

Participant Activities Handout



Integrating Addiction Medicine with Treatment Courts

Training Learning Objectives:

1. Describe ways to reduce stigma against people with substance use disorders, including the use of accurate terminology.
2. Explain the role of timely and accurate diagnosis and treatment for clients/participants first engaging in treatment courts.
3. Define addiction as a chronic and manageable disease.
4. Describe the purpose, structure, and effectiveness of treatment courts.
5. Define the roles and responsibilities of treatment court team members.
6. Describe the roles and responsibilities of medical providers within treatment court settings.
7. Apply best clinical and partnership practices to case examples of patients who are engaged in treatment court and addiction treatment.
8. Advocate effectively for access to evidence-based treatment with treatment court team members.
9. Coordinate care within professional settings to individuals involved in treatment courts.

Schedule at a Glance

10:00 am – 10:10 am	Welcome & Course Overview
10:10 am – 11:40 am	Session 1: Setting the Stage: Fundamentals of Addiction Medicine
11:40 am – 12:40 pm	Session 2: The Promise of Treatment Court: An Introduction to the Model
12:40 pm – 1:10 pm	30-Minute Break
1:10 pm – 1:48 pm	Session 2: The Promise of Treatment Court: An Introduction to the Model
1:48 pm – 3:43 pm	Session 3: Navigating Evidence-Based SUD Treatment in Treatment Courts
3:43 pm – 3:55 pm	12-Minute Break
3:55 pm – 5:00 pm	Session 4: Working Effectively with Individuals Who are Justice-Involved

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Resources & Claiming CME

- **Join the Learning Community:** Access all resources provided within the course by going to the Integrating Addiction Medicine in Treatment Courts Cohort at <https://connect.asam.org>
- **Claim Credit for Your Participation in Course:** Claim CME for your participation in this course by going to ASAM’s eLearning Center at elearning.asam.org

Activity #1: Meet your Colleagues - Participant Introductions and Training Goals

Small Group Activity: The purpose of this activity is to share some information about your professional background and your training goals for today. In your small group, discuss the questions below.

Discussion Questions:

- What is your name?
- What is your experience with treating individuals with substance use disorders?
- What are your goals of today?

Time Allocated: 10 minutes for group activity

Notes:

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Activity #2: Stigma in Professional Settings - Eliminating Stigmatizing Language Exercise

Small Group Activity: In your small group, share examples of stigmatizing language you have heard used in your professional settings. Consider less stigmatizing alternatives for each of these terms.

Discussion Questions:

- What are some examples of stigmatizing terms you have heard in your practice?
- What are less stigmatizing or destigmatized alternatives you could use for those terms?

Time Allocated: 10 minutes for group activity

<i>Stigmatizing Language</i>	<i>Alternative Terminology</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Activity #3: DSM-5 Diagnosis for Anita – Case Exercise

Small Group Activity: In your small group, review Anita’s case. Discuss a diagnostic assessment for her based on the DSM-5 criteria for substance use disorders.

Discussion Questions:

- What DSM-5 criteria does Anita meet?

Diagnostic Criterion DSM-5 Diagnostic Criteria: Substance Use Disorder Severity: 2-3 criteria = mild, 4-5 criteria = moderate, 6+ = severe
1. Taking the substance in larger amounts or for longer than you meant to
2. Wanting to cut down or stop using the substance but not managing to do so
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at home, work, or school because of substance use
6. Continuing to use even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even if you have a physical or psychological problem that could have been caused or made worse by the substance.
*10. Needing more of the substance to get the effect you want (tolerance)
*11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

*Criteria not met if taking medications as prescribed

- Based on the number of criteria that Anita meets, how would you diagnose her?
 - Mild = 2-3 criteria
 - Moderate = 4-5 criteria
 - Severe = 6 or more criteria

Case Study: Anita

- Anita is a 58-year-old cisgender woman with a history of depression, anxiety, and alcohol use who is arrested after a second driving while impaired (DWI) charge in one year. The initial report notes that a breathalyzer showed a high alcohol level after she was pulled over.
- Overnight in jail, she complained of anxiety, nausea, and tremors and needed to be taken to the ER for medications.
- She had been referred to treatment after her previous DWI but could not afford treatment after losing her job when her boss learned of her arrest.
- She attempted AA but states meetings triggered urges to drink, and she soon returned to increasingly heavy drinking on most days.
- She lives with a roommate after a recent separation from her husband, who also cares for their daughter.

Time Allocated: 7 minutes for small group activity

Session 2: The Promise of Treatment Courts: An Introduction to the Model

Activity #2: Understanding the Treatment Court Model—A Question & Answer (Q&A) Activity

Large Group Activity: Consider questions you would like to ask NADCP's treatment court expert about the model. Use the raise your hand feature to ask a question. Faculty will call individuals to unmute.

Guiding Questions:

- What questions do you have about the treatment court model thus far?
- What treatment court features would you most like to hear more about?

Time Allocated:

- 15 minutes for large group discussion

Notes:

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Session 2: The Promise of Treatment Courts: An Introduction to the Model

Activity #3: Understanding The Treatment Court’s Function—A Question and Answer (Q&A) Activity

Large Group Activity: Consider questions you would like to ask NADCP’s expert about how treatment courts work. Use the raise your hand feature to ask a question. Faculty will call individuals to unmute.

Guiding Questions:

- What emerging questions do you have about treatment court structures and mechanisms?
- What topics of our treatment court discussion would you most like to hear more about?

Time Allocated:

- 15 minutes for large group discussion

Notes:

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Activity #4: An Introduction to Treatment Courts – Session #2 Reflection Exercise

Individual Reflection Activity:

- Consider the discussion on collaborating with treatment teams to provide evidence-based care to patients who are participants of the treatment court.
- Write down one change you can implement in your professional settings.

Prompting Question:

- What is one change you can implement in your professional settings?

Notes:

Activity #1: Common Challenges to Effective Treatment

Large Group Activity: Share examples of challenges you have experienced in providing evidence-based treatment to patients who are involved in the legal system. Use the raise your hand feature when you are ready to share.

Discussion Questions:

- What challenges, if any, have you had in providing evidence-based care for patients who are justice-involved?
- How have you navigated these challenges (e.g., in collaboration with treatment court team members)?

Time Allocated:

- 7 minutes for large group debrief

Notes:

Activity #2: Coordinating Care for Ben – Case Exercise

Small Group Activity: In your small group, review the case information for your patient, Ben. Discuss strategies to support Ben, who needs effective treatment.

Discussion Questions:

- How do you approach this new patient?
- Ben is motivated for treatment. What treatment recommendations do you have about care coordination with your team?

Case Study: Ben

- Ben is a 40-year-old divorced Hispanic male struggling with an OUD, MUD, tobacco use disorder, COPD and HTN and approved for treatment court.
- Ben reports prior to incarceration using fentanyl daily x 8 years smoking about 10 “pills” daily, up from 1-2 daily 18 months ago; methamphetamine weekly x 7 years about \$20 worth; and 25 pack-year tobacco use history. Currently 1 pack/day.
- He enjoys the euphoria associated with fentanyl use, and until very recently, couldn’t find anything negative about it. Uses methamphetamine to treat withdrawal symptoms when he cannot find illicit buprenorphine.
- Ben's longest period of sobriety is 90 days. He describes that period as, "I just kinda quit."
- No history of in-patient treatment. No past OBOT.
- His recent offense includes aggravated stalking (x3), violation of protection order and possession; has spent 12 years in and out of jail. He has three children.
- The patient did not receive harm reduction training prior to release from incarceration. There is no MOUD offered in the jail.
- Ben has had no prior experience with MOUD other than some scattered street use of methadone and buprenorphine, he claims he used both appropriately, and they were helpful in reducing cravings and withdrawal symptoms. No prior experience with naltrexone.
- Prior to meeting with treatment court staff in person, Ben was experiencing cravings for fentanyl, which he used prior to incarceration. He did not inform staff of his cravings.
- Ben returned to fentanyl use within 48 hours of release.
- He admits to solitary use, which resulted in a near-fatal overdose. Ben was hospitalized and treated for rhabdomyolysis.
- Upon discharge, the treating physician did not provide a prescription for buprenorphine.
- The treatment court team is made aware of the overdose, and an appointment with you is made for the next day.

Time Allocated: 7 minutes for small group activity

Notes:

Session 3: Navigating Evidence-based SUD Treatment in Treatment Courts

Activity #3: Providing Effective Care in Treatment Courts— A Question & Answer (Q&A) Activity

Large Group Activity: Share questions you have about engaging with the treatment court team. Use the raise your hand feature when you are ready to share.

Guiding Questions:

- What questions do you have about the medical provider's role in treatment courts?
- What opportunities do you see to work with your local treatment court for improved treatment outcomes?

Time Allocated: 10 minutes for large group activity

Notes:

Activity #4: Revisiting Ben – Case Coordination Exercise

Small Group Activity: In your small group, review the case information for your patient, Ben. Discuss strategies to coordinate care for Ben in treatment court settings.

Discussion Questions:

- How do you coordinate with the treatment team?
- How can you, as the clinician on this team, work to support Ben in his efforts to succeed in programming?

Case Study: Ben

- You welcome Ben into treatment court and ask about his treatment goals.
- Ben is motivated to do whatever it takes to make these things happen. He never wants to return to jail again. Ben says that he is happy to be working with a clinician to assist him in his recovery. He expresses that it is a bonus to being a part of treatment court, to be receiving the care he so desperately neglected for many years.
- Subjective Opiate Withdrawal Scale (SOWS): 14. Point-of-care testing (POCT) positive for THC.
- Ben is provided harm reduction training and is started on buprenorphine/naloxone 2/0.5 mg film. He restates he has not used opioids in more than 48 hours. He experiences no precipitated withdrawal and understands he can take another dose based on his symptoms.
- The jail did not reinstate his Medicaid, but treatment court staff have successfully reactivated his coverage.
- Ben is also now integrated with programming: toxicology screening (calling daily for his “color”).
- Ben did well the first day on buprenorphine, took the medication as prescribed, and did not experience precipitated withdrawal. He started on two 2/0.5 mg film and tapered upward over the course of the week to his current dose of 8/2 mg film bid.
- However, he ran into old friends who offer him fentanyl and he returns to use.
- He regrets using and is fearful of the consequences—that he will be incarcerated with no access to MOUD or other supports.

Time Allocated:

- 7 minutes for small group activity

Notes:

Activity #5: Navigating Evidence-Based SUD Treatment in Treatment Courts – Session #3 Reflection Exercise

Individual Reflection Activity:

- Consider the discussions on treatment challenges, implications for medical providers, and strategies to provide effective treatment in treatment court settings.
- Write down one change you can implement in your professional settings.

Prompting Question:

- What is one change you can implement in your professional settings?

Notes:

Activity #2: Release of Information and Care Coordination - Case Exercise

Small Group Activity: In your small group, examine Amy's case and discuss how you might discuss this release of information (ROI) request with Amy.

Discussion Questions:

- What questions would you ask Amy?
- What information would you want Amy to have?
- What are alternatives to a full release of records?

Case Study: Amy

- Amy is a 42-year-old woman who recently entered treatment court. She engages in outpatient substance use counseling services as a result of her treatment court requirements. She sees you for buprenorphine treatment in a primary care setting.
- She says that the treatment court team asked her to sign an ROI to release records from your clinic, including her toxicology reports because "it's just easier" if they can use the urine toxicology results from your clinic.
- Amy's medical chart includes past STIs, past pregnancy termination, as well as ongoing physical health concerns and mental health diagnoses.
- Amy has reduced her substance use but continues to have urine toxicologies that are intermittently positive for a variety of substances including methamphetamine, alcohol, and cannabis.

Time Allocated: 7 minutes for small group activity

<i>Notes:</i>

Session 4: Working Effectively with Individuals who are Justice-Involved

Activity #3: Working Effectively with Individuals who are Justice-Involved – Session #4 Reflection Exercise

Individual Reflection Activity:

- Consider the strategies discussed to promote effective collaboration with individuals who are justice-involved in your community setting.
- Write down one change you can implement in your professional settings

Prompting Question:

- What is one change you can implement in your professional settings?

Notes:


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Integrating Addiction Medicine with Treatment Courts

Live Virtual Course




1



NADCP National Association of
Drug Court Professionals

NADCP is the premier training, membership, and advocacy organization for the treatment court model, which now includes over 4,000 programs found in every state, four territories, and over 20 countries. Since 1994, NADCP and its divisions—the National Drug Court Institute, National Center for DWI Courts, and Justice For Vets—have trained hundreds of thousands of professionals spanning the legal, clinical, psychosocial, and law enforcement fields.

