

Infusion of the Strategic Prevention Framework



State Systems
Prevention Infrastructure

General Public
Awareness and Outreach

Community Coalitions
Action Mechanism

Georgia #1 in the US!

| | US <u>Rank</u> | Share of <u>Adults</u> |
|-------------------------|-------------------|---------------------------|
| ☹ On Probation & Parole | #1 | 1 in 15 |
| ☹ In Prison & Jail | #5 | 1 in 70 |
| ☹ Total Offenders | #1 | 1 in 13 |

Pew Center on the States, (March 2009). One in 31: The Long Reach of American Corrections. Washington, DC: The Pew Charitable Trusts.



Georgia's Adult Offenders July 2009

| | | |
|-----------------------------|---------------|-------|
| On Private/County Probation | 175,000* | (38%) |
| On Probation | 159,786 | (35%) |
| In Prison | 54,222 | (12%) |
| In Jail | 41,245 | (9%) |
| On Parole | 23,101 | (5%) |
| On Federal Probation | <u>3,500*</u> | (1%) |
| TOTAL | 456,854* | |

* = estimated

That's **more** Georgians than who live in each GA county
except Fulton, Gwinnett, DeKalb & Cobb

Re-Entry Supporting Data

- According to the United States Department of Justice, 70-80 percent of offenders are under supervision for drug-related offenses.
- According to the National Institute on Drug Abuse, it is estimated that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes.
- Studies show that treatment can cut drug abuse in half, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.
- Treatment programs are the best alternative for interrupting the drug abuse and criminal justice cycle for offenders.

How Can Re-entry Be Successful?

Step 1- (while in institution)- offender is assessed, and, ideally, in treatment, vocational, or educational programs that address identified needs.

Step 2- (early transition phase done in and out of institution)- this happens prior to release and the first month or so in the community. It consists of the following;

- intensive preparation for release (strength based)
- formalizing basic elements of the reintegration plan
- establishing stable connections in the community.
- plan must first ensure that basic survival needs are met at release—food, shelter, and a legitimate source of financial support.

How Can Re-entry Be Successful?

Step 3- begins in the second month after release and continues until the end of the supervision period. The focus shifts to the following;

- sustaining gains made in the initial release period
- refining and maintaining the reentry plan
- Becoming independent from case management process.
- Use of community foundation -Non-governmental service agencies, faith-based and neighborhood organizations, family members, etc.



Addictive Diseases Challenges

- Funding- In FY 09, the Addictive Diseases budget was reduced by 24%
- Providing a full continuum of care (unmet need)
- Federal MOE (maintenance of effort)

The Big Picture

LOTS

In Treatment ~ 2,300,000

Addiction ~ 25,000,000

Diabetes ~24,000,000

(Focus on Treatment)

