

## **Episode 278—Dr. John Gallagher: It's all about relationships: Drug Courts—what are they and how do they work? (part 2 of 2)**

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at [www.inSocialWork.org](http://www.inSocialWork.org). We're glad you could join us today. The purpose of in social work is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hi from Buffalo and welcome to 2020, everyone. The days are getting longer here and we're gearing up for the so-called spring semester. The sun always comes back, though, and we are looking forward to another chance and another year of meeting and talking with interesting people. I'm Peter Sobota. In part two of a two part podcast, our guest, Dr. John Gallagher, elaborates on the racial disparities research is revealing related to drug court outcomes. Specifically, Dr. Gallagher will describe the four main themes he and his collaborators have identified via qualitative research with African-American drug court participants. He utilizes direct quotes from his participants to discuss and identify the cultural impact of the drug court environment and advocates for implicit bias reflection work on the part of all providers and professionals in the system. Dr. John Gallagher is associate professor at Indiana University School of Social Work. He was interviewed in July of 2019 by Caitlin Rudin, a JD-MSW student here at the UB School of Social Work and most treasured alum of the inSocialWork podcast production team.

[00:01:46] So then based on those questions and your findings, what are some of the factors that may contribute to racial disparities in drug court outcomes?

[00:01:55] This phenomenon is extremely complex and there's going to be multiple factors that are contributing to racial disparities in graduation rates. But the research that colleagues and I have done, we have some very specific concrete insight that I think is important for us to share. So I'm going to share four of the themes that have come out of some of my work in this area. And also as I go through the themes, I'm going to read some of the direct quote from the African-American men and women that I have interviewed and met with qualitatively. And that is a part of the goal of qualitative research, to give them a voice. And so today on the podcast, I will be their voice. The first study I want to talk about, this was published last year in the Journal for Advancing Justice, and Anne Norgberg, out of the University of Texas at Arlington, and I published this study. This was the largest known qualitative study, our sample was 70, and it was the first known qualitative metasynthesis related to racial disparities in drug court outcomes. And based on this study, one of the main themes, and this will be the first one that I discuss, the title of the theme is "Key Components 5 and 7: Support African-Americans in Graduating." That's the theme that we gave. And key component 5 is related to drug testing and key component 7 is related to frequent contact with the judge. And so the African-American men and women that we met with in these studies said that these interventions are very helpful. So I'm going to read a quote here. And this is related to the benefits of drug testing. "Sometimes it is stressful because we have to do it several times each week. But the drug tests are what make this program work. I needed to get clean first so I could start thinking clearly again, like being me. I still have thoughts about smoking weed, but because I have been clean for so long and know that I am getting tested, I am able to think better and make better decisions." So this gentleman who was sharing his experiences with drug testing has suggested drug testing is helpful. It enhances my cognition. It enhances my motivation for change. And that's just one of certainly many quotes we have that helped develop that theme. The next quote is related to frequent contact with the judge. "The judge is what