NADCP regularly publishes cutting-edge, research-based materials—including the groundbreaking Adult Drug Court Best Practice Standards—and the association works tirelessly to improve the response of the American justice system to people with substance use and mental health disorders. NADCP is a 501c3 organization.




ASAM American Society of
Addiction Medicine

ASAM, founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

2

Live Virtual Trainings: *Check Your Tech*



Setting up Your Technology

- Participants control their own "view" of the training.
- All participants will remain on mute during presentations.
- Questions will be answered at the end of the presentations if time permits.
- Participants control their webcam. Being on camera is optional for participants.
- Materials were sent to your email for the training.

3

Technology Assistance

Need help troubleshooting?

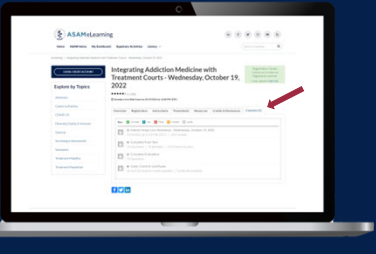
- The Zoom link will be active during the entire training day. If disconnected, please use the initial link provided to log back into the training.
- If you have additional difficulties, please email education@asam.org


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How to Claim CME

- Claim CME for your participation in this course by going to ASAM's eLearning Center: elearning.asam.org
- Instructions on how to claim CME can be found in your handouts and will be sent to you via email.

- Complete the evaluation
- Claim your credit and certificate





5

Live Virtual Course: *Ground Rules*




1. We use cases to give time to process new information. Please participate!
2. Everyone's experiences differ: Assume the best intentions.
3. Monitor your participation: Everyone is accountable.
4. If someone says something that is not your understanding of the evidence, ask questions and do so respectfully.

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Training Overview


- Agenda
 - Presentations
 - Breaks
- Materials
- Participation and Engagement



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Meet our Faculty

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Faculty

Debra R. Newman, PA-C, MSPAS, MPH

- Debra R. Newman, PA-C, MSPAS, MPH, is the Medical Provider for Adult Drug and Mental Health Treatment Courts in Santa Fe County, New Mexico, and provides training and technical assistance for the NM Department of Therapeutic Justice.
- She has worked in residential treatment, outpatient addiction medicine, and adult psychiatry for more than a dozen years.
- Her passion for addiction medicine began with her association with Project ECHO while employed at a large FQHC in northern NM, a region historically plagued with the highest per capita heroin death rate in the nation. She is a regular presenter for PCSS Exchange, a PCSS mentor, and is currently a Co-Editor for ASAM Weekly.

No relevant disclosures.

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Faculty

Elizabeth Salisbury-Afshar, MD, MPH, FAAFP, DFASAM, FACPM

- Elizabeth Salisbury-Afshar, MD, MPH, is a family medicine, preventive medicine/public health, and addiction medicine physician and is an Associate Professor at the University of Wisconsin School of Medicine and Public Health in Madison, Wisconsin.
- She is core faculty for the Addiction Medicine Fellowship at the University of Wisconsin and her role involves both inpatient addiction medicine consult and outpatient addiction medicine care in a federally qualified health center.
- Dr. Salisbury-Afshar's work has focused on expanding access to evidence-based addiction treatment services and harm reduction services.
- Past roles include serving as the Medical Director of Behavioral Health Systems Baltimore, as the Medical Director of Behavioral Health at the Chicago Department of Public Health, the Director of the Center for Addiction Research and Effective Solutions at the American Institutes for Research, and Medical Director of Heartland Alliance Health (Chicago-based healthcare for the homeless provider).

No relevant disclosures.

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Faculty

Terrence Walton

- Terrence D. Walton is the chief operating officer (COO) for NADCP. He is among the nation's leading experts in providing training and technical assistance to treatment courts and other providers of substance use disorder treatment. Prior to being named COO in 2015, he was NADCP's chief of standards.
- Before coming to NADCP, Mr. Walton was director of treatment for the Pretrial Services Agency for the District of Columbia. He also previously excelled as the director of what was then the District of Columbia's leading adolescent outpatient substance use treatment center. Mr. Walton is an internationally certified alcohol and other drug abuse counselor with over 25 years of experience helping individuals and organizations champion positive change.
- He holds a B.A. degree in psychology and a master's degree in social work with specializations in program administration and substance abuse. He is a member of the Motivational Interviewing Network of Trainers (MINT). A gifted and entertaining speaker, Mr. Walton travels extensively, informing and inspiring audiences across the globe.

No relevant disclosures.

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Faculty

Meghan Wheeler, MS

- Meghan Wheeler is the director of standards and conference programming for the National Association of Drug Court Professionals (NADCP). She is responsible for developing training, technical assistance, and tools to support the implementation of best practice standards for treatment court models and assists in the development of best practice standards.
- In her 18-year tenure with NADCP, she has served as project director and senior consultant on the Adult Drug Court Planning and Training Initiatives, Statewide Training and Technical Assistance, and Family Treatment Court Planning and Training Initiatives. She has provided training and technical assistance to treatment courts nationwide. Prior to her work with NADCP, she managed the statewide treatment court implementation for the Supreme Court of Ohio, worked at the local level as a treatment court coordinator, and served as a counselor and clinical supervisor for a residential substance use treatment facility.
- Ms. Wheeler has national, state, and local experience in the justice, treatment, child welfare, and social services fields related to clinical intervention, supervision, case management, policy development, program management, grant writing, and curriculum design. She previously was an adjunct professor at Ashland University in the area of alcoholism and substance use. She received her master's degree in administration of justice, a bachelor's in psychology, and a bachelor's in criminal justice from Mercyhurst University.

No relevant disclosures.


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Faculty
Tauheed Zaman, MD

- Dr. Zaman is an addiction psychiatrist at the San Francisco VA and Kaiser San Francisco. He is also an Associate Professor at UCSF and Program Director of the University's addiction psychiatry fellowship.
- He serves in several leadership roles within the California Society of Addiction Medicine and has been involved in cannabis and opioid-related policy, research, and clinical work.
- He completed his addiction training at UCSF and his psychiatry residency at Harvard Medical School.

No relevant disclosures.



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Course Learning Objectives

At the end of the course, you will be able to:


1. Describe ways to reduce stigma against people with substance use disorders, including the use of accurate terminology.
2. Explain the role of timely and accurate diagnosis and treatment for clients/participants first engaging in treatment courts.
3. Define addiction as a chronic and manageable disease.
4. Describe the purpose, structure, and effectiveness of treatment courts.
5. Define the roles and responsibilities of treatment court team members.
6. Describe the roles and responsibilities of medical providers within treatment court settings.
7. Apply best clinical and partnership practices to case examples of patients who are engaged in drug treatment court and addiction treatment.
8. Advocate effectively for access to evidence-based treatment with treatment court team members.
9. Coordinate care within professional settings to individuals involved in treatment courts.

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Case-Based Learning

What is it?

- We will follow a case-based learning approach where we will explore scenarios that resemble or typically are real-world examples.
- This approach is learner-centered and links theoretical knowledge to practice by giving opportunities for the application of knowledge.



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Overview of the Sessions

- Session 1:** Setting the Stage—Fundamentals of Addiction Medicine
- Session 2:** The Promise of Treatment Courts—An Introduction to the Model
- Session 3:** Navigating Evidence-based SUD Treatment in Treatment Courts
- Session 4:** Navigating Evidence-based SUD Treatment in Treatment Courts

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Session 1

Setting the Stage: Fundamentals of Addiction Medicine




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Session Learning Objectives

At the end of the session, you will be able to:

1. Discuss the benefits of working with treatment court participants.
2. Concisely describe the chronic disease model to treatment court team members.
3. Identify and correct common stigmatizing terms.
4. Educate treatment court professionals about evidence-based substance-specific treatment options.
5. Use accurate DSM-5 diagnostic terms in complex cases of addiction.



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Activity #1

Breakout Room Activity

Meet Your Colleagues—Participant Introductions and Training Goals

The purpose of this activity is to share some information about your professional background and your training goals for today. In your small group, discuss the questions below.

Discussion Questions:

- What is your name?
- What is your experience with treating individuals with substance use disorders?
- What are your goals for today?

Time allotted: 10 minutes for group activity



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Why work with treatment court participants?



- 72,000** estimated number of Americans died of a drug overdose in 2016
- 2/3** of all fatal drug overdoses in the U.S. are due to opioids
- 65%** Of all U.S. inmates have a substance use disorder
- \$80b** amount the U.S. spends annually on incarceration





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Why work with treatment court participants?

Treatment Court Participants:

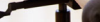
- Reported less criminal activity (40% vs. 53%), and less drug use (56% vs 76%) than comparable individuals
- Had fewer rearrests (52% vs. 62%) and were less likely to test positive (29% vs. 46%) than comparable individuals
- Had higher treatment investment costs, but with less recidivism, drug courts saved an average of \$5,680 to \$6,208 per individual overall

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Addiction as a Chronic Medical Condition

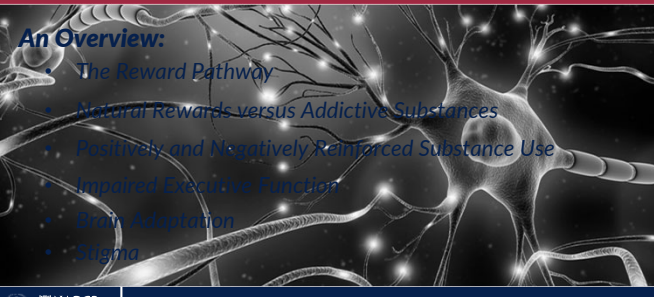



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Addiction as a Chronic Medical Condition

An Overview:

- The Reward Pathway
- Natural Rewards versus Addictive Substances
- Positively and Negatively Reinforced Substance Use
- Impaired Executive Function
- Brain Adaptation
- Stigma


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ASAM's Definition of Addiction

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

- Adopted by the ASAM Board of Directors, September 15, 2019



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Defining Addiction

Key Elements:

- Primary, chronic disease of brain reward, motivation, memory and related circuitry
- Interactions with:
 - Genetics
 - Environment
 - Life experiences
- Prevention and treatment generally as successful as other chronic illnesses
- Relapsing and remitting nature



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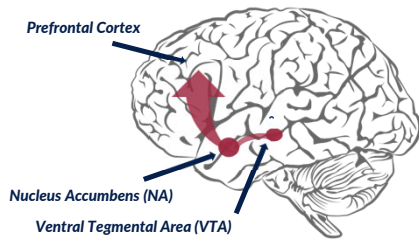


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The Reward Pathway

Usually triggered by natural rewards:

- Food
- Sex
- Water
- Nurturing



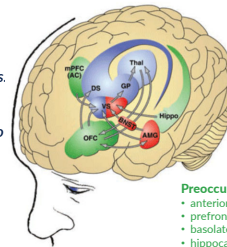
Adapted from the National Institute on Drug Abuse (NIDA) Neurobiology of Addiction: <https://nida.nih.gov/publications/neurobiology-addiction-science-neurobiology-addiction>



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The Stages of Addiction

- Pleasure-seeking vs. distress-avoidance
- Consider relative to state of patient
- Targets for pharmacotherapy



Binge Intoxication:

- ventral striatum (VS), including NAC
- dorsal striatum (DS)
- globus pallidus (GP)
- thalamus (Thal)

Withdrawal/Negative Affect:

- amygdala (AMG) bed nucleus of the stria terminalis (BNST), together also known as the "extended amygdala"
- ventral Striatum (VS)

Preoccupation/Anticipation:

- anterior cingulate (AC)
- prefrontal cortex (mPFC), orbitofrontal cortex (OFC)
- basolateral nucleus of the amygdala
- hippocampus (Hippo):

Source: Koob GF. The Potential of Neuroscience to Inform Treatment. National Institute on Drug Abuse (NIDA). <https://pubs.nida.nih.gov/publications/ahr40/144-151.htm>



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The Role of Adverse Childhood Experiences (ACEs) in Substance Use Disorder (SUD)

- Early initiation of alcohol use
- Continued tobacco use into adulthood
- Prescription medication misuse
- SUDs later in life (>50 years old)
- Lifetime SUD risk

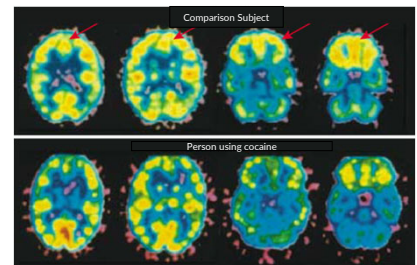


Source: Substance Abuse and Mental Health Services Administration (SAMHSA). <https://mnpcr.org/wp-content/uploads/2019/01/access-behavioral-health-problems.pdf>



