Never Served Populations Addiction, Risk, and Health in Drug Court Clients in Memphis TN

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Drug Courts

- Coordinated efforts
 - Judiciary
 - Prosecution/Defense/Probation
 - Law Enforcement
 - Social Services
 - Mental Health and treatment communities



Drug Courts

- An alternative to incarceration
- Forced intervention
 - Quick identification
 - Strict monitoring
 - Community supervision
 - Effective, long-term treatment



Drug Courts

- 1st Miami, FL (1989)
- 2,000 programs today
- GAO reported "substantially reduce crime by lowering re-arrest and conviction rates among drug court graduates" (GAO-05-219)



TN Drug Courts

- 45 Drug Courts in 53 counties (2005-6)
- Shelby County Drug Court (1997)
 - I of 33 Mentor Courts Nationally
 - Graduates
 - 849 persons
 - Recidivism for drug related crime (1997 -Oct, 2006)
 - 232 persons (27.33 %)



Shelby County Drug Court Support Foundation

- Established 2004
- Not for profit organization of community volunteers
- Mission is to increase awareness and raise funds to support Shelby County Drug Court
 - Community activities
 - Grants



Federal Initiatives

- Drug Court Treatment Act (July, 2003)
 - Administered by Office of Criminal Justice Programs in Tennessee
 - http://www.state.tn.us/finance/rds/drugco urts.html
- Defining Drug Courts: Key Components
 - US DOJ OJP: Drug Courts Program Office
 - www.nadcp.org/docs/dkeypdf.pdf



Defining Drug Courts: Key Components

- 1 Integrate treatment with criminal justice planning
- 2 Non-adversarial approach to clients
- 3 Identify eligible clients quickly after arrest
- 4 Access to treatment and rehabilitation



Defining Drug Courts: Key Components

- 5 Monitor abstinence with frequent testing
- 6 Use coordinated strategy to govern compliance
- 7 Ongoing judicial interaction with each client
- 8 Measure achievement of program goals and gauge effectiveness



Defining Drug Courts: Key Components

- 9 Employ continuing interdisciplinary education to promote effective planning and implementation
- 10 Forge partnerships with court, public agencies and community based organizations to generate support and enhance effectiveness



Funding

- OCJP TN
 - TN Department of Finance and Administration
- Grant awarded to Shelby County Drug Court Support Foundation
 - Grant's Committee
 - Recovered Life is Valuable (ReLIV)
- Foundation contracted with University of TN Health Science Center College of Nursing



Literature Review

- No data in literature about drug court clients' health or health risks
- Minimal literature about drug court successes or barriers to success



The Study Purpose

- Evaluate health and life style risk factors in drug court clients
- Report evaluation outcomes to Shelby County Drug Court Judge and Office of Criminal Justice Programs
- UTHSC IRB application
 - Exemption received September 2006



- Assumptions
 - Drug Court clients are
 - Users, sellers, abusers and/or addicts
 - Criminals because they are arrested/convicted for a crime associated with drug use or sale



- Assumptions
 - Program enrollment and completion
 - Some accept program to avoid jail
 - Many will successfully complete the program
 - Some will not
 - We don't know why some relapse



- Incorrect Assumptions
 - Adherence to protocol while in treatment
 - Unpredictable with appointments
 - Failure to show up = consequences



- Incorrect Assumptions
 - Trust
 - Beneficence and goals for service understood by clients
 - In reality, fearful and suspicious resulted in non-compliance where parts of evaluation were declined selectively



- Three pronged approach
 - 1) Assessment of lifestyle risks
 - 2) Health history
 - 3) Physical Evaluation, including
 - Vision, hearing, and neurological screening tests
 - Mood, anger, and violence screening tools
 - Laboratory tests that include screening major systems



Sample Selection

- Naturalistic study of drug court clients
 - Convenient sample of volunteers
- 3 Community treatment centers
 - Transitional housing centers
- All 3 Phases of recovery represented



Sample

- *N* = 45
- Drug court volunteers
- Gender
 - 42% female
 - 58% male



- Sample (cont)
- Self-identified race/culture
 - African American (62%)
 - Caucasian (36%)
 - Asian (2%)
- Age
 - 18-29 years (44%)
 - 30 years and older (56%)



- Evaluation
 - Health history
 - Exposure to risk
 - Mental health
 - Current physical health status



Analysis

- Descriptive statistics
- McNemar's Test
- Linear regression



- Multiple Health risks
 - Gained weight after drug court enrollment (85%)
 - Smokers (82%)



- Prevalence of Disease
 - Dental disease (73%)
 - Hypercholesterolemia (54%)
 - Ear pathology (50%)
 - Genitourinary disease (43%)



- Prevalence of Disease
 - Hepatitis (39%)
 - Cardiovascular pathology (33%)
 - Respiratory disease (32%)
 - Asymptomatic STI (17%)
 - Liver disease (17%)



- Evidence of mental health disease (54%)
- Experienced deadly intra-familial violence in first degree relative (25%)



- Reported no health care in 5 or more years (32%)
- Reported never had been to a health care provider (22%)
 - Coined term "never-served" population
- Sought government assistance (8%)



- Self-report of dental disease and physical findings (P=0.0047)
- Increasingly different kinds of drugs used are significantly related to race (P=0.0003) and gender (P-0.0351)
 - White males use more types of drugs than all other groups



Conclusions

- Disease burden
 - Significant
 - Lethal
- Need for health care for "Never-served"
 - Aversion to health seeking behaviors
 - Addictions
 - Poor coping skills
 - Absence of resources





