

OPEN NINTH:

CONVERSATIONS BEYOND THE COURTROOM

DRUG COURT: ADDRESSING SUBSTANCE USE

FEATURING DR. THOMAS HALL

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HOSTED BY: HONORABLE ALICIA L. LATIMORE

NARRATOR: Welcome to another episode of “Open Ninth: Conversations beyond the Courtroom” in the Ninth Judicial Circuit Court of Florida. And now, here’s your host, the Honorable Alicia Latimore.

JUDGE LATIMORE: Hello, and welcome to Open Ninth. I’m your guest host, Judge Alicia Latimore and I’m here today with Dr. Thomas Hall, the Director of the Coalition for a Drug Free Community here in Orange County. In honor of National Drug Court Awareness Month, we’ve invited Dr. Hall here to discuss the evolution of substance abuse cases, why a designated drug court is needed and how it can change the lives of those in it. Dr. Hall, I’m thrilled to have you in the studio here today. Thank you for joining me.

DR. HALL: Thank you. I’m happy to be here.

JUDGE LATIMORE: So let’s get right into it, Dr. Hall. You come from an education background in social work, having received a bachelor’s degree in social work from St. Leo University and master’s degree in social work from Florida State University. How is it that you ultimately began your work in the field of substance abuse?

DR. HALL: Well, it was by accident. Right out of my internship in my master’s degree program, I worked in a large facility that was part of – it was a hospital-based facility. And they had a thought disorder unit and a depressive unit and dual diagnosis in substance use. And so I asked, I worked – I rotated through all those units with the exception of the substance use and so I remember asking if I could do some work in there because it was kind of cloaked in secrecy. And when they found out I wasn’t in recovery, they told me no, that I couldn’t do that work and so I remember asking the person who was the director, I commented, well, I worked with – on the thought disorder unit and nobody ever asked if I had schizophrenia.

JUDGE LATIMORE: Yes.

DR. HALL: And so what was so special about the substance use clients that you know basic, unconditional positive regard wouldn't work with. So that's how I launched my career in substance use disorder treatment. I had no idea at that point that that's the work I would be doing.

JUDGE LATIMORE: Well, thank you for your perseverance. So we're glad that you followed through with that. And it was in 2019 that you joined Orange County Government as Director for the Coalition for A Drug Free Community, if I'm not mistaken. What exactly are your responsibilities in that position?

DR. HALL: Well, it really changes from day to day. The coalition started in 1999 and it was primarily youth focused. The funds for the coalition came through a ten-year grant and it was called Drug Free Communities grants.

JUDGE LATIMORE: Yes, I remember that.

DR. HALL: And they really focused on elementary and middle school work. The opioid crises has really shifted the focus of the office and that's one of the reasons I'm here today to talk about justice involved individuals and how we can support them and provide treatment for those individuals. So that's a bit of a departure from the elementary, middle school work and so we're doing more and more work with justice involved individuals where we're working with providers for medication assisted treatment to support that. And other harm reduction strategies which by the way, you know, harm reduction is still a controversial topic but not a topic I'm unfamiliar with but it's a topic that I'm a champion for harm reduction.

JUDGE LATIMORE: Yes, and we thank you for that and we're going to discuss some more of those issues as we go along. As we honor National Drug Court Awareness Month and

continue year-around to educate, serve, and support our community when it comes to substance abuse and drug addiction. Could you take a moment now to tell or define what is drug addiction and what is substance abuse?

DR. HALL: Yeah. Well, so that's something that folks have been struggling with for a very long time. And I think for me I look at substance use disorders you know based on the diagnostic and statistical manual, DSM-5, where they outline 11 characteristics. I don't go through all 11 but at the end of the day, the question is, is your substance use impairing your ability to work, impairing your ability to have positive social relationships with others as well as to follow through on family commitments. And so that's for me the litmus test.

JUDGE LATIMORE: Yes.

DR. HALL: And –

JUDGE LATIMORE: And there could be individuals who may have different levels of substance use disorder, not actually being able to maintain their standard of lifestyle and be committed to work. But then there are others who may need an even greater level of care because it affects them in so many facets of their lives.