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Frontal Lobe Involvement




Source: Goldstein et al. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1201373/>



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Impacts of Executive Function

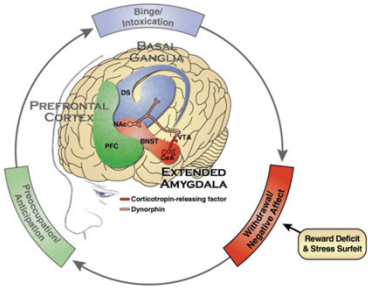


- *Impulse control*
- *Delayed discounting*
- *Early recovery*
- *Retention to treatment*
- *Impacted by developmental factors and substances*

Source: Koob et al. <https://www.pnas.org/doi/10.1073/pnas.1301245110>

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Brain Adaptation



- Best studied in animal models, alcohol
- Decreased reward
 - Reduced dopamine function in nucleus accumbens (NA)
 - Reduced opioid function in NA
- Brain stress response
 - Increased Corticotropin releasing factor (CRF) in extended amygdala
 - Increased dynorphine
 - Decreased neuropeptide Y
- Higher reward threshold + negative emotional state → ongoing use

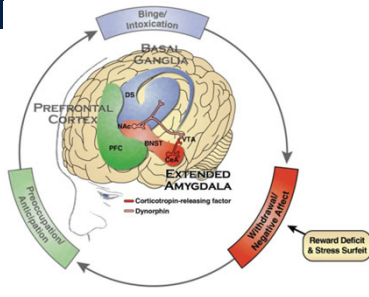
Source: Handbook of Clinical Neurology, Koob et al. <https://pubmed.ncbi.nlm.nih.gov/25207567/>

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Brain Adaptation


Suggests Targets for:

- Behavioral treatments (i.e., group, individual treatments)
- Pharmacotherapy (i.e., acute management, long-term return-to-use prevention)



Source: Handbook of Clinical Neurology, Koob et al. <https://pubmed.ncbi.nlm.nih.gov/25207567/>

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Non-Stigmatizing and Accurate Language Related to Substance Use Disorders (SUD) and Participants in the Justice System

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Stigma and Bias

An Overview:

- *Definition Stigma*
- *Types of Stigma*
- *Impact of Stigma*
- *Justice Involvement as a Contributing Factor to Health Disparities*



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Stigma and Bias

Personal experiences and beliefs may elicit implicit and explicit bias against:

- Types of substances
- Pregnant people
- Behaviors
- Justice-Involved individuals
- Gender/sexual orientation/race
- Recovery pathways
- Special populations



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Types of Stigma: Provider-Based Stigma


Inter -

Within group stigma that exists among addiction providers

↔

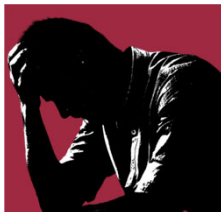
Intra -

Stigma that exists within the provider and their perception




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How does stigma affect care?




- 314 study participants were asked 35 questions about how they felt about two people “actively using drugs and alcohol.”
- No further information was given about these hypothetical individuals.
- One person was referred to as a “**substance abuser.**”
- The other person was referred to as “having a substance use disorder.”

Source: <https://www.recoverynews.org/research-post/the-real-stigma-of-substance-use-disorder/>



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The study found that...

Study participants felt that the term “**substance abuser**” was someone who would be:

- Less likely to benefit from treatment.
- More likely to benefit from punishment.
- More likely to be socially threatening.
- More likely to be blamed for their substance-related difficulties.
- Less likely that their problem was the result of an innate dysfunction over which they had no control.
- More able to control their substance use without help.

Source: <https://www.recoverynews.org/research-post/the-real-stigma-of-substance-use-disorder/>



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Activity #2

Breakout Room Activity


Stigma in Professional Settings—Eliminating Stigmatizing Language Exercise

In your small group, share examples of stigmatizing language you have heard used in your professional settings. Consider less stigmatizing alternatives for each of these terms.

Discussion Questions:


1. What are some examples of stigmatizing terms you have heard in your practice?
2. What are less stigmatizing or destigmatized alternatives you could use for those terms?

Time allotted: 10 minutes




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Stigmatizing Language – Debrief

Common Stigmatizing Terminology	Alternative / Neutral Terminology
<ul style="list-style-type: none"> • Substance Abuse • Clean/Sober • Relapse • Relapse is part of recovery • Relapse Prevention • Self-help group 	<div style="text-align: center; margin-bottom: 10px;">  </div> <ul style="list-style-type: none"> • Substance Use/Use disorder/Use above recommended limits • Substance-free; in recovery • Return to use • Return to use is part of recovery • Recovery Management • Mutual Aid Group


Source: Saitz R, Miller SC, Fiellin DA, Rosenthal RN. Recommended use of terminology in addiction medicine. *Journal of Addiction Medicine*. 2020;15(1):3-7. doi:10.1097/adm.00000000000000673




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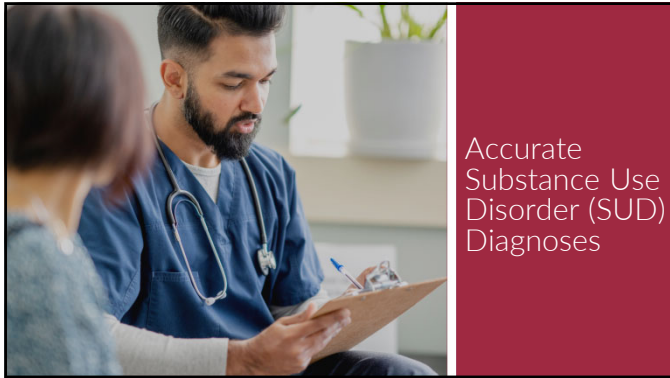
Best Practices to Reduce Stigma

1. Use person-first language (e.g., person with a substance use disorder).
2. Use gender/sexuality-inclusive language.
3. Ask your patient what their personal pronouns are, consider sharing yours.
4. Avoid assumptions based on common stereotypes.
5. Avoid jokes at the expense of the patient and stigmatizing/offensive language.





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Accurate Substance Use Disorder (SUD) Diagnoses

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A word on language...

Key Points:

- Old terms: “abuse” “dependence”
- Concerns of stigma, overlap of populations
- Current dimensional model of substance use disorder:
 - Mild
 - Moderate
 - Severe use



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DSM-4 To DSM-5

	DSM-IV Abuse ^a		DSM-IV Dependence ^b		DSM-5 Substance Use Disorders ^c	
Hazardous use	X	} ≥1 criterion	-	}	X	} ≥2 criteria
Social/interpersonal problems related to use	X		-		X	
Neglected major roles to use	X		-		X	
Legal problems	X		-		-	
Withdrawal ^d	-	} ≥3 criteria	X	}	X	}
Tolerance	-		X		X	
Used larger amounts/longer	-		X		X	
Repeated attempts to quit/control use	-		X		X	
Much time spent using	-		X		X	
Physical/psychological problems related to use	-		X		X	
Activities given up to use	-		X		X	
Craving	-	-	-	X		

Source: Hasin et al. <https://ajcp.psychiatryonline.org/doi/10.1176/appi.ajcp.2013.1.2060782>

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DSM-5 Diagnostic Criteria

DSM-5 Diagnostic Criteria: Substance Use Disorder
Severity: 2-3 criteria = mild, 4-5 criteria = moderate, 6+ = severe

1. Taking the substance in larger amounts or for longer than you meant to
2. Wanting to cut down or stop using the substance but not managing to do so
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at home, work, or school because of substance use
6. Continuing to use even when it causes problems in relationships because of substance use
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even if you have a physical or psychological problem that could have been caused or made worse by the substance.
- *10. Needing more of the substance to get the effect you want (tolerance)
- *11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

**Criteria not met if taking medications as prescribed*

Source: DSM-5

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Meet Anita

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Case Study: Anita



- Anita is a 58-year-old cisgender woman with a history of depression, anxiety, and alcohol use who is arrested after a second driving while impaired (DWI) charge in one year. The initial report notes that a breathalyzer showed a high alcohol level after she was pulled over.
- Overnight in jail, she complained of anxiety, nausea, and tremors and needed to be taken to the ER for medications.
- She had been referred to treatment after her previous DWI but could not afford treatment after losing her job when her boss learned of her arrest.
- She attempted AA but states meetings triggered urges to drink, and she soon returned to increasingly heavy drinking on most days.
- She lives with a roommate after a recent separation from her husband, who also cares for their daughter.

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Activity #3- Breakout Room Exercise

DSM-5 Diagnosis for Anita - Discussion Questions:

1. What DSM-5 criteria does Anita meet?
2. Based on the number of criteria that Anita meets, how would you diagnose her?
 - Mild = 2-3 criteria
 - Moderate = 4-5 criteria
 - Severe = 6 or more criteria

DSM-5 Diagnostic Criteria: Substance Use Disorder
Severity: 2-3 criteria = mild, 4-5 criteria = moderate, 6+ = severe

1. Taking the substance in larger amounts or for longer than you meant to
2. Wanting to cut down or stop using the substance but not managing to do so
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at home, work, or school because of substance use
6. Continuing to use even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even if you have a physical or psychological problem that could have been caused or made worse by the substance.
- *10. Needing more of the substance to get the effect you want (tolerance)
- *11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

Time allotted: 7 minutes

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CASE DISCUSSION ANITA

Debrief

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Substance-Specific Pharmacotherapy

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FDA-Approved Medications for Specific Use Disorders



Medications for:

- Opioid use disorder (OUD)
- Alcohol use disorder (AUD)
- Nicotine use disorder (NUD)

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Medications for Opioid Use Disorder (OUD)

Prescribing Considerations	Methadone	Naltrexone	Buprenorphine
Mechanism of Action at mu-Opioid Receptor	Agonist	Antagonist	Partial agonist
Phase of Treatment	Medically supervised withdrawal, maintenance	Prevention of return to opioid use, following medically supervised withdrawal	Medically supervised withdrawal, maintenance
Route of Administration	Oral	Oral, intramuscular extended-release	Sublingual, buccal, subdermal implant, subcutaneous extended-release injection

Source: SAMHSA: <https://www.samhsa.gov/medication-assistance/files/SAMHSA-Digital-Download-2023-02-01-000.pdf>
<https://www.samhsa.gov/medication-assistance/files/SAMHSA-Digital-Download-2023-02-01-000.pdf>
<https://www.samhsa.gov/medication-assistance/files/SAMHSA-Digital-Download-2023-02-01-000.pdf>

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Benefits of Medications for Opioid Use Disorder (MOUD)

	Methadone	Buprenorphine	XR-Naltrexone
Withdrawal symptoms	✓	✓	
Opioid Cravings	✓	✓	✓
Treatment entry or retention	✓	✓	✓
Illicit opioid use	✓	✓	✓
Criminal recidivism			✓
Overdose risk	✓	✓	✓
Other health risk behaviors (e.g., sharing syringes, unprotected sex with multiple partners)	✓		✓

✓ = at least two meta-analyses, systematic reviews or experimental trials in criminal justice populations
 ✓ = experimental trials in non-criminal justice settings or correlational studies in criminal justice populations

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Medications for Alcohol Use Disorder (AUD)

	Disulfiram	Naltrexone: Oral and Injectable	Acamprosate
Frequency	Daily	Daily (oral) or monthly (extended-release injectable)	Three times per day
Principal Action	When taken in combined with alcohol, causes a significant physical reaction, of nausea/vomiting, flushing, heart palpitations. More severe and risky reactions may occur.	Blocks opiate receptors that are involved in rewarding effects of drinking and craving for alcohol. Extended-release injectable naltrexone is administered every four weeks.	Reduces symptoms of protracted abstinence by counteracting the imbalance between the glutamatergic and GABAergic systems

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Medications for Nicotine Use Disorder (NUD)

FDA-Approved Medication	Special Considerations
First-line prescription and OTC NRT* medications: <ul style="list-style-type: none"> - Nicotine nasal spray (prescription) - Nicotine inhaler (prescription) - Nicotine patch (OTC) - Nicotine gum (OTC) - Nicotine lozenge (OTC) Other first-line medications: <ul style="list-style-type: none"> - Bupropion SR (Wellbutrin SR, Zyban) - Varenicline (Chantix) 	May be risky in those with cardiac arrhythmias, unstable angina, or those who have had a myocardial infarction within two weeks. <ul style="list-style-type: none"> • Important to monitor for exacerbation of psychiatric symptoms, including changes of mood or suicidal ideation (rare) • Bupropion SR is contraindicated for people with a history of seizures, heavy alcohol use, head trauma, or anorexia or bulimia.

