establish policies, priorities, and objectives for the nation's drug control program. Their website contains information on drugs, drug policy, prevention, and treatment.

The Rebecca Project for Human Rights
www.rebeccaproject.org

The Rebecca Project for Human Rights is a national legal and advocacy organization for families struggling with the intersecting issues of economic marginality, substance abuse, access to family-based treatment, and the criminal justice system.

Substance Abuse Mental Health Services Administration (SAMHSA)

A national, toll-free referral service for locating drug and alcohol abuse treatment programs operated by SAMHSA's Center for Substance Abuse Treatment. Call: (800) 662-HELP (4357) (English and Español) (800) 487-4889 (TDD).

SAMHSA National Registry of Evidence-based Programs and Practices
www.nrepp.samhsa.gov

NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

SAMHSA Treatment locator
<http://dasis3.samhsa.gov/>

Treatment Research Institute

www.tresearch.org

TRI is a not-for-profit research and development organization dedicated to reducing the devastating effects of alcohol and other drug abuse on individuals, families and communities by using science and disseminating evidence-based information.

Treatment Research Institute Law and Ethics Program

www.tresearch.org/law_ethics/law_ethics.htm

TRI's Law and Ethics program evaluates the impact of criminal justice programs, legal policies, and ethical mandates on substance abuse clients, their families, and the community. The program develops tools to foster clinically suggested improvement in supervision of judicial clients, including a software system that provides real-time information to drug court judges on client progress in treatment and develops training programs for judges.

Unified Family Courts: Treating the Whole Family, Not Just the Young Drug Offender

www.rwjf.org/reports/grr/029319s.htm

The American Bar Association (ABA) developed six Unified Family Court (UFC) systems in three U.S. states and one territory and created a network of national groups to help educate the public about Unified Family Courts. UFCs combine the functions of family and juvenile courts to provide a comprehensive approach to treating and educating young drug offenders and their families.

Vera Institute on Justice

<http://www.vera.org/>

The Vera Institute of Justice combines expertise in research, demonstration projects, and technical assistance to help leaders in government and civil society improve the systems people rely on for justice and safety.

http://www.vera.org/section3/section3_1.asp

The Center on Sentencing and Corrections (CSC) provides non-partisan support to government officials and criminal justice professionals charged with addressing their jurisdiction's sentencing and corrections policy.



Co-occurring Problems



“The recognition and treatment of co-occurring psychiatric and medical disorders in individuals with substance use disorders is essential to improving treatment outcomes.”

Kathleen Brady, MD, PhD PLNDP Leadership Council

“We want to choose addiction and mental health programs which are evidence-based, but to do so we need to have these programs accessible.”

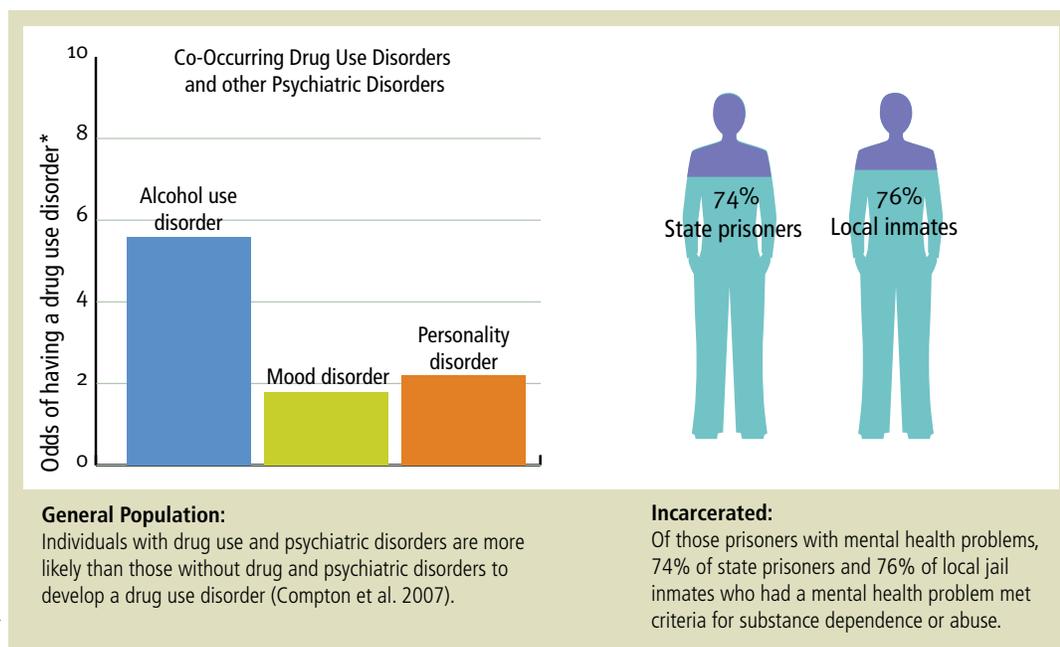
Chief Justice Shirley S. Abrahamson, PLNDP Advisory Council



Co-Occurring Problems

Mental Health and Alcohol and Other Drug Problems

Alcohol and other drug problems and mental health disorders often co-exist and are referred to as “**co-occurring disorders**,” dual diagnosis and co-morbidity. Mental health disorders may precede alcohol and other drug problems or substance use disorders may trigger or exacerbate mental health disorders (NIDA, 2007). In addition to influencing one another, some mental health and substance use disorders have been shown to be caused by common underlying factors (Compton et al., 2007).



Understanding co-occurring disorders is important because they can result in serious consequences to individuals, families, and society as they are prevalent among justice-involved individuals (Tiet and Mausbach, 2007). At midyear 2005, more than half of all prison and jail inmates had a mental health problem (James and Glaze, 2006). Co-occurring disorders may manifest in behaviors that result in probation violations or failures to comply with judicial orders, such as missing meetings. This section provides information to assist justice professionals to recognize these disorders and associated behaviors and how to address them effectively.

Types of Mental Health Disorders

The medical and mental health fields use standard terms and criteria for diagnosis for mental health disorders derived from the DSM-IV-TR (APA, 2000). It is important for justice staff to familiarize themselves with the mental health disorders that most often co-occur with alcohol and other drug problems. The following descriptions are drawn from CSAT's TIP 42: *Substance Abuse Treatment for Persons with Co-Occurring Disorders* (CSAT, 2005b).

Personality Disorders

These individuals often have personality traits that are persistent and cause impairment in social or occupational functioning and personal distress. Symptoms are evident in their thoughts (ways of looking at the world, thinking about self or others), emotions (appropriateness, intensity, and range), interpersonal functioning (relationships and interpersonal skills), and impulse control.

An example of a personality disorder is **Borderline Personality Disorder**. These individuals typically experience many specific negative emotions like vulnerability, hostility, sadness, and anxiety or a nonspecific but intense sense of distress or "feeling bad." This is combined with an inability to monitor and control emotions, alternating chaotic or contradictory ways of relating to self and others, and self-harming or dramatically self-destructive behaviors.

Psychotic Disorders

The common characteristics of these disorders are symptoms that focus on problems of thinking. The most prominent (and problematic) symptoms are delusions or hallucinations. Delusions are false beliefs that significantly hinder a person's ability to function. For example, an individual may believe that people are trying to hurt him/her. Hallucinations are false perceptions in which a person sees, hears, feels, or smells things that are not real (i.e., visual, auditory, tactile, or olfactory).

Psychotic disorders are seen most frequently in mental health settings and, when combined with substance use disorders, the substance disorder tends to be severe. Drugs like cocaine, methamphetamine, or phencyclidine can produce delusions and/or hallucinations as well as drug intoxication.

Mood Disorders

Depression, mania, bipolar disorder, anxiety, and post-traumatic stress disorder are examples of mood disorders. Generally, an individual with a mood disorder experiences feelings or emotions to the extreme. Many people with substance use disorders also have a mood disorder and tend to use a variety of drugs.

There is a high prevalence of **Post-traumatic Stress Disorder** (PTSD) in the justice system. One study found 34% of female jail inmates had PTSD (Teplin et al., 1996). Problematic early life experiences, physical and sexual abuse, witnessing violence among family and friends, and other traumatic life events often emerge as key issues in substance abuse treatment. Whether identified initially or dur-

Mental Health Problems in the Criminal Justice System

This table illustrates the high prevalence of mental health problems among individuals in prison or jail.

Mental health problem	% of inmates in—		
	State prison	Federal prison	Local jail
Any mental health problem	56.2	44.8	64.2
Recent history of mental health problem ^a	24.3	13.6	20.6
Symptoms of mental health disorders ^b	49.2	39.8	60.5
Major depressive disorder	23.5	16.0	29.7
Mania disorder	43.2	35.1	54.5
Psychotic disorder	15.4	10.2	23.9

Note: includes inmates who reported an impairment due to a mental problem. Data are based on the Survey of Inmates in State and Federal Correctional Facilities, 2004, and the Survey of Inmates in Local Jails, 2002.

^aIn year before arrest or since admission.

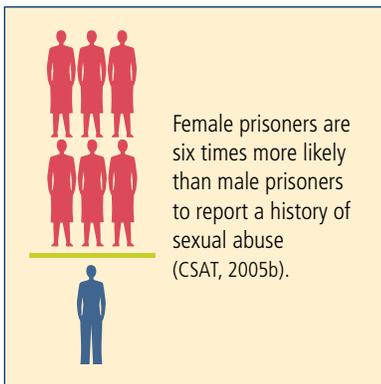
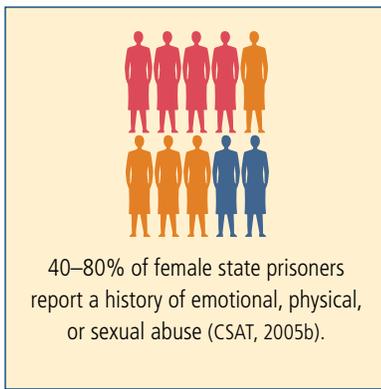
^bIn the 12 months prior to the interview

(Source: Adapted from James and Glaze, 2006)

ing treatment, it is important that these issues are addressed as soon as possible and incorporated into the treatment plan. While most individuals will find that their negative mood will decrease over the first few months of abstinence and treatment, their depression, nightmares, and other trauma-related symptoms might persist several months. If symptoms are not severe enough to require treatment at a mental health services program, the individual should be referred to mental health professionals for further assessment and treatment. They could be recommended for antidepressants and/or anti-anxiety medications with cognitive-behavioral therapy. These interventions may be instrumental in keeping an individual engaged in treatment and less likely to relapse.

