

**MINNESOTA SUPREME COURT
CHEMICAL DEPENDENCY TASK FORCE**

**REPORT ON THE
OVERALL IMPACT OF
ALCOHOL AND OTHER
DRUGS ACROSS
ALL CASE TYPES:
EXECUTIVE SUMMARY**

NOVEMBER <date>, 2006

**STATE OF MINNESOTA
IN SUPREME COURT
ADM-05-8002**

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Chemical Dependency Task Force
Report on the Impact of Alcohol and Other Drugs
Across All Case Types

PART I: INTRODUCTION

A. TASK FORCE MEMBERS

Task Force Chairs: **Honorable Joanne Smith**, District Court Judge,
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Honorable Gary Schurrer, District Court Judge,
Tenth Judicial District, Vice-Chair

Task Force Members:

Jim Backstrom, Dakota County Attorney
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Chris Bray, Assistant Commissioner, Minnesota Department of Corrections
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Honorable Gary Larson, District Court Judge, Fourth Judicial District
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Honorable Robert Rancourt, District Court Judge, Tenth Judicial District
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John Stuart, State Public Defender
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Staff:

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¹ Assistant Commissioner Kooistra joined the Task Force in September 2005 when Lynda Boudreau moved from the Department of Human Services to the Department of Health.

² Fred LaFleur withdrew from the Task Force in August, 2005.

B. TASK FORCE BACKGROUND AND PURPOSE

Background

Persons who suffer from alcohol and other drug (AOD) problems represent a pervasive and growing challenge for Minnesota's judicial branch, and, in particular, its criminal courts. The impact of AOD problems is not confined to any one case type; they are common throughout the judicial branch. But in recent years alternative and demonstrably more effective judicial approaches for dealing with AOD-dependent persons, and particularly criminal offenders, have evolved both in Minnesota and other states. Further, increased resources exist at both the state and national level to support the development of such alternative approaches. There has been growing recognition that Minnesota courts would benefit from a more deliberate and coordinated effort to investigate the extent to which AOD-dependent persons come into the courts, and to assess available strategies and approaches for addressing that problem.

In 2000, courts statewide were asked to vote on strategic priorities for the courts over the next several years. The top four priorities selected were Access to Justice, Children's Justice, Public Trust and Confidence, and Technology. Alcohol and other drug issues ended up a very close fifth in the vote – demonstrating the clear concern about this topic among those who work in the judiciary. Since that time, methamphetamine production and use has grown at an alarming rate across the country as well as in Minnesota. As with previous such problems, courts are struggling to plan for an effective response to the inevitable resource drain this new problem will cause for the state. At the same time, courts are increasingly recognizing that few, if any, of these offenders are using only meth, and that there is a need to address “poly-drug” use in all of its manifestations. Defendants addicted to methamphetamine, crack cocaine and marijuana (which remain significant problems in urban areas of Minnesota), DWI defendants, and other chemically dependent recidivists are currently taking up significant amounts of the courts' limited resources.

It is imperative that cost-effective and productive ways of dealing with these issues be identified. Minnesota continues to face difficult economic times and state budget deficits in the past several years, so it seems particularly necessary and urgent to address AOD issues in a proactive and cohesive way with criminal justice partners who are facing many of the same challenges.

While there is some historical precedent in Minnesota for a task force or state-level committee focused on related issues (e.g., criminal justice effectiveness, mental health, juvenile justice), there has never been a judicial task force focused specifically on addressing the impact of AOD issues on the courts. A number of other states have recently established task forces, judicial commissions, or legislatively mandated bodies that are also exploring this specific issue or similar

issues and initiatives (such as drug courts). On November 30, 2004, the state Conference of Chief Judges unanimously recommended that the Supreme Court establish a task force charged with exploring the problem of chemical dependency, and identifying potential approaches and resources for addressing that problem.

