

**Operational Recommendations on Cross-Cutting issues: Drugs and Human Rights, Youth, Children, Women and Communities**  
**U.S. Contribution**

Improved collaboration between the health and justice sectors can reduce drug use and crime by more effectively linking those in the criminal justice system with substance use disorders (SUDs) to appropriate public health, community reintegration services, and transitional housing needs. These collaborations should include a variety of alternatives to incarceration for non-violent offenders that combine evidence-based drug treatment with other public health and social services and some type of monitoring or follow up to promote and support recovery. This type of recovery support may include housing, job placement, family reunification, Medication Assisted Treatment (MAT), and other support. All member States would benefit from continuing efforts to review and reform domestic statutes and guidelines that affect sentencing to ensure that proportionate penalties are applied to drug offenders.

- Specialty and problem solving courts, such as drug courts and Veterans Treatment Courts, differ from traditional courts in that they are specially designed court calendars or dockets dedicated to addressing one type of offense or offender. In addition to substance use treatment, these court-based interventions focus on mental health needs, criminogenic risk factors, and community reintegration services. Typically, the judge plays a key supervisory role, and other criminal justice components (such as probation) and social services agencies (such as SUD treatment) collaborate on case management. More information on specialized and problem solving courts can be found at <https://www.crimesolutions.gov/TopicDetails.aspx?ID=49>
- *Drug Treatment Courts:* There are over 3,000 drug treatment courts in the United States. Although specific entry requirements vary, these courts generally serve as an alternative to incarceration for those who are diagnosed with an SUD and who have committed only non-violent crimes. Drug treatment as well as other health and social services are provided. Some drug treatment courts are established through legislation,

but many do not require specific legislative authority, since the courts can be established by state or local judicial agencies. Internationally, 15 countries have established drug courts and adapted the U.S. model to their legal systems. Some jurisdictions run specialty courts like Veteran's Treatment Courts (see below) which help U.S. Veterans in particular deal not only with any legal and substance use disorders, but also work with the U.S. Department of Veterans Affairs to help veterans obtain needed services. Program information is available from the National Association of Drug Court Professionals at <http://www.nadcp.org/>; the National Drug Court Resource Center (<http://www.ndcrc.org/>) has model drug court legislation available at <http://www.ndcrc.org/sites/default/files/mono5.modellegislation.pdf>

- *Veterans Courts:* The extended conflicts in Iraq and Afghanistan left a large number of veterans with injuries of war including Post-Traumatic Stress Disorder and Traumatic Brain Injury. One in five veterans has symptoms of a mental health disorder or cognitive impairment.<sup>1</sup> One in six veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom suffer from an SUD.<sup>2</sup> Research continues to draw a link between substance use and combat-related mental illness. Left untreated, mental health disorders common among veterans can directly lead to involvement in the criminal justice system. The Veterans Treatment Court model requires regular court appearances (a bi-weekly minimum in the early phases of the program), as well as mandatory attendance at treatment sessions and frequent and random testing for substance use (drug and/or alcohol). Without the assistance and structure offered, veterans may reoffend and remain in the criminal justice system despite that they are entitled to benefits and treatment by virtue of their service history. The Veterans Treatment Court is able to ensure they

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<sup>1</sup> SAMSHA IN Brief: *Behavioral Health Issues Among Afghanistan and Iraq U.S. War Veterans*, Substance Abuse and Mental Health Services Administration. Summer 2012, vol 7, Issue 1, Retrieved on 11/04/2016 from: <http://store.samhsa.gov/shin/content/SMA12-4670/SMA12-4670.pdf>

<sup>2</sup> SAMSHA IN Brief: *Behavioral Health Issues Among Afghanistan and Iraq U.S. War Veterans*, Substance Abuse and Mental Health Services Administration. Summer 2012, vol 7, Issue 1, Retrieved on 11/04/2016 from: <http://store.samhsa.gov/shin/content/SMA12-4670/SMA12-4670.pdf>

meet their obligations to themselves, the court, and their community. More information about this program can be found at <http://justiceforvets.org/>

- The United States has over 500 juvenile drug courts.<sup>3</sup> The juvenile drug court model has six stages: (1) screening and assessing of young people to identify alcohol or substance use problems, (2) coordinating services across agencies, (3) helping youth and families make initial contact with services, (4) engaging them in services, (5) transitioning out of services, and (6) transitioning into long-term supports, such as community resources and helping to develop positive relationships. More information can be found at the National Council of Juvenile and Family Courts Judges website: <http://www.ncjfcj.org/our-work/juvenile-drug-courts>
- The Swift/Certain/Fair probation model—demonstrating the effectiveness of combining random drug testing with fair, clear, brief and swiftly applied sanctions for violations—was originally piloted in Hawaii under the name *Hawaii Opportunity Probation with Enforcement* (HOPE). The model has been replicated across the United States. More information can be found at the Swift Certain Fair Resource Center (<http://scfcenter.org/>), as well as from Hawaii HOPE (<http://hopehawaii.net/>). A recent publication provides additional practical implementation details and is available at <http://hopehawaii.net/assets/2012-6204-report-appendix-a-b-and-c.pdf>.