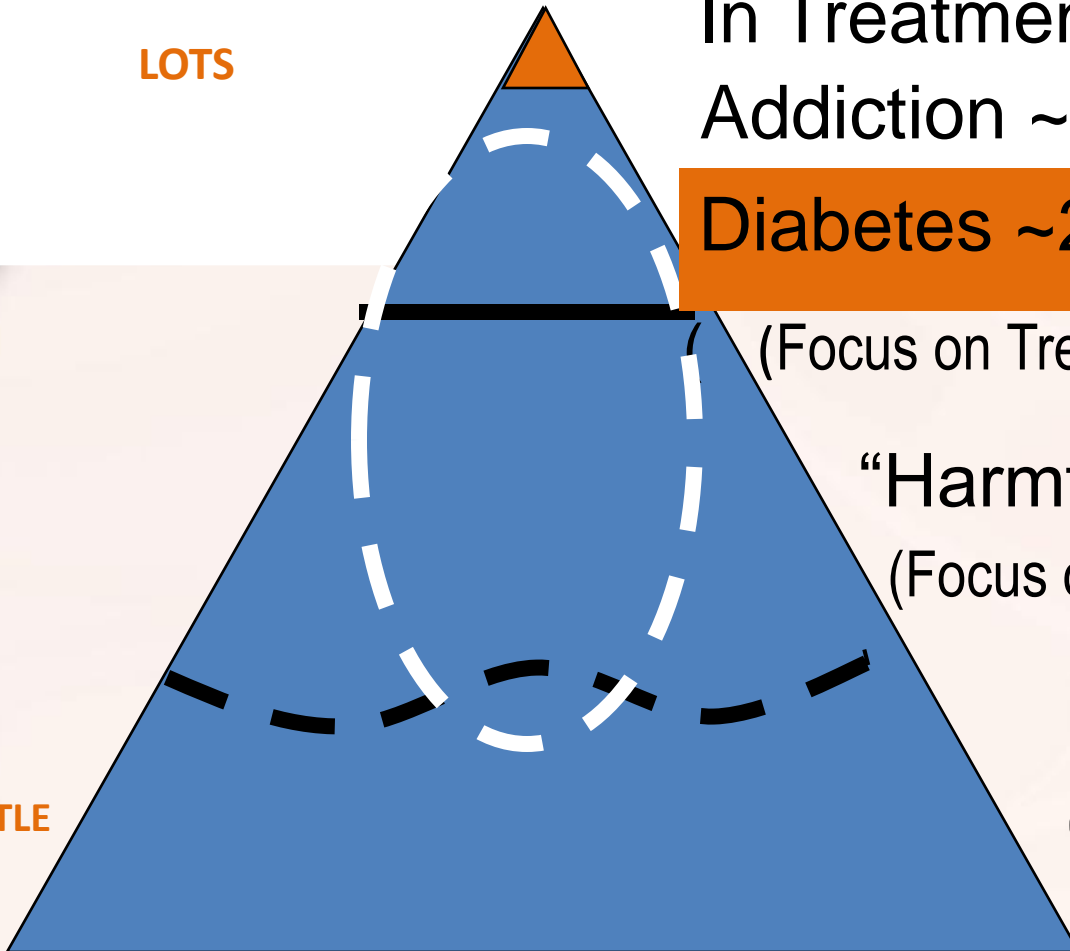
“Harmful Use” – 68,000,000

(Focus on Early Intervention)

Little or No Use

(Focus on Prevention)

LITTLE



Understanding the Pyramid – Full Spectrum of SA

1 – As represented by the broad base of this pyramid –most people in the US either do not use substances or use them very few times - Here the best policies are prevention – to keep use low.

2 – As you go up the pyramid to the wavy dotted line – this shows when “use” becomes “harmful use” – either to an individual’s health or their productivity or their relationships. It is NOT a diagnosis and people can go back and forth across that line – but there are a lot of these folks about 65 – 70 million They are the people who drink and drive, or make their asthma problem worse by smoking marijuana, or are failing school because of too much weekend partying with drugs. Here we need convenient, attractive, potent but probably brief interventions to reduce use and prevent problems from becoming worse.

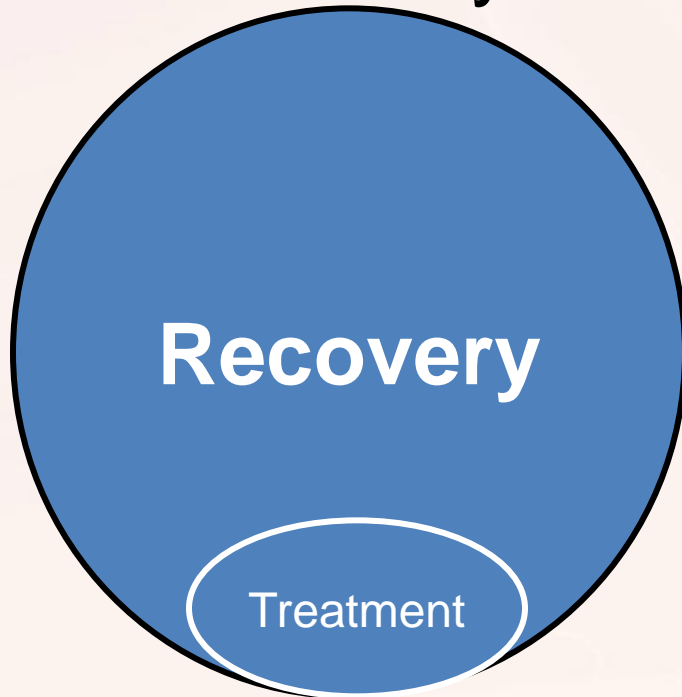
3 –The bright solid line means that the frequency and intensity of use has reached a DIAGNOSTIC threshold – there are 23 – 25 million adults who meet diagnostic criteria for the most serious problems “SUSTANCE ABUSE AND DEPENDENCE” - Click – In comparison, most people think there is an “epidemic” of diabetes and there is - about 24 million people are diabetic.

4 - The orange pinnacle shows the number of people who are receiving any kind of treatment – about 2.3 – 2.5 million or only 1/10 of those who meet the diagnosis – even smaller proportion of those with “harmful use” – This is the “Treatment GAP” that we want to close – the worst in all of medicine.

