

# ***Understanding Addiction***

---

## ***The Treatment Court Solution***

Hon. Kenneth Stoner, District Judge Oklahoma County

Oklahoma County Opioid & Stimulant Summit

Sponsored by DCCCA

June 18th, 2024

# Judge Stoner

---

- Top 1% size in US.
- High Risk
- Mod-Severe Addiction
- 83% Graduation Rate
- Thousands of people in Recovery
- Hundreds Fail





**NDCI**  
**NATIONAL DRUG  
COURT INSTITUTE**



**NADCP**

**National Association of  
Drug Court Professionals**



**JUSTICE  
FOR VETS**

*A Project of the National Association of Drug Court Professionals*

**AIIRise**

Good guys vs Bad guys

# 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

***“It ain’t what you don’t  
that gets you, its what  
you know for sure that  
just ain’t so.”***

*- Will Rogers*



# Time to Think Differently.....?

---

- Crisis levels of incarceration
- Incarceration:
  - Expensive and inefficient
  - Tends to make low risk people worse
  - Tends to have no effect or negative effect on high-risk people
  - Does not cure or treat addiction or mental illness
  - 93% of people who go to prison will be back in our community
  - Who do you want as your neighbor?

# What are the real problems and how can we address them?

---

- Check our Bias
- Brain science is advancing
- “Zero to One” Innovation

# Addiction Definition

---

- “Addiction is a **treatable**, chronic medical disease involving complex interactions among **brain circuits**, **genetics**, the **environment**, and an **individual’s life experiences**. Prevention efforts and treatment approaches for addiction are generally successful as those for other chronic diseases.”
- *American Society of Addiction Medicine 2019*

# 4 C's of Addiction

---

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

# SPECTRUM OF ALCOHOL USE DISORDER



Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. Considered a brain disorder, AUD can be mild, moderate, or severe.

# What is Addiction ?

---

- Physical dependence ?
- Lack of willpower ?
- Amoral behavior?
- Brain Disease..... or Disorder ?

# Physical Dependence: Tolerance & Withdraw

---

- **Tolerance:** Requiring increasing amounts of the drug to get the same effect.
- **Withdrawal:** Get opposite effect of what drug is supposed to do.
- **Neither one defines addiction**

# Lack of Willpower ?

---

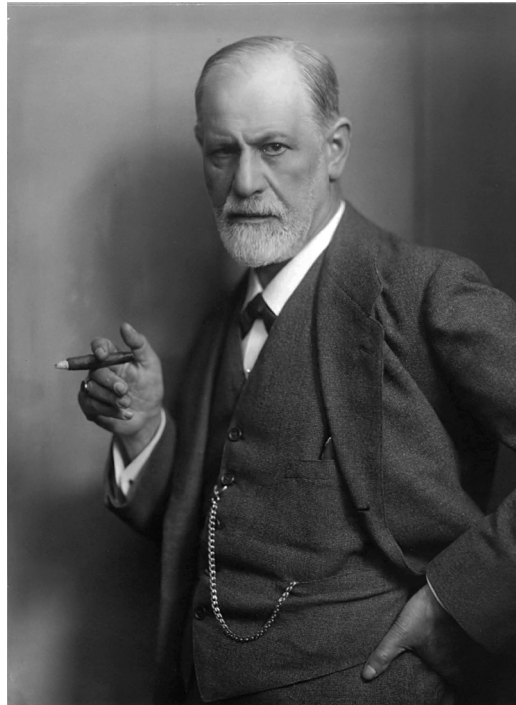


# An amoral condition ?

---



Halsted



Freud

# What is Addiction ?

---

- ~~• Physical dependence ?~~
- ~~• Lack of willpower ?~~
- ~~• Amoral behavior?~~
- Brain Disease or Behavior Disorder?

# 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.

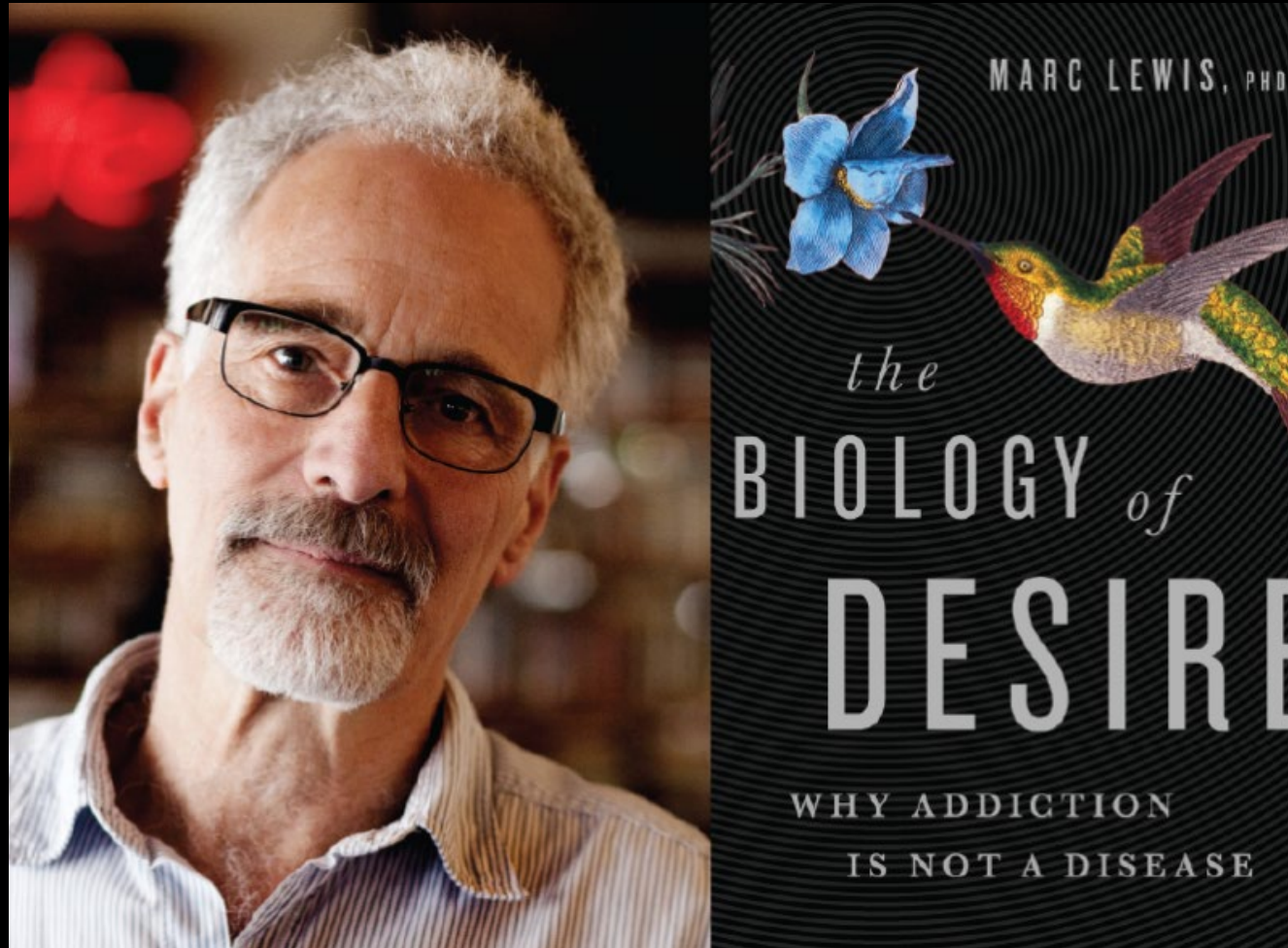
Dramatic advances over the past two decades in both the neurosciences and the behavioral sciences have revolutionized our understanding of drug abuse and addiction. Scientists have identified neural circuits that subsume the actions of every known drug of abuse, and they have specified common pathways 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