Trauma and Abuse Research shows that rates of trauma in men and women entering the justice system are higher than rates found in the general population. A history of physical and/or sexual abuse has been linked to many types of mental disorders, including PTSD, depression, suicidal behavior, borderline personality disorder, and other personality disorders (Spielvogel and Floyd, 1997).

Psychopathy Psychopathy is a criminogenic risk factor often found among offenders with substance use disorders. Psychopathy is marked by primary and severe deficits in attachment and interpersonal bonding, lack of empathy for others' experiences, lack of remorse, and shallow emotional functioning. Ten to 20% of male prison inmates meet the criteria for psychopathy (Hare et al., 1991).



Screening & Assessment for Co-Occurring Disorders

Establishing a systematic approach to screen and assess for alcohol and other drug problems and mental health problems is imperative. Despite the high prevalence of co-occurring disorders among justice-involved individuals, these disorders are not always detected. Screening and assessment for mental health and substance use disorders should be conducted at the same time and as early as possible upon the individual’s initial involvement with the justice system. Until it is determined how the mental health and substance abuse disorders relate to one another, diagnosis may be difficult. However, if a co-occurring disorder is undetected, many individuals will not receive appropriate treatment and planning for release strategies will be ineffective.

No single instrument can adequately screen for all mental health and substance use disorders, particularly given the constraints of length, cost, and required training but a combination of evidence-based instruments can be useful (Peters and Hills, 1999). Choosing the most effective screening and assessment instruments requires consideration of a number of factors that can influence the effectiveness of the instrument, such as the amount of time required to administer, cost, mode of administration, staff training required, and contextual factors, including:

1. Client characteristics: Age, Gender, Education and Ethnicity
2. Environmental factors, such as the setting within the judiciary (i.e. juvenile justice system, family court, criminal justice system, problem-solving courts).

Screening for substance use and mental health problems is usually administered separately because there are few valid screening tools to screen for both problems simultaneously. Research shows the TCUDS, SSI, or ADS in combination with ASI-Drug Screen are equally effective in detecting alcohol and other drug problems among prisoners (Peters et al., 2000). There are many screening instruments for mental health disorders. The GSS, MINI-M, and MHSF are all standardized and commonly used screening instruments for mental health problems, and have been validated for use in prison substance-abuse settings (Sacks et al., 2007).

NIDA’s CJ-DATS project developed the Co-Occurring Disorders Screening Instrument (CODSI), a short screening instrument, to identify both alcohol and other drug and mental health disorders in a variety of justice settings. Initial research shows that CODSI in combination with TCUDS are effective screening tools for co-occurring mental and alcohol and other drug problems in prison treatment programs (Sacks et al., 2007).

Part of the problem in the treatment of co-occurring disorders is that many people performing the assessments are not adequately trained in addiction medicine or in treating other mental and physical health conditions that frequently co-occur,

Examples of brief screening instruments to detect mental health or alcohol and other drug problems in the justice system:

- Alcohol Dependence Scale (ADS)
- Alcohol Severity Index-Drug Use Subscale (ASI-Drug)
- Global Appraisal of Individual Needs Short Screener (GSS)
- Mental Health Screening Form (MHSF)
- Mini-International Neuropsychiatric Interview-Modified (MINI-M)
- Simple Screening Instrument for Substance Abuse (SSI-SA)
- Texas Christian University Drug Screen (TCUDS)

particularly in those involved in the justice system. Assessments of individuals who screen positive for co-occurring disorders should be performed by a medical professional specially trained in addiction and psychiatric disorders. This will assure a more comprehensive clinical assessment is performed and appropriate medical intervention. After the assessment is complete, a treatment plan can be developed incorporating a broader network of health professionals to manage treatment.

Treatment for Co-Occurring Disorders

While research in this area is limited, evidence does point to the effectiveness of programs or services that treat both disorders in an integrated way. If an integrated approach for co-occurring treatment is not available, it is important to treat each disorder at the same time in separate programs with communication across systems. Individuals with mental health and alcohol and other drug problems also tend to have a higher risk for certain general medical conditions such as cardiovascular disease, diabetes, gastrointestinal problems, and asthma. These conditions may occur as a direct result of the toxic effects of substances, as a result of trauma related to substance use, or poor health (Brady, 2007). Treatment for these medical conditions should be coordinated with treatment for mental health and substance use disorders (IOM, 2006).

To understand treatment for co-occurring disorders, it is helpful to be aware of the different interactions between mental health and substance use disorders. The Quadrants of Care, described on the next page, is a conceptual framework developed by the National Association of State Mental Health Program Directors and National Association of State Alcohol and Drug Abuse Directors to guide systems integration and resource allocation in treating individuals with co-occurring disorders (Reis, 1993). This framework can assist justice and medical professionals to understand the manifestation of co-occurring disorders and identify what treatment services are recommended based on the severity of the disorders.

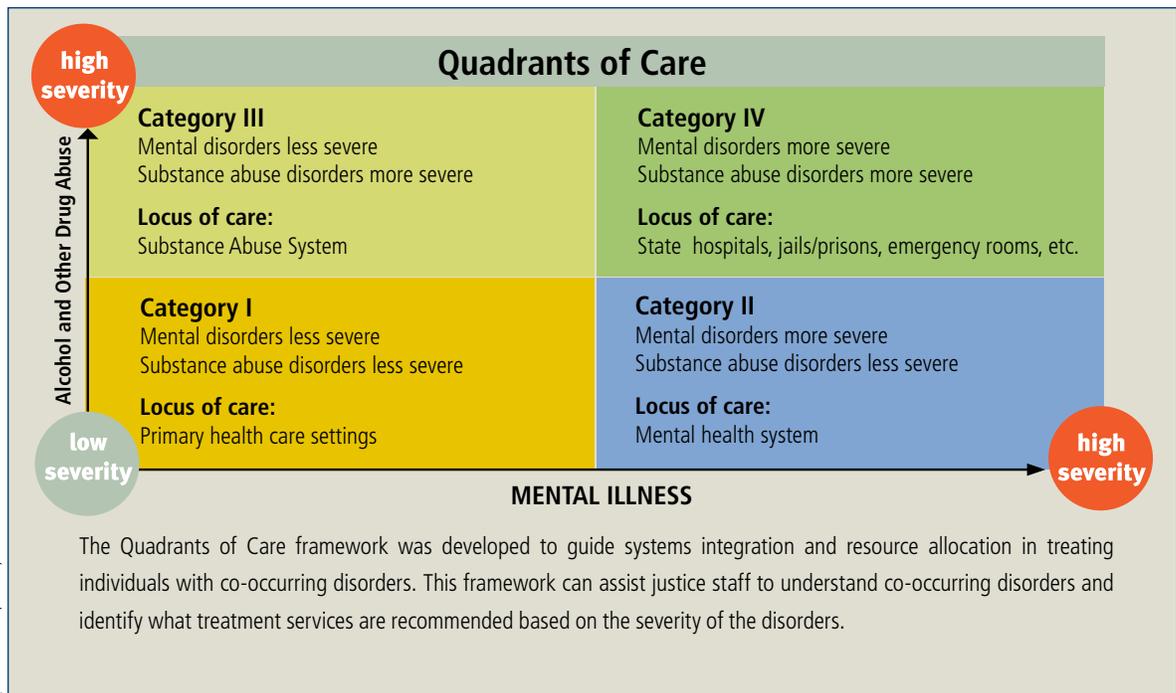
► For more information on **implementing treatment for individuals with co-occurring disorders:**

Co-Occurring Disorders: Integrated Dual Disorders Treatment Implementation Resource Kit

www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring

Institute of Medicine
Improving the Quality of Health Care for
Mental and Substance use Conditions:

Quality Chasm Series
www.iom.edu/?id=30858



CATEGORY I.
Less severe mental health disorder and less severe substance disorder

These individuals have low severity substance use and low severity mental disorders. These individuals can be treated in intermediate outpatient settings of either mental health or chemical dependency programs, with consultation between settings. Some individuals may be managed in primary care settings with consultation from mental health and/or substance abuse treatment providers.

CATEGORY II.
More severe mental health disorder and less severe substance disorder

These individuals have high severity mental health disorders usually identified as priority clients within the mental health system and who also have low severity substance use disorders (e.g., in remission or partial remission). These individuals ordinarily receive continuing care in the mental health system and likely to be well served in an intermediate level mental health programs.

CATEGORY III.
Less severe mental health disorder and more severe substance disorder

These individuals have severe substance use disorders and low or moderate severity mental disorders. They are often treated in intermediate level substance treatment programs. There may be a need for coordination with affiliated mental health programs for treatment of the mental disorders.

CATEGORY IV.
More severe mental health disorder and more severe substance disorder

These individuals fall into two subgroups. One group includes those with serious mental illness (SPMI) who also have severe and unstable substance use disorders. The other group includes individuals with severe and unstable substance use disorders and severe and unstable behavioral health problems (e.g., violence, suicidality) who do not meet criteria for SPMI. These individuals require intensive, comprehensive, and integrated services for both their substance use and mental disorders. Treatment can be specialized residential substance abuse treatment programs in state hospitals, jails, or settings that provide acute care such as emergency rooms.

American Academy of Addiction Psychiatry
www.aaap.org

AAAP is an international professional membership organization with almost 1,000 members. The membership consists of psychiatrists who specialize in addiction in their practices, faculty at various academic institutions, non-psychiatrist professionals who are making a contribution to the field of addiction psychiatry, residents and medical students.

American Society of Addiction Medicine
www.asam.org/

ASAM is a physician organization with state chapters nationwide. Their mission is to improve addiction medicine, educate health care providers and the public about addiction medicine, and support research on- and the prevention of- addiction.

Bureau of Justice
Mental Health Problems of Prison and Jail Inmates
<http://www.ojp.usdoj.gov/bjs/abstract/mhppji.htm>

This report presents estimates of the prevalence of mental health problems among prison and jail inmates using self-reported data on recent history and symptoms of mental disorders.

Center for Substance Abuse Treatment
<http://csat.samhsa.gov/default.aspx>

Treatment Improvement Protocol 42: Substance Abuse Treatment for Persons With Co-Occurring Disorder
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.74073

Criminal Justice/Mental Health Information Network
<http://www.cjmh-infonet.org/>

Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series
<http://www.iom.edu/?id=30858>

A publication of the Institute of Medicine that provides a strategy for improving health care for mental and substance-use conditions.

National Center for Mental Health and Juvenile Justice
<http://www.ncmhjj.com/>

The Center promotes awareness of the mental health needs of youth in contact with the juvenile justice system and assists the field in developing improved policies and practices to respond to these needs based on the best available research and practice.