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Withdrawal Management



Opioids

- Supportive medications; buprenorphine; methadone
- Clinical Opiate Withdrawal Scale (COWS)
- Subjective Opiate Withdrawal Scale (SOWS)



Alcohol

- Generally: benzodiazepines, GABAergic agents
- Concerns related to complex withdrawal (seizures, delirium tremens)
- Clinical Institute Withdrawal Assessment (CIWA) scale



Nicotine

- Nicotine Replacement Therapy (NRT)
- Varenicline



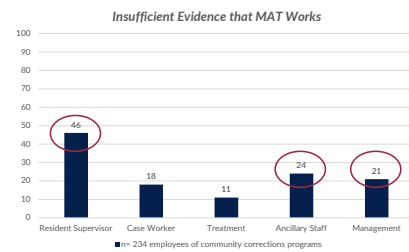
Cannabis

- Off-label medications

Consider appropriate monitoring/level of care.

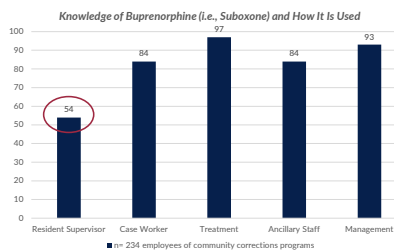
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Role of The Treatment Court Provider



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Role of The Treatment Court Provider



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Substance-Specific Treatment Options and The Treatment Court

The Clinician's Critical Role in Treatment Courts:

- **Educate** teams about your role, on relevant treatment topics
- **Maintain** role within the team
- **Advocate** for evidence-based treatment even when these differ from the team perception.
- **Avoid and correct** (self and others) on the use of stigmatizing language, e.g., model person-first language.
- **Share** information about treatment community resources
- **Communicate** patient successes balanced with treatment challenges
- **Normalize** addiction symptoms and processes toward recovery
- **Recommend** appropriate mutual aid options

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Session 1: Summary

Key Takeaways

- Addiction fits the chronic disease model.
- Neurocircuitry underlies intoxication, withdrawal, cravings.
- Reward thresholds, negative affective states impact addiction.
- Inter- and intra-provider stigma affects care.
- FDA and off-label medications exist for OUD, AUD, TUD/NUD.
- Withdrawal management, prevention of return to use are paramount.



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Activity #4

Individual Reflection
Exercise

Setting The Stage: Fundamentals of Addiction Medicine - Session #1 Reflection Exercise:

- Consider the discussions of the chronic disease model of addiction, eliminating stigmatizing language, accurate diagnosis of substance use disorders, and substance-specific treatment concerns.
- Write down one change you can implement in your professional settings.

Prompting Question:

1. What is one change you can implement in your professional settings?



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SETTING THE STAGE: FUNDAMENTALS OF ADDICTION MEDICINE

End of Session 1



63

Knowledge Checks

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Ask the Audience

Major components of the reward pathway include the:

- A. VTA, prefrontal cortex, medulla
- B. VTA, prefrontal cortex, cerebellum
- C. VTA, parietal lobe, nucleus accumbens
- D. VTA, nucleus accumbens, prefrontal cortex

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Ask the Audience

The three stages of addiction include:

- A. Cravings, intoxication, withdrawal
- B. Intoxication, withdrawal, recovery
- C. Cravings, return to use, recovery
- D. Tolerance, withdrawal, binge

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Ask the Audience

FDA-approved medications for alcohol use disorder (AUD) include:

- A. Disulfiram, Gabapentin, Acamprosate
- B. Naltrexone, Gabapentin, Acamprosate
- C. Buprenorphine, Gabapentin, Acamprosate
- D. Disulfiram, Naltrexone, Acamprosate

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Ask the Audience

FDA-approved medications for opioid use disorder (OUD) include:

- A. Methadone, Buprenorphine, Naltrexone
- B. Methadone, Clonidine, Gabapentin
- C. Buprenorphine, Naloxone, Gabapentin
- D. Buprenorphine, Varenicline, Clonidine

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Ask the Audience

Which of the following could be considered an acceptable term which does not overly stigmatize substance use?


- A. Dirty urine
- B. Person with alcohol use disorder
- C. Alcoholic
- D. Cocaine users

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Session 2

The Promise of Treatment Courts: An Introduction to the Model


1

- ## Session Learning Objectives
- At the end of the session, you will be able to:**
1. Define the key components and best practices of effective treatment courts.
 2. Discuss the evidence base and outcomes of treatment courts.
 3. Explore the composition of the treatment court team.
 4. Discuss treatment court referral, eligibility, target population, entry, process and structure for participants.
 5. Discuss the complexity of the treatment court participant population, systems of support, monitoring, and advocacy the treatment court provides.
- 


2

- ## Audience Poll: Question #1
- Have you in the past treated or do you currently treat patients who are justice-involved?**
1. Yes
 2. No
 3. Not sure
- 

3

- ## Audience Poll: Question #2
- Have you previously worked with treatment courts in any capacity?**
1. Yes
 2. No
 3. Not sure
- 

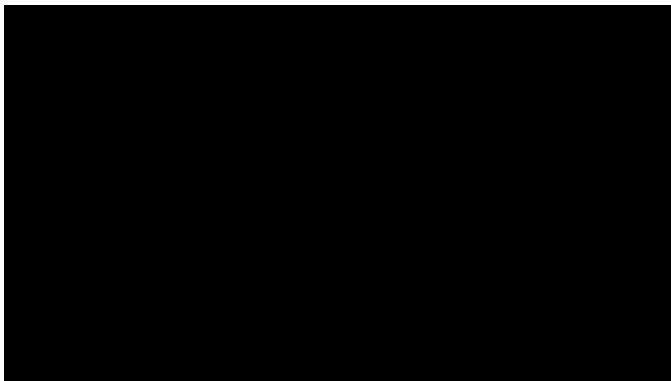
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- ## Audience Poll: Question #3
- Are you formally a member of a treatment court team?**
1. Yes
 2. No
 3. Not sure
- 

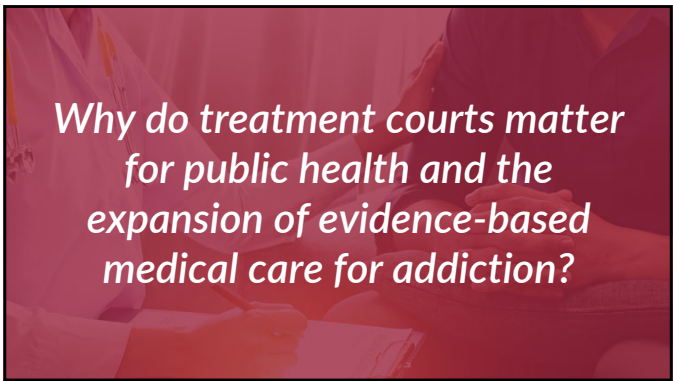
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8

A Public Health Crisis...

- 107,622 fatal overdoses during 2021
 - Highest ever - 27% increase from 2019 - 2020
- Drug overdose deaths involving psychostimulants such as methamphetamine are increasing with and without synthetic opioid involvement.
- 41.1 million people were classified as needing substance use disorder treatment in 2020




Sources: SAMHSA National Survey on Drug Use and Health (2021); Drug Overdose Deaths in the United States, 1999-2020 (CDC, 2021); U.S. Department of Veterans Affairs National Veterans Suicide Prevention Report, (2021)




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Public Health and The Justice System



- More than 80% of crime is drug- or alcohol-fueled
- When incarceration is the only solution:
 - Half of individuals are re-arrested within the first year
 - Two-thirds are re-arrested within three years
 - 80% are re-arrested within nine years



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A Better Approach


Treatment Courts are an alternative solution to incarceration that...

- **combines** public health and public safety approaches
- **connects** people involved in the justice system with individualized, evidence-based treatment and recovery support services.





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Relevant Background

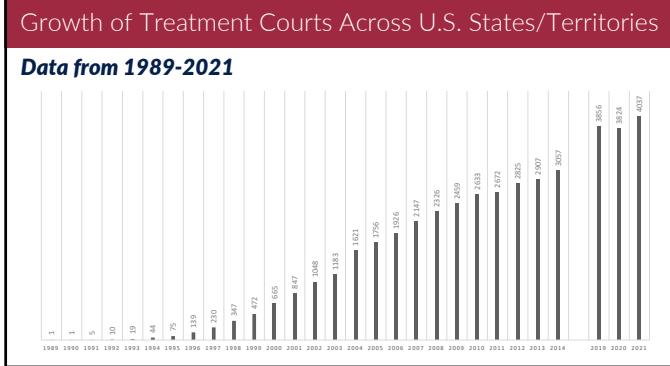


Key Points:

- Established in Miami, Florida (1989)
- Response to the cocaine epidemic and a court system on the brink of collapse
- Vast majority of individuals before the court were there as a result of their addiction



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13

Treatment Courts Today—An Overview

Treatment courts:

- serve individuals with extensive criminal histories, who are likely to fail in treatment and on standard probation.
- are **not** for low level possession cases.
- connect thousands of individuals annually in need to FDA-approved medications to treat addiction—more than any other legal intervention.
- have the goal of sustained recovery—when an individual experiences improved health and wellness, lives a self-directed life, and strives to reach their full potential.

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The Results

- 1.5 million people have been served by treatment courts since inception
- 150,000 people annually connected to substance use and mental health treatment
- Treatment courts...
 - reduce recidivism up to 58%.
 - save an average of \$6,000 per participant.
 - refer more people to medication for opioid use disorder (MOUD) than any other intervention.
 - keep families together and help break generational cycles of addiction.

American University School of Public Affairs Justice Programs Office (2019); United States Government Accountability Office Report to Congressional Committees (2011); National treatment court Resource Center. <https://nadcrc.org/database/> (retrieved October 2021); National Institute of Justice (2011). Multi-site Adult Drug Court Evaluation

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The Promise of Treatment Courts

Following the Research:

- Population served
- Justice reform
- Addiction science
- Equity and Inclusion
- Multi-disciplinary team of professionals
- Evidenced-based practices
- Harm reduction strategies
- Responding to participant behavior

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Treatment Courts as a Recovery-Focused Model

Recovery is a PROCESS of change through which individuals:

- improve their health and wellness
- live self-directed lives
- and strive to reach their full potential.

SAMHSA's 4 Dimensions of Recovery

Source: SAMHSA's Working Definition of Recovery (2012)

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Activity #1

Breakout Room Activity

Medical Providers Engaging with Treatment Courts

In your small group, share your interest in working with treatment courts or the legal system to support patients.

Discussion Questions:


1. What benefits to working with treatment courts or the legal system can you identify?
2. What challenges to working with treatment courts or the legal system might present themselves?

Time allotted: 7 minutes

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MEDICAL PROVIDERS AND TREATMENT COURTS

Debrief



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What are treatment courts?

20

>> Drug addiction has become an unprecedented public health crisis.

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Examining Treatment Courts: The Models



- Adult Treatment Court
- DWI Court
- Family Treatment Court
- Juvenile Drug Treatment Court
- Mental Health Court
- Reentry Court
- Tribal Healing to Wellness Court
- Veterans Treatment Court



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Most Heavily Researched Justice Intervention

Treatment Courts Follow the Research!

The Key Components Guidance:

- Derived from professional experience; practice-driven
- Measurable benchmarks
- Emphasis on distinguishing characteristics
- Envisioned 10 Key Components
- Never intended as final



Adult Drug Court Best Practice Standards:

- Derived from empirical research
- Quantitative benchmarks
- All contributing elements
- Envision more than 10




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Justice and Treatment Integration

Key features of successful treatment courts:

- Joint vision and mission
- Forging Partnerships
- Non-adversarial approach
- Recovery-focused accountability
- Equity and inclusion




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Multidisciplinary Teams

Ensuring:

- Public safety and due process while meeting the assessed needs of the treatment court participant
- Information sharing
- Real-time decision-making
- Interdisciplinary education and training



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Harm Reduction

- High Risk/High Need target population
- Access at every justice system intercept point
- Assessment driven decision-making
 - Legal and clinical assessment
 - Harm reduction strategies



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Judicial Oversight

Communicating that someone in authority cares through...

- Frequent review hearings
- Ongoing judicial supervision
- Informed decision-making



27

Continuum of Evidenced-based Treatment and Complementary Services

- Assessment driven decision-making
- Comprehensive care planning
- Patient-centered
- Recovery management



28

Monitoring and Supervision

Overview of Mechanisms:

- ✓ Multi-phased structure
- ✓ Monitoring participant progress
- ✓ (Re)habilitation and accountability
- ✓ Drug and alcohol testing
- ✓ Real-time communication



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Responding to Treatment Court Participants

Coordinated Strategy using:

- Assessment-driven decision-making
- Unified Case Planning
- Real-time communication
- Incentives, Sanctions, and Therapeutic Adjustments
- Team Staffing and Review Hearing



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Activity #2

Large Group Activity


Understanding the Treatment Court Model— Questions & Answers (Q&A) Activity

Consider questions you would like to ask NADCP's treatment court expert about the model. Use the raise your hand feature to ask a question. Faculty will call individuals to unmute.

