



ACCEPT **Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics**

Agenda

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For attendance, purposes please text the following code: NUVSEL to 608-260-7097

Session Date: Friday, June 18, 2021

Didactic Topic and Presenter:

Adult Drug Treatment Court and Treatment Alternatives

Jason W. Latva, MS, LPC, CSAC, ICS, IDP-AT

Content Experts:

Ritu Bhatnagar, MD; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

-
- 12:15 PM: Attendance text-in – Introductions
 - 12:25 PM: Case Presentation
 - Presenter: Alison Miller, DO- *UW Health Yahara, Family Medicine*
 - 1 PM: Didactic Presentation
 - Presenter: Jason W. Latva, MS, LPC, CSAC, ICS, IDP-AT
 - 1:15 PM: End of Session

CONTINUING EDUCATION INFORMATION:

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**ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2020-2022**

**Adult Drug Treatment Court and Treatment Alternatives
6/18/2021**

Didactic Presenter: Jason W. Latva, MS, LPC, CSAC, ICS, IDP-AT
Case Presenter: Alison Miller, DO

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

1. Examine the history of the Drug Court program
2. Define the “Ten Key Components” of the Drug Court programming
3. Compare old system of dealing with substance use disorder in the criminal justice system versus the new system
4. Support the benefits of the Drug Court program by sharing results of the Manitowoc County Drug Court Program

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Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	No relevant financial relationships to disclose	Yes	3/11/21
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	3/11/21
Kathleen Maher	Planner	No relevant financial relationships to disclose	No	3/15/21
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	3/12/21
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	3/11/21
Susan Mindock	Planner	No relevant financial relationships to disclose	No	3/11/21
Lindsey Peterson	Planner	No relevant financial relationships to disclose	No	3/11/21
Sheila Weix	Planner	No relevant financial relationships to disclose	No	3/11/21

Jason Latva	Presenter	No relevant financial relationships to disclose	No	6/9/21
Alison Miller	Presenter	No relevant financial relationships to disclose	No	6/15/21

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ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

Patient Case Presentation Form

***Please do not attach any patient-specific files or include any Protected Health Information.**

1. Date: 6/18/21
2. Presenter Name: Alison Miller, DO
3. Presenter Organization: UW Health
4. ECHO ID: 3144
5. Have you presented this patient during this teleECHO clinic before? ☐ Yes ☒ No
6. Please state your main question for this case: Discussion regarding drug court, patient is connected to drug court but not abstinent from use wonder about repercussions for patient? She has signed up for counseling IOP/virtual but not engaged, states she has a case manager who she meets with her weekly and therapy is a requirement. Are UDS done/required with drug court and my role in communicating with parole agent/legal community? What does "treatment" mean for drug court? How is that defined?

Patient Demographic Information:

7. Age: 38
8. Sex: F
9. Education/Literacy: Finished HS
10. Income source: none
11. Social Factors/History: homeless, living between a hotel and fathers house, has a partner who is currently abstinent from all alcohol and drugs.

12. Substance Use History:

Opioid use – started at 18 used oxycodone (nasal) on occasion and after a year become daily switched to IV heroin after a few years due to cost. At age of 30 received treatment (IOP) Rx Bup/Nx and regular weekly counseling for years. Abstinent from all drug use for 7 yrs. During that time she did go back to work in a factory.

Relapsed 2 yrs ago initially started smoking crack/cocaine on occasion but then started IV meth and opioids again. Trigger for relapse was a sexual assault and brought back past sexual trauma history. States used drugs to not remember.

Was arrested in 2019 and never went to sentencing/court and was living out of state she did recently get arrested again a few months ago. Currently part of drug court program

13. Consequences of Substance Use:

- Social/occupational/educational: currently homeless, unemployed, Hep C positive
- Physical (including evidence of tolerance/withdrawal):
Initial visit – sluggish, pinpoint pupils, mentation was appropriate.

14. Interventions that have been tried:

Restarted Bup/Nx - difficult due to PWD, she did try to do a home induction on 2 occasions and knew she was going to go into withdrawal and both times used heroin. Sent her home with microdosing instructions. States she was able to get back on Bup/Nx and is using less was 1-2 times daily now only one time this week.

She is currently on 8 mg twice a day as well as clonidine and gabapentin.

She continues to use heroin (a lot less) but continues to struggle with cocaine use.

Did connect her to peer support but she has not reached out. She meets with her case manager through the courts. Currently in IOP.