5 – The OVAL indicates that we need policies and interventions that will reach a FAR broader range of people with “substance use problems.”

Addiction Treatment vs. Recovery

💡 1970: Hughes Act created NIAAA & an
advocacy vision

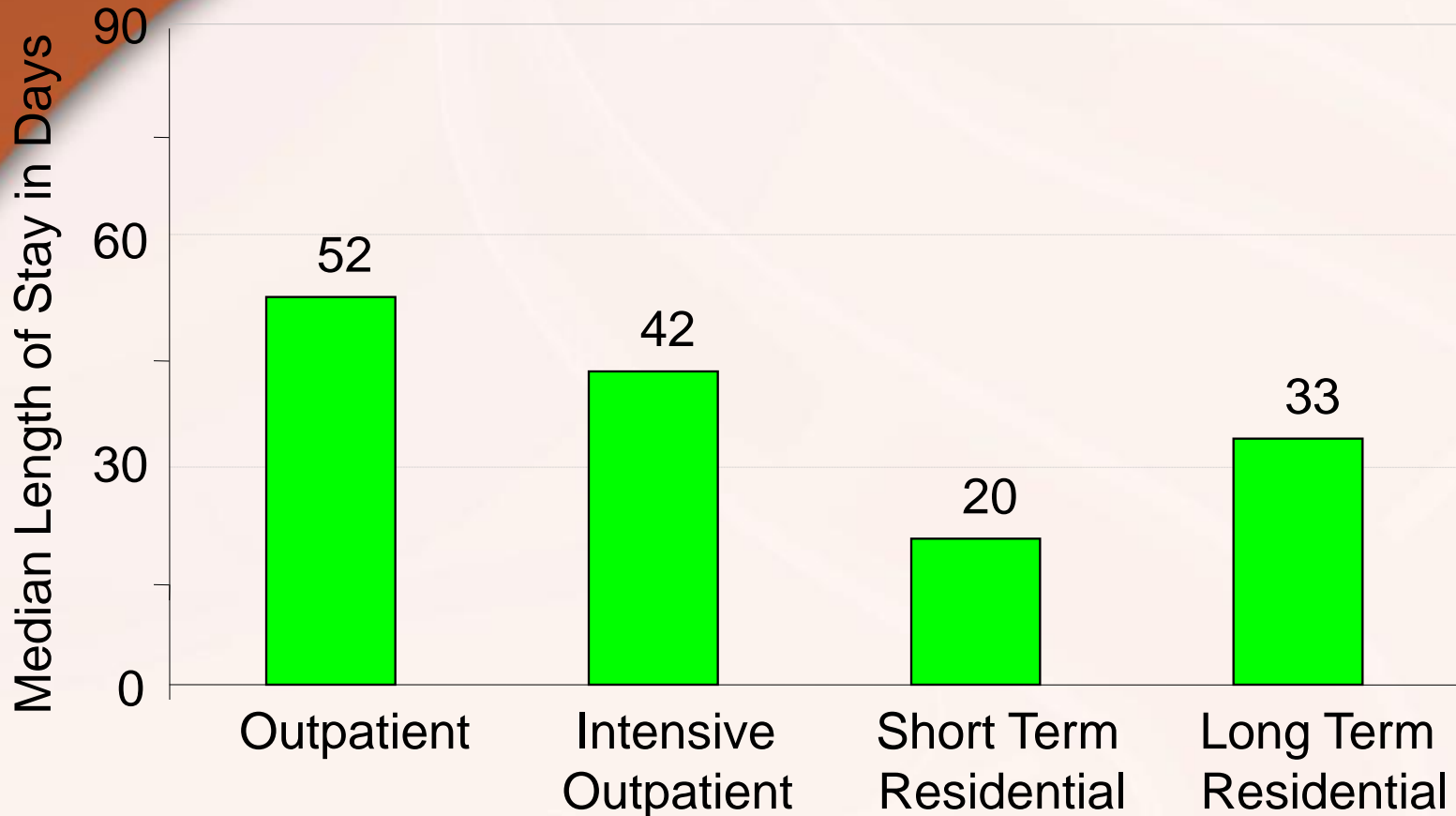


1970



Today

Few Stay in Treatment 90 Days



Source: Data received through August 4, 2004 from 23 States (CA, CO, GA, HI, IA, IL, KS, MA, MD, ME, MI, MN, MO, MT, NE, NJ, OH, OK, RI, SC, TX, UT, WY) as reported in Office of Applied Studies (OAS; 2005). Treatment Episode Data Set (TEDS): 2002. Discharges from Substance Abuse Treatment Services, DASIS Series: S-25, DHHS Publication No. (SMA) 04-3967, Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://www.dasis.samhsa.gov/teds02/2002_teds_rpt_d.pdf.