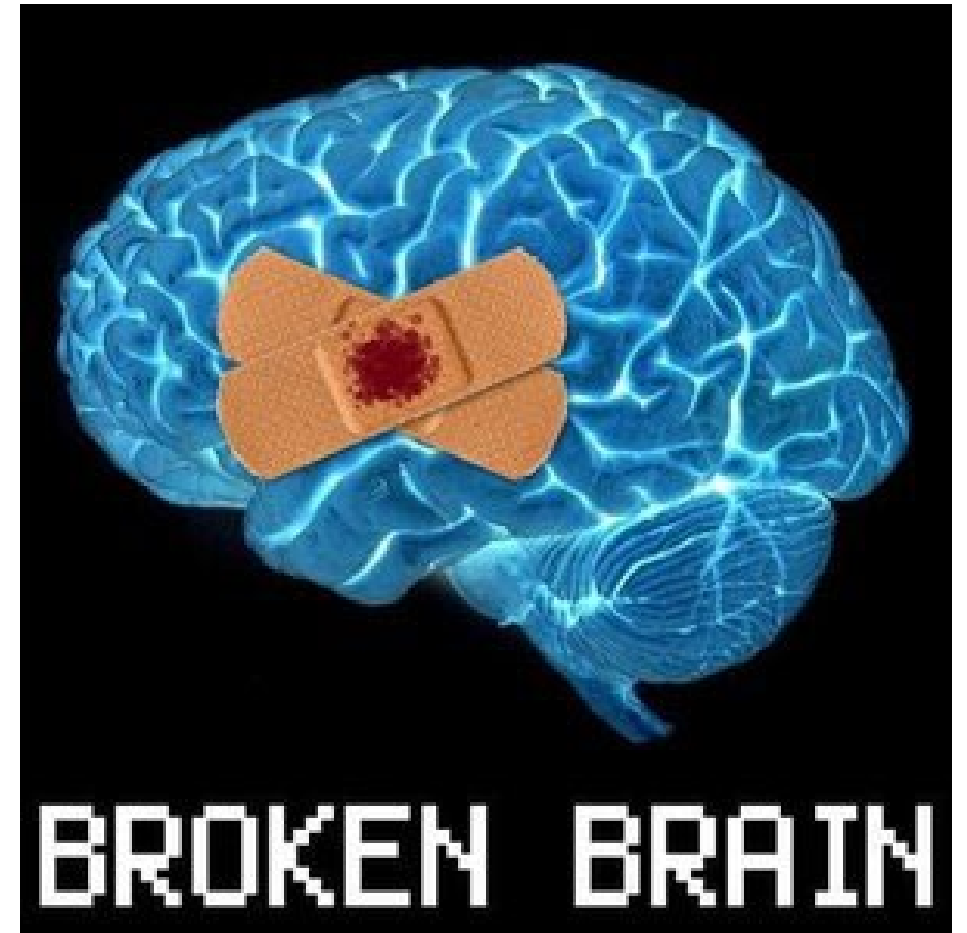
# Marc Lewis, PhD



No Disagreement  
Among Experts!

-> Lack of Meaningful Choice

-> Best Solved by  
Compassionate Treatment



# How Much Do Americans Drink?

There's a wide range.



← Average number of drinks consumed per week →

SOURCE: WASHINGTONPOST/WONKBLOG, "PAYING THE TAB" BY PHILIP J. COOK

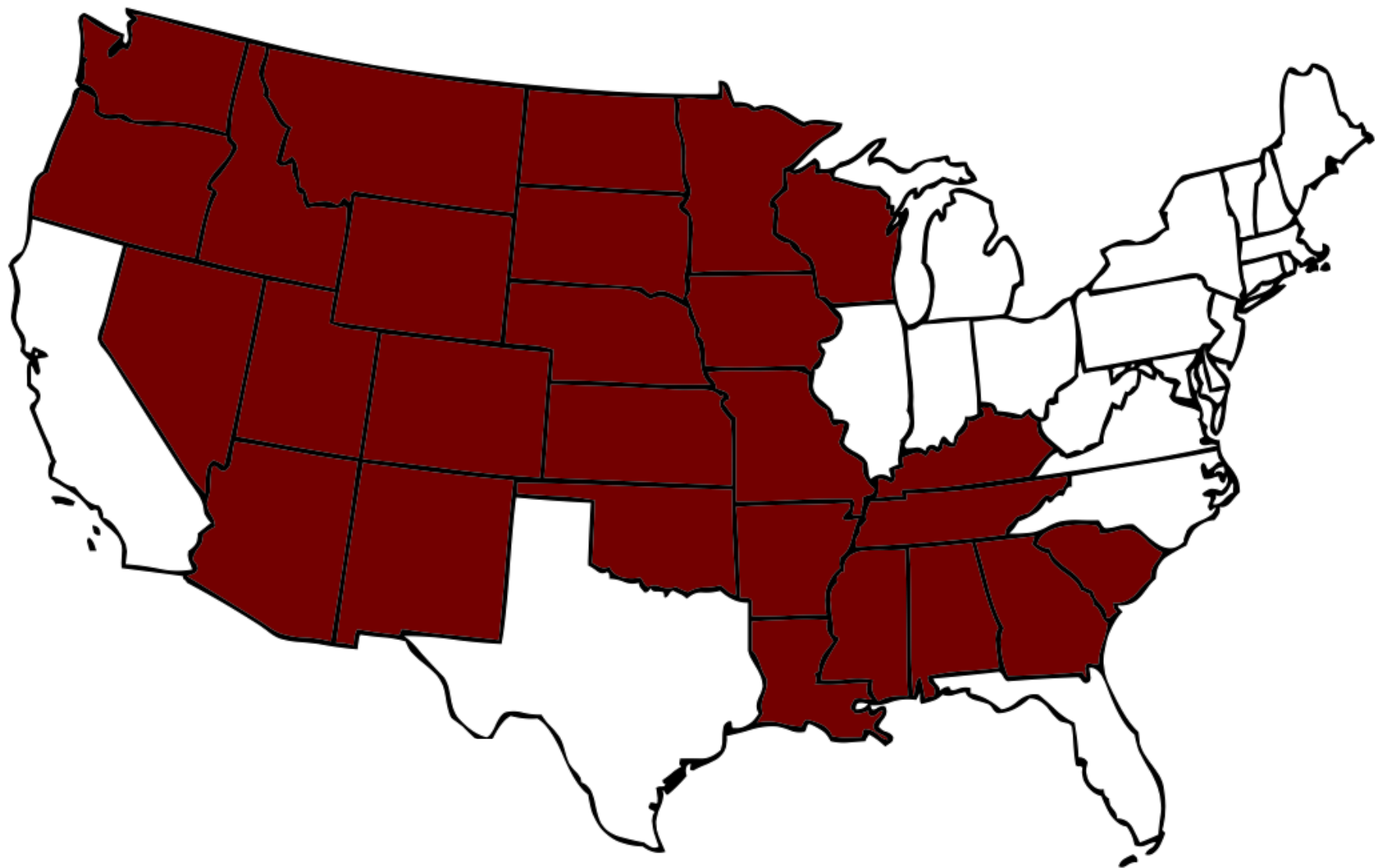
# FACING ADDICTION IN AMERICA

---

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

66 Million + 27 Million –

Binge Drank &  
Used Illicit Drugs  
Or Misused Prescription Drugs

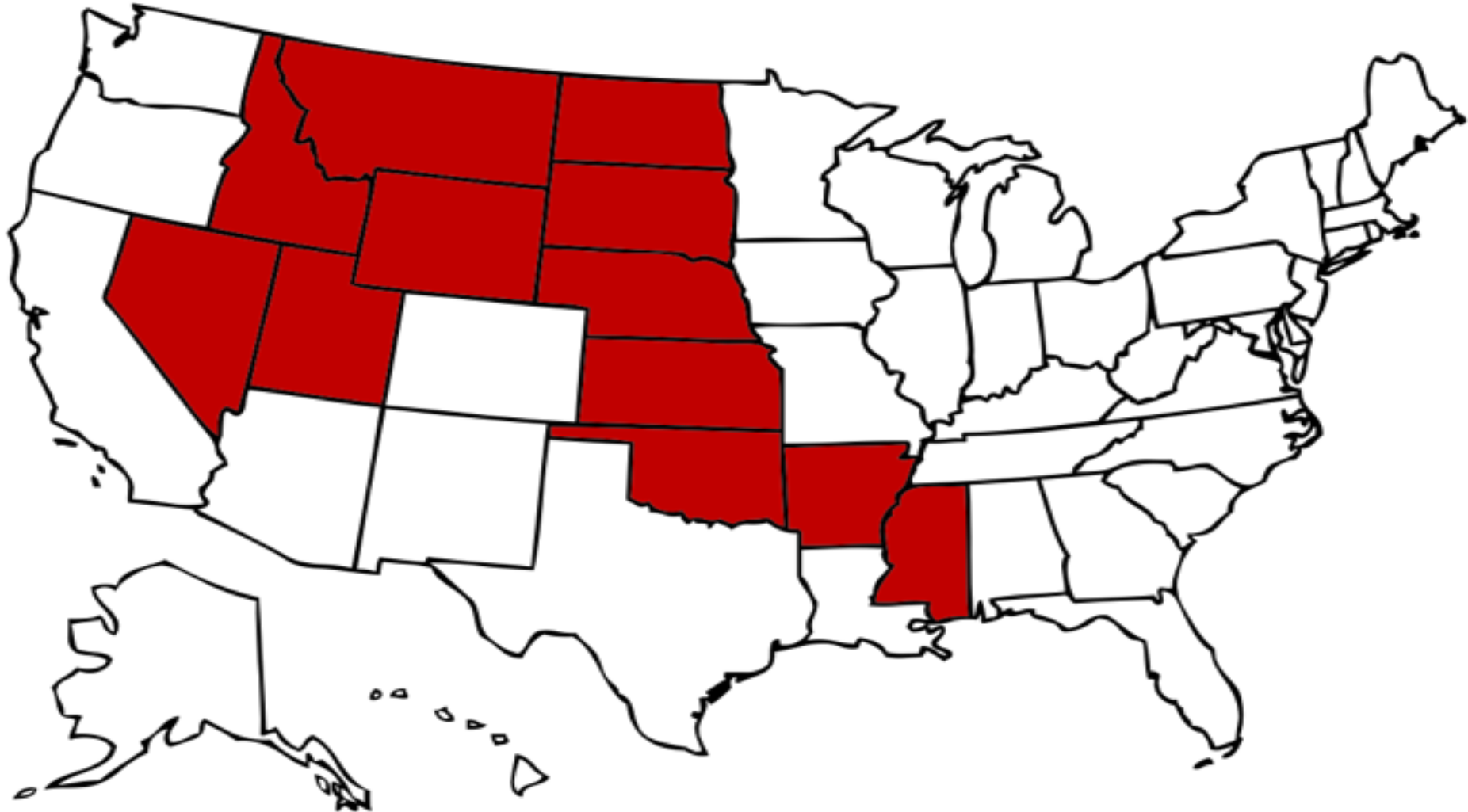


20,800,000

Substance Abuse Disorder

2.2 mm received treatment.

