ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10192 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

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OVERVIEW

SUBSTANCE ABUSE DIRECTOR ASSOC.

Substance Abuse in Alaska: Making the Case for Treatment

Substance Abuse Facts

Nearly 60,000 Alaskans misuse, abuse or are addicted to alcohol and other drugs

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Alaska ranks first among all states in alcohol mortality

•

Alaska has the highest incidence of Fetal Alcohol Syndrome (FAS) in the world.

The life-time cost of care for one FAS infant is about $1.4 million

FAS is the only 100% preventable birth defect.

•

Alcohol is implicated in:

- 65% of suicide attempts
- 83% of child abuse investigations
- 60% of domestic violence reports
- 63% of sexual assaults
- 45% of fatal fires
- 46% of homicides

•

Alcohol is estimated to be a primary or contributing factor in 80-95% of all criminal offenses committed in Alaska

Average cost of treatment per episode: $2,374

Average cost of a one year incarceration: $40,150

The problem:

Alcohol and other drug abuse is the leading public health and safety problem in our state. It is the most significant contributing factor to crime in Alaska and is associated with a number of factors including child abuse, domestic violence, poor health and low educational achievement. One recent study, conducted by the National Center on Addictions and Substance Abuse at Columbia University, found that the State of Alaska spent nearly $308 million on the negative consequences of substance abuse in 1998. A more recent report, the *Economic Costs of Alcohol and Other Drug Abuse in Alaska, Phase Two,* by the McDowell Group, Inc. put the cost to the Alaska economy at $614 million.

Can we do anything to address the problem?

Drug abuse, and in particular alcohol abuse, is a tremendous multigenerational problem in our state and unfortunately there are no magic bullets to solve this particular public health issue. However there are certainly some strategies that we can implement to result in declines in the number of people affected by drug abuse and the resulting negative consequences on our society as a whole. These include comprehensive prevention, which includes implementation of social policy which discourages use and misuse of drugs, identification and interventions in high risk populations and quality, appropriate treatment for those in need. This information sheet addresses just the treatment component.

Does treatment work?

Yes. A 1998 Alaska treatment outcomes study conducted by New Standards Inc. of Minneapolis, MN found that 56% of outpatient and 42% of residential clients surveyed remained abstinent for at least one year after treatment. Length of care, formal aftercare and peer support groups were all found to be significant contributors to success.

But is an approximately 50 percent abstinence rate after one year really "successful" treatment? Keep in mind that this success rate is similar to treatment outcomes for other chronic medical conditions. Also, these outcome measures include only those who have been identified as needing intensive treatment. It does not include those for whom less intensive treatment is required. And even if you can't agree that these outcomes for treatment should be considered as successful, it is clear from data on cost benefit of treatment that the harm reduction from even short-term abstinence adds to the cost benefit of treatment.

Substance Abuse Directors Association of Alaska • 4111 Minnesota Drive • Anchorage, AK 99503
(907) 770-2927

Will putting money into substance abuse treatment services make a difference in our state?
Evidence from other states demonstrates that treatment is effective in reducing crime, recidivism and, perhaps most importantly to those in charge of balancing our state budget, treatment is cost effective.

The Final Report of the Alaska Criminal Justice Assessment Commission (May 2000) summarizes a number of national studies on the issue of treatment effectiveness at reducing recidivism and costs.

On Recidivism:

- Re-arrests for any crime declined by 64 percent in one national study conducted 1 year after treatment was provided
- A California study found that criminal activity declined by two-thirds from before treatment to after treatment.
- Recidivism declined between 60 and 90 percent post treatment in another eight state study.

On Cost Benefits:
The two comprehensive cost benefit studies that have been conducted to date reveal the following:

- A California study concluded that benefits of treatment outweighed costs by a factor of 7 to 1, largely because of reductions in crime.
- Oregon reportedly spent $14.9 million in treatment and produced $83.1 million in avoided costs over the next three years. For every tax dollar spent on treatment, $5.60 was saved in avoided costs to taxpayers.

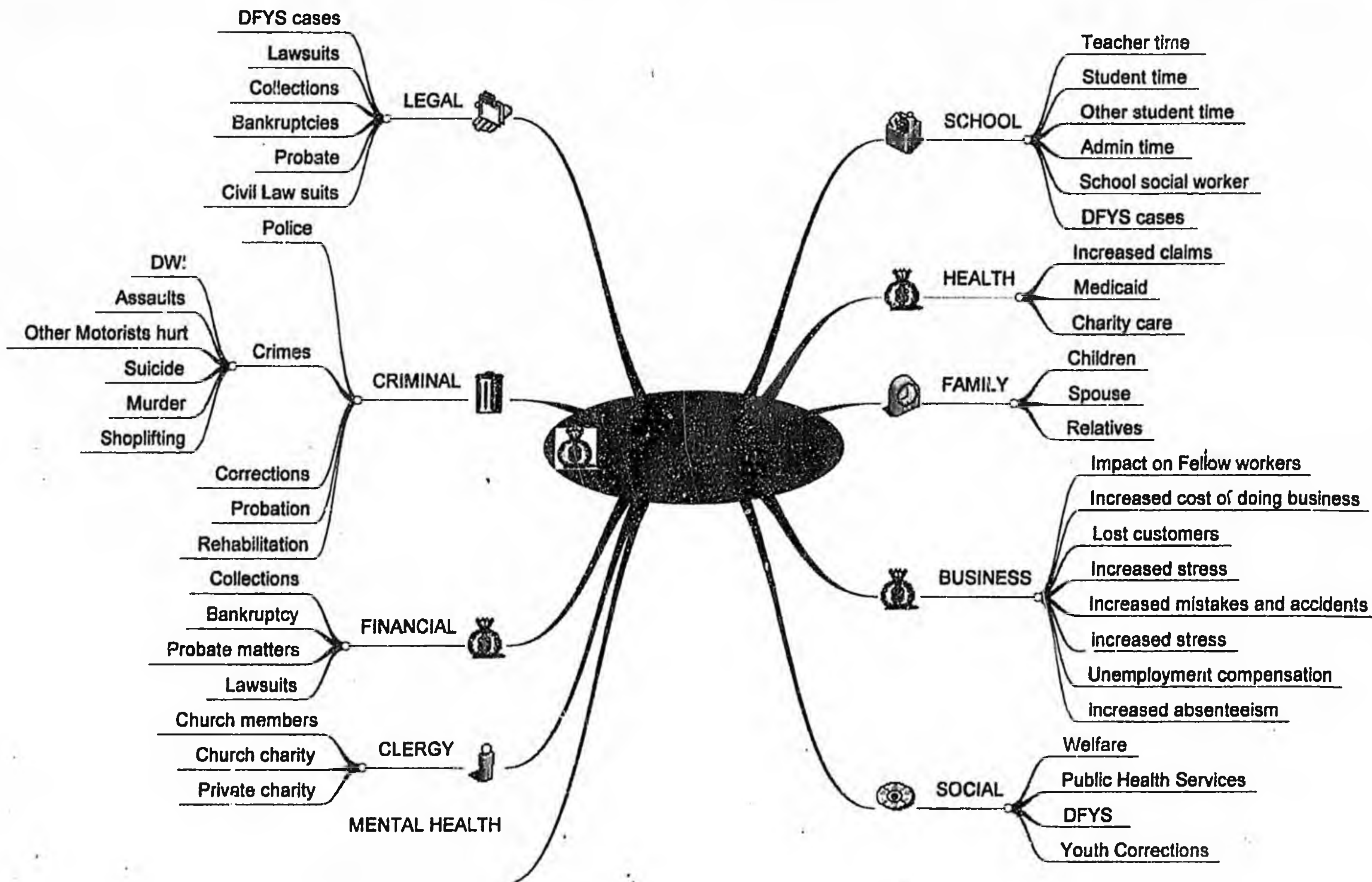
Remember, these costs benefits are seen given the current effectiveness of alcohol and other drug treatment strategies!

Is more really needed?
Alaska's publicly funded substance abuse programs have seen flat funding or actual reductions in state funding over the past decade. This amounts to approximately $3.5 million in real dollar cuts since 1992. Declining state funding has lead to reductions in available treatment beds, inability to provide recommended aftercare services which is shown to enhance success, and contributes to manpower shortages by offering below market pay combined with increasing workloads.

At any given time there are approximately 200 Alaskan's on a waiting list to receive treatment, and the length of waiting time, depending on intensity and specificity of service needed, ranges from weeks to months. While there are wait lists for many publicly funded services, there is a window of opportunity for an individual's recognition of need and willingness to enter treatment that we don't want to miss. Estimates are that approximately $4 Million in additional funding is needed just to address the current back load of demand for treatment services.

Waiting lists give an indication of recognized *demand*, but it does not tell us how many Alaskan's are in *need* of treatment for substance abuse. According to the Alaska Adult Household Telephone Survey nearly 60,000 Alaskan's are either dependent on or abuse drugs in this state. In 1999 publicly funded treatment programs provided services to 7,994 individuals. Clearly, current capacity meets neither demand nor need.

In Conclusion:
Alaska's substance abuse treatment programs work, are cost effective compared to the alternatives, and in order to meet demand require restoration of past funding losses and future commitments to at least keep pace with inflation.



LEGAL
DFYS cases
Lawsuits
Collections
Bankruptcies
Probate
Civil Law suits
CRIMINAL
Police
Crimes
DWI
Assaults
Other Motorists hurt
Suicide
Murder
Shoplifting
Corrections
Probation
Rehabilitation
FINANCIAL
Collections
Bankruptcy
Probate matters
Lawsuits
CLERGY
Church members
Church charity
Private charity
MENTAL HEALTH
SCHOOL
Teacher time
Student time
Other student time
Admin time
School social worker
DFYS cases
HEALTH
Increased claims
Medicaid
Charity care
FAMILY
Children
Spouse
Relatives
BUSINESS
Impact on Fellow workers
Increased cost of doing business
Lost customers
Increased stress
Increased mistakes and accidents
Increased stress
Unemployment compensation
Increased absenteeism
SOCIAL
Welfare
Public Health Services
DFYS
Youth Corrections

Principles of Effective Treatment

1. **No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. **Treatment needs to be readily available.** Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. **An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.** A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The appropriate duration for an individual depends on his or her problems and needs (see pages 11-49). Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. **Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.** In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping Individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product

(such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important.

8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.** Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.** Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment

10. **Treatment does not need to be voluntary to be effective.** Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. **Possible drug use during treatment must be monitored continuously.** Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. **Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.** Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. **Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

Source: National Institute on Drug Abuse, 1999

SUBSTANCE
ABUSE
DIRECTORS
ASSOCIATION OF ALASKA, INC.

ASSOCIATION OF
RURAL AND
ALASKA NATIVE
DRUG AND ALCOHOL PROGRAMS

Principles of Effective Prevention for Children and Adolescents

1. **Prevention programs are designed to enhance "protective factors" and move toward reversing or reducing known "risk factors."**

2. **Prevention programs target ail forms of drug abuse.** These include the use of tobacco, alcohol, marijuana, inhalants, and other drugs.

3. **Prevention programs include refusal skills to resist drugs when offered.** These skills strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use.

4. **Prevention programs for adolescents include interactive methods.** Examples may include peer discussion groups, rather than didactic teaching techniques alone.

5. **Prevention programs should include a parents' or caregivers' component.** This component reinforces what the children are learning-such as facts about drugs and their harmful effects-and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.

6. **Prevention programs should be long-term.** Programs implemented throughout the school career with repeat interventions to reinforce the original prevention goals are effective. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.

7. **Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.**

8. **Community programs include other prevention strategies are more effective.** Media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.

9. **Prevention programs strengthen norms against drug use.** Programs are most effective when it incorporates multiple drug abuse prevention domains, including the family, the school, the individual, and the community.

10. **Schools offer opportunities to reach all populations.** Schools serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.

11. **Prevention programming is adaptable.** Programs can be modified to address the specific nature of the drug abuse problems in the local community.

12. **Prevention programming is effective when implemented in early childhood.** The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.

13. **Prevention programs are age-specific.** Successful programs are designed to be developmentally appropriate, and culturally sensitive.

14. **Effective prevention programs are cost-effective.** For every dollar spent on drug use prevention, communities can save 4 to 5 dollars in costs for drug abuse treatment and counseling.

Adapted from "Preventing Drug Use Among Children and Adolescents", National Institute on Drug Abuse, 1997

FY 2003 Budget Priorities

Whereas approximately 60,000 Alaskans are in need of alcohol or other drug treatment; and whereas drug treatment outcomes compare favorably with treatment outcomes for other chronic medical conditions; and whereas the substance abuse treatment field has realized significant declines in state general funding of base treatment services since 1992 due to actual cuts or lack of inflationary increases; and whereas the declines have resulted in diminished basic service delivery capacity; and whereas in the majority of treatment programs throughout the state, fewer providers are available to meet client demand; and whereas quality and quantity of service delivery will continue to decline without funding to at least the 1992 level, the Substance Abuse Directors Association sets as its top budget priority restoration of state general fund spending for basic substance abuse treatment services to that of 1992, adjusted for inflation and population increases.

Alaska cannot afford to let addiction go untreated...

According to data collected in 1998, 41,000 Alaskans are alcohol dependent while another 5,000 are "other" drug dependent. The cost of this dependence to the Alaska economy is estimated to be $614 million during 1999, broken down as follows:

- $319 million from productivity losses.
- $146 million from criminal justice and protective services.
- $123 million from health care.
- $21 million from traffic crashes.
- $4 million from public assistance.

Source: Economic Costs of Alcohol and Other Drug Abuse in Alaska, Phase Two. McDowell Group, Inc., 2001.

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Substance Abuse Directors Association

of Alaska Inc.

