

Treatment System 101

A brief overview for courtroom decision-makers
and people working in criminal justice sectors

March 11, 2015

West Toronto Human Services & Justice Coordinating Cttee.

Agenda



- Introduction to substance use treatment access, types, models and approaches
- Treatment system challenges
- Justice and correctional system challenges re: substance use treatment
- Opportunities: Justice system could...
- Big picture

Who will benefit from treatment?

- Not everyone whose offence was committed 'under the influence' needs treatment.

“There are many people who call and say they ‘have to get treatment for court’, but basic questions reveal that they clearly do not have an alcohol or drug problem. It seems that many people must attend treatment who do not need to be here.”

Treatment service manager

Getting treatment...

- The system works best when people recognize their substance use issues and are willing to engage.
- Problem substance use: chronic, relapsing condition
 - ▣ Most people enter treatment several times. (No 'cure'...)
- Always provide the least intrusive service first.
- Engagement is the best outcome.
 - ▣ People are more likely to return after positive interaction with treatment staff.
 - ▣ Assessment and support are critical.

Treatment service types

1) Withdrawal management ('detox')

- ▣ For people who want to stop using ASAP ("dry out")
- ▣ Few beds; most available space is in day programs (offered Monday to Friday, 9 am – 5pm only)

2) Day/community, Out-patient

- ▣ Service type with the most availability
- ▣ Usually Monday to Friday, 9 am – 5 pm only
- ▣ Group-therapy based
- ▣ Opiate substitution therapy (*e.g. methadone*)

Treatment service types

3) **Residential** (short and long-term)

- ▣ Very hard to get in – long waiting lists, few services...
- ▣ Group therapy-based
- ▣ Removes people temporarily from life circumstances – often begin alcohol/drug use again upon return

4) **Aftercare, relapse prevention...**

5) **Self help groups (*not part of treatment system*)**

- ▣ Mostly volunteer-run through churches etc.
- ▣ E.g. A.A., N.A., etc.

Treatment system gaps

“There isn’t enough treatment or treatment options to meet everyone’s needs and goals. Some people can’t just stop using, so there need to be programs that accept that.”

Person using alcohol/drugs

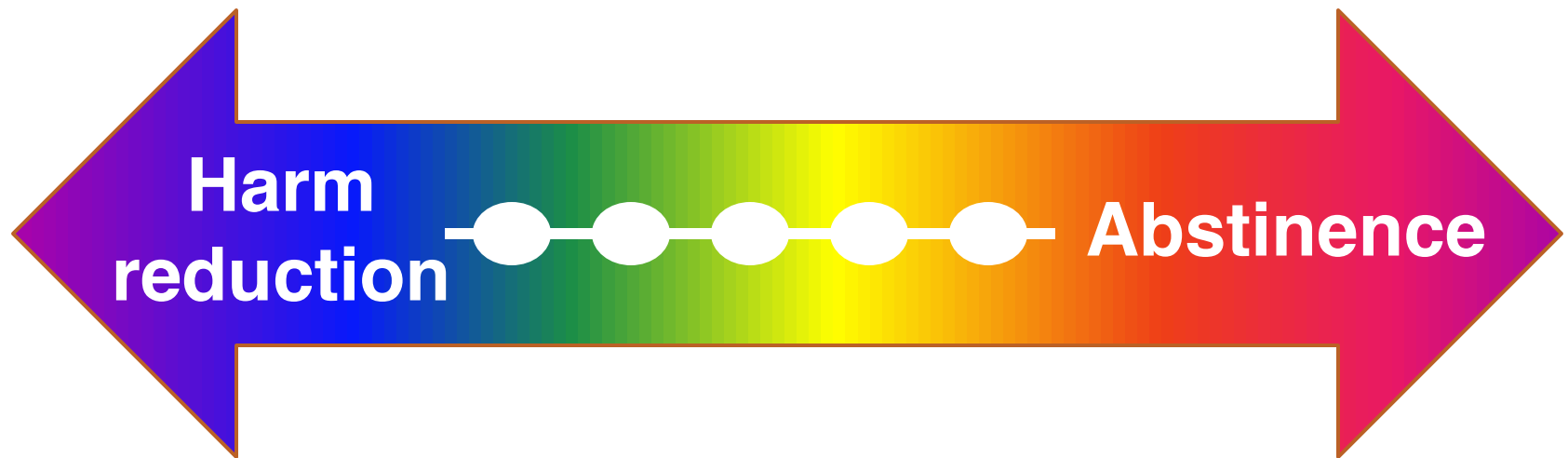
Treatment model: Harm reduction

- For people who want help to **manage problem drug use**, and who do not want to be abstinent
 - ▣ Support to make gradual change to a less chaotic, healthier lifestyle
 - Link into abstinence-based services when/if desired
 - ▣ Offers opiate substitution treatment, e.g. methadone maintenance therapy (MMT)
 - ▣ Most programs offer diverse supports, e.g. housing, health referrals
 - ▣ More individual counselling is available (few groups)

Treatment model: Abstinence

- For people who want to **completely stop drug/ alcohol use (or agree to temporarily try)**
 - ▣ Many programs, including 12 step/faith-based
 - ▣ Requires full lifestyle change, commitment
 - ▣ May not allow prescribed medications, e.g. benzos.
 - ▣ Mostly group therapy-based; few options for people who are not comfortable in a group

Services on continuum...