motivates me to graduate. she really cares about me and my children. This is not what I expected from a judge. I did not expect for her to get to know me on a personal level. I look forward to seeing her each week and sharing all the good stuff I'm doing with my life now. She is so caring and kind to people like me who are suffering from addictions need someone like her to motivate us and tell us that we can do it because she did it herself." And this is an African-American woman who was in the St. Joseph County Drug Court in Indiana talking about Honorable Jane Woodward Miller. I mean, it's a beautiful example of kindness, a judge practicing social work. And these types of quotes, We are not used to seeing in the criminal justice system, particularly defendants or individual's perceptions of a judge. This is consistent with the drug court model. And so we find with this theme that African-American participants had very favorable views towards drug testing and seeing the judge frequently. These two interventions helped them do well in the program. The second theme that I'd like to discuss, I see very important African-American men and women were very critical about the quality of counseling they received for their substance use disorders. Their most critical views were towards those counselors, social workers who were meant to treat them, who were meant to provide that rehabilitative setting. So I'll read some of the quotes here to further conceptualize this theme, and the theme is an uneasy relationship exists between African-Americans and treatment providers. "I have no respect for the counselors because they judge us and label us addicts. One of the counselors even told me that he would not move me to the next phase of treatment until I admit I am an addict and in denial or something like that. I see the word addict as a derogatory term and I will not subject myself to their judgments and labels." This quote is again one of many examples where African-American men and women that I have met with in Indiana and throughout the country. There's been a consistent theme where they felt offended by being labeled an addict or an alcoholic. Now, from a racial lens, a cultural lens, this makes sense. African-Americans have experienced social injustices historically and generationally throughout our country. And so the fact that they are saying "I do not want to accept a label" makes perfect sense. And it's something as social workers, as addiction counselors. We need to understand and embrace. We need to allow clients to decide for themselves if they want to say, my name's John and I'm an addict. In some settings, that can be very empowering. AA, NA, other recovery support groups, that seems to be a norm. And if it's healthy, it's empowering for a client, we embrace that. But if a client says, I do not want to identify myself as an addict or alcoholic, I do not want to accept that label, we must respect that as well, too. We never want to force our beliefs onto someone or feel someone that they are coerced in saying they are an addict or alcoholic. As an addiction therapist, quite frankly, I could care less if someone admits they're an addict or alcoholic. They're very subjective terms in my opinion. What I'm most worried about and what I hope for is that clients can say "Drugs have created a problem or problems in my life, and I plan to make some changes in regards to my relationship with drugs to hopefully resolve or eliminate those problems." That's therapy. That's about motivation for change. I think we really need to consider some of these labels that are commonly used in addiction treatment that they may be offensive, particularly to African-American participants. And I have done studies where I compare the experiences of African-Americans to white drug court participants and not once have white participants shared any challenge or difficulty or offense with being forced to say they're an addict or alcoholic. They actually tend to have more favorable views about the quality of addiction counseling. So there is some comparison here between African-Americans and whites where we can say this seems to be unique to African-Americans and it goes back to the problem doesn't lie with African-Americans. The problem lies with how we serve African-Americans. The next quote I'd like to share is "I feel that I won't graduate drug court because I'm not receiving good treatment. I have a really serious addiction to heroin. I think about it all the time and constantly obsess about using. But I don't want to get high in

my heart, but my mind does. If I do relapse I have no one to talk with about it, not even the therapist, because if I tell them, they will tell drug court and I will go on sanctions. It's a real shame because we need a safe place to talk about the challenges we are experiencing and a safe place to treat our addictions. But this court doesn't have that." And what you're talking about here is a very real issue. And I think it requires urgent intervention and discussion from a criminal justice standpoint, from a drug court standpoint, how we exchange information between drug court and the therapists who are doing the counseling for addiction. Because what participants are sharing, particularly African-American participants, is "I go to treatment and my therapist says 'Be honest. Honesty is part of recovery.' But if I'm honest with my therapist, perhaps I use drugs this weekend, my therapist is going to then tell drug court and report that back to them. And I'm going to go on sanctions and I may be temporarily incarcerated or get some other type of sanction." It is logical and it makes sense. Of course they're not going to share that information. I mean, food safety, water, shelter and our freedom, are basic needs. And so they feel that they don't have a safe place to get good quality treatment. And if we go back to the basics, good quality treatment is "I will provide a safe, kind, nonjudgmental, confidential environment for you to change." And if we are exchanging too much information, if we are collaborating too much with the criminal justice system, we may be destroying the therapeutic relationship. And in no way would I say, "well, these participants are lying." Well, they're choosing to be dishonest perhaps about drug use or something that may be noncompliant because their freedom is at stake. And again, the blame is not on a population, a race or ethnicity. I place the blame the responsibility on drug counselors. We are called and responsible to provide a safe, confidential environment for our participants to change. And if we overly exchange information with drug court, we are responsible for that. We are responsible for not creating an environment where people can be fully honest with us. The third theme is related to individualized treatment needs for African-Americans, and this is particularly related to the use of recovery support groups such as Alcoholics Anonymous and Narcotics Anonymous. Let me read you this quote. "This court makes us go to AA Alcoholics Anonymous meetings each week, which takes up a large chunk of time. And to be honest, I don't find them helpful. I see how they are helpful. Just not for me. Attending my church each week, praying and spending time with my family is my recovery support system. But the drug court says I can't use my church in place of a meeting. AA is not the way I was raised. In my culture we rely on family for support, not other people who are court ordered to these meetings and don't even want to be there. If you want to help more people graduate, the court needs to allow us to pick our support systems as compared to then picking it for us." This quote is a perfect example of the environment we hope to provide as social workers, where clients are the experts in their own life. They know best what supports they need in their lives to promote healing and recovery. We want to enhance their self-determination, particularly in a system that can take away their liberties and freedom. This is, I think, a very important theme where I compare African-American drug court participant's experiences to the experiences of white participants. White participants, they're satisfied with AA and NA meetings and recovery support groups. They don't have a problem with being mandated to meetings. This seems to be specific for African-American drug court participants where they're saying "we need recovery support systems. This process of recovery and abstaining from drugs and alcohol is difficult and we need supports in our life. But this supports may not come from a in any way." I met with African-American men and women in the Gary City Drug Court in Indiana. And I remember a young man I met there. He was in a basketball league three times a week, went to the gym, played in a basketball league and he saw that as supportive of his recovery. Of course, it's a wonderful support. I remember I met with a woman in Gary, Drug Court participant, and she talked about her beautician. She said, "a support that I have in my life is my beautician. When I see her, she does my hair, she does my nails, we