Purpose

The Task Force was established by the Minnesota Supreme Court on March 16, 2005, to make recommendations as to how the Minnesota Judicial Branch can deal more effectively with persons with AOD problems who come in to the Minnesota courts. (See Appendix A for the Order creating the Task Force.) In particular, the Court directed the Task Force to:

1. Conduct background research on specific issues concerning AOD-dependent persons, and particularly AOD-related offenders, including:
 - a. The current extent of the problem of AOD-dependent persons, and particularly AOD offenders, in the Minnesota judicial branch;
 - b. The cost(s) of the problem and benefit(s) of proposed solutions;
 - c. Identification and assessment of current judicial strategies to address the problem of AOD-dependent persons, and particularly AOD offenders, both in Minnesota and other states;
 - d. Determination of the current and potential effectiveness of drug courts and other alternative approaches in Minnesota.
2. Conduct an inventory of current multi-agency, state-level AOD efforts in Minnesota as well as in other states, including:
 - a. Identification of promising practices;
 - b. Identification of gaps and redundancies.
3. Identify and recommend approaches, solutions, and opportunities for collaboration.

The Court directed the Task Force to submit two reports with the results of its research together with its recommendations for optimal development of alternative judicial approaches for dealing with AOD-dependent persons. An initial report focusing specifically on AOD-related criminal and juvenile offenders was to be submitted by January 3, 2006; this deadline was subsequently extended to February 3, 2006. A Final Report focusing on the overall impact of AOD problems across all case types is to be submitted by November 15, 2006.

C. **TASK FORCE PROCESS AND REPORT FORMAT, DISTRIBUTION AND DISCUSSION**

Process

The full Task Force met monthly beginning in April 2005. Following submission of its initial report in February 2006, the Task Force continued to meet monthly.

The Task Force has considered comments made by citizens, lawyers, subject matter experts, judges and other professionals who have attended Task Force meetings and public hearings on October 9, 16 and 17, 2006, and / or have provided written materials. The Task Force also solicited input from a variety of individuals, professionals, agencies, and groups having experience and interest in AOD problems and their impact on Minnesota courts.

Report Format, Distribution and Discussion

The Task Force has made findings and recommendations in the following areas:

- Children in Need of Protection or Services (CHIPs) in the Juvenile Courts
- Domestic Violence
- Statewide Expansion of Problem Solving Approaches in Minnesota
- General Recommendations
 - Communities of Color
 - Co-Occurring Disorders
 - Trauma
 - Women and Girls
 - Criminal Justice Treatment
 - Fetal Alcohol Spectrum Disorders
 - The Use of Medications
 - The Process of Recovery
 - Screening and Assessment

Additionally, the Task Force heard testimony and has commented on civil commitment for chemically addicted individuals and on the impact of alcohol and other drugs on other case types.

This report will present the considerations and recommendations of the Task Force in five main sections:

1. Addiction Model;
2. Recommendations concerning Problem-Solving Approaches for Children in Need of Protection or Services Cases;

3. Recommendations concerning Other Case Types: Domestic Violence, Civil Commitment, and Other Case Types;
4. Recommendations concerning the Statewide Expansion of Problem Solving Approaches in Minnesota;
5. General Recommendations :
 - a. Communities of Color
 - b. Co-Occurring Disorders
 - c. Trauma
 - d. Women and Girls
 - e. Criminal Justice Treatment
 - f. Fetal Alcohol Spectrum Disorders
 - g. The Use of Medications
 - h. The Process of Recovery
 - i. Screening and Assessment

The Task Force decided to make decisions by consensus, meaning that all members would support a proposed recommendation in order to avoid minority reports, even though some members might disagree with the proposed recommendation. The Summary of Major Task Force recommendations in Part II.A explains the areas of significant change and highlights the issues that generated the most debate by the Task Force and/or significant comment from the public.

A draft of this report was circulated electronically to a wide spectrum of individuals and groups who either have expressed interest or may be interested in the Task Force's work.

PART II: EXECUTIVE SUMMARY

A. SUMMARY OF MAJOR TASK FORCE CONCLUSIONS AND RECOMMENDATIONS

- I. ***Children in Need of Protection or Services (CHIPS) – Problem-Solving Approaches*³: *The Task Force calls for a broad and fundamental shift in how Minnesota’s courts deal with Child in Need of Protection or Services (CHIPS) cases, in coordination with the Judicial Branch’s Strategic Plan for both the Children’s Justice Initiative and the commitment to problem solving approaches in general.***

The problematic use of and addiction to alcohol and other drugs by parents who find themselves in juvenile court is of particular concern to the Task Force. The connection between AOD problems and ongoing involvement in the criminal justice system is clear, especially for those young children found to be in need of protection or services. There is a direct link between the Judicial Branch’s commitment to the Children’s Justice Initiative and the need to focus on AOD concerns within the child protection system. This need is further underlined by the increase in methamphetamine-related cases in the child protection system. It is critical that these cases be given focused attention.

