TORONTO DRUG TREATMENT COURT
Commitment. Connection. Collaboration.

TDTC

An Alternative to Incarceration: Doing Better Together

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

HSJCC
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Toronto Drug Treatment Court
… a "problem-solving" court
Established 1998
1st DTC in Canada

The Model:

- Multidisciplinary Team:
  - court and treatment
- Partnerships

A substance use intervention model that combines drug/addiction treatment with treatment of criminogenic needs and judicial supervision, as an alternative to incarceration for individuals whose criminal activities are related to their substance abuse

- High level model overview
- Evolution of Toronto DTC
- Evaluation: (Re-) Defining Success

Eligibility

People who are 18 years and older, fit the criteria of "substance use disorder", and are primarily using stimulants/crack/crystal meth and/or opiates/opioids - dependent

AND.. Who are charged with:

- Non-violent criminal activity related to substance abuse issues such as:
  - Drug possession/use
  - Non-commercial trafficking/P for P
  - Non-residential break and enter
  - Theft, possession of stolen property
  - Criminal History: Medium to High Risk of Recidivism (typically High)

Eligibility

Mandate: Medium to High Risk/High Need (not low risk)

Toronto: High Risk/High Need

Evidence re: Risk

High Risk	**Providing intensive treatment**	**Reduces recidivism by 19% on average**
Low risk	Providing intensive treatment	Increases recidivism by 4%

Addiction Treatment + risk, need & responsivity

Risk Principle:

Match the level of service to the "offender's" risk to re-offend

Need Principle:

Assess criminogenic needs and target them in treatment

Responsivity Principle:

Maximize the "offender's" ability to learn from a rehabilitative intervention by providing cognitive behavioral intervention (general) to the learning style, motivation, abilities and strengths of the "offender" (specific)

To address recidivism, need to "treat" criminogenic needs

Risk/Need/Responsivity

	Need	Indicator	Intervention		
1	History of Criminal Behavior	Criminal Record	Cannot treat “history”	Top 4	To p 8
2	Anti-social personality traits (non DSM – manipulation, impulsivity)	Impulsive, adventurous pleasure seeking, restlessly aggressive and irritable	Build self-management skills, teach anger management		
3	Antisocial peers/associates	Criminal friends, isolation from prosocial others	Replace procriminal friends and associates with prosocial friends and associates		
4	Criminal Thinking	Rationalizations for crime, negative attitudes towards the law	Counter rationalizations with prosocial attitudes; build up a prosocial identity		
5	Family	Inappropriate parental monitoring and disciplining, poor family relationships	Teaching parenting skills, enhance warmth and caring		
6	School/Work	Poor performance, low levels of satisfactions	Enhance work/study skills, nurture interpersonal relationships within the context of work and school		
7	Lack of pro-social leisure/recreation	Lack of involvement in prosocial recreational/leisure activities	Encourage participation in prosocial recreational activities, teach prosocial hobbies and sports		
8	Substance Abuse	Abuse of alcohol and/or drugs	Reduce substance abuse, enhance alternatives to substance use	= top 4	
9	Residential instability	Homelessness, inability to maintain	Supportive housing		
10	Age (young)		Cannot treat “age”		
11	Gender (men at higher risk)				
12	Neighborhood	Pro-criminal activity/peers	safety/coping strategies		

There are non-/minor criminogenic needs which need to be addressed as well (these are specific responsivity factors): Self Esteem, Feelings of Personal Distress (Anxiety), Major Mental Illness, Physical Health, Trauma

Treatment “principles”

- The treatment should match the risk
- Target needs: intensive case management and stabilization

- Match learning style/abilities
  - simple
  - structured
  - frequent and brief interventions
  - Build routines

- Harm reduction moving to abstinence (safer/reduced use)
- External Motivation to Internal Motivation
- Special considerations are necessary – e.g. trauma, ABI,MH, learning disabilities
- Relapses/ Lapses happens (drugs and criminal behavior)

