

## Addiction: What Every Judge Should Know

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## Goals of this Presentation are to

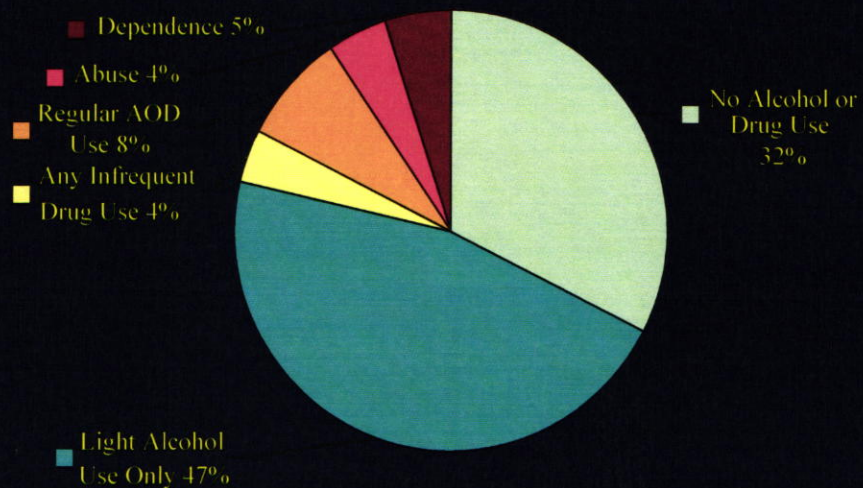
1. Illustrate the Chronic Nature of Addiction and the Correlates of Recovery
2. Demonstrate the Feasibility of Managing Addiction Across Episodes of Treatment to Improve Long Term Outcomes
3. Identify the Common Gaps in the Existing Treatment System and What it Means to Move it Toward Evidenced Based Practice
4. Demonstrate the Usefulness of Practice Based Evidence to Inform Clinical Decision Making About Placement and Treatment Planning

2

## Illustrate the Chronic Nature of Addiction and the Correlates of Recovery

3

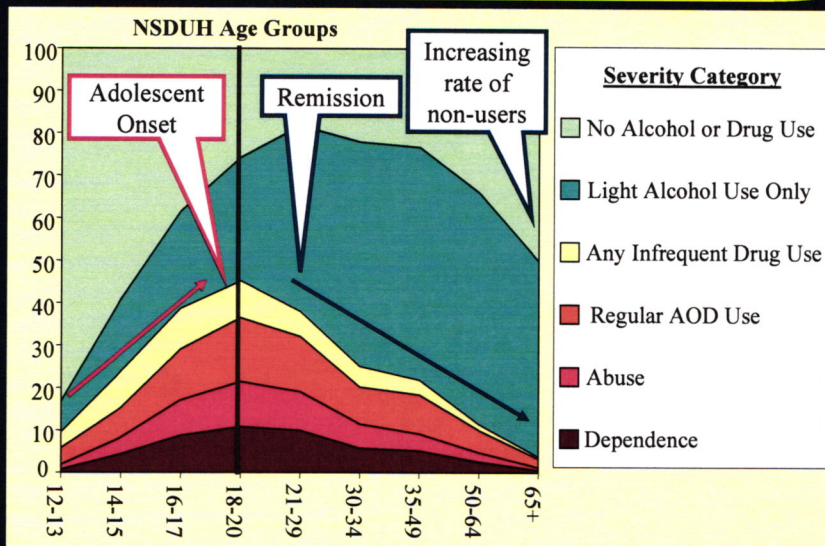
### Severity of Past Year Substance Use/Disorders (2002 U.S. Household Population age 12+= 235,143,246)



Source: 2002 NSDUH; Dennis &amp; Scott 2007

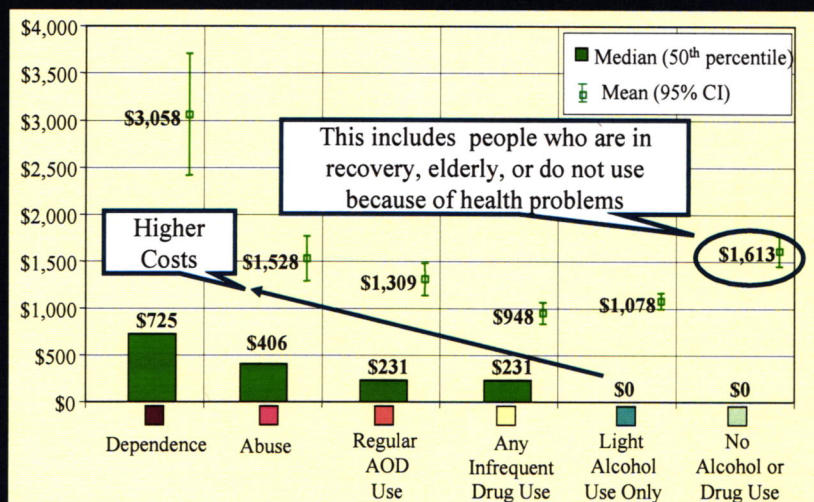


## Problems Vary by Age

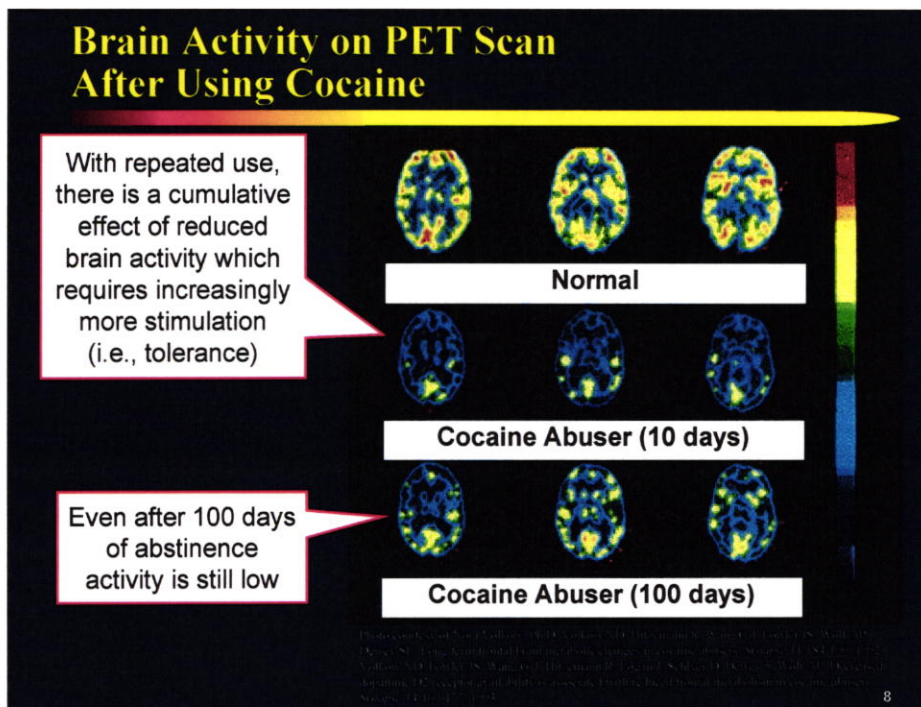
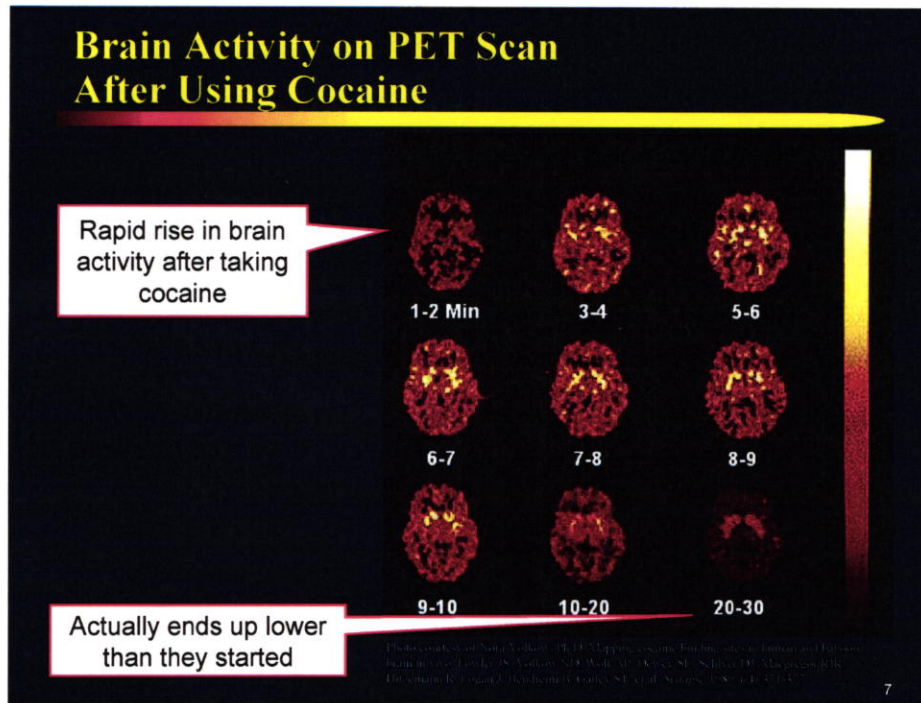


