



**Kenneth M. Stoner**

**District Judge**

**OK Co. Drug, DUI, Treatment Courts**

**Understanding Addiction**

***Medicated Assisted Treatment  
in  
Treatment Courts***

**Senate Health and Human  
Services Committee  
October 14, 2019**

Oklahoma  
County Cases  
Substance  
Use, Abuse or  
Addiction is  
Relevant  
Factor



75% of Criminal Cases



50% of Divorce/Child  
Custody/Guardianship



83% of Deprived  
Children

# Time to Think Differently.....?

- Crisis levels of incarceration
- Incarceration is not working
  - Tends to make low risk people worse
  - Tends to have no effect or negative effect on high-risk people
  - 93% of people who go to prison will be back in our community
  - Who do you want as your neighbor
- ACES - Children being raised in homes with addiction
- ACES - Children being raised without parents due to incarceration
- Healthy citizens are the foundation of safe and thriving community.
- What are the real problems and how can we address them?

# Addiction Is a Brain Disease, and It Matters

Alan I. Leshner

Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself. Therefore, the most effective treatment approaches will include biological, behavioral, and social-context components. Recognizing addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use can impact society's overall health and social policy strategies and help diminish the health and social costs associated with drug abuse and addiction.

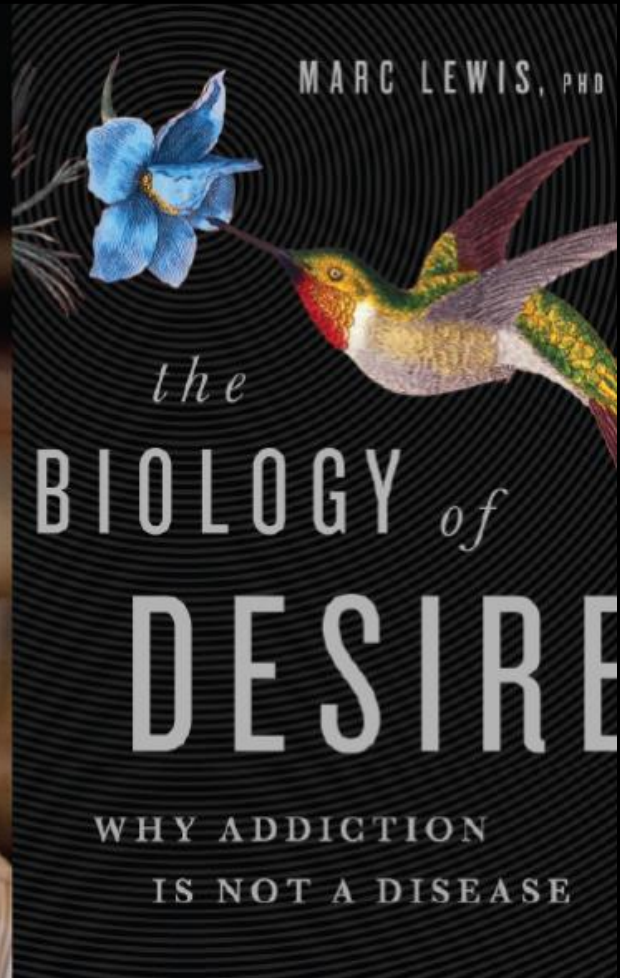
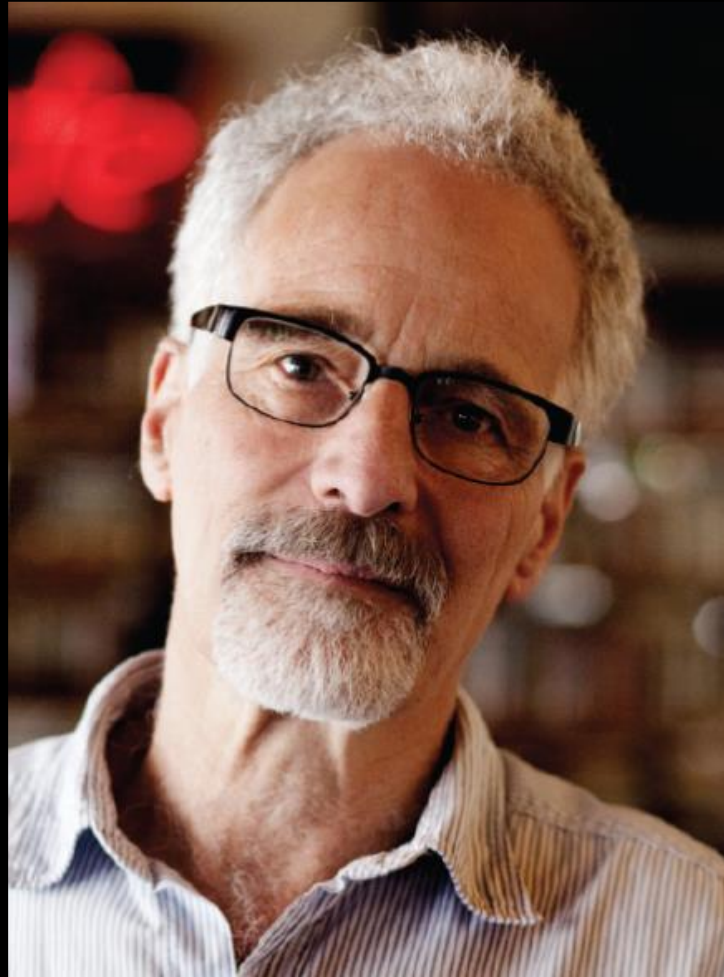
**D**ramatic advances over the past two decades in both the neurosciences and the behavioral sciences have revolutionized our understanding of drug abuse and addiction. Scientists have identified neural circuits that subsume the actions of every known drug of abuse, and they have specified common pathways that are affected by almost all such drugs. Researchers have also identified and cloned the major receptors for virtually every abusable drug, as well as the natural ligands for most of those receptors. In addition, they have elaborated many of the biochemical cascades within the cell that follow receptor activation by drugs. Research has also begun to reveal major differences between the brains of addicted

drug user or, worse, an addict. The most beneficent public view of drug addicts is as victims of their societal situation. However, the more common view is that drug addicts are weak or bad people, unwilling to lead moral lives and to control their behavior and gratifications. To the contrary, addiction is actually a chronic, relapsing illness, characterized by compulsive drug seeking and use (1). The gulf in implications between the "bad person" view and the "chronic illness sufferer" view is tremendous. As just one example, there are many people who believe that addicted individuals do not even deserve treatment. This stigma, and the underlying moralistic tone, is a significant overlay on all decisions that

affects both the health of the individual and the health of the public. The use of drugs has well-known and severe negative consequences for health, both mental and physical. But drug abuse and addiction also have tremendous implications for the health of the public, because drug use, directly or indirectly, is now a major vector for the transmission of many serious infectious diseases—particularly acquired immunodeficiency syndrome (AIDS), hepatitis, and tuberculosis—as well as violence. Because addiction is such a complex and pervasive health issue, we must include in our overall strategies a committed public health approach, including extensive education and prevention efforts, treatment, and research.