20 million: Entire population of colored States



## Surgeon General of United States

“This Report is a call to all Americans to change the way we address substance misuse and substance use disorders in our society. *Past approaches to these issues have been rooted in misconceptions and prejudice.* . . . [N]ow is the time to acknowledge that these disorders must be addressed with compassion and as preventable and treatable medical conditions.”

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



What are the Impediments to Recovery?

# Ancient Greeks

- Two Great Sins
- Hubris –  
Arrogance / Self  
Importance
- Impatience

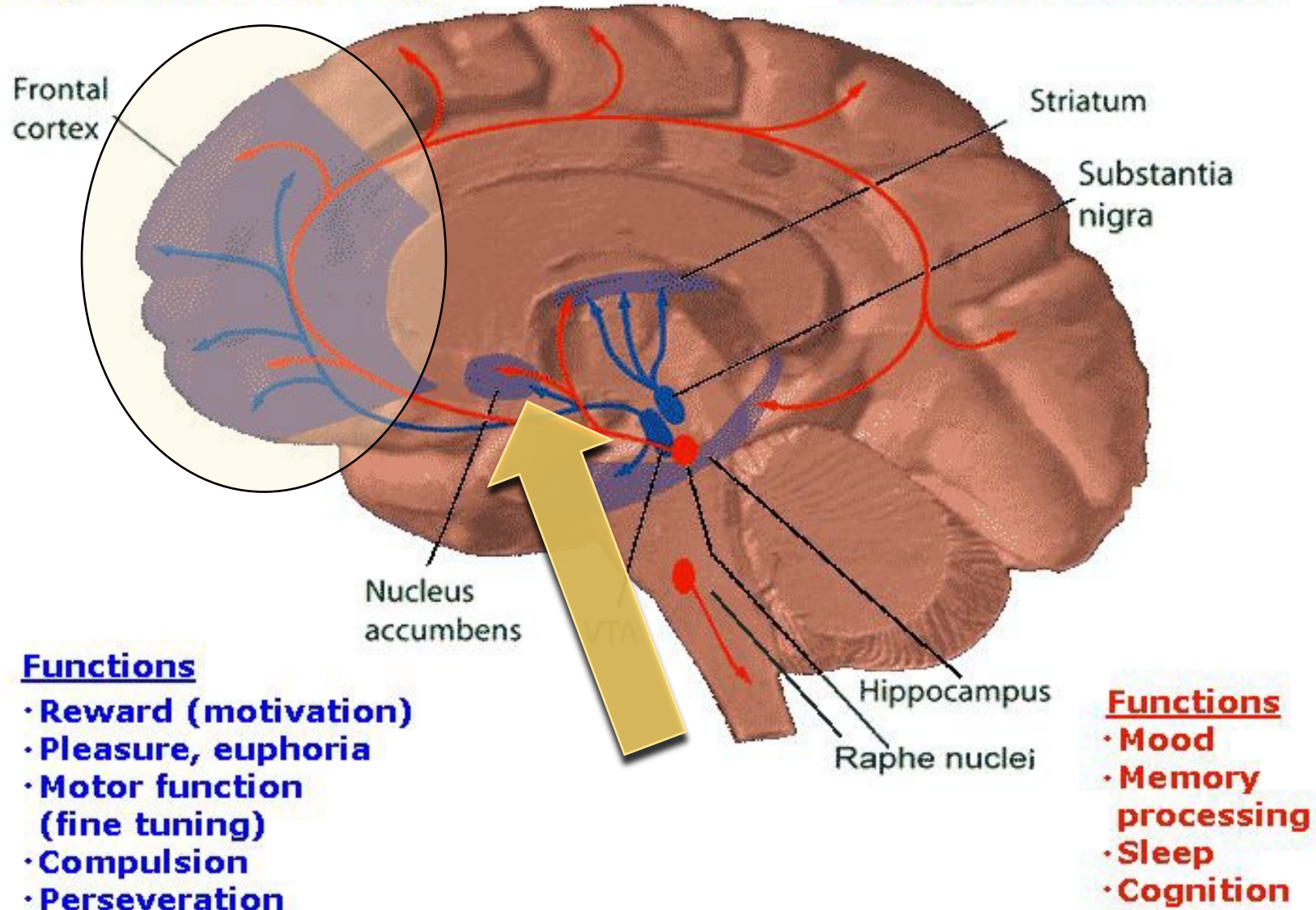


Practice humility and patience.