National GAINS Center
<http://gainscenter.samhsa.gov/html/gainscenter.samhsa.gov/html>

The GAINS Center's primary focus is expanding access to community-based services for adults diagnosed with co-occurring mental illness and substance use disorders at all points of contact with the justice system. The Center emphasizes the provision of consultation and technical assistance to help communities achieve integrated systems of mental health and substance abuse services for individuals in contact with the justice system.

A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness
<http://gainscenter.samhsa.gov/html/tapa/jail%20diversion/types.asp>

This guide addresses what law enforcement agencies are doing nationally to improve their response to people with mental illness and explores how these agencies have overcome barriers to create and maintain effective programs.

Co-Occurring Disorders and Specialty Courts
<http://gainscenter.samhsa.gov/html/resources/publications.asp#disorders>

Training material that provides specialty court staff an overview of the characteristics and needs of individuals with co-occurring disorders, and describes best practices associated with positive outcomes both in treatment settings and the court.

National Institute of Drug Abuse
www.drugabuse.gov

NIDA's mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components: strategic support and conduct of research across a broad range of disciplines and ensuring the rapid and effective dissemination and use of the results of that research to significantly improve prevention, treatment and policy as it relates to drug abuse and addiction.

National Institute of Mental Health
www.nimh.nih.gov

The National Institute of Mental Health (NIMH) is the largest scientific organization in the world dedicated to research focused on the understanding, treatment, and prevention of mental disorders and the promotion of mental health.

Rethinking the Revolving Door: A look at mental illness in the courts
www.courtinnovation.org/_uploads/documents/rethinkingtherevolvingdoor.pdf

A publication of the Center for Court Innovation by Derek Denckla and Greg Berman, it provides an overview of mental health and the courts and an analysis of the model projects currently being tested.

SAMHSA Co-Occurring Center for Excellence
www.coce.samhsa.gov

COCE provides technical assistance, training, products, and resources to support the dissemination and adoption of best practices in systems and programs that serve persons with co-occurring disorders.

Screening, Assessment, and Treatment Planning for Persons with Co-occurring Disorders
<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17472>

An overview paper from the Co-Occurring Center for Excellence that discusses the purpose, appropriate staffing, protocols, methods, advantages and disadvantages, and processes for integrated screening, assessment, and treatment planning for persons with COD as well as systems issues and financing.

Addressing Co-Occurring Disorders in Non-Traditional Service Settings
<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17655>

An overview paper from the Co-Occurring Center for Excellence on settings outside of the substance abuse and mental health treatment systems, including public safety and criminal justice, to prepare them to identify and effectively respond to individuals with co-occurring disorders.

The Council of State Governments - Justice Center
http://justicecenter.csg.org/resources/mental_health/



A Growing Problem



“The needs of our children should be a priority and not an afterthought. Providing evidence-based substance abuse and mental health treatment should be the approach of choice without waiting for them to get into more trouble”.

Chief Justice Martha P. Grace, PLNDP Justice Advisory Council

“Alcohol and alcohol-related morbidity and mortality is a major public health problem. We have to remember that alcohol is attributable to more deaths than all of the other drugs combined.”

Hoover Adger, MD, MPH, PLNDP Leadership Council



A Growing Problem

Adolescence and Substance Use Problems

Adolescent substance abuse is a major national public health problem. While recent studies show a slight decrease in the age of adolescents who drink alcohol and use illicit drugs, the prevalence remains too high.

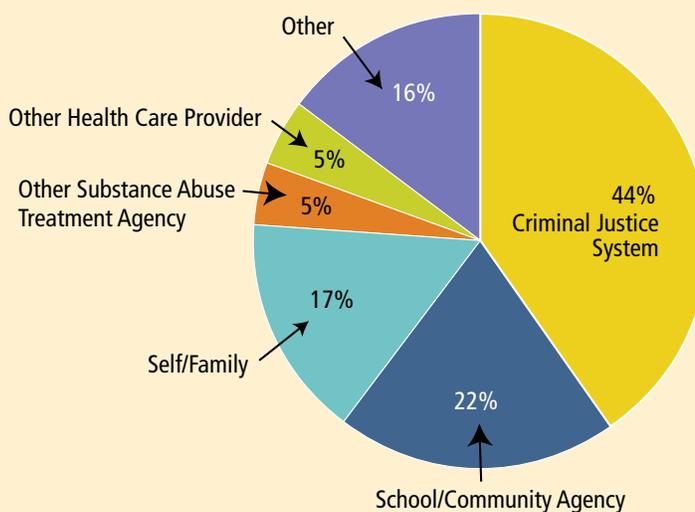
Most recent data show continuing problems with heavy drinking among adolescents with 25.9% of twelfth graders having 5 or more in a row in the last two weeks (Johnston et al., 2007).

Adolescence is a period during which impulsive and risk-taking behaviors are more pervasive. Compared to adults, adolescents tend to experience more problems with alcohol and marijuana, higher rates of episodic/heavy use, and greater complications as a result of the developmental changes they are undergoing (Dennis, 2002). Adolescents involved in the juvenile justice system are considerably more likely to have substance use problems than adolescents in the general population. More than two million youth are charged with delinquency offenses and enter into the juvenile justice system each year and of those 62.5% report alcohol and other drug problems (National Institute of Justice, 2003), while 75% also report mental health problems (Drug Strategies, 2005). Many of these individuals also have other problems that may influence their delinquent behavior and their use of substances.

Many youth with substance use problems in the juvenile justice system do not meet clinical criteria for substance use disorders or dependence. The process of developing problems is influenced by many factors such as genetics; societal, familial, and peer influences; pre-existing mental health disorders; and the addictive properties of the specific substance (Dembo et al., 1993). It is very important to assess the level and severity of an adolescent's problem and utilize interventions targeting their unique needs. However, availability of treatment is a serious problem in the juvenile justice system with fewer than 3% of adolescents in the justice system that need treatment receive it (CASA, 2004). Those who are fortunate to receive treatment rarely receive adequate treatment.

Sources of Adolescent Substance Abuse Treatment Referrals

Adolescents are referred to treatment through a variety of individuals and agencies. The primary source of referral, however, is the criminal justice system.



(Source: Dennis et al., 2002)

Five Things to Know About Adolescents' Brain Development and Drug Use

- 1 The brain's "front end," the part above the eyes, is responsible for slowing us down or stopping our impulsive behaviors. This region considers the risks and benefits of our actions, and it helps us "hit the brakes" when we consider doing things that are too risky.
- 2 This frontal part of the brain is still developing connections to the rest of the brain until adulthood, so adolescents' brains lack some of the "wiring" that carries "brake" or "stop" messages to the rest of the brain.
- 3 Drugs of abuse are often available to adolescents. These drugs feel good, but they can be very harmful. Lacking some of the wiring for the "stop" message, adolescents' brains may not be capable of fully weighing the risks of drug use.
- 4 The two drugs that cause the most death among adolescents are also the most available drugs: tobacco and alcohol. Late adolescence, before the brain is fully matured, is the peak time for developing dependence on these (and other) drugs.
- 5 Heavy drug use during times of critical brain development may cause permanent changes in the way the brain works and responds to rewards and consequences. Therefore, it is important to begin to address a

(Source: Modified from Crowley and Whitmore, 2007a)

Driving under the influence for adolescents is a serious problem. In 2006, 13% of high school seniors said they drove after having 5 or more drinks (binge). Combining adolescents' lack of driving experience with the use of substances can be a deadly combination—motor vehicle crashes are the leading cause of death among 15 to 20 year olds (O'Malley et al, 2007).

Risk and Protective Factors

Research has revealed that there are many risk factors for developing a substance use disorder, each representing a challenge to the psychological and social development of an individual and each having a different impact depending on the phase of development.

RISK FACTORS

Factors in the family that may be critical in the development of substance use problems include:

- Chaotic home environments, particularly when parents abuse substances or suffer from mental illness;
- Ineffective parenting, especially with children who have difficult temperaments and conduct disorders; and
- Lack of mutual attachments and nurturing.

Other risk factors relate to children interacting with others outside of the family, specifically at school, with peers, and in the community. Some of these factors are:

- Inappropriate shy and aggressive behavior in the classroom;
- Failure in school performance;
- Poor social coping skills;
- Affiliations with peers exhibiting deviant behaviors; and
- Perceptions of approval of drug-using behaviors in the school, peer, and community environments.

Warning Signs for Problem Alcohol and other Drug Use

- ✓ Changes in school performance (falling grades, skipping school, tardiness)
- ✓ Changes in peer group (hanging out with drug-using, antisocial, older friends)
- ✓ Breaking rules at home, school, in the community
- ✓ Extreme mood swings, depression, irritability, anger, negative attitude
- ✓ Sudden increases or decreases in activity level
- ✓ Withdrawal from the family; keeping secrets
- ✓ Changes in physical appearance (weight loss, lack of cleanliness, strange smells)
- ✓ Red, watery, glassy eyes or runny nose not due to allergies or cold
- ✓ Changes in eating or sleeping habits
- ✓ Lack of motivation or interest in things other teenagers enjoy (hobbies, sports)
- ✓ Lying, stealing, hiding things
- ✓ Using street or drug language or possession of drug paraphernalia/items
- ✓ Cigarette smoking

(Source: Modified from Crowley and Whitmore, 2007b)

Additional factors—such as the availability of substances, trafficking patterns, and beliefs that substance use will be generally tolerated—also influence the number of young people who initiate use.

PROTECTIVE FACTORS

The National Institute on Drug Abuse reports some of the most salient protective factors, including:

- Strong bonds with the family;
- Experience of parental monitoring with clear rules of conduct within the family unit and involvement of parents in the lives of their children;
- Success in school performance;
- Strong bonds with pro-social institutions such as the family, school, and religious organizations; and
- Adoption of conventional norms about alcohol and drug use.

Researchers note “when people feel bonded to society, or to a social unit like the family or school, they want to live according to its standards or norms” (Hawkins et al., 1992). Furthermore, reports show that “strong norms, beliefs, or behavioral standards that oppose the use of alcohol or the use of illegal drugs by adolescents protect against drug use and abuse” (Hawkins, 2002).

Screening and Brief Intervention (SBI) is designed specifically for individuals using unhealthy or hazardous levels of alcohol—like binge drinking. Since most adolescents who use do so episodically and in a binge pattern (5 or more drinks), but are not dependent, SBI can be an effective approach to change behavior.

Research has shown that 6 months after adolescents receive brief interventions in emergency departments they have a 32% reduction in driving under the influence and 50% fewer alcohol-related injuries compared to adolescents who only receive educational materials (Monti et al., 1999).