DR. HALL: Yeah, there's so many things that impact the development of a substance use disorder. You know, there's healthcare disparities, there's social disparities and so we have to – we have to be mindful about how substance use and how substance use disorders evolve over time. And sort of debunk some of the myths about who gets addicted and how people get help and ultimately recover.

JUDGE LATIMORE: Well, thank you for bringing that up. And how quickly can someone become addicted to drugs?

DR. HALL: Well, there's, you know, that's another – you're asking some tough questions.

JUDGE LATIMORE: I'm sorry about that.

DR. HALL: That's all right. So you know from the science standpoint, there's a couple different theories about that. There's the genetic predisposition and then there's the theory that this is a medical disorder like diabetes or any other medical condition. And then the behaviorists, you know, they say that there's a theory that if you do something long enough, it becomes a habit and then from a habit, it becomes an instinct. And so you know, so something you do that starts out as a belief and then it becomes a habit regularly. At some point in time you just do it unconsciously, it's just what you do and at the end of the day substance use impacts neural networks and so when those neural pathways get created by your substance use, whether it's medically, you know whether it's a genetic piece or a medical explanation or just this idea of you know habituating certain behaviors, at that point it really doesn't matter because your brain is responding to those stimuli.

JUDGE LATIMORE: Thank you. Thank you for explaining that. I knew I had the right person to ask these hard questions to. And there are many kinds of substances and when people think of the term substance, they may have certain things in mind. But if you could just broaden that definition a little bit more for us so that those who have a limited idea of what substances we're speaking about, we realize that it's even greater than that. Substances could be a variety of substances.

DR. HALL: Yeah, yeah...

JUDGE LATIMORE: Sorry to use the same term.

DR. HALL: Well, and so I think we have to define those substances that are mood-altering. A good friend of mine, he challenges me that sugar is a substance that is addictive. And so you know I usually stay away from him because I like my chocolate.

JUDGE LATIMORE: Yes.

DR. HALL: Dark chocolate. And so...

JUDGE LATIMORE: It's good for you.

DR. HALL: Yeah, it's healthy, right.

JUDGE LATIMORE: Yes.

DR. HALL: And so – so when we look at substances that are mood-altering, you know there's several categories, there's stimulants, there's depressants, you know, there's the hallucinogens and so those are the main categories. And interestingly enough, different drugs, sometimes they have dual affects like alcohol, of example. In low doses alcohol has a stimulant affect. In higher doses, it has a depressant affect. So the actual pharmacology of alcohol is sleepy, dizzy, nauseous, tired, sick. Interesting piece about alcohol in particular, there's this – going back to that notion of behaviorism, with alcohol use there's something called alcohol expectancies and so when people pair drinking with good time, oftentimes they'll feel better. Their brain begins to respond to those queues independent of the alcohol. In fact, the alcohol use is kind of working against those positive expectancies because physiologically you're trying to move into that depressed state, sleepy, dizzy, nauseous, tired but the expectancies or the placebo affect is so strong that people keep drinking and they convince themselves it's the alcohol --

JUDGE LATIMORE: Yes.

DR. HALL: -- that's causing the stimulation when in fact it's just their beliefs.

JUDGE LATIMORE: Yes, yes. And they kind of connected those two experiences together

—

DR. HALL: Yeah, yeah. So this idea that's it's five o'clock Friday, you know, on your way to wherever you're going to celebrate, your brain is beginning to send out those good feelings and you're beginning to feel better because you're going to be in a safe place with people you know. And then you drink alcohol and somehow that becomes the idea of why you're having such good times.

JUDGE LATIMORE: During that happy hour.

DR. HALL: Right.

JUDGE LATIMORE: But it's after the happy hour that we really don't talk about —

DR. HALL: Correct.

JUDGE LATIMORE: -- and we probably need to discuss a little bit more as to why we're here. Are there effective treatments for drug addiction or substance use disorder?

DR. HALL: Yeah, so there's, you know the most effective treatment is you know somebody wanting to change. And that's difficult and I don't mean that from a judgmental standpoint. It's just you know for a long time they called it, hitting bottom. I'm not certain about that but I know that people typically make decisions about behavior change, and they may go back and forth on that. But at the end of the day when you're ready to take action, that's when the recovery can take place and that's where the treatment becomes very beneficial. Oftentimes we

provide treatment to people who aren't ready and then blame them for somehow you know failing, when in fact you know we just, we caught them at the wrong time.

