

**Initial Report to the
MA Treatment Study Committee
of the
Nebraska Community Corrections Council:**

**MOVING PAST THE ERA OF GOOD INTENTIONS:
METHAMPHETAMINE TREATMENT STUDY**

State of Nebraska Contract No. 12969-04



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December 2005

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The Methamphetamine Treatment Study Team thanks everyone whose contributions in time, information and resources made the preparation of this report possible. We especially appreciate the extra effort of Linda Krutz and Julie Rogers whose vigilance over the past three months helped the team to remain on track and on time.

Special appreciation is also expressed for the hospitality and cooperation we invariably received from the administrators and staff at the Hastings Regional Center, Work Ethic Camp, and Norfolk Regional Center.

Finally, we send our gratitude to the administrators and staff of HHSS, DCS, Probation, and the Nebraska Crime Commission. Without your data, time, insight and feedback, the Initial Report could never have been completed.

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List of Acronyms & Abbreviations

ASI	Addiction Severity Index
Ax	Assessment
CADAC	.....	Certified Alcohol/Drug Abuse Counselor
CASA	.....	National Center on Addiction and Substance Abuse at Columbia University
CASI	.....	Comprehensive Adolescent Severity Inventory
COMET	.....	Co-occurring Methamphetamine Expanded Treatment
CSAT	.....	Center for Substance Abuse Treatment
DARE	.....	Drug Abuse Resistance Education
DATCAP	.....	Drug Abuse Treatment Cost Analysis Program
DCS	.....	Department of Correctional Services
HCC	.....	Hastings Correctional Center
HHSS	.....	Nebraska Health and Human Services System
HRC	.....	Hastings Regional Center
JCAHO	.....	Joint Commission on Accreditation of Health Care Organizations
JSAT	.....	Justice Substance Abuse Subcommittee
LADAC	.....	Licensed Alcohol and Drug Abuse Counselor
LMHP	.....	Licensed Mental Health Professionals
LOC	.....	Levels of Care
MA	.....	Methamphetamine
NIDA	.....	National Institute on Drug Abuse
N-SSATA	.....	National Survey of Substance Abuse Treatment Services
PSI	.....	Pre-Sentence Investigation
PTSD	.....	Post Traumatic Stress Disorder
SAMHSA	.....	Substance Abuse and Mental Health Services Administration
SAO	.....	Substance Abuse Officer
SICA	.....	State Incentive Cooperative Agreement
STD	.....	Sexually Transmitted Diseases
TASC	.....	Treatment Accountability and Safer Communities
TEDS	.....	Treatment Episode Data Set
TIP	.....	Treatment Improvement Protocol
Tx	.....	Treatment
WEC	.....	Work Ethic Camp
WIC	.....	Women, Infants and Children Program

Executive Summary

Rodger McDaniel is the Director of the Wyoming Department of Family Services and one of the co-authors of *Reclaiming Wyoming: A Comprehensive Blueprint for the Prevention, Early Intervention and Treatment of Substance Abuse*. In an article entitled, “Solving the Meth Problem: The Wyoming Plan” he says, “we [now] have enough available research to end the era of “good intentions” and invest dollars in programs with a likelihood of success, the ability to measure the outcomes and the opportunity to make mid-course corrections.” (McDaniel, 2004: 34) It took more than three years from the time Wyoming started its substance abuse reform effort to reach the point McDaniel notes above.