The Task Force believes that problem-solving approaches for the CHIPS population in the juvenile courts will greatly improve the outcomes for children living in families impacted by AOD, provide necessary treatment and ancillary services for parents, and save significant Out of Home placement costs for the state and the county.⁴ The Task Force would also like to call special attention to the successes of the Children’s Justice Initiative, particularly the Children’s Justice Initiative – Alcohol and Other Drug Project (CJI-AOD), for embracing the concept of the “toolkit” and offering counties across the state, with multifarious needs and resource capabilities, a menu of interventions to positively impact the occurrence of AOD on CHIPS cases, and ultimately the ability of the courts to safeguard the best interests of children coming from addicted family systems.

Recommendations: The Task Force strongly recommends the development and implementation of a plan for making problem solving approaches for

³ The Task Force recognizes that all of those who work in the court system are actively involved in the solving of problems, and it neither wishes nor intends to disparage those efforts. The term “problem solving” as used here is a term of art used by courts across the country to define a specific type of innovative judicial intervention. (See this Task Force’s *Report on Adult and Juvenile Alcohol and Other Drug Offenders*, p. 21, #5; pp. 24-25)

⁴ At the time this report was written there were only two family dependency treatment courts in Minnesota – in Stearns County and Dakota County. Both courts began July, 2006.

families in the judicial child protection system more broadly available throughout the state.⁵ The essential elements⁶ of such approaches include:

- 1. Holding the parent accountable for his or her conduct and recovery with swift and certain interventions (including a continuum of sanctions while the parent is involved in the problem solving approach, and full consequences for failing in the problem solving approach, including ultimate termination of parental rights for total failure in the problem solving approach). The immediacy of consequences is fundamental.*
- 2. The use of incentives to acknowledge progress in the program and provide public support and affirmation for the parent's successes.*
- 3. Agreement between the vital parties – prosecutor, public defender, child protection, guardian ad litem, the tribe (when an American Indian family is involved) and judge – as to eligibility criteria and other program criteria.⁷*
- 4. Evidence based culturally appropriate treatment services.*
- 5. Services targeted toward children who come from addicted families.*
- 6. The availability of ancillary services (e.g., parent programs, recovery schools, tutors, vocational training, and mentors.)*
- 7. A continuum of interventions.*

II. **Domestic Violence, Civil Commitment, and Other Case Types:**

Domestic Violence: Even though the exact relationship between AOD use and domestic violence has yet to be determined, the Task Force believes that finding effective ways to address both problems may reduce family violence and lead to better AOD treatment outcomes. Failure to address issues of violence during AOD treatment can undermine the recovery of both abusers and survivors. Additionally, failure to address abusers' AOD problems within the context of domestic violence treatment can jeopardize abusers' efforts to stop the violence.⁸

Civil Commitment: While the Task Force did not make specific recommendations in the area of civil commitment, it recognizes that civil commitments present, in certain cases only, opportunities to implement the problem-solving approach. One of the Task Force's hopes is that the

⁵ The state Judicial Council has identified a comprehensive effort to expand drug courts in Minnesota in its current strategic plan. While the current strategic plan focuses on adult and juvenile offenders (per the first Task Force report), it also fully supports CJI.

⁶ For a more detailed discussion of these elements, refer to Appendix B.

⁷ At the local level, it is important for county attorneys, public defenders, and judges (along with other members of the problem solving team) to determine the eligibility criteria for their problem-solving court.

⁸ SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMIN., U.S. DEP'T OF HEALTH & HUM. SERVICES, TREATMENT IMPROVEMENT PROTOCOL (TIP) 25, SUBSTANCE ABUSE TREATMENT AND DOMESTIC VIOLENCE, 5 (1997).

successful implementation of problem-solving approaches for AOD-addicted individuals across Minnesota will ultimately impact the number of people being civilly committed as system/s becomes more adept at intervening in addictive disorders.