Science is providing the basis for such public health approaches. For example, two large sets of multisite studies (3) have demonstrated the effectiveness of well-delineated outreach strategies in modifying the behaviors of addicted individuals that put them at risk for acquiring the human immunodeficiency virus (HIV), even if they continue to use drugs and do not want to enter treatment. This approach runs counter to the broadly held view that addicts are so incapacitated by drugs that they

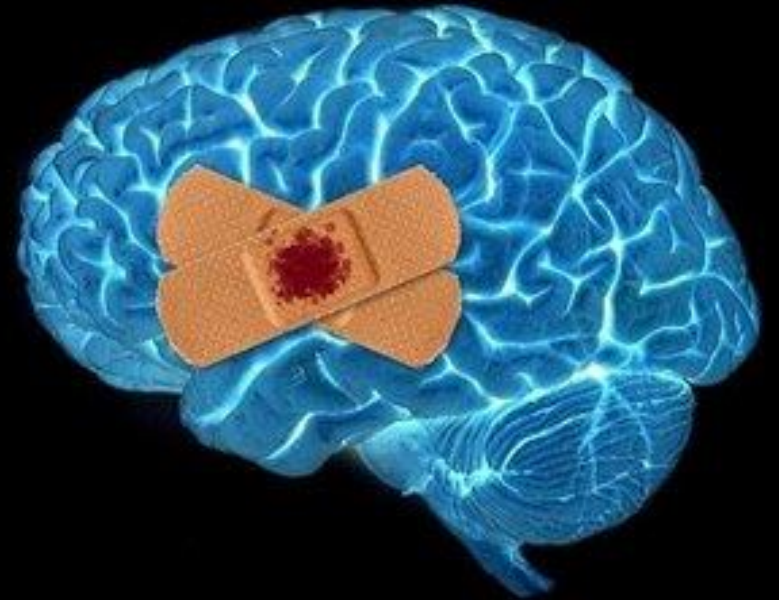
# Marc Lewis, PhD





# No Disagreement Among Experts !!

- All agree there is a lack of meaningful choice.
- Addiction is best solved by compassion treatment.



**BROKEN BRAIN**

# Addiction Definition

- “A **stress induced**, genetically-mediated, primary, **chronic and relapsing brain disease of reward, memory, motivation and related circuitry that alters motivational hierarchies** such that addictive behaviors supplant healthy, self-care behaviors.”
- **American Society of Addiction Medicine 2011**

# 4 C's of Addiction

- Compulsive Use
- Loss of Control
- Continued Use  
Despite Harm
- Cravings



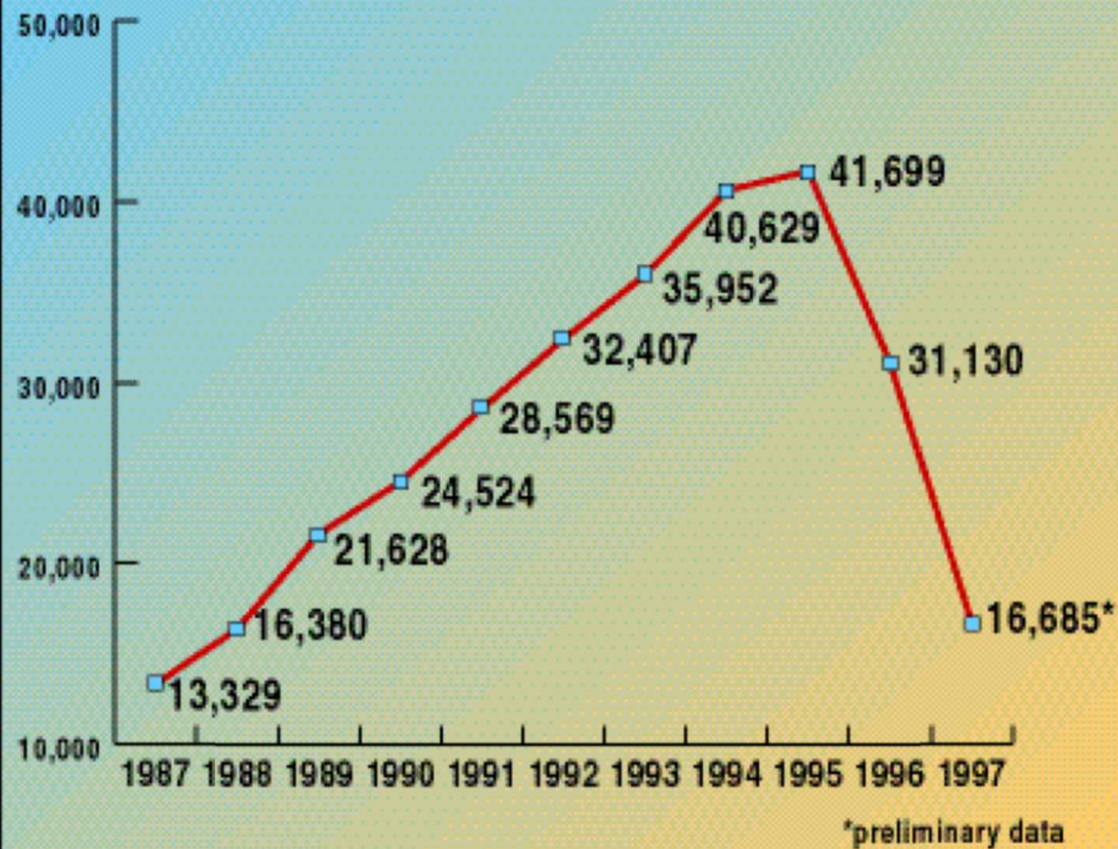
# Opioid pain reliever prescribing rates vary by state



# AIDS/HIV Public Health Crisis of 1990's

## AIDS Deaths Since 1987

This chart includes deaths for all ages, races, and both genders. Though the AIDS epidemic began around 1979, data on deaths were unreliable until 1987. Figures from 1997 are preliminary.