— Confucius, Analects

## Dopamine Pathways

## Serotonin Pathways

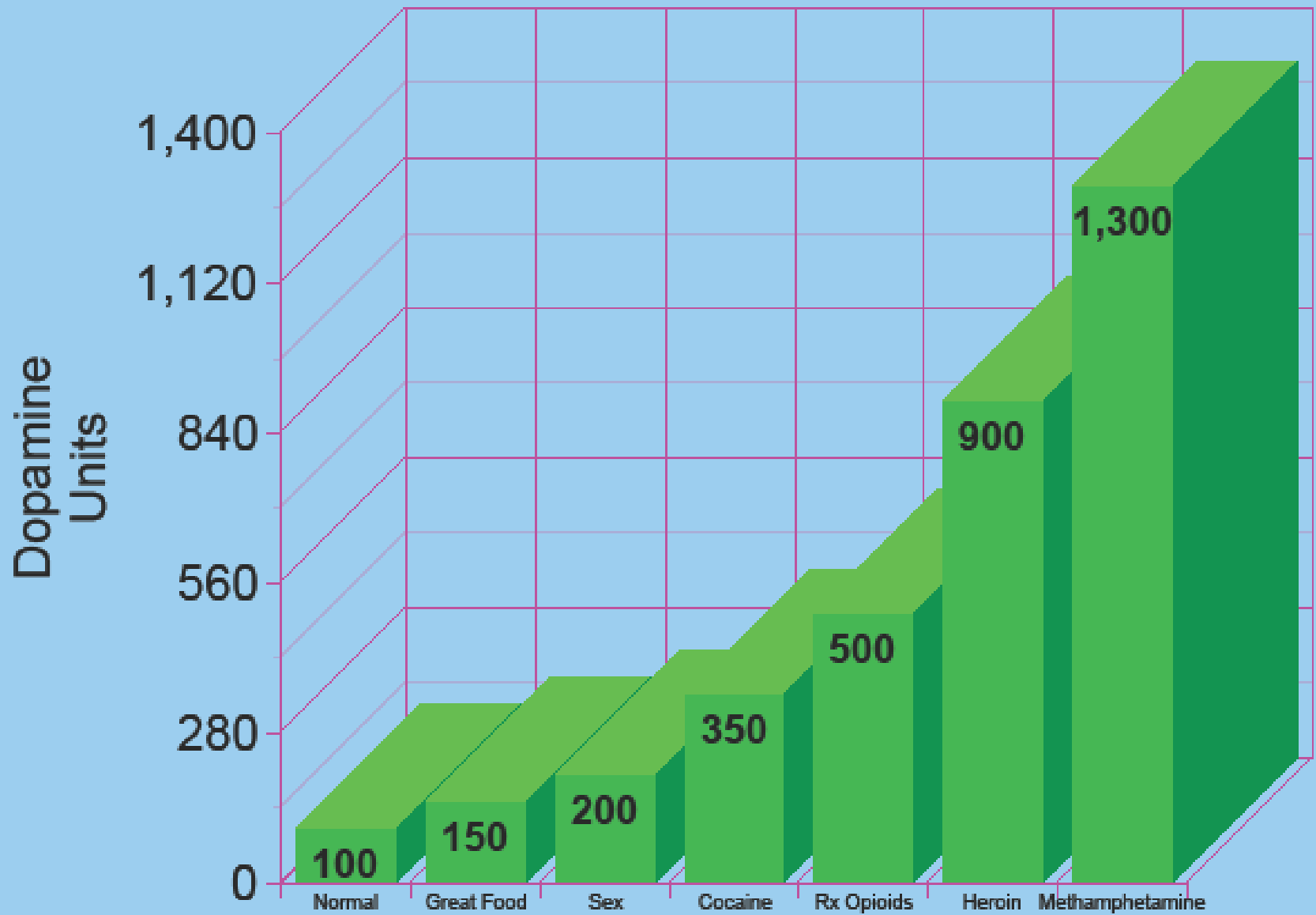


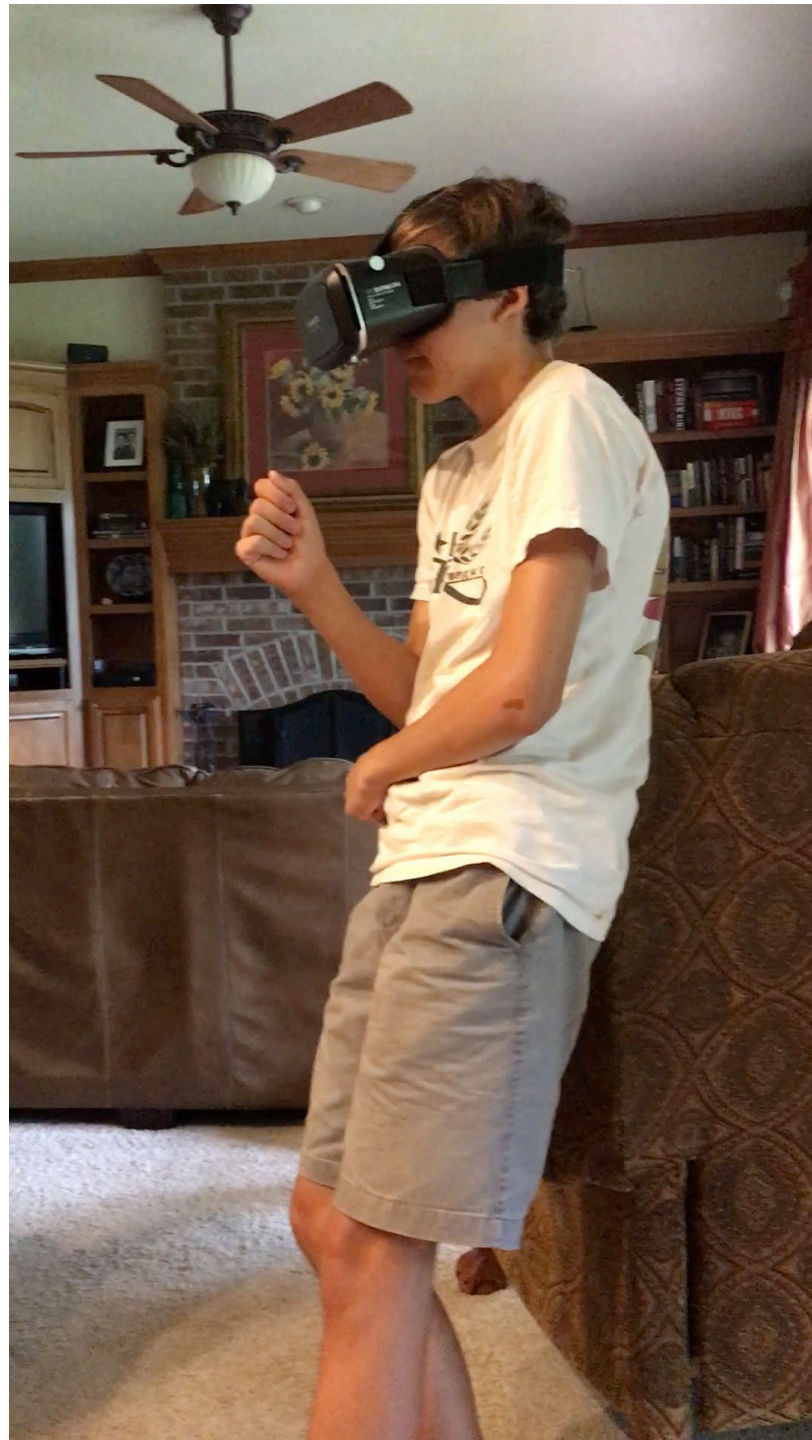
Dopamine 110



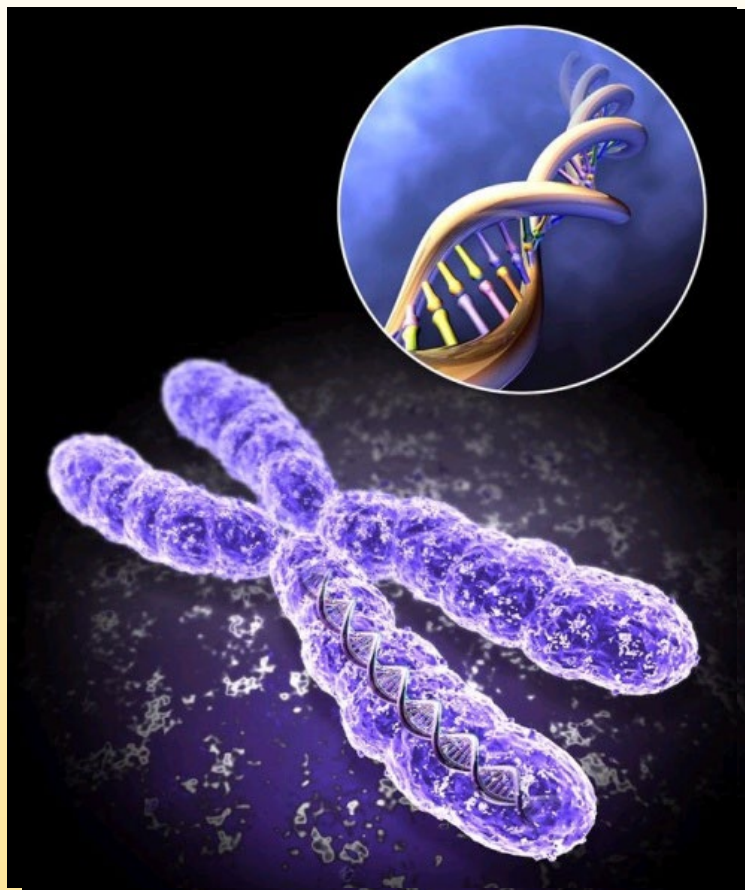
Dopamine 90

## Dopamine Levels





WHAT CAUSES ADDICTION?

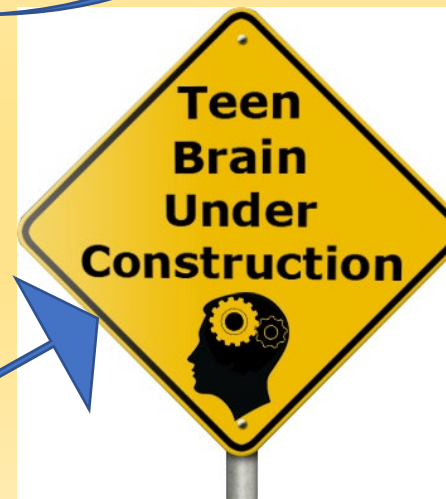


**TRAUMA / A.C.E.S.**

**GENETICS**

**POOR MENTAL  
HEALTH**

**EARLY  
USE**



### Function

Genes involved in sensibility to alcohol

### Observation

People with low sensibility to alcohol have increased addiction.