Source: 2002 NSDUH; Dennis & Scott 2007 5

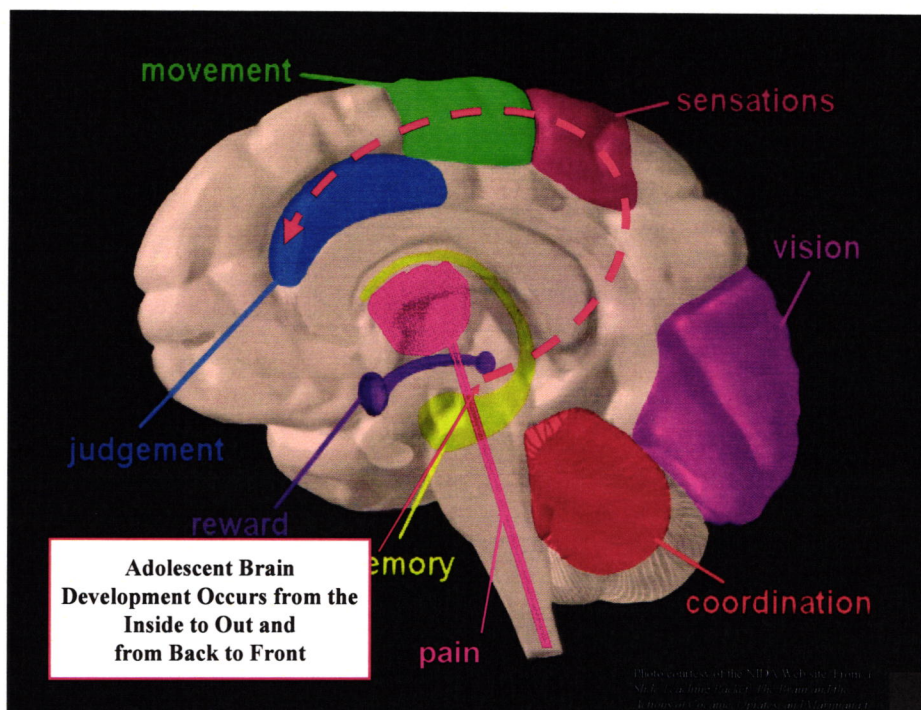
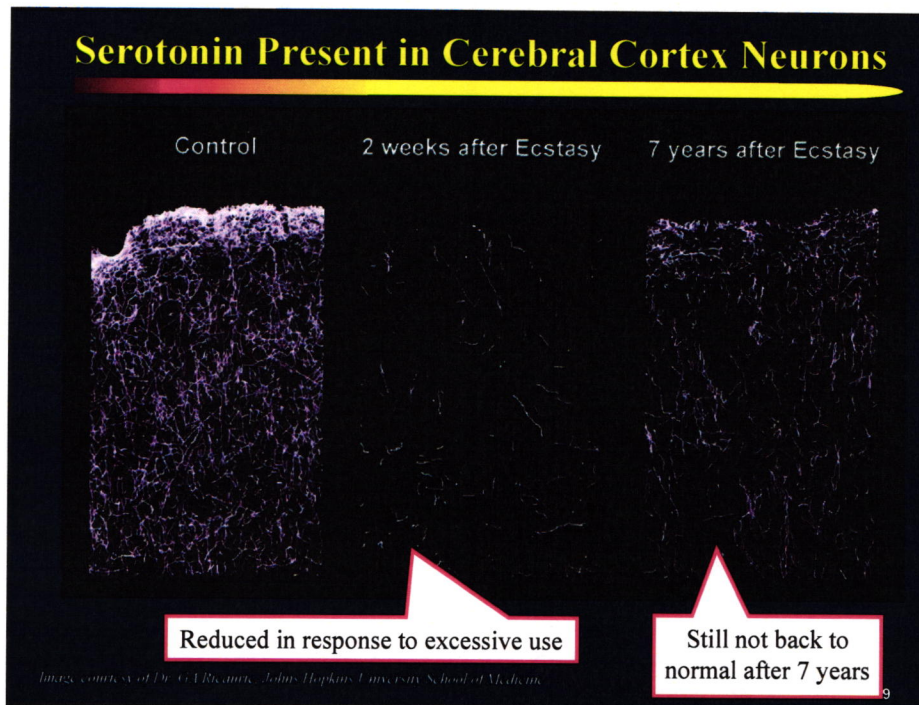
## Higher Severity is Associated with Higher Annual Cost to Society Per Person



Source: 2002 NSDUH; Dennis & Scott 2007 6





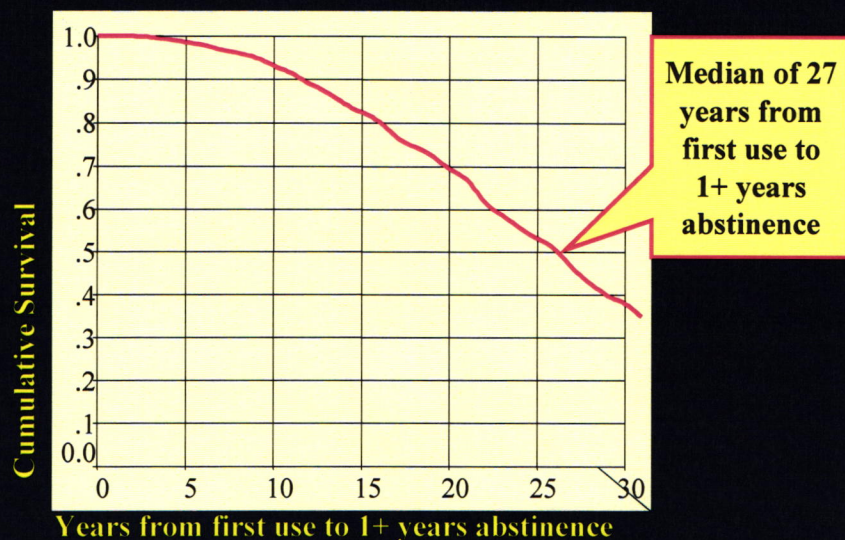


## Overlap with Crime and Civil Issues

- Committing property crime, drug related crimes, gang related crimes, prostitution, and gambling to trade or get the money for alcohol or other drugs
- Committing more impulsive and/or violent acts while under the influence of alcohol and other drugs
- Crime levels peak between ages of 15-20 (periods of increased stimulation and low impulse control in the brain)
- Adolescent crime is still the main predictor of adult crime
- Parent substance use is intertwined with child maltreatment and neglect – which in turn is associated with more use, mental health problems and perpetration of violence on others