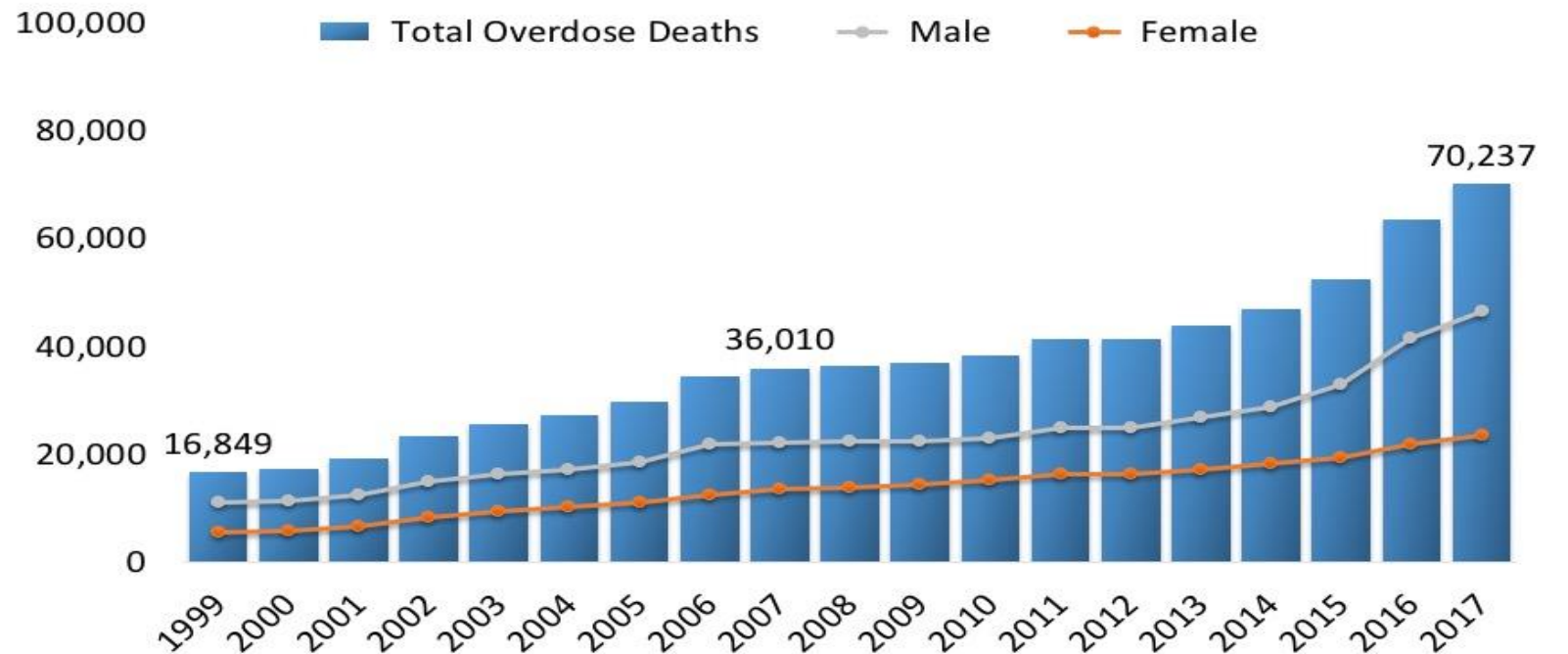
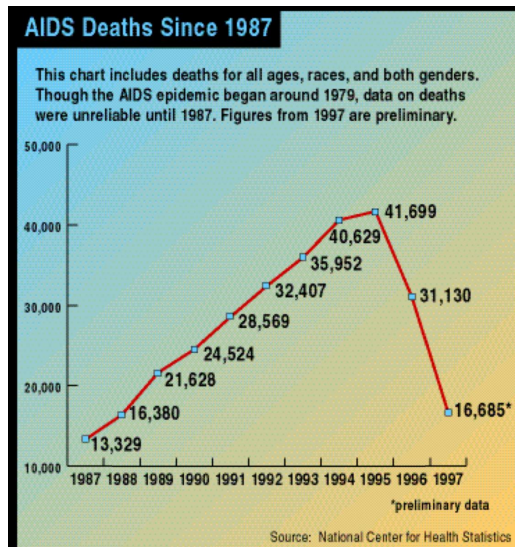