talk about life. She's kind of like my quasi-therapist. And when I leave there, I feel beautiful." And her quote was so powerful to me that it reminded me of we as professionals cannot project what we think works on onto clients. AA and NA are wonderful resources, no doubt about it, but they're not for everybody. And my research has begun to suggest that they are not for everyone, particularly for African-Americans. This is a quote from the Journal of Social Work Practice and the Addictions. This article that I wrote, this was the first of its kind, the first to explore this phenomenon through a qualitative lens. "In my culture you don't talk about your personal problems in public. At these AA and NA meetings these people are talking about how they were abused as a child and how they tried to kill themselves. I can't really. I have problems, but I don't share them there. I share them with my family." And this is from an African-American drug court participant male in Texas. And it overlaps my experiences in Indiana meeting with African-American men and women in drug court. And we see that the participants aren't saying "we don't need support." But this gentleman was saying, "in my culture, I don't air my dirty laundry in public. I need support. But I'm not going to share in a public setting with people that I don't know. I rely more on family." Perhaps a priest, a pastor, a church or something like a basketball league or a beautician. The fourth theme that I want to highlight, and we've titled this "Importance of Human Relationships." This article was actually just published this week in the Journal of Ethnicity and Substance Abuse. Anne Norgberg, I also had published a lot of articles with from the University of Texas in Arlington, she's on this article and also had help from Alissa Dibley. She works at the St. Joseph Hospital here in Indiana. And so us three published this study in one of the main findings from this study, and the theme was importance of human relationships. And so let me read a quote. "What's most helpful to me is talking to my caseworker and me dropping drug test every week. Why is talking to my caseworker most helpful in graduating this program? Because she pushes me to do better and she is honest with me and a role model for me. She really cares about me. I see that in her. Dropping drug test every week keeps me not smoking. Why? Because knowing I will get locked up makes me not want to smoke anymore. And it's not worth it. My caseworker is my biggest supporter in this program. Without her, I probably would not complete it." Here, Caitlin, we go back and we see the value of kindness and compassion and empathy. Again, drug court participants looking at the caseworkers, criminal justice professionals, and seeing that they are treating them well and kind and that they care. This goes a long way. The final quote that I want to read related to that theme is "This program works for me because all of us come from the same neighborhoods and city. We understand the difficulties of living here and how difficult it is sometimes to not get high or get into trouble in some way. I look forward to coming to court and going to our meetings because I've developed friendships with these people. When my man gets caught getting high, I talk to him after court and offered to help him by going to a meeting with him or just hanging out. We help each other out here and I think that's the most helpful aspect of the program." The theme is the importance of human relationships consistent with our social work values and ethics. And there's a value of treating people with respect and kindness. And there's also a value of camaraderie within the program. Drug courts can create a culture where the participants themselves are helping each other. They know that they're support for each other and that support for each other will surely be seen throughout drug court and hopefully something that's sustainable post the program. So the four main findings that I am sharing with you today is that African-American participants felt that drug testing and frequent contact with the judge was extremely effective in helping them do well, they were most critical about the quality of counseling they received, they felt that they often were forced to accept labels such as addict or alcoholic, or they felt that they couldn't be honest, which is a key component of therapy with their therapist, and that prevented them from doing well. The third is that they felt they were not receiving individualized treatment, and that was particularly related to

recovery support groups, where again, not all, but some, enough were a theme was developed, did not respond well to AA or NA or other 12 step recovery groups. They were looking for more, perhaps what I'll call natural supports in their life. And the last theme is about the importance of human relationships, about the judge, caseworkers, probation officers, treating men and women with dignity and respect for drug courts creating an environment where there can be camaraderie among the participants. Because that camaraderie can be a tremendous support. And we may not always see the benefits of it, but participants have shared that it's very helpful.