JUDGE LATIMORE: Well, you've heard many people I'm sure in family or friends or others who have often said, why don't they just quit. Are you able to explain why that might be a lot easier said than done and why might substance abuse be hard to treat, just following up on what you've stated, but that is commonly the approach that those who may not experience addiction or substance use disorder? They believe that it's something that someone can just suddenly make a decision to stop and wonder why they don't do that.

DR. HALL: Yeah, and I often challenge those folks to pick a behavior, something they've done for a long time and just stop it, right. Even benign behaviors, behavior change is difficult regardless. So you put on top of that the expectancies that come along with drug use, put on top of that you know the neural connections that are created, or these neural pathways, the beliefs, the habits, and it becomes, it's very complicated. It's not easy. Some drugs are easier to recover from than others or to quit. And other drugs are really difficult. Tobacco is a very tough substance.

JUDGE LATIMORE: Yes.

DR. HALL: Certainly opioids. A lot of the substances, it's the withdrawal that makes it so difficult to recover because people feel so bad during their withdrawal –

JUDGE LATIMORE: And can become quite sick.

DR. HALL: Oh, very sick.

JUDGE LATIMORE: Yes.



DR. HALL: Yeah, and that's where the medication is helpful because the medication can help ease people through that withdrawal phase.

JUDGE LATIMORE: What is the toxification or detox?

DR. HALL: Yeah, so detox really is having a safe place to withdraw. And typically that's under medical supervision. I wouldn't suggest that your friend's house is a safe place to detox.

JUDGE LATIMORE: Probably not.

DR. HALL: Certainly with alcohol, there's a risk of death for withdrawal, not so much with opioids. The issue is with opioids though that the detoxification or the withdrawal symptoms are very severe, can last you know three to five days. And most people without help will just go back using at some point in that process because as soon as they take a hit or snort, or whatever that is, they immediately have relief from those withdrawal symptoms.

JUDGE LATIMORE: And so their desire may not be that they want to continue. They really want sobriety however they are trying to relieve themselves of that unfortunate experience of detoxing and having those side effects.

DR. HALL: Yeah, and that's the insidious part of it all. When – take an anti-anxiety medication, say like Xanax and you take – Xanax is meant to be taken intermittently and it's very effective intermittently. When people take it consistently, the effects over time wear out, called tolerance. And at some point, they're taking it just to feel normal.

JUDGE LATIMORE: Yes.

DR. HALL: And certainly that's the same way with opioids. And so you're not even getting the effect that you initially were using the drug for. You're just trying not to go into withdrawal.

You're just trying to feel normal and you know that's – that's why that behavior change is so difficult and you know those people who are – you know the patients I've worked with who have a substance use disorder, they're aware of the fact that they failed and they've let people down. And that's just another stumbling block. That's just another reason not to try and while I'm a big believer in tough love, but I'm also understanding that this takes – it's a long path away. For some people it's immediate. For most people it's not.

JUDGE LATIMORE: It is and there are so many – there are so many facets to the treatment of drug addiction. And let's talk about medicated assistance treatment.

DR. HALL: Yes.

JUDGE LATIMORE: There are many schools out there that say how in the world can we treat someone with a substance use disorder by giving them another substance.

DR. HALL: Right.

JUDGE LATIMORE: Would you talk more about that and the benefit of medicated assistance treatment?

DR. HALL: Sure. It was – it was interesting, about eight years ago I went to a conference, the National Prescription Drug Summit, and there was somebody from the Betty Ford Clinic there and they did a – they had a fifteen-year study on the use of Methadone. And you know I was not a fan of Methadone. I had heard it was bad and just what you said, why are you giving somebody one drug and you know they become addicted to Methadone. You're just substituting, and so you know I have a doctoral degree in sociology, and I'm a researcher. And I was, the research, the data that they shared in this presentation was compelling. And it really changed me a lot about Methadone and that's when I began to embrace medication assisted treatment as an option, actually

the best option. And so what people don't understand specifically about opioids is if you can provide a medication that will put a ceiling or a floor on how high you can get when you use an opioid, if you're on this medication, one, it – the medication has a – has a byproduct of the medication is you don't feel terrible. But it also, if you use and you're on these medications, there's a ceiling to how high you can get you know because of the way the medication binds to the opioid receptors in your brain.