The Substance Abuse Directors Association (SADA) is a 501(c)3 not for profit organization whose mission is to provide a unified voice to advocate for quality prevention and treatment services through: Influencing public policy, collaboration, and sensitivity to both rural and urban needs. The membership organization, in existence for more than 20 years, is comprised of 55 agencies and individuals from across the state representing both urban and rural alcohol and other drug treatment and prevention programs.

In an effort to reduce the overall negative consequences of alcohol and other drug abuse in our communities, SADA seeks social policy changes that will reduce overall consumption of alcohol, discourage use of illegal substances, and support efforts to treat those in the community addicted to alcohol and other drugs. The following are the policy resolutions adopted by SADA for the year 2002:

Excise Tax on Alcoholic Beverages

Whereas according to a newly released report from the McDowell Group, alcohol abuse in the state of Alaska costs at least $453 million in such things as health care, public safety, criminal justice and lost worker productivity; and whereas the tax rate on alcoholic beverages has declined since 1961, and has not been increased since 1983; and whereas increasing the cost of alcoholic beverages has been shown to reduce alcohol consumption by some price sensitive groups, including youth and the elderly; and whereas the bipartisan Criminal Justice Assessment Commission in its May 2000 Final Report supports an increase in the excise tax on alcoholic beverages as a mechanism to reduce overall consumption, the Substance Abuse Directors Association supports a significant increase in the excise tax on alcoholic beverages within the state of Alaska.

Local Sales Taxes on Alcoholic Beverages

Whereas under Alaska law, local governments are prohibited from imposing a sales tax on alcohol that is higher than the tax imposed on the sale of any other item within that community; and whereas alcohol is the only commodity on which such a restriction is placed; and whereas a tax such as this must be approved by an affirmative action of the voters within that community; and whereas if approved by the voters an increase in local alcohol taxes will help reduce alcohol consumption by such price sensitive groups as the youth and elderly; and whereas revenue generated by local alcohol taxes will help offset some of the public safety expenses caused by alcohol abuse within that community, the Substance Abuse Directors Association supports amending state statute to allow municipalities to tax alcoholic beverages at a differential rate than other commodities within that community.

Final Report of the Alaska Criminal Justice Assessment Commission

Whereas the Alaska Criminal Justice Commission was formed in 1997 to study the problem of prison overcrowding in the State of Alaska; and whereas it is estimated that alcohol is a primary or contributing factor in 80 to 95 percent of all criminal offenses committed in Alaska; and whereas the Commission believes that alcohol drives the criminal justice system and that reducing alcohol use, by even a small amount, will reduce crime and the resulting pressure on criminal justice system agencies, the Substance Abuse Directors Association supports and encourages implementation of the Final Report of the Alaska Criminal Justice Commission released in May 2000.

Legal Hours for Alcohol Sales

Whereas the Substance Abuse Directors Association generally supports efforts which would reduce overall consumption of alcoholic beverages and likewise reduce the negative consequences of alcohol use; and whereas hours of operation of bars has been linked to the incidence of accidents, injury and public disturbances; and further, whereas reduced hours of sales has been linked to overall reduced consumption of alcoholic beverages, the Substance Abuse Directors Association supports legislation which would restrict legal hours for sale of alcoholic beverages between 2:00 am and 10:00 am (currently prohibited between 5:00 am and 8:00) with allowance for local governments to be more restrictive.

Proximity of Alcohol Sales Locations to Schools and Churches

Whereas the Substance Abuse Directors Association in general supports community based strategies to prevent consumption of alcoholic beverages by underage youth; and whereas zoning restrictions such as restricting the allowable proximity of alcohol outlets to places where youth congregate is one such strategy which can reduce consumption by reducing exposure to alcohol advertising, reducing opportunity to purchase by youth and reducing exposure to alcohol sales in general, the Substance Abuse Directors Association supports legislation which would restrict the allowable proximity of alcohol sales locations to schools and churches from the current 200 feet to 400 feet.

Management Information System

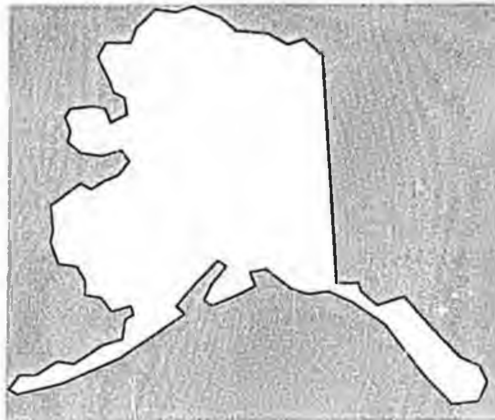
The Management Information System (MIS) currently serving the substance abuse field in Alaska came on line in the early 80s. Now more than 20 years old, the majority of providers agree that the system is out-of-date, not capable of meeting our current needs, and should be replaced as quickly as practical. Regardless of the specific system ultimately selected, it needs to meet certain expectations held by providers. It must be an integrative system; it must utilize some mechanism by which process and outcome measures are developed, implemented, and tracked over time; it must allow us to track services provided to unique individuals as they move between various service providers; it must allow the providers to use the collected data in meaningful ways; and it must be user friendly. The Substance Abuse Directors Association supports and encourages the replacement of the current MIS and dedicates itself to working with stakeholders in the development and implementation of such.

ARANDAP Members
Aleutian Pribilof Island Association
Bristol Bay Area Health Corporation
Chugachmiut
Copper River Native Association
Council of Athabascan Tribal Gov'ts
Dena A Coy (SCF)
Eastern Aleutian Tribes, Inc.
Ernie Turner Center (ANARC/CITC)
Fairbanks Native Association
Fairbanks Adolescent Treatment (TCC)
Kodiak Area Native Association
Maniilaq Association
North Slope Borough
Norton Sound Behavioral Health
Raven's Way (SEARHC)
Seldovia Village Tribe
Southcentral Foundation
Southeast Regional Health Consort.
Tanana Chiefs Conference
Tanana IRA native Council
Yukon Kuskokwim Health Corp

ARANDAP Associates
ADA State of Alaska
Alaska Federation of Natives
Sobriety Movement
Alaska Native Health Board
Alaska Native Tribal Health Consortium
Beyond Travel
State Alcohol Program Directors'
Governor's Advisory Board

ARANDAP

Helping Alaskans Help Alaska



Association of
Rural and
Alaska
Native
Drug &
Alcohol
Programs

ARANDAP

c/o ANHB
3700 Woodland Drive
Suite 500
Anchorage, Alaska 99517

Highlights & Accomplishments

Advocated for the needs of Rural & Native Alaskans to legislators and funding agents.

Assisted & supported the development of Certification standards to enhance the professional levels of service to Rural & Native Alaskans

Advocated successfully for the representation of Alaska Natives on the State Certification Commission

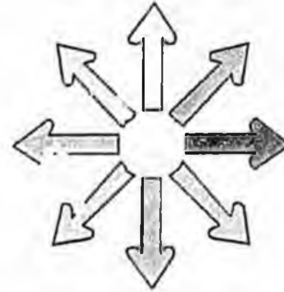
Promoted statewide awareness of the dangers of inhalant abuse & identified available resources for its treatment.

Supported the collaboration and resource exchange between the Rural & Urban providers.

Relentlessly pursued further education & training for rural providers.

Advocacy for the development of more effective community based programs

Helping in the design of follow-up studies and outcome measures.



Goals for the Future

Provide advocacy to State and Federal Agencies for the purpose of planning and prioritizing revenues

Representation of Rural Alaska and State Providers to State legislation and Congress

Coordinate treatment and prevention efforts to Urban and Rural Alaska.

Remain a vehicle for Rural Alaska in training, prevention and treatment service coordination.

Unification of Urban and Rural providers to make services available statewide in a productive and cost effective system.

On-Going Activities

Continue the evolution of the State Management Information System

Continue to build and develop a statewide professional network of service providers.

Continue to enhance education, growth and development among statewide providers.

Continue to pursue legislative support to ensure adequate funding level to the Alcohol and Drug Treatment providers.

Continue to maintain awareness of current health issues through statewide networking.

Continue to strive to provide services to all rural communities.

Continue the development of outcome measures through the integration of follow-up tracking in the MIS.

Continue to support the training of rural and Alaska Native counselors and paraprofessionals.

Portraits of Sobriety

Alaskans share their stories of recovery

Meeting the Challenge

In gratitude to those who have come forward and shared in their recovery...

Portraits of Sobriety

...Meeting the Challenge

Alcohol and other drug abuse is the number one health problem facing Alaskans. Alcohol and other drugs not only affect our general well being, but also impact the quality of life in our state by contributing significantly to crime, child abuse, domestic violence and accidental injury.

Who better than those affected by addiction and now in recovery to talk about the recovery process and encourage Sobriety, by being a role model, by advocating for policies that encourage recovery and Sobriety, and by encouraging other Alaskans to join them in Sobriety.

It's easier said than done, however. Persons with addictions have been stigmatized by the prevalent notion that addiction is a product of bad choices rather than a disease, recognized as such by the American Medical Association. The negative association our society has with "drunks" and "druggies" has forced those in recovery into hiding for shame of their actions while under the influence and fear of how opinion will turn on them if workmates and neighbors learn of their addiction.

Unfortunately, the anonymity in which those in recovery hide themselves has served to perpetuate the notion that treatment doesn't work. We hear much from those who are repeat visitors of the state's criminal justice system, we hear little from the many who are in recovery and are successful, contributing members of our communities.

The ***Meeting the Challenge*** *campaign is an effort to break through the need for anonymity and help give those in recovery the courage and skills to talk about their Sobriety. Through bringing the disease of addiction out into the open, sharing with others the process and value of recovery, and advocating for changes within our communities, be they funding for treatment, the building of support networks or changing policy to encourage sober behavior – persons in recovery can be the most powerful voices advocating for Sobriety.*

On April 11, 2000, and again on March 19, 2001, 26 recovering Alaskans decided to give up their anonymity and joined in Juneau to begin a process of advocating for Sobriety. ***Portraits of Sobriety*** *is a collection of just a few of their stories.*

Barbara Blackman, Juneau

I'm a recovering alcoholic who is living proof that treatment works. I am also a passionate believer in speaking out about having this disease. The only way the shame and stigma can be banished is if people recognize alcoholism for the disease it is – nothing more, nothing less – and get treatment for it the way they would for any other disease. Talking about it shines the light of reason onto the dark corners of prejudice, fear and ignorance.

I didn't always have this belief. I bought into the stigma just like everybody else, and drank myself almost to death before I finally saw the light. Why it took so long, I'll never know. I had warning signals enough that I was in trouble – flunking out of college in 1969, alcoholic hepatitis in 1975, a (much-resented) family intervention and (unsuccessful) inpatient treatment in 1985, three husbands, each stranger than the last – the usual. But I wasn't about to admit I had a problem. I never lost a job or got into trouble with the law, so how could I have a drinking problem? That this was just sheer raw luck was beside the point.

I was always a nervous, shy kid growing up, gauche and chubby, and would clown around to hide my insecurities. At 17 I discovered what a lovely social lubricant alcohol was and started tripping down that labyrinthine road, becoming a legend in my own mind. Over the next 27 years my drinking grew steadily more pernicious until I had to drink every day just to keep the shakes at bay. This was when I found myself in Juneau, Alaska in need of a job so I could get some more drinking money and stop shaking. The local employment office sent me to an opening at (oh irony!) the city chemical dependency clinic, and there I was successfully intervened on, went to an intensive outpatient program here in Juneau, and have been sober ever since.

"Talking about it shines the light of reason onto the dark corners of prejudice, fear and ignorance."

I'm privileged and honored to be able to participate in Meeting the Challenge. Joining this group of dedicated individuals will allow me to give back to the treatment and recovering community some of the many gifts and blessings I have receive over the past eight and a half years. Treatment gave me the understanding I needed to appreciate the nature of this disease I have, and the tools to build a rich, productive life as a recovering alcoholic. In fact, were it not for the treatment and ongoing support I have enjoyed since then, I would not be alive today. ❑

Advocacy

How one person can make a difference:

Talk about your recovery

*

Write letters to the editor of your local newspaper

*

Talk to community groups such as neighborhood associations, schools, chambers of commerce, town halls and churches about your concerns

*

Attend and participate in local government activities such as city council, borough and tribal government meetings

*

Register to vote

*

Visit with your local, state and federal elected officials

*

Join other recovering Alaskans in the *Meeting the Challenge* campaign.

Brian Massey, Sitka

I was born in the territory of Alaska. Despite being caught up in the middle of my parent's custody battle, I had a childhood that I thought was fairly normal.

"I can remember drinking to the fall down state since I was twelve years old."

I had my first drink when I was about ten and can remember drinking to the fall down state since I was twelve years old. I remember it like it was yesterday, that feeling of release and finally having found something. After my father committed suicide when I was thirteen, I kind of went into a tailspin and started using what ever I could get my hands on; drugs became my escape from life.

I thought I was just your typical party person. I did not see myself as so much different than my peers, but then again, I picked peers that drank and used like me. I spent high school stoned on pot; and why not it was legal in Alaska right? In college I started to do lots of cocaine, and selling drugs just became something that I did. I was not a specialist, I did whatever was available and did it to excess.

After moving back home to Alaska, my cocaine use became more heavy. I got married to a girl I had met at school but the cocaine and alcohol started to take a toll on my life. I became physically abusive and had a series of assault arrests. I started to blow off work. I was now a full blown addict but could not see it. Unfortunately, I continued on my destructive path for a few more years.