Guiding Questions:

- What questions do you have about the treatment court model thus far?
- What treatment court features would you most like to hear more about?

Time allotted:
15 minutes for large group discussion



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UNDERSTANDING THE TREATMENT COURT MODEL

Debrief



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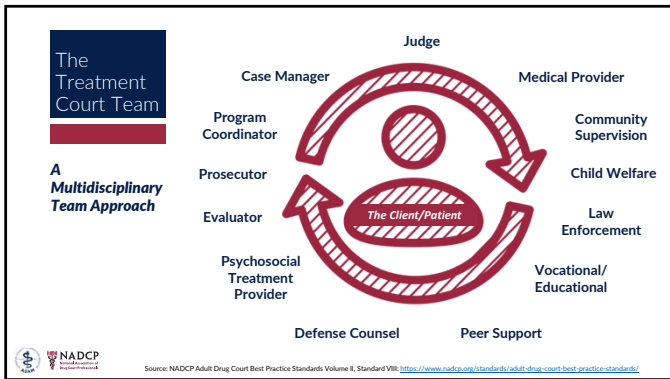
Break

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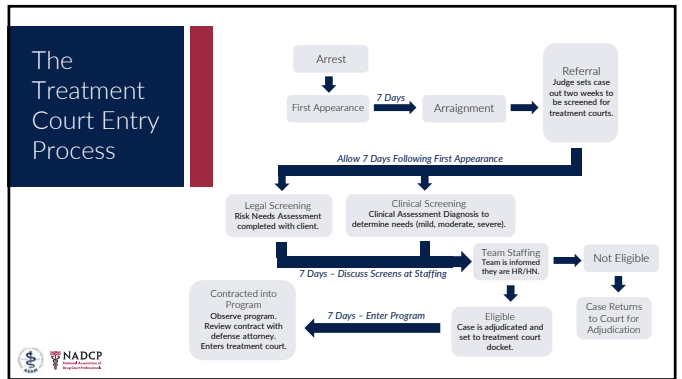


How Does Treatment Court Work?

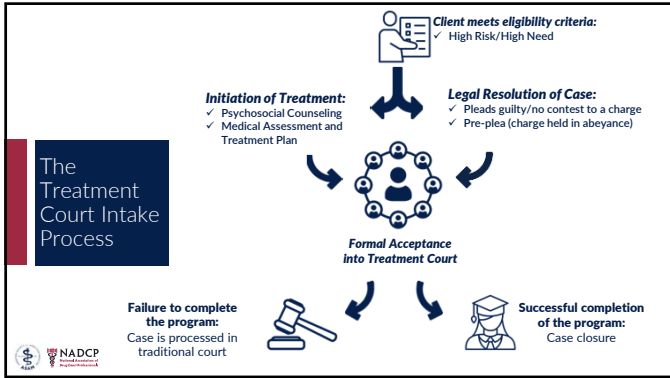
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35



36



37



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Pre-Court Staffing

What is it?	Who attends?	When is it?	Why attend?
The purpose of staffing is to present a coordinated response to participant behavior.	<ul style="list-style-type: none"> Judge Coordinator Prosecutor Defense counsel Treatment Counselor Probation Law enforcement *Medical Provider 	At any time prior to seeing the participant, i.e., during: <ul style="list-style-type: none"> Eligibility Arrestment Progress report Probation revocation or termination Regression or advancement Return on warrant Pre-graduation or graduation 	<ul style="list-style-type: none"> Shared decision making Docket control Informed approach Team Empowerment

NADCP logo

Source: NADCP

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Status Review Hearing

Key Points:

- Participant provides update on their progress
- Judge builds rapport with participant
- Judge provides support and incentivizes productivity
- Judge provides direction and addresses non-compliance
- Team members provide clarification as needed

NADCP logo

Source: NADCP

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Activity #3

Large Group Activity

Understanding The Treatment Court's Function—Question and Answer (Q&A) Activity

Consider questions you would like to ask NADCP's expert about how treatment courts work. Use the raise your hand feature to ask a question. Faculty will call individuals to unmute.

Guiding Questions:

- What emerging questions do you have about treatment court structures and mechanisms?
- What topics of our treatment court discussion would you most like to hear more about?

Time allotted:
15 minutes for large group discussion

NADCP logo

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UNDERSTANDING THE TREATMENT COURT'S FUNCTION

Debrief

NADCP logo

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Session 2: Summary

Key Takeaways

- Treatment courts promote recovery through a coordinated response by utilizing a team approach.
- Early identification (high risk/high need population) and access (medication and psychosocial treatments) improve outcomes.
- A continuum of substance use, mental health, and complementary services are delivered and monitored by a multidisciplinary team of professionals.
- Coordinated strategy of shared decision-making and shared responsibility to monitor and respond to behavior (adherence, compliance, and non-compliance) based on professional expertise and information sharing.
- Ongoing training and forging partnerships to generate support, expand and enhance services, and improve outcomes for individuals with SUD.



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Activity #4

Individual Reflection
Exercise

The Promise of Treatment Courts: An Introduction to the Model - Session #2 Reflection Exercise:

- Consider the discussion on collaborating with treatment teams to provide evidence-based care to patients who are participants of the treatment court.
- Write down one change you can implement in your professional settings.

Prompting Question:

1. What is one change you can implement in your professional settings?



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THE PROMISE OF TREATMENT COURTS: AN INTRODUCTION TO THE MODEL

End of Session 2



45

Knowledge Checks

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Ask the Audience

Which population do treatment courts serve?

- A. Individuals with low level possession cases
- B. Individuals with mild substance use disorders (SUDs)
- C. Individuals who are first-time offenders
- D. Individuals with an extensive criminal history who are likely to fail standard probation and treatment

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Ask the Audience

When can an individual be referred to treatment court?

- A. At the time of arrest
- B. After the dispositional hearing
- C. At every justice system intercept point
- D. At the preliminary hearing

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Ask the Audience

Which role is not considered part of the treatment court team?

- A. Judge
- B. Evaluator
- C. Prosecutor
- D. Recovery Support Group Leader

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Ask the Audience

Which of the following is the name of the treatment court framework aligned with the recovery process and used to measure participant progress, and provide structure?

- A. Multidisciplinary team
- B. Phase Structure
- C. Entry process
- D. Staffing

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Session 3


Navigating Evidence-based SUD Treatment in Treatment Courts

1

Session Learning Objectives

At the end of the session, you will be able to:

1. Demonstrate understanding of the barriers to treatment for the justice-involved patient with substance use disorder(s).
2. Describe the role of the medical provider within the treatment court setting.
3. Demonstrate understanding of the benefits to working on the treatment court team.
4. Describe ways to effectively treat the patient from treatment court entry to graduation.
5. Explain how medical providers can effectively function on the treatment court team.




2

Audience Poll: Question #1

What is your clinical role?

1. MD/DO
2. NP
3. PA
4. RN
5. Psychologist
6. Social Work
7. Peer Recovery Support Specialist
8. Other




3

Audience Poll: Question #2

What is your primary current clinical setting?

1. Federally Qualified Health Center (FQHC)
2. Government or correctional setting
3. Outpatient primary care setting
4. Outpatient mental health setting
5. Outpatient substance use disorder treatment setting
6. Residential setting (mental health or substance use disorder treatment)
7. Hospital or ER-based care




4

Audience Poll: Question #3

What primary population do you and your healthcare team serve?

1. Urban
2. Suburban
3. Rural



5



Treatment Realities and Challenges

6

Health Concerns Specific To Population




- Justice-involved individuals have complex healthcare needs:
 - Experience chronic and infectious diseases, serious mental illness and SUDs at higher rates relative to the general population.
- Improving their health services can:
 - enhance the health of populations and communities,
 - keep state and local health care spending down, and
 - advance public safety goals like reducing recidivism.
- Trauma and co-occurring mental health conditions
- Medicaid, if available, often plays a central role in supporting these individuals.

Source: The Commonwealth Fund, Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System, November 18, 2020

7

Health Concerns Specific To Population




- Once medical care is re-established, chronic medical conditions can be accurately diagnosed and treated.
 - Patients with OUD and chronic pain can be treated with buprenorphine in split dosing.
 - Patients with chronic hepatitis C virus (HCV) can be successfully treated and cured.
 - SMI can be accurately diagnosed and treated
 - Female patients of childbearing age who become pregnant can be referred to high-risk OB care, while concomitantly being managed by the medical clinician with MOUD.

Source: The Commonwealth Fund, Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System, November 18, 2020

8

OUD Concerns Related to Treatment Courts

- 98% of US treatment courts report that their participants struggle with an opioid use disorder (OUD.)
- Historically, 50% of treatment courts mandated patients *discontinue* methadone or buprenorphine within 30 days as a condition of participation.
- <50% of treatment court participants with an OUD received MOUD (2018).
- 1 in 20 adults referred for OUD treatment by the criminal justice system received methadone or buprenorphine (2014).



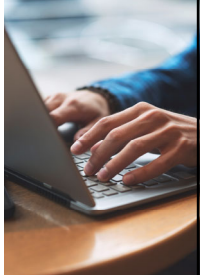
<https://doi.org/10.1186/s12916-018-1188-4>
 2018 • *Journal of Addictive Diseases* • Volume 37(4) • Fall 2018 • Pages 243-248
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9

2022 Survey of MOUD in Treatment Courts

Key Findings:

- Utilization of MOUD has improved considerably over the past decade.
- Most courts have improved by:
 - Retracting prohibitions
 - Enacting permissive policies
 - Receiving staff training
 - Arranging for MOUD during jail sanctions
 - Providing for naloxone training and reversal kits
- Only 25% of patients with OUD in treatment courts received MOUD. Surveyed programs cannot explain why this is so.




Marlowe DB, Thesis D. MOUD in Drug Courts Survey Findings—Local Drug Courts & Statewide Coordinators. NADCP Conference, July 25-28, 2022, Nashville, TN. Center for Court Innovation, 2022.

10

Impact of MOUD on Justice-Involved Individuals

Key Findings:

- MOUD reduces the risk of death from any cause by 85%, and the risk of death from overdose by 75% in the weeks following release.
- The criminal justice system is often the *first* point of contact for patients to receive treatment for their disease, their very first opportunity to be evaluated, educated, and offered treatment.
- Treatment courts are an evidence-based justice system intervention for connecting people to treatment and reducing recidivism.




Marsden J, Sotwell G, Jones H et al. Does Exposure to Opioid Substitution Treatment in Prison Reduce the Risk of Death After Release? A National Prospective Observational Study in England. *Addiction* 112, no. 8 (2017): 1408-18. <http://www.ncbi.nlm.nih.gov/pubmed/28120345>

11

MOUD Barriers

For Entry into Treatment Court

- Restrictive eligibility criteria
- Team members' lack of understanding about the science of OUD/the effectiveness of MOUD
- Belief that MOUD is "substituting one drug for another"
- Concerns that MOUD is not a practical fit within the treatment court model



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MOUD Barriers

Impacting Treatment Court Patients

- It is very likely that court staff beliefs about MOUD influence court policies about MOUD.
- Court staff attitudes appear more favorable toward extended-release naltrexone with lower misuse potential but greater potential for OD death than either methadone or buprenorphine.
- MOUD may be underutilized in more rural areas where transportation to what is potentially the one MOUD prescriber in the region is an issue.

NADCP
McCarthy et al 2021; Wakeman et al 2020; Andrake-Christou 2017 and 2019

13

MOUD Barriers

Other Factors Preventing Access to Treatment


- Reincarceration, homelessness, lack of insurance coverage, and unemployment are factors that pose threats to patients' continued medication management.
- Political, judicial, and administrative decision-making affect the use and availability of MOUD in treatment court settings
 - The Florida legislature recently specifically appropriated funding for XR-naltrexone payments for justice-involved individuals; those working in FL courts found XR-naltrexone more financially accessible than either methadone or buprenorphine, both available in generic formulations at lower cost.

NADCP
Mahusow H, Dickman S, Rich J et al. Medication-Assisted Treatment in US Drug Courts. Results from a National Survey of Availability, Barriers, and Attitudes. JSAT 44(3) Dec 2022. Andrake-Christou B, Clark MW, Atkins DN et al. Criminal problem solving and civil dependency court policies regarding MOUD. Subst Abuse 43(1):425-432, 2022.