JUDGE LATIMORE: Yes.

DR. HALL: And so – so I don't know if that answers your question fully but I know it's a very controversial conversation to have.

JUDGE LATIMORE: It is still a discussion of debate to many schools and even within the judicial system in regards to whether that should be incorporated in drug court programs and so thank you for speaking more about that and also forgive me, I did not mention that you have a doctorate from University of Central Florida. So all the Knights out there, my bad. All right.

DR. HALL: That's quite all right.

JUDGE LATIMORE: So I wanted to move on and talk about a very important issue as well. Stigma is there for those who suffer from drug addiction, but we also know that stigma is really a big obstacle for those who are challenged with mental illness. Could you speak about, what is the connection, if there is one between mental health and addiction?

DR. HALL: Yeah, so I wrote a whole chapter about that in my dissertation so I won't go there, but very long story short, back in the 1940s, early 1940s, preminent scientists from Yale University came together and decided they were going to create a cure for alcoholism. After about four years, they gave up and in the 60s the American Medical Association kind of gave up. And

then early 70s the American Psychological Association gave up and so it really became the purview of self-help, and particularly 12 steps. And I think 12 steps are great. I'm a big fan of self-help but you know there's something about treatment, and certainly treatments that have been evaluated and shown to be effective. So a treatment like cognitive behavioral treatment. We already mentioned the medication assisted treatment. So that's one of the pieces that's really important is to be able to address the stigma by framing this as something that's treated by professionals.

JUDGE LATIMORE: Yes.

DR. HALL: And again, I don't mean this in any way to disparage 12 step programs, but from the standpoint of a stigma reduction, if you're not being treated by a professional, and it's just, you know, just a self-help group, then that goes a long way in saying that you know maybe this isn't such a big deal and that's when the stigma kicks in because there's a lack of understanding that this is a medical issue. It's not –

JUDGE LATIMORE: That needs to be properly treated.

DR. HALL: Yeah.

JUDGE LATIMORE: By those who have the experience in providing –

DR. HALL: Right. And are using strategies and tactics that are empirically validated.

JUDGE LATIMORE: Is there evidence that substance abuse is on the rise at this time, and why do you think that is?

DR. HALL: Yeah, you know I think that certainly opioid crisis and fentanyl in particular have raised our awareness about substance use, substance use disorders. And there's no doubt that

fentanyl has – is on the rise. That addiction is occurring much more frequently because of these very powerful opioids. So every five minutes in the United States somebody dies of a drug overdose and by the time we're done with this conversation, several people will have died. And so yes, there's an increase, however, we're beginning to see perhaps a peek in the opioid crises and the fentanyl crises. For the past year we've actually – in Orange County, we've begun to see a decrease in opioid related deaths and so it's too soon to call that a trend but –

JUDGE LATIMORE: But it's good news and we'll take it.

DR. HALL: It's good news and actually for fire rescue, there was a 19 percent decrease in calls for overdoses over the past year so there's some other things to attribute to that, Narcan –

JUDGE LATIMORE: Of course.

DR. HALL: -- is a big piece, as well as the buddy system. You know we're hearing this over and over again that people are getting savvy about their drug use. If they're using opioids, they have one person who uses while there's another person sober with Narcan and so if they overdose, that other person is there to revive them. That's a very controversial, and I want to be very clear, Orange County, you know the Mayor's office does not – is not a proponent of teaching people the buddy system, however, you know I'm – if it saves somebody's life, it's nothing -- I'm not going to criticize.

JUDGE LATIMORE: Yes, and we want to save lives as much as we possibly can.

DR. HALL: Absolutely. I mean, that's – at the end of the day, that's what it's all about. And you know I mentioned Mayor Demings and you know I don't want this to come across as you know, self-serving, but I've been so fortunate to work with Mayor Demings. And you know there's just some people that you'll follow into battle, and he's one of those people, and so he's really –

his commitment to this work is so powerful that he's allowed me to do things that maybe wouldn't have happened without his leadership. And so I think folks need to understand that none of this stuff happens by accident.