[00:18:20] Wow, I have so many thoughts because there's just so many great things to pull away from the four themes you just listed. But the one I'm most interested in is when I'm thinking about the second theme of being more critical of their therapists. So I work in public benefits and so I'll make the connection in a second. And a lot of the times, not all caseworkers that I interact with when I'm working in public benefits, some of them have a bias to label people as addicts, as bums, as what have you. And again, not everyone. And by all means, not most people, right? But some do. And I know that key component 10 of the components is forging partnerships among drug courts, public agencies and community based organizations. So as I hear you talk about these therapists, as I think of caseworkers I know of, the few that exist that have those biases, how do you pull any sort of the ethos that's in drug courts and convince other agencies to apply that ethos?

[00:19:20] I think that's an important point. And thank you for sharing your experiences with us, because we know that these terms, addict and alcoholic, they're so commonly used, whether in local news stories or national news stories, they seem to be socially acceptable or the social norm. There's stigma related to addiction. There's been stigma related to addiction. And so what we've found is important is having education through multiple avenues. So in our area, in the South Bend, Indiana area, the local news station just did a story on the Elkhart County Drug Court, which is a new drug court that began in January of 2019. And the local news station did a wonderful job sharing with our community what drug courts are, what addiction is, and gosh forbid, someone gets caught up in the criminal justice system because they got arrested with drugs, that there is a program there that cares about you. There's a program there that is designed to help you, not punish you. So part of key component 10 and one of the things that we do in our community is if we have graduation ceremonies, we invite the local news to be there. So we have a veterans treatment court in St. Joseph County, Indiana. I remember when they had the first veteran graduate the program. The local news were there, state senators were there and other politicians. So we want to educate the community. We want to get politicians involved in this so we can develop laws that are geared towards best practices in treating addiction. We want to reach the community because we know that drugs are in the community and that somewhat knows that there's a resource out there if something happens or that they need help. So key component 10 is extremely important so we're not isolated in our silos doing our work. Drug addiction is a social issue. It's a community issue. And we are proud of the work that we do in drug courts and we want to share that with other people. When it comes down to more specific things, key component eight of the drug court model is related to program evaluation. It's wonderful to be a drug court program in Indiana. There's state law that you must evaluate your program every three years. And again, that level of accountability is what I believe is one of the main factors that has made these programs successful. So in the St. Joseph County Drug Court I evaluate their program, very rigorous evaluations of mixed methods study every three years. And one of the years that I did it, I believe it was 2013, this finding came up about being offended with the term addict and alcoholic. And then when I isolated the finding, I found that it was solely with the African-American participants. Again, white participants,

they had other concerns, they had other critiques, but overall, they seemed to be pretty satisfied with the quality of treatment. They had no problem going to AA and NA. And so from a research standpoint, I then can have a conversation with the prosecuting attorney of the county, the judge of the drug court and any key stakeholder, clearly, those that are providing the addiction counseling to say, hey, here's what I found. And then local treatment providers then can take those research findings transferred to practice settings and change that norm, where an example may be that they start each group. Let's start each group, and when you introduce yourself, you need to say, John, I'm an addict or John, I'm an alcoholic. They can eliminate that requirement. They can make program changes based on this. So the good thing about this collaboration is that there are no limits to it. Meaning we want politicians involved, we're proud of the work we do. We want to publish in academic journal articles. We want local news stories about it. We want to reach drug users. We want to reach families that have been impacted by addiction. We want to reach those that have never had any experiences with drug use whatsoever to give them accurate information if they have kind of oppressive thoughts or stigmatizing thoughts related to addiction. We can give education to help correct those. My students and I do a service learning class. It's addiction and mental health policy class. And the service learning component is we do a community training in our area on best practices in treating addiction and mental health and we did it about a month ago. We had, I would say, 70 to 80 people there. It's sold out and we spent the day giving accurate information about modern approaches to addiction and mental health. What addiction is, what it isn't, what are best practices. And we wanted professionals there, which we had. We wanted individuals who were using drugs there, which we had. We wanted those that were impacted, perhaps family members, by addiction. We wanted them there. The local news, we wanted as many people there as we could to get this information out there. And all of that is consistent with, as you shared, key component number 10.

[00:24:07] So I am wondering what are the implications of this research that we've been talking about for social work practice, for research, education and policy advocacy? I think you have said a bit of this, but I'd love to hear you talk more about it.