When I look back, I see that I spent my teen years stoned, my twenties coked up and my thirties coked up and drunk. By about thirty-two I had gotten fired from a sixteen-year job with a great company. I started ending up in jail more and more often and had a series of hospital stays that were, of course, in no way related to my addiction. I also had a couple of detox experiences and had my first introduction to the twelve-step community. Finally, I admitted I might have a problem. My life revolved around the bottle. Every morning I would swear "not today" and by three o'clock I would be jonesing for a drink.

I eventually found my personal bottom and started a long journey to recovery at the local outpatient treatment center. My life had been destroyed. I had lost my home, job, wife, kids, family and my self-respect. I started my recovery living in an unheated shed; tired all day and wide awake all night. I went to my groups, lectures and did what I was told. Things finally started to change.

I was forced to grow up for the first time in my life, I started to do things for and by myself. After about six months I started to see my wife again and eventually got back together. I started to really apply myself and had a number of personal successes, including getting back into physical shape after 26 years of addiction and going back to school. I started to believe in myself and started to see the miracle of recovery working in my life.

"Today my life may look boring to some, but to me it is a sweet and appreciated thing."

Today my life may look boring to some, but to me it is a sweet and appreciated thing. I get to be a Dad, I get to make my kids breakfast and send them off to school. I sought and got a job I never thought I would qualify for and now I get to be a trusted co-worker. I get to be involved in my community by coaching softball and participating in church and on community boards and committees. I get to be passionate about things I care about. It is in recovery that my life has happened. My worst day sober is so much better than the best when I was using. Life has taken on a special type of glow and I have gratitude on a daily basis for the things I get to do. Today is a gift, that is why it is called the present. ❑

Claudette Frank, Anchorage

My name is Claudette Frank, born in Hydaburg, Alaska.

I started drinking at the age of 13. My first drink was whiskey, straight out of the bottle. I liked the way if made me feel. It made me feel brave, gave me courage, made me feel like I belonged, made me feel beautiful, made me feel smart. But those feelings didn't last very long. My drinking took first priority over family, friends, school, etc. I became obnoxious, hateful, angry and harmful to others and myself. I hated myself most of all. Family and friends didn't want me around anymore.

I dropped out of school because of my drinking and low self-esteem. But somehow I managed to get my GED a couple of years later.

I ended up getting pregnant, gave birth in Seattle and decided to keep my child. I drank through my whole pregnancy; thank God my daughter is o.k. I drank after my pregnancy. My child and I moved back to Ketchikan where something very unpleasant happened. I then moved back to Seattle with my daughter. At this point I was drinking all the time. My sister came to Seattle to take my daughter from me. I was on skid row for about three years, drinking every day. I lost everything, my daughter, my clothes, my jewelry, myself.

I moved back to Ketchikan, and then to Seward for school, still drinking the whole time. Somehow I still managed to graduate from the Alaska Skill Center.

I then moved to Sitka, married. This marriage ended one year later and I moved back to Ketchikan. For the first time I tried to quit drinking. I went to outpatient treatment and counseling. In my third year of sobriety my daughter and I moved back to Seattle, which turned out to be a mistake. I started taking drugs and then drinking again. I tried to kill myself and ended up in a mental hospital and was on the verge of losing my daughter for a second time. A friend talked me into moving back to Sitka which turned out to be a good move.

I tried for the second time to quit drinking. I asked Jesus into my life in August, 1983. I drank about once a year, until my daughter graduated and moved out of state and my second abusive marriage ended. I started drinking again. I found myself on the verge of losing everything and was once again suicidal.

On an August Friday six years ago, I called a friend and asked her to help me. She told me to call certain people over the weekend and then call her back the next week. On Monday we started working on getting me into recovery. My Higher Power, whom I choose to call Jesus, worked everything out. Within two weeks I was in a 30-day recovery program. Two weeks after I graduated from there I went into a women's recovery center. I signed up for the four-month requirement and extended three more months. I did one-year aftercare with both recovery centers.

Before I started my recovery there were other issues I needed to deal with as well, including sexual abuse, verbal abuse, emotional abuse and physical abuse. I did two survivor groups (sex abuse) and an anger management group. All have been very helpful.

I would like to say to anyone reading this that recovery works. I have met so many wonderful people. People who have loved me just the way I was and had visions of success for me.

"I would like to say to anyone reading this that recovery works."

Today, I am clean and sober and still working on myself daily. I have a wonderful job and clean and sober friends. People don't mind being around me now. ❑

Erin Castle, Anchorage

Looking back over a family filled with addiction. My family has been affected by at least two generations of alcoholism, perhaps more. Even though I am not an alcoholic you might say my roots are in the bottle.

My mother grew up in a violently alcoholic home, and spent most of my childhood in an on-and-off again relationship with an alcoholic boyfriend. Her ACOA (adult children of alcoholics) behavior pattern and the boyfriend's drinking combined to create a somewhat chaotic and unpredictable environment for me.

"I call myself a survivor of alcoholism because this disease affects all those involved."

Unfortunately, by the time he admitted his problem, found AA and he and my mother married and tried to establish a home together, my trust was damaged and I had a lot of anger towards him. I became very resistant towards their efforts. I felt as a young child would feel as I moved through my teenage years. I would not give him the second chance he deserved, instead I would punish him for all that he put us through while he was drinking. I held onto this anger into my late teenage years.

My stepfather had been working the "12 steps" for many years by then. Not letting him know or be aware, so I did not have to throw any credit his way, I became very interested in the big book. I started applying some of these principles to my own life in my early twenties, because I started taking on the same kind of ACOA behavior pattern as well as living the life style of a drinking. There are many times that I have said that I worked very hard at trying to be an alcoholic but failed. My path in life was one of destruction. Already I was a mother and determined to break the cycle that has been passed down through our family.

Now in my late twenties, I am very successful in my life. Thanks to all the support of my whole family and that I apply most of the twelve step program on a daily basis which I feel can make all the difference in the world. I am happy that such a great program has blessed our lives.

I am involved on a day-to-day basis with programs that address these issues and encourage many people to find the help they need to rebuild their lives. Even though my mom and stepfather are no longer married we still talk to one another on a regular basis. I am proud to say he has remained clean and sober for over eighteen years. It took lots of courage for that first step, but it takes even more to keep on stepping once you start.

I call myself a survivor of alcoholism because this disease affects all those involved and it seems that the recovery process is even more painful than the drinking. For all the raw emotions are no longer allowed to be stuffed inside or drowned in the bottle, they are now out in the open. Each member of the family has to be willing to work on their issues; for me it was trust, anger, resentment, selfishness, betrayal, stability, being able to confide and sharing. If we think about it, a lot of alcoholics have these same issues. ❑

Nancy Yeaton, Nanwalek

Camai, Gwi Ngaqngaq, Liita, Macqu. I am the oldest daughter of the late Peter James Moonin and Wilma Moore. I was born here in my village of what used to be called English Bay, now called Nanwalek. The village life was what I knew until I was eight years old at which time Mom remarried a man who was in the Army. I and two of my three siblings moved on with Mom and our new family. As we flew off in the plane I watched our other brother (left behind to stay with our father), standing on the airstrip with tears and bewilderment in his eyes, wondering why he was left behind.

Little did I realize this journey would take me so far away from all that was so familiar. Gone was the language Dad spoke to me, replaced by English and French. Gone was the food that made me the Sugpiaq that I was; I was intrigued by TV dinners, vanilla ice cream and all the necessities one could have anytime. Life was spent traveling throughout the United States, there was so much to see. Little did I realize Mom was slowly growing attached to "the bottle."

"We drank thinking we didn't have a problem, it was Mom who had the problem."

While growing up I wanted so much to be like her, she could cook, sing, dance and make people stop and stare at her beauty and liveliness. But, she eventually started binging; she would disappear for up to a week at a time. Soon I became a mother to my siblings. People would even comment on my being such a good mother. Eventually the bottle won the war with Mom. She returned to Alaska and never came back to her seven children and husband. Living her life as an alcoholic on 4th Avenue became her calling.

I became a wife and mother at seventeen; it was a way to escape the insanity of our family. I became a mother of two beautiful daughters. I soon found out when indulging in the life of alcohol and drugs you didn't feel much of anything and by the time my youngest daughter was a year and half old, my life was out of control and I didn't know where to turn. I took my first set of "children" (two brothers and a sister) on a journey of smoking, snorting, dropping a pill, taking a trip on some acid and washing it all down with alcohol. We lived the Alice and Wonderland life for many years.

Then my mother called from Alaska to tell me my biological father was diagnosed with cancer and gave me the number at the Alaska Native Hospital to call him. I had not spoken to him in thirteen years and when I finally called him we cried for the first five minutes of our conversation. Over the next few months we kept in touch. During one of my experimental drug-induced and all-you-can-drink days I called my father. This conversation was my call for help. Dad couldn't understand me and handed the phone to his wife. She asked if I wanted to come home and, despite my drunken state of mind, I was able to say yes.

We were then introduced to a way of life which seemed like a step back in time. There were no paved roads, supermarkets or liquor stores. There was only one phone in the whole village, people visited at length with one another on a daily basis and when you were hungry you went fishing, hunting or gathering off the beach. The drugs were no longer plentiful, but alcohol we could order by the case, and we did!

My life continued in that manner for about 28 years. It is a wonder I can now think the way I can. My husband and I at one point were trying to come to terms with drugs and alcohol, but one of the things I now realize is that when there weren't drugs and alcohol in our lives, there wasn't any chaos either, something very much a part of my life. My marriage ended in divorce.

Treatment Works!

Did you know that approximately half of those going through intensive treatment are still sober one year later?

Are you aware that use of the legal system drops substantially after completion of treatment as measured by a decline in the number of criminal and traffic arrests?

Not only that, but unemployment rates drop significantly for those who have completed treatment!

Source: Chemical Dependency Treatment Outcome Study, Alaska Division of Alcoholism and Drug Abuse, July 1998.

My mother became sober in 1981. She now had to deal with seeing her children living self-destructive life styles. It was quite a rude awakening for her. Mom felt much guilt for our choice of life. Bits and pieces of her past would flash before her and she would ask if they had really happened and I would answer, yes. We had so much to work on as a family, trying to patch things up. We drank thinking we didn't have a problem, it was Mom who had the problem.

Then, in 1989 our brother Michael committed suicide in the apartment he shared with Mom who discovered him. Mom never recovered from it and she soon started "tilting the elbow" again saying "it is okay, don't worry, I won't go back to the way it was." I desperately miss my Sunday conversations with her, for you see she drank herself to death two and half years ago. That is how long I have been sober.

My sobriety allows me a second chance for the goodness of myself to be shared with my daughters and grandchildren. In this wondrous journey I travel, the emptiness I was filling with chemicals and alcohol is being pacified with dealing and feeling emotions. Sometimes I don't do a very good job of understanding why I am the way I am. As I get older I will gain the wisdom to know, for right now I am an E.I.T. (elder in training).

"My sobriety allows me a second chance for the goodness of myself to be shared with my daughters and grandchildren."

I would like to thank God, my mother Wilma, my father Peter, my new father Bob, my daughters Christiana and Kelly, my ex-husband Tom, my seven beautiful (another one in August) grandchildren, my sister Chena and especially my boyfriend Lars as well as this new group of friends I met during Meeting the Challenge, for adding strength to continue my sobriety. ❑

Michael Handricks, Palmer

Hi, my name is Michael T. Handricks. I was born to an alcoholic mother. She was made to go away when I was four. From then until I was in the third grade I would have different family members stay to care for my brother and me, but they would always leave. My life became a fear-based life; I was fearful of many things.

When I was 13 years old, I got drunk for the first time. I felt free and I felt whole. I loved that feeling. So right from the start all I thought about was getting drunk.

I was like that for 30 years. I would sober up once in a while, then when I would get the job I wanted or an apartment I needed I would start drinking again and lose everything in a short time. It was like that for many years.

When I hit my Bottom, I went to Nugen's Ranch Treatment Center. They taught me a lot about living, many things I didn't know: values, life skills, forgiveness, to stop blaming and take responsibility for my own actions. I was taught a sense of self. I learned a lot about the 12 steps. I had a safe place to be taught since I was teachable now. I wanted sobriety badly.

I've been sober for 16 months; I love living now. ❑

Fred Eningowuk, Nome

My Eskimo name is Pushruk after my grandfather, and birth name is Frederick Eningowuk. My story began at the age of 12 when I had my first drink, an 8-ounce glass of white wine mixed with water. I started to experiment with marijuana in jr. high school and by the time I was a freshman in high school had already experienced my first blackout drunk after my first taste of hard liquor.

I excelled in high school athletics and was co-captain of the varsity basketball team (the Mighty Nanooks), a dream I pursued since my childhood. By the time I was a junior I was able to purchase liquor at the local liquor store. I had my first experience with cocaine as a senior during prom night in 1978. Within two years, I was using alcohol and street drugs on a regular basis, especially during weekends. Yes, a true weekend warrior.

By 1985 I had already committed myself to a treatment center for cocaine addiction, but was in complete denial of my alcoholism. I managed to hold my job, had a new house, new truck, a three year old daughter and a girlfriend at home. I was okay, or so I believed. However, within a few short months, I was drinking beer and using cocaine again. In June of 1987 I moved to Seattle, Washington. Washington was a great place for me, no one knew who I was and my addiction to drugs and alcohol accelerated to subsonic proportions. I was self-destructing in everyone's eyes but my own. I thought I could manage my life just fine, however, not even I could have survived on this suicidal course.