Other Case Types: The Task Force also did not make specific recommendations concerning all other case types. However, it is clear that AOD has a significant impact across case types, and the degree to which the Judicial Branch trains its employees and judges on AOD issues will ultimately be the degree not only to which these cases reduce in number, but also to which AOD addicted individuals coming into the Minnesota courts experience the appropriate and effective administration of justice.

- III. **Statewide Expansion of Problem Solving Approaches in Minnesota's Courts:** *The Task Force supports the statewide development of problem solving approaches for AOD addicted individuals coming into the court system. This includes but is not limited to: adult criminal and juvenile delinquency cases, child protection / family dependency cases, civil commitments (when appropriate), and intimate partner violence (also known as domestic violence) cases.*

The Minnesota Judicial Branch has reached a crossroads in addressing the impact of AOD problems on its courts. After experiencing initial success with problem-solving approaches and learning from the successes of other states, Minnesota stands poised to expand the problem-solving model across the state. Since the release of the First Report by the Task Force, the Judicial Council has endorsed the following action item regarding problem solving approaches as part of its overall Strategic Plan for the next biennium:

Integrate a judicial problem-solving approach into court operations for dealing with alcohol and other drug (AOD) addicted offenders.

Further, this strategic priority is supported by the following objectives:

- Develop a statewide education program on the philosophy of problem-solving courts
- Establish and implement statewide best practices
- Establish criteria for state court budget support
- Adopt district plans to integrate the goals of the Task Force
- Sustain existing drug courts with potential for targeted expansion to adjoining counties.
- Develop drug court MIS
- Evaluate program outcomes.

The Task Force has made significant recommendations encouraging the statewide expansion of problem solving courts in Minnesota. These

recommendations are discussed in detail later in the report; however, several of the recommendations are highlighted below:

Recommendations regarding going to scale:

A. *All programs should be based on, and adhere to, the Key Strategies (such as the Ten Key Components)⁹ developed for that model of problem-solving court. However, drug court programs should be allowed flexibility in establishing criteria to meet local needs.¹⁰*

B. *A statewide, multi-disciplinary oversight group should be formed to develop or inform statewide policy and guidelines, and provide funding direction.*

C. *The Judicial, Legislative and Executive Branches of government should collaborate and coordinate efforts to fund and support problem solving court activities.*

D. *Funding for problem solving courts should be a combination of state and local funds.*

At the Judicial District level:

A. *Multi-county approaches are encouraged for the implementation of problem solving approaches in greater Minnesota.*

B. *Form a multi-disciplinary district level team to advise on problem solving court development throughout the district and to support resource commitment.*

IV. General Recommendations : *In the course of its work, the Task Force found there were several general conclusions and recommendations essential to the successful resolution of AOD problems and implementation of problem solving approaches for AOD-addicted offenders and other litigants.*

Communities of Color: The Task Force expresses concern about Minnesota's current national standing in the incarceration ratio of blacks to whites.¹¹

⁹ The Ten Key Components are located in Appendix B of this report.

¹⁰ At the time of writing this report, draft Minnesota standards for drug courts are in the process of being adopted. These standards, once endorsed by the Judicial Council, will guide the implementation of drug courts in Minnesota in the effort of going-to-scale.

¹¹ At the time of the writing of this report, Minnesota had the twelfth highest ranking in the incarceration ratio of blacks to whites. Based on data from Prison and Jail Inmates at Midyear 2005, Bureau of Justice Statistics (May 2006). According to the Department of Corrections, 43% of all drug offenders are people of color. "For example, whereas minorities account for 92 percent of crack and 70 percent of cocaine

Specifically, significant racial disparities exist with regard to drug-related offenses.¹² The Task Force is greatly concerned that while Minnesota develops a more balanced treatment policy to deal with the growing problem of methamphetamine, it should also consider the current criminal justice response and treatment policy regarding crack cocaine (including the availability of appropriate and adequate resources), particularly in its impact on African American communities.¹³ Finally, the Task Force's goal is to move forward with one comprehensive plan that fairly and effectively addresses the impact of AOD problems on the judicial branch for all drug types, regardless of the race and ethnicity of the offender. Action to address racial disparities in the criminal justice, juvenile justice, and child protection systems as a whole is warranted, and should be addressed by those in the appropriate executive, legislative, and judicial branch forum(s), such as the Minnesota Judicial Branch's Racial Fairness Committee.

