EXHIBIT D

Alcohol, Drug Addiction and the Criminal Justice System

John M. Scalish PCC-S, LICDC-CS
Community Assessment &
Treatment Services, Inc.

Substance Use Disorders

- is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods which are harmful to themselves or others
- Tolerance- to the drug is obtained through repetitive exposure
- Withdrawal- drugs or alcohol leaving a person's system at a rate that is uncomfortable for them

Substance Abuse

DSM-IV – Substance Abuse vs. Dependence

- Substance Abuse

-Legal
-Interpersonal
-Physically Hazardous situations
-Roles

Substance Abuse

DSM-IV – Substance Abuse vs. Dependence

- Substance Dependence

-Intoxification
-Withdrawal
-Larger amounts
-Persistent desire to cut down
-Increase in activities surrounding use
-reducing social, recreational, occupational activities
-persistent physical or psychological consequences.

Substance Use Disorders

DSM-5 – Substance Use Disorder

- Combined abuse and dependence classifications
- Removed recurrent legal conflicts
- Added phenomenon of craving

Severity:

- 0-1 symptoms = No Diagnosis
- 2-3 symptoms = Mild
- 4-5 symptoms = Moderate
- 6 or more symptoms = Severe

Common Types of Drugs

- **Stimulants**

  -Cocaine, amphetamine, methamphetamine

- **Depressants**

  -Alcohol, benzodiazepines, barbiturates

- **Opiates**

  -Morphine, codeine, vicodin, percocet, heroin

Common Types of Drugs

- **Hallucinogens**

  -LSD, ecstasy, mushrooms

- **Cannabinoids**

  -Cannabis sativa, marijuana

- **Inhalants**

  -Paint, nitrous oxide, gasoline

Medical Symptoms or AOD Issues

- You may encounter a person that appears drunk or drugged

  - first assess whether it is a medical emergency.

Diabetic Emergency -signs and symptoms

- Low blood sugar can mimic someone under the influence

  - there may be a fruity or sweet odor on a person's breath that is similar to alcohol.

- A person experiencing a diabetic episode may also exhibit lightheadedness, slurred speech, confusion, poor coordination, bizarre or angry behavior.

Diabetic Emergency -signs and symptoms

- They may appear pale or flushed, have excessive sweating, be trembling and or breath heavily.
- Ask about physical health conditions
- Look for medic alert tags worn around the neck or wrist, look for wallet cards and or diabetic supplies.

Signs and Symptoms of Intoxication

- Belligerence, aggressiveness
- Hallucination and/or delusions
- Paranoia, overly suspicious
- Mood swings
- Problems with perception
- Impaired judgment

Signs and Symptoms of Intoxication

- Unpredictability
- Impulsivity
- Grey-outs, black-outs, green-outs
- Confusion
- Emotional reaction to unmatched stimulus

QUESTIONS

- WHAT SIGNS AND SYMPTOMS DO YOU EXPERIENCE IN THE FIELD?
- HOW DOES THIS IMPACT YOUR FEELING OF SAFETY?
- HOW DOES THIS IMPACT THE WAY YOU PERFORM YOUR DUTIES?

Withdrawal Symptoms

- Intense craving
- Sensitivity to light
- Sweating
- Nausea and vomiting
- Chills
- Muscle/ joint aches and pain
- Diarrhea

Withdrawal Symptoms

- Insomnia
- Lack of appetite
- Sexual dysfunction
- Depression
- Anhedonia
- Anxiety
- Agitation/ irritability

Cognitive Impairment

- Addiction is an obsession and compulsion
  - -drug seeking
  - -drug use
  - -drug cravings
- Brain areas and processes involved in the addictive process substantially overlap with those relevant for cognitive functions

Source: Brain Damage- Bridging Between Basic Research and Clinics

Cognitive Impairment

- Abusing drugs alters the normal structure of the brain responsible for:

-judgment - movement -sensation -vision
-coordination -pain -memory -rewards

Substance Abuse vs. Frontal Lobe Damage

Substance Abuse Indicators

-impaired judgment
-problems in problem solving
-limited coping skills
-limited planning ability
-impulsivity
-loss of control
-diminished decision making abilities