Source: National Center for Health Statistics



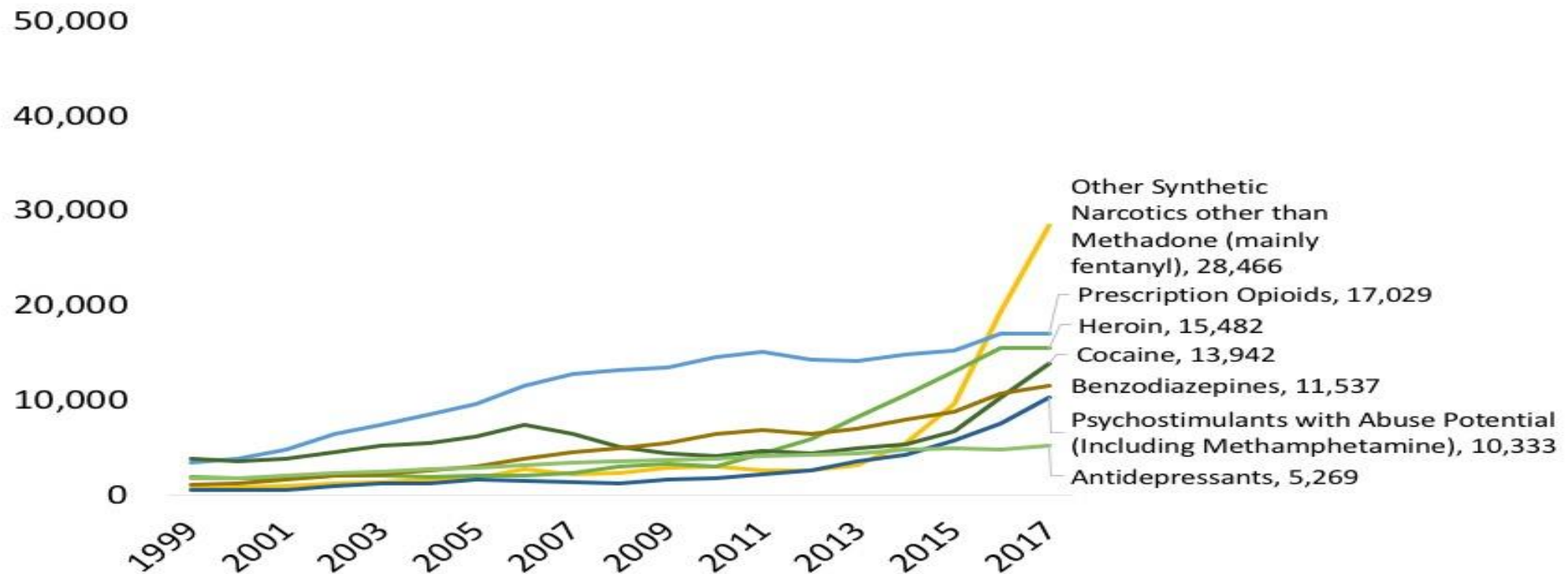
# HIV vs Drugs & Alcohol

Figure 1. National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

# Figure 2. National Drug Overdose Deaths Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

# FACING ADDICTION IN AMERICA

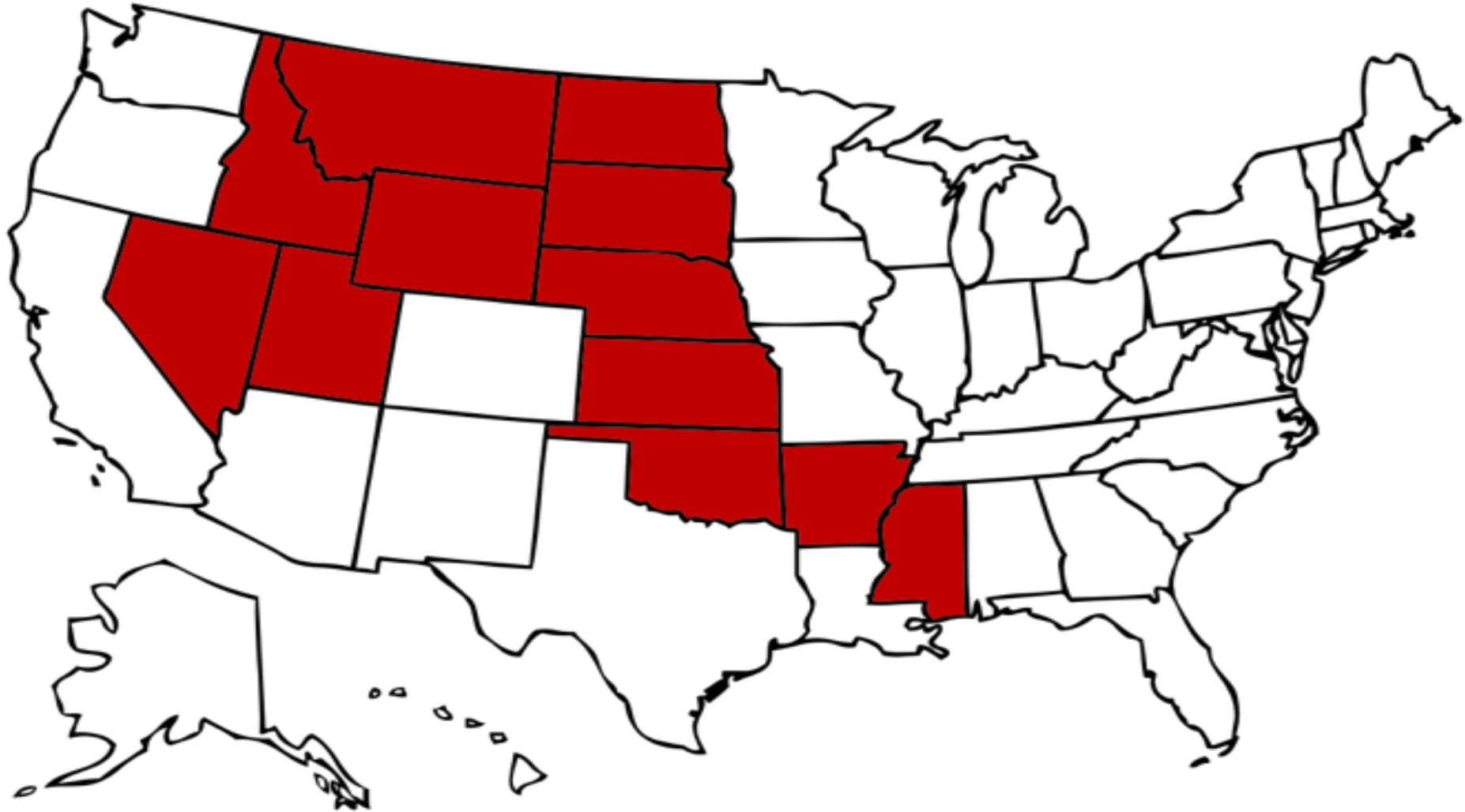
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*The Surgeon General's Report on  
Alcohol, Drugs, and Health*

20.8mm Americans  
meet Clinical Criteria for a  
Substance Abuse Disorder,  
only  
2.2 mm received treatment.



20 million: Entire population of colored States



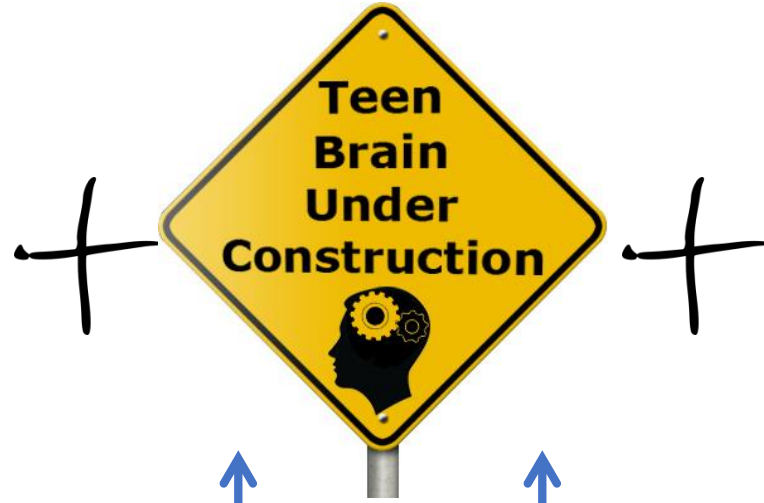
“[We must] change the way we address . . . substance use disorders in our society. *Past approaches to these issues have been rooted in misconceptions and prejudice.* . . . [T]hese disorders must be addressed with compassion and as preventable & treatable medical conditions.”