COMMUNITY INVOLVEMENT IN PREVENTION

An adolescent’s community, including family, teachers, coaches, and churches, has a responsibility to assist the adolescent to make healthy decisions. Research on factors and processes that increase the risk of using drugs or protect against the use of drugs has identified the following primary targets for preventive intervention: family relationships, peer relationships, the school environment, and the community environment. Each of these domains can deter the initiation of drug use through increasing social and self-competency skills, adoption of pro-social attitudes and behaviors, and awareness of the harmful health, social, and psychological consequences of drug abuse. Educating children about the negative effects of drugs, especially the most immediate adverse effects in their lives, is an important element in any prevention program. In addition, helping children become more successful in school helps them form strong social bonds with their peers, the school, and the community.

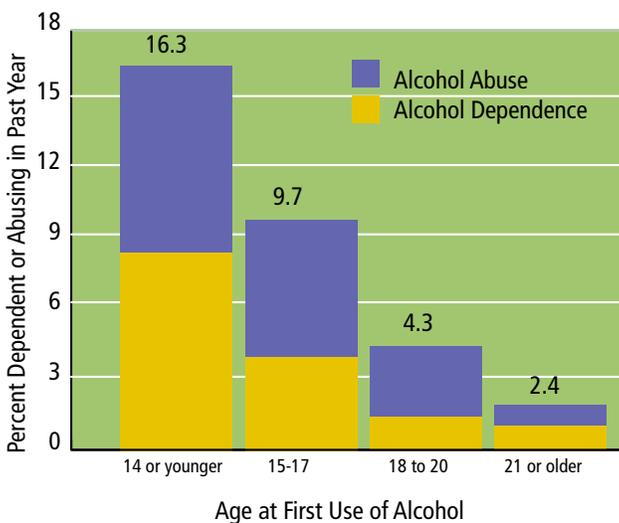
HIGHEST RISK PERIODS FOR YOUTH

For most children, research has shown that the vulnerable periods for engaging in at-risk behaviors occur during transitions from one developmental stage to another. For example, when children advance from elementary school to middle school or junior high, they often face social challenges, such as learning to get along with a wider group of peers. Even day-to-day transitions between school and home make adolescents more vulnerable to misuse of alcohol and other drugs. There is an increase in substance use when adolescents are not engaged in school or other formal activities like summer and after school

programs. Prevention programs need to provide support at each developmental stage and during transitions between stages.

The Effect of Early Alcohol Use

This graph illustrates the % of adults aged 21 or older dependent on or abusing alcohol in 2006 as a factor of the age when they first used alcohol.



Influence of Early Use

Preventing adolescent substance use is critical because preventing early use appears to decrease substance use disorders later in life. There is a dramatic and important relationship between the age of first use and subsequent abuse and dependence problems. In 2006, adults aged 21 or older who first used alcohol before age 21 were more likely than adults who had their first drink at age 21 or older to be

classified with alcohol or drug dependence or abuse (9.6% vs 2.4%) (SAMHSA, 2007). Recent research found that early (13 years old or younger) use triples the odds of developing drug dependence in adulthood. Early alcohol and other drug use does not always cause later abuse and dependence; but, it is a risk factor that can increase the potential for more serious problems (King and Chassin, 2007).

► For more information on
Screening and Brief Intervention
See Section 2

Beyond Prevention: Evaluating the Problem

Determining the appropriate level of intervention for an adolescent is no small task. In addition to factors normally considered when intervening or treating an individual for a substance use problem, such as severity of substance use, cultural background, and presence of co-existing disorders, interventions must also examine variables such as age, level of maturity, gender, family and peer environment. Once these factors are identified and the severity of the problems assessed, the intervention can be defined to most effectively address the adolescent's needs.

Research has established clinical screening for alcohol and other drug problems as a valid and necessary standard of care in a variety of settings, including emergency departments, trauma centers, primary care, pediatrics, family practices, and the justice system. The most commonly used and validated screening method is confidential questioning or interviewing of adolescents and/or their parents. Most methods rely on self-report, which is generally valid, but not always perfect, so obtaining collateral information is important. Because adolescents are a unique population, screening and assessment instruments have been specifically designed for adolescents. There are several developmentally-appropriate, valid, and reliable screening instruments available to screen adolescents for substance use disorders, including the Adolescents Drug Involvement Scale (ADIS) Drug and Alcohol Problem (DAP) Quick Screen, Global Appraisal of Individual Needs (GAIN) and the CRAFFT. It is important to screen adolescents for both mental health and substance use disorders because the two often occur.

CRAFFT Test

The CRAFFT was specifically designed to screen for alcohol and drug problems in adolescents in a health care setting. Rather than asking direct questions about quantities and frequencies of alcohol and drug consumption, it asks 6 questions about behaviors that are reliable indicators of consumption and risk. The CRAFFT is used by the juvenile justice system as a screening instrument with five Reclaiming Futures sites. Reclaiming Futures is an initiative to help communities improve their approaches for working with youth involved in the juvenile justice and treatment systems (www.reclaimingfutures.org).

- C** Have you ever ridden in a **car** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **relax**, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, **alone**?
- F** Do you ever **forget** things you did while using alcohol or drugs?
- F** Do your family or **friends** ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into **trouble** while you were using alcohol or drugs?

(Source: Knight et al 2002)

► For more information on **screening and assessment:**

Tools:
www.drugstrategies.com/teens/research.html

See Section 2

If a screening questionnaire identifies the presence of an alcohol or other drug problem, a clinical assessment should be administered. The assessment is an important link between identifying the problem and treating the problem. Formal clinical assessments can confirm the presence of a disorder, determine the level and severity of the problem, and identify what services and/or treatment would be most effective to treat the problems (Knight et al., 2003).

A specialist, such as a psychiatrist, social worker, certified addiction counselor, psychologist, or addiction medicine specialist should administer and interpret results of clinical assessments. Sharing the information gathered from an assessment between the treatment and justice systems is critical. A clinical diagnosis is important to ensure valid information is obtained to identify the needs and risks of individuals and/or their families.

► For more information on **determining appropriate evidence-based interventions for the treatment of alcohol and other drug problems:**

SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP)
www.nrepp.samhsa.gov/

TREATMENT

Adolescents present unique challenges to the treatment and justice systems because of the physical, psychological, and developmental changes associated with their age group, in addition to the factors associated with their delinquency.

There is no one method of treatment that is most effective for treating adolescents with alcohol and other drug problems. In order to increase successful outcomes, treatment programs should be specifically designed to meet an individual's short and long term needs.

Knowledge of the needs of treating adolescent substance abuse and defining ap-

Five Things To Remember About Treatment For Adolescents

- 1 Relapse is common. Most adolescents initiate treatment 2-4 times before they are able to maintain recovery.
- 2 Learn to recognize the signs of relapse (spending time with using friends, breaking rules, staying out, inattention, anger, poor hygiene, declining grades) and get adolescents back into treatment and on the road to recovery right away.
- 3 Helping adolescents participate in continuing care and other recovery support services during the first 90 days after treatment (and ideally the first year) is a key factor in helping them to maintain recovery.
- 4 While treatment is focused on getting an addicted person to stop, self-help groups, recovery schools and other recovery support services are typically designed to help maintain recovery. It is important to try to link adolescents to continuing care services with other adolescents.
- 5 Most adolescents are seen in an outpatient setting several hours a week. Residential treatment is usually reserved for adolescents who are not succeeding in outpatient treatment and/or who have an environment (peers, home) that is making it very difficult for them to stop.

(Source: Modified from Dennis, 2007)

appropriate treatment continues to increase, and with this knowledge comes a clearer understanding of our shortcomings. While the capacity for treatment continues to grow, only 1 in 10 adolescents receives treatment and, of those who do receive treatment, only 25% receive enough (CSAT 2002). It is imperative to address the lack of treatment availability and evaluate current and new treatment methods to determine their effectiveness in reducing adolescent substance use disorders.

When adolescents do receive treatment, it is most often not evidence-based. Recent research indicates most services in the juvenile justice setting are not provided when an adolescent first becomes involved in the system and do not involve fami-

Bridging the Gap: A Guide to Drug Treatment in the Juvenile Justice System, published by Drug Strategies, a nonprofit research institute, identifies 11 key elements of effective treatment for juveniles with substance use disorders.

- 1 **Systems Integration** The juvenile justice system involves many agencies, including police departments, schools, family welfare, and drug treatment. These agencies need to integrate and provide coordinated care in order to improve treatment outcomes.
- 2 **Assessment and Matching** Assessment helps determine if the youth’s needs match the services available, as well as the level of treatment intensity needed.
- 3 **Recognition of Co-Occurring Disorders** Co-occurring disorders challenge the juvenile justice system. Co-occurring disorders must be identified early and addressed with appropriate treatment services.
- 4 **A Comprehensive Treatment Approach** An effective treatment plan should address the adolescent’s problems broadly, rather than focus solely on the substance use disorder.
- 5 **Qualified Staff** To effectively address the unique needs of adolescents with substance use disorders, treatment programs should engage staff with specialized training and experience in diverse areas.
- 6 **Developmentally Appropriate Programs** Adolescent programs cannot simply be modified adult programs. Programs must address the many contexts that shape adolescents’ environment, such as school, recreation, peers, welfare, and medical care.
- 7 **Family Involvement in Treatment** Engaging parents or other family members increases the likelihood that an adolescent will stay in treatment and that progress will be sustained after the treatment program has ended.
- 8 **Treatment Engagement and Retention** Many adolescents entering treatment do not think they have a problem. Finding ways to make treatment resonate with adolescents can make them more motivated to change behavioral patterns.
- 9 **Gender and Cultural Competence** There are significant differences between males and females who have substance use disorders. Programs should recognize both gender and cultural differences in their treatment approach.
- 10 **Continuing Care** Adolescents’ progress in treatment can quickly vanish if they do not have consistent support at home and in the community. Continuing care can include relapse prevention training and follow-up plans.
- 11 **Treatment Outcomes** Evaluations of treatment programs can offer crucial, in-depth insight into their effectiveness.

lies in the treatment process. Yet even if evidence-based treatment approaches are provided, there is often a lack of cooperation among service providers resulting in fragmented services that are not effective (Young et al., 2007).

While the majority of treatment services are focused on a single episode of care, achieving long-term recovery involves an average of 3 or 4 episodes of care (Dennis et al., 2002). Biological, psychological, psychiatric, and sociological factors interact to influence the risk of relapse for any individual, therefore successful recovery involves the maintenance of new skills and lifestyle patterns that promote positive, independent patterns of behavior. The integration of these behaviors into regular day-to-day activities is the essence of effective relapse prevention. Yet, because adolescents are minors, they do not have the luxury to choose another home, community, or school to return to after treatment and they may have to return an environment that is far from ideal from a relapse prevention perspective.