Genetics Account  
for 50% of  
*Risk* of Addiction

### Genes

SLC4A1, ALDH2,  
COMT, DRD2

### Function

Genes involved in metabolism



# 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

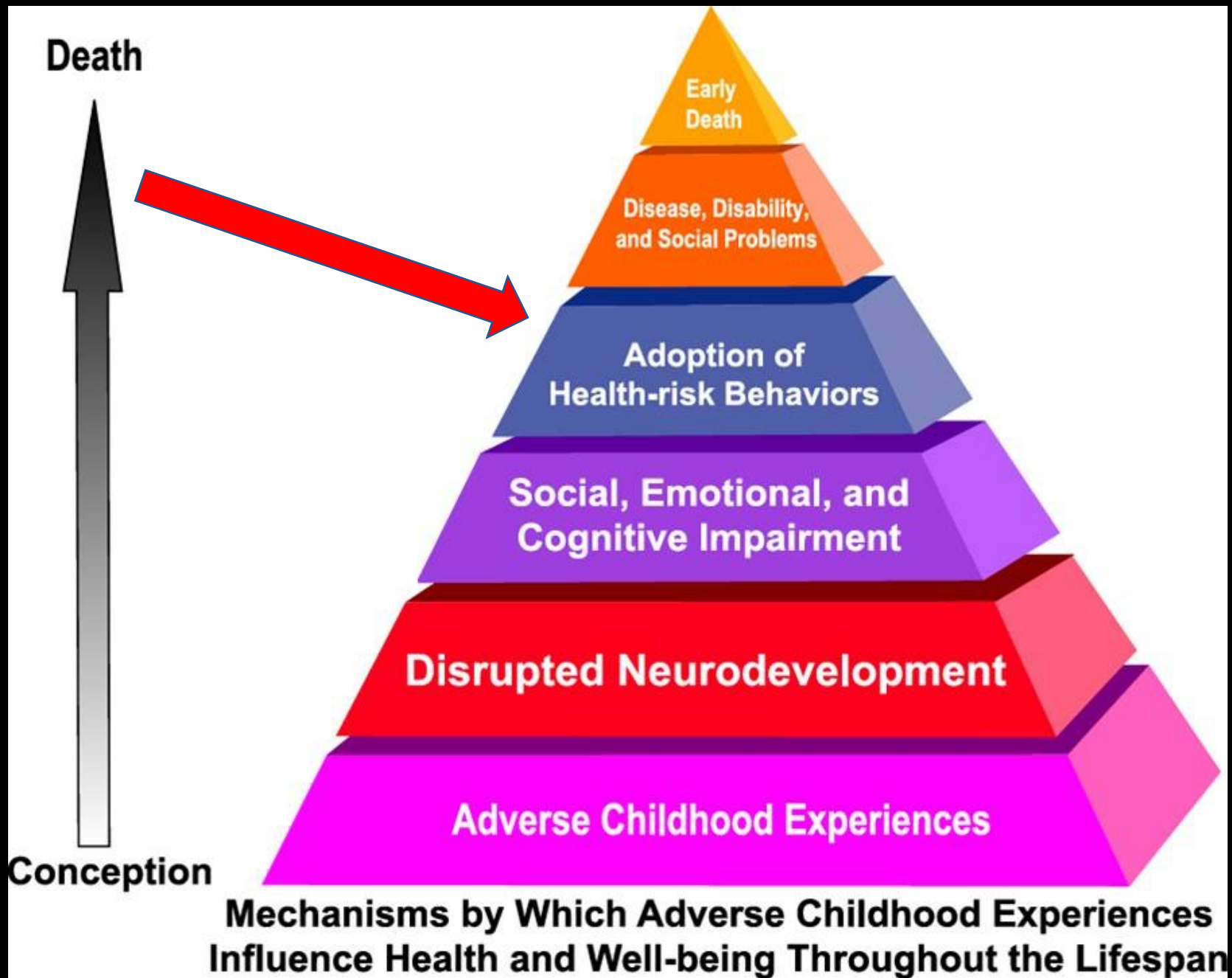


Suicide or Death



Crime or Imprisoned Family

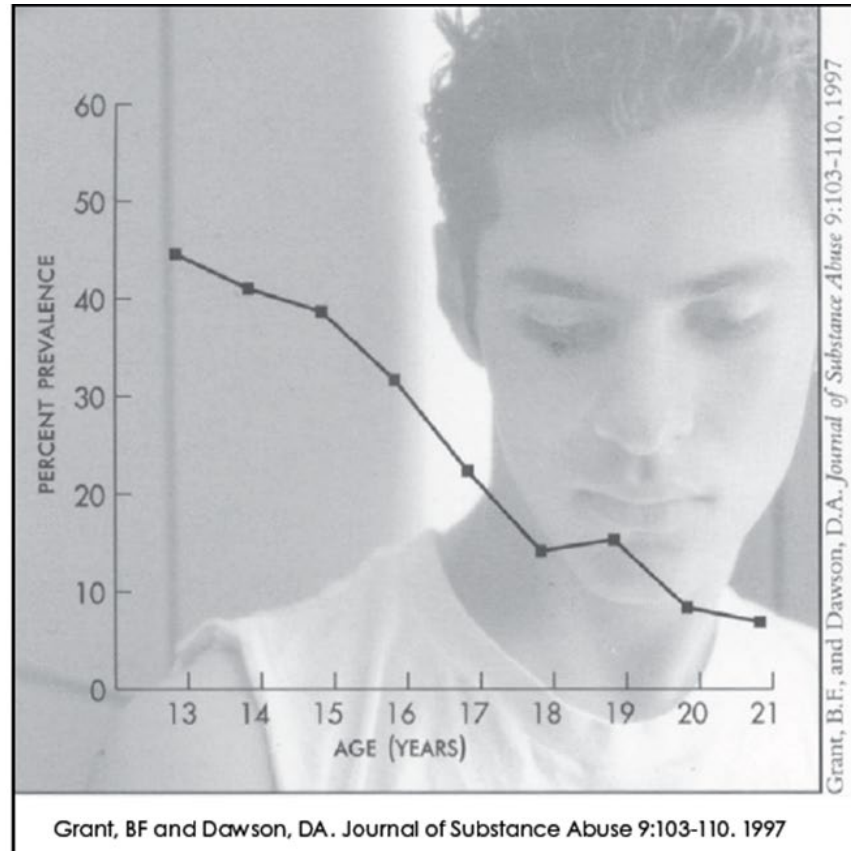
Causing lifelong medical, mental & social suffering