11

## Substance Use Careers Last for Decades

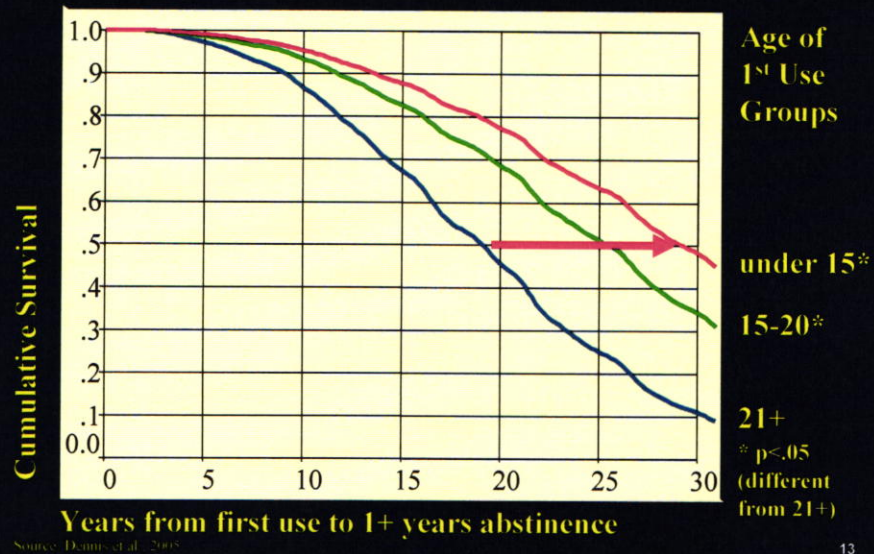


Source: Dennis et al., 2005

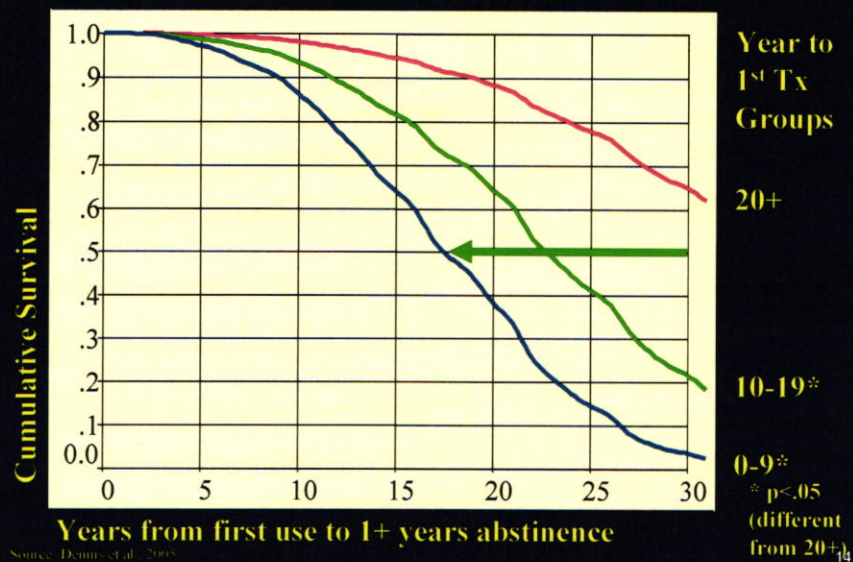
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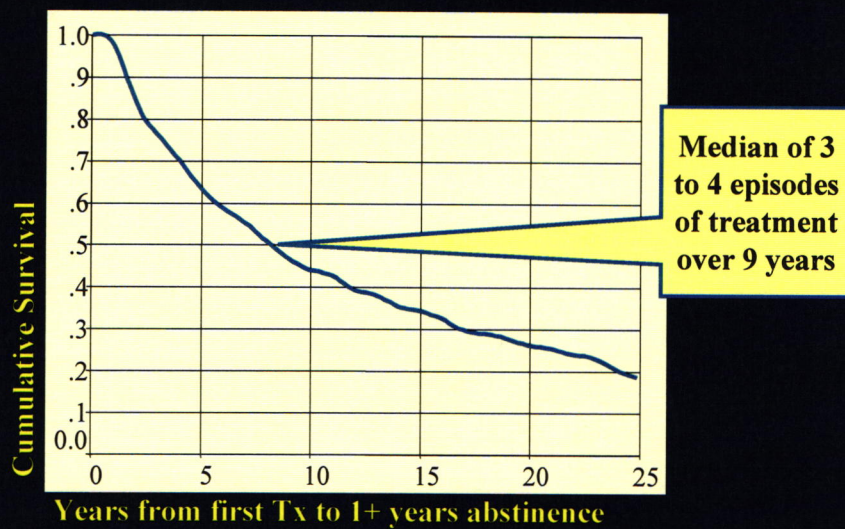
## Substance Use Careers are Longer the Younger the Age of First Use



## Substance Use Careers are Shorter the Sooner People Get to Treatment



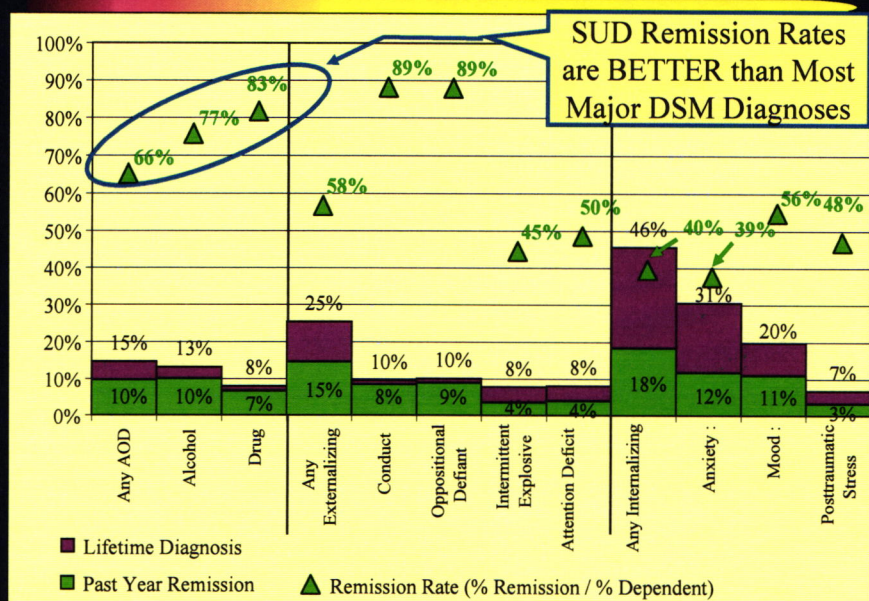
## Treatment Careers Last for Years



Source: Dennis et al., 2005

15

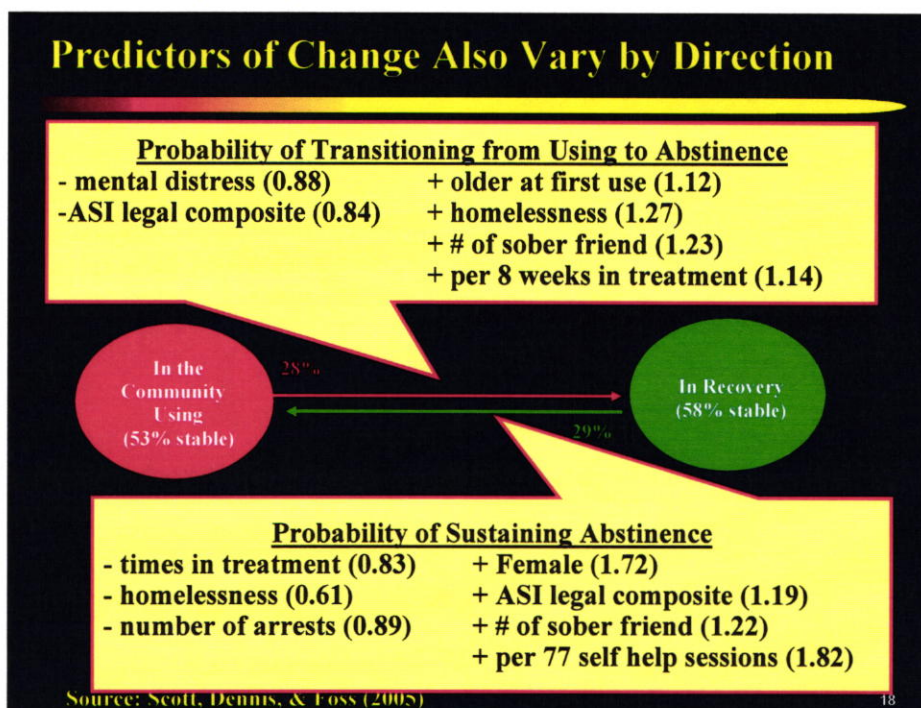
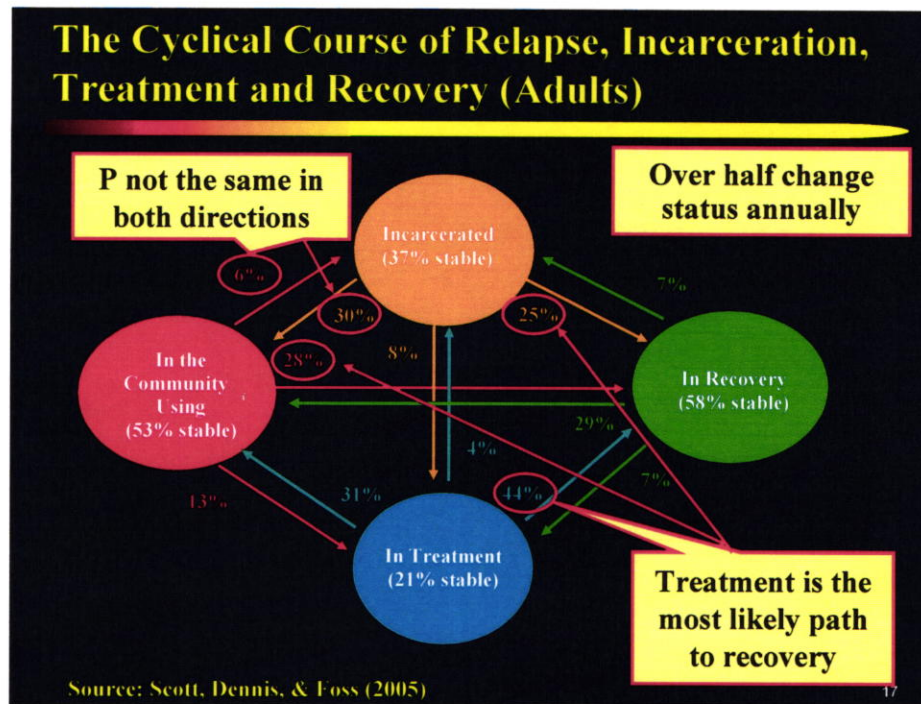
## Lifetime Mental Health Diagnosis and Remission