What does recovery look like on average?

Duration of Abstinence

1-12 Months

1-3 Years

4-7 Years

- ✓ More clean and sober friends
- ✓ Less illegal activity and incarceration
- ✓ Less homelessness, violence and victimization
- ✓ Less use by others at home, work and by social peers

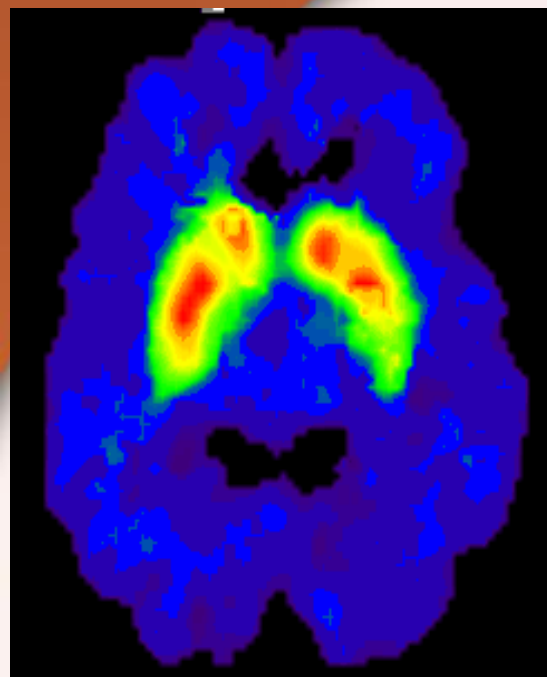
- ✓ Virtual elimination of illegal activity and illegal income
- ✓ Better housing and living situations
- ✓ Increasing employment and income

- ✓ More social and spiritual support
- ✓ Better mental health
- ✓ Housing and living situations continue to improve
- ✓ Dramatic rise in employment and income
- ✓ Dramatic drop in people living below the poverty line

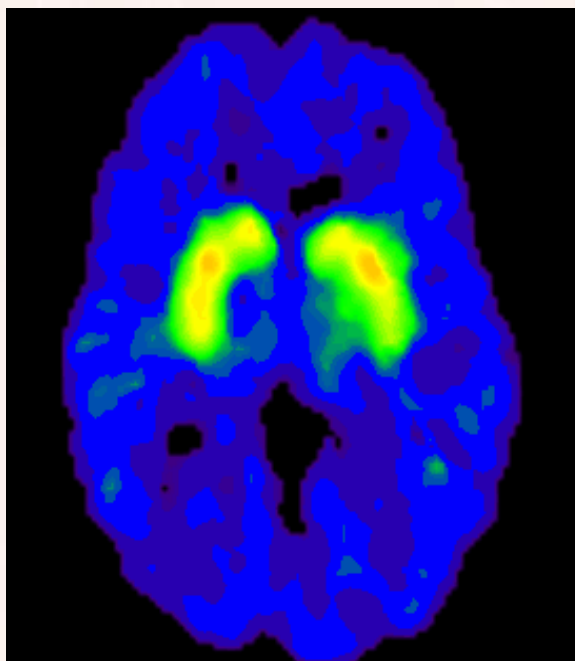
Dennis, M.L., Foss, M.A., & Scott, C.K (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review*, 31(6), 585-612.

Recovery is real!

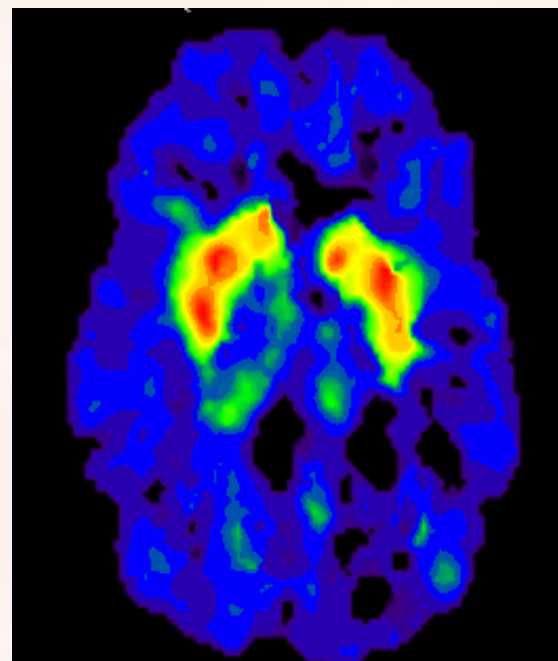
Partial Recovery of Brain Dopamine Transporters in Methamphetamine User After Abstinence