# EARLY USE

Teen Use  
Wires Brain  
for Addiction

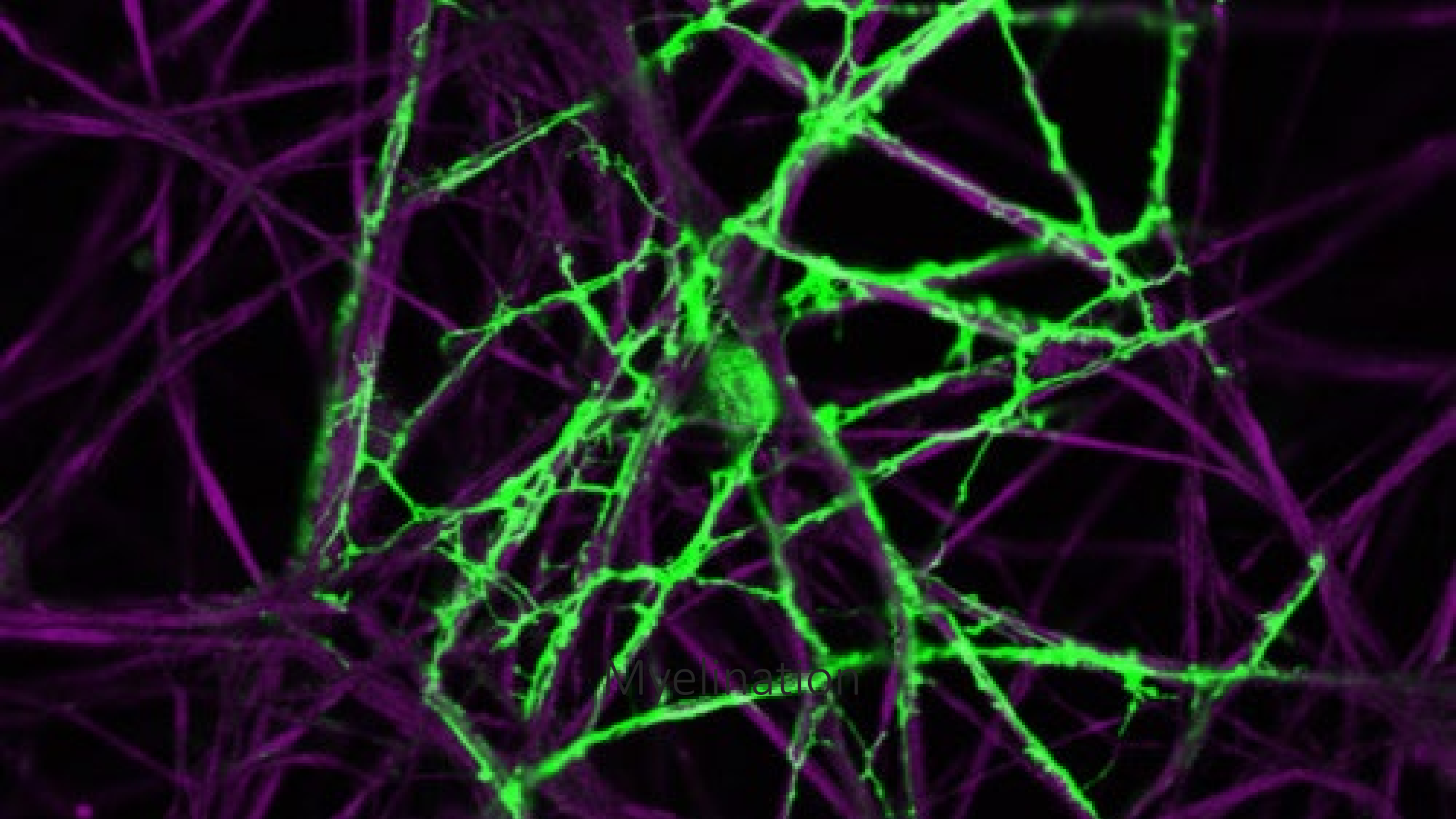


**40% of kids who begin drinking at age 15 will become alcoholics.**

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

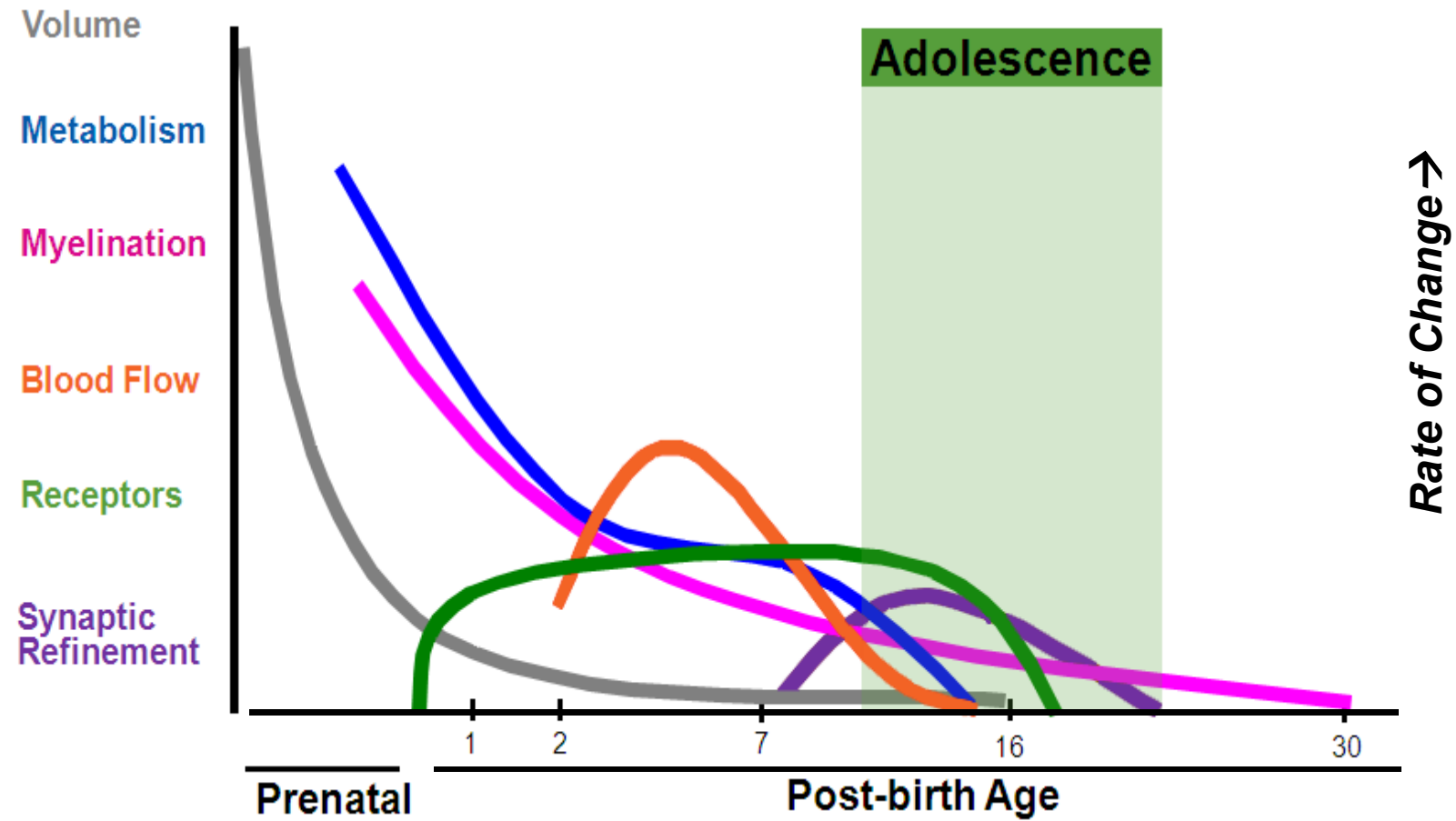


**EARLY  
USE**

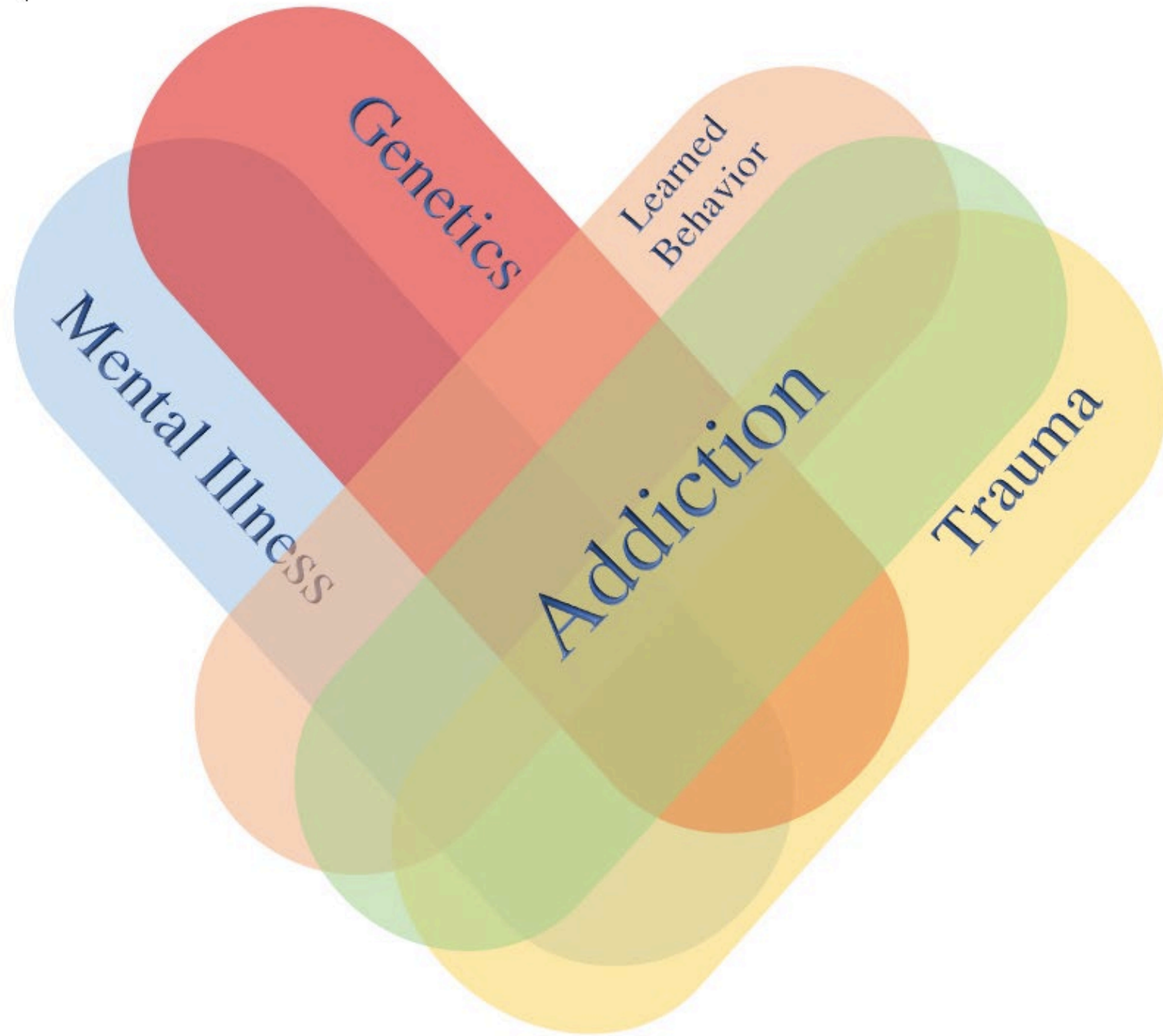


Myelination

# Brain Development



Source: Tapert & Schweinsburg, 2005

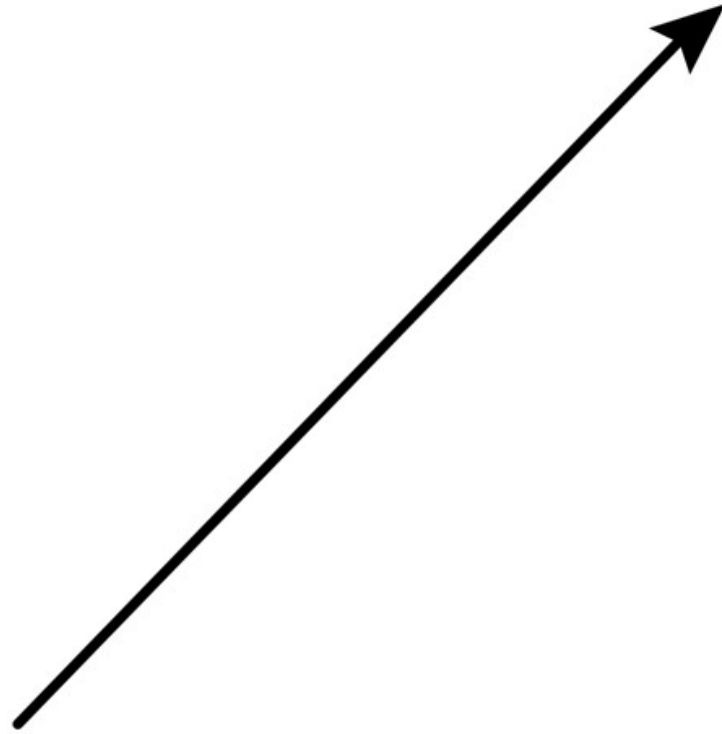


# Abstinence vs Recovery

---

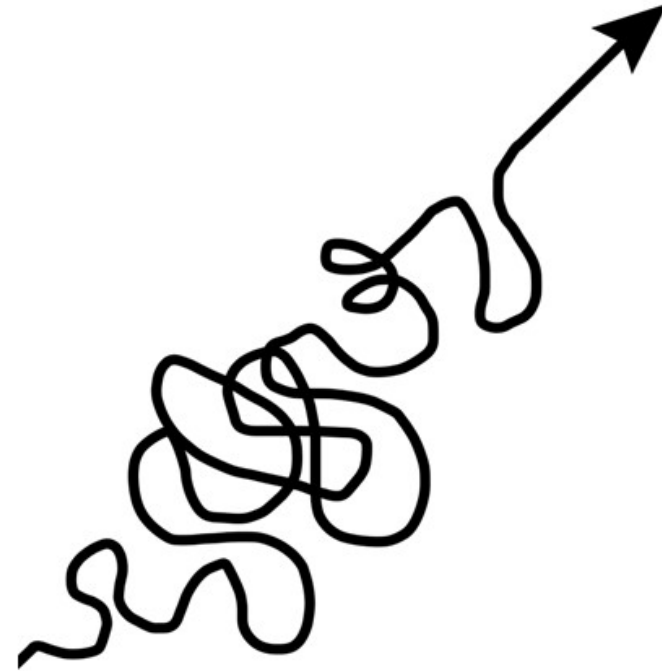
- **Abstinence:** Sobriety
  - Not using mood-altering substances
  - Not using your drug of choice (harm reduction)
- **Recovery:**
  - Voluntarily maintained lifestyle
  - Abstinence
  - Health (physical, mental and social well-being)
  - Citizenship (spirituality, giving back)
  - Improved Quality of life