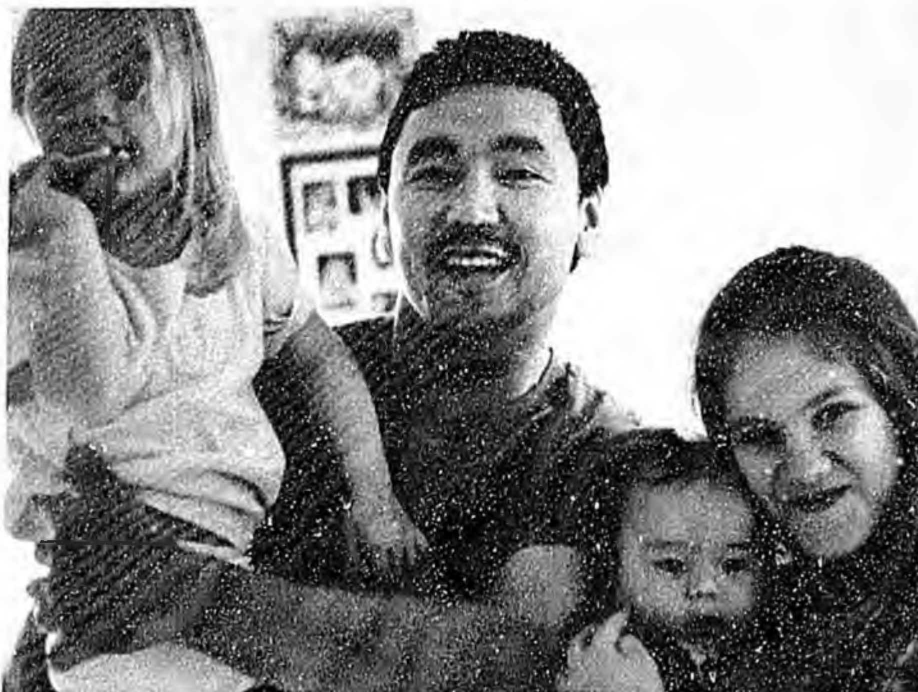
"Quayanna Great Spirit for giving me the courage, strength and hope to live today free from alcohol and drugs."

By this time I had lost another relationship, two beautiful daughters and the respect of family and friends. Most of all I had lost the will to live. I attempted to overdose on cocaine, but was rescued by my sister who showed up from Nome on my doorstep and pleaded with me to get help. I owe my life to her and to God. I had been experiencing blackouts and to this day I can recall the cold empty darkness and the feeling of my head piercing into the abyss of nothingness. Had my sister not shown up when she did, I believe I would be another sad and tragic statistic of drug and alcohol abuse.

My sobriety date is July 12, 1994 when, coincidentally, a polar bear (Nanook) was shot and killed on the beach east of Nome. I believe there is a great spirit looking over us and there are numerous incidents in my life of sobriety that only can be explained by this Great Spirit. The sacrifice of such a strong independent creature is but one coincidence in my life of sobriety.

I have had many moments of clarity, am blessed to be alive and am relishing each and every day as I live one day at a time in sobriety. Each day is a new beginning and I'm taking a trip far beyond my own intellectual mind or rational will could have ever imagined or devised.

Quayanna Great Spirit for giving me the courage, strength and hope to live today free from alcohol and drugs; Thy Will be done, not mine. ❑



James Kosbruk, Dillingham

When are you going to stop drinking? That was always the question I was asked by my parents, relatives and close friends. I was in a cycle I could not get out of. I'd have a few beers mixed with whiskey and then the blackouts would come. After blackouts came prison. After prison came the treatment center and hospital. Then I had probation to deal with. Believe me, I hated the system. How was I going to make it better?

"After four treatment centers and some careful listening and honesty I've been clean for four years."

Well, after four treatment centers and some careful listening and honesty I've been clean for four years. I really don't know what I did different this last time, but I'm sticking with whatever it is. Maybe I got married and my spouse does not drink and keeps me straight! I have a very good relationship with her. She supports me one hundred percent. She is a non-native and very caring person. In fact, she's a nurse.

I explained to her that I was going to treatment before we got married. She was pleased with me and at the same time I was thinking of the words echoing in my mind my parents said to me. I asked myself "how bad do I want to get well, emotionally, mentally and physically?" There was so much I had to do to sober up. I had to take care of my health. That was my number one priority. Then treatment, then I had to make amends to all the people I had hurt in the past.

"For me treatment works and my friends can see it in me."

Forgiveness was slow in coming. I had to prove to myself and to others that I really wanted to live a sober lifestyle. While I was in treatment I made phone calls, wrote letters and spoke to others that I had hurt in the past. I got a few replies. I continued going to meetings, church and talking with my sponsor and, of course, my parents. My father passed on two years ago and I've been sober four. We'd had a long talk together and I believe today that he was my best counselor.

Today I have a lot of friends; I still attend meetings and go to church more often. I'm trying to get a job with the treatment center but there are some obstacles I have yet to overcome. In the past, if I didn't get the job I wanted I'd go out and drink. Today I have more patience. Today I can still remember what I did yesterday.

For me treatment works and my friends can see it in me. I may not have a job yet, but one thing is for certain, I have sobriety and I'm thankful and alive! ❑

Alaska cannot afford to let addiction go untreated...

According to a 1998 study, 41,000 Alaskans are alcohol dependent while another 5,000 are "other" drug dependent. The cost of this dependence to the Alaska economy is estimated to be $614 million during 1999, broken down as follows:

- *$319 million from productivity losses.*
- *$146 million from criminal justice and protective services.*
- *$123 million from health care.*
- *$21 million from traffic crashes.*
- *$4 million from public assistance.*

Source: Economic Costs of Alcohol and Other Drug Abuse in Alaska, Phase Two. McDowell Group, Inc., 2001.

Leona Haakanson-Crow, Kodiak

I grew up on Kodiak Island in a village called Old Harbor. I was raised in and around alcoholism. I swore that I would never drink like "that" when I grew up, only to find myself worse with the disease of Alcoholism and Addiction.

"I struggled with my recovery for three years..."

My drinking started later in my life at the age of 28 and continued till I was 32. As a result of my drinking, I lost my marriage of 16 years and custody of my two children. At this time my drinking and using drugs was more important to me and this is where my life became unmanageable. I made the wrong choices and this is when I tried using cocaine. By this time I had lost everything, my self-respect, pride and freedom. I had two DWIs and ended up in jail. At this point I hadn't seen my children in six months. My family would hear the phone ring and thought that it would be 'bad news' from the Police Department about me being dead (I didn't know this until I was in recovery months later).

I struggled with my recovery for three years, going in and out of treatment until finally I surrendered and had enough. I went to my last treatment center in Anchorage called "Dena A. Coy," a treatment center for pregnant women, which I was (only my baby didn't survive). This is where I learned the real meaning of life and to have choices to make a difference on what's important. Today I don't take things for granted and I cherish it.

What I can say about recovery is that I have my self-respect back and am working daily in my recovery. I enjoy my children and have their trust in me as a mother and they now can depend on me for their needs and love. My husband and I enjoy doing clean and sober things together: hiking, kayaking, walking the beaches, reading and attending meetings. I have a wonderful job working at the Kodiak Area Native Association, in which I take great pride and offer my opinions about recovery. I have only just begun my journey in recovery and I hold my head up high with pride.

"What I can say about recovery is that I have my self-respect back and am working daily in my recovery."

Today I am involved with Spirit pouches that are being displayed at the Alutiiq Museum, I enjoy beading them with the "Wisdom of Freedom from my past life."

Today is a new day and I am happy to share it with my loved ones clean and sober. This year I have been involved with "Meeting the Challenge" and have shared my story about my recovery. It gets better each and every day. The best challenge I have is "don't ever give up before the miracle." The more I get involved the better I feel. ❑

Sheryl Stone, Anchorage

My name is Sheryl Stone. I would like to share a brief summary of my recovery from alcohol abuse, what it was like, and my demonstrated commitment to sobriety today.

I am a lifelong Alaskan, born in Dillingham and currently living in Anchorage. I began learning about the disease of alcoholism in my first in-patient treatment program at the age of twenty-one in Kirkland, Washington and was in and out of treatment programs for years after that, some court ordered.

Over the years, I was sober for uncertain lengths of time and I would relapse when relationships, work or life became insurmountable. Due to my relapses, I have felt shame and regret. It took years for me to realize that my efforts at sobriety were seeds planted, not time wasted. I now understand my physiological disease and I understand my predisposition. I contribute my progression with alcoholism to an inability to be honest with myself.

By the age of thirty-eight, my ability to make decisions was gone. My mental processes were under the influence of alcohol, and my need to drink pushed aside all rational concerns about the harm or consequences. I had alienated my family. My periods of abstinence were temporary; heavy binging led to extreme highs and lows.

Separation from my husband, a four-year court case, the circumstances that led to my resignation from work and grief due to separation from my daughter started to add up. Moral judgements and condescending attitudes were my excuses to get drunk. I became consumed with self-pity and later angrily denied any problems. I became belligerent or indignant to those closest to me. In addition to blaming the above events for my drinking, I argued that they were outside of my control. I was dependent on alcohol to forget or be numb. When I would try to quit drinking, the tensions, frustrations and nausea would become unbearable...

At my lowest, I became a prisoner in my own home. My survival instincts came to a complete halt. I could not function normally for any length of time, paranoia, vague fears and depression immobilized me. Days and weeks passed before I knew it. My fears were magnified with alcohol withdrawal. I was afraid of what others would think, that I was thought low of, and I believed I could never be of any good.

For a four-month period, I cooperated with counseling I received at the Alaska Native Medical Center (ANMC). Although this helped me face my repressed past, the more that surfaced, the more difficult it was. In amidst my anger I once again relapsed, I was not able to help myself or accept help. In fear and confusion I fought against the very thing I cried out for. My counselor then advised that I see the Alcohol Drug Addiction Triage (ADAT) team at ANMC. From the moment I arrived, smelling of day old whiskey, I was treated with great understanding. I surrendered myself to my fifth treatment agreement and got in line for a spot in an outpatient women's treatment facility.

Three months into waiting for treatment, I was awakened to the consequences of my drinking when my son threatened to commit suicide. I was a piece of his puzzle. He did not have a safe environment in which to live, was afraid to talk about his problems and worried that I would fall further apart knowing what he was enduring. But together we found counseling and slowly he worked on solutions to his problems.

In treatment, my moral deterioration and hatred of self slowly dissipated. I began contending with the self-imposed guilt that had immobilized me. My long conviction to anger and the ability to pretend slowly faded. My feelings of fear and intimidation left. The more real I

became the more I understood. I learned that I was there to get well, not good. I learned how to forgive. I slowly excavated and dumped my private pain.

My father used to tell me "Sheryl, if you cannot look in the mirror you know you have a problem." Therefore, I made an area in my bedroom where I placed a mirror and disciplined myself for five months to face every morning. I was no longer stopping just long enough to put my makeup on; I was seeing Sheryl. There were days when she was tired with dark circles under her eyes and other days when she beamed. I found the scars that alcohol had left on my face and my soul.

I then stopped counting the days of treatment and experienced quality recovery by making connections with my feelings, my thoughts and my behavior. Today, I honor moments of *being* rather than *doing*. What other people think no longer affects me like it used to; I live by my "own lights." I have freedom from the shame and guilt that anchored me to drinking. It may take years to establish trust within my family and friends; this I attempt one day at a time. I have had an opportunity to work on my emotional immaturity and have had personal growth. I am willing to discover where I did not quite grow up. My most powerful weapons against my addiction are my completion of comprehensive treatment and my ongoing commitment to AA.

"I am a grateful alcoholic; my recovery would not have been what it is without the wisdom from those who have crossed my path."

Today, I am a valuable mother with two beautiful children. I believe I have grace, laughter and positive energy. I appreciate moments of growth in my life and celebrate them. I am learning to trust my instincts, I am not rushing toward a goal and I am not holding onto my past. When I am challenged and my stomach is nervous or upset and my heart is pounding – I hear it. I listen. I respond as responsibly as I can.

I have written my story in hopes that I can share my perspective on recovery. I am a grateful alcoholic; my recovery would not have been what it is without the wisdom from those who have crossed my path. Prior to my last treatment, I attended ADAT meetings where my hand was held by two patient women who assisted me with sober thinking and gave me the courage to work on my wreckage. Once in treatment, I received help from counselors and addicts. I learned self-understanding and love for self and others. The wisdom and the knowledge I continue to seek from AA will give me another chance on a fulfilling life. My past has improved as I search for serenity and the inner calmness I deserve. My true joy and happiness comes from within through self-love and honesty. ❑

Where to go in Alaska for more information about recovery and sobriety ...

Alaska Mental Health Trust Authority. The Alaska Mental Health Trust Authority manages a large trust settlement on behalf of its beneficiaries, which includes chronic alcoholics with psychoses, makes spending recommendations to the Legislature and actually gives out nearly $10 million per year in grants to provide services for its beneficiaries. Wherever possible, the Mental Health Trust Authority encourages input from its beneficiaries. To be placed on its mailing list call the Trust office at (907) 269-7960, or visit its website: http://www.mhtrust.org.

Division of Alcoholism and Drug Abuse. State agency responsible for the administration and maintenance of programs for the prevention and treatment of alcoholism and other drug abuse. To contact the Division call toll free 800-478-2072 or visit their website at http://www.hss.state.ak.us/dada.

Governor's Advisory Board on Alcoholism and Drug Abuse. The Advisory Board acts in an advisory capacity to the Legislature, the Governor and state agencies in matters regarding special problems that alcoholism or drug abuse may present. It follows educational research and offers information that raises public awareness of the social problems and legal processes affecting the rehabilitation of alcoholics and drug abusers. It advocates for the development of prevention, treatment and rehabilitation programs. For more information about the Advisory Board or to get on their mailing list call toll free 888-464-8920 or visit their website: http://www.abada.com.