► For more information on
Reclaiming Futures:
www.reclaimingfutures.org

Systems Integration

Integrating all the systems involved with juvenile justice is critical to improving treatment outcomes but challenging. Reclaiming Futures provides a model for the juvenile justice system to help young people in trouble with drugs, alcohol, and crime. Reclaiming Futures' mission is to promote new opportunities and standards of care in juvenile justice. Ten sites throughout the United States are redefining the way police, courts, detention facilities, treatment providers, and the community work together to help these youth by providing more treatment, better treatment, and support beyond treatment.

The Reclaiming Futures Model is a performance-based, “system of care” model for helping communities to improve their approaches for working with youth involved in the juvenile justice and substance abuse treatment systems. The model is a tool to help communities stitch together the efforts of courts, service providers, community organizations, and individual volunteers as they cooperate to identify and intervene with justice-involved youth with substance abuse problems.

A recent evaluation of this program indicated that 12 of the 13 areas of system improvement—including resource management, agency collaboration, systems integration, and targeted treatment produced statistically significant increases.

Center for Substance Abuse Treatment

<http://csat.samhsa.gov/mission.aspx>

CSAT promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them

CSAT developed Treatment Improvement Protocols (TIPs) are best practice guidelines for the treatment of substance abuse.

<http://tie.samhsa.gov/Externals/tips.html>

Drug Strategies

For more information about adolescent treatment in general and in the juvenile justice system, order Drug Strategies publications *Treating Teens: A Guide to Adolescent Drug Programs* and *Bridging the Gap: A Guide to Drug Treatment in the Juvenile Justice System*.

www.drugstrategies.org/pubs.html

HBO Series on Addiction

<http://www.hbo.com/addiction/>

HBO in partnership with Robert Wood Johnson Foundation, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse produced a documentary on the current state of addiction in the US and the latest research on treatment and recovery with leading experts in alcohol and other drug addiction.

Institute of Medicine of the National Academies

<http://www.iom.edu/>

Reducing the Harms of Underage Drinking: A Collective Responsibility

The report says that reducing underage drinking requires a cooperative effort from all levels of government, alcohol manufacturers and retailers, the entertainment industry, parents and other adults in a community.

<http://www.iom.edu/CMS/12552/13838/15100.aspx>

Models for Change: Reforming the Juvenile Justice Systems

www.modelsforchange.net

The Models for Change initiative is an effort to create successful and replicable models of juvenile justice system reform through targeted investments in Pennsylvania, Illinois, Louisiana, and Washington. Models for Change seeks to reform an array of target issues—aftercare, racial fairness, mental health, community-based alternatives, right-sizing jurisdiction, and evidence-based practices.

Monitoring the Future

www.monitoringthefuture.org

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of approximately 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991).

National Center for Mental Health and Juvenile Justice

www.ncmhjj.com

The Center promotes awareness of the mental health needs of youth in contact with the juvenile justice system and assists the field in developing improved policies and practices to respond to these needs based on the best available research and practice.

National Institute on Alcohol Abuse and Alcoholism

<http://www.niaaa.nih.gov/>

<http://www.alcoholfreechildren.org/>

National Institute on Drug Abuse

www.nida.nih.gov

Preventing Drug Use among Children and Adolescents: A Research-Based Guide

www.drugabuse.gov/Prevention/prevopen.html

NIDA's research-based guide for preventing drug abuse among adolescents provides 16 principles derived from effective drug abuse prevention research, and includes answers to questions on risk and protective factors, as well as community planning and implementation, to help prevention practitioners use research results to address drug abuse among adolescents in communities across the country.

NIDA for Teens: The Science Behind Drug Abuse

www.teens.drugabuse.gov

An interactive Web site geared specifically for adolescents that contains age-appropriate facts on drugs, real stories about teens and drug abuse, games, take-home activities, and a Q&A forum with Dr. Nida.

NIDA's Special Initiatives for Students, Teachers, and Parents

www.backtoschool.drugabuse.gov

These resources targets grade school, middle school, and high school students and teachers.

Office of Juvenile Justice and Delinquency Prevention

www.ojjdp.ncjrs.org

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports states and communities in their efforts to develop and implement effective and coordinated prevention and intervention programs and to improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families.

Screening and Assessing Mental Health and Substance Use Disorders Among Youth in the Juvenile Justice System: A Resource Guide for Practitioners.

www.ncjrs.gov/pdffiles1/ojjdp/204956.pdf

Physicians and Lawyers for National Drug Policy

www.plndp.org

Physicians and Lawyers for National Drug Policy (PLNDP) is a non-partisan group of the nation's leading physicians and attorneys, whose goal is to promote and support public policy and treatment options that are scientifically-based, evidence-driven, and cost-effective. PLNDP has developed several resources including:

PLNDP's position paper on Adolescent Substance Abuse:

A Public Health Priority

www.plndp.org/Physician_Leadership/Resources/resources.html

Join Together

www.jointogether.org

Join Together promotes the need to advance alcohol and drug policies, prevention and treatment through community coalitions.

Prevention Education in America’s Schools: Findings and Recommendations form a Survey of Educators

www.jointogether.org/jump.jsp?path=/aboutus/ourpublications/pdf/prevention-report.pdf

This report presents the findings of a survey of kindergarten through twelfth-grade educators in the U.S. and also provides recommendations based on the survey findings on how to help delay, reduce, and prevent drug and alcohol use among children and adolescents.

Reclaiming Futures

www.reclaimingfutures.org/?q=resources_ourpublications

Reclaiming Futures is an effective and innovative approach to helping young people in trouble with drugs, alcohol, and crime. The mission of Reclaiming Futures is to promote new opportunities and standards of care in juvenile justice. 10 sites throughout the United States are reinventing the way police, courts, detention facilities, treatment providers, and the community work together to help these youth by providing more treatment, better treatment, and support beyond treatment.

Improved Care for Teens in Trouble with Drugs, Alcohol, and Crime

www.reclaimingfutures.org/?q=judicial_report_survey&reportname=ImprovedCareForTeens

This Reclaiming Futures report advocates for changes in the way teens in the justice system receive treatment for drug and alcohol problems.

Moving Toward Equal Ground: Engaging the capacity of youth, families, and community to improve treatment services and outcomes in the juveniles justice system

www.reclaimingfutures.org/?q=resources_ourpublications

This report describes the crucial role that families and community members can play in improving the way we help teens in the juvenile justice system who are struggle with drug and alcohol use.

VERA Institute on Justice

http://www.vera.org/section5/section5_1.asp

Vera’s Center on Youth Justice provides support to state and local governments interested in improving and reforming their juvenile justice systems.

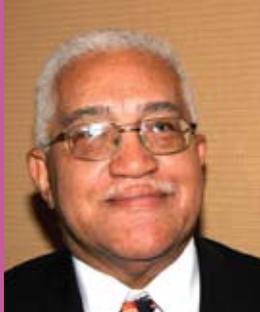
Youth with mental health disorders: Issues and emerging responses

www.ncmhjj.com/pdfs/publications/Youth_with_Mental_Health_Disorders.pdf

A paper by Joseph J. Cocozza and Kathleen R. Skowrya that provides information on the prevalence of mental health disorders among youth and emerging strategies and models to address mental health disorders.



Solving the Problem



Technical violations of probation, parole or supervised release should be dealt with in the community rather than by incarceration and costly imprisonment with increased supervision and additional services addressing the causes and stabilizing the person in the community.

Arthur L. Burnett Sr., Senior Judge, PLNDP Judges Advisory Council

Solving the Problem

Developing and Implementing an Integrated Approach

Substance use disorders have a huge economic impact on society through health care expenditures, lost earnings, and expenses associated with crime and unintentional injuries. According to recent research, alcohol and other drug problems cost more than **\$484 billion each year** (Belenko et al., 2005). The heaviest economic burden of these disorders falls on states and localities, with the majority of state and local spending being directed to the justice system.

Our state systems are spending too much money dealing with the problems related to alcohol and other drugs, while not delivering evidence-based practices to improve public health and public safety (Friedmann et al., 2007). Research shows that evidence-based practices reduce substance use, reduce crime, reduce incarceration, improve health, and increase employment (Belenko et al., 2005). The National Criminal Justice Treatment Practices survey conducted by NIDA's CJ-DATS project revealed that across the states existing services provided by correctional agencies

State Spending on Problems Associated with Alcohol and Other Drugs

State Agencies, operating independently, spend a large percentage of their budgets dealing with alcohol and other drugs and related problems. Despite the initial economic burden, there are positive impacts realized from the prevention and treatment funded by state agencies.

State Agency	*Percent of State Agency Budgets Spent on Alcohol and Drug Related Problems	Positive Impact of Prevention and Treatment
Child Welfare	70%	Children whose families receive appropriate drug and alcohol treatment are less likely to remain in foster care.
Criminal Justice	77%	Re-arrest rates dropped from 75% to 27% when inmates received addiction treatment.
Juvenile Justice	66%	Adolescent re-arrest rates decrease from 64.5% to 35.5% after one year of residential treatment.
Health	25%	Families receiving addiction treatment spent \$363 less a month on regular medical care than untreated families.
Mental Health	51%	When mental health and substance use disorders are treated collaboratively, patients have better outcomes.
Welfare	16%-37%	After completing treatment, there is a 19% increase in employment and an 11% decrease in the number of clients who receive welfare.

(Source: Modified from Join Together, 2006)

Integrated Treatment is Effective

A study in California compared the effects of (1) license suspension, (2) incarceration, and (3) alcohol treatment on DUI recidivism among individuals who had already received one, two or three convictions for impaired driving. Results indicated that alcohol treatment in combination with license suspension produced the best outcomes for reducing DUI recidivism among all DUI offenders, regardless of how many times they had been convicted previously (Hon, 2004).

► Council of State Governments
Justice Center

www.justicecenter.org

More information on these
resources can be found at the end
of this section

and their affiliate drug treatment agencies have little impact on public safety and changing offender behavior unless there is a greater commitment to provide substance abuse services and correctional programs that are focused on meeting the needs of offenders (Taxman et al., 2007a, 252).

Collaboration between the justice and medical systems can save money while decreasing substance use and associated health and legal problems. Because individuals with substance use disorders often have numerous compounding issues such as mental and physical health problems, dysfunctional families, lack of parenting skills, educational challenges, and vocational needs, it is imperative to include systems beyond the traditional fields of law and medicine in an integrated approach to address these multi-faceted problems (NIDA, 2006).