SUCCESS



what people think  
it looks like

SUCCESS

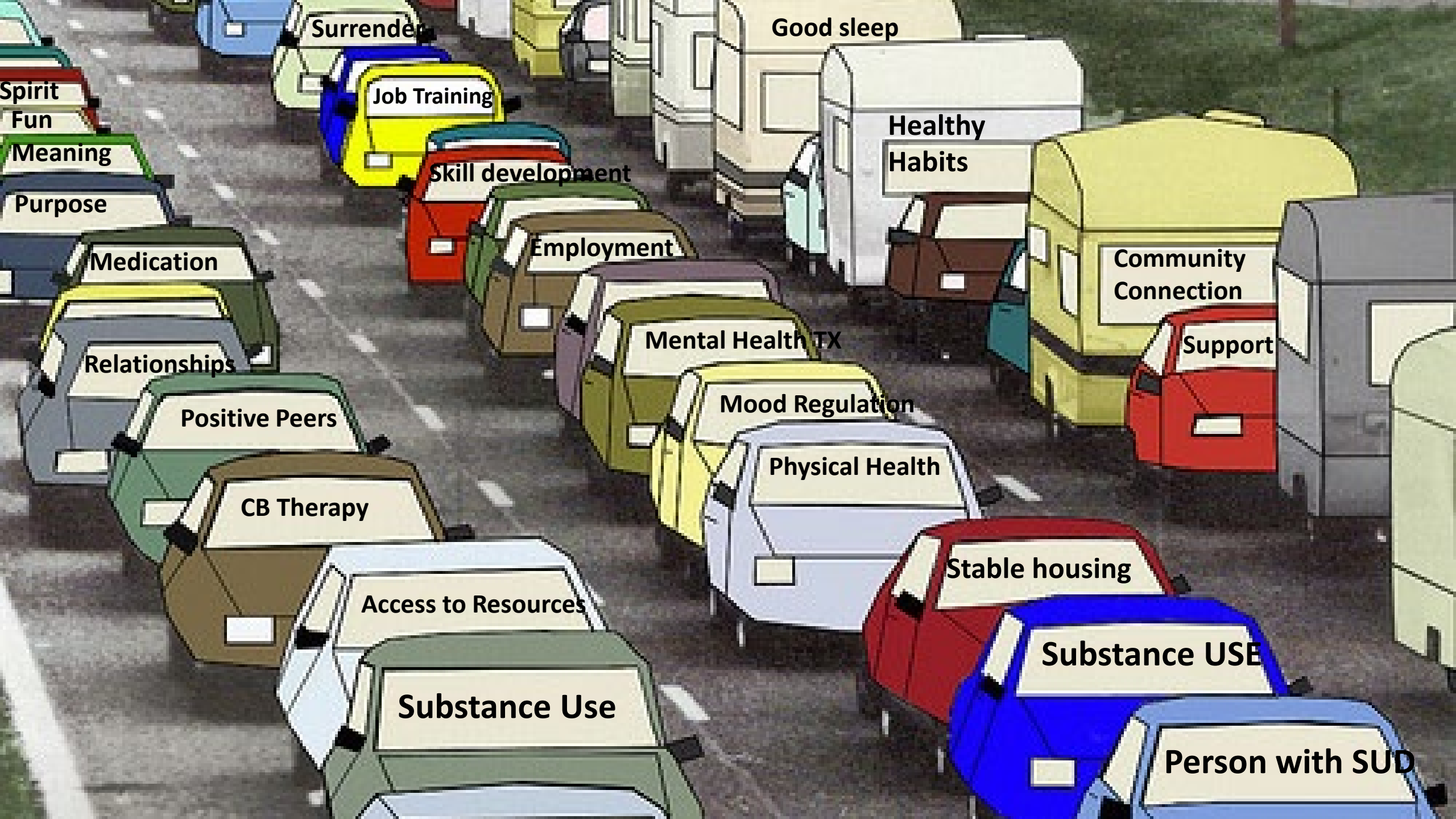


what it really  
looks like

# Addiction & Recovery is a “systems issue”

---

- Safe, Stable, Sober housing
- Healthy Relationships & Positive Peer Associations
- Physical health
- Employment / meaningful work
- Spiritual / Citizenship
- Sober fun
- Meaning / Purpose
- Healthy HABITS (sleep, nutrition, exercise/movement)
- Mood regulation
- Community Connection



Surrender

Good sleep

Spirit  
Fun

Job Training

Meaning

Healthy  
Habits

Purpose

Skill development

Medication

Employment

Community  
Connection

Relationships

Mental Health TX

Support

Positive Peers

Mood Regulation

Physical Health

CB Therapy

Stable housing

Access to Resources

Substance USE

Substance Use

Person with SUD

# Treatment Courts Work !!

## (Drug, DUI, Mental Health, Veterans Courts)

18 – 36 Month Program, 5 Phases

High Risk/High Need - Prior probation were not successful

Collaborative Team focused on problem solving

- Lawyers
- Therapist
- Probation Officer
- Judge

Encouragement and support;

INCENTIVES for desired behavior

SANCTION to correct behavior, not to punish

## 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**

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

- Subset of risk factors
- Dynamic, live and changeable

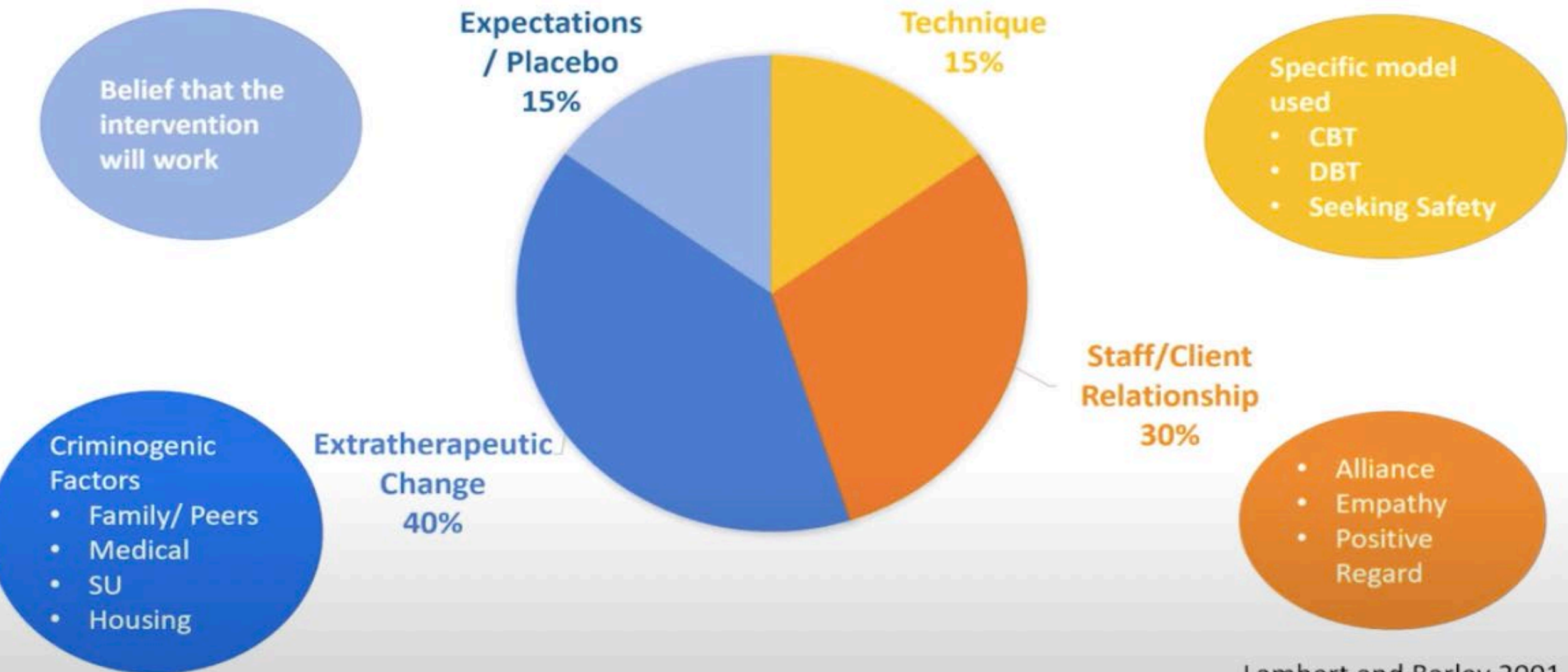
**DYNAMIC**  
Criminogenic  
Needs

# Addressing Risk Factors (Need) as Part of Behavioral Health Services

**Dynamic risk factors are Criminogenic Needs that can change!**

Dynamic Risk Factor	Need
History of antisocial behavior	Build alternative behaviors
Antisocial personality pattern	Problem solving skills, anger management
Antisocial cognition	Develop less risky thinking
Antisocial associates	Reduce association with criminal others
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Enhance performance, rewards
Poor living situation	Find appropriate housing
Substance abuse	Reduce use through integrated treatment