Acknowledgments

The Substance Abuse Directors Association of Alaska (SADA) wishes to thank the Alaska Mental Health Trust Authority for two small project grants in support of **Meeting the Challenge**. SADA also thanks the Association of Rural and Alaska Native Drug and Alcohol Programs for its financial support and assistance with planning the workshops, and former Department of Health and Social Services Commissioner Karen Perdue, Alaska Mental Health Trust Chairperson Caren Robinson, Governors Advisory Board on Alcoholism and Drug Abuse (ABADA) Executive Director Pam Watts, retired ABADA Director Don Dapcevich and former Director of the Juneau affiliate of the National Council on Alcoholism and Drug Dependence Wayne LeBlanc for their contributions to the workshop and belief in efforts to provide those in recovery with the opportunity and skills to become advocates for sobriety.

SADA also recognizes the Anchorage Daily News for providing the inspiration for this publication through its April 9, 2000 feature article of the same name.

Special thanks to the Governors Advisory Board of Alcoholism and Drug Abuse for its continued support and advocacy efforts for persons afflicted by alcohol and other drug addiction, and in particular, to Anne Schultz for her contributions in producing Portraits of Sobriety.

The Substance Abuse Directors Association of Alaska is a 501(c)3 nonprofit whose mission is to provide a unified voice to advocate for quality prevention and treatment services through:

- Influencing Public Policy;
- Collaboration, and
- Sensitivity to both rural and urban needs.

For additional copies of Portraits, or for more information about SADA or **Meeting the Challenge** write or call:

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Portraits of Sobriety

Supported through a grant from the Alaska Mental Health Trust Authority
January, 2002

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William J Carter
Signature of Camera Operator

10/14/2003
Date

Certification Rev. 7/98

OVERVIEW

WELL.
COURTS
2/2/01

Agenda
House Judiciary & HESS Committees
Friday, February 02, 2001

F.Y.I: Meeting is to be teleconferenced

Rep. Kookesh is out of town, and will not be present.
Rep. Stevens (HESS) has a conflicting committee meeting and will not be present.

1. **Overview of Wellness Courts**
   The following people are here to discuss wellness courts. I am leaving it up to you and Rep. Dyson on who you would like to hear from first. Be advised that Judge Andrews has to be in court at 1:30 p.m.

   Judge Wanamaker, Third Judicial District, Anchorage, District Court
   (he will be on-line, he is on vacation)

   Court System- **Judge Andrews**, Presiding Judge,
   Third Judicial District, Anchorage, Superior Court
   (on-line, **she has to be in court at 1:30 p.m.**)

   Dept. of Law- **Dean Guaneli,** Chief Assistant Attorney General,
   Criminal Division

   Health & Social Services- **Ernie Turner**, Director,
   Div. of Alcohol & Drug Abuse

   Public Defender's Office- **Barbara Brink**, Director

   Janet McCabe, Chair, Partners for Downtown Progress

   Teri Carns, Alaska Judicial Council, is on-line to answer any questions

3 Adjourn by 3:00 p.m.

BERNALILLO COUNTY METROPOLITAN

DWI/DRUG COURT
POLICY & PROCEDURE MANUAL

Mission Statement

The Bernalillo County Metropolitan DWI/Drug Court is a voluntary program which seeks to reduce substance abuse, crime, and recidivism by providing intensive supervision, treatment, and judicial oversight for alcohol and other drug dependant defendants. The Program focuses on the defendants living drug free in an environment filled with life's obstacles and pressures.

With the continuing problem of alcohol and substance abuse in Albuquerque, New Mexico, the DWI/Drug Court possesses the necessary components to impact positively on the community, the offender, and the victim through the reduction in the rate of recidivism.

Program Goals & Objectives:

In collaboration with local, state, and federal agencies, the Bernalillo County Metropolitan DWI/Drug Court Program's primary focus is to promote the public safety and reduce the recidivism rates for individuals convicted of subsequent DWI offenses as well as other non-violent misdemeanants with substance abuse problems. The results of addressing these problems include a reduction in drug and alcohol related crimes as well as expensive incarceration costs while returning a productive individual to the community.

DWI/DRUG COURT ELIGIBILITY CRITERIA

DWI Cases:

- Defendants convicted of three but not more than five DWI's as an adult.
- No DWI cases involving accidents resulting in serious injury.

Other Criminal Cases:

- Defendants convicted of a crime, which is the direct result of the defendant's substance abuse or addiction.
- Offense must be non-violent.
- No defendants with prior violent felony convictions.

**All potential DWI/Drug Court cases will be screened by a Metro DWI/Drug Court Probation Officer.

Bernalillo County Metropolitan Court
DWI/Drug Court Program

PROBLEM STATEMENT:

New Mexico has suffered a negative reputation due to the high fatality rates attributed to drunk/drugged persons driving on our highways and streets. In FY 96, 5,194 new DWI cases were filed. Approximately 2,500 cases can be attributed to subsequent offenses. Data from the local detention center indicates that 100-125 detainees serving time in their facility are misdemeanor DWI offenders.

Key Component #1: Integration of alcohol and other drug treatment services with Justice system case processing.

Currently, DWI and other criminal misdemeanor cases are randomly assigned to Metropolitan Court Judges after the arraignment is held. DWI cases are conducted on the record (recorded via audiocassettes), and require a large amount of court resources to adjudicate because of due process requirements. As a result, the processing time is lengthier and impacts the pace of the criminal case docket. Upon random assignment, the case remains with the assigned Judge throughout the life of the case. Normally, subsequent offenders are sentenced to supervised probation, which includes jail, mandatory treatment, payment of fines and costs, and community service. Many of those cases are pled down to a first offense DWI and the jurisdiction of the Court is also reduced from 364 days to 90 days. Traditional probation does not allow for intensive supervision due to the heavy caseloads (80-100) each probation officer monitors. By implementing an intensive supervision DWI/Drug Court Pilot Program, the Court will, upon conviction or plea of guilty/no contest, continue the sentence while the defendant is participating successfully in the program; therefore, jurisdiction does not become an issue.

Key Component #2: Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting defendants due process rights.

By working collaboratively, the DWI/Drug Court Team consisting of the DWI/Drug Court Judge, Probation Officer(s), District Attorney and Public Defender/Private Counsel can identify those defendants who would be appropriate referrals for this type of intensive, long term supervision program. At the same time, the defendant has been afforded right to counsel, jury trial (if requested), and the appeal process. Defendants, upon being found eligible, have the right to turn down the program.

The DWI/Drug Court Program will consist of mandatory treatment for alcohol/drugs, using the same community treatment provider utilized by Albuquerque's 2nd Judicial District Court. Mandatory drug testing and frequent face-to-face meetings with the DWI/Drug Court Team, i.e., the District Attorney, Public Defender/Private Counsel, and Probation Officers are components of the Court's nonadversarial approach to managing defendants in the DWI/Drug Court Program.

Key Component #3: Eligible participants are identified early and promptly placed in the DWI/Drug Court program.

Upon conviction, the DWI/Drug Court Team will screen defendants and will collaborate as to the suitability of the defendant for the program by applying eligibility criteria in the screening process. Upon acceptance, the defendant will be oriented as to the program requirements. A program contract will be prepared and signed by the defendant and the assigned probation officer. The defendant will then be scheduled for an appointment with the community treatment provider to commence the treatment program. The DWI/Drug Court probation staff will be responsible for intensively supervising the defendants. (See attached Treatment Program Outline description).

Key Component #4: Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

As part of Metro Court's DWI/Drug Court funding request, the Court is requesting funds to pay for subsidized treatment of defendants who are unable to pay for treatment in order to not exclude eligible individuals from entering the program. The same treatment provider that is being used by the 2nd Judicial District Court's Drug Court Program will be providing treatment services to Metro Court's DWI/Drug Court Program defendants. Metro Court's DWI/Drug Court Program is modeled after the successful program that has been in place at the 2nd Judicial District Court for approximately four years. Metro Court's DWI/Drug Court probation staff and coordinator will be collaborating with local businesses and organizations involved with employment opportunities, literacy programs, and academic/vocational institutions to develop a bridge for assisting DWI/Drug Court defendants with job and life skills development, reading programs, employment and other related issues pertaining to health, parenting, etc.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.

Mandatory, random drug testing is a routine component of Metro Court's DWI/Drug Court Program. DWI/Drug Court probation officers will be responsible for ensuring that drug testing is conducted by the treatment provider and the results made available to the DWI/Drug Court Judge/Team. Progressive sanctions will be imposed by the Court for continued violations. Defendants who violate DWI/Drug Court policies will be ordered to serve time in jail. First-time offenders will be ordered to spend one to three days in jail, while second and subsequent offenses will require two to five days in jail. DWI/Drug Court defendants who continue to violate policies may be terminated from the program.

Key Component #6: A coordinated strategy governs Drug Court responses to defendants' compliance.

The DWI/Drug Court Team meets regularly to review cases in order to assess the progress of individual defendants and to discuss imposition of sanctions. DWI/Drug court sessions are held in the evening at the Courthouse.

The program consists of long term intensive supervision, mandatory treatment, random drug testing and frequent face-to-face meetings with the DWI/Drug Court Judge, Probation Officers, District Attorney and Public Defender. The meetings with the assigned DWI/Drug court Probation Officer will be as often as daily and as seldom as twice a week. The meetings with the DWI/Drug Court Judge are held twice a month and the Court holds evening sessions so that the DWI/Drug Court Team can review progress more frequently. The program will incorporate progressive sanctions for non-compliance and positive reinforcement for full compliance with all program requirements.

Defendants move through phases as they go through the treatment process. These phases include acupuncture, group and individual sessions, assessment for other areas of need, i.e., anger management, marital counseling, attendance at AA/NA meetings, frequent face-to-face meetings with the DWI/Drug Court Team, community service, and payment of a minimal fee for participating in the program.

Key Component #7: Ongoing judicial interaction with drug court defendants is essential.

Judge Kavanaugh has committed himself to be the DWI/Drug Court Judge and as such, he has actively participated in the Statewide Drug Court Task Force from its inception. He has visited other drug court sites, attended seminars, training conferences and was invited to Washington, DC in November 1998 to participate in the development of national strategy for DUI based drug court programs. He is keenly aware of the necessity of the invaluable involvement of the Judge in effectuating positive behavior changes in Drug Court defendants. He is committed to meeting frequently with the defendants and the DWI/Drug Court Team as well as scheduling evening sessions for defendants to allow for those who have concerns with their employment obligations.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

The Administrative Office of the Courts (AOC) provides Metro Court's DWI/Drug Court Program with technical assistance and oversees quarterly programmatic and fiscal reporting requirements as determined by the Office of Justice Programs. Included in the Implementation Grant Application, the AOC has selected the University of New Mexico's Institute for Social Research to conduct a process and outcome evaluation of the Metro Court DWI/Drug Court Program. The Institute for Social Research is currently conducting an evaluation and applying federal evaluation standards to Metro Court's program. Staff from the Institute for Social Research meets regularly with the DWI/Drug Court Team to insure that the appropriate data is collected from DWI/Drug court defendants and the various program components.

Key Component #9: Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.

Members of the Metro Court's DWI/Drug Court Team recently attended the 4th Annual NADCP Conference held in Washington, DC. In addition to attending training seminars, members of the team were invited to Washington, DC in November of 1998 to participate in a panel to develop national strategy for implementation of DUI based Drug Court programs.

In conjunction with other Drug Courts around the state, Metro Courts DWI/Drug Court team has created the New Mexico Association of Drug Court Professionals which allows for further development of educational opportunities within the state to promote the effectiveness of drug court programs and to educate New Mexico legislators of the benefits of funding these initiatives to more effectively address the issue of alcohol and drugs in our community and the devastation that they cause in terms of human suffering, broken families, lost jobs, deteriorating health, diminishing tax revenue, and loss of freedom due to becoming involved in the criminal justice system.

Key Component #10: Forging partnerships among Drug Courts, public agencies, and community based organizations generates local support and enhances Drug Court effectiveness.

It is envisioned that the Statewide Drug Court Task Force will continue to meet, thus, allowing members to share information, concerns, progress, and successes with other Drug Court counterparts throughout the State of New Mexico. Metro Court's program will include a DWI community activist and a member from law enforcement to participate in an advisory capacity and assist with understanding the concerns of the community relevant to the serious problem of drunk/drugged drivers on our streets. Metro Court staff have worked collaboratively with the Department of Health of the State of New Mexico to address issues of program effectiveness and evaluation, treatment criteria, sanctions, etc.

Program Structure:

In response to the serious drug and alcohol problem our community faces, the Bernalillo County Metropolitan DWI/Drug Court Program was implemented by Judge J. Michael Kavanaugh in July of 1997.

The Bernalillo County Metropolitan DWI/Drug Court Program is a post conviction, pre-sentence, voluntary program that utilizes a multi-faceted approach. The three phase program consists of intensive supervision of defendants by probation officers, frequent appearances before the DWI/Drug Court Judge, mandatory drug and alcohol counseling, regular attendance at a self help group (AA, NA or CA) and random drug testing. In addition to an enhanced aftercare component the program also offers a mentorship program.

Taking into consideration the number of alcohol related offenses and the significant costs these violations cause our community, the Bernalillo County Metropolitan DWI/Drug Court Program has become primarily an alcohol based program. Individuals with alcohol problems are required to meet the same strict requirements of the "drug court model" that other substance abusers in the program are mandated to complete. In short, the Bernalillo County Metropolitan DWI/Drug Court Program treats a drug as a drug and an addict as an addict, regardless of the drug of choice.

The Bernalillo County Metropolitan DWI/Drug Court Program consists of three phases with the first phase being the most intensive and focusing on substance abuse education and prevention. Defendants are required to report in person to their probation officer twice per week, provide at least two random drug tests per week, attend treatment at least twice per week, and appear before the DWI/Drug Court Judge twice per month. Defendants are also required to attend at least one 12-step meeting per week for the duration of the program. Upon entering the program, defendants are required to complete sixteen acupuncture sessions as well.