Source: Brain Damage- Bridging Between Basic Research and Clinics

Substance Abuse vs. Frontal Lobe Damage

Damage to the Frontal Cortex

-unable to predict consequences for behaviors
-impaired Judgment
-problems in problem solving
-limited coping skills
-limited planning ability
-impulsivity
-diminished decision making abilities

Source: Brain Damage- Bridging Between Basic Research and Clinics

Criminal Justice Interactions

The immediate and long-term effects of chemical dependency can effect a person's legal involvement:

-committing the offense

-during the arrest

-competency to understand the situation

Committing the Offense

- Overreaction to the situation
- Memory dysfunction (black-outs)
- Delusions / paranoia
- Hallucinations
- Perceptual problems
- Commission of crimes to obtain drugs
- Commission of crimes to pay for drugs

During the Arrest

- Memory Lapses/ black-out
- Unable to waive Miranda rights
- May resist arrest
- May be physically ill due to withdrawal
- Strength and energy changes (PCP)
- Poor historian (distorted sense of time)

De-Escalating an Encounter

Identify contributing factors that increase the chance of an offender being agitated

- Situational Factors
- Personality characteristics
- Offender history
- Diagnosis/Symptoms
- Intoxication
- Your presentation (conduct/attitude etc)

Situational Factors

- What is the nature of the incident?
- Will this lead to an arrest?
- Are you interacting with an agitated person?

Personality Characteristics

- Is easily agitated
- Lack of coping skills
- Not very articulate
- Playing the victim mentality
- Impulsivity

Offender History

- Single most accurate predictor of violence is a history of violence
- Have they been escalated in the past
- Repeated conflicts with others

Diagnosis/Symptoms

- Having a mental health diagnosis by itself is not a factor, but having a diagnosis AND current symptoms is
  - Medication concerns
  - Perception of stress = stronger symptoms

Intoxication

- More likely to escalate if under the influence of drugs and/or alcohol
- Belligerence, aggressiveness
- Hallucination and/or delusions
- Paranoia, overly suspicious
- Problems with perception, Impaired judgment

Your presentation (conduct/attitude etc.)

- If you are agitated the individual may be too
- If you are disrespectful or demeaning they may lash out in response
- Be mindful of environmental factors: is the area noisy and chaotic?

Your presentation (conduct/attitude etc.)

- What happens after you finish a successful encounter?

Successful Treatment Components

- Medical Stabilization
- Motivational Enhancement Therapy
- Group counseling provided with high fidelity to EBP
- Individual Counseling provided regularly
- Exposure to 12-step principles and Peer support components
- Offer a continuum of care

Successful Treatment Modalities

- Cognitive Behavioral Therapy (CBT)
- Motivational Enhancement Therapy
- Contingency Management
- Pharmacological Therapies (MAT)
- Exposure to 12-step principles

Successful Treatment Modalities

Cognitive Behavioral Therapy (CBT)

- Techniques used to identify specific thoughts, feelings, and behaviors specific to change
- Skill set development
  - Refusal skills
  - Cognitive restructuring
  - Problem solving
  - Emergency management skills
  - Coping with relapse

Successful Treatment Modalities

Pharmacological Therapies (MAT)

- Literature suggests that MAT improves treatment outcomes when combines with psychosocial therapy
- Proven to reduce the frequency of relapse rates
- Has been indicated to reduce the duration of a relapse
- Helps to reduce cravings
- Can reduce the euphoric effects of the drug when consumed

Working with Co-occurring Disorders

- Individualize task assignments
- Offer incentives such as frequent breaks
- Altering and matching the pace and progression of the program to the individual
- Affirmation is given for individual accomplishments and personal achievements.

Working with Co-occurring Disorders

- Staff–assisted activities are held for longer periods of time
- Self-help information is disseminated gradually and comprehensively, so as to ensure that the client fully understands the concepts
- Ensure that progress and gains are solidified as necessary.