Treatment system challenges

“Few places accept clients for treatment when they are calling from jail, if they can even call.”

Community service staff

“There are too many holes in the treatment system.”

People using alcohol/ drugs

Treatment ↔ Justice disconnects

**“As a health service,
we do not enforce
court orders.”**

**“We cannot report
breaches of court
orders.”**

Treatment service managers

**“We are often asked to
provide a letter saying
that a person is enrolled
in treatment, and have
found that many people
do not return once this
is done...”**

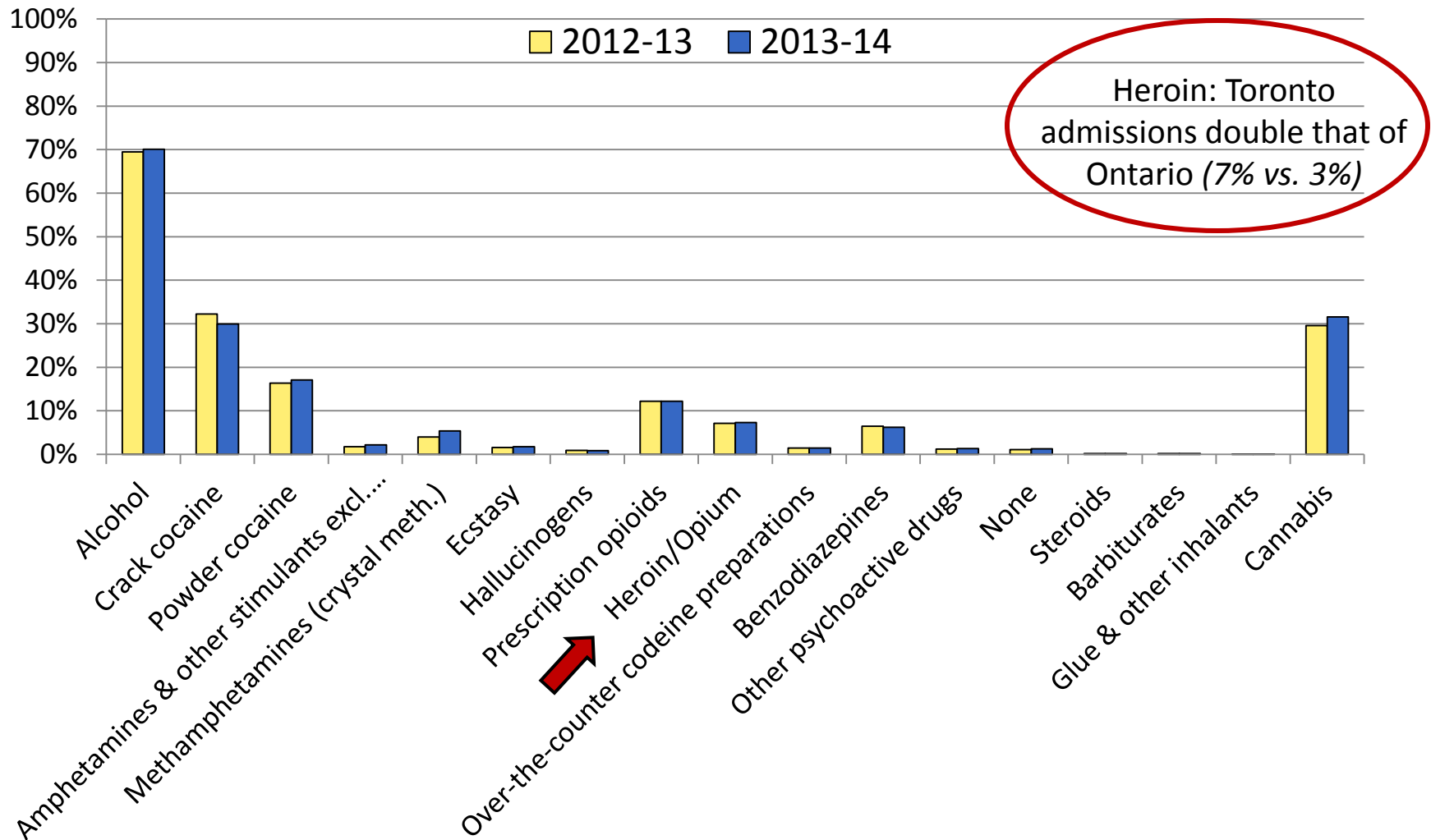
Treatment system challenges

- Programs struggle to serve large numbers on few resources
 - ▣ Outdated funding models
- System options available may not be for everyone
 - ▣ No system capacity for diverse options
 - ▣ Few options if people do not want group therapy
 - ▣ Little capacity for individual counselling
 - ▣ Few family support options (though are increasing)
- Little to no aftercare