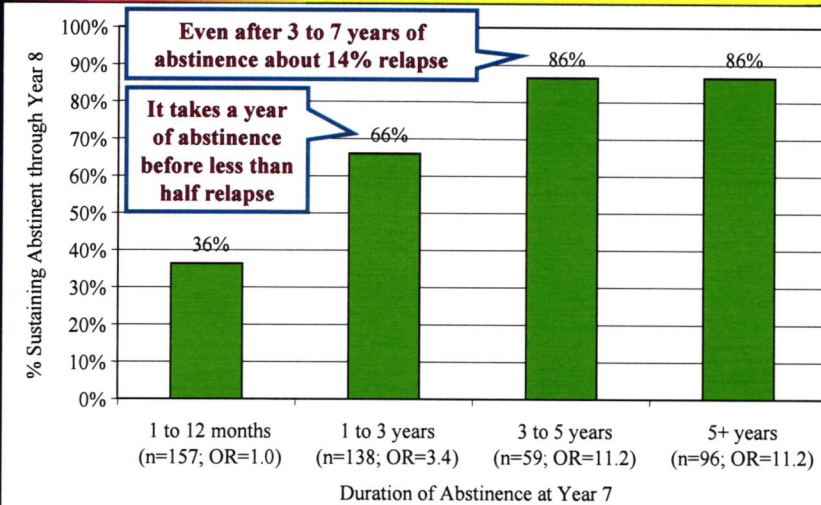
Source: Dennis, Colanin, Scott &amp; Fink, forthcoming. National Comorbidity Study Replication

16





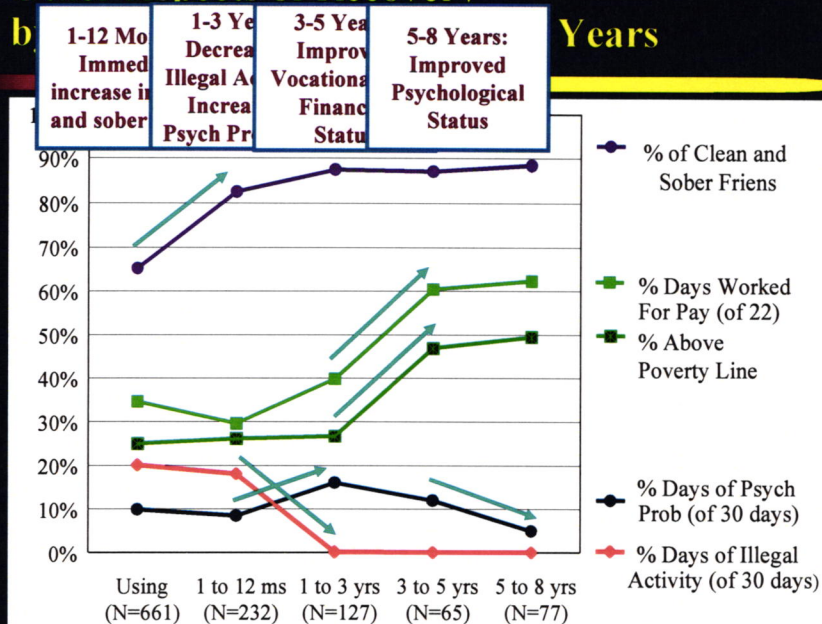
## Percent Sustaining Abstinence Through Year 8 by Duration of Abstinence at Year 7



Source: Dennis, Foss & Scott (2007)

19

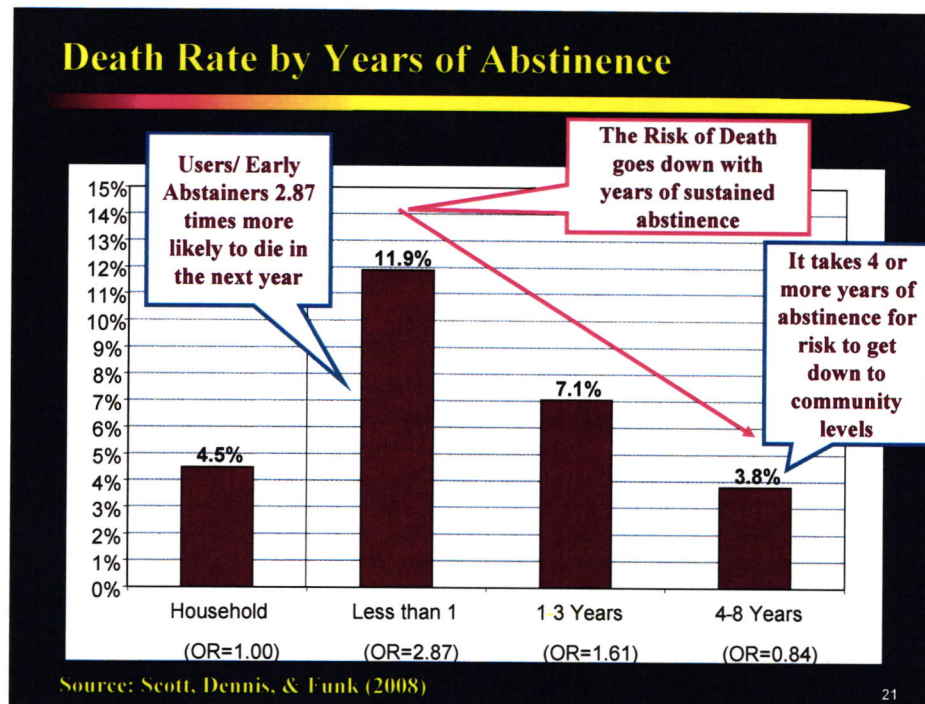
## Other Aspects of Recovery



Source: Dennis, Foss & Scott (2007)

20





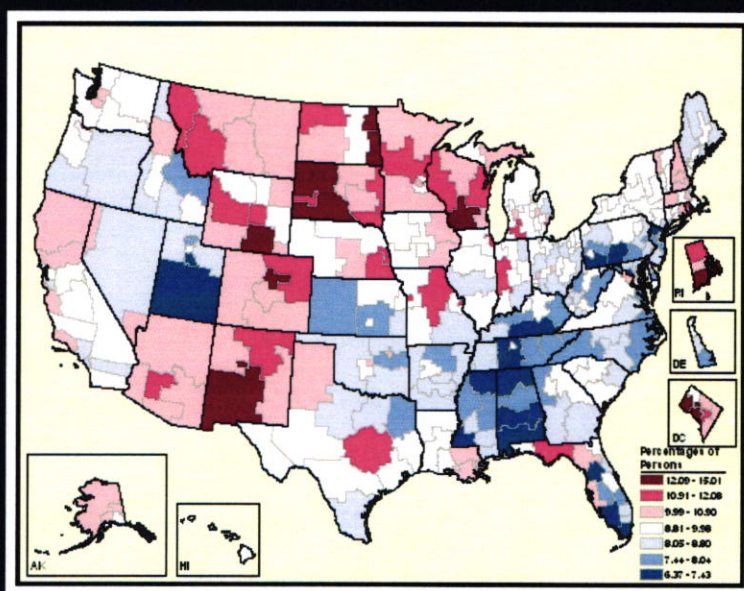
### These studies provide converging evidence demonstrating that

- Addiction is a brain disorder with the highest risk being during the period of adolescent to young adult brain development
- Addiction is chronic in the sense that it often lasts for years, the risk of relapse is high, and multiple interventions are likely to be needed
- Yet over two thirds of the people with addiction do achieve recovery
- Treatment increases the likelihood of transitioning from use to recovery
- Self help, peers and recovery environment help predict who stays there
- Recovery is broader than just abstinence

**Demonstrate the Feasibility of  
Managing Addiction Across  
Episodes of Treatment to  
Improve Long Term Outcomes**

23

**Lots of Geographic Variation in AOD Disorders**

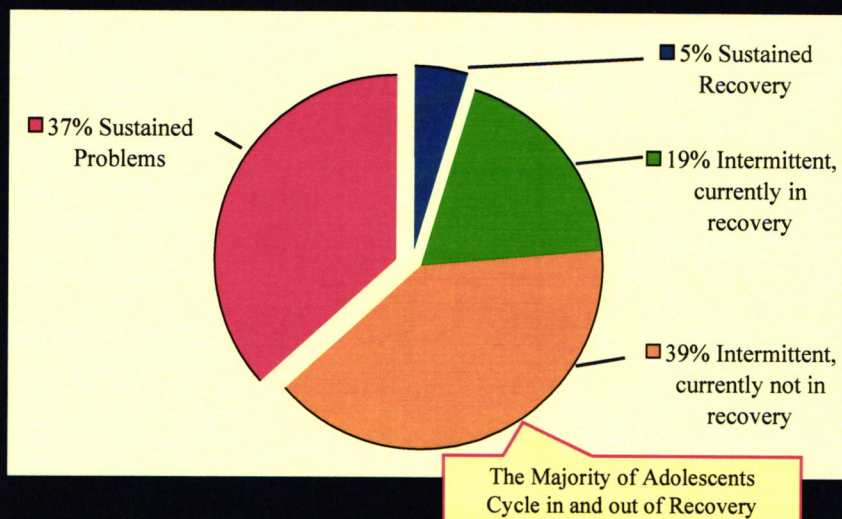


Source: OAS, 2006 – 2003, 2004, and 2005 NSDUH

24



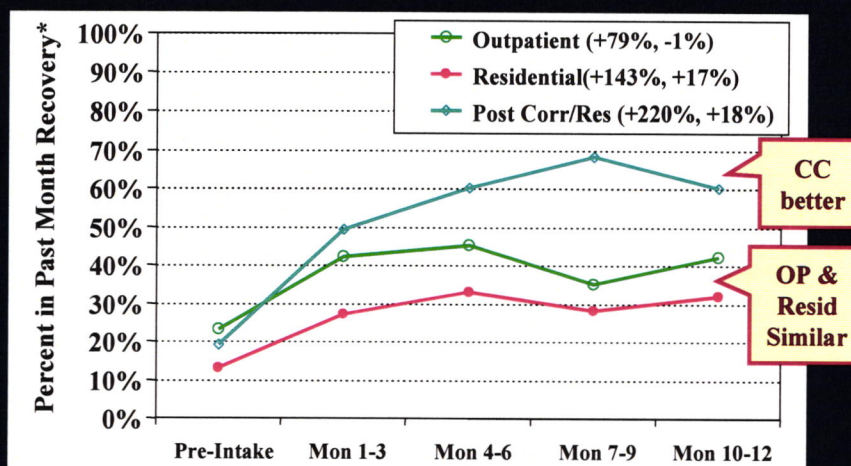
## Cumulative Recovery Pattern at 30 months