Resources for Help

Detox Services

-Stella Maris

-Salvation Army Harbor Light Complex

-St. Vincent Charity Medical Center
Rosary Hall

Resources for Help

Assessment & Counseling

- Community Assessment & Treatment Services
- Recovery Resources
- The Centers
- Connections/Signature Health

Alcohol, Drug Addiction and the Criminal Justice System

John M. Scalish PCC-S, LICDC-CS
Community Assessment & Treatment Services, Inc.
jscalish@communityassessment.org

Community Assessment & Treatment Services

Lesson Plan

Title of Lesson: Alcohol, Drug Addiction and the Criminal Justice System

Assigned Course Number: TBD

Author: John Scalish, LICDC-CS, PCC-S

Approving Authority: Pending

Overview:

Alcohol, Drug Addiction and the Criminal justice System is a 1.0 hour long presentation which will cover the following major elements:

1. Introduction to the topic of Substance Use Disorders
2. Common types of drug classifications
3. Signs and symptoms of intoxication vs. medical conditions
4. The interplay of chemical dependency and criminal justice interactions
5. Tools used to de-escalate an encounter
6. Successful treatment modalities
7. Resources for help

Course Goal:

The goal of the Alcohol, Drug Addiction and the Criminal justice System presentation is to provide participants with knowledge regarding the impact of substance abuse on criminal justice interactions. Officers will be able to understand the impact this has on resolving successful encounters, learn tools to de-escalate and employ resources to help serve the public need.

Course Objectives:

Upon completion of the Alcohol, Drug Addiction and the Criminal justice System presentation participants will be able to:

1. Recognize the signs and symptoms of Substance use Disorders
2. Gain insight and understanding regarding the disease of addiction
3. Evaluate the link between substance abuse and criminal behavior

4. Process emerging trends in the field of chemical dependency

5. Verbalize successful treatment modalities and resources available

6. Gain an increased perspective from interacting with consumers of chemical dependency treatment

Methodology:

A power point presentation will serve as an instructional aid and will include basic outlined points. The instructor will also facilitate class discussion to increase participant interest and involvement.

Target Audience:

All members of the Cleveland Division of Police.

Class Size:

TBD

Evaluation Process:

TBD

Logistical Information:

Site: TBD

Training Equipment:

Computer, projectors, screen and speakers

Power point presentation (electronic)

Power point presentation (handout)

Staffing Requirements:

Instructor

Training Schedule:

9:00 - 9:10	Introduction to Alcohol, Drug Addiction and the Criminal justice System. Slide 1 Overview of substance use disorders with historical overview. Slides 2, 3, 4, 5
9:10 - 9:15	Discussion of common classifications of drugs. Slides 6, 7
9:15 - 9:20	Process substance abuse intoxication vs. medical emergencies. Slides 8, 9, 10
9:20 - 9:25	Discuss signs/symptoms of intoxication and observations in the field. Slides 11, 12, 13
9:25 - 9:30	Overview of withdrawal symptoms as it relates to substance use disorders. Slides 14, 15

9:30 - 9:35	Provide insight into how substance abuse can mimic damage to the frontal cortex. Slides 16, 17, 18, 19
9:35 - 9:40	Discussion of how chemical dependency can effect an individual's legal involvement. Slides 20, 21, 22
9:40 - 9:50	Process how to De-escalate an encounter and the common risk factors associated with this. Slides 23, 24, 25, 26, 27, 28, 29, 30
9:50 - 9:55	Overview of successful treatment modalities and working with co-occurring conditions. Slides 31, 32, 33, 34, 35, 36
9:55 - 10:00	Resources for help, Questions and closing. Slides 37, 38, 39

Community Assessment & Treatment Services

Alcohol, Drug Addiction and the Criminal Justice System

Instructor's Manual

Slide 1-Introduction of the presentation topic

Slide 2-Substance Use Disorders

- Define substance use disorder indicators to conceptualize why it is important to understand symptoms as it relates to field work.

Slide 3-Substance Abuse

- Provide historical overview of the substance abuse classification in the DSM-IV.

Key Points to make

- Indicate how abuse diagnosis were relevant to individuals in the past.

Slide 4-Substance Abuse

- Indicate the difference between prior classifications of substance use and dependence

Key Points to make

- Tolerance and withdrawal symptoms are a central indicator in dependency issues
- Much overlap exists in the progressive nature of the disorder.
- Some individuals could be misdiagnosed based on situational use, such as college experience or divorce.

Slide 5-Substance Use Disorders

- Present the current changes in diagnostic indicators based on the DSM-5

Key points to make

- The combining of abuse and dependence criteria
- The addition of the phenomenon of craving
- The elimination of legal conflicts as the laws are constantly changing and geography should not be taken into account when assessing.