14

Adjusting Treatment Requirements

- Treatment courts must rely on the expertise of duly trained clinicians when adjusting treatment plans.
- Treatment courts adjust patients' treatment requirements in response to positive drug tests early in the program.
- Patients might, for example, require medication, residential treatment, or motivational-enhancement therapy to improve their commitment to recovery.




NADCP
Source: Chandler RK, Fletcher BW, Volzow ND. Treating drug abuse and addiction in the criminal justice system: improving public health and safety. JGIM 2008 Jun 16; 23(6):750-59.

15

Impact of Jail on MOUD Continuation

- Jail sanctions should be used sparingly and as a last resort after all other options have been exhausted.
- When participants are incarcerated, they spend time with people whom the court generally requires them to avoid, may have access to drugs, may be re-traumatized or experience new trauma, and are not engaged in treatment.
- Jails often deny individuals regularly prescribed MOUD, resulting in withdrawal, craving, and return to use.



Research has shown that jail sanctions are frequently ineffective and harm participant recovery.

NADCP

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Activity #1

Large Group Activity

Common Challenges to Effective Treatment

Share examples of challenges you have experienced in providing evidence-based treatment to patients who are involved in the legal system. Use the raise your hand feature when you are ready to share.

Discussion Questions:

1. What challenges, if any, have you had in providing evidence-based care for patients who are justice-involved?
2. How have you navigated these challenges (e.g., in collaboration with treatment court team members)?

Time allotted: 7 minutes

NADCP

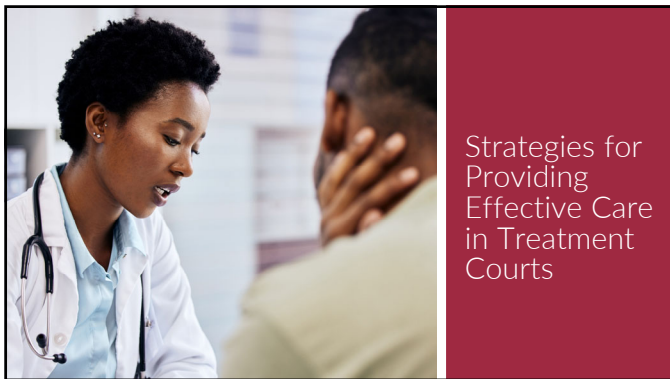
17

NAVIGATING TREATMENT COURT CHALLENGES

Debrief

NADCP

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Strategies for Providing Effective Care in Treatment Courts

19

Communication Between Team Members

NADCP Best Practices include:

- Team members contributing relevant insights, observations, and recommendations based on their professional knowledge, training, and experience.
- Patient progress reviews during pre-court staff meetings and status hearings.
- Observations and recommendations of team members' respective areas of expertise.
- The judge hearing the perspectives of all team members before making decisions that affect patients' welfare and explains the rationale for such decisions to team members and patients.





Source: NADCP, The Verdict is In, AAJC Court Best Practice Standards, 2015

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Ensuring Good Communication Between Team Members

NADCP Best Practices include:

- Members should cooperate/coordinate with one another to ensure treatment court functions smoothly; foster collaboration.
- To work together as a truly integrated team, find common language and communicate freely.
- Look to transition from adversarial relationships and reconcile divergent responsibilities.
- Address breakdowns in communication given differences in responsibilities among team members from disparate disciplines.



Source: Malick G. Winder, M.D., Roger S. Messinger, team members' satisfaction in drug court: a 60 treatment to gauge the concept of disciplines in drug court, Drug Court Review, vol IX, 1, 58-73 2015

21

Using Research and Federal Law to Support Your Practice

Key Points:

- Prohibition of MOUD can violate federal anti-discrimination law protecting individuals with disabilities.
- In April 2022, the US Department of Justice, Civil Rights Division published a guidance document that provides information about how the Americans with Disabilities Act (ADA) can protect individuals with OUD from discrimination. The legal principles apply to other SUDs as well.






Memorandum in support of bill 542398, available at <https://www.congress.gov/bills/117/542398>
US DOJ Guidance: <https://www.justice.gov/crt/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans>

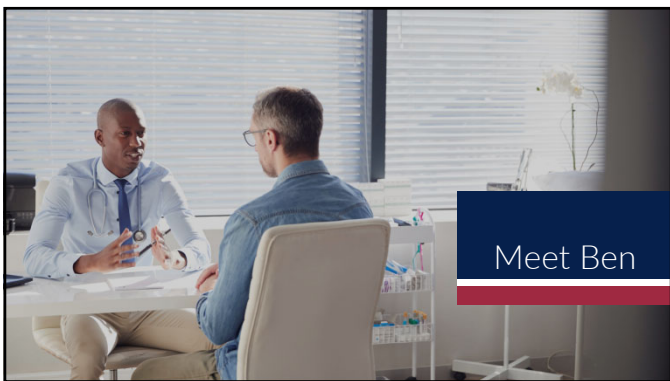
22

Mechanisms to Avoid Termination using a Harm Reduction Approach

- Increase frequency of patient visits.
- Augment counseling, both one-on-one and groups.
- Consider opportunities to change the living environment or the place of employment.
- Use pill/film counts; witnessed dosing.
- Change the type or form of MOUD (e.g., segue from buprenorphine from methadone; segue from sublingual (SL) to subcutaneous (SC) buprenorphine product).
- Use staffing to discuss the option of a higher level of care.
- Involve a peer recovery worker, which can be beneficial to patients.


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Meet Ben

24

Case Study: Ben




- Ben is a 40-year-old divorced Hispanic male struggling with an OUD, MUD, tobacco use disorder, COPD and HTN and approved for treatment court.
- Ben reports prior to incarceration using fentanyl daily x 8 years smoking about 10 "pills" daily, up from 1-2 daily 18 months ago; methamphetamine weekly x 7 years about \$20 worth; and 25 pack-year tobacco use history. Currently 1 pack/day.
- He enjoys the euphoria associated with fentanyl use, and until very recently, couldn't find anything negative about it. Uses methamphetamine to treat withdrawal symptoms when he cannot find illicit buprenorphine.




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Case Study: Ben



- Ben's longest period of sobriety is 90 days. He describes that period as, "I just kinda quit."
- No history of in-patient treatment. No past OBOT.
- His recent offense includes aggravated stalking (x3), violation of protection order and possession; has spent 12 years in and out of jail. He has three children.
- The patient did not receive harm reduction training prior to release from incarceration. There is no MOUD offered in the jail.
- Ben has had no prior experience with MOUD other than some scattered street use of methadone and buprenorphine, he claims he used both appropriately, and they were helpful in reducing cravings and withdrawal symptoms. No prior experience with naltrexone.



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Case Study: Ben



- Prior to meeting with treatment court staff in person, Ben was experiencing cravings for fentanyl, which he used prior to incarceration. He did not inform staff of his cravings.
- Ben returned to fentanyl use within 48 hours of release.
- He admits to using alone, which resulted in a near-fatal overdose. Ben was hospitalized and treated for rhabdomyolysis.
- Upon discharge, the treating physician did not provide a prescription for buprenorphine.
- The treatment court team is made aware of the overdose, and an appointment with you is made for the next day.



27

Coordinating Care for Ben – Case Exercise


In your small group, review the case information for your patient, Ben. Discuss strategies to support Ben, who needs effective treatment.

Discussion Questions:

1. How do you approach this new patient?
2. Ben is motivated for treatment. What treatment recommendations do you have about care coordination with your team?

Time allotted: 7 minutes

Activity #2
Breakout Room Activity




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CASE DISCUSSION

Debrief



29



The Role of the Medical Provider on the Treatment Team

30

Who is the Medical Provider on the Team?




- A **licensed prescriber (MD, DO, PA, NP) experienced in addiction medicine/psychiatry and waived to prescribe buprenorphine**
- Contracted providers work in tandem with the treatment court team to provide services to patients based on a memorandum of understanding (MOU).
- Community providers come from a federally qualified health center (FQHC), behavioral health facility, etc., but treat justice-involved patients as part of programming requirements so treatment is provided in the community setting.

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The Role of the Medical Provider



- Provide evaluation, assessment, and treatment of justice-involved patients who have been screened/approved for treatment court.
 - Aim for prescribing MOUD within 24 hours of assessment.
- Develop a policy to promptly provide harm reduction services as new treatment court patients are at high risk of overdose.
- Screen for other SUD and co-occurring disorders as well.
- Obtain a good patient history along with history of psychiatric and other medications.
- Employ a validated risk assessment such as SOWS.
- Have ROIs signed to get as much history as possible, including jail records and any past hospitalizations.
- All intakes should be culturally aware and supportive of LGBTQ+ patients.

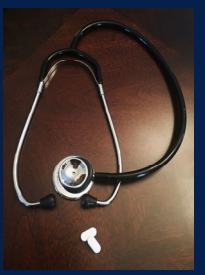
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The Case of One Opioid Court

A community provider:

- Meets patients in jail to assess them as candidates for their program.
- Begins the process of referral to services and connects them to MOUD prescribers as soon as possible.
- Develops a model of collaboration that integrates and prioritizes medical and mental health interventions for patients at high risk of overdose.
- Offers patients a telehealth services link for MOUD assessment before connecting them with other treatments.




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Source: McMahon R, Grimaldi F, Schick D, Zacholl T. Interview with Judge Rory McMahon, May 27, 2020. Holland K. Interview with author, May 13, 2020.

33

The Role of the Medical Provider on the Treatment Team



Communicate	Educate	Develop	Collaborate
Communicate effectively with the treatment court team to support and advocate for individuals participating in treatment courts	Educate the treatment court team about medications for substance use disorders (SUDs).	Develop policy and protocols for the effective delivery of medications for SUDs.	Collaborate with the treatment court team and share pertinent information as necessary to coordinate participant care and respond in a timely manner to questions concerning the treatment plan.

Working with your Treatment Court Team

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Source: National treatment court Institute (NDICI) MOUD Toolkit <https://www.ndici.org/resource/training/medication-assisted-treatment/moud-toolkit/>

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"The judge and other team members should take every opportunity to deliver MOUD-affirming messages during court hearings, group counseling sessions, and other communal forums, emphasizing pro-recovery messages and creating a general atmosphere of acceptance of MOUD."

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Source: NADCP Toolkit

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Coordinating Care from Start to Finish

Starting with the jail/prison:	Starting with the client/patient:	Meet the patient where they are:
Obtain collateral information—accurate records on diagnoses, medications/past medications, allergies, lab results (TB testing), from the very first visit, and make that visit happen promptly.	Upon entry into the program, obtain a history, including a substance use history, identify severity of use, obtain treatment history, and identify appropriate level of care (ASAM).	Assess patient motivation. Provide patient education, verify willingness to engage in a medication trial. Be sure to review/sign all treatment agreements if patient is willing to start MOUD.

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A Recent Study of Women, OUD, and MOUD




Key Findings:
In a recent focus group of women in treatment court, women reported:

- histories of trauma.
- unease disclosing; they were using or considering using MOUD because of further oppressions they may experience.
- *the use of a non-adversarial approach by the judge helped minimize their concerns related to the use of MOUD and gave them a safe place during status hearings to discuss their treatment and recovery.*

Gallagher, JR, Estreit A, Nordbert A et al. The interplay between women, opioid use disorder and Medication-Assisted Treatment (MAT) and Drug Court: A qualitative study. J Hum Beh Soc Env May 2022. <https://doi.org/10.1080/10911359.2022.2077500>

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Addressing Misuse



- Self-treatment of craving and withdrawal has been found to be the predominant motivation for using nonprescribed buprenorphine among people with OUD in multiple studies.
- This emphasizes the need for patients to engage and be retained in good-quality buprenorphine treatment.
- The chronic nature of addiction, along with the time needed to stabilize a patient receiving buprenorphine, should preclude administrative discharge of patients from treatment based on detection of misuse.


Wang, B, Jones, C, et al. Trends and Characteristics of Buprenorphine Misuse Among Adults in the U.S. 2008-2016. JAMA Psychiatry. 2020;177(12):1215-1223. <https://doi.org/10.1001/jamapsychiatry.2020.0848>

38

What about licit or illicit use of substances?

Key Considerations:

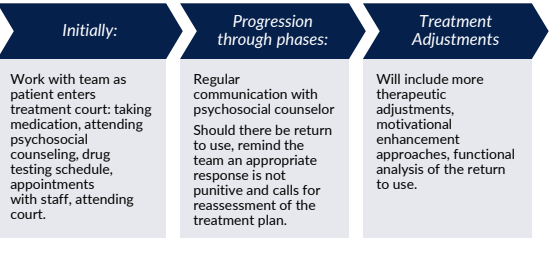
- Consequences are imposed for the nonmedically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana), and prescription medications, regardless of the licit or illicit status of the substance.
- The treatment court team relies on clinician input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether nonaddictive, nonintoxicating, and medically safe alternative treatments are available.