Source: Dennis et al. forthcoming

25

## Recovery\* by Level of Care



\* Recovery defined as: no past month use, abuse, or dependence symptoms while living in the community. Percentages in parentheses are the treatment outcome (intake to 12 month change) and the stability of the outcomes (3 months to 12 month change)

Source: CSAT Adolescent Treatment Outcome Data Set (n=9,276)

26

### There Have Been Several Recent Reviews

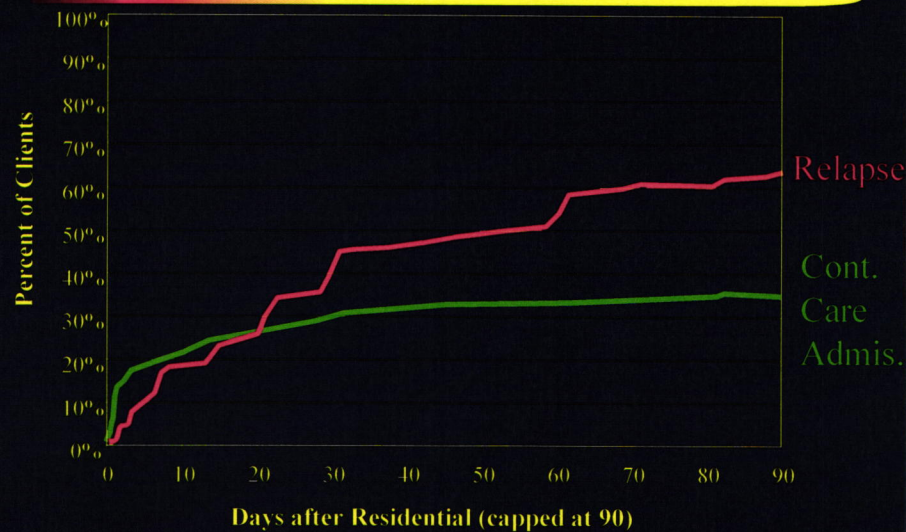
- Dennis & Scott (2007) review of evidenced related to understanding and managing addiction as a chronic condition
- Marlowe (2008) and Bhati et al (2008) meta analyses of Drug Treatment Court Effectiveness and Cost-Effectiveness
- McKay's (in press) review of 22 experiments and quasi experiments managing addiction over time found improved outcomes in 38% of those focused on less than 3 months, 44% on those that focused on 3 to 12 months and 100% of those that focused on more than 12 months

### Experiments with Continuing Care

- Assertive Continuing Care 1 (ACC-2) experiment with 183 adolescents discharged from residential substance abuse treatment and followed for 9 months in 1997-2004
- Assertive Continuing Care 2 (ACC-2) experiment with 342 adolescents discharged from residential substance abuse treatment and followed for 12 months in 2005-2008
- Assertive Outpatient Continuing Care Study (AOCCS) experiment with 320 adolescents admitted to outpatient substance abuse treatment and followed for 12 months in 2003-2008



### Time to Enter Continuing Care and Relapse after Residential Treatment (Age 12-17)



Source: Godley et al., 2004 for relapse and 2000 Statewide Illinois DARTS data for CC admissions

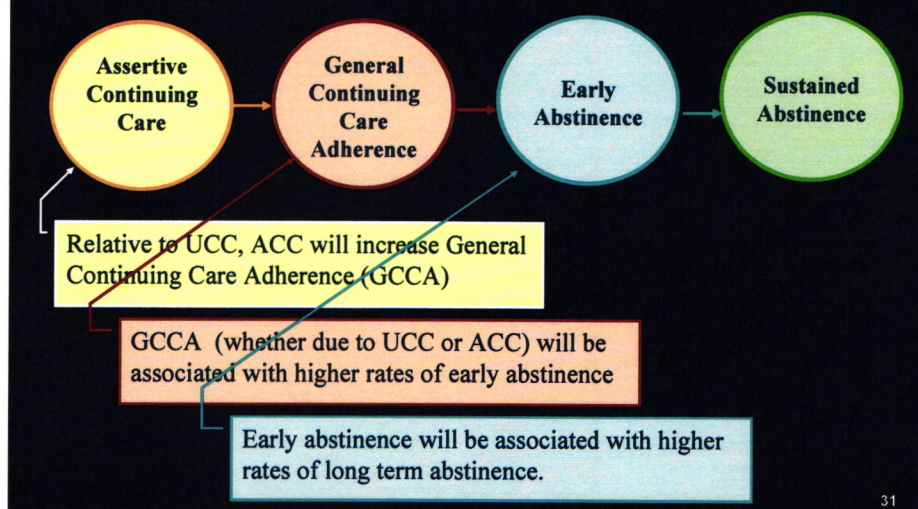
29

### ACC Enhancements

- Continue to participate in UCC
- Home Visits
- Sessions for adolescent, parents, and together
- Sessions based on ACRA manual (Godley, Meyers et al., 2001)
- Case Management based on ACC manual (Godley et al, 2001) to assist with other issues (e.g., job finding, medication evaluation)

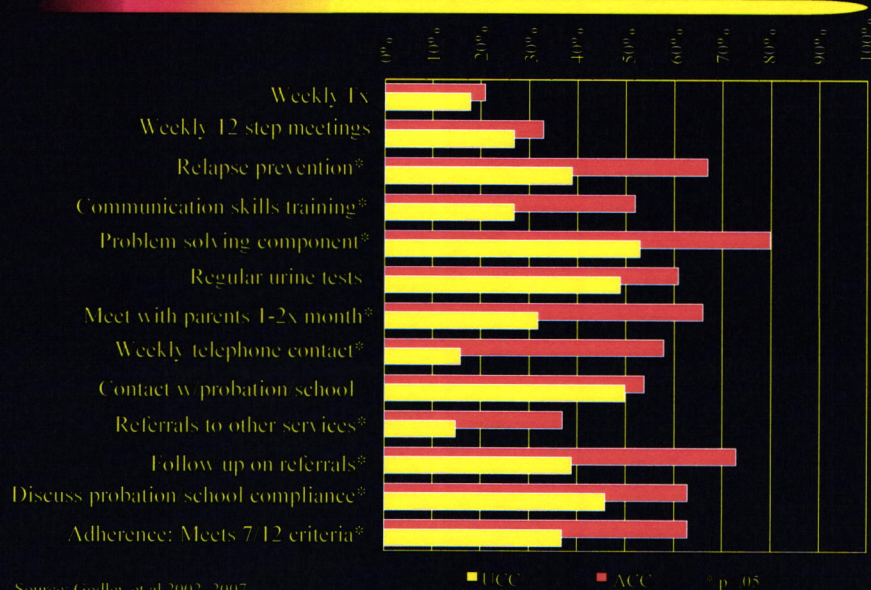
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## Assertive Continuing Care (ACC) Hypotheses