[00:24:21] Absolutely. And I do think there are very specific implications of this work. The first thing that I do think is important to say before I get into the implications is for me to talk about just briefly the limitations of all my qualitative work. And so throughout our discussion, you've heard me say African-American participants, African-American men and women felt this way or this was their lived experiences. I think it's important to know that I am generalizing, but I am only generalizing back to the African-American men and women in my sample. So I'm not even generalizing to African-Americans as a whole. Of course, I'm not generalizing back to all African-Americans involved in the criminal justice system or all those that have perhaps a substance use disorder. My generalization is only back to my sample, and I think that's consistent with any qualitative research. I think it's important for your listeners to know that. And as I share these implications, I encourage and I'm okay, I think all listeners should take these implications with a bit of caution because they are based on certain programs and certain African-American men and women in those programs. Now, with that said, there are implications. The first I'd like to talk is about social work practice implications. I believe that all drug courts should not, and if they are they would remove this requirement, mandate AA and NA meetings for all participants. As I discussed previously, African-American, some African-American men and women were dissatisfied with AA and NA meetings. They saw it as inconsistent with their culture, and they also said that they had more natural supports in their life as compared to mandated supports that they felt were more helpful. So we do not want to mandate AA or NA meetings in drug courts. And understand I am an advocate of AA and NA. AA and NAq

had been around for say 90 years almost. They have withstood the test of time. They are a wonderful support group for men and women who have addictions, for men and women who choose to utilize that as a support group. So I am a fan of AA or NA, but I am not a fan of mandating it for participants. We already in drug court, we mandate addiction treatment and I support that. We know that that works. We have that mandate in place and we want to give participants as much choice, even in the justice system, as we can. And where we can give them choice is related to the recovery support systems that they use. So a drug court may say "we do mandate that you have some type of recovery support system and you have freedom to choose with that may be and share that with us." So if a young man comes in and says, you know, "I'd like it to be AA and NA, I really like AA and NA meetings," then we accept that and we embrace that and it's their choice. But if a young man comes in and says "a basketball league and being there three times a week really helps enhance my mood, enhance my self-worth and self-esteem. It's a pro social environment. It helps me stay clean and sober from drugs and alcohol," we want them to continue doing that behavior. So I think a very concrete suggestion, very specific suggestion, is for drug courts to no longer, if they are, mandate AA or NA meetings, yet they do mandate and encourage participants to have some type of recovery support system. The other practice implication, this is perhaps less concrete, there's some gray area when social work, and I remember this throughout my education. I remember it now because I teach it. We promote collaboration in a comprehensive approach to addiction and mental health counseling. We encourage multidisciplinary teams as kind of the best approach. I'm going to step away from that for just a second and say that the implication of my practice is actually reduced collaboration between addiction treatment providers and drug courts. Part of the reason that we think racial disparities based on my findings may exist in some treatment courts is because African-American participants felt that they never had a safe, confidential environment to get true good quality treatment. When I say true, again, I go back to the basics. If you cannot provide a safe, nonjudgmental environment, you can't do treatment. That is the core. That's what we teach in the general social work practice. How do you convey empathy? How do you actively listen? How do you provide a safe environment? And so I propose a reduction in collaboration between treatment providers and drug courts. And I say that this is again, less specific. I don't think treatment providers should share nothing with drug courts. I also don't think that they should be sharing everything. Here's how I practice. The shared early continuously for almost 20 years have done addiction counseling, many of that with drug court participants. What I feel as a starting point, as a basic drug courts need to know is that they have court ordered someone to treatment with me. I thank the drug court for that referral, and then at the minimal and perhaps also the maximum, I share their attendance with drug court. Now understand that this suggestion implication I have, I present this at national conferences. It gets mixed reviews. It's controversial, I understand that. But when I say the minimum I present and perhaps the maximum at the same time is drug court may contact me and say, "John, how is so-and-so doing in treatment?" I can reply back and say "so-and-so has attended four out of their last five therapy sessions," period. Now, I don't want to present this in such a black and white fashion where the collaboration should operate that way. Of course there are some gray areas, but I think, and I hope, and I have found in my practice that separating treatment from the criminal justice system is extremely important in helping effectively promote recovery from substance use disorders. Meaning if I give you a drug test as a treatment provider and then I share your drug tests as a treatment provider with the criminal justice system and the criminal justice system now puts you in jail as a result of that positive drug tests, I am not a therapist anymore. In that patient's lens, that participant's lens, I am just another extension of the criminal justice system. I propose a reduction in collaboration between treatment providers and the drug court system. Minimum would be reporting attendance, perhaps providing some overview of how they're