NADCP, The Verdict is In, Adult Drug Court Best Practices, Vol 2, 2018

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Coordinating Care from Start to Finish



Initially:
Work with team as patient enters treatment court: taking medication, attending psychosocial counseling, drug testing schedule, appointments with staff, attending court.


Progression through phases:
Regular communication with psychosocial counselor. Should there be return to use, remind the team an appropriate response is not punitive and calls for reassessment of the treatment plan.

Treatment Adjustments:
Will include more therapeutic adjustments, motivational enhancement approaches, functional analysis, the return to use.

40

Transitioning Patients out of Treatment Court

- Review medical and psychiatric success with the client while they are engaged in programming
- Reassure patient about transition out of treatment court and what that will look like.
- Maintain communication related to medication/refill as needed.
- Review patient's community providers and recovery supports to promote ongoing success.
- Identify statewide mental health crisis support and harm reduction services.
- Obtain new ROI to appropriate sources, if applicable.



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Providing Effective Care in Treatment Courts— Questions & Answers (Q&A) Activity

Activity #3

Large Group Activity

Share questions you have about engaging with the treatment court team. Use the raise your hand feature when you are ready to share.


Guiding Questions:

1. What questions do you have about the medical provider's role in treatment courts?
2. What opportunities do you see to work with your local treatment court for improved treatment outcomes?

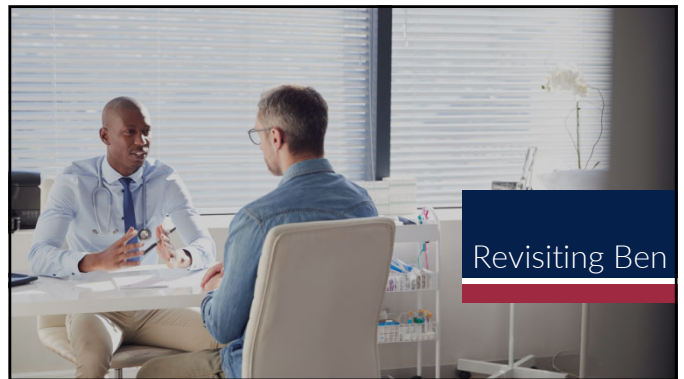
Time allotted: 10 minutes

42

“Another promising strategy is to have treatment court graduates or other persons who have succeeded on MOUD meet with new participants, acknowledge their own initial reticence to take medication, and describe their subsequent positive experiences. Each participant who succeeds on MOUD becomes a potential peer advisor for new participants and can contribute to a collective acceptance of MOUD in the treatment court milieu.”


 Source: NADCP Toolkit

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Revisiting Ben: A Case Study

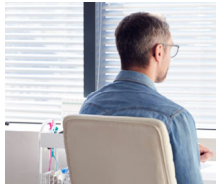


- You welcome Ben into treatment court and ask about his treatment goals.
- Ben is motivated to do whatever it takes to make these things happen. He never wants to return to jail again. Ben says that he is happy to be working with a clinician to assist him in his recovery. He expresses that it is a bonus to being a part of treatment court, to be receiving the care he so desperately neglected for many years.
- Subjective Opiate Withdrawal Scale (SOWS): 14. Point-of-care testing (POCT) positive for THC.




45

Revisiting Ben: A Case Study

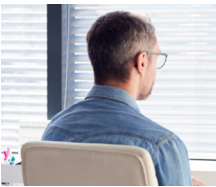


- Ben is provided harm reduction training and is started on buprenorphine/naloxone 2/0.5 mg film. He restates he has not used opioids in more than 48 hours. He experiences no precipitated withdrawal and understands he can take another dose based on his symptoms.
- The jail did not reinstate his Medicaid, but treatment court staff have successfully reactivated his coverage.
- Ben is also now integrated with programming: toxicology screening (calling daily for his “color”).




46

Revisiting Ben: A Case Study



- Ben did well the first day on buprenorphine, took the medication as prescribed, and did not experience precipitated withdrawal. He started on two 2/0.5 mg film and tapered upward over the course of the week to his current dose of 8/2 mg film bid.
- However, he ran into old friends who offer him fentanyl and he returns to use.
- He regrets using and is fearful of the consequences—that he will be incarcerated with no access to MOUD or other supports.



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Revisiting Ben – Case Coordination Exercise

In your small group, review the case information for your patient, Ben. Discuss strategies to coordinate care for Ben in treatment court settings.

Discussion Questions:

1. How do you coordinate with the treatment team?
2. How can you, as the clinician on this team, work to support Ben in his efforts to succeed in programming?

Activity #4
Breakout Room Activity

 **Time allotted:** 7 minutes

48

CASE DISCUSSION: BEN

Debrief




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Session 3: Summary

Key Takeaways

- Patients who are justice-involved are at a much higher risk of return to use and overdose than the general population.
- At least 25% of patients in treatment courts are not receiving MOUD.
- Caring for treatment court patients takes a team approach, and good communication is key.
- Sanctions and terminations should be discussed as part of a team and return to use should never be a reason to terminate a patient.
- Staff need to be educated on the life-saving capacity of MOUD for patient success.
- Every opportunity should be made for the judge and staff to voice MOUD-affirming messages.
- Clearly a need for more medical clinicians to be serving patients in every treatment court to save lives.



50

Activity #5


Individual Reflection Exercise

Navigating Evidence-Based SUD Treatment in Treatment Courts- Session #3 Reflection Exercise:

- Consider the discussions on treatment challenges, implications for medical providers, and strategies to provide effective treatment in treatment court settings.
- Write down one change you can implement in your professional settings.

Prompting Question:


1. What is one change you can implement in your professional settings?



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NAVIGATING EVIDENCE-BASED SUD TREATMENT IN TREATMENT COURTS

End of Session 3



52

Break

53

Knowledge Checks

54

Ask the Audience

Overdose risk rises exponentially for justice-involved participants with:

- A. Linkage to care and treatment
- B. Barriers to naloxone access
- C. MOUD in jails and prisons
- D. Harm reduction approaches

55

Ask the Audience

What impact does OUD have on those who are justice-involved?

- A. Individuals reporting opioid use are less likely to be involved in the criminal justice system
- B. Level of justice involvement decreases with the level of opioid use
- C. Treatment courts are an evidence-based justice system intervention for connecting people to treatment and reducing recidivism.
- D. OUD has negligible impact on individuals who are justice-involved.

56

Ask the Audience

Jail sanctions on a patient with an OUD should be used:

- A. Sparingly and as a last resort after all other options have been exhausted.
- B. Research has shown that jail sanctions are effective.
- C. When our patients are in jail, they usually receive their regularly prescribed medications, so there is little concern about return to use.
- D. Putting patients in jail early in programming tells them that this is how treatment court work

57

Ask the Audience

Research indicates that utilization of MOUD in treatment courts has improved considerably over the past decade. Which of the following is true regarding these improvements?

- A. Enacting prohibitions
- B. Retracting permissive policies
- C. Arranging for MOUD during jail sanctions
- D. Only allowing for extended-release naloxone during periods of incarceration

58

Ask the Audience

Unfortunately, barriers for entry into treatment courts do exist in some locations. Which of the following appears to be a barrier?

- A. Staff attitudes about MOUD can affect entry.
- B. There are no issues; entry is equitable.
- C. All MOUD are viewed similarly by court staff.
- D. The judge may feel 12-step programs are the answer.

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Session 4


Working Effectively with Individuals Who are Justice-Involved

1

Session Learning Objectives

At the end of the session, you will be able to:

1. Identify comprehensive services designed to assist the patient through change and increase the patient's overall success.
2. Talk to patients about legal involvement in a non-judgmental and non-stigmatizing way.
3. Discuss the potential benefits and risks of completing release of information for treatment court to receive treatment records.
4. Inform patients of their right to cease a previously completed release of information.




2


Audience Poll: Question #3

Do you have a standard question to ask about your patient's justice involvement?

1. Yes
2. No
3. Not sure



3



Supporting Patients in Treatment Courts

4

Supporting Patients in Treatment Courts

Understanding Community Resources

- The Office of National Drug Control Policy (ONDCP) Rural Community Toolkit: <https://www.ruralcommunitytoolbox.org/treatment-services>
- *Painting The Current Picture* – 2022 Release on National Drug Court Resource Center (NDCRC) website: <https://ndcrc.org/pcpp/>
- National Drug Court Resource Center (NDCRC) – Interactive Map Locator: <https://ndcrc.org/interactive-maps/>

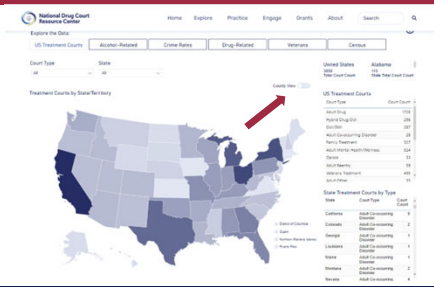



5


Finding Your Local Treatment Court

Using The National Drug Court Resource Center (NDCRC) – Interactive Map Locator

Turn on County View.



State	Court Type	Count
Alabama	Drug Court	1
Arizona	Drug Court	1
Arkansas	Drug Court	1
California	Drug Court	1
Colorado	Drug Court	1
Connecticut	Drug Court	1
Delaware	Drug Court	1
District of Columbia	Drug Court	1
Florida	Drug Court	1
Georgia	Drug Court	1
Idaho	Drug Court	1
Illinois	Drug Court	1
Indiana	Drug Court	1
Iowa	Drug Court	1
Kansas	Drug Court	1
Kentucky	Drug Court	1
Louisiana	Drug Court	1
Maine	Drug Court	1
Maryland	Drug Court	1
Massachusetts	Drug Court	1
Michigan	Drug Court	1
Minnesota	Drug Court	1
Mississippi	Drug Court	1
Missouri	Drug Court	1
Montana	Drug Court	1
Nebraska	Drug Court	1
Nevada	Drug Court	1
New Hampshire	Drug Court	1
New Jersey	Drug Court	1
New Mexico	Drug Court	1
New York	Drug Court	1
North Carolina	Drug Court	1
North Dakota	Drug Court	1
Ohio	Drug Court	1
Oklahoma	Drug Court	1
Oregon	Drug Court	1
Pennsylvania	Drug Court	1
Rhode Island	Drug Court	1
South Carolina	Drug Court	1
South Dakota	Drug Court	1
Tennessee	Drug Court	1
Texas	Drug Court	1
Utah	Drug Court	1
Vermont	Drug Court	1
Virginia	Drug Court	1
Washington	Drug Court	1
West Virginia	Drug Court	1
Wisconsin	Drug Court	1
Wyoming	Drug Court	1



6

Finding Your Local Treatment Court

Using The National Drug Court Resource Center (NDCRC) - Interactive Map Locator

Select your state.

Source: <https://ndcrc.org/interactive-map/>

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Finding Your Local Treatment Court

Using The National Drug Court Resource Center (NDCRC) - Interactive Map Locator

Select the county. Specify court type.

Source: <https://ndcrc.org/interactive-map/>

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Supporting Patients in Treatment Courts

Talking to Patients about Legal System Involvement

- Part of the standard intake process
 - Use non-stigmatizing language
 - Provide rationale for why you are asking, namely to:
 - Support the patient
 - Understand:
 - Any required/prohibited treatments
 - Available services and resources through court/probation/parole

Source: <https://ndcrc.org/interactive-map/>

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Supporting Patients in Treatment Courts

When a patient is justice-involved, ask questions related to:

Outstanding Charges → Treatment Court → Parole or Probation

Source: <https://ndcrc.org/interactive-map/>

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Supporting Patients in Treatment Courts

When a patient is involved in the justice system, ask them...

Outstanding Charges

- What is the anticipated outcome?
- In which county?
- If jail time is anticipated, when? Does the jail allow medications for opioid use disorder (MOUD)?

Source: <https://ndcrc.org/interactive-map/>

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Supporting Patients in Treatment Courts

When a patient is involved in the justice system, ask them...

Parole or Probation

- For what length of time?
- Does the officer know you are engaging in substance use disorder (SUD) Treatment?
- Is the officer supportive of medications for opioid use disorder (MOUD)?

Source: <https://ndcrc.org/interactive-map/>


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Supporting Patients in Treatment Courts

When a patient is involved in the justice system, ask them...

Treatment Court

- ❑ Which county?
- ❑ Who is the court-appointed treatment provider?
- ❑ Is the Judge supportive of medications for opioid use disorder (MOUD)?