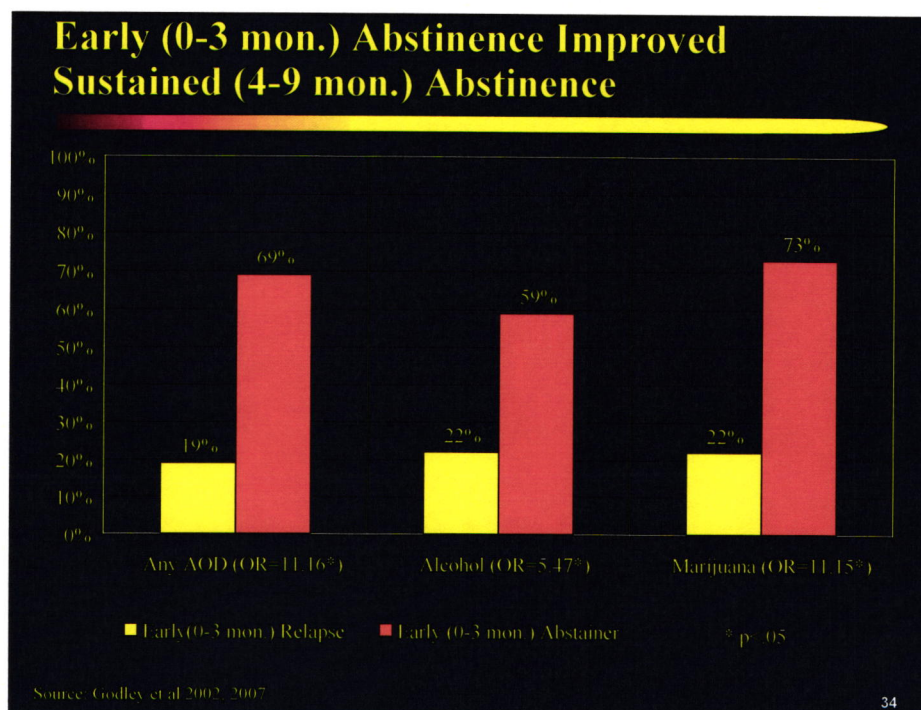
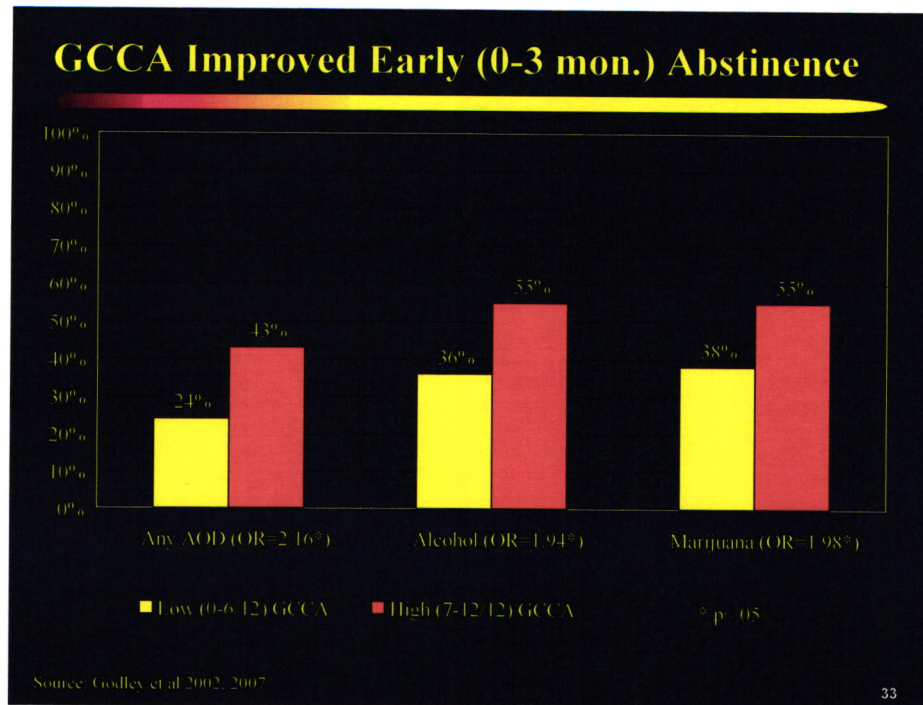
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## ACC Improved Adherence

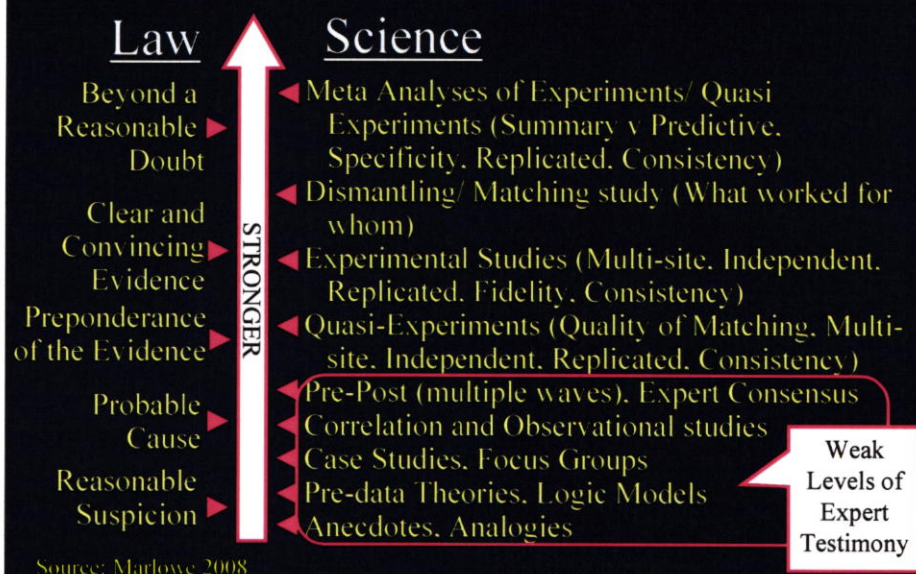


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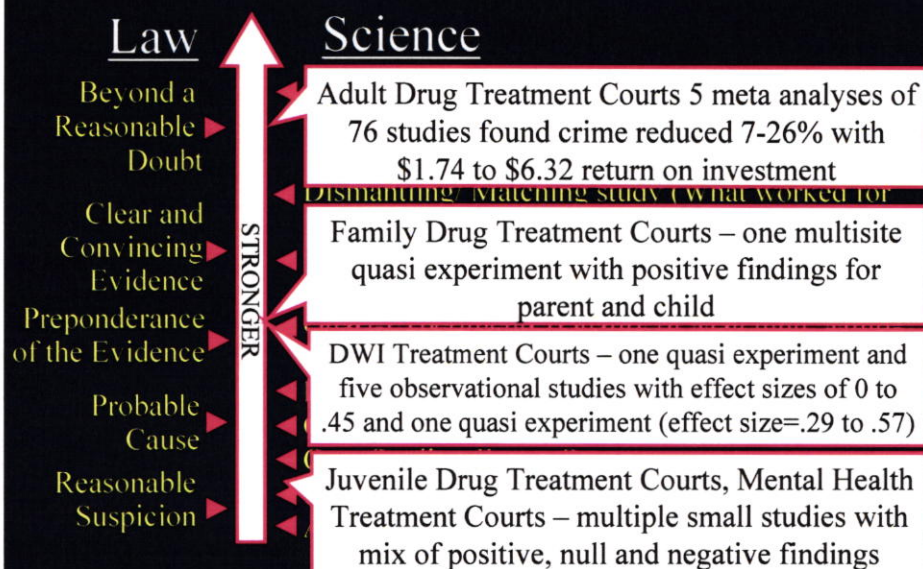




## Relating Standards of Proof to Science



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### Potential Cost Savings of Expanding Diversion to Treatment Programs in Justice Settings

- Currently treating about 55,000 people in these courts at a cost of \$515 million with an average return on investment (ROI) of \$2.14 per dollar
- The ROI is higher (2.71) for those with more crime
- It is estimated that there are at least twice as many people in need of drug court as getting it
- Investing the \$1 billion to treat them would likely produce a ROI of \$2.17 billion to society

Source: Bhati et al (2008) To Treat or Not To Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders. Washington, DC: Urban Institute.

37

### Experiments with Recovery Management Checkups to Manage Addiction Over Years

- **Early Re-Intervention (ERI) Experiment 1** – 448 adults entering treatment followed for 2-years from 2000-2002
- **Early Re-Intervention (ERI) Experiment 2** – 446 adults entering treatment followed for 5-years from 2004-2009
- **Women Offenders** – 450 women coming out of Cook County jail and followed for 3-years from 2008-2013
- **Early Re-Intervention for Adolescents (ERI-A)** – feasibility studies currently being conducted with over longitudinal data on over 4,000 adolescents

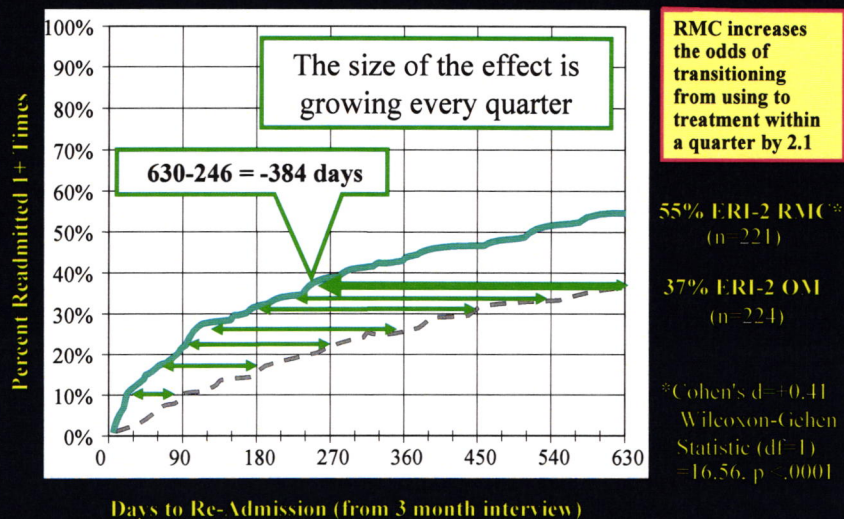
38

## Recovery Management Checkup (RMC)

- Quarterly Screening to determining "Eligibility" and "Need"
- Linkage meeting/motivational interviewing to:
  - provide personalized feedback to participants about their substance use and related problems.
  - help the participant recognize the problem and consider returning to treatment.
  - address existing barriers to treatment, and
  - schedule an assessment.
- Linkage assistance
  - reminder calls and rescheduling
  - Transportation and being escorted as needed
- Treatment Engagement Specialist