doing generally, but it needs to be confidential, it needs to be private. If we don't make it confidential, if we exchange too much information, the therapists are no longer therapists in the participants minds. We have quotes to support this from African-American individuals. They are just an extension of the criminal justice system. So from a practice standpoint, I would say do not mandate AA or NA meetings, and then I propose with some gray area a reduction in collaboration between addiction providers, social workers who are doing addiction counseling, and the drug court system. From a research standpoint, I think it's important to know that I think a very noticeable limitation of my research is that my research is mainly focused on African-American participants in drug court in comparison with white participants. So of course, there are many other races and ethnicities that drug courts serve. My work has not gathered much data with Hispanic participants, with Asian participants, and so I do think that we know that this phenomenon is not just limited to the comparison between white and African-American participants. So from a research standpoint, I think a major implication is for us to continue qualitative methods, but we need to branch out to explore the experiences in drug court of other races and ethnicities. From an education standpoint, I think it's key that all schools of social work that teach classes in addiction and mental health counseling incorporate in, if they haven't already, knowledge on drug courts. So I teach several addiction and mental health related classes. The one I teach each spring is Social Work Practice and the Addictions. And so in that class, we have done many things such as visit and observe a local drug court and then we can reflect in writing and verbally and process that experience to watching videos on drug courts to next year perhaps I'll share this podcast with them on drug courts. We want social workers to know about these programs. And some of them may have no interest in ever working in drug courts. If they do, wonderful. But we want them to know about these programs because they may not be interested in drug courts, but they may work in the child welfare system. They may work with a parent who got arrested for possession of a controlled substance. They now know that drug courts exist. They can be a bridge to help refer them to that program. So as we talked about, I think consistently throughout our discussion, is that drug courts are consistent with our values and ethics and we want to deliberately and intentionally make it part of our curriculum, particularly curriculums where they're specializing in addiction and mental health counseling. And then last, from a policy standpoint, we want to continue to promote the development and advancements of laws that govern drug court practice. We in Indiana, for example, as I shared earlier, we have laws that govern drug court programing. Excellent laws, they have to evaluate themselves every three years and share the evaluation with the state. It's an excellent requirement. They have state officials come out to certify you that you are indeed a drug court because you are following the key components. So we have great laws in place here in Indiana. Not all states, though, have laws. But we also want to advance these laws by saying it is not sufficient anymore for a treatment center to say "we provide evidence-based treatment." that is no longer sufficient. What we need is "we provide evidence-based treatment and for agencies to be able to share and articulate exactly the interventions that they are doing." So at Bashor Children's Home, I work with young men and women, a lot of them justice involved who have addictions. And I can say at Bashor Children's Home, we do evidence-based practices, all of the staff who do addiction therapy are trained in the seven challenges, we have certificates to prove our training. And the seven challenges is an evidence based program to treat addiction for young men and young women, that we need to put into place laws that are monitoring and requiring treatment providers to provide best practices. I think this term evidence-based treatment, I think this term individualized treatment is used too freely, often without any backing. We want to do evidence-based practice, we want to do individualized treatment, and we want to prove to a certification board, we want to prove to the state through the mandate of laws that we are actually doing best practices.



[00:34:58] What I really appreciate about you, Dr. Gallagher, and then also about your research, is in the first half of our discussion I feel like you really sold us on that drug courts work, but now I feel like later on in this conversation, what you've gotten to is, "But here is how they really could be better. This is where they're failing." It's beautiful to see that both-and, you know, like you're sold on it, you think we should be sold on it as a profession, at the same time here's how we have to make them better. And I think that's just the best place to be.