The HOPE program is showing promising results in reducing drug use and recidivism. The program:

- Identifies high risk probationers who are most likely to violate their conditions of community supervision, including violent and sex offenders;

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<sup>3</sup> *Practice Profile: Juvenile Drug Courts*, National Institute of Justice. Retrieved on 10/21/15 from: <https://www.crimesolutions.gov/PracticeDetails.aspx?ID=14>

- Notifies participants that every detected violation will have consequences;
- Conducts frequent random drug tests;
- Responds to detected violations (including failed drug tests and skipped probation meetings) with swift, certain, and short terms of incarceration;
- Responds to absconding probationers with warrant service and sanctions; and
- Refers participants to drug treatment upon request or for those probationers who do not abstain from drug use while on the testing and sanctions regimen.

HOPE differs from many current probation programs by:

- Focusing on immediate consequences for violations of probation/parole conditions, such as drug use or missed court-required appointments;
- Mandating drug treatment for probationers only if they continue to test positive for drug use, or if they specifically request a treatment referral;
- Providing immediate, consistent sanctions when a violation is detected; and
- Having employed probationers serve jail time on weekends so they do not jeopardize employment.

Other states have followed Hawaii's lead. Alaska, Nevada, Oregon, and Arizona have recently started HOPE-type efforts, and California and Virginia are in the early phases of organization and implementation. Information regarding the replication of the HOPE model is available at <http://nij.gov/journals/273/pages/replicating-hope.aspx>.

- Juveniles in the justice system who need SUD treatment often do not receive this treatment and those who do are often unsuccessful. The Reclaiming Futures model seeks not only to change juvenile justice systems so that juveniles get the help they need and communities are safer, but also to unite juvenile courts, probation, adolescent SUD treatment, and the community to work together to improve drug and alcohol treatment and connect juveniles to positive activities

and caring adults. While juveniles should be held accountable for their actions, they should also have adequate care and support from the community. More information on Reclaiming Futures can be found at <http://reclaimingfutures.org/>

- One way the United States is addressing substance use disorder treatment needs for incarcerated populations is through the Residential Substance Abuse Treatment (RSAT) Program for state prisoners. The RSAT Program helps state, local, and tribal governments provide residential substance use treatment to incarcerated individuals and then prepares clients with necessary aftercare strategies for sustained recovery. The Federal Bureau of Prisons (BOP) is working with the Bureau of Justice Assistance (BJA) and the National Institute of Corrections (NIC) to ensure evidence-based and MAT services are provided to federal and local prisoners. More information about this program can be found at <http://www.rsat-tta.com/Home>, and; [https://www.bja.gov/ProgramDetails.aspx?Program\\_ID=79](https://www.bja.gov/ProgramDetails.aspx?Program_ID=79)
- The Second Chance Act (SCA) supports state, local, and tribal governments and nonprofit organizations in their work to reduce recidivism and improve outcomes for people returning from state and federal prisons, local jails, and juvenile facilities. Passed with bipartisan support and signed into law on April 9, 2008, SCA legislation authorizes federal grants for vital programs and systems reform aimed at improving the reentry process.
- Since Fiscal Year 2009, the Office of Justice Programs, through BJA and the Office of Juvenile Justice and Delinquency Prevention, have administered more than 700 SCA federal awards to 49 states, totaling more than \$400 million, for reentry programs serving adults and juveniles. This has included the administration of several distinct SCA Programs that support a variety of evidence-based services and resources that include - employment training and assistance, substance use treatment, education, housing, family programming, mentoring, victims support, and other services – all in order to assist with individual's transition back to their families. These services help to contribute to the safe and successful reintegration of program participants back into their communities. For additional information on SCA and federal reentry programs

examine the following web-links:

<https://csgjusticecenter.org/nrrc/projects/second-chance-act/>, and National Criminal Justice Initiative Map <https://csgjusticecenter.org/reentry/national-criminal-justice-initiatives-map/>

- The National Reentry Resource Center (NRRC) provides education, training, and technical assistance to states, tribes, territories, local governments, service providers, nonprofit organizations, and corrections institutions working on prisoner reentry. And also serves as the training and technical assistance provider for all SCA grantees. The NRRC is coordinated by the Council of State Governments (CSG) Justice Center, with support from BJA. The Resource Center was established by Congress in 2009 through the Second Chance Act. <https://csgjusticecenter.org/nrrc/>
- In 2016, SAMHSA released a report outlining evidence-based approaches for child welfare services for helping pregnant and parenting women with opioid use disorders (OUDs) and their infants who may have been exposed to opioids in utero to achieve optimal outcomes of medication-assisted treatment. The report entitled *Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare and Collaborating Service Providers* can be found at <https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx>
- The U.S. Department of Health and Human Services (HHS) issued guidance for HHS-funded programs regarding the use of Federal funds to implement or expand syringe services programs for people who inject drugs. Syringe services programs are an effective component of a comprehensive approach to preventing HIV and viral hepatitis among people who inject drugs.
- The U.S. Department of Agriculture's Rural Health and Safety Education (RHSE) Grant Program, which enhances the quality of life in rural areas through health and safety education projects, has been expanded to include a focus on addressing the critical challenges related to SUDs in rural communities

across the country. The RHSE program proposals are expected to be community-based outreach education programs, such as those conducted through Human Science extension outreach, that provide individuals and families with: information as to the value of good health at any age; information to increase individual or family's motivation to take more responsibility for their own health; information regarding rural environmental health issues that directly impact human health; information about and access to health promotion and educational activities; and training for volunteers and health services providers concerning health promotion and health care services for individuals and families in cooperation with state, local and community partners. More information about this program can be found at: <https://nifa.usda.gov/funding-opportunity/rural-health-and-safety-education-competitive-grants-program-rhse>