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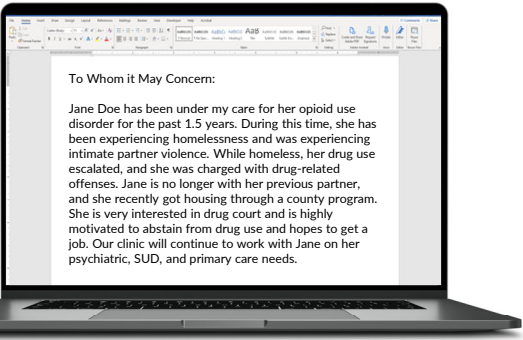
Strategies to Support Patients Involved in the Justice System

- Offer to:
 - Write a letter describing patient engagement in substance use disorder (SUD) care.
 - Coordinate services with court-mandated treatment provider.
- When the court or probation/parole officer does not support MOUD, offer to:
 - Write a letter explaining diagnosis and recommending medication.
 - Share resources with court (written or verbally).
 - Call court representative with patient to discuss recommended treatment.




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Sample Letter



To Whom it May Concern:


Jane Doe has been under my care for her opioid use disorder for the past 1.5 years. During this time, she has been experiencing homelessness and was experiencing intimate partner violence. While homeless, her drug use escalated, and she was charged with drug-related offenses. Jane is no longer with her previous partner, and she recently got housing through a county program. She is very interested in drug court and is highly motivated to abstain from drug use and hopes to get a job. Our clinic will continue to work with Jane on her psychiatric, SUD, and primary care needs.



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Advocating for Evidence-Based Treatment in Your Community

- Reach out to the treatment court team:
 - Clarify their stance on MOUD.
 - Offer to email resources on evidence behind MOUD.
 - Offer to meet with the treatment court team to give a presentation or answer questions.
- Reach out to the intake assessment agency:
 - Clarify their stance on MOUD.
 - Clarify their roles within drug court.
 - If the patient agrees and a signed release is on file, offer to coordinate care.




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Meet Joe

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Case Study: Joe




- Joe is a 28-year-old man treated in the ER and started on buprenorphine after surviving an opioid overdose. Joe then followed up in your clinic to continue the medication. He's been on buprenorphine for one week and is doing well.
- He lets you know that he was referred to treatment court by the arresting officer and is currently on probation, looking at a revocation. Joe is scheduled to be in court in seven days.
- The prosecutor determines that Joe fits within legal criteria to enter treatment court and will agree to treatment court instead of moving forward with the probation violation.




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Case Study: Joe



- Joe was assessed with severe OUD, and the SUD court counselor recommends acceptance into treatment court with IOP placement.
- Joe confirms with his defense attorney that he is open to entering treatment court and understands the conditions and requirements of the program.
- Joe's probation officer has been working with Joe to help with unemployment and housing.
- The Judge has voiced concerns about Joe's prescribed medication, mentioning that the only medication he prefers in his court is XR Naltrexone.
- The SUD treatment provider on the team reaches out to you about the Judge's MOUD preference for XR Naltrexone.



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Supporting Patients in Treatment Court - Case Exercise:


In your small group, discuss ways you could educate the Judge and support Joe.

Discussion Questions:

1. What information can you provide to educate the Judge and advocate for your patient to remain on buprenorphine?
2. In addition to prescribing medication, how can you support Joe in meeting his goals for recovery?

Time allotted: 10 minutes

Activity #1
Breakout Room Activity



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CASE DISCUSSION JOE

Debrief




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Sample Resources
American Society of Addiction Medicine (ASAM)
Recommendation #1

- All persons under community correctional control should have equitable access to evidence-based treatment for substance use disorder (SUD), including all FDA-approved medications available in the community or via telehealth.
- Treatment decisions should be made collaboratively between the patient and their healthcare provider(s).
- Judges and probation/parole officers should not make specific treatment recommendations or mandate or prohibit any type of treatment or peer support, but instead should know how to help patients identify and connect with local SUD treatment providers.
- Treatment is most likely to be successful when patients have a choice and provide informed consent regarding the type of behavioral and medication treatment(s) they engage in.
- Patients should be able to accept or decline any treatment, and they should be able to stop treatment if they wish.

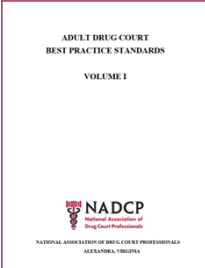
Source: <https://www.asam.org/advocacy/public-policy-statements/media/public-policy-statements/2021-108-09-access-to-medications-for-addiction-treatment-for-persons-under-community-correctional-control>




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Sample Resources
National Association of Drug Court Professionals (NADCP) Standards - Adult Treatment Court Best Practices

Participants are prescribed psychotropic or addiction medications based on medical necessity as determined by a treating physician with expertise in addiction psychiatry, addiction medicine, or a closely related field.



Source: <https://www.nadcp.org/standards/adult-drug-court-best-practice-standards/>




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Audience Poll: Question #1

Have you had to discuss the benefits and risks of release of information to treatment courts with patients who were justice-involved?

1. Yes
2. No
3. Not sure



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Discussing Release of Information with Patients

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Coordinating Services with a Court-Mandated Treatment Provider

- Requires a signed release of information (ROI).
- The Court-mandated treatment provider will report back to the court system.
 - It is important that the patient understands that what is shared with court-mandated treatment provider goes back to the court system
- Release of information should be as specific as possible, e.g., what is to be shared, over what time period.




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Discussing Release of Information with Patients

Understand your institution's release of information form:

- Verbal vs. Written release of information
- Types of records included (SUD, mental health records may have separate sections)
- Duration of release




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Discussing Release of Information with Patients

Familiarize yourself with your institution's processes related to records release:

- If a signed release is on file, will the institution fax records automatically without clinician awareness?




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Discussing Release of Information with Patients


Ensure the patient understands what the release includes when they sign it:

- Specific time periods
- Types of records and labs
- Explain they can withdraw release at any time




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Benefits and Risks of Release of Information


<p>Potential Benefits</p> <ul style="list-style-type: none"> • Can allow the clinical team to share relevant information with the treatment court. • Allows treatment court to have a better understanding of patient engagement in treatment. 		<p>Potential Risks</p> <ul style="list-style-type: none"> • May disrupt patient-clinician trust and therapeutic alliance. • May make it harder for patient to be open about drug use. • It is difficult to know how information you provide may be used in court.
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Alternatives to Release of Information

- Draft a letter that the patient can review and deliver:
 - Call the court professional with the patient during an office visit.
 - Discuss goals of the call with the patient prior to the call.
 - Be clear about what you have permission to discuss.
- Be clear with the patient that you don't have to disclose everything, but you *cannot* be dishonest.



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Meet Amy



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Case Study: Amy




- Amy is a 42-year-old woman who recently entered treatment court. She engages in outpatient substance use counseling services as a result of her treatment court requirements. She sees you for buprenorphine treatment in a primary care setting.
- She says that the treatment court team asked her to sign an ROI to release records from your clinic, including her toxicology reports because "it's just easier" if they can use the urine toxicology results from your clinic.
- Amy's medical chart includes past STIs, past pregnancy termination, as well as ongoing physical health concerns and mental health diagnoses.
- Amy has reduced her substance use but continues to have urine toxicologies that are intermittently positive for a variety of substances including methamphetamine, alcohol, and cannabis.



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Activity #2

Breakout Room Activity



Release of Information and Care Coordination - Case Exercise:

In your small group, examine Amy's case and discuss how you might discuss this release of information (ROI) request with Amy.

Discussion Questions:

1. What questions would you ask Amy?
2. What information would you want Amy to have?
3. What are alternatives to a full release of records?

Time allotted: 7 minutes

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CASE DISCUSSION AMY

Debrief



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Being a Good Partner with Treatment Courts

- Be clear about boundaries - if releasing information will damage therapeutic alliance with patient, let the court know your concerns.
- Offer to send resources describing evidence behind recommended services.
- **Remember:** The goal for all parties is to support the patient to receive evidence-based addiction treatment and avoid incarceration.





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Planning for Anticipated Jail Time

When patients know about jail time in advance, it's helpful to:

<div style="background-color: #000080; color: white; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">1</div> <p style="text-align: center; font-size: small;">Find out whether MOUD is available in the jail.</p>	<div style="background-color: #000080; color: white; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">2</div> <p style="text-align: center; font-size: small;">Find out which psychiatric medications are available/on formulary.</p>	<div style="background-color: #000080; color: white; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">3</div> <p style="text-align: center; font-size: small;">Have the patient sign a Release of Information (ROI), so you can send medical diagnoses and a medication list.</p>	<div style="background-color: #000080; color: white; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">4</div> <p style="text-align: center; font-size: small;">Discuss whether the patient wants to sign an ROI in case medical needs come up while incarcerated.</p>
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Dual Diagnosis Professionals

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Planning for Anticipated Jail Time

If MOUD is not allowed to be continued:

- According to the Department of Justice's issued guidance, not allowing someone to continue prescribed MOUD is a violation of the Americans with Disabilities Act (ADA).
- Encourage the patient to report case to the Department of Justice (DOJ); <https://civilrights.justice.gov/report/> or have patient sign release so you can submit on their behalf.

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Source: Department of Justice (DOJ) https://www.ada.gov/opioid_guidance.pdf

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Session 4: Summary

Key Takeaways

- Standardize intake forms to ask about legal involvement in a non-judgmental and non-stigmatizing way:
 - Ask permission to collect this information.
 - Explain it is being collected to support their care.
- Discuss the potential benefits and risks of completing release of information for treatment court:
 - Inform patients of their right to cease a previously completed release of information.
- Advocate for evidence-based treatment for all patients who are court-involved.

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Activity #3

Individual Reflection Exercise

Working Effectively with Individuals who are Justice-Involved - Session #4 Reflection Exercise:

- Consider the strategies discussed to promote effective collaboration with individuals who are justice-involved in your community setting.
- Write down one change you can implement in your professional settings.

Prompting Question:

- What is one change you can implement in your professional settings?

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WORKING EFFECTIVELY WITH INDIVIDUALS WHO ARE JUSTICE-INVOLVED

End of Session 4

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Integrating Addiction Medicine in Treatment Courts Cohort

Join ASAM's Online Learning Community

Ask questions, share resources, solve challenges, and develop new approaches to treating patients who are justice-involved or in treatment courts.

Live Office-Hour Session Information:

- October 11, 2 pm - 3 pm ET
- October 20, 1 pm - 2 pm ET
- November 10, 12 pm - 1 pm ET
- November 21, 12 pm - 1 pm ET

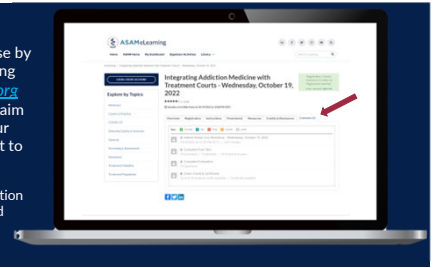


Interested in joining an engaging Online Learning Community (OLC)?
Get started at <https://connect.asam.org>. Questions? Email us at education@asam.org

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- Claim CME for your participation in this course by going to ASAM's eLearning Center: elearning.asam.org
- Instructions on how to claim CME can be found in your handouts and will be sent to you via email.
 - ✓ Complete the evaluation
 - ✓ Claim your credit and certificate



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Closing Remarks

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ASAM American Society of
Addiction Medicine



NADCP
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Drug Court Professionals

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Knowledge Checks

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Ask the Audience

The ASAM Policy Statement on Access to Medications for Addiction Treatment for Persons Under Community Correctional Control recommends:

- A. Judges, probation and parole officers, and other staff should never communicate directly with substance use disorder treatment providers.
- B. Rapid urine toxicology tests (immunoassay) should be used to make legal decisions.
- C. People who are charged with or convicted of crimes related to their SUD should go to jail.
- D. All persons under community correctional control should have equitable access to evidence-based treatment for SUD, including all FDA-approved medications.

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Ask the Audience

The NADCP Adult Drug Court Best Practice Standards suggests:

- A. Drug court participants should receive substance use disorder treatment based on a standardized assessment of their treatment needs.
- B. Drug court judges should make medication recommendations.
- C. Substance use disorder treatment is provided to reward desired behavior.
- D. Incarceration can be used to achieve clinical objectives such as obtaining access to medically managed withdrawal services or a sober living environment.

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Ask the Audience

When a patient is signing a release of information between treatment court and a substance use treatment provider, it is important that they understand:

- A. The release can never be reversed.
- B. Which medical, substance use, and/or mental health records are being released.
- C. That doing so will only hurt their ability to complete treatment court.
- D. That all release of information forms are the same.

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