The requirements of Phase II are much the same as Phase I with the exceptions of one less contact per week with the Probation Officer and the defendant is required to appear before the DWI/Drug Court Judge once per month. Additional requirements involved in this phase of the program include attending the victim impact panel and completing ten hours of community service.

In Phase III of the program, the defendant is required to appear monthly before the DWI/Drug Court Judge and meet with the Probation Officer every other week. The defendant is also required to complete 20 hours of community service. Community service hours are performed at a non-profit agency selected by both the defendant and the Probation Officer in an attempt to appropriately place the defendant in a position of service which is not only going to help repay the community but to also make the defendant aware of individuals who could have possibly suffered as a direct result of the defendant's crime.

Upon successful completion of the first three phases of the program, defendants will immediately begin participating in a mandatory aftercare phase. Unlike the three previous phases, the aftercare phase will not be based upon a point system but the defendant will

attend counseling sessions on a weekly basis until they have completed 12 sessions. In addition to the counseling, defendants will be required to provide at least three random urine drug screens and/or breathalyzer tests per month and attend one 12 step meeting per week.

All defendants involved in the aftercare phase of the program will be supervised by a volunteer probation officer (VIP) as opposed to their former DWI/Drug Court Probation Officer. The VIP will be required to report defendant's compliance and non-compliance to the VIP Program Director who, in turn, will immediately notify the DWI/Drug Court Probation Officer for any necessary sanction(s). Once the defendant has successfully fulfilled all program requirements the VIP Program Director will notify the original DWI/Drug Court Probation Officer for scheduling of sentencing.

Defendants found to have violated conditions of the program will be sanctioned by the DWI/Drug Court Judge as soon as possible. Sanctions include a mandatory appearance before the DWI/Drug Court Judge, a reduction in points and/or incarceration. Defendants may also be required to repeat the previous program phase under the supervision of the DWI/Drug Court Probation Officer.

Services Provided:

- Intensive supervision
- Substance abuse counseling
- Random drug testing at least twice per week
- Acupuncture
- Regular attendance before the DWI/Drug Court Judge
- Educational Programs
- Family and Parenting Skills
- Employment/Job development training
- Community Service
- Aftercare Program
- Mentorship Program

Operational Standards

Potential DWI/Drug Court cases are referred either by a judge or probation officer to the Drug Court Probation Officer. The Drug Court Probation Officer utilizes a screening assessment, which includes questions regarding criminal history, substance use and abuse history, and primary drug of choice as well as additional relevant information. If the individual is determined an appropriate candidate for the program, the case is set before the court and it is recommended sentencing be continued and the case transferred to the DWI/Drug Court Program.

Following an order of transfer, the defendant then signs a general condition of release, a Phase I contract and the release of information for treatment referral.

The Drug Court Probation Officer is then responsible for the documentation regarding the defendant's progress and general case management necessary to ensure full compliance with program requirements. Documentation includes contacts with defendants, treatment attendance and status, urine drug screens and breathalyzer results as well as any changes regarding the defendant's demographics and employment status. Because of the intensive supervision provided, the Probation Officer is able to provide the defendant with the necessary support and/ or intervention.

BERNALILLO COUNTY METROPOLITAN DWI/DRUG COURT
GENERAL CONDITIONS OF RELEASE

1. Obey all laws. You must notify your Probation Officer of any citations or arrests immediately.

2. Notify Probation Officer of any changes in address or employment immediately. Do not leave the city of Albuquerque without permission from Probation Officer.

3. Do not associate with anyone who is breaking the law, on probation/parole, or convicted of a felony unless permission is granted by Probation Officer.

4. Do not use or possess any illegal drugs. Do not use any prescription drug without a valid prescription.

5. Do not drink or possess any alcoholic beverage(s).

6. You must obtain and maintain employment, attend school, or a combination of both.

7. Do not drive a motor vehicle without a valid driver's license.

8. You must comply with all DWI/Drug Court Contracts.

I understand and agree to abide by these General Conditions of Release and the specific conditions of the DWI/Drug Court Program. I understand any violation of these conditions may result in being returned to court for sentencing.

____________________________ Defendant

____________________________ Probation Officer

____________________________ Date

____________________________ Case Number

BERNALILLO COUNTY METROPOLITAN DWI/DRUG COURT
PHASE I CONTRACT

NAME: ____________________ CASE # (s): ______________

In addition to the "General Conditions of Release," you will also be required to:

1. Report to probation officer in person at least twice per week and/or as directed by Probation Officer.

2. Attend substance abuse counseling and/or group sessions as directed by treatment provider.

3. Submit to random urinalysis and/or blood alcohol content (BAC) tests at least twice weekly as directed by Probation Officer or treatment provider.

4. Attend DWI/Drug Court at least twice a month.

5. Attend at least one 12-step meeting per week and provide written verification as directed by Probation Officer.

6. Obtain a sponsor. Contact sponsor at least once per week and provide written verification as directed by Probation Officer.

7. Complete acupuncture as directed by treatment provider.

8. Take antabuse if ordered and prescribed.

9. Other: ____

____

Total number of points required to complete Phase I: 70

I understand and agree to abide by all the conditions of the Phase I contract. Any violation of these conditions may result in possible incarceration, reduction of points or expulsion from the program.

______________________ ______________________
Defendant Probation Officer

____
Date

BERNALILLO COUNTY METROPOLITAN DWI/DRUG COURT
PHASE II CONTRACT

NAME: ______________________ CASE# (S): __________________

In addition to the "General Conditions of Release," you will also be required to:

1. Report to probation officer in person at least once each week and/or as directed by Probation Officer.

2. Attend substance abuse counseling and/or group sessions as directed by the treatment provider.

3. Submit to random urinalysis and/or blood alcohol content (BAC) tests at least twice weekly as directed by Probation Officer or treatment provider.

4. Attend DWI/Drug Court at least once a month.

5. Attend at least one 12-step meeting per week and provide written verification as directed by Probation Officer.

6. Continue to contact sponsor at least once per week and provide written verification as directed by Probation Officer.

7. Complete 10 hours community service.

8. Attend the VICTIM IMPACT PANEL (VIP).

9. Take antabuse if ordered and prescribed.

10. Other: ____

____

Total number of points required to complete Phase II: 62

I understand and agree to abide by all the conditions of the Phase II contract. Any violation of these conditions may result in possible incarceration, reduction of points, being returned to Phase I, or expulsion from the program.

______________________________ ______________________________
Defendant Probation Officer

____
Date

BERNALILLO COUNTY METROPOLITAN DWI/DRUG COURT
PHASE III CONTRACT

NAME: ______________________ CASE # (S): __________________

In addition to the "General Conditions of Release," you will also be required to:

1. Report to probation officer in person at least twice monthly and/or as directed by Probation Officer.

2. Attend substance abuse counseling and/or group sessions as directed by the treatment provider.

3. Submit to random urinalysis and/or blood alcohol content (BAC) tests at least twice weekly as directed by Probation Officer or treatment provider.

4. Attend DWI/Drug Court at least once per month.

5. Attend at least one 12-step meeting per week and provide written verification as directed by Probation Officer.

6. Continue to contact sponsor at least once per week and provide written verification as directed by Probation Officer.

7. Complete 20 hours community service.

8. Take antabuse if ordered and prescribed.

9. Other:____

____

Total number of points required to complete Phase III: 57

Total points required to advance to the Aftercare Program: 189

I understand and agree to abide by all the conditions of the Phase III contract. Any violation of these conditions may result in possible incarceration, reduction of points, being returned to Phase II, or expulsion from the program.

_____________________________ _____________________________

Defendant Probation Officer

____

Date

BERNALILLO COUNTY METROPOLITAN DWI/DRUG COURT
AFTERCARE CONTRACT

NAME: ____________________ CASE # (s): ______________

In addition to the "General Conditions of Release," you will also be required to:

1. Contact Volunteers in Probation (VIP) program as directed by Probation Officer.

2. Report to Volunteers in Probation at least once per week as directed by VIP.

3. Attend an aftercare group session every week until 12 aftercare group sessions are completed.

4. Submit to random urinalysis and/or blood alcohol content (BAC) tests at least three times per month or as directed by treatment provider, VIP, or Probation Officer.

5. Attend at least one 12-step meeting per week and provide written verification as directed by VIP.

6. Continue to contact sponsor at least once per week and provide written verification as directed by VIP.

7. Other: ____

____

I understand and agree to abide by all the conditions of the Aftercare contract. Any violation of these conditions may result in possible incarceration, being returned to Phase III, or expulsion from the program.

**Formal completion of the DWI/Drug Court Program includes sentencing and fulfillment of all sentencing requirements. **

____________________________ ____________________________
Defendant Probation Officer

____
Date

Program Standards

The DWI/Drug Court Program operates on a point system of progression. The program is a minimum of nine months long and consists of three phases, followed by a 12 week aftercare component. A defendant must accumulate a certain amount of points in a specific phase to advance. One point is given for each completed activity. Once a defendant is deemed appropriate for the program, he/she is placed into Phase I of the program. The defendant will advance in the phase based on the accumulation of points.

Phase I requires 70 points to advance to Phase II. A participant in Phase I will report to a Probation Officer, attend counseling, and submit to random drug urine screens and breathalyzers at least twice a week. A defendant must also attend 12-step meetings, obtain a sponsor and have contact with the sponsor at least once a week. A defendant must also attend DWI/Drug Court every other week. Once a defendant advances to Phase II, he/she must obtain 62 points to advance to Phase III. Phase II requires reporting to Probation Officer once a week, attend counseling and submit to random urine drug screens and breathalyzers at least twice a week. A defendant will also attend DWI/Drug Court once a month and attend 12-step meetings and have sponsor contact at least once a week. A defendant will also be required to perform ten hours of community service at a non-profit agency or attend an educational class, such as, parenting classes, GED, etc. After advancing to Phase III, a defendant must accumulate 57 points for a total of 189 points to advance to the aftercare component of the program. Phase III requires a defendant to report to the Probation Officer every other week, attend counseling and submit to urine drug screens and breathalyzers at least twice a week. A defendant will continue with 12-step meetings and sponsor contact at least once per week, and attend DWI/Drug Court every month. Community service is increased to 20 hours. The aftercare component is a 12-week phase with the defendant being required to attend one counseling session, continued urine drug screens and breathalyzers (reduced) as well as continued A.A. attendance. This portion was incorporated into the program in July of 1999 to provide the defendant with a strong, solid foundation for sobriety maintenance.

Incentives and sanctions are also an integral part of the program. Point accumulation is the biggest incentive for defendants as well as high praise from the Judge, Probation Officer, and Treatment Provider. Sanctions range from incarceration, rebuke, to loss of points. A defendant will be sanctioned for positive urine drug screens, and breath tests, admittance to using drugs or alcohol, missed drug/breath screens. Sanctions are also used for unexcused absences from counseling sessions and meeting with probation officer.

Treatment Standards

The DWI/Drug Court Program has contracted with Life Choices as the treatment provider. After a defendant has transferred into the program, he/she is immediately referred to the treatment provider. An appointment is made for an assessment using the Addiction Severity Index (ASI). The ASI is a tool used to help design an appropriate treatment plan based upon individual needs. Treatment options or referrals are available for specific types of defendants such as mental health, pre-natal, HIV, etc.

Each treatment plan will consist of a minimum of two counseling sessions, either in a group or individual setting. Defendants are also responsible for submitting to random drug/breath testing at least twice per week via an assigned code, and required to complete a series of 16 acupuncture sessions usually within the first four weeks of the program. The treatment provider evaluates each defendant's financial situation and uses a sliding fee scale to determine the amount a defendant will pay into the program on a bi-monthly basis. The average co-payment amount is $30.00 per month.

Courtroom Procedures

The role of the DWI/Drug Court team is a non-adversarial approach to managing defendants in the program. The "team" consists of the Judge, Probation Officer(s), and Treatment Provider. The team is in constant communication regarding defendants' performance in the program. The DWI/Drug Court sessions are held every other week in order for the Judge to review each defendant's progress. A DWI/Drug Court staffing is held prior to each court session to discuss new defendants, graduates, or any problems. When a problem is discussed, the team will find an appropriate sanction or solution for the defendant. When Court is in session, the Judge will call a defendant's name. The defendant, probation officer, and treatment provider will stand before the Judge to report his/her progress. Depending on the case, the Judge will praise, encourage, or sanction a defendant. A defendant is free to leave after reporting to the Judge. Defendants who were sanctioned with incarceration are immediately taken into custody by the Sheriff's Department.

Data Collection and Program Evaluation

The DWI/Drug Court Program collects data from each defendant in several ways for the purposes of statistical analysis regarding the program's population and effectiveness. Data collection consists in form of screening, intake, activities, arrest, and exit. The screening information is collected at initial interview to establish if a defendant meets the program's criteria. The intake information is collected when a defendant is transferred into the program. The intake collects basic demographic information including, race, gender, drug of choice, etc. The arrest/citation form collects information regarding any re-arrest or related citation received during the program, as well as, two years after program exit. The exit information is collected when a defendant leaves the program for any reason. The exit form collects employment information, time in program, and case disposition, i.e. graduated, absconded, terminated, etc.

The DWI/Drug Court Program has contracted with the University of New Mexico, Institute for Social Research (ISR), to perform the process and outcome evaluation of the program which is an in-depth analysis of the program's effectiveness. ISR will also determine what populations perform well in the program and will recommend program change if needed. In order for ISR to perform the process and outcome evaluation, the information collected, via the database, will be transferred to SPSS, a statistical program, for analysis. ISR will also perform a comparison study. The populations for comparison will be the defendants and persons who have been screened for the program, but were rejected for various reasons. To study each population, each person must agree to participate. All persons are asked to participate. If a person agrees, each must sign a consent form. ISR will contact those persons and ask for a brief interview.