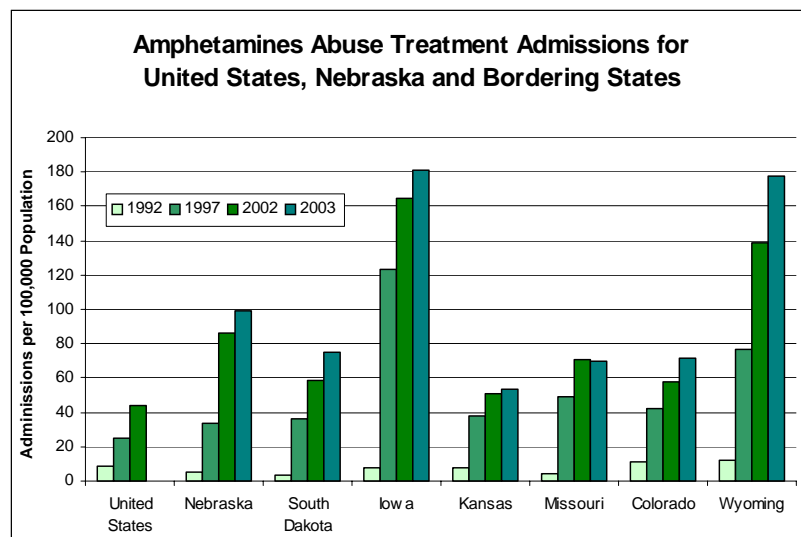
With LB 425, the Nebraska Legislature declared its readiness to also reconfigure the state’s philosophy and response to methamphetamine abuse (“MA”). Specifically, the Legislature wanted the MA Treatment Study to identify the policy and implementation issues which must be resolved to create a coordinated system for the treatment of chemical dependency related to methamphetamine.

Having spent the last three months deeply immersed in the study of these questions, the MA Treatment Study Research Team has reached the point where it can now begin to outline the actions Nebraska must take to move beyond its era of good intentions. The findings and recommendations contained in the Initial Report are the initial steps required to hold methamphetamine users accountable for their actions and obligations, as well as the means by which the State can finally progress in promoting the long-term recovery of its chemically dependent citizens.

The Scourge of Methamphetamine

In 1992, admissions for methamphetamine abuse totaled 5.5 per one hundred thousand persons; by 2003, this rate increased nearly twenty-fold to 99.1 per one hundred thousand. In 1992 and 1997, Nebraska’s methamphetamine treatment admission rate was lower than any of its neighbors; by 2002 and 2003 Nebraska’s rate was exceeded only by Iowa and Wyoming.

As the accompanying figure illustrates, Nebraska’s admission rate (per hundred thousand population) for amphetamine abuse treatment has been increasing faster than the United States and most of its neighbors since 1992.



The Continuum of Assessment, Treatment and Recovery

The recipe for recovery from methamphetamine addiction does not require Nebraska to develop innovative strategies. Put plainly, the continuum of successful drug and alcohol treatment services is as follows:

1. A standardized, validated assessment of the nature and severity of a person's chemical dependency;
2. The design of a case-plan which accounts for the person's substance abuse factors within the context of their individual lives and legal constraints;
3. The provision of treatment services matching the person's short-term, individualized treatment needs; and,
4. The provision of recovery and relapse prevention services which support the person's life-long effort to remain clean and sober.

The challenge facing Nebraska lies not in the complexity of the response needed to combat methamphetamine addiction, but in manifesting the will to establish a complete continuum of assessment, treatment and recovery. Alcoholics are taught that recovery is a life-long process. As a state, however, Nebraska has been slow to accept that not only is it a long-term process for the individual, it also demands a long-term commitment from society. Once the sobriety of an addict has been stabilized through initial treatment, their continued abstinence will always depend on the accessibility of recovery support and relapse prevention services.

Nebraska's Existing Capacity

Ultimately, the recommendations for the State turn not on the prevalence of methamphetamine users in any given justice or social service system, but on the State's ability to establish the continuum of assessment, treatment and recovery as needed beneath methamphetamine users. Among the key questions the Legislature has directed to be answered by the MA Treatment Study, are those related to where Nebraska might invest money and resources to obtain the best results against the methamphetamine problem.

The surprising findings from the research reveal that the State cannot buy its way out the biggest obstacle to substance abuse reform, at least not very quickly. Nebraska presently faces such a severe shortage of substance abuse clinicians and treatment professionals that every level of service within the continuum of care has a waiting list. Justice and treatment professionals from all over Nebraska report that regardless of an individual's personal financial resources, obtaining even the initial assessment on which so many critical legal and treatment decisions depend can be delayed for weeks. Similarly, once an assessment has been obtained, the addict faces more delay as they wait for admission to the most appropriate level of treatment, if it exists at all.

The ramifications of this shortage are fairly obvious in terms of treatment for methamphetamine abuse. The impact on the justice and social service process is equally profound, though more subtle. The primary mission for justice and social services is to hold substance abusing offenders accountable for their crimes and/or the family crises they have caused as a result of abuse or neglect. When criminal rehabilitation and the restoration of parental responsibility turn on the elimination of a person's substance abuse problem, these waiting lists and gaps in the continuum of assessment, treatment and recovery become part of the transactional calculus offenders and neglectful parents use to avoid the compelled surrender of addiction. Addicts play justice professionals, social service workers, and treatment providers

against each other by exploiting these gaps and shortages as excuses for their lack of recovery progress.

It would seem that the solution to this dilemma turns on the State's ability to quickly develop a cadre of clinicians and treatment specialists to fill these gaps. Increasing reimbursement levels might motivate more people to complete the rigorous education and training requirements to become treatment professionals and possibly improve Nebraska's ability to recruit and retain them from other states. As other Nebraska studies have shown, however, this strategy provides only a partial remedy. While the State must seriously consider the incentives it can create to grow the number of treatment specialists, the payoffs from this effort are likely to be years in the making.

Intersecting Treatment Needs With Justice/Social Service Process

When one considers the specific missions, separate budgets and differing philosophies of Nebraska's Social Service and Justice Systems, it is easy to see how these agencies are viewed as silos of command rather than an integrated network. At the same time, the State's response to the methamphetamine problem requires it to recognize that all of these agencies are actually points within the flow of the justice and legal process. Viewed as a stream of decisions and response rather than administrative units, one sees the vast potential of this stream to quickly and dramatically alter the course of methamphetamine abuse for individual offenders/parents and the State as a whole. When earlier stages of the justice process successfully intervene in the offender/parent's substance abuse problem, more expensive, intensive levels of supervision or incarceration are avoided.

The trick, of course, is to develop levels of service and treatment beneath all points of the HHSS and justice systems which are appropriate to their statutory authority and inherent structure. These strategies must seal the gaps, shorten the delays, and remove the explicit barriers to recovery now found in Nebraska's present substance abuse system. To reduce methamphetamine abuse, an infrastructure must be laid which enforces a state-wide response to the problem and channels addicts into a fast-flowing stream of recovery in which it is easier to succumb than escape.

The main recommendations for changing or expanding the infrastructure for Nebraska's methamphetamine response system include:

- *Legislative action and incentives to develop more methamphetamine treatment professionals throughout the state;*
- *Incentives for treatment providers to expand and develop localized methamphetamine abuse treatment programs*
- *Funding and legislative action to establish and staff day/night reporting centers across Nebraska in support of Probation, Parole, drug courts, and diversion programs*
- *An increased utilization of the WEC as a methamphetamine treatment facility for those offenders whose crimes and risk to others do not warrant incarceration by DCS*
- *A centralized substance abuse treatment facility for medium and low risk offenders committed to the custody of the Department of Correctional Services*
- *Expanding the use of ASI/CASI evaluations and the standardized reporting format throughout all of justice and HHS*
- *A centralized database where substance abuse evaluation results and treatment summaries are kept and accessed by social service, justice, and treatment providers*

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- *Ongoing research to drive targeted capacity expansion for treatment and recovery services*
- *Ongoing research to monitor the effectiveness of treatment programs*
- *Creating an office which can coordinate the implementation of any recommendations which may be adopted and report to the Governor, Legislature, and Supreme Court on the progress being made*

Conclusion

Recovery is like a long trip up a steep hill: if the support pushing a methamphetamine user falters, they risk not only stalling, but a rapid plunge back into the valley of addiction from which they had begun to emerge.

The State may not be perfectly positioned to resolve the problems of methamphetamine abuse, but the concerted efforts of many agencies, committees, and treatment providers have laid a solid foundation on which additional reforms can take hold as Nebraska strides ahead to a more hopeful future.