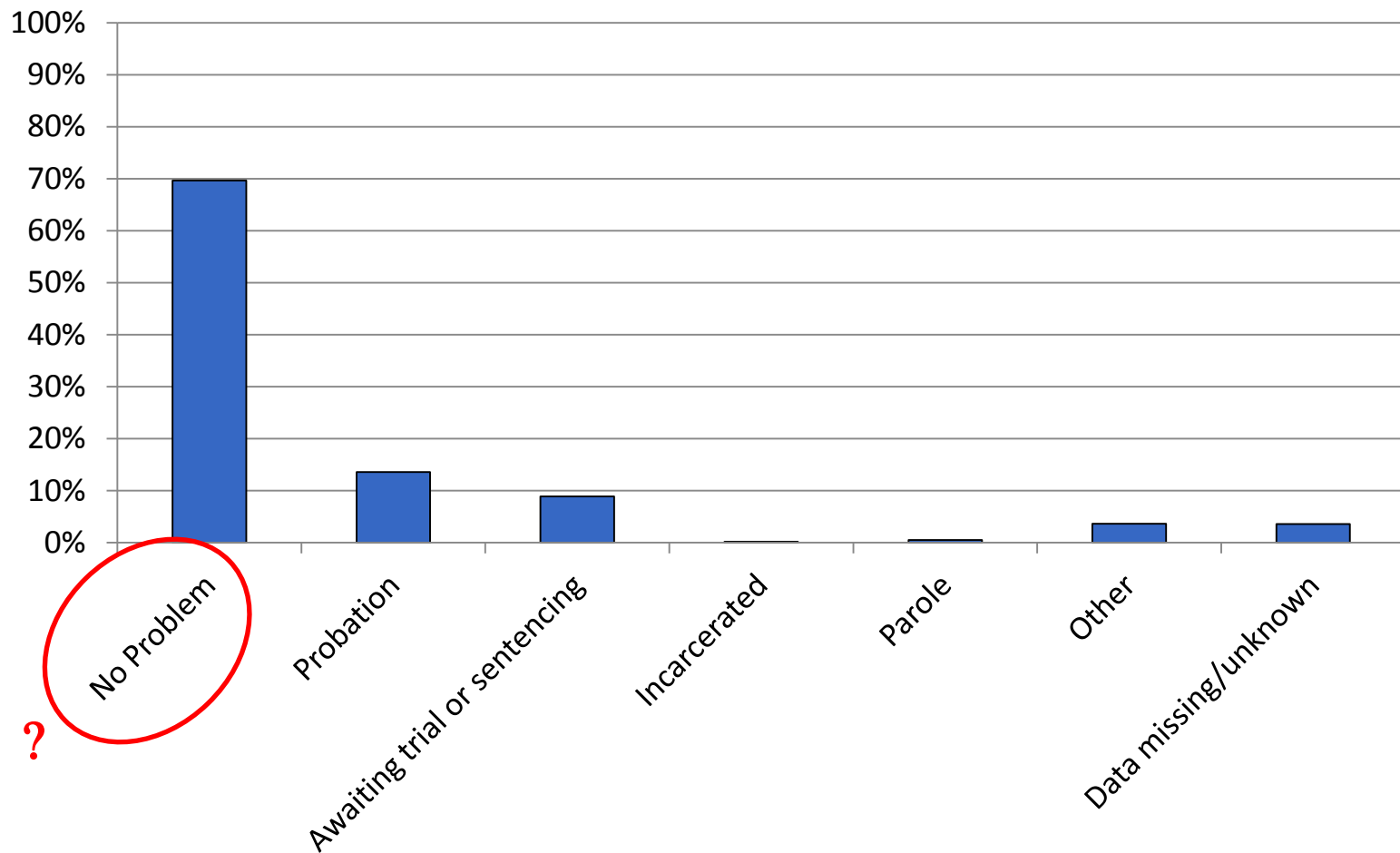
Treatment system challenges

- Poverty and trauma = multiple, complex needs, e.g.:
 - ▣ Lack of stable housing, homelessness
 - ▣ Social determinants of health
 - ▣ Mental health problems
 - ▣ Lack of trust in systems...
- Services beginning to recognize importance of dealing with trauma issues (women and men)

Toronto substance use treatment system admissions 2012-2014, by presenting problem substance*



Ontario substance use treatment service admissions 2012-2014, by legal status (active)



Average % for 2012-13, 2013-14.

