



Prop 36's Early Success



By John J. McCarthy, MD

Both criminal justice and treatment professionals are right in their unique perspectives - but have never been talking about the same people.

FOR THE PAST FEW MONTHS, I have been participating on Sacramento County's Proposition 36 implementation sub-committee.

In my 25-year experience in addiction medicine, this is the first meaningful dialogue between healthcare and criminal justice on how we understand and approach drug addiction. Prop 36 is already a success.

The lead agency is the Sacramento County Department of Health and Human Services, Alcohol and Drug Division. It has been working closely with county probation, the courts, the district attorney and public defender offices, county mental health, five local treatment agencies, state parole, and invited guests focusing on specific issues. Judge Talmadge Jones, chair of the County oversight committee, has also participated in our meetings. He set the tone by saying that he wasn't surprised by the voter mandate for change, and was very committed to making it work.

The process has not been without tension, but we are all learning. The hot issues have been: (1) the criteria for success or failure and the length of time a participant needs to be in recovery to petition the court for dismissal of charges; (2) the frequency and uses of urine testing and the ethics of observed urine testing; (3) confidentiality; (4) how the various agencies, especially parole officers and treatment staff, will interact; (5) the way that methadone maintenance treatment, a new option within our criminal justice system, will be integrated into treatment mix.

Data from Sacramento's drug court were especially enlightening. The poor 35 percent overall success rate, and extremely poor success rate with heroin addicts, were initially seen by prosecutors as evidence that treatment doesn't work. However, drug court was mandating treatments with no evidence of efficacy, such as acupuncture and nutrition. Heroin addicts were forced into drug-free counseling which doesn't work, yet prevented from accessing methadone. There was no mental health care. This is hardly a test of treatment. These deficits are now being addressed.

The most contentious issue Prop 36 will help resolve is the relative importance of criminal justice monitoring and incarceration. We clearly need to separate the small group of career criminals with secondary addiction from a much larger group of mentally ill, socially disadvantaged addicts who respond to treatment. Both criminal justice and treatment professionals are right in their unique perspectives - but have never been talking about the same people. Now we will work with individuals, case by case, and I expect a level of agreement that has been impossible in abstract discussions.

Whatever the short-term outcome of Prop 36, I expect a far more effective and fair triage and treatment system to emerge from the opportunity our democratic referendum process

has afforded us.

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