39

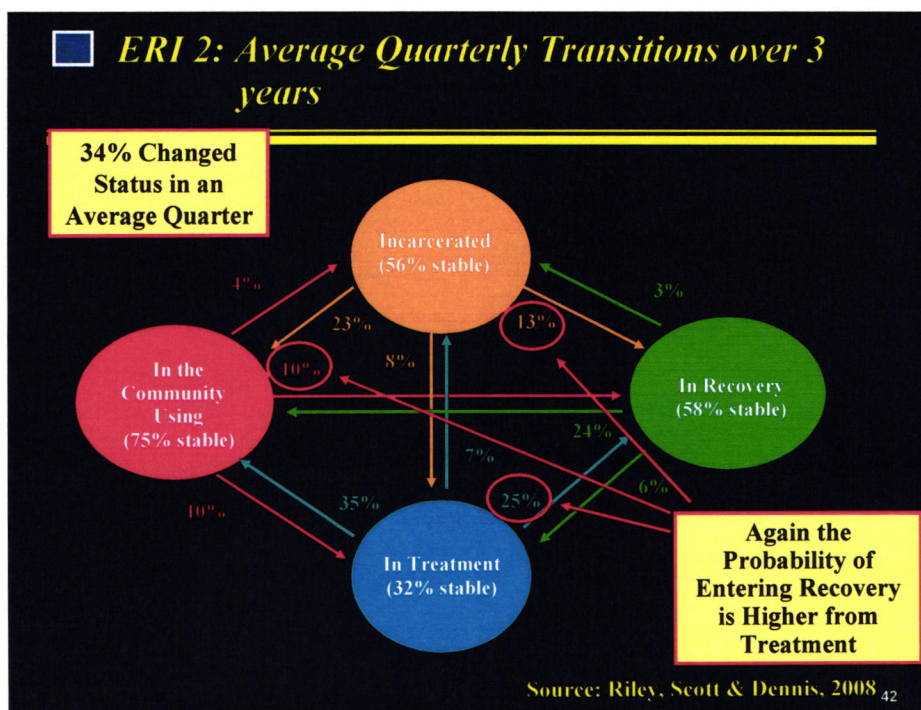
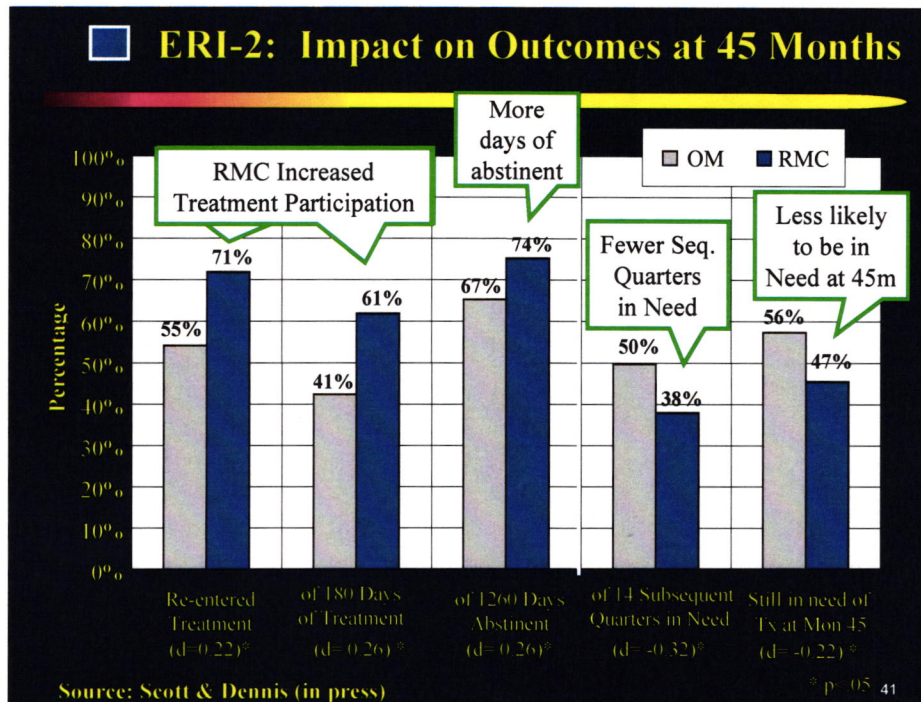
## ERI-2 Time to Treatment Re-Entry

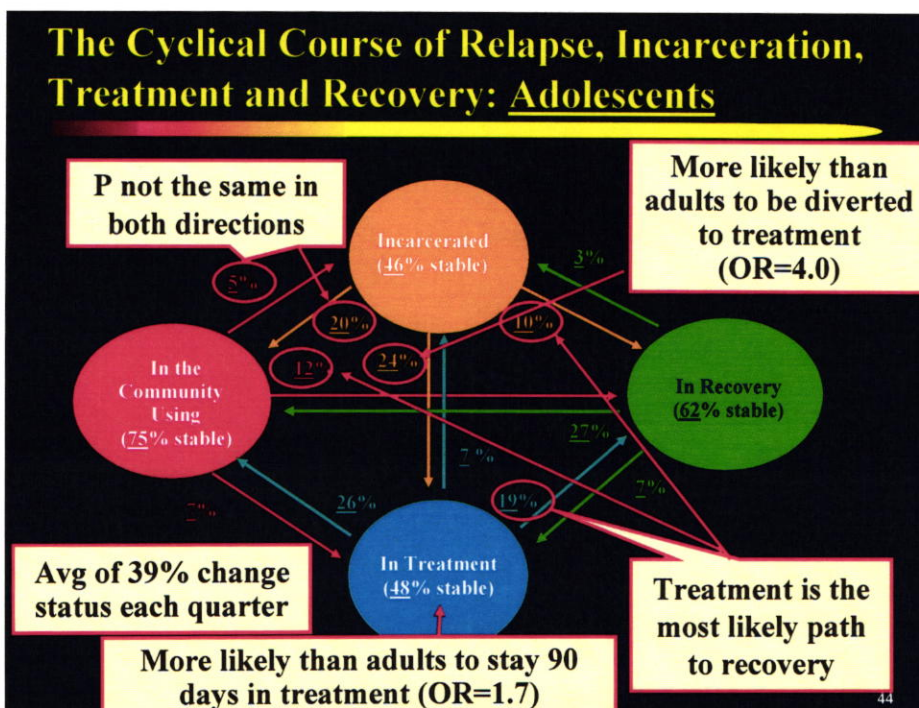
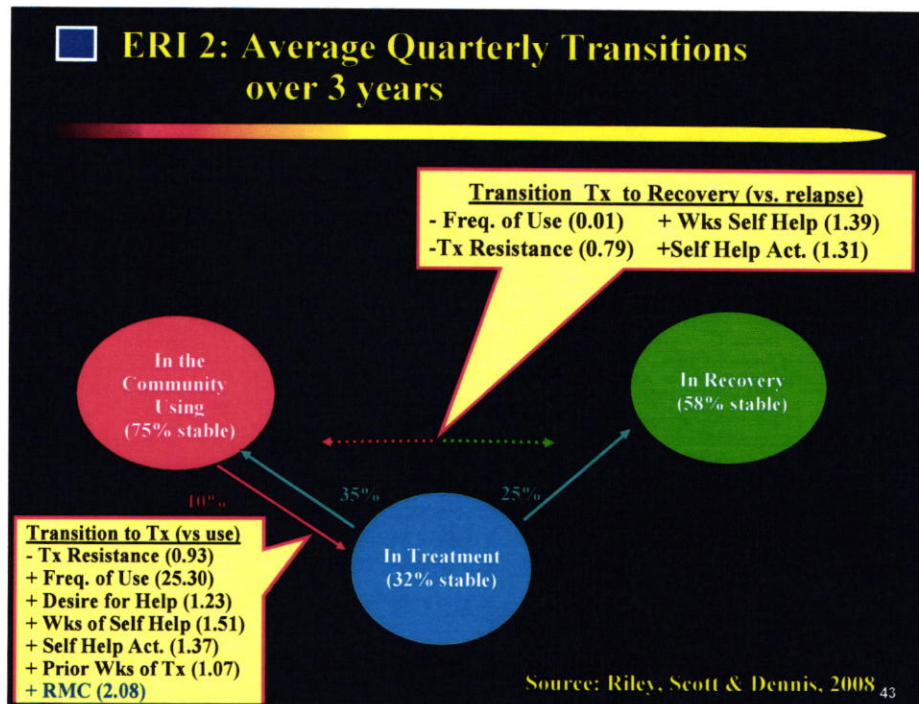


Source: Scott &amp; Dennis (in press)