***Dr. Vivek H. Murthy, United States Surgeon General, 2016***





Genetics



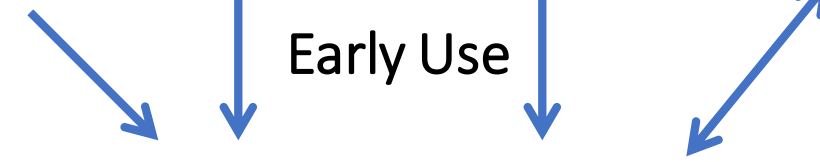
Early Use



Trauma



Poor Mental Health





# ADVERSE CHILDHOOD EXPERIENCES – ACES

What are Adverse Childhood Experiences (ACEs)?  
ACEs are potentially traumatic events that occur in a child's life:



Physical Abuse



Emotional Abuse



Sexual Abuse



Domestic Violence



Parental Substance Abuse



Mental Illness

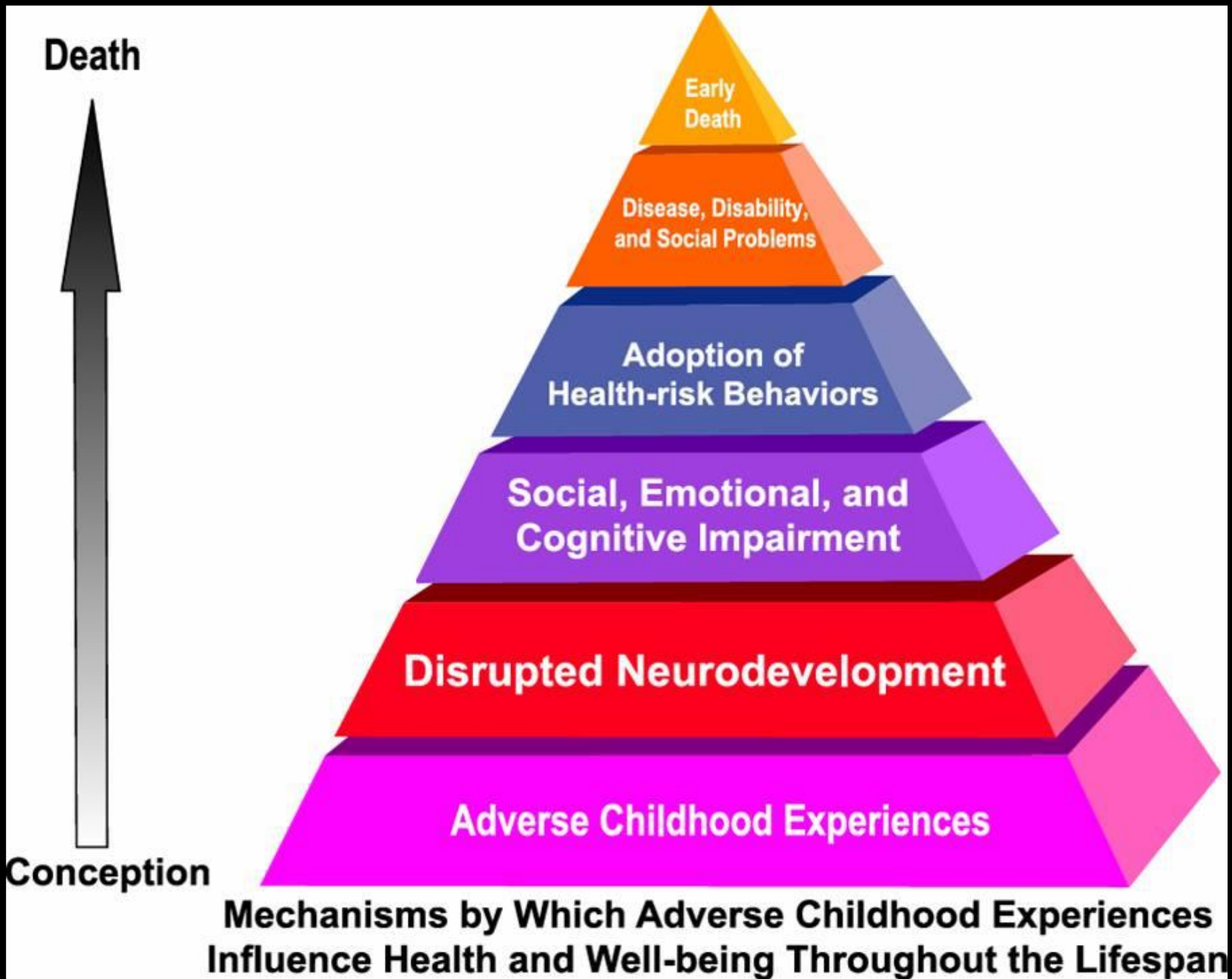


Suicide or Death



Crime or Imprisoned Family

Causing lifelong medical, mental & social suffering





# Genetics Account for 50% of Risk of Addiction

## Function

Genes involved in sensibility to alcohol

## Observation

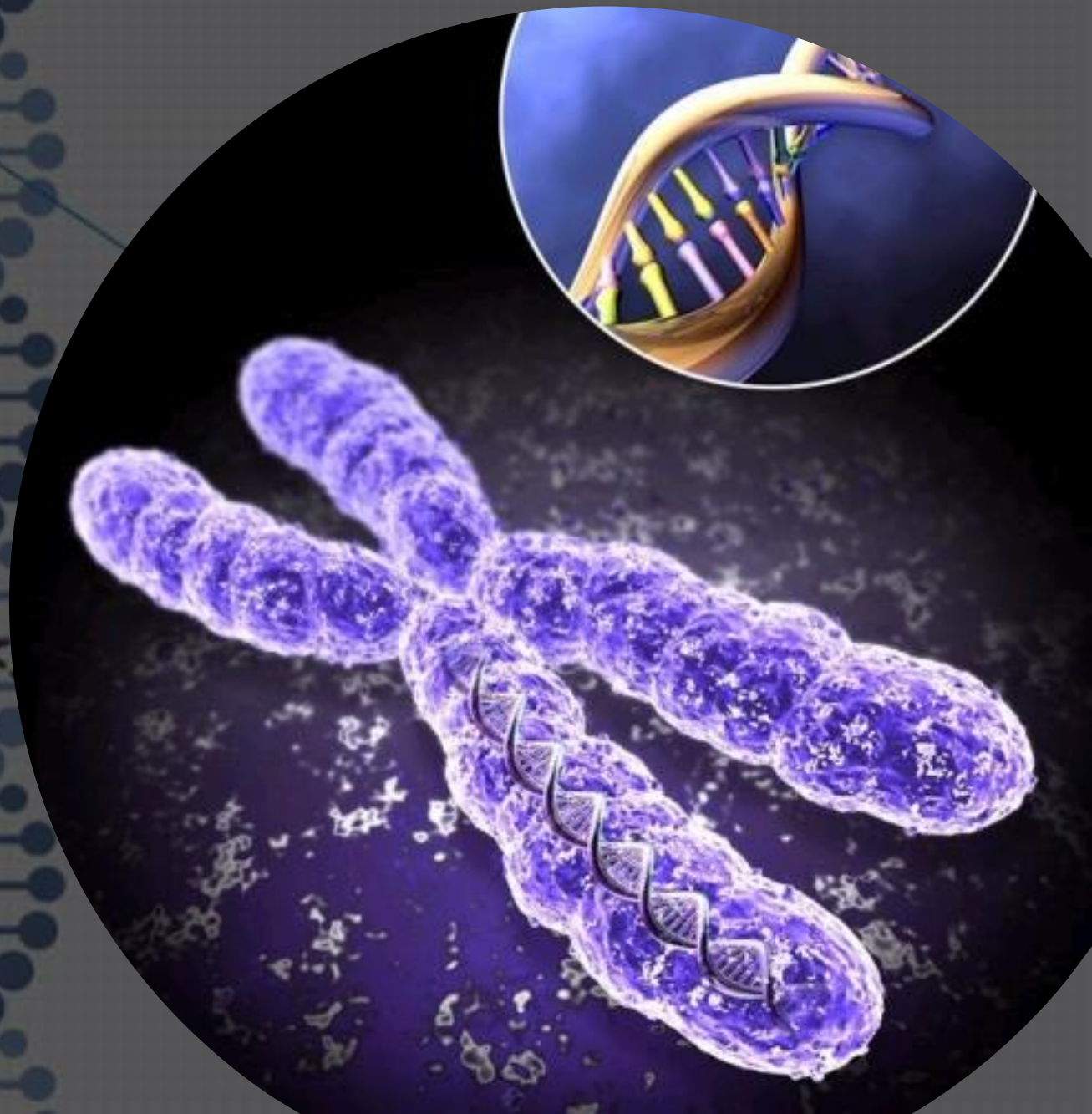
People with low sensibility to alcohol have *increased* addiction.