After 8 weeks of weekly engagement:

Recent urine positive for Bup/Norbut, heroin, fentanyl, meth, cocaine, alcohol, marijuana

15.

Current Addiction and Mental Health-related Medications:	Medical/Behavioral Health Diagnosis:
<ul style="list-style-type: none">• Bup/Nx 20 mg/day• Clonidine 0.1 mg every 6 hrs• Gabapentin 100 mg every 8 hrs• Trazadone 150 mg nightly	<ul style="list-style-type: none">• Anxiety/Depression• PTSD

16.

Patient Strengths/protective factors:	Risk factors:
<ul style="list-style-type: none">• Had been successfully abstinent from drug use for 7 yrs on Bup/Nx• Partner is not using he wants to get married and have a child	<ul style="list-style-type: none">• Homeless, unemployed• Legal consequences

17. Labs (as indicated), include summary of urine testing or last urine drug screen results:

Last urine positive for Bup/Nor Bup, Heroin, Fentanyl, Cocaine metabolite, Methamphetamine, Marijuana and Alcohol

18. Patient Goals/Motivations for Treatment:

- Prevent prison time
- Married/Children.
-

19. Proposed Diagnoses:

Moderate OUD, Moderate stimulant use disorder, Depression, Anxiety, PTSD

20. Proposed Treatment Plan:

- IOP currently virtual but not interested/engaged has done so many times and has been in therapy for years.
- Residential – insurance is barrier (medicaid)
- ROI to Discuss with Case manager/Parole Officer?
- Birth Control discussed – does not want to go on birth control does want to get pregnant in the next year.

By initialing here __AM__ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

DSM 5 Criteria for Substance Use Disorder

A use disorder is characterized by maladaptive use resulting in repetitive consequences over the previous 12 months. A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe (American Psychiatric Association 2013)

1. Taking the substance in larger amounts and for longer than intended
2. Wanting to cut down or quit but not being able to do it
3. Spending a lot of time obtaining the substance
4. Craving or a strong desire to use
5. Repeatedly unable to carry out major obligations at work, school, or home due to use
6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by use
7. Stopping or reducing important social, occupational, or recreational activities due to opioid use
8. Recurrent use in physically hazardous situations
9. Consistent use despite acknowledgment of persistent or recurrent physical or psychological difficulties from using
10. *Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
11. *Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)



Adult Drug Treatment Court and Treatment Alternatives

Jason W. Latva, MS, LPC, CSAC, ICS, IDP-AT

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Overview


- ▶ What is Drug Court
- ▶ History of Drug Court
- ▶ Drug Court Model
- ▶ 10 Key Components
- ▶ Old System
- ▶ New System
- ▶ Manitowoc County Drug Court Program 3 Year Results


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- ▶ *“A specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender’s likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, and use of appropriate sanctions and other rehabilitation services.” Bureau of Justice Association, 2005 (as found in National Association of Drug Court Professional, 2015)*


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- ▶ Originated in 1989
 - ▶ Developed in response to the prison system's inability to make long term changes on the individual's substance use while incarcerated (Winick & Wexler, 2002)
 - ▶ Help in answering the problems of overcrowded prison's and ending the “revolving door” of the criminal justice system.
 - ▶ Attempt to use a therapeutic response as opposed to punitive response.


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- ▶ Designed to bring drug treatment more fully into the criminal justice system, treating offenders with a history of drug abuse for addiction, while simultaneously ensuring supervision, and sanctions (when needed) from the courts (King & Pasquarella, 2009).
 - ▶ An attempt to answer the problems of overcrowding prisons largely filling up with offenders with no other criminal history other than charges fueled by their drug addiction.
 - ▶ Set up to address failures in the system such as not identifying the individuals with substance use issues and no treatment readily available for the individuals that were identified (Young, Gardner, Whitaker, Yeh, & Otero, 2005).


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- ▶ Most commonly the requirements are having a substance related charge or established substance abuse history at the time of arrest along with being charged with a non-violent offense (King/Pasquarella, 2009).
 - ▶ Completion is based on the participant being drug and arrest-free for a specific period of time along with advancing through all of the phases of Drug Court Program.
 - ▶ Regular and frequent drug testing is involved (Carey et al, 2012).