JUDGE LATIMORE: Yes.

DR. HALL: It's intentional and there's a plan, and there's always somebody advocating for that or supporting it, and when it's a top-down work, you know, it's hard to beat.

JUDGE LATIMORE: I can tell you as a judge in the Ninth Judicial Circuit, we appreciate the support of Orange County Government, particularly for our drug court programs that we have here in Orange and Osceola County, and since May is National Drug Court Awareness Month, tell me why it's important that we have a month that's dedicated to this particular topic.

DR. HALL: Well, I think the judicial system is a – is a powerful tool in preventing overdose deaths, and treatment. I have a very close family member who was addicted to methamphetamines and he got sober when he spent 29 days in jail. And I remember having talked with family members on a routine basis to say don't bail him out. You know this is – this is something, an experience he needs to have to recognize you know, to make changes and while he was in jail he got support and he got out of jail, has now been in recovery for over ten years.

JUDGE LATIMORE: Wonderful.

DR. HALL: You know, so I'm a big believer in justice involved treatment. When we looked at the data in 2019 from overdoses, over half the people who died in Orange County of a drug overdose had been in the county jail at some point in their life. So if we want to reduce overdose deaths, you know we want to look at justice.

JUDGE LATIMORE: Yes.

DR. HALL: As a partner.

JUDGE LATIMORE: Yes, and that's what's really great about having drug court programs is that, of course, we don't want to criminalize mental illness. We do not want to criminalize substance use disorder. That's the benefit of having our treatment programs and our problem-solving courts division where we're able to deal with those underlining issues. So that recidivism lowers and we're actually addressing those matters that need to create change. And so I have the pleasure and the benefit of being the assigned judge to our problem-solving courts division in Orange and Osceola County. And these programs, the adult drug court program in the criminal felony divisions allows us to deal with those issues, causing criminal behavior and activity and having a substance abuse issue that's related to that behavior so that we can deal with those individuals and help them in the ways that they need to be helped on several different levels. Can you tell me how this helps that and those in drug court programs, addressing not only substance use issues but other challenges that they may have?

DR. HALL: Yeah, so going back to stigma, when we talk about people who have been stigmatized, so there's this – it becomes a multiplier. So there's this stigma of your substance use. There's the stigma of being arrested. There's the stigma of being unemployable or having – finding it difficult to get a job.

JUDGE LATIMORE: Homelessness.

DR. HALL: Yes.

JUDGE LATIMORE: Yep, can lead to that as well.

DR. HALL: So all of those layers just make it harder and harder to address root causes. And so my notion of substance abuse treatment isn't you know a self-help group or 30 days in a treatment facility. We really have to look at those root causes and very practical matters. Do you have access to jobs? Do you have access to medical care? Do you have access to food? And you have access to home – housing, so those are important things to take into account when you're trying to treat someone, especially somebody who's been in the criminal justice system who maybe, they don't even believe in themselves. They need a champion. They need somebody who will believe in them because maybe for you know, most of their life, they haven't had that champion. They've had the stigma of being bad or not fitting in, or you know that family member that nobody wants to talk about.

JUDGE LATIMORE: Yes. Yes, and the benefit of – let me ask you, what does a successful participant in a drug court program look like to you because I can share so many experiences and celebrations that we've had in the program. What does that look like to you when you envision someone who successfully completes our program?

DR. HALL: You know so for me, and maybe this again is naïve but you know I can tell when somebody's made a life change. They just – they look different. And a sense of pride, a sense of self-worth, you can see that. Just like you can see it when it's not there. And so – so you know I'm a big fan, a basic tenant of therapy is do no harm and medicine as well. But unconditional positive regard is a bedrock of counseling. And far too often I see people in all kinds of systems where we come in contact with both, people who have a mental illness or a substance use disorder that they don't get unconditional positive regard.

JUDGE LATIMORE: Yes.



DR. HALL: They get scorned. They get criticism. They get ridicule. And so – so I don't know if that answered your question, but –

JUDGE LATIMORE: Yes, and the benefit of a drug court program as you know is that it's not adversarial. And it's a team approach.

DR. HALL: Right.