## Genes

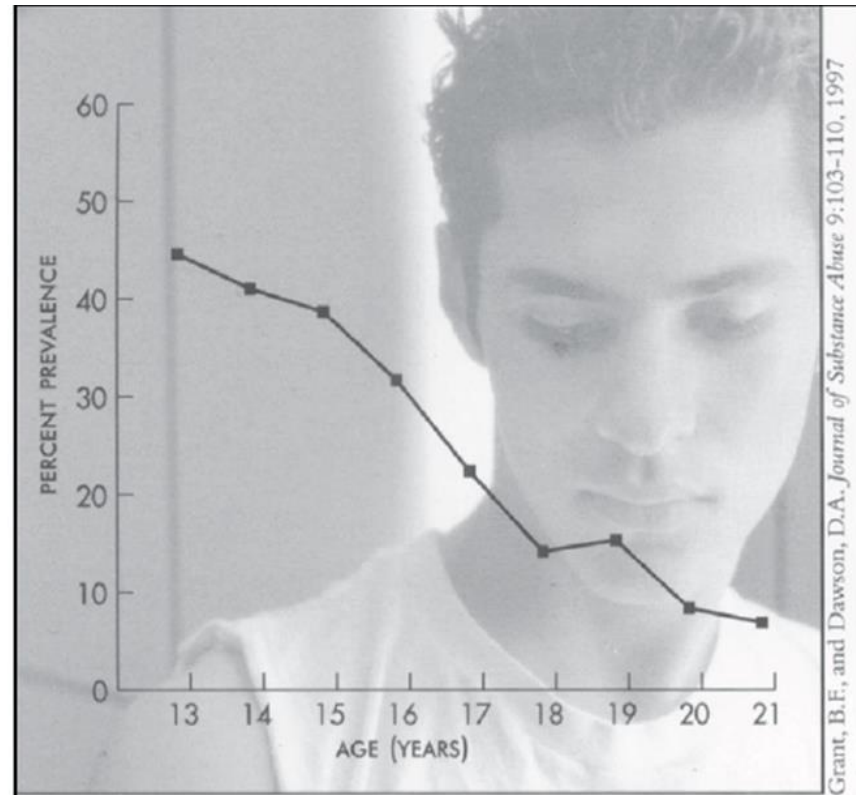
SLC1A1, TRIC, COMT, DRD2

## Function





## Teen Use Wires Brain for Addiction

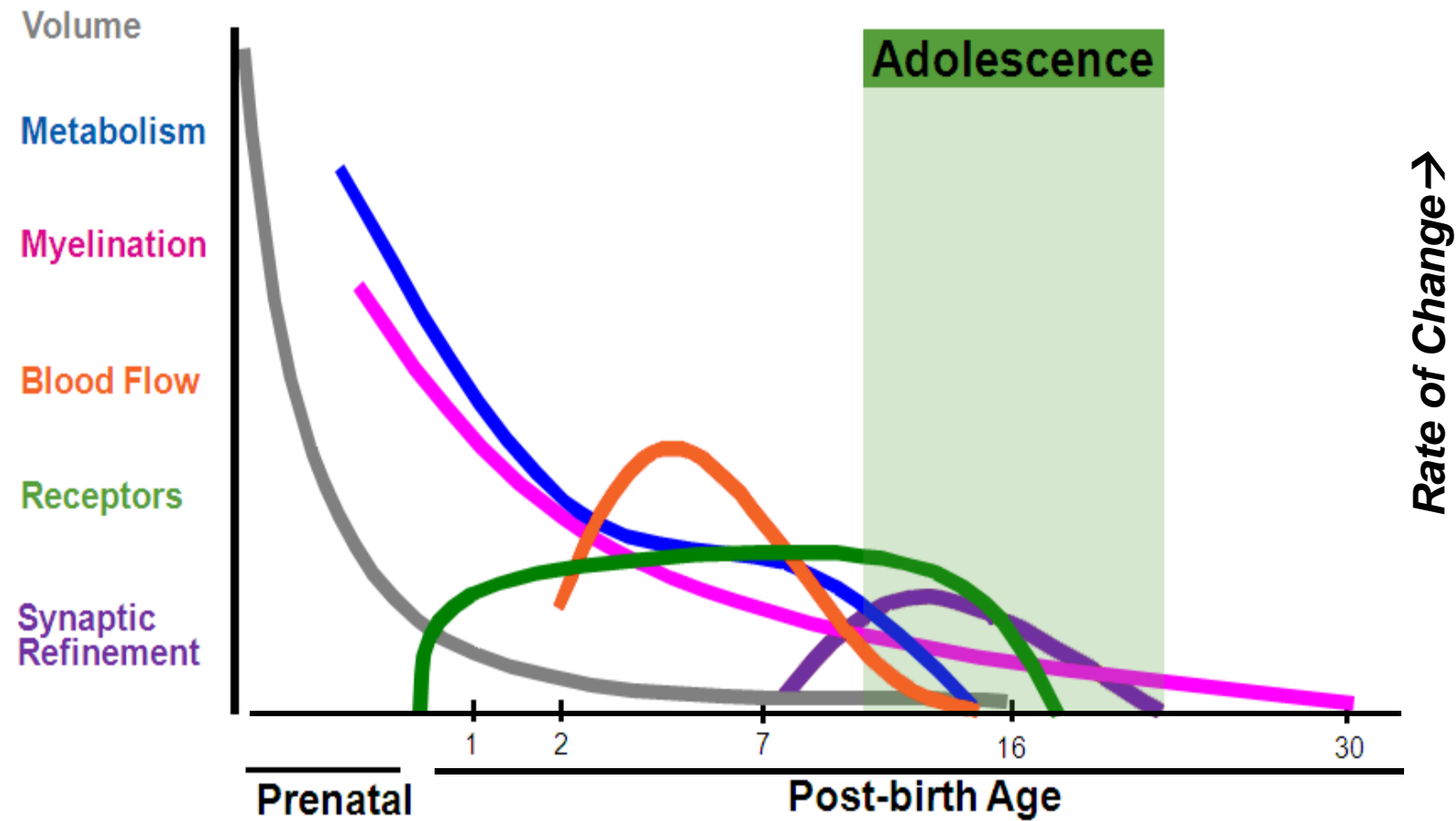