[00:35:24] Caitlin, I think that's an excellent point. Drug courts work. We have no doubt about that. But we need to continue developing them. They work. Let's make them more effective. And I think another implication that's important for drug court professionals is related to training. So a key component of the drug court model is that the drug court team, judges, attorneys, counselors and social workers, we must be trained on best practices in treating mental health addictions. They must be trained on what is the drug court model. How do we implement incentives and sanctions effectively? We do not want drug courts to be an extension of an already oppressive criminal justice system. The criminal justice system has a history of being oppressive to men and women of color. And I commend the NADCP. I commend the National Association of Drug Court Professionals, in 2010 for releasing the statement identifying this problem. We're not wiping this under the carpet. We are saying this program works. It's a wonderful program. But there is a major problem here and this problem is related to race and ethnicity. And we do not want to be an extension of a system that has historically been oppressive to men and women of color. And one of the main implications that I would like to share is related to training. We talk about cultural competency training, and traditional cultural competency training, the ones that I have been to on a local level in my social work practice and national trainings, is you go to a training and you learn about different cultures, perhaps different races, different ethnicities. So, for example, when I started as an addiction counselor here in Indiana and I had to go to cultural competency training, one was related to African-American, one was related to Hispanic, and in our community, one was related to Amish. There's a large Amish population in the South Bend and surrounding areas. And I found those trainings very interesting. I learned a bit about the African-American culture, Hispanic culture, the Amish culture. But I think the key piece that we are missing is we're relying too heavily on cultural competency trainings. See, cultural competency trainings are saying, "if I teach you about another culture that will help solve this problem of racial disparities in outcomes." And quite frankly, Caitlin, I don't think it will. I don't think cultural competency training, and in no way am I saying it is a bad thing or should not be used. I think it's a good thing. It is very informative. I don't think we should have the expectation that cultural competency training will help fix this problem. What we need is implicit bias training. See, when we do cultural competency training, we're saying "if I learn about someone else, if I learn about something else that will solve the problem," it won't. If we want to solve this problem, we need to take a look at ourselves. We all carry biases. We all carry personal beliefs and values, stereotypes, perhaps prejudices. We all carry those because we're human. And it's these biases and stereotypes and prejudices that I believe are one of the factors that are contributing to African-American participants not getting the highest quality of care they can in drug courts. And see, that goes back to the overall theme of my research. The problem is not with African-Americans. The problems with how drug courts serve African-Americans. And so when we talk about training, I want to spend less time teaching you about a culture. Again some time, but less time teaching about culture. I want to spend more time teaching you about you, because if you're going to project your values onto others, if your biases or beliefs are going to have a negative impact on others, I want you to learn about that. I want you to be aware of that. And I believe an increase in implicit

bias training will lead to a decrease in biases in poor practices amongst us. And I think it's important. It's implicit. This does not have to be intentional at all. So I think implicit bias training is extremely important in solving this problem.

[00:39:13] I am continually impressed with all the thought you put into this. I mean, of course, it's your research project, but I'd be excited to see a drug court, assuming drug courts are already functioning. But to see a drug court that's applied these suggestions you're making. So last question and then we'll end our interview today, and I just wanted to know what your future research agenda is.

[00:39:34] So there's two things that I'm working on now. And the first is directly related to the topic we've been discussing. So I've been working with American University out of the D.C. area and we have recently developed the Racial and Ethnic Disparities Program Assessment tool. And in short, we call it the RED Program Assessment Tool. We just created this tool. It's going to be released at the National Association of Drug Court Professionals annual conference, which is this coming week. And the assessment tool is going to support drug courts as a self-assessment in identifying if racial and ethnic disparities exist in their program. And it's going to be assessing whether disparities exist with who gets into your program, who's getting treatment, who's graduating, what are the criminal recidivism rates. And so it's a self-assessment tool that drug courts and all treatment courts, mental health courts, family dependency courts, veterans courts can use to assess their program. And then the wonderful thing about the RED Program Assessment tool is that it will offer insight into perhaps why some of the disparities may exist and then solutions on how to resolve it. So it's not a self-assessment tool that is going to leave you saying that we are having some problems in our program. We are experiencing racial disparities in graduation rates and then it stops. It's going to provide some possible explanations for that and some support on rectifying the problem. And so I think a lot of my work coming up is going to be on disseminate and marketing this tool. We want to get it to any and all drug courts and treatment courts throughout the country and internationally. And I want to be a support. And I know American University has done great work in this area. We want to be a support in implementing this assessment tool worldwide. And so I'll be spending a lot of time disseminating, sharing that tool and supporting drug courts and implementing it successfully. And then the second area of my research agenda has moved towards the opioid epidemic, which I guess is not surprising given the need for it. But I am using qualitative methods still. So what we know about drug courts is that in some drug courts, those that have opioid use disorders tend to have poorer outcomes, specifically lower graduation rates than those that are using other drugs of choice. And so in effective way at treating opioid use disorders is medication assisted treatment. Medication assisted treatment is the use of one of three medications, Methadone, Buprenorphine or Vivitrol, in combination with good counseling. So using medications in combination with therapy is an effective way of treating opioid use disorders. But some research, it's a small kind of growing body of research, But some research has suggested that some drug courts will not allow medications in their program. They will not allow participants to use Methadone or Buprenorphine in their program, and they often attach stigmatizing and inaccurate information to that. They say, "well, we don't allow Methadone because you're substituting one addiction for another." It's scientifically accurate. Or they will create some myths to say, "well, if you're on methadone, you're not in, quote unquote, real recovery." I mean, that statement in itself is oppressive. Could we ever imagine telling someone that they are not in real recovery as they are taking a medication as prescribed under a physician's care? And while they're doing so, they're going to treatment and their quality of life is improving. So similar to my work where we talked about, you know, racial disparities in drug court outcomes is not universal. But there