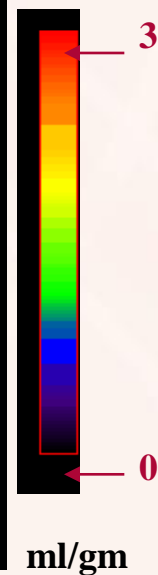
Normal Control



**METH User
(1 month detox)**



**METH User
(14 months detox)**



Source: Volkow, ND et al., Journal of Neuroscience 21, 9414-9418, 2001.

Many Pathways to Recovery



Mutual support groups



Professional treatment



Faith-based groups



Medication-assisted treatment



“Natural” or on your own



And more indigenous routes





The Emerging Recovery Continuum of Care

Traditional Acute-Care Addiction Treatment Continuum

Outpatient

Inpatient

Residential

Short-Term, Expert-Determined Environmental Restriction and Treatment Intensity

is being enhanced by...

Long-Term Recovery Continuum of Care

Self-Help

Outpatient

IOP

Residential

Institutional

Person-Directed, Outcome Informed Services
Self-Determined Risk Level & Service Intensity

Check-In Sessions **Recovery Coaching** Home/Work/SO Visits

Indigenous Recovery Supports Telephone/Internet-Based Contact



Georgia's DUI Facts

- 200,000 DUI arrests in GA
- 50,000 come to DUI school
- Average BAL is 0.15
- Fatalities due to alcohol are down 81% since 1982
- 675 clinical evaluators
- 325 treatment providers
- Estimates are for every DUI arrest the offender was eligible 400 to 800 times

The DUI Process

DUI



DUI SCHOOL



EVALUATION



TREATMENT (IF RECOMMENDED)

Interrupting the Cycle of STDs

- ↑ STD prevalence among jail inmates and detained youth
- STD risk ↔ Unprotected sex; social determinants of health and other risks (i.e. substance use)
- STD Prevention ↔ HIV Prevention
- Jails can be a “point of prevention”
- Risk activities prior to incarceration are associated with post-incarceration risk .
- Soon-to-be- and post- release inmates are “primed” for change, but also may be the most difficult to impact
- Prevention as part of reentry → community health





- DBHDD website www.dbhdd.georgia.gov
- Georgia Crisis & Access Line
800/715-4225 or visit www.mygcal.com
- Division of Addictive Disease main phone
number 404-657-2331



References

- Chapter 2- 3 *Community Programs to Promote Youth Development* (2002). National Academy of Sciences (2002)
- Costello, Joan, Mark Toles, Julie Spielberger & Joan Wynn. (1999). "History, Ideology and Structure Shape the Organizations that Shape Youth." In *Youth Development: Issues, Challenges, Directions*. Public/Private Ventures. Pp. 176-231.
- Csikszentmihalyi, Mihaly & Barbara Schneider. *Becoming Adult: How Teenagers Prepare for the World of Work*. New York: Basic Books, 2000
- Harvard Family Research Project. "Moving Beyond the Barriers: Attracting and Sustaining Youth Participation in Out-of-School time Programs" Issue 6: July 2004.
- Perkins, Daniel F., Bordne, Lynne M., Villarruel, Francisco A., Carlton-Hug, Annelise, Stone, Margaret R., Keith, Joanne G. (2007). "Participation in Structured Youth Programs Why Ethnic Minority Urban Youth Choose to Participate or Not to Participate." *Youth & Society*, 38, 420-442
- Roth, Jodie & Jeannie Brooks-Gunn. (2003). "Youth development programs: Risk, prevention and policy." *Journal of Adolescent Health*. 32:170-182

Additional References

- Washington State Institute for Public Policy
- Conducts evaluations of evidence-based offender treatment interventions in the State of Washington
- Center for the Study and Prevention of Violence, University of Colorado
- Conducts studies, provides information, and offers technical assistance regarding violence prevention
- The Corrections Institute, University of Cincinnati
- Assists agencies seeking to change offender behavior
- Bureau of Government Research, University of Maryland
- Helps government agencies identify and implement "best practices"
- Institute of Behavioral Research at TCU
- Studies addiction treatment in community and correctional settings
- Campbell Collaboration
- Studies the effects of interventions in social, behavioral, and educational arenas
- National Criminal Justice Reference Service