An Integrated Public Health & Public Safety Approach

Before developing integrated systems, it is important to understand the different perspectives of the justice and medical systems and how their perspectives influence the type and quality of services provided. Historically, the justice system was designed to focus on the problems associated with alcohol and other drugs and illegal behavior, emphasizing the need to isolate and supervise individuals who threaten the lives and well-being of others. Alternatively, the medical approach views alcohol and other drug problems first as health problems and emphasizes the need to restore individuals to healthier and productive lives.

The justice and medical systems both aim to protect the general population, whether they are protecting them from crime or health problems. An integrated public health-public safety approach blends functions of justice and medical systems to optimize outcomes. An effective collaboration across systems requires developing unified policies, procedures, relationships, and shared responsibilities.

Drug courts are an example of an evidence-based, integrated approach (Marlowe, 2002; Belenko, 2001). Drug courts are problem-solving courts developed through the lens of therapeutic jurisprudence. They connect participants to alcohol and other drug treatment and other health, social, and community services. Justice profes-

sionals in drug courts operate as a team, collaborating to provide a holistic course of action to participants. This approach is rigorous and structured to provide legal pressure on individuals to comply with a treatment plan. A balance of sanctions and incentives are utilized in response to individuals' behavior, needs, and program compliance.

Although the first drug courts focused almost exclusively on criminal cases, it soon became apparent that substance use disorders existed throughout the justice system, and family and juvenile drug treatment courts have been more recently developed.

An Integrated Approach

An integrated public health and public safety approach may take many different forms. There are numerous opportunities for the justice and treatment systems to integrate, complement, and support one another. When an individual enters the justice system, it is critical to screen and assess alcohol and other drug problems and possible co-occurring mental and physical health problems. When an individual progresses through the justice system, opportunities for integration with the treatment system continue—the court may refer an individual with substance problems to treatment, mental health care, family therapy, 12-Step programs, drug courts, and/or social services, such as housing, job training, and job placement.

BUILDING AN INTEGRATED SYSTEM

The development and implementation of integrated services is a huge challenge, requiring unique approaches for different regions and different courts. Judicial leadership is the key component to integrating systems. Judges are the senior partner at the table and are able to bring stakeholders together to develop collaborative solutions to alcohol and other drug problems in the justice system (Anderegg et al., 2006).

► For more information on **Integrated Approaches**

Council of State Governments Justice Center
www.familyjustice.org

Consensus Recommendations Urge Investments in Pre-Entry Interventions to Decrease Risk of Crime
http://www.soros.org/initiatives/washington/articles_publications/publications/moving_20080228

Criminal Neglect: Substance Abuse, Juvenile Justice and The Children Left Behind
www.casacolumbia.org/Absolutem/articlefiles/JJreport.pdf

Crossing the Bridge: An Evaluation of the Drug Treatment Alternative-to-Prison (DTAP) Program
www.casacolumbia.org/Absolutem/articlefiles/Crossing_the_bridge_March2003.pdf

Family Justice
www.familyjustice.org

King County Bar Association Drug Policy Project
www.kcba.org/ScriptContent/KCBA/druglaw/index.cfm

National Association of Drug Court Professionals
www.nadcp.org

National Drug Court Institute
www.ndci.org/aboutndci.htm

No Safe Haven: Children of Substance-Abusing Parents
www.casacolumbia.org/Absolutem/articlefiles/No_Safe_Haven_1_11_99.pdf

Unified Family Courts: Treating the Whole Family, Not Just the Young Drug Offender
www.rwjf.org/reports/grr/029319s.htm

For more information on these resources can be found at the end of this section

A Model for Judicial Leadership

The following steps can be a useful guide to help build an integrated public health and public safety approach to address substance abuse disorders. These steps are based on a guide by Reclaiming Futures's for judges, court administrators, government entities, community leaders, and interested citizens on how to build an integrated system (Anderegg et al., 2006).

1 Invite Key Stakeholders

The role of the judge in launching this first step is a powerful one. Judges are uniquely able to bring people to the table. The court provides a neutral environment in which key stakeholders can work together.

2 Ensure Broad Representation of All Interests

While the judge is the senior partner at the table, a collaborative approach is beneficial. There should be a balance in representation among law enforcement, prosecution, and defense interests and a broad array of treatment agencies, social service agencies, and a variety of community resources at the table.

3 Identify Needs

The scope of the problem of alcohol and other drugs should be assessed, including the impact of the problem in the justice system, existing resources, and gaps in services.

4 Provide Education and Training

Develop and maintain ongoing mechanisms to educate and train professionals in the integrated system and the broader community about alcohol and other drug problems and effective approaches to dealing with these problems. The Conference of Chief Justices has passed unanimous resolutions on problem-solving courts, including a resolution supporting judicial education on substance abuse. National Institute on Drug Abuse (NIDA) established Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) as a cooperative research program to explore the issues related to the complex system of offender treatment services. Results from the CJ-DATS National Criminal Justice Treatment Practices survey provides data on the nature of programs and services provided to adults and juveniles involved in the justice system.

► For more information on
CJ-DATS:

www.cjdats.org

Research indicates that cross training of justice, treatment, and social services staff is important to increase knowledge and implementation of evidence-based practices in the justice system. Topics to consider for training include:

- A broad overview of how each system works
- Common ground shared by substance abuse treatment and justice systems
- Education on the language of the systems
- Clarification of system roles and personnel roles within each system
- Ways in which the two systems can communicate, work together, and manage conflicts
- Cultural competence issues
- Confidentiality requirements
- Effective case management for the individual
- Rationales for intermediate sanctions programs for drug offenders
- Eligibility requirements for intermediate sanctions programs and how they can be applied to individual cases
- Reporting requirements and agreements
- Pharmacotherapy

Note: Useful materials for staff training on alcohol and other drug problems and treatment and justice systems can be found in the list of Resources at the end of this section.

5 Count on the Community

With limited resources in the treatment and justice systems, the community can play an important role in implementing an integrated system. Churches, businesses, and police among other community members can provide important services. For example, a faith community can provide transportation or child care for people in treatment. Another example is Chambers of Commerce providing jobs to individuals re-entering the community after prison or inpatient treatment.

(Source: Reclaiming Futures, 2007)

Challenges for an Integrated System

COMMUNICATIONS AND INFORMATION SHARING

In order to be effective, organizations that treat those with alcohol and other drug problems who are involved in the justice system often need to share information about these individuals. Information about the treatment of substance use disorders is subject to a set of federal laws and implementing regulations (42 C.F.R. Part 2) that contain safeguards to protect patient confidentiality beyond ordinary state health privacy provisions, and even more robust, in most respects, than those provided pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). In part, the unique legal standing accorded to this treatment information is a response to the stigma and legal jeopardy that has long been associated with substance use disorders. Therefore, judges should give careful consideration to the need to balance information sharing and system coordination against concerns for patient privacy (Boldt, 2007).

► To further guide planning and implementation of education and training, CSAT's Treatment Improvement Protocol 17 Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System has a chapter on Coordinated Training for Treatment and Justice Staff available at:

www.ncadi.samhsa.gov/govpubs/bkd165

Notwithstanding the federal confidentiality restrictions, information can be disclosed by treatment providers to officials in the justice system pursuant to specialized written consent forms that apply only to patients referred to treatment by the criminal justice system. The regulations make clear that information disclosed pursuant to a criminal justice consent form may be used only in connection with the matter for which consent was obtained. Once information relating to other events is in the hands of prosecutorial officials, however, it is difficult to insure that this limitation will be meaningful. Because of the likelihood that broadly worded consent forms permitting wholesale disclosures can lead to these kinds of harms, it is important that written waivers be limited to information (often objective data and the results of urinalysis tests) which is necessary to carry out the purpose of the disclosure. In concrete terms, this means that standardized consent forms should not be used, and that the drafting of waivers should be undertaken individually in each case after careful consideration of the precise scope of the permission that is to be granted (Boldt, 2007).

LINKING TO SOCIAL SERVICES

Because alcohol and other drug problems can often be long-term, relapsing illnesses, it is crucial to develop and sustain an integrated continuum of care among health professionals, treatment providers, justice staff, and social service agencies. Linkages to the appropriate social services are essential elements of treatment. Resources should be made available for a range of services, including educational, vocational, legal, medical, and mental health. Collaboration among community agencies requires careful planning, ongoing communication, and adequate re-

► For more information on **confidentiality and privacy:**

Boldt, R.C. (1998) Rehabilitative Punishment and the Drug Treatment Court Movement, Washington University Law Quarterly Vol. 76,1266-1269, 1291-1292.

<http://law.wustl.edu/WULQ/76-1/761-23.html>

CSAT TIP 44, Chapter 7 Treatment Issues in Pretrial and Diversion Settings

www.ncjrs.gov/app/publications/abstract.aspx?id=202625

www.hipaa.samhsa.gov

Information Sharing and Confidentiality: A Legal Primer to Help the Community, the Bench and the Bar Implement Change in the Juvenile Justice System

www.reclaimingfutures.org/sites/default/files/documents/lglprmr.pdf

sources to develop and maintain. Treatment planning and case management will be easier overall if these relationships already exist and can be called upon as needed.

COMMUNITY SUPERVISION

Community supervision should incorporate treatment planning and treatment providers should be aware of justice supervision requirements. The coordination of treatment with justice planning can encourage participation in treatment and can help treatment providers incorporate correctional requirements as treatment goals. Treatment providers should collaborate with justice staff to evaluate each individual's treatment plan and ensure that it meets correctional supervision requirements as well as that person's changing needs, which may include housing and childcare; medical, psychiatric, and social support services; and vocational and employment assistance. Planning should incorporate the transition to community-based treatment and links to appropriate post-release services to improve the success of drug treatment and re-entry. Abstinence requirements may necessitate a rapid clinical response, such as more counseling, targeted intervention, or medications, to prevent relapse. Ongoing coordination between treatment providers and courts or parole and probation officers is important to effectively address the complex and changing needs of these individuals re-entering into the community (NIDA, 2006).

There are many more challenges to coordination between the treatment and justice systems. To overcome these and other challenges, the Institute of Medicine has recommended several actions:

- Using performance measures of the coordination between the systems and within the system, agency, program, and individual levels.
- Providing combined, interdisciplinary training in collaboration and coordination with integrated sessions including personnel from cross-system agencies and programs.
- Coordinating incentives via promotion, salary, and budget decisions.
- Providing education and decision support to prosecutors and judges.
- Using information systems to facilitate the movement of information essential to responding appropriately to each individual (IOM, 2006).