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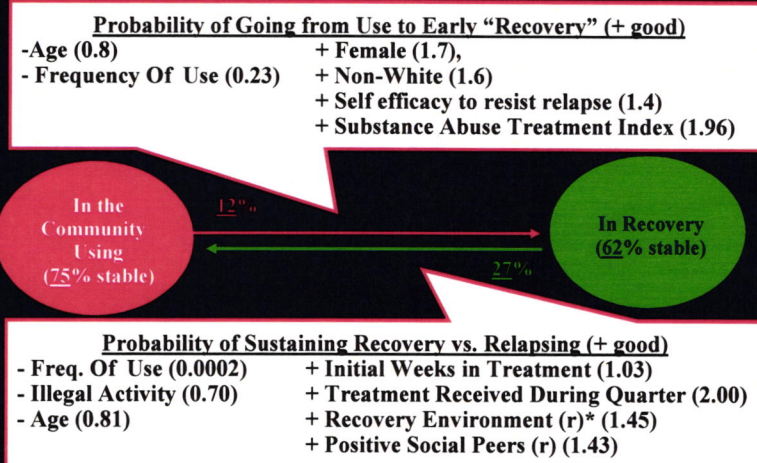








## The Cyclical Course of Relapse, Incarceration, Treatment and Recovery: Adolescents

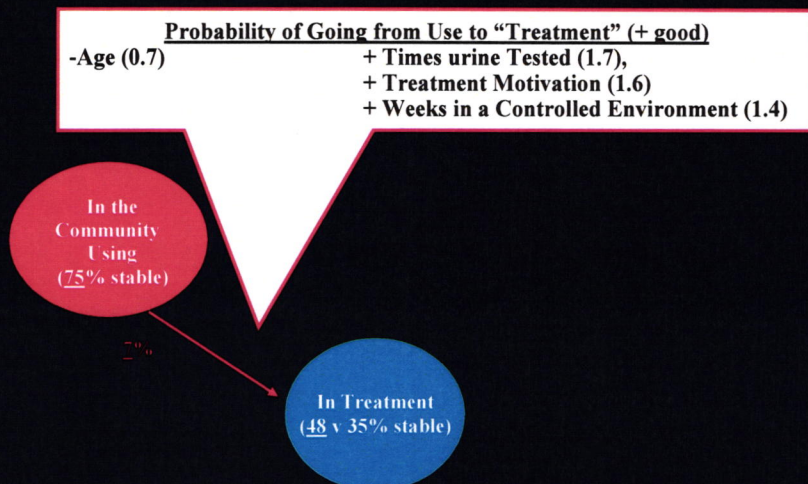


Average days during transition period of participation in self help, AOD free structured activities and inverse of AOD involved activities, violence, victimization, homelessness, fighting at home, alcohol or drug use by others in home.

\* Proportion of social peers during transition period, in school work, treatment, recovery, and inverse of those using alcohol, drugs, fighting, or involved in illegal activity.

45

## The Cyclical Course of Relapse, Incarceration, Treatment and Recovery: Adolescents



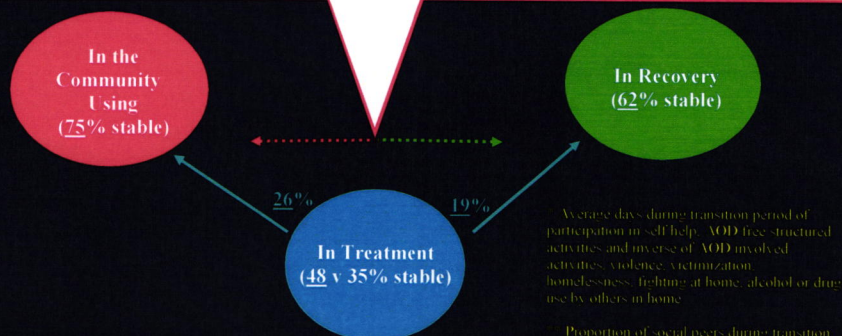
Source: Dennis et al 2007, 2006 CSAT VI data set

46

## The Cyclical Course of Relapse, Incarceration, Treatment and Recovery: Adolescents

**Probability of Going to Using vs. Early "Recovery" (+ good)**

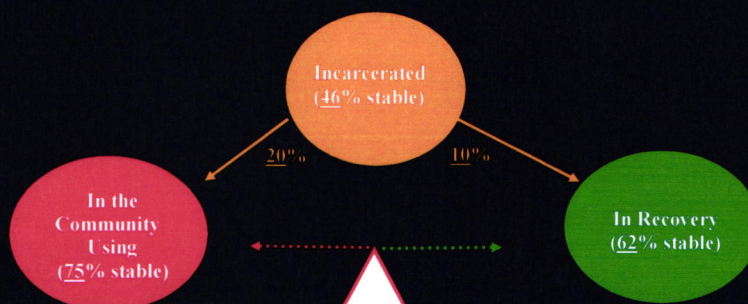
-- Baseline Substance Use Severity (0.74)	+ Baseline Total Symptom Count (1.46)
-- Past Month Substance Problems (0.48)	+ Times Urine Screened (1.56)
-- Substance Frequency (0.48)	+ Recovery Environment (r)* (1.47)
	+ Positive Social Peers (r)** (1.69)



Source: Dennis et al 2007, 2006 CSAT AT data set

47

## The Cyclical Course of Relapse, Incarceration, Treatment and Recovery: Adolescents



**Probability of Going to Using vs. Early "Recovery" (+ good)**

+ Recovery Environment (r)\* (3.33)

Average days during transition period of participation in self-help, AOD-free structured activities, and inverse of AOD involved activities, violence, victimization, homelessness, fighting at home, alcohol or drug use by others in home.

Source: Dennis et al 2007, 2006 CSAT AT data set

48



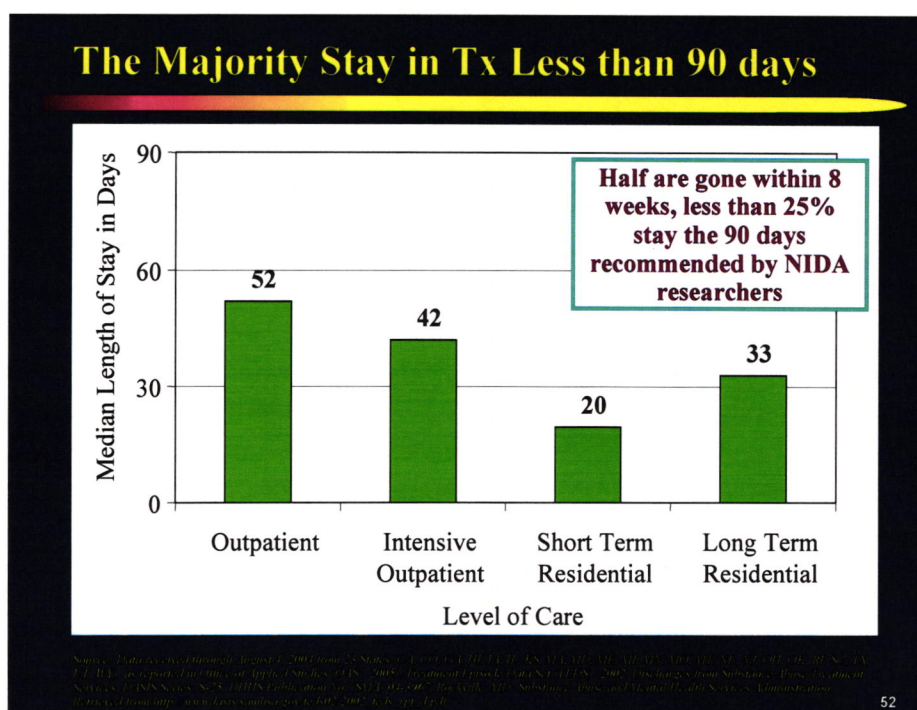
### **These studies provide converging evidence demonstrating that**

- More assertive continuing care can increase adherence with continuing care expectations
- A growing range of drug treatment courts are being found effective and cost effective
- Recovery management checkups can identify people who have relapsed and get them back to treatment faster
- That doing each improves short and long term outcomes
- That it appears feasible to extend recovery management checkups to adolescents, but that there is a need to focus even more on recovery environment and peer groups

49

### **Identify the Common Gaps in the Existing Treatment System and What it Means to Move it Toward Evidenced Based Practice**

50





Discharge Status

Level of Care

Other  
Terminated  
Dropped out  
Completed  
Transferred

Less than 10% are transferred

Level of Care	Transferred	Completed	Dropped out	Terminated	Other
Outpatient	~7%	~35%	~27%	~25%	~2%
Intensive Outpatient	~12%	~36%	~23%	~25%	~4%
Short Term Residential	~9%	~64%	~17%	~8%	~2%
Long Term Residential	~10%	~33%	~32%	~15%	~10%

5.

- Substance use disorders (e.g., abuse, dependence, withdrawal), readiness for change, relapse potential and recovery environment
- Common mental health disorders (e.g., conduct, attention deficit-hyperactivity, depression, anxiety, trauma, self-mutilation and suicidality)
- Crime and violence (e.g., inter-personal violence, drug related crime, property crime, violent crime)
- HIV risk behaviors (needle use, sexual risk, victimization)
- Child maltreatment (physical, sexual, emotional)
- Recovery environment and peer risk

54