Substance abuse and mental health suitability standards

Purpose: To establish clinically appropriate guidelines for the admission of defendants into the drug court program.

Policy: Defendants admitted to the Life Choices drug court program shall be initially screened by the probation department and then assessed in compliance with the policy of Behavioral CareOptions, Inc. utilizing the Addiction Severity Index. At the time of the assessment it will be determined if the defendant meets the standards for admission as outlined below:

Substance Abuse-Defendants shall meet the following standards:

1. DSM-IV Criteria for Psychoactive Substance Abuse; or, DSM-IV Criteria for Psychoactive Substance Dependence.
2. Clinically manageable in an outpatient program.
3. If the defendant meets criteria for withdrawal, shall be manageable with outpatient detoxification and a referral made for such services.
4. If the defendant meets criteria for withdrawal and is determined to need medical managed inpatient detoxification, the admission shall be deferred until such time as detoxification is complete.

Mental Health-Defendants shall meet the following standards:

1. Is not actively psychotic or displaying symptoms indicative of such, i.e., hallucinations, severe paranoia, suicidal or homicidal ideation.
2. The defendant is able to comply with the program requirements.
3. The defendant is compliant with medication management as prescribed (if applicable) and is willing to maintain compliance during the course of the program.
4. If recommended, the defendant is willing to participate in a psychological, psychiatric, and /or mental health evaluation, and to follow the recommendations of such evaluation.

DUI/Drug Courts: Defining a National Strategy

Judge Jeff Tauber
Director

C. West Huddleston
Deputy Director

March 1999

A note from Judge Wanamaker
The Anchorage Wellness Court is modeled after the Butte County Court, adapted to Alaska legal requirements. In reading this report it is important to know that Naltrexone is the generic name for the drug and that Re-Via is the Dupont Pharmaceutical brand name for Naltrexone. In other words, "Re-Via" and "Naltrexone" are synonymous. It is the same drug. The conclusions of this study are found on pages 34 and 35 in the section marked "Outcomes". The Anchorage Wellness Court has been in existence for just over one year. Twenty defendants were processed through the Wellness Court in this first and formative year. As soon as funding becomes available there will be studies of the program and effectiveness. In the interim, it is useful to look at this California study.

NATIONAL
DRUG COURT
INSTITUTE

Monograph Series 1

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Appendix B: ReVia Project

The Butte County ReVia Project

Hon. Darrell Stevens, Judge of the Butte County Superior Court
Helen Harberts, Chief Probation Officer
Jane E. Pfeifer, Drug Court Program Manager, Superior Court
Ian Redmond, Research Assistant

Acknowledging the generous assistance of Percy Menzies & DuPont Pharmaceuticals

In 1996, Butte County Probation and the Butte County Superior Court teamed with members of the community to begin the ReVia Project. Initially planned as a 90-day trial project, ReVia quickly demonstrated value for a specific population of offender: the repeat drinking driver. Based upon that first series of cases, the ReVia Project was extended. It is now approximately two years out, and the results appear distinctly promising. In some cases, the results have been astounding. A preliminary review of the data reveals that ReVia is far and away the most successful method of dealing with high blood alcohol, repeat drunk drivers.

Butte County was one of three courts in the United States who directed the use of ReVia (generic name: naltrexone) as part of a court ordered treatment model. The model was designed as an expedited case processing system, where identified alcoholics would be moved quickly into the treatment process. Key to this treatment process was ingestion of ReVia (naltrexone).

Alcohol and Crime in Butte County

Butte County, California has just over 200,000 citizens. It is located in the north central valley of California, approximately 70 miles north of the state capitol, Sacramento. The area is predominately rural. The County has five major population areas, distributed in distinct areas of the county. The largest population is found in the Chico Urban Area (90,000). Chico is the home to California State University, Chico. This university has struggled for years with the reputation of being one of the top 10 party schools in the nation. Alcohol use plays a prominent role in the local culture.

In California, the presumptive level for driving under the influence (DUI) is .08. State law mandates jail sentences for DUI cases, with increased penalties for prior convictions, or a higher blood alcohol level upon arrest. A DUI with 3 prior convictions can be charged as a felony, and the defendant faces the California state prison system. Persons who have an extensive list of prior convictions and cannot perform safely in the community are sent to state prison.

Arrests in Butte County for driving under the influence, and alcohol related fatalities have been unacceptably high. During 1996 -1997, 25 people died in DUI cases. To address this issue, focused efforts of the California Highway Patrol, and the local police included increased patrol strategies, public education, DUI checkpoints and specialized training in early detection of drivers under the influence. The Chico Police Department developed the powerful nationally honored "Every 15 Minutes" intervention program. Utilizing members of the entire community, this program teaches high school students about the community wide impact which follows the choice to drive after drinking. It is noted that "Every 15 Minutes" someone is killed or injured by a person who chooses to drive after drinking. The Chico Police have also received special funding to address alcohol outlets. Using enforcement and educational strategies, they have reduced the level of excess consumption, and sales of package liquor to underage drinkers.

Many of these efforts have paid off. There is increased awareness regarding the issue of alcohol abuse and driving. However, there remains a core group of addicted drivers who continue to pose grave danger to the public, and occupy a significant portion of the community resources through health care, emergency services, police, court, jail and probation criminal justice costs. For these offenders, Butte County has created the ReVia Project.

ReVia in General

ReVia is a medication utilized for many years as a highly effective opiate treatment (referred to as an opioid receptor antagonist). Recently, it was determined that the brain pathways utilized by alcohol and opiates may be the same. Because of this, ReVia reduces or stops the cravings experienced by alcoholics during treatment. It is these cravings (physiological reactions which are triggered by behavioral cues) which interfere with an alcoholic's ability to complete a treatment program. While on ReVia, they can maintain sobriety long enough to successfully establish a pattern of behavior modification. At the end of 180 days, the client is examined for reduced use of ReVia.

Essentially, ReVia functions as a tool to aid recovery and treatment. It is not a "stand alone" treatment. While being utilized by these recovering alcoholics, ReVia functions in two manners: (1) it blocks cravings (2) there is no pleasure derived from drinking alcohol when the addict "tests" the medication. There is no "buzz" and no reward for drinking. Thus, if an alcoholic is sincerely working on behavior changes through treatment, true progress can be made.

In contrast to the results for traditional treatment and the utilization of Antabuse, the ingestion of ReVia suppresses the desire of alcohol (and the pleasure from consumption). Therefore, it allows traditional methods of substance abuse treatment to take hold. We have found that utilization of ReVia as part of the probationary terms and conditions blocks the cravings and allows the behavioral modification to take effect. The Court and Probation have adopted

a high intensity probation model to deal with repeat DUI cases. Based on the theory that the power of criminal justice system can be used as a therapeutic tool, the terms of probation are used as a "bottoming out" process to encourage sobriety. Strict accountability is required. The model is quite similar to that of Drug Court.

ReVia *can* be given with Antabuse, but we have not found that to be necessary. No physical or psychological dependency is attributed to the use of ReVia during the treatment period. DuPont Merck conducted a 12-week, double blind, placebo based trial of ReVia. When combined with traditional therapy, ReVia was significantly more successful (61%) than the placebo with the same therapy (22%) in preventing relapse. (*Archives of General Psychiatry,* 1992; 49:881-887) Further, those who did drink, did so on fewer days than the placebo group (2 and 6 days respectively) over the same 12 week period.

Persons who drink alcohol while taking ReVia *can* become intoxicated. ReVia does not interfere with the absorption of alcohol-it only interferes with the pleasure and cravings. Persons who are given ReVia must be screened through a liver panel prior to issuance of a prescription and administration of the medication. There are specific physical conditions that are not compatible with the administration of ReVia.

Additionally, it cannot be given to active opiate addicts. ReVia can be ***extremely dangerous*** if administered unknowingly to an active heroin or opiate addict. It is absolutely critical to make certain that the client is not using opiates, or has had a specified period of abstinence prior to the administration of opiates.

ReVia can *seem* expensive: up to $535.00 per month. However, compared to the cost of alcohol, or a jail bed, it is quite inexpensive. Some defendants have had assistance with the costs from their families. Also, purchasing a supply one-week at a time assists with "sticker shock". The cost of a one-month supply *will* frighten many clients. It is easier to have them obtain a smaller amount.

We have learned that close physical monitoring by a physician will allow us to address any side effects which may occur without having to drop the person from the project. The "standard" dosage needs to vary slightly with the unique physiology of the probationer.

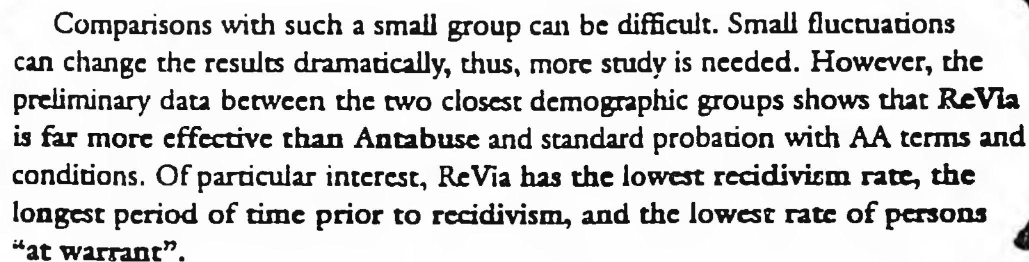
As always, public safety remains the #1 priority. Field visits to the homes of ReVia clients have been helpful. There have been occasions when arrests have been necessary. Terminations have resulted from new criminal charges (such as a child endangerment case) during the project, and for medical reasons.

ReVia: A Natural Outgrowth of Butte County Drug Court

Butte County has utilized a Drug Court for the past three years. The Drug Court has been quite successful and has wide spread community support. It was recently recognized as one of eight COPS mentor Drug Courts by the National Association of Drug Court Professionals (NADCP). The judge who partnered with Probation to create the ReVia Project is the presiding Judge of the Butte County Drug Court.

The next step for the ReVia Project is stabilized funding, and creation of a specialized ReVia track within the Butte County Drug Court. Upon review, it is believed that improved outcomes could be achieved by moving ReVia directly into a Drug Court format. Within the next few months, ReVia will be fully incorporated into the Butte County Drug Court program. Under the Drug Court design, weekly contacts and expectations on ReVia clients will increase, and the intensity of treatment will increase client accountability even further. More frequent testing will occur, but perhaps more importantly, ReVia clients will experience the immediate sanctions, excellent camaraderie, support and frequent praise which distinguishes Drug Court. This will reduce isolation, and assist in long term reinforcement for recovery.

Outcomes



Comparisons with such a small group can be difficult. Small fluctuations can change the results dramatically, thus, more study is needed. However, the preliminary data between the two closest demographic groups shows that **ReVia is far more effective than Antabuse** and standard probation with AA terms and conditions. Of particular interest, **ReVia has the lowest recidivism rate, the longest period of time prior to recidivism, and the lowest rate of persons "at warrant".**

Probation and Court records were reviewed to provide data on ReVia clients. Every participant studied was tracked through the records of the Department of Motor Vehicles, city police, and court records to verify if any persons re-offended. Re-offense was defined as any new criminal offense other than an infraction. The Butte County study has one advantage over previous studies on ReVia. Other studies covered a 4 to 12 week cycle, with monitoring for 6 months after ingestion. Butte County studied participants for an average of 29 weeks of ingestion and an average of 10 months since completion. Some offenders have now been tracked for almost 2 years.

No initial interviews were done on offenders to document their drinking patterns prior to acceptance. Random anecdotal information from clients includes admissions of drinking ¾ of a quart of whiskey per day, being drunk every day for 15 years, etc.

Four distinct groups were studied:

- ReVia
- Antabuse
- AA/NA informal court probation
- AA/NA formal probation (generally more prior convictions and felony convictions)

Only one judge participates in the ReVia Project at this time. Other judges in the county have dealt with DUI offenders during this time period and used other sentencing options. Antabuse and AA standard DUI cases are not sent to Probation for formal supervision.

In order to evaluate ReVia, every DUI file in the Chico court for the past 2-1/2years was reviewed. Those with prior DUI convictions that were ordered to ingest Antabuse, or attend AA were selected. Certain demographics were kept consistent: all studied cases were heard during the same time period ReVia was being used. All cases were heard in the same jurisdiction as the ReVia cases, and all cases involved the same age range as ReVia participants (20-56 years old).

The populations in the Antabuse and ReVia study were closest. ReVia participants were slightly older than Antabuse (average age 35 and 31 respectively). There were similarities in length of program (7.2 months-6.8 months), similar number of prior convictions (.03 difference on average), and similar blood alcohol levels (average difference: .02BAC).

However a significant difference appeared in the length of time between completion of their program, and re-offense. ReVia recidivists committed new crimes 11 months after completion. On Antabuse, re-offense occurred within one month. Moreover, 75% of the Antabuse new crimes were drug/alcohol related. 25% of the ReVia crimes were drug/alcohol related. It is clear that utilization of Antabuse did not impact the addictive behavior to the degree ReVia did.

Behind all of the statistics and summaries, there is one simple and sterling clear fact: ReVia *works* on this group of offenders far better than any other supervision model. It is obvious in dealing with this client base. Over the progression of weeks: they look better, walk better, smile more, and are restored. Many ReVia graduates resemble Drug Court graduates: stable employment & better health.