# What leads to behavior change?



# Laws of Behavior Change

- Consistency (every time)
- Celerity (behavior is address quickly)
- Magnitude of Sanction (light to heavy)ffd



## Sanction Principles

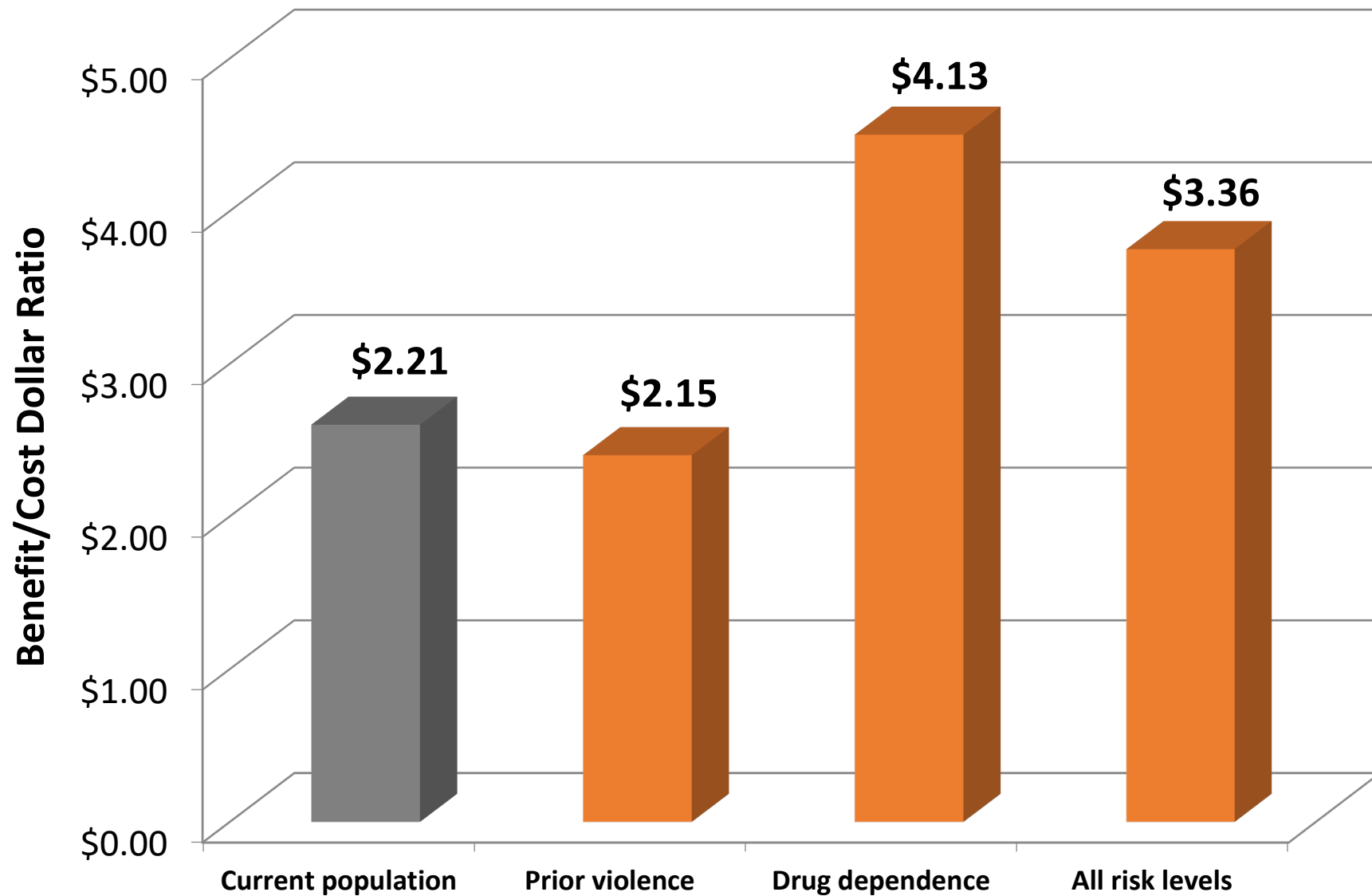
- Proximal (now) ----→ Higher Sanction
- Distal (later) ----→ Lower Sanction
  - Learned helplessness

Progressive – Start light and build

# Average Crime Reduction

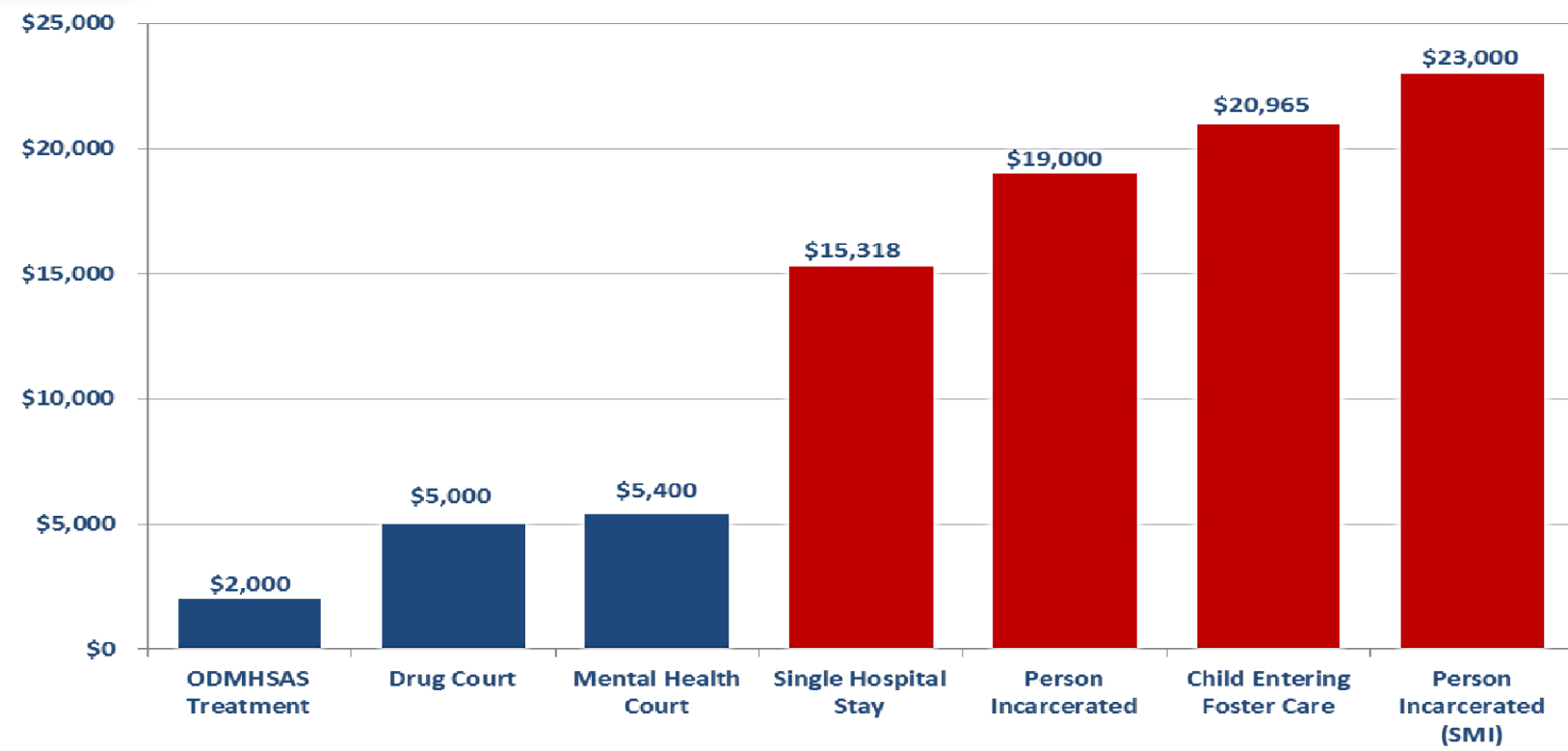
<u>Citation</u>	<u>Institution(s)</u>	<u>No. Drug Courts</u>	<u>Crime Reduced</u>
Mitchell et al. (2012)	U.S.F., G.M.U., & Penn State	92	12%
Rempel et al. (2012)	Urban Institute, CCI & RTI	23	13%
Wilson et al. (2006)	Campbell Collaborative	55	14%
Latimer et al. (2006)	Canada Dept. of Justice	66	9%
Shaffer (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%

## Average Benefit Per \$1.00 Invested





Annual Cost Comparison



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



# ***TREATMENT COURTS WORK!!***

- People can and do change.
- Change is not just ***possible*** but ***probable*** and ***predictable***.
- Over 4 out of 5 people who enter graduate.
- Consistently gets outstanding results!

What do you want for our community ?



~~Good guys vs Bad guys~~

It's just US

*Kenneth.Stoner@oscn.net*

405-713-2352  
Sarah Noble, Bailiff



**OKLAHOMA COUNTY**  
**TREATMENT**  
**COURTS**