Co-Occurring Disorders (COD): Task Force members learned that when co-occurring disorders go unaddressed, the likelihood of AOD relapse as well as criminal recidivism greatly increases. Research in the last twenty years has definitively demonstrated the correlation between AOD problems and mental health disorders. Thus, individuals with co-occurring disorders present unique challenges for the court system, with a corresponding need for greater understanding and knowledge of promising practices in this area. It is estimated that as many as 25% of male offenders and 40% of female offenders in Minnesota prisons are diagnosed with co-occurring disorders.¹⁴ The success of problem solving approaches for AOD offenders is contingent on the availability and effective application of appropriate services. While resource availability varies, it is imperative that all problem solving

offenders, they comprise 13 percent of inmates incarcerated for methamphetamine and 17 percent of those for amphetamine." Minnesota Department of Corrections, DOC Backgrounds, February 2006.

¹² For drug-related offenses, the arrest rate ratio of African Americans to Caucasians was 10 to 1, 4 to 1 for Latinos and Caucasians, and 3 to 1 for American Indians and Caucasians. In 2004, the imprisonment rate for Caucasian drug offenders was 23.5%, while the rate for African American offenders was 28%, the rate for Latino offenders was 37% and the rate for Asian offenders was 33% (the rate for American Indian offenders was 23%). However, the average prison sentence for Caucasian drug offenders was greater than all other racial/ethnic groups with the exception of Latino offenders. *DEFINING THE DISPARITY – TAKING A CLOSER LOOK: DO DRUG USE PATTERNS EXPLAIN RACIAL/ETHNIC DISPARITIES IN DRUG ARRESTS IN MINNESOTA?* (Minn. Council on Crime and Justice date); *Race-Related Sentencing Data: Focus on Drug Offenders*, Minnesota Sentencing Guidelines Commission, at 5, 13.

¹³ According to a recent national survey, support among Caucasian Americans for incarceration rather than treatment for cocaine offenses has declined. Three out of four Caucasian Americans believe that first-time cocaine offenders caught with five grams or less of the drug should go to drug treatment or get probation, not go to prison. These opinions were expressed in a survey of 783 Caucasian Americans which also reported that 51% favored treatment for cocaine offenders, while 26% favored probation. Rosalyn D. Lee & Kenneth A. Rasinski, *Five Grams of Coke: Racism, Moralism, and White Public Opinion on Sanctions for First Time Possession*, 17 INT'L J. DRUG POLICY 183 (June 2006).

¹⁴ Presentation by Department of Corrections (2005). This estimate is likely to be conservative due to the Department Of Correction's own admitted difficulty in assessing and properly diagnosing every offender that may have a co-occurring disorder.

approaches have awareness of COD to ensure their highest likelihood of success.

Trauma: While the issue of trauma¹⁵ was not originally in the purview of the Task Force's efforts, it became clear early in the second phase of its work that trauma-informed treatment services are critical to the populations that the courts serve. According to several experts who testified before the Task Force¹⁶, there is a clear correlation between the onset of problematic use of AOD and trauma. Trauma also plays a clear role in the relapse of many persons in recovery. Experts who spoke in the areas of domestic violence, co-occurring disorders, and gender responsive treatment services all underlined the importance of trauma as an underlying factor in the onset of addictive disorders and a key barrier to the long-term recovery of many people who enter treatment for addictive disorders. Due to the growing recognition of trauma informed services in the chemical dependency field, the Task Force thought it important to specifically address this issue.

Women and Girls: The Task Force wishes to emphasize the importance of gender-responsive services for all offenders, both men and women; however, while the advances for women and girls have been significant over the past three decades, there is still much needed improvement. Therefore, the Task Force wishes to be explicit and unequivocal in reinforcing the concerns that the Female Offender Task Force expressed in its testimony regarding the need for gender-responsive services.¹⁷ That is, equal treatment does not and should not always mean the same services or the same treatment. The research is clear: when services are created that respond to the unique needs of women, women do better. When women do better, for the most part, children do better as well.