Slide 6-7 Common Types of Drugs

- This slide provides some very basic drug classifications from stimulants to inhalants.
- Under each heading are various substances that fall under each level of classification

Key Points to make

- Street names of various drugs rapidly change
- Many names are used regionally to describe the same type of drug

Slide 8-Medical Symptoms or AOD Issues

- At times, an officer may encounter an individual that appears to be under the influence of alcohol or drugs. This may not be the case.

Key points to make:

- Some signs and symptoms of medical conditions may present as signs and symptoms of being under the influence of mood and mind-altering substances.
- It is important to assess accurately whether an individual is under the influence or experiencing a medical emergency.

Slide 9- Diabetic Emergency –Signs and Symptoms

- Some symptoms of diabetic emergency may mimic signs of intoxication from drugs and alcohol.

Key points to make:

- An individual's breath may smell similar to someone intoxicated from alcohol when they have low blood sugar.
- Bizarre, distant, incoherent and aggressive behaviors may be misconstrued as intoxication but is a direct result of a diabetic episode.

Slide 10- Diabetic Emergency –Signs and Symptoms

- Some symptoms of a diabetic emergency may mimic signs of intoxication from drugs and alcohol.

Key Points to make:

- An individual's physical appearance may also be misleading in regards to ruling out intoxication vs. medical emergency.
- Skin tone, sweating and shaking may also be as a direct result of a medical condition.
- Officers are encouraged to ask about physical health conditions.
- Information is also given in relation to medical alert tags, wallet cards, and diabetic supplies to further help in identification of medical issues.

Slides 11-12-Signs and Symptoms of Intoxication

- Identification of a variety of signs and symptoms apparent when encountering an individual under the influence.

Slide 13-Questions

- Question: What signs and symptoms do officers often view in the field during specific encounters?
- Question: How do these signs and symptoms impact your feeling of safety?
- Question: How does your feelings of safety impact the way you perform your duties?

Slides 14-15 Withdrawal Symptoms

- It is important to discuss the withdrawal symptoms that result as a discontinuation or reduction of use.

Key Points to make:

- Many people continue in the cycle of addiction because they no longer want to feel sick.
- Withdrawal symptoms can be a major motivation for many drug related crimes.
- Repetitive use contributes to the development of tolerance.
- Withdrawal symptoms occur when a substance leaves the individuals system at a rate that is uncomfortable for them.

Slide 16- Cognitive Impairment

- This slide is designed to highlight how consistent drug use has the ability to impair cognitive functioning.

Key points to make:

- The disease of addiction effects the pleasure centers of the brain which in turn send signals to the user that life is in danger if they stop using.
- Chemical dependency can shape how people view things, make decisions and react/behave.
- Persistent use can have lasting negative impacts on cognitive functioning.

Slide 17-Cognitive Impairment

- The use of drugs directly impact brain areas responsible for judgement, movement, vision, coordination, cognition and rewards.

Slide 18-Substance Abuse vs. Frontal Lobe Damage

- There are a variety of symptoms related to substance use that also mimic frontal lobe damage
- It can be difficult to discern between immediate intoxication and more organic brain deficiencies.
- Many symptoms include impulsivity, problems with cognition, problem solving, limited coping skills, etc.

Slide 19- Substance Abuse vs. Frontal Lobe Damage

- When there has been damage to the frontal cortex of the brain many of the symptoms mimic signs of intoxication.
- Many symptoms include impulsivity, problems with cognition, problem solving, limited coping skills, etc.

Slide 20-Criminal Justice Interactions

- Question: How can chemical dependency effect a person's legal involvement?

- Questions: What are the nature of offenses that you are seeing as a direct result of drug or alcohol use?
- Question: Do you believe that a person with a diagnosis of chemical dependency has a brain disorder? Or do they use drugs and alcohol because they want to?
- Question: Has society gone too far with it's thinking about substance abuse disorders?
- Question: Do you believe addiction is a medical disorder or a moral weakness?

Slide 21-Committing the Offense

- There are many ways that a person's involvement with alcohol and other drugs can motivate the commission of various crimes.
- Many problems can be associated with an individual's understanding of their culpability as a direct result of their use.

Slide 22-During the Arrest

- Actions of intoxicated individuals may vary depending on the type of substance that they are using.
- Actions such as resisting arrest, the inability to waive Miranda rights and strength/energy changes can negatively affect a successful encounter based on the types of drugs being used.