Source: DATIS (Drug & Alcohol Treatment Information Service, CAMH, April 2014)

Drug use prior to incarceration among Ontario prisoners (2009)

- Survey of 500 men in Ont. prison about their use of drugs in the past year -
 - 57% had used opioids/cocaine/methamphetamine, among these, 22% had injected:
 - Opioids other than heroin: 35% (30% injected)
 - Heroin: 7.4% (60% injected)
 - Cocaine powder: 38% (25% injected)
 - Crack cocaine: 29% (10% injected)
 - Methamphetamine: 6% (23% injected)

High risk of overdose

- Risk of drug-related death is significantly increased after release from prison*, especially first 2 weeks.
- Review** of opioid deaths in Ontario Coroner's data (2006-2008) found 46 opioid-related deaths related to time spent in a correctional facility.
 - 20 within first 7 days after release
 - 9 within 1-4 weeks
 - 8 “recent” (*time not stated*)
 - 9 in custody

*Merrall, E.L.C., Kariminia, A., Binswanger, I.A. et al. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction* (105), 1545-1554.

**Madadi, P. Hildebrandt, D. Lauwers A.E., Koren, G. (2013). Characteristics of opioid users whose death was related to opioid toxicity: a population-based study in Ontario, Canada.

Ontario corrections: service gaps

- Health services limited: treatment not 'primary health care' so not a Corrections responsibility
 - ▣ Limited services only for sentenced prisoners
 - ▣ Most Ontario prisons do not have space for 'detox'; prisoners in withdrawal usually share cells
 - ▣ Some community service agencies may enter Ontario prisons, however their capacity to help is small.
 - ▣ Assessments are not available to people in custody (with rare exceptions).

Ontario corrections: service gaps

- 60% of Ontario prisoners on remand in 2011-12*
- Ontario prisons: Little planning for services on discharge, especially for people on remand
 - ▣ Few social workers, high numbers needing support
 - ▣ People rely on community services (limited capacity), chaplains, others
- Little planning around substance use and related issues, e.g. potential for overdose

*Statistics Canada. Admissions to adult correctional services by jurisdiction and type of supervision, 2011/2012

Ontario corrections: service gaps

“Jails and the justice system allow people to get sicker. There’s not enough treatment – we need more”

Treatment service staff

“Putting people in jail isn’t going to solve their addiction.”

Person using alcohol/ drugs

Treatment ↔ Justice disconnects

“Criminal justice systems discriminate based on substance use problems.

Court orders involving mental health problems expect the person to be unwell. This is prioritized as a health issue.

Court orders for substance use problems expect the person to be cured. This is prioritized as a compliance/enforcement issue.”

Treatment service staff

Treatment ↔ Justice disconnects

“Courts need to leave flexibility for the sector to work with a client to determine the best treatment match. Conditions that specify one type of service (such as residential treatment) interfere with effective treatment matching, a process that allows intake staff to increase clients’ chances of success.”

Treatment service manager

Justice system could...

- Mandate a treatment assessment to best serve each person's needs, rather than specific programs
 - ▣ Treatment system will guide appropriately
 - ▣ Potential for initiation of opioid substitution therapy
- Where possible, decrease the numbers of people detained on remand.
- People in custody need access to assessment and initial treatment
 - ▣ Defence counsel could explore individual's history of treatment, and use of services

Justice system could...

- Recognize that:
 - ▣ Many people will not be ready to stop using alcohol/other drugs.
 - ▣ People cycle in and out of treatment.
 - ▣ Trauma has an enormous impact on behaviour, as does acquired brain injury (ABI), fetal alcohol spectrum disorder (FASD)
 - Treatment services starting to be 'trauma-informed'
 - ▣ Other factors: poverty, poor literacy...

Big picture...

- 'Addiction' is a health issue.
- Increased recognition that justice and health sectors need to integrate knowledge and coordinate responses, e.g.:
 - Research findings, e.g. Canadian prescription drug use report recommended:
 - Education for judiciary, others
 - Training for criminal justice professionals, including on referrals to community services
 - Overdose education and training, including corrections

Big picture...

- Increased justice/health sector coordination, e.g.
 - ▣ Alternative courts and related models
 - ▣ Local cross-sector drug strategies, including Toronto
 - ▣ Local service providers and police building relationships to increase knowledge etc.
- Advocacy with Ministries on correctional and health/treatment service resource needs

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