JUDGE LATIMORE: And so we are partnering with all those agencies, including Orange County Government to find the resources and the solutions that we need to offer those who are participating in the program. Talk to the audience about peer-support.

DR. HALL: Yeah, it's so funny, I was getting ready to go there.

JUDGE LATIMORE: Okay.

DR. HALL: You know it's exciting, there's a – there's a movement in the state of Florida as well as the nation to have what's called a certified recovery peer specialist and it's somebody in recovery who's been in sustained recovery and they've gone through 3,000 hours of training. And so they become certified. And they're people who have this lived experience, who can work with clients. And often they're paired with a clinician, so you have a team. You have a team approach where you've got somebody with the medical training, the psychological training who can address the treatment.

JUDGE LATIMORE: Yes.

DR. HALL: And then you've got somebody who can be a peer counselor. And you need both. And I think that's what's been missing for many years is it was either or. You know you either saw a psychologist or a psychiatrist, or you went to a twelve-step group. The idea of having

this close literally hand-in-hand relationship with those two different parts and then somebody who's certified. I mean, twelve-step programs are great. But it doesn't mean that the leaders are certified.

JUDGE LATIMORE: Yes.

DR. HALL: Certified peer recovery specialist, we know there's some rigor there in the training they've received.

JUDGE LATIMORE: And the benefit of having someone with a lived experience, who's able to be certified and trained as to how to relate that information and be able to assist those who are in the program is invaluable if you ask me.

DR. HALL: Yeah, and just this year Orange County made the decision that it was so important, we were going to put three in the drug court and so it's fantastic. I've heard, you know, we started out with one. I heard from your staff just how fabulous it was and so –

JUDGE LATIMORE: Yes.

DR. HALL: -- now we have three. And I'm looking forward to hearing about how well that is.

JUDGE LATIMORE: I'm sure you're going to hear positive things.

DR. HALL: Yes.

JUDGE LATIMORE: Other than drug court, what resources are available to individuals who are suffering from substance abuse in our community? We don't want everyone to have to go through the criminal justice system. So are there other resources that we might share with our audience?

DR. HALL: Yeah, so we're – we're in the midst of building those things out and the – so we have a program we started called the Recovery Enhancement Project through Orange County. And that's a partnership with AdventHealth where we have a team of a licensed clinical social worker and a certified peer who work together. When people come out of the jail and they follow them for six months to provide them social support, to get them to and from medical appointments and help them find therapy. We've now expanded that into people who are coming out of our emergency departments. I looked at some data a year ago and found that 31 individuals in Orange County accounted for 167 calls for service which required a Narcan reversal. And so I was just amazed, so you know if we could impact 15 of those 31, you know just think of the time we free up for law enforcement, for medical personnel, for fire personnel. And so very practical stuff.

JUDGE LATIMORE: Yes.

DR. HALL: And so those are some resources we're building out, but our office is really trying to be the conduit which a lot of these disparate groups come together and we can work – you know we can work particularly with those folks who have the least amount of access to care and that's – unfortunately, that's some of our minority communities, that people who live below the poverty line. We did some research – we looked at overdose death rates by per thousand in Orange County and what we found is that the rate was .32 per thousand of overdose death. We found some communities it was as high as 1.54.

JUDGE LATIMORE: Oh, goodness.

DR. HALL: And so those are communities we targeted with intervention, but often many of those communities, you know they didn't have access to basic things. Like they were in a food

desert. You know, the local grocery store was miles away so they went to convenient stores to you know –

JUDGE LATIMORE: Yes.

DR. HALL: And so those are the kinds of things we have to address in concert with addressing the problems with addiction.

JUDGE LATIMORE: Well, Dr. Hall, thank you. Thank you and the Orange County Government for your expertise, your help, and your commitment to the citizens of Orange County and for being our guest today on Open Ninth as we celebrate National Drug Court Awareness Month. We appreciate you.

DR. HALL: Thank you.

NARRATOR: Thank you for listening to “Open Ninth: Conversations beyond the Courtroom brought to you by Chief Judge Lisa Munyon and the Ninth Judicial Circuit Court of Florida. Follow us on Facebook, Twitter, or Instagram @ninthcircuitfl for updates on new episodes and subscribe to Open Ninth on your favorite podcast service.

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