Grant, BF and Dawson, DA. *Journal of Substance Abuse* 9:103-110. 1997

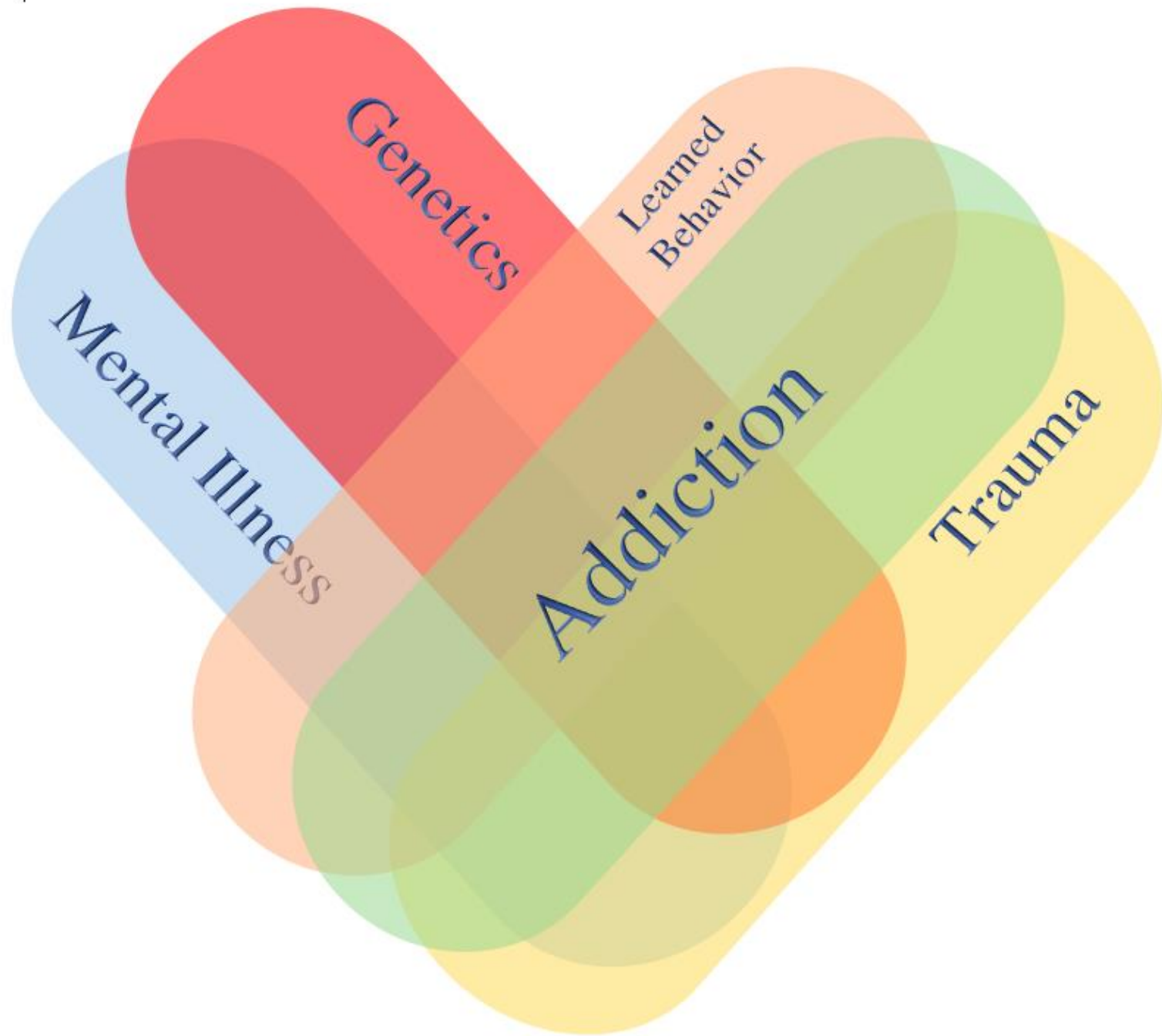
**40% of kids who begin drinking at age 15 will become alcoholics.**