Holistic approach:
Complexity is our Business

Learning to
EMBRACE
COMPLEXITY

The Partnership

- CAMH – The Centre for Addiction and Mental Health: The designated treatment provider/coordinator (Court Liaison)
- Judge
- Crown Attorney/prosecutor (federal and provincial have entered agreement)
- Defense (Duty Counsel)
- Paralegal

PLUS

- Probation
- Police Liaison
- Court Clerks/Staff
- Court Chaplain

Designated/Assigned staff

The Process

- Arrested and charged
- Referrals: lawyer, self, police (upon arrest).....
- Voluntary application
- Screened by crown and then treatment's court liaison/social worker
- Court appearance
- Plead guilty (forgoes sentencing until completion, note: 30 - *60* days to change mind/strike plea)
- Released on a Drug Treatment Court Bail (curfews, geographical restrictions, address *note: no longer says no substance use*)
- Assessment at CAMH (biopsychosocial)
    - **Treatment Program Begins**

Court Days

Pre-Court meeting:

- All core partners
- Discuss all cases for that day
- Progress reports given by treatment
- Positions declared
- Tentative decision made (pending new information and/or client report)

Court:

- Each client presents before judge
- Client reports progress including use and/or risky situations
- Progress reports given by treatment
- Crown's office informs of last criminal involvement
- Incentives/sanctions administered- applause, commendation
- Unless earned early leave, clients stay to end of proceedings (part of "therapeuitic" court experience)

Treatment Team

Core Team:

- Peer Support Worker (part-time)
- 3 Therapists/Case Managers (social worker/RP)
- Court Liaison (social worker)
- Nurse (part-time)
- Housing worker (part-time)
- Manager (part-time)

Access to:

- Psychiatric Assessment
- Addiction Medicine Assessment
- Emergency Dental
- OAT/ORT (Methadone, Suboxone, Sublocade….)
- Internal (CAMH)Programs
- Partner Organizations, e.g. :
  - Women's treatment
  - Income support
  - Housing
  - treatment