Criminal Justice Treatment: Based upon significant research and testimony over the past eighteen months, the Task Force is convinced that the Minnesota criminal and juvenile justice systems must do a better job of intervening in the addictions of the offenders coming into Minnesota's courts. The reasons for this are simple: first and foremost is the issue of public safety. When AOD addicted offenders receive the appropriate intervention, including prison, in concert with the appropriate treatment services, all research points to significant decreases in recidivism. For the AOD-addicted offender the likelihood of avoiding recidivism is predicated on their sobriety. Second, as stated in its first report, the Task Force believes that investing in treatment and

¹⁵ DSM IV-TR defines trauma as "involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. The person's response to the event must involve intense fear, helplessness or horror (or in children, the response must involve disorganized or agitated behavior)."¹⁵

¹⁶ Carol Ackley, Dr. Larry Anderson, and Dr. Noel Larson

¹⁷ Testimony to the Task Force (May 26, 2006).

holding offenders accountable with the appropriate consequences will save public (and private) dollars by ending the common revolving door for many of these individuals. Finally, the impact on communities of transforming addicted individuals engaging in criminal behaviors and lifestyles into sober, productive, tax-paying citizens and family members cannot be overestimated. The Task Force also believes that application of the concept of recidivism potential (also known as the “risk principle” in corrections research) is essential to the success of problem-solving approaches (including drug courts), by ensuring that these interventions are utilized for those populations most appropriate for them. Ultimately, as in the first report, the Task Force’s vision is to see a continuum of interventions, with drug court being one of them, to provide the most effective intervention for the AOD-involved offender.

Fetal Alcohol Spectrum Disorders: Fetal alcohol exposure may be one of the most significant unrecognized factors in the challenge of our courts and other systems to adequately address the impact of alcohol and other drug problems. While the impact of the prenatal exposure of all other drugs, including methamphetamine and cocaine, is still not clear, the research regarding prenatal alcohol exposure is conclusive. During the past 30 years over 20,000 scientific animal and human research studies have found that prenatal alcohol exposure is “the most serious problem by far, whether it is judged by its frequency or by its capacity to injure the fetus”.¹⁸

Medication and AOD Treatment: Some advocates of the traditional behavioral approach to AOD treatment have not embraced the use of medications in treatment.¹⁹ Studies have shown that chemical dependency affects brain processes responsible for motivation, decision-making, pleasure, inhibition, and learning.²⁰ Based on this knowledge, researchers have been searching for medications and vaccines that alter these brain processes to assist in treatment and recovery.²¹ Much like the medical treatment for asthma

¹⁸ INSTITUTE OF MEDICINE, *FETAL ALCOHOL SYNDROME: DIAGNOSIS, EPIDEMIOLOGY, PREVENTION, AND TREATMENT* (Kathleen Straton et. al. eds., National Academy Press 1996).

¹⁹ Benoit Denizet-Lewis, *An Anti-Addiction Pill?*, N.Y. TIMES (June 25, 2006)

²⁰ For the past two decades, neuroscientists and others exploring the physiological basis of dependency have focused on the brain chemical dopamine. Dopamine sends signals between cells in the brain affecting a variety of critical functions, including memory, movement, emotional response, and feelings of pleasure or pain. Alcohol and other drugs cause an increase in the amount of dopamine secreted, leading to feelings of pleasure or euphoria. With repeated and increased AOD use, the brain responds by reducing, or down-regulating, the production of dopamine and the number of dopamine receptors—called D2 receptors—created. As a result, the brain’s “reward system” is less likely to respond to everyday behaviors/experiences that produce a normal dopamine surge, e.g. romance, music, or a good meal. Over time, the brain becomes dependent on increased doses of alcohol or other drugs to feel rewarded. The brain also responds by associating alcohol or other drug use with this reward, leading to overwhelming cravings. Pharmacology researchers study how different types of chemicals (whether depressants, stimulants, etc.) interact in the brain in order to design medications to interfere with negative effects to reduce or stop cravings.