Slide 23-De-Escalating an Encounter

- There are many contributing factors that can lead an offender to become agitated.
- These characteristics will be delved into one by one on the following slides.

Slide 24-Situational factors

- The incident that causes an officer to respond to the scene can indicate whether there will be a successful encounter.
- Question: What is the nature of the incident?
- Question: Is the situation likely to lead to an arrest?
- Question: Are you interacting with an agitated person?

Slide 25-Personality Characteristics

- The personality of the offender can indicate whether there will be a successful encounter.
- Question: Are they easily agitated?
- Question: Do they lack appropriate coping skills?
- Question: Can they articulate the situation well?
- Question: Are they playing the victim mentally?
- Question: Is the person of interest very impulsive?

Slide 26-Offender History

- The history of the offender is important to know when attempting to resolve a successful encounter.

Key Points to make:

- The single most accurate predictor of a violent situation is a history of violence.
- Question: Has this person been escalated in the past?
- Question: Does this person have repeated conflicts with others?

Slide 27-Diagnosis/Symptoms

- Having a behavioral health diagnosis and current symptomology is more important than merely having a behavioral health diagnosis.
- A person may be actively symptomatic due to medication concerns: over medication, lack of medication.
- The perception of a stressful situation can lead to stronger symptomology.

Slide 28-Intoxication

- A person's current level of intoxication from drugs or alcohol can contribute to the likelihood of escalation
- Episodes of aggressiveness, hallucinations/delusions, paranoia and impaired judgment can negatively impact the encounter.

Slide 29- Your Presentation (Conduct and Attitude)

- An officer's conduct and attitude coupled with the way that they respond to a situation will speak volumes as it relates to having a successful encounter.
- If an officer is agitated, it will increase agitation on the part of others
- If an officer is disrespectful or demeaning, the individual may lash out in response
- It is important to be mindful of environmental factors as well
- Question: Is the scene safe?
- Question: Is the area chaotic/noisy/disorganized?

Slide 30- Your Presentation (Conduct and Attitude)

- Question: What happens after you resolve a successful encounter?
- A lengthy discussion is expected to ensue.

Slide 31-Successful Treatment Components

- Studies have shown that the most effective treatment is individualized to a client's level of need.

Key Points to make:

- There are many treatment modalities available to treat substance use disorders in the community.
- Medicaid expansion has helped make treatment programs more accessible to the population.
- A variety of services and levels of care can be implemented to provide the highest success rate possible based on an individual's need.

- The criminal justice system is often a gateway into the treatment community.
- It is important to be mindful of what is said during an encounter because people will remember encouraging/discouraging statements made by officers long into their recovery process.

Slide 32-Successful Treatment Modalities

- There are a variety of therapeutic models that are used to provide comprehensive treatment modalities.
- Evidence-based interventions are favored because research indicates that they produce the most favorable outcomes in the shortest amount of time.

Slide 33-Cognitive Behavioral Therapy

- A treatment modality that incorporates a person's thoughts, feeling and actions.
- Through the identification of an activating event, a client's belief structure can be examined and changed which subsequently leads to more positive urges and actions.

Slide 34-Pharmacological Therapies (Medication Assisted Treatment)

- Medication Assisted Treatment improves outcomes when combined with psychosocial therapy
- Various medications such as Suboxone, Vivitrol and Methadone help to decrease craving, reduce instances of relapse and contribute to the maintenance of long-term sobriety.

Slide 35-36- Working with Co-occurring Disorders

- Working with individuals that are dually diagnosed can be challenging.
- It is important to treat both conditions at the same time to produce the most favorable outcomes.
- Treatment of those with co-occurring conditions is unique.
- The frequency and duration of scheduled activities are delivered differently.
- The use of incentives must be consistently utilized.
- Med-somatic service provision is individualized.
- Frequent and concrete affirmation of progress is maintained.
- Self-help information must also be disseminated gradually and comprehensively to ensure concept integration.

Slide 37- 38 -Resources for Help

- Help is available in Cuyahoga County and the surround community.
- Medical detoxification referral sources are listed as well as resources for assessment and counseling services.
- 211 first call for help is also a valuable resource when looking to connect a person with the right resources.
- Contact local ADAMHS Board for referrals and service providers.

Slide 39-Closing Slide