**Only 7% of those who begin drinking at age 21 become alcoholics.**

# Brain Development



Source: Tapert & Schweinsburg, 2005



# Treatment Courts Work !!

(Drug, DUI, Mental Health, Veterans Diversion)

18 – 36 Month Program

High Risk/High Need - Prior probation were not successful

Collaborative Team focused on problem solving

- Lawyers
- Therapist
- Probation Officer
- Judge

Encouragement and support for desired behavior

Sanctions to correct behavior, not to punish

# Average Crime Reduction

<u>Citation</u>	<u>Institution(s)</u>	<u>No. Drug Courts</u>	<u>Crime Reduced</u>
Mitchell et al. (2012)	U.S.F., G.M.U., & Penn State	92	12%
Rempel et al. (2012)	Urban Institute, CCI & RTI	23	13%
Wilson et al. (2006)	Campbell Collaborative	55	14%
Latimer et al. (2006)	Canada Dept. of Justice	66	9%
Shaffer (2010)	University of Nevada	76	9%
Lowenkamp et al. (2005)	University of Cincinnati	22	8%
Aos et al. (2006)	Washington State Inst. For Public Policy	57	8%

## Central 8

### 1. Criminal History

2. Antisocial Attitudes
3. Peer Associations
4. Antisocial Personality
5. School/Employment
6. Substance Abuse
7. Living Situation
8. Family/Marital

Important, but  
**STATIC**

**DYNAMIC**  
Criminogenic  
Needs

Clients have a variety  
of **Criminogenic** needs:

- Subset of risk factors
- Dynamic, live and changeable



# RISK AND NEED TRIAGE

High Risk

Low Risk

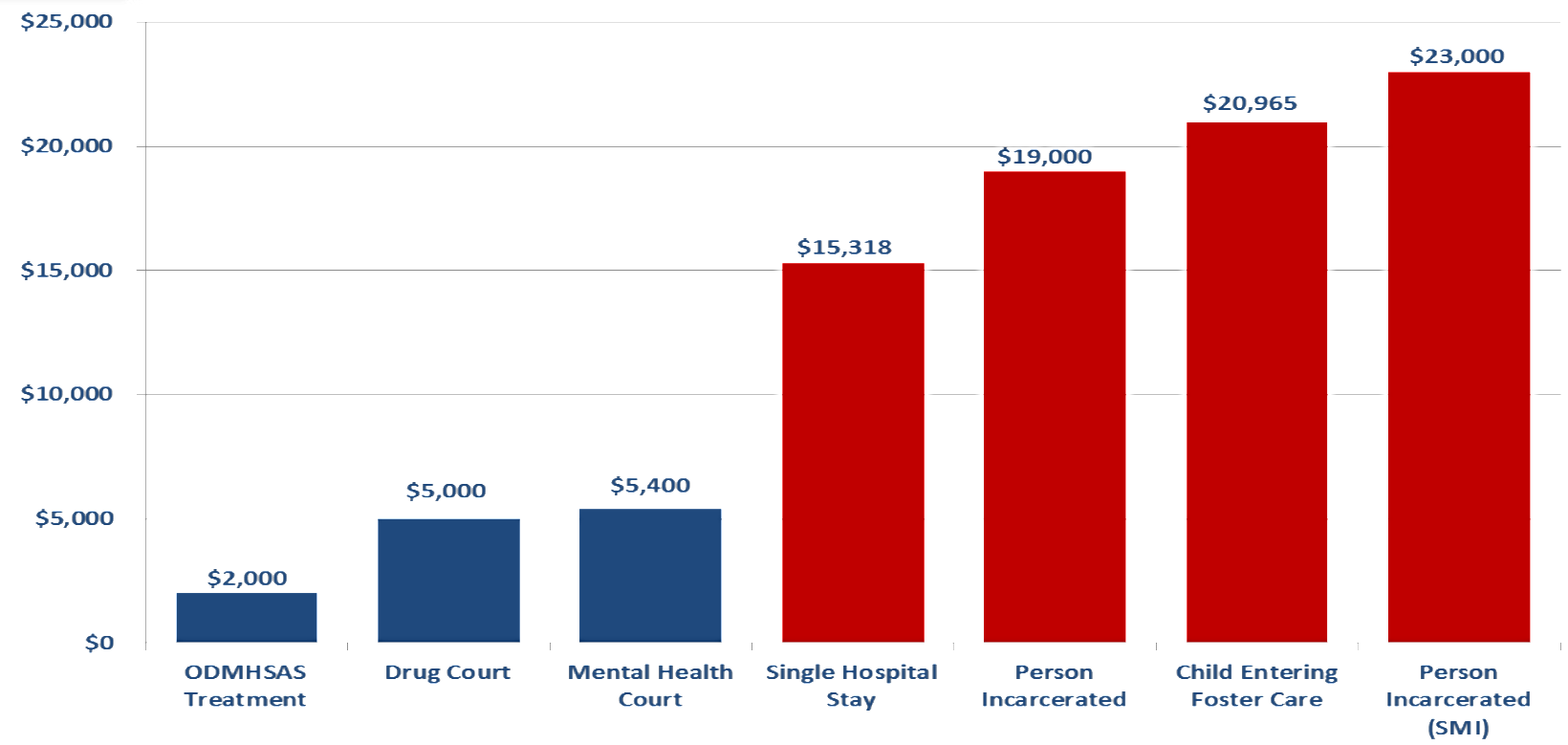
High  
Need

X

Low  
Need




Annual Cost Comparison



**The cost to treat is significantly less than the cost to incarcerate or be involved in the criminal justice system**

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