Core Program

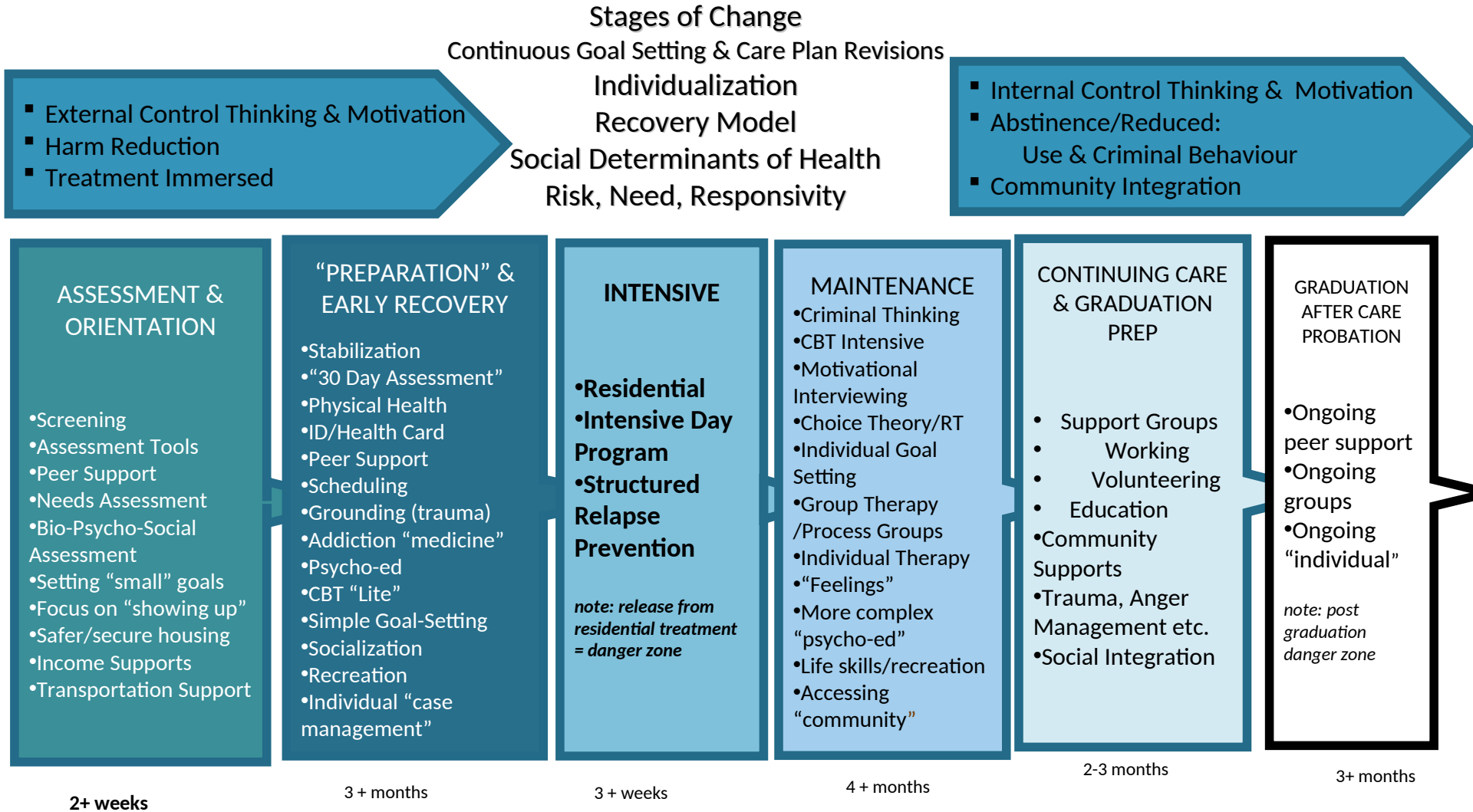
Note: historical/standard/structure (stages of change framework)

Treatment Phase	**Court Attendance**
Assessment/Orientation	Once Weekly (changed recently from twice – due to courtroom/staff availability)
Preparation for Change	Once weekly (see above)
Intensive	Usually no attendance
Maintenance	Once a week – moving to once every 2 weeks
Continuing Care (graduation readiness)	Once or twice a month
After Care/Alumni	Once a month during probationary period

Court Requirements

- Frequent Randomized Urine Drug Testing
- Regular attendance and reporting at Court
- Bail conditions: curfews and boundaries
- Temporary/permanent housing (*changed*)
- Monitoring of attendance/participation
- Monitoring of new criminal involvement
- “Accountability” and “Honesty” expectations (comes with trust/therapeutic rapport)
- Sanctions and Incentives *

Program Flow Chart



Trauma Informed. Culturally Competent. Concurrent Disorders Capable. Gender Appropriate. Motivtional. Cognitive/Behavioral

Treatment Components

- Case Management (system navigation, health, housing, family, life skills)
- Individual Counselling (MI, CBT, Trauma Informed, Relapse Prevention)
- Group Sessions (Psycho-educational, Therapeutic)
- Harm Reduction (safety, reduction, OAT/ORT, no sanctions for use)
- Medical support
- Ongoing revision of Treatment Planning/Individualized
- Peer Support
- Physical Fitness/Socialization
- Frequent Randomized Urine Drug Testing (court requirement)
- Sanctions/Incentives (Court)
- Utilization of Community Agencies (cultural, literacy, training, treatment, housing, income support)

Program Goals/Graduation Requirements

GOALS

- Quality of Life: housing, health, stabilization
- Connection
- Reduced criminal recidivism
- Reduced/safer use (harm reduction)
- Goal accomplishment – "recovery" as defined by client
- Pro-social activities/connections
- Hope
- reduced harm

"GRADUATION"

