

INNOVATIONS IN YOUTH JUSTICE ADDICTION TREATMENT

Addiction Treatment In
A Pilot Youth Mental Health Court
In Ottawa

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Disclaimer:

- Information and data is based on observations and discussions by Addiction Treatment and other YMH Court partners.
- Data are based on files but are not sanctioned by the YMH Court, Crown Attorney's Office or the Court of Justice.
- Observations are based on Treatment's broad best advice, are the experience of Rideauwood Addiction and Family Services to assist discussions which could facilitate similar efforts in Addiction Treatment and Youth Justice collaborations.

PRESENTATION OBJECTIVES

- Present an overview of the pilot YMHC in Ottawa
- Describe the impact of addiction in the YMHC
- Describe the Roles and Functions of Addiction Treatment
- Describe the Number/Type of Referrals
- Describe the early results & Client Outcomes to Date

Addiction in the Youth Mental Health Court

- Operates 1 day per month, with wide community collaboration (Crown, Judge, Defense, Youth Services Bureau, psychiatrist, Addiction (Rideauwood), E. Fry, John Howard, Collaborative Justice, etc.)
- 100 youth screened by YMH Court
- 65 youth provided psychiatric assessment
- 35 youth referred for Addiction Assessment and Treatment Plan
(Based on Youth/Parents report to lawyer.
Lawyer report to Crown)

Addiction in the Youth Mental Health Court (Cont'd)

- 75% addiction + moderate Mental Health problems
- Many more may have Alcohol/Drug problems, but Youth/Parents often under-report
- Ages 13-19 (charged up to 17 yrs of age)
- Average age is 17
- Of 65 receiving Psychiatric Assessments:
Female: 19 Male:41 (missing: 5)

Addiction Counsellor Functions

- Out Patient (Community Treatment) is provided by Rideauwood <> 2-3 days/week
- Out Patient is Primary Treatment as well as Continuing Care (Aftercare) following Residential Treatment
- Staffed by two Youth Addiction/Concurrent Disorder Counsellor Specialists
- **It is Out-Patient (non-residential) Treatment**
- Receive referrals in Pre-Court Meeting
- Provide Addiction Screening/Assessment at Court

Addiction Counsellor Functions (Cont'd)

- Includes Motivation Counselling i.e. Motivation to Reduce Alcohol/Drug Use
- Individual Engagement and Motivational Counselling (1-2 times weekly, 1-1 1/2hour length of sessions depending on client capacity)
- Addiction Oriented Counselling (1-2 weekly, 1 hour. No maximum length of stay)
- Most addiction clients engaged 6-18 months
- Contact with Collaterals (Probation, CMHA, Community Support Team, MST, E. Fry, Non Reporting Attendance Centre (NRAC), JRAC, Operation Go Home, Schools, Youth Services Bureau)

Addiction Counsellor Functions (Cont'd)

- Navigate and arrange Residential Treatment Referrals (where to, how long, return for Continuing Care) where appropriate
- Continuing Care is return to Rideauwood counsellor (Out Patient Community Treatment)
- Report to Youth Mental Health Court and/or Probation as appropriate (every Court day or as needed)

Client Profiles

Self Reported Presenting Problems:

1st – Threats to Self/Others

2nd – Relationships

3rd – Substance Abuse

4th – Housing

5th – Mental Health

Crimes:

Assault (partners/abuse), armed robbery, robbery, threats (often school staff), possession/trafficking, theft over and under (parents, neighbours), crack/opiate and IV use associated with prostitution (but few charges)

Early Outcome Observations

(Final Outcomes Not Yet Available)*

- 100 youth processed and screened by YMHC
- 100 clients complete assessment
- 85% of clients “Engaging” in 3 or more sessions
 - Of 35 Addiction Treatment (out-patient) clients, 5 referred to Residential Treatment
 - 2-4 month length of stay in Residential Addiction Treatment
 - Of 35 referred:
 - 33 still engaged in Addiction Treatment
 - 2 referred to Restorative Justice
- Since clients are still engaged, no Average Stay data is available

Early Outcome Observations (Cont'd)

- Reductions in drug/alcohol use
- Improvements in well-being (BASIS 32 being considered)
- Repeat crimes \pm 30%
- Reintegration into school through Rideauwood School Based Treatment; employment; Ontario Works LEAP / OW ASI

Observations & Lessons Learned

- Punishment approach gets poor results
- Caring, empathy, respect, supportive, ownership of problems/solutions
- Youth Mental Health Court is “problem solving court”
- Differs from (ADULT) Drug Treatment Court
 - Youth out of the Court, Custody System a.s.a.p.
 - Work within Probation is a constructive tool
- Not Punitive; not molly coddling (enabling)

Observations/Lessons Learned (Cont'd)

- Harm reduction at entry, long-term view
- Abstinence, well presented, is achievable
 - 9 of 35 have selected abstinence goals (eventually)
 - 2 are abstinent now

("Can you try abstinence for a 3 month try-out period"?)

Yes... try

No... important discussion, but "it's ok"

- Longer treatment view allows "opportunistic interventions" for further reduction in drug/alcohol use
- Requires dedicated, specialized staff, program tailored to Youth Justice Clients.
- "Mainstream" programs may lack **capacity** for quick response or **specialization** for addiction possibly also Mental Health and Concurrent Disorder and developing criminogenic pattern

Observations/Lessons Learned (Cont'd)

- Drug Use Patterns
 1. Alcohol/marijuana most common, 75 youth/ daily-to binge pattern ($75/100=75\%$)
 2. Crack use, 15 youth/binge/daily use ($15/35=43\%$)
 3. IV use, 5 youth daily use ($5/35=14\%$)
 4. Opiate user (Oxycontin, Heroin, Morphine) 5 youth/daily use ($5/35=14\%$)
- Greatest Risks Present (Family Breakdown, Impaired Driver, Unprotected Sex, Violence, Sexual Assault, Education, Developing Entrenching Criminogenic Lifestyle)
- Little Crystal meth (seen as dirty drug)
- Oxycontin is the up and coming drug (2 years ago 5%, now 40%)

Of 35 Addiction Clients:

- 9 set Abstinence Goals
 - 2 Abstinent

- 26 set Moderation (Harm/Risk Reduction) Goals
 - <> 90% end use of crack, cocaine, opiates
 - 100% of IV users get off needles
 - <> 0/3 use alcohol/marijuana few times/day (daily use continued, so far)
 - <> 2/3 use smaller amounts of alcohol/drugs per day (intake per use per day down from 2-6 grams/day to 1 gram/day)
 - drinking days cut by half by most