► For more information on **community supervision:**

Treatment Improvement Protocol 30, Continuity of Offender Treatment for Substance Disorders from Institution to Community

www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.53792

Sustaining Integrated Systems: A Blueprint for the States

Join Together—an organization at the Boston University School of Public Health promotes the need to advance effective alcohol and drug policy, prevention, and treatment through community coalitions. In 2006 Join Together convened a policy panel to develop state policy recommendations to address substance use disorders.

► For more information on
Join Together:
www.jointogether.org

The Blueprint's recommendations provide a guide to critical components of state policies necessary to effectively implement and sustain integrated systems in state governments. Since the justice system is ideally positioned to link individuals to treatment, leadership in the justice system has the power to stop the drain of substance use disorders on state budgets and improve public health and public safety. The complete Blueprint for the States is available online at <http://www.jointogether.org/aboutus/policy-panels/blueprint>.

Summary of Blueprint for the States Policy Recommendations

- 1 Leadership** Governors, legislative leaders and chief judges need to provide personal and continuous leadership for a statewide strategy to prevent and address alcohol and drug problems. When prevention and treatment are delegated to mid-level state agencies, states cannot successfully prevent or treat drug problems at the population level.
- 2 Structure** Every state should have a strategy that encompasses all the agencies affected by alcohol and drug problems. Responsibility for state and federal prevention and treatment funds should be held by an entity that reports directly to the governor and has direct access to the state legislature.
- 3 Resources** States can generate two key resources needed to improve alcohol and drug services: money and skilled practitioners. An annual public report should detail alcohol and drug related spending in all state agencies. If additional funds are needed, states should consider raising alcohol taxes. States should also use their licensing and educational resources to improve and retain the prevention and treatment workforce.
- 4 Measurement and Accountability** States should hold agencies and contracted providers accountable for meeting identified outcome measures. They should reward those that meet or exceed outcome targets and penalize those that consistently fail.
- 5 Legislation** States should review and update the legislation that controls their alcohol and drug policies including authorization for prevention and treatment agencies and alcohol control boards. Laws and regulations that prevent recovering individuals from getting jobs, education and other services needed for successful reintegration should also be reviewed and repealed.
- 6 Sustain State Focus and Attention** State advisory councils should be created or revived with enough staff and authority to hold elected officials accountable for providing needed leadership. States should support community coalitions and recovery organizations to build a lasting constituency for continuing effective state action.

Addiction Technology Transfer Center (ATTC)

www.nattc.org

The ATTC Network undertakes a broad range of initiatives that respond to emerging needs and issues in the treatment field. The Network is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to upgrade the skills of existing practitioners and other health professionals and to disseminate the latest science to the treatment community. They create a multitude of products and services that are timely and relevant to the many disciplines represented by the addiction treatment workforce.

Brown University Center for Alcohol and Addiction Studies

www.caas.brown.edu

The Center for Alcohol and Addiction Studies at Brown University promotes the identification, prevention, and effective treatment of alcohol and other drug use problems in our society through research, education, training, and policy advocacy.

Bureau of Justice Assistance (BJA)

www.ojp.usdoj.gov/BJA

The Bureau of Justice Assistance (BJA) is a component of the Office of Justice Programs, U.S. Department of Justice, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. BJA's overall goals are to (1) reduce and prevent crime, violence, and drug abuse and (2) improve the functioning of the criminal justice system. To achieve these goals, BJA programs emphasize enhanced coordination and cooperation of federal, state, and local efforts. Among its many projects, BJA has substance abuse, mental health, information sharing programs.

Center for Court Innovation

www.courtinnovation.org/

Founded as a public/private partnership between the New York State Unified Court System and the Fund for the City of New York, the Center for Court Innovation is a non-profit think tank that helps courts and criminal justice agencies aid victims, reduce crime and improve public trust in justice. The Center's projects include: community courts, drug courts, reentry courts, domestic violence courts, and mental health courts.

Center for Substance Abuse Treatment

<http://csat.samhsa.gov/faqs.aspx>

CSAT promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them.

eCourt: Technology Transfer and Integrated Systems in Drug Court Settings

www.treasearch.org/law_ethics/projects2.htm

Since the inception of the drug court concept, advocates have promoted the use of offender-level information as a means to adjust treatment and accountability requirements. This study, being conducted at University of Pennsylvania's Treatment Research Institute will provide a platform to test technology transfer approaches for implementing and using a comprehensive and well-designed web-based management information system in Office of Justice Programs (OJP) funded drug courts.

Ensuring Solutions

www.ensuringsolutions.org

For more information on the integrated approaches to treatment to improve traffic safety, see Ensuring Solutions to Alcohol Problems's Team Approach to Drug Treatment Shows Promise in Improving Traffic Safety and Finding Common Ground: Improving Highway Safety with More Effective Interventions for Alcohol Problems

www.ensuringsolutions.org/resources/resources_list.htm?cat_id=989

Family Justice

www.familyjustice.org

Family Justice taps the natural resources of families, the collective wisdom of communities, and the expertise of government to make families healthier and neighborhoods safer. Since its founding in 1996, Family Justice has emerged as a leading national nonprofit institution dedicated to developing innovative, cost-effective solutions that benefit people at greatest risk of cycling in and out of the criminal justice system. Through advocacy, education, and research, Family Justice offers a range of systemic interventions that address complex issues of people living in poverty, such as substance abuse, mental illness, and HIV/AIDS. By providing extensive training and support to government agencies and community-based organizations, Family Justice helps families to unlock their potential to lead healthier and more productive lives.

Federal Drug Control Spending

www.carnevaleassociates.com/publications.html

Presents federal drug control spending over the FY 2002 to FY 2008 period. Resources are presented by major function (interdiction, international, law enforcement, prevention, and treatment). Information on the split between supply reduction and demand reduction spending is also shown.

Federal Judicial Center

www.fjc.gov

The Federal Judicial Center (FJC) is the education and research agency for the federal courts. Congress created the FJC in 1967 to promote improvements in judicial administration in the courts of the United States. This site contains the results of Center research on federal court operations and procedures and court history, as well as selected educational materials produced for judges and court employees.

International Network on Therapeutic Jurisprudence

www.therapeuticjurisprudence.org

The International Network on Therapeutic Jurisprudence is designed to stimulate thought in the area of therapeutic jurisprudence. It serves internationally as a clearing house and resource center regarding therapeutic jurisprudence developments.

Institute of Behavioral Research at Texas Christian University

www.ibr.tcu.edu

The Institute of Behavioral Research (IBR) is a national research center for addiction treatment studies in community and correctional settings. IBR conducts research to evaluate and improve the effectiveness of programs for reducing drug abuse and related problems. The IBR uses their research to make intervention manuals, assessments, presentations, and other useful resources. Their website has over 400 free treatment resource files available to download.

Join Together

For more information on Join Together and to sign up for Join Together's daily news and update email:

www.jointogether.org

Judicial Education on Substance Abuse: Promoting and Expanding Judicial Awareness and Leadership

www.ncsconline.org/WC/Publications/Res_JudEdu_SubstanceAbuseHomePub.pdf

This education program is a faculty guide designed to provide the teaching content and participant materials needed to conduct a program on alcohol, other drug abuse, and the dynamics of recovery. The program is intended as an introduction to substance abuse issues for judges who handle all types of cases, not just those who preside over drug courts. Module one explores substance abuse awareness. Module two addresses the nature of addiction, basic pharmacology, and principles of recovery. Module three offers strategies and tools for the courtroom.

Judicial Leadership Initiative

www.consensusproject.org/JLI

The JLI's mission is to support and enhance the efforts of judges who have already taken leadership roles on criminal justice mental health issues and promote leadership among more judges to address the overrepresentation of people with mental illness in the criminal justice system.

JEHT Foundation

www.jehtfoundation.org

JEHT stands for the core values that underlie the Foundation's mission: Justice, Equality, Human dignity and Tolerance. The Foundation's programs reflect these interests and values. The JEHT Foundation's Criminal Justice Program (www.jehtfoundation.org/criminaljustice) works to bring the latest research and best practices to bear on efforts to make the criminal justice system a more effective mechanism for insuring public safety and guaranteeing fairness to individuals.

King County Bar Association Drug Policy Project

www.kcba.org/druglaw/

The King County Bar Association is leading a high-level partnership of lawyers, doctors, pharmacists, clergy, public health professionals, and other professionals in the state of Washington working for more effective ways to reduce the harm and costs of drug abuse. The principal objectives of this effort are: reductions in crime and public disorder; improvement of the public health; better protection of children; and wiser use of scarce public resources.

The King County Drug Policy Project examines public health approaches to drug abuse. The DPP promotes increasing the scope and effectiveness of drug addiction treatment programs by integrating systems and implementing evidence-based programs.

Legal Action Center

www.lac.org

The Legal Action Center (LAC) is the only non-profit law and policy organization in the United States whose sole mission is to fight discrimination against people with histories of addiction, HIV/AIDS, or criminal records, and to advocate for sound public policies in these areas. LAC makes available a wide range of publications of vital importance to people working in the areas at the heart of LAC's mission – alcohol and drugs, HIV/AIDS, and criminal justice. LAC also offers educational materials that explain the requirements of the federal laws that mandate confidentiality of alcohol and drug patient records.

Confidentiality and Communication

www.lac.org/Merchant2/merchant.mvc?Screen=PROD&Product_Code=pub_cc&Category_Code=P&Product_Count=0

An essential guide to the complex requirements of both the new Health Insurance Portability and Accountability Act (HIPAA) privacy rules and the federal law protecting the confidentiality of people receiving treatment and other services for alcohol and drug problems.

Confidentiality Video Training Series: A Guide to the Federal Drug and Alcohol Confidentiality Laws

www.lac.org/Merchant2/merchant.mvc?Screen=CTGY&Category_Code=P

This unique three video series provides information on (1) requirements of the law, and some common mistakes made by program staff, (2) nine ways the law permits disclosures, including consents, court orders, and medical emergencies, (3) How to deal with criminal justice issues such as search warrants, and (4) how to handle patient information requests from managed care companies

National African American Drug Policy Coalition

www.naadpc.org

The Coalition, comprised of 23 organizations representing lawyers, psychologists, psychiatrists, social workers, dentists, law enforcement, and other professionals embraces a framework for reciprocal cooperation in promoting more effective policies and practices to address drug abuse and addiction.

National Alliance for Model State Drug Laws

www.natlalliance.org/prescription_drug.asp

The National Alliance for Model State Drug Laws provides training and technical assistance to states that are managing or are interested in implementing prescription drug monitoring programs. These programs monitor the prescription and disbursement of prescription drugs designated as controlled substance by the Drug Enforcement Agency. These programs reduce the probability of abusing prescription pain relievers because they reduce the supply of these drugs. States that have implemented law enforcement-oriented approaches to regulating prescription drugs have been effective in reducing prescription drug abuse.