²¹ Benoit Denizet-Lewis, *An Anti-Addiction Pill?*, N.Y. TIMES (June 25, 2006). There are over 200 medications in development for the treatment of addictions. While there is much promise in the future use

or diabetes, behavioral and lifestyle changes are needed in addition to the use of appropriate medications for AOD dependency. The research is clear: medication combined with behavioral treatment provides the best chance for recovery.^{22, 23}

The Process of Recovery: The Task Force recognizes that our attitudes and public policies are shaped by the way in which we think about, research and describe critical issues. When it comes to addiction, the ability of people to achieve and sustain long-term recovery has been overlooked because of the emphasis on the experiences and costs of untreated addiction. The reality of long-term recovery and the many pathways to achieve it suggest that recovery-oriented systems of care need to look beyond alcohol and other drug treatment to incorporate the processes that make it possible for people to improve their health, get jobs and housing, and restore their lives.

Screening and Assessment: Unquestionably, screening and assessment are the lynchpins in determining which offender should go to which intervention and ultimately the program's overall efficacy and success. Currently, national researchers are developing assessment tools specifically for drug courts. At the same time, per the research of Marlowe et al., the criminal justice system has the opportunity to create screening and assessment tools that will properly assess and place offenders within a continuum of interventions and significantly enhance both the effectiveness and efficiency of the criminal justice, juvenile justice, and CHIPs system responses to AOD problems.

of these medications, there are only a few medications where there is sufficient medical research and data to recommend their current use.

²² *Id.*

²³ Benoit Denizet-Lewis, *An Anti-Addiction Pill?*, N.Y. TIMES (June 25, 2006); Presentation to the Task Force by Dr. Gavin Bart, Director of Division of Addiction Medicine, Hennepin County Medical Center, (April 28, 2006).

PART III: CONCLUSION

For the past eighteen months, the Task Force has intensively explored one of the most challenging issues facing the Minnesota Judicial Branch. Its work has yielded a recognition that alcohol and other drug (AOD) addicted individuals present Minnesota's courts with a significant and growing challenge, but also an extraordinary opportunity. Minnesota's courts are in a unique position to draw upon the existing resources in the state (including Minnesota's legacy as a national leader in the field of chemical dependency), together with the lessons learned from development of problem-solving courts in other states, to take the lead in creating a more effective judicial response to that challenge. To be effective, however, Minnesota's judicial response will require successful, ongoing collaboration and cooperation between the courts and all other participant groups at both the state and local level.

PART IV: ACKNOWLEDGMENTS

The members of the Minnesota Supreme Court Chemical Dependency Task Force wish to thank everyone who has assisted in the Task Force's second phase of its work. The Task Force wishes to express special gratitude to:

- Those individuals who made presentations to the Task Force, including:
 - Joyce Holl, Executive Director, Minnesota Organization of Fetal Alcohol Syndrome
 - Erin Sullivan-Sutton, Director, Child Safety and Permanency, Department of Human Services
 - Ann Ahlstrom, Staff Attorney/ CJI Project Manager, State Court Administrator's Office
 - Brigid Murphy, Problem Solving Court Coordinator, Stearns County
 - Honorable Jon Maturi, Itasca County District Judge/ CJI Lead Judge
 - Dr. Noel Larson, Meta Resources
 - Barbara Rogers, Women's Resource Coordinator, Sojourner House
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 - Dr. Gavin Bart, Hennepin County Medical Center/ University of Minnesota
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 - Carol Ackley, Executive Director, River Ridge Treatment Center
 - Joel Alter, Office of the Legislative Auditor
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 - John Poupart, Director, American Indian Policy Center
 - Judge Korey Wahwassuck, Chief Judge, Leech Lake Tribal Court
 - Jerry Guevara, Director, Hispanos en Minnesota
 - Farris Glover, Director, My Home, Inc.

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 - Joel H., person in recovery
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 - Jeff Hunsberger, Chemical Health Division, Minnesota Department of Human Services
 - Jean Ryan, Office of Traffic Safety, Department of Public Safety
 - Kristin Lail, Office of Justice Programs, Department of Public Safety
- **The many professionals from a variety of disciplines who currently participate in judicial problem-solving approaches in Minnesota such as adult, juvenile, family dependency and DWI drug courts, mental health courts, restorative justice, staggered sentencing, and DWI Intensive Supervision Programs. Their work in pioneering these innovative approaches in the state over the past ten years has laid the groundwork for transforming how Minnesota's courts deal with AOD-addicted offenders.**

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