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- ▶ Participants may receive rewards or face sanctions based on their compliance with the rules of the drug court
 - ▶ Rewards may include verbal praise, certificates, gift cards or most importantly moving to the next level of supervision (Marlowe, 2012).
 - ▶ Sanctions can include everything from verbal admonishment and writing essays to spending time in jail or being terminated from the program and facing traditional sentencing (Walsh, 2011).
 - ▶ In order for these rewards or sanctions to be effective they must be immediate, certain, fair and of the appropriate intensity (Marlowe & Kirby, 1999).


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- ▶ Research shows that long term behavior change is more likely to happen when a combination of rewards and sanctions is used (Hepburn & Harvey, 2000).
 - ▶ Punishment on its own has been shown to not only be the least effective way to change a person's behavior but it also may affect their motivation to change negatively (Higgins & Silverman, 1999).


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- ▶ 1. Drug Court integrates alcohol and other drug treatment services with justice system case processing.
 - ▶ 2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
 - ▶ 3. Eligible participants are identified early and promptly placed in drug court.
 - ▶ 4. Drug court provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.


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- ▶ 5. Abstinence is monitored by frequent alcohol and other drug testing including holidays, evenings, and weekends.
 - ▶ 6. A coordinated strategy governs drug court responses to participant's compliance.
 - ▶ 7. Ongoing judicial interaction with each drug court participant is essential.
 - ▶ 8. Monitoring and evaluation measure the achievement of drug court goals and gauge effectiveness.


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- ▶ 9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
 - ▶ 10. Forging partnerships among drug court, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.


▶ Source: National Association of Drug Court Professionals. (1997) *Defining drug courts: The key components*. (1997). Washington, D.C.: U.S. Dept. of Justice, Office of Justice Programs, Drug Courts Program Office.

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- ▶ Criminal Justice issue
 - ▶ Punitive based
 - ▶ Treat individuals with Substance Use Disorders as criminals
 - ▶ Repress them.
 - ▶ Shame them.
 - ▶ Force them into stopping (via confinement)
 - ▶ Arrest, convict, imprison, repeat

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- ▶ Ineffective- “War on Drugs” is over 40 years old.
 - ▶ Drug overdoses have continued to increase.
 - 1.7 overdose deaths per 100,000 people (1971)
 - 3.4 overdose deaths per 100,000 people (1990)
 - 12 overdose deaths per 100,000 people (2008)
 - 14.7 overdose deaths per 100,000 people (2014)
 - ▶ Expensive- Government has spent over \$1.5 Trillion trying to PREVENT people from continuing to use drugs by the use of punitive measures, not therapeutic measures.
 - ▶ PERPETUATES STIGMA-The person is bad, not the substance use disorder.

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- ▶ Community health issue
 - ▶ Recovery based
 - ▶ Decreases stigma-You are a person, not a disorder.
 - ▶ Deal with the disease of addiction as a society and community, not with strictly punitive measures.
 - ▶ Utilization of Evidence Based Practices.
 - ▶ Surround people with the support of their society and community, not isolation from their society and community.

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- ▶ Abstinence based program
 - ▶ Intense supervision
 - ▶ Holistic
 - ▶ Individualized treatment plans
 - ▶ Matching the appropriate interventions, at the appropriate time, and at the appropriate dose.
 - ▶ Long term Evidence Based Programming including, but not limited to:
 - Substance Abuse Treatment
 - Aftercare
 - Relapse Prevention
 - Cognitive Behavioral approaches/Cognitive Restructuring

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- ▶ Community Support Meetings (A.A., N.A., SMART Recovery, etc.)
 - ▶ Educational Support
 - ▶ Vocational Support
 - ▶ Life Skills development (communication, decision making, problem solving, conflict resolution, financial management, transportation, shopping, parenting, linkage to community resources and services.)
 - ▶ A system that is designed to help those with substance use disorders reconnect with the world.

CJCC 3 YEAR UPDATE

Category	Percent decrease
▶ Total Criminal Cases	▶ 99%
▶ Total Felony Cases	▶ 99%
▶ Total Misdemeanor Cases	▶ 100%
▶ Total Criminal Traffic Cases	▶ 100%
▶ Total Failure to Appear	▶ 100%
▶ Total Felony Charges	▶ 100%
▶ Total Misdemeanor Charges	▶ 99%

CJCC 3 YEAR UPDATE

Category	Percent decrease
▶ Total Operating After Revocation	▶ 100%
▶ Total Bail Jumpings	▶ 100%
▶ Total Traffic Citations	▶ 99%
▶ Total Court Time	▶ 98%
▶ Total County Arrests	▶ 97%
▶ Total County Bookings	▶ 92%

Questions???