National Center for State Courts Problem-Solving Courts Resource Center

www.ncsconline.org/D_Research/ProblemSolvingCourts/Problem-SolvingCourts.html

Resources and links to National Center for State Courts products and services related to problem-solving courts.

National GAINS Center

www.gainscenter.samhsa.gov/html

The GAINS Center's primary focus is expanding access to community-based services for adults diagnosed with co-occurring mental illness and substance use disorders at all points of contact with the justice system. The Center emphasizes the provision of consultation and technical assistance to help communities achieve integrated systems of mental health and substance abuse services for individuals in contact with the justice system.

National Highway Traffic Safety Administration (NHTSA)

www.nhtsa.dot.gov

NHTSA's mission is to save lives, prevent injuries and reduce economic costs due to road traffic crashes, through education, research, safety standards and enforcement activity. NHTSA provides leadership to the motor vehicle and highway safety community through the development of innovative approaches to reducing motor vehicle crashes and injuries.

National Institute of Alcohol Abuse and Alcoholism

www.niaaa.nih.gov

NIAAA provides leadership in the national effort to reduce alcohol-related problems.

National Institute on Drug Abuse

www.nida.nih.gov

Criminal Justice Drug Abuse Treatment Studies (CJ-DATS)

www.cjdats.org

Led by NIDA, CJ-DATS is a network of research centers, in partnership with criminal justice professionals, drug abuse treatment providers, and Federal agencies responsible for developing integrated treatment approaches for criminal justice offenders and testing them at multiple sites throughout the Nation.

National Institute of Health's Office of Science Education

www.science.education.nih.gov

National Judicial College

www.judges.org

The National Judicial College provides leadership in achieving justice by providing judicial education and professional development for our nation's judiciary as well as for judges from other countries.

Office of Justice Programs

www.ojp.usdoj.gov

Since 1984, the Office of Justice Programs has provided federal leadership in developing the nation's capacity to prevent and control crime, improve the criminal and juvenile justice systems, increase knowledge about crime and related issues, and assist crime victims. Through the programs developed and funded by its bureaus and offices, OJP works to form partnerships among federal, state, and local government officials to control drug abuse and trafficking; reduce and prevent crime; rehabilitate neighborhoods; improve the administration of justice in America; meet the needs of crime victims; and address problems such as gang violence, prison crowding, juvenile crime, and white-collar crime.

Office of Juvenile Justice and Delinquency Prevention

www.ojjdp.ncjrs.org

OJJDP, a component of the Office of Justice Programs, U.S. Department of Justice, accomplishes its mission by supporting states, local communities, and tribal jurisdictions in their efforts to develop and implement effective programs for juveniles. The Office strives to strengthen the juvenile justice system's efforts to protect public safety, hold offenders accountable, and provide services that address the needs of youth and their families.

Physicians and Lawyers for National Drug Policy (PLNDP)

www.plndp.org

Physicians and Lawyers for National Drug Policy (PLNDP) is a non-partisan group of the nation's leading physicians and attorneys, whose goal is to promote and support public policy and treatment options that are scientifically-based, evidence-driven, and cost-effective. PLNDP has developed several resources including **Adolescent Substance Abuse: A Public Health Priority**, www.plndp.org/Physician_Leadership/Resources/resources.html

Problem-Solving Justice Toolkit

<http://nasje.org/news/newsletter0702/resources04.htm>

This toolkit offers a blueprint for using the problem-solving approach, a form of differentiated case management for cases involving recurring contacts with the justice system due to underlying medical and social problems. A hallmark of the approach is the integration of treatment and social services with judicial case processing and monitoring. The toolkit includes a set of assessment questions to help courts determine the best path to implement a problem-solving approach and a set of implementation steps for courts choosing to implement a formal problem-solving court program such as a community or mental health court.

Reclaiming Futures

www.reclaimingfutures.org

Reclaiming Futures is an effective and innovative approach to helping young people in trouble with drugs, alcohol, and crime. The mission of Reclaiming Futures is to promote new opportunities and standards of care in juvenile justice. 10 sites throughout the United States are reinventing the way police, courts, detention facilities, treatment providers, and the community work together to help these youth by providing more treatment, better treatment, and support beyond treatment.

Improved Care for Teens in Trouble with Drugs, Alcohol, and Crime

www.reclaimingfutures.org/?q=resources_ourpublications

This Reclaiming Futures report advocates for changes in the way teens in the justice system receive treatment for drug and alcohol problems.

Key terminology for communities developing alcohol and drug treatment programs in partnership with the juvenile justice system

www.reclaimingfutures.org/?q=resources_ourpublications

This Reclaiming Futures report provides definitions for the terminology used in their report, **Improved Care for Teens in Trouble with Drugs, Alcohol, and Crime**.

A Model for Judicial Leadership

www.reclaimingfutures.org/?q=resources_ourpublications

Judges from 10 juvenile courts around the country recently published a report for judges, court administrators, and other leaders to share the knowledge and experience they have gained through Reclaiming Futures. The 15-page report discusses the role of judicial leadership, the history of problem-solving courts, and the Reclaiming Futures approach. The document also contains 10 recommendations for judges and communities interested in adopting the ideas pioneered by Reclaiming Futures.

Building Community Solutions to Substance Abuse and Delinquency: Financing Collaborative Approaches and Challenges for Building Integrated Systems

www.reclaimingfutures.org/sites/default/files/documents/financing.pdf

A Reclaiming Futures report that addresses challenges to integrating the treatment and justice systems. It provides examples of promising models and resources for financing integrated approaches.

Substance Abuse Mental Health Services Administration

www.samhsa.gov

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services (HHS), was created as a services agency to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders. SAMHSA's Treatment Improvement Protocols (TIPs) are best practice guidelines for the treatment of substance abuse that draw on the knowledge of clinical, research, and administrative experts. They are available at www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.par.t.22441.

For more information about integrated systems and job training and placement, see Treatment Improvement Protocol 38 Integrating Substance Abuse Treatment and Vocational Services.

www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.68228

Systems Integration

www.coce.samhsa.gov/cod_resources/PDF/OP7-SystemsIntegration-8-13-07.pdf

A overview paper from the Co-Occurring Center for Excellence that encourages the use of creative thinking to obtain and effective use funding and provides examples of successful initiatives in systems integration at the local and State levels.

Integrating State Administrative Records to Manage Substance Abuse Treatment System Performance

kap.samhsa.gov/products/manuals/pdfs/TAP29_06-07.pdf

This document provides both implementation considerations and technical guidance for developing integrated-data systems to monitor performance and improve service quality. Its purpose is to enhance states' familiarity with using integrated data as a management tool. Information Sharing and Confidentiality: A Legal Primer to Help the Community, the Bench and the Bar Implement Change in the Juvenile Justice System

The National Center on Addiction and Substance Abuse at Columbia University

www.casacolumbia.org

The National Center on Addiction and Substance Abuse (CASA) at Columbia University brings together under one roof all the professional disciplines needed to study and combat abuse of all substances – alcohol, nicotine as well as illegal, prescription and performance enhancing drugs in all sectors of society. The nonprofit organization aims to inform Americans of the economic and social costs of substance abuse and its impact on their lives as well as remove the stigma of substance abuse and replace shame and despair with hope.

Criminal Neglect: Substance Abuse, Juvenile Justice and The Children Left Behind

www.casacolumbia.org/Absolutenm/articlefiles/JJreport.pdf

A report from the National Center on Addiction and Substance Abuse (CASA) about substance abuse and the state juvenile justice systems. This report calls for a top to bottom overhaul in the way the nation treats juvenile offenders, including creation of a model juvenile justice code, training of all juvenile justice system staff, diversion of juveniles from deeper involvement in juvenile justice systems, and treatment, health care, education, job training and spiritually based programs and services.

Crossing the Bridge: An Evaluation of the Drug Treatment Alternative-to-Prison (DTAP) Program

www.casacolumbia.org/Absolutenm/articlefiles/Crossing_the_bridge_March2003.pdf

No Safe Haven: Children of Substance-Abusing Parents

www.casacolumbia.org/Absolutenm/articlefiles/No_Safe_Haven_1_11_99.pdf

This study examines the connection between parental substance abuse and child abuse and neglect. It explores the consequences for parents and children and ramifications for policy and practice at the federal, state and local levels. It examines promising innovations within child welfare agencies and the courts focused on addressing parental substance abuse in families involved with the child welfare system. In the report, CASA recommends changes in policy and practice that would improve outcomes for children and families.

Research on Drug Courts: A Critical Review 2001 Update

www.casacolumbia.org/absolutenm/articlefiles/379-research_on_drug_courts_6_1_01.pdf

This report by Steve Belenko, PhD for the National Center on Addiction and Substance Abuse provides a review to drug courts and a list of drug court evaluations.

Treatment Research Institute

www.tresearch.org

The Treatment Research Institute is a not-for-profit research and development organization dedicated to reducing the devastating effects of alcohol and other drug abuse on individuals, families and communities by employing scientific methods and disseminating evidence-based information.

Treatment Research Institute Law and Ethics Program

www.tresearch.org/law_ethics/law_ethics.htm

The Law and Ethics program at the Treatment Research Institute evaluates the impact of criminal justice programs, legal policies, and ethical mandates on substance abuse clients, their families, and the community. The program develops tools to foster clinically suggested improvement in supervision of judicial clients, including a software system provides real-time information to drug court judges on client progress in treatment and training programs for judges are developed.

Unified Family Courts: Treating the Whole Family, Not Just the Young Drug Offender

www.rwjf.org/reports/grr/029319s.htm

The American Bar Association (ABA) developed six Unified Family Court (UFC) systems in three U.S. states and one territory and created a network of national groups to help educate the public about Unified Family Courts. UFCs combine the functions of family and juvenile courts to provide a comprehensive approach to treating and educating young drug offenders and their families.

University of Baltimore School of Law - Center for Families, Children and the Courts

www.law.ubalt.edu/template.cfm?page=602

Thier mission is to create, foster and support a national movement to integrate communities, families and the justice system in order to improve the lives of families and the justice system in order to improve the lives of families and the health of the community.

Vera Institute of Justice

www.vera.org

The Vera Institute of Justice works closely with leaders in government and civil society to improve the services people rely on for safety and justice. Vera develops innovative, affordable programs that often grow into self-sustaining organizations, studies social problems and current responses, and provides practical advice and assistance to government officials in New York.



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