Like Drug Court, this is a reality-based model. Relapse is expected and Drug Court must plan for setbacks and recognize that public safety sometimes calls for incapacitation through incarceration. Using this model Butte County has had more success than anything else we have tried. We can improve our outcomes through additional modifications. Our recidivism rate in Drug Court hovers between 10-11%. By moving into the Drug Court program as a new track, we hope to drop our recidivism rate to a similar level... or better.

Protocol

Court process summary: (Formal Protocol is given to each participant with maps to the medical facilities, and waiver forms.)

1 Upon conviction or plea, the Court places the defendant on formal supervised probation.

2 The defendant is mandated to contact a physician immediately, to receive an examination and a prescription for ReVia. Ingestion is initiated and a log signed by the pharmacist or physician.

3 The defendant reports forthwith to Probation to be seen by specific probation officers to present proof of the prescription and ingestion to the probation officer.

4 The defendant is directed to participate in alcohol treatment programs as ordered by the Court, or Probation; to return every two weeks at a minimum, to submit to urine testing, search and seizure, abstention from all use or possession of alcohol, controlled substances, or entry into places where alcohol is sold or is a primary focus of business. Reviews before the court occur every 7 weeks, or as directed by the probation officer.

5 Probation officers conduct field searches, and are expected to arrest ReVia clients who are violating the protocol and presenting a danger to the public.

6 After 24 weeks, the Court examines the status of the probationer to determine if the supervision level will be reduced.

Community Partnership

This is a community based, and supported project. Due to funding constraints, the local Drug and Alcohol Agency declined to participate. Butte County does not have the financial capability of supporting this project. Probation carved out a small amount of time in a supervision unit to try this project on a pilot basis. More recently, it was moved into the already burdened Drug Court division.

Because of the unique requirements of the medical protocol, we turned to the local community. A local hospital, the Enloe Medical Center, agreed to accept shipments of ReVia. (The Court cannot accept and distribute a prescription drug.) Their pharmacy has been instrumental in assisting with distribution of the medication to clients. Other local physicians and pharmacists in other cities of the county have assisted Probation and the Court by volunteering to observe ingestion of the medication. These pharmacists personally observe the ingestion, sign the log of the offender, and keep a separate log to document and compare. Customary safeguards are taken to protect against false ingestion attempts.

Clients were directed toward their own physicians and insurance companies for funding of liver panels and prescriptions whenever possible. A local immediate care clinic also volunteered to assist, offering lower cost screening, explanations about

ReVia to clients, and to observe ingestion on a walk-in basis. DuPont generously assisted with informational support, and temporarily made a limited amount of the medication available to the truly indigent. They also provided assistance with gathering the statistics on the outcomes of this project.

Evaluation and Future Adjustments

The visual presentation of a ReVia case is profound. The project has had 15-year alcoholics successfully returned to stable sobriety. The changes in the physical appearance and attitude of these offenders is stunning in the level of contrast between before and after. While ReVia is not the "silver bullet" which will cure alcoholism, it is far and away the most effective tool used in Butte County to assist with treatment and reduce the extraordinary level of danger presented by the drinking driver.

It is believed that the utilization of ReVia (naltrexone) will be useful in a number of other contexts. The Court also orders ReVia treatment in domestic violence cases. It has obvious applications in the public inebriate, self-medicating mentally ill and homeless populations which plague most American cities. Most importantly, it offers ***real hope*** of control to an extremely dangerous population: the repeat drinking driver.

ReVia Project Protocol

1. Each defendant assigned to ingest ReVia through the Court's DuPont ReVia project will be placed on ***formal*** supervised probation.
2. At the time the defendant is sentenced by the Court, s/he will be provided with a form of ReVia Log and ordered to:

   (a.) Immediately report to a physician for an examination and issuance of a prescription for ReVia (sometimes referred to as Naltrexone).

   (b.) Show the physician the probation order so the physician is aware the defendant is a part of the Court's ReVia project, and further provide the Log form to the physician for his/her signature and insertion of the date of the issuance of the prescription.

   (c.) Upon issuance of the prescription for ReVia, the defendant will report, with the prescription form to a Probation Officer, or their designee, at the Butte County Probation Department, on the first Wednesday at 2 p.m. following the Court appearance. The defendant will be indoctrinated and then directed by the probation officer to report to the pharmacy at Enloe Hospital Outpatient Center, to have the prescription filled, and to begin the ReVia regimen. The Probation Department will provide the name of the referred defendant to Enloe Hospital Outpatient Pharmacy.

(d.) The defendant is to provide the Enloe Pharmacist, or his designee, the original of the prescription. The Pharmacist, or his designee, will then date and sign the log each time the defendant appears for ingestion of ReVia. The original of log will be kept at Enloe Hospital.

(e.) The pharmacy will be available for dispensing of ReVia and for logging in the ingestion by the defendant on Mondays, Wednesdays, Fridays, and Saturdays from 12:30 p.m. to 6:30 p.m.

(f.) Ingest ReVia three times per week, at Enloe Hospital Outpatient Center Monday, Wednesday, and Friday, and/or as directed by the Probation Officer.

(g.) The ReVia must be ingested at the Enloe Pharmacy unless the probation officer or their designee has approved another site for the ingestion upon prior request of the defendant.

3. Each probation order shall provide that the defendant is to:

(a.) Follow all orders and directions of the probation officer (paragraph C.1. (a) of the Court's standard conditions of probation.

(b.) Commence and continue a drug, alcohol, or other program (including attendance at NA/AA meetings), as directed by the probation officer (paragraph C.2 (a) of the Court's standard conditions of probation.

(c.) Totally refrain from the use, possession, etc. of alcohol and controlled substances, and submit to a search and test for the same, all as provided in paragraphs D.1, 4. And 5. Of the Court's standard conditions of probation.

(d.) Appear in court for his/her first review on a date 7 weeks from the date of sentencing, or as directed by the probation officer.

4. At the 7 week review, the Court will be provided with a progress report from the Probation Officer and a recommendation as to whether or not the defendant should be continued on the ReVia program for the balance of the recommended three month regimen. If the defendant is continued on the program, at the 7-week review, a further review will be scheduled for a date which is 3 months from the date of the original sentencing.

5. The defendant will report to the probation officer, or her designee, every two weeks at the beginning of the program. Such reporting requirement will be at the discretion of the Probation Officer.

6. Each defendant is responsible for, and shall pay for, all medical expenses incurred for the cost of obtaining the prescription for ReVia. The drug itself is available through Medi-Cal, private insurance, or at your own expense. All laboratory tests and physician or clinic expenses will be paid by the defendant at the time s/he obtains the prescription for ReVia.

7. The Court is informed that most physicians (and certainly Chico Immediate Care) will require each defendant to be examined every 30 days for a new prescription.

8. Each defendant, of course, is free to consult any physician of his or her own choice. Defendants are to be informed that if they do not have another physician or clinic they wish to visit, the Court has discussed the ReVia project with Chico Immediate Care Medical Center, and that such clinic is familiar with the Court's requirements. Any physician with any questions should contact Officer Lopez, at the Probation Department.

9. A review will be scheduled for a date three months from the date of sentencing. At the time of this review, the Probation Officer will report to the Court on the defendant's performance of the terms of probation, and will provide the Court with a recommendation as to what further programs the officer believes are appropriate.

10. At the subsequent three-month review, the Probation Officer will provide the Court with a progress report and recommendation for future treatment. Specifically, the Probation Officer will make his/her recommendation for possible requirement of inpatient/outpatient treatment, counseling, continuation of the ReVia project, Antabuse, AA, NA, etc: and whether the defendant should, then, be terminated from Formal Probation and placed on informal court probation.

11. The Court will expect COMPLETE AND FULL compliance with all terms of probation and directions of the probation officer by each defendant. The Probation Officer will be expected to institute a violation of probation proceeding pursuant to PC Section 1203.2 and to take any non-complying defendant into custody as the Probation Officer in his/her discretion (and as authorized by law) deems appropriate. Any defendant placed in custody for a violation will be produced in court at 12:30 p.m. on the next Wednesday following the date the defendant is place into custody. If the defendant has not been taken into custody, she/he will be ordered to appear on the next Wednesday at 8:30 a.m. for further proceedings and action as deemed appropriate. If the defendant is on probation pursuant to an order made by the Oroville Court, the defendant will be produced in co[illegible] the next available date and time.

12. A copy of this protocol will be provided to each defe[illegible] placed in the ReVia Project.

New Drugs for Treating Substance Abuse

Recent developments in drug research have awakened new hope for more effective substance abuse treatment. Naltrexone is among the first of the new wave of drugs that are supportive to treatment.

Research indicates that Naltrexone, when used with counseling emphasizing coping skills and relapse prevention, increases the client's chances for recovery. Naltrexone alone is not recommended. Naltrexone has been shown to be most effective in an outpatient setting.

Internet resources:

Naltrexone Course (2CEU)
http://www.med.nyu.edu/substanceabuse/course/nal11.htm

Naltrexone on the Web
http://www.health.upenn.edu/~recovery/pros/nalnews.com
http://www.well.com/user/woa/revia/revhome.htm

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MacIntosh, I.. *Guidelines for the Use of Naltrexone in the Treatment of Alcoholism.* Division of Alcoholism and Drug Abuse, 1999.

State of Alaska
Department of
Health and Social Services
Division of Alcoholism and Drug Abuse

3601 C Street, Suite 358
Anchorage, AK 99524-0249
(907) 269-3790
(907) 269-3786 fax
Statewide: 1-800-478-7677

naltrexone & the legal community

What the Legal Community Needs to Know About Naltrexone

NALTREXONE

What the Legal Community Needs to Know— A Brief Guide to Using Naltrexone in the Treatment of Alcoholism

questions & answers

What is Naltrexone?

Naltrexone is a drug that dulls the craving for alcohol. Naltrexone used with professional counseling reduces relapse frequency and intensity.

Can a judge order an offender to take Naltrexone?

Yes. The Court may offer Naltrexone as an option in misdemeanor cases. In felony cases Alaska Statute AS28.35.030 (n) (4) says a judge may order a felony DWI to take "a drug or combination of drugs" as a condition of probation or parole.

What will Naltrexone do?

In a motivated person who wants to avoid relapse, Naltrexone has been shown to reduce the craving associated with alcohol. The result is lower and less frequent use.

How does Naltrexone work?

After passing medical screening, the person takes one 50mg tablet each day. While active, Naltrexone dampens the pleasurable effects of alcohol for up to 24 hours. A higher dose lasts longer. Naltrexone calms the pleasure centers of the brain and buffers against the effects of any alcohol taken. Desire for alcohol is reduced.

How effective is Naltrexone?

Naltrexone is clearly effective in about 50 to 75 percent of users when used in conjunction with a professional counseling regimen. It reduces the intensity and the frequency of relapse.

How do I write Naltrexone into the sentencing?

There is a standard sentencing form and format for misdemeanors and felonies available to judges and magistrates through the Anchorage Court. Contact Judge Wannamaker at (907) 264-0666 or the Division of Alcoholism & Drug Abuse in Anchorage at (907) 269-3790 or 1-800-478-7677 (state-wide).

What will be the cost?

Naltrexone costs about $4.50 per day—far less than alcohol. Medicaid will cover up to four months of Naltrexone therapy for Medicaid eligible persons. The cost is estimated to run about $550 to $950 for four months.

Is Naltrexone available everywhere?

It is available through physicians and pharmacies. Not all pharmacies carry Naltrexone and it may have to be special ordered.

What works best with Naltrexone?

Studies have shown that Naltrexone works best in persons receiving professional counseling.

Are there side effects?

Naltrexone is a relatively safe drug. About three to ten percent of people using it report mild side effects lasting about two weeks. Symptoms include headache, nausea, dizziness, insomnia, anxiety, and/or sleepiness. Side effects must be regularly and routinely monitored. Side effects may be mitigated by dosage adjustment. Frequent monitoring is highly recommended throughout treatment.

Who can use Naltrexone?

Motivated persons who have completed a four to five day detox and are in an approved in- or out-patient treatment program can use Naltrexone.

Who shouldn't use Naltrexone?

- A person who is using opiates or other narcotics
- A person who has serious liver or other serious health problems
- A person who is pregnant
- A person who is under age 18

Anyone considering use of Naltrexone should first consult with his or her physician.

Where can I get more information about Naltrexone?

Contact your local substance abuse program or **the Division of Alcoholism and Drug Abuse at (907) 269-3790 or 1-800-478-7677 (state-wide).**

Naltrexone is most effective when used with counseling.

MY TURN

Making the Case for Hands-On Courts

Judges are learning that a problem-solving approach can stop the cycles of drug use and dysfunction

By JUDITH S. KAYE

When I graduated from law school back in 1962, becoming a judge was the farthest thing from my mind. Not that the idea wasn't appealing. I was intrigued by the intellectual challenges that the job posed as well as the opportunity to "do justice" and make a difference in people's lives. It's just that the obstacles were daunting, especially for a woman. Still, I could dream, couldn't I?

Fast-forward to 1999. For the past six years I have served as New York's chief judge. As head of a branch of government with more than 15,000 employees and 4 million new cases a year, I've seen firsthand what it takes to keep the wheels of justice turning. I have also seen that, overwhelmingly, the New York courts discharge their heavy responsibility with great care, working diligently to achieve the goal of equal justice under law.

But I'm not writing this essay to hand out congratulations. I'm writing because that dream of 1962 doesn't quite line up with the reality of 1999. "Doing justice," I find, is a lot tougher than my textbooks ever suggested.

Let's face facts: many of the cases in state courts today are not complicated legal matters. But they do involve people with complicated lives. If you take a trip to criminal court or family court, you'll be reminded more of "M*A*S*H" than of "Perry Mason." Judges grapple with dockets driven by drug abuse, