

10-11-2016

# The Drug Court Pharmacist: Expanding Pharmacy Practice and Addressing Substance Abuse

Laura C. Palombi PharmD

*University of Minnesota, lpalombi@d.umn.edu*

Cynthia P. Koh-Knox PharmD

*Purdue University, kohknox@purdue.edu*Follow this and additional works at: <http://pubs.lib.umn.edu/innovations>

## Recommended Citation

Palombi LC, Koh-Knox CP. The Drug Court Pharmacist: Expanding Pharmacy Practice and Addressing Substance Abuse. *Inov Pharm.* 2016;7(3): Article 12. <http://pubs.lib.umn.edu/innovations/vol7/iss3/12>*INNOVATIONS in pharmacy* is published by the University of Minnesota Libraries Publishing.

---

# The Drug Court Pharmacist: Expanding Pharmacy Practice and Addressing Substance Abuse

## **Cover Page Footnote**

The authors would like to acknowledge the life-saving work of the Tippecanoe County and Carlton County problem-solving courts and the work of problem-solving courts across the nation.

## The Drug Court Pharmacist: Expanding Pharmacy Practice and Addressing Substance Abuse

Laura Palombi, PharmD, MPH, MAT<sup>1</sup> and Cynthia Koh-Knox, PharmD<sup>2</sup>

<sup>1</sup>Pharmacy Practice & Pharmaceutical Sciences, College of Pharmacy University of Minnesota and <sup>2</sup>Purdue University College of Pharmacy

Problem-solving courts were established in 1989 to provide an alternative to prison sentences or traditional probation/corrections supervision.<sup>1</sup> Participants in most programs have serious substance abuse issues and have been charged with nonviolent offenses. Drug Court is unique because it represents a close working relationship between chemical dependency treatment and the criminal justice system. It is a highly structured program that combines intensive supervision, regular communication between participants and the team, and chemical dependency treatment/addiction recovery support. The program is committed to assisting with the early intervention, treatment and rehabilitation of offenders who are found to have substance use disorders.

In 2009, there were 2,459 operational Drug Courts in the United States; Indiana and Minnesota have conducted their programs since 1996 and 2006, respectively.<sup>2</sup> Drug Court provides a valuable and structured opportunity for those who wish to change the circumstances of their lives and break the cycle of addiction. A Drug Court Team is composed of professionals from public health, treatment and recovery, probation and parole, law enforcement, prosecutors, defense attorneys, a judge, and in some cases health and mental health providers that work together to support participants in the program. While the majority of Drug Court participants are adults, there are problem-solving courts that focus on diverse populations such as Juvenile Drug Court, Veterans Drug Court, Reentry Drug Court, Family Drug Court, Tribal Drug Court, and Designated DWI Drug Court.<sup>1,3</sup>

Reports have shown Drug Courts to be effective in reducing criminal recidivism, typically measured by re-arrests for new offenses and technical violations. Several meta-analyses have reported superior effects for these programs over randomized or matched comparison samples of drug offenders who were on probation or undergoing traditional criminal case processing.<sup>4,5,6,7</sup> In each analysis, results revealed that Drug Courts significantly reduced re-arrest or reconviction rates by an average of approximately 8 to 26 percent.<sup>4,5,6,7</sup>

---

**Corresponding author:** Laura Palombi, PharmD, MPH, MAT  
Assistant Professor, Pharmacy Practice & Pharmaceutical  
Sciences, College of Pharmacy University of Minnesota  
Email: [lpalombi@d.umn.edu](mailto:lpalombi@d.umn.edu)

Drug Courts are also proven to be highly cost-effective.<sup>8</sup> One cost-related meta-analysis concluded that Drug Courts produce an average of \$2.21 in direct benefits to the criminal justice system for every \$1.00 invested — a 221% return on investment.<sup>9</sup> When services are targeted to the more serious, higher-risk offenders, the average return on investment was determined to be even higher at \$3.36 in direct benefits for every \$1.00 invested.<sup>9</sup> These savings reflect a considerable cost-offset to the criminal justice system resulting from reduced re-arrests, law enforcement contacts, court hearings, and use of jail or prison beds.<sup>10</sup> When more indirect cost-offsets were also taken into account, including savings from reduced foster care placements and healthcare service utilization, studies have reported economic benefits ranging from approximately \$2.00 to \$27.00 for every \$1.00 invested.<sup>11</sup> The result is net economic benefits to local communities ranging from approximately \$3,000 to \$13,000 per Drug Court participant.<sup>12,13,14</sup>

Drug Court teams utilize a multidisciplinary approach that takes advantage of the expertise and skills of a variety of professionals. The most effective programs require regular attendance by the judge, defense counsel, prosecutor, treatment providers and law enforcement officers at staff meetings or status hearings.<sup>15</sup> Although able to provide valuable services to the team and participants, pharmacists are not often working with Drug Courts and their role and contributions on the Drug Court Team are areas for further development and research.

At Purdue University College of Pharmacy (PUCOP) and the University of Minnesota – College of Pharmacy (UMCOP), pharmacists have been a part of local Drug Court teams for a number of years. As a team member, the pharmacist is an integral part of the interdisciplinary and multi-agency team that seeks to support participants who are working to break the cycle of addiction and recreate their lives. The pharmacist is well trained to act as Health Care Advocate, support the participants on health-related situations, ensure that their patient rights are addressed, and medical attention is provided when needed.

In June 2004, Tippecanoe County in Indiana developed the Tippecanoe County Forensic Diversion Program (FDP) through federal funding. Adult Drug Court (ADC) was already in existence through certification from the Indiana Judicial Center. One of the co-authors was asked to join the FDP and ADC teams in October 2004 to provide a health care

perspective and approach to the programs' goals. Since 2005 and currently, the PUCOP provides service as Health Care Advocates and PharmD candidates elect to complete a four-week Advanced Pharmacy Practice Experience in Community Corrections. To date, there have been over 220 Purdue student pharmacists who have participated in the rotation.

Problem-solving courts at Tippecanoe County and Carlton County are similar although they serve very different populations. Tippecanoe County participants are nonviolent felons with substance abuse and mental illness (dual diagnosis), whereas in Carlton County, the participants are also nonviolent individuals who may or may not have mental illness. Carlton County participants must have a felony drug possession or sales charge, property crime charge such as financial card transaction fraud, check fraud, criminal damage to property or burglary. Participants have had a rule 25 assessment that indicates that they have substance use disorder that is at least mild or severe, and they need to have a high risk score on the risk assessment tool called the Level of Services / Case Management Index (LS/CMI). The Carlton County Drug Court is unique in that it is composed of a partnership between Carlton County and the Fond du Lac Band of Lake Superior Chippewa. At both Drug Court sites, pharmacists and pharmacy students attend weekly Drug Court team meetings to discuss the progress of participants, with a special focus on health-related needs. The pharmacist meets individually with selected participants before and/or after court sessions, communicates with the participants' provider(s) as needed regarding the participants' treatment plans, and acts as a liaison with other health providers and as a patient advocate. When appropriate, the pharmacist provides direct treatment services such as medication counseling, medical referrals, and appropriate self-care approaches. Other pharmacy services include smoking cessation, nutrition education, physical activity counseling, and use of dietary supplements and over-the-counter medications. The pharmacist maintains personal and telephone communication with participants when appropriate, and joins participants and other team members at pro-social events outside of court, including 5K runs, sporting events, sobriety feasts, and other celebrations. The Purdue Health Care Advocates accompany participants to health-related appointments, monitor opioid medication use when appropriate, and are also responsible for phase move and exit interviews with participants. All interactions with participants are professionally documented and are maintained in individual participant files.

The Drug Court pharmacist serves as a critical link between the Drug Court team, the University, and other community agencies. Pharmacy students – and other pharmacists – who participate in Drug Court are able to learn from the process and gain a more personal view of addiction and corrections.

The Drug Court pharmacist at the University of Minnesota is active on the local Drug Abuse Task Force and has worked as a part of a local team to plan a Community Forum on Heroin and Opioid Abuse, as well as monthly educational events following the Forum. This has led to numerous opportunities for the pharmacist and pharmacy students to engage with public health efforts across greater Minnesota with several counties and Tribal Nations. The Purdue pharmacist has presented at local, state, and national meetings of drug court professionals to educate on the role of pharmacists in Drug Courts.

A practice in Drug Court is feasible for pharmacists in many different practice settings, including academia, community pharmacy, ambulatory care pharmacy and institutional pharmacy. Participation on a local Drug Court team as a consultant could include as a few as two hours of a pharmacist's time; a more engaged practice could require eight or more hours of time per week. Drug Court pharmacists regularly attend pre-court team meetings to review participant progress, have a vote on appropriate actions to improve outcomes, and prepare for status hearings in court. It is in the pre-court staff meetings that the pharmacist is able to consult with other team members to provide drug information and give updates on the pharmaceutical and health status of Drug Court participants. A 2012 study by Green and Rempel showed that approximately one-quarter of Drug Court participants suffer from chronic medical or dental conditions that cause them serious discomfort, require ongoing medical attention, or interfere with their daily functioning.<sup>16</sup> Ensuring that participants are provided with proper medical or dental treatment may improve their likelihood of success in the Drug Court Program;<sup>17</sup> the pharmacist is well-suited to provide care coordination and to serve as a medical home for the Drug Court participant. Clinical interventions may relate to providing information for medically assisted treatment options such as Suboxone or methadone, pharmaceutical care for acute situations (emergency room visits), chronic disease states such as diabetes, hypertension, and heart failure, and guidance seeking treatment for mental health concerns including depression and anxiety. The pharmacist has a unique and valuable skillset to bring to Drug Court and has the potential to improve participant health outcomes and Drug Court graduation rates.

Drug Courts have been shown to reduce crime in participants and graduates, save the criminal justice and health care systems money, reduce victimization, and restore families. Many Drug Court teams struggle to meet the health care needs of their participants because there often is no health care provider or mental health provider on the team. The role of the pharmacist on the Drug Court team deserves exploration in light of the increasing needs of problem-solving

courts across the United States and the current substance abuse epidemic that unfortunately includes prescription drugs. As the profession of pharmacy seeks to expand practice to meet the needs of community and public health, Drug Court is a logical and necessary practice to invest in.

## References

- Huddleston W, Marlowe D. Painting the current Picture: A national report on drug courts and other problem-solving court programs in the United States. Washington, D.C.: National Drug Court Institute. 2011. <http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>. Accessed June 10, 2016.
- NPC Research. Minnesota drug court findings study – chemical dependency and mental health services. 2007. [http://www.mncourts.gov/mncourtsgov/media/assets/documents/reports/MN\\_Drug\\_Courts\\_Funding\\_Study\\_Final\\_0707.pdf](http://www.mncourts.gov/mncourtsgov/media/assets/documents/reports/MN_Drug_Courts_Funding_Study_Final_0707.pdf). Accessed June 10, 2016.
- National Drug Court Resource Center. How Many Drug Courts are there? <http://www.ndcrc.org/content/how-many-drug-courts-are-there> Accessed June 10, 2016.
- Wilson DB, Mitchell O, MacKenzie DL. A systematic review of Drug Court effects on recidivism. *Journal of Experimental Criminology* 2006; 2, 459-487.
- Latimer J, Morton-Bourgon K, Chretien J. A meta-analytic examination of drug treatment courts: Do they reduce recidivism? Canada Dept. of Justice, Research & Statistics Division. 2006. [http://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr06\\_7/rr06\\_7.pdf](http://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr06_7/rr06_7.pdf) Accessed June 10, 2016.
- Lowenkamp CT, Holsinger AM, Latessa, EJ. Are Drug Courts effective? A meta-analytic review. *Journal of Community Corrections* 2005; Fall, 5-28.
- Aos S, Miller M, Drake E. Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates. Olympia, WA: Washington State Institute for Public Policy. 2006. [http://www.wsipp.wa.gov/ReportFile/952/WsippEvidence-Based-Public-Policy-Options-to-Reduce-Future-Prison-Construction-Criminal-Justice-Costs-and-Crime-Rates\\_Full-Report.pdf](http://www.wsipp.wa.gov/ReportFile/952/WsippEvidence-Based-Public-Policy-Options-to-Reduce-Future-Prison-Construction-Criminal-Justice-Costs-and-Crime-Rates_Full-Report.pdf) Accessed June 10, 2016.
- Belenko S, Patapis N, French MT. Economic benefits of drug treatment: A critical review of the evidence for policy makers. Missouri Foundation for Health, National Rural Alcohol & Drug Abuse Network. 2005. [http://www.fcmh.org/resources/docs/EconomicBenefits\\_of\\_Drug\\_Trx\\_02.05.pdf](http://www.fcmh.org/resources/docs/EconomicBenefits_of_Drug_Trx_02.05.pdf) Accessed June 10, 2016.
- Bhati AS, Roman JK, Chalfin A. To treat or not to treat: Evidence on the prospects of expanding treatment to drug-involved offenders. Washington, DC: The Urban Institute. 2008. <https://www.ncjrs.gov/pdffiles1/nij/grants/222908.pdf> Accessed June 12, 2016.
- Marlow, DB. Research Update on Adult Drug Courts. National Association of Drug Court Professionals, December 2010. [http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Adult%20Drug%20Courts%20-%20NADCP\\_1.pdf](http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Adult%20Drug%20Courts%20-%20NADCP_1.pdf) Accessed June 10, 2016.
- Carey SM, Finigan M, Crumpton D, Waller M. California Drug Courts: Outcomes, costs and promising practices: An overview of phase II in a statewide study. *Journal of Psychoactive Drugs, SARC Supplement* 2006; 3, 345-356.
- Loman, L. A. A cost-benefit analysis of the St. Louis City Adult Felony Drug Court. St. Louis, MO: Institute of Applied Research. 2004. <https://www.iarstl.org/papers/SLFDCcostbenefit.pdf> Accessed June 10, 2016.
- Finigan M, Carey SM, Cox A. The impact of a mature Drug Court over 10 years of operation: Recidivism and costs. Portland, OR: NPC Research. 2007 [www.npcresearch.com](http://www.npcresearch.com) Accessed June 10, 2016.
- Barnoski R, Aos S. Washington State's Drug Courts for adult defendants: Outcome evaluation and costbenefit analysis. Olympia, WA: Washington State Institute for Public Policy. 2003. [http://www.wsipp.wa.gov/ReportFile/827/WsippWashington-States-Drug-Courts-for-Adult-Defendants-Outcome-Evaluation-and-Cost-Benefit-Analysis\\_Full-Report.pdf](http://www.wsipp.wa.gov/ReportFile/827/WsippWashington-States-Drug-Courts-for-Adult-Defendants-Outcome-Evaluation-and-Cost-Benefit-Analysis_Full-Report.pdf) Accessed June 10, 2016.
- National Association of Drug Court Professionals. Adult Drug Court Best Practice Standards, Volume II. [http://www.ndcrc.org/sites/default/files/adult\\_drug\\_court\\_best\\_practice\\_standards\\_volume\\_ii.pdf](http://www.ndcrc.org/sites/default/files/adult_drug_court_best_practice_standards_volume_ii.pdf) Accessed June 10, 2016.
- Green M, Rempel M. Beyond crime and drug use: Do adult drug courts produce other psychosocial benefits? *Journal of Drug Issues* 2012; 42(2), 156–177.
- Carey SM, Mackin JR, Finigan MW. What works? The ten key components of drug court: Research-based best practices. *Drug Court Review* 2012; 8(1), 6–42.