is a trend that requires attention. Some drug courts, St. Joseph County, Indiana Drug Court, we welcome and MATs, Medication Assisted Treatments. We have an addictionologist on our drug court team. So this is not applicable for all programs. But my work is leaning towards what are best practices in treating opioid addiction in drug courts. What can we do to appropriately and factually give folks education on these medications and how they work in treating addiction? And what can we do to kind of destigmatize the use of medication assisted treatment in drug courts? So my colleague Doug Marlowe, he is from the National Association of Drug Court Professionals. We have published an article. It is, to our knowledge, the first of its kind. We did focus groups with drug court participants who had opioid use disorders. And we asked them questions about what is drug court doing well and treating your opioid use disorder. Where can there be improvements? And then we asked them very specific questions related to their thoughts, opinions and lived experiences on using medication assisted treatments as part of the drug court program, as part of their recovery. So we are publishing that article. It should be coming out next week at the conference. It will be the first of its kind. And really, the approach is similar of what I have done with African-American men and women in drug court. For us to truly know the stigma related to medication assisted treatment, for us to truly get a in depth and behind the scenes perspective, We can only gather that information from participants themselves. And so we did focus groups with drug court participants and the findings were fascinating. One of the findings that I think was very helpful was that they did not experience stigma or felt oppressed or stigmatized by the drug court. They said, "you know, I'm on Methadone and the judge is very supportive of that. My counselor is very supportive of that." And that is a wonderful thing. That's what we want all drug courts to get to. But they did feel that family members, friends, members of the community, did stigmatize them or judge them for being on these medications. And again, one participant shared an example, you know, like "my family said, that I'm not in, quote unquote, real recovery." And she went on to talk about how, I mean, clearly that's hurtful to her. So I see the intersection of medication, assisted treatment, criminal justice and drug courts as really a focus area now on providing best practices on opioid addiction, because drug courts and the criminal justice system as a whole can be the biggest and most significant entity on combating the opioid epidemic if we do it correctly. And how do we do it correctly? Through training, through the science that we have, we have the science that these medications are highly effective. They're not for everyone. We give them on an individualized basis. And so we want to get them into drug courts. We want them monitored. We want the delivery of them to be successful. But we don't need to create any unnecessary barriers, such as a drug court professional's personal beliefs that this isn't real recovery. We need to challenge that myth.

[00:46:15] I am excited for both myself and for our listeners that we we know that research is being worked on and then we can watch out for it. So, Dr. Gallagher, thank you so much for being on with us today. I think I and our listeners have learned a lot about drug courts, why they work, that they work, and also what needs to happen to make them better. So thank you for being with us.

[00:46:37] You're very welcome. Caitlin, this was a great discussion. And I'd like to just end on a final thought, really going back to my social work roots. As social workers, we talk about the importance of self care and in working in this field, in any social work setting, but particularly in addiction and mental health, it's important for any social worker to take care of themselves. And I just wanted to say hi to my daughters. They are my main source of self care. So to Morgan and Carly Gallagher from Hamburg, Pennsylvania. I love you and I miss you. And thank you for being a source of my self care.

[00:47:08] Thank you so much, Dr. Gallagher. That's great.

[00:47:10] You've been listening to part two of Dr. John Gallagher discussing drug courts and racial disparities and outcomes on inSocialWork.

[00:47:27] Hi, I'm Nancy Smyth, professor and Dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school, our history, our online and on the ground degree and continuing education programs, we invite you to visit our website at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). And while you're there, check out our Technology and Social Work Resource Center. You'll find that under the Community Resources menu.