- Minimum 12 Months in Program
- 3 months' (except alcohol/marijuana + other flexibility)
- Stable housing***
- Job/training/school/volunteering (as able)
- No new convictions in last 3 months of program
- Recommendation of Therapist/treatment team
- "Change is a Choice" intervention
- 1st phase – graduation/successful completion/substantial compliance
- 2nd phase – full completion after probation served

Note: "graduation" not necessarily "gold standard"

Toronto DTC: Evolution

- Program was first in Canada
- Started December 1998
- Based on USA model, but adapted for Canada
- Primarily, drug use of clients was cocaine and crack, with very few using heroin
- Abstinence focused
- Compliance focused
- Understanding of gender, trauma, brain injury, Opioid treatments, brain injury, SDH, harm reduction, etc. was less developed
- Clients were always high risk/high needs
- Note: Staff education/cross-training was always a high priority, opening a pathway to “evolve”

Toronto DTC: Evolution – types of changes (1)

Before	After (and continuing)
Not highly trauma-informed/ Tradition of “Tough Love”	Language (e.g. “offenders”, stigmatizing language) Education/training, knowledge exchange “therapeutic”, rather than “problem-solving”
Substance/use focused	Wholistic focus
Bail – no use	Removed
Alcohol/Marijuana “monitored”	No reporting required
Primary drug was cocaine/crack	Crystal Meth/Fentanyl
Psychiatry difficult to access	Low barrier access
Addiction medicine limited	Low barrier access, nurse on staff
Abstinence focused	Harm Reduction “infused”

Toronto DTC: Evolution – types of changes (2)

Before	After (and continuing)
Sanctions focus	Contingency management/incentives (more balance) court and treatment
30 Days to reverse plea	60 day reverse plea
Binary rules – e.g. missed court, screens, compliance	Deeper understanding of substances, MH, trauma, brain injury, learning disabilities: CONTEXT
Standard program	individualization
One path to graduation/ “success”	Increased flexibility/ redefining “success”

Note: court staff ALWAYS has been open to learning/training - has always been a partnership

Toronto DTC: Evaluation: redefining success

- There is a national evaluation every 5 years
- Toronto has not had a full evaluation in a while
- Identified 5 success indicators (plus client feedback)
- Developing an evaluation framework
- Phase one: chart review

SUCCESS INDICATORS/MEASURABLES

1. Changes in criminal behaviour
2. Improvements in Quality of Life
3. Changes in drug use
4. Engagement with the program/helps
5. Hope!

Toronto DTC: Evaluation: phase 1 – chart review

- Started with standard questionnaires
- Common challenges – reliability of data provided at program start
- Chose chart review – 15 clients – pre-covid
- OPOC (Ontario Perception of Care)

- Note:
  - 40% reported stimulant use and 60 % both stimulants and opioids
  - Age range of beginning of "problematic" substance use – 7-35, median 18
  - Age range 29-67
  - 50% white, 13% black, 20% Indigenous, 13% Asian, 7% East Indian
  - All "high risk" of recidivism

2 Notable results:

Toronto DTC: Evaluation
phase 1 – chart review

- Notable results to-date:
  - Of 60% of clients on opioids, only 2 were on ORT/OAT and none reporting stability: at the end, 100% were stable on ORT/OAT
  - 90% reported lack of housing, 100% were housed at end
- 2022-23 OPOC comments sample:
  - Extremely knowledgeable
  - Service is f*** great
  - Staff excellent – everything "fits"
  - Learned a lot – got my life back
  - I have a lot of good ideas, didn't know how to make it happen- they helped me take action
  - Connect us to transferrable skills
  - Keeps me connected
  - All are welcome, Program is a community
  - I graduated but still come back almost every day
  - They listen. I've always felt involved in decisions

Most Important:
THERAPEUTIC RAPPORT

"**T**he most significant predictor of treatment success is an empathic, hopeful, continuous treatment relationship, in which integrated treatment and co-ordination of care can take place through multiple treatment episodes."

- Ken Minkoff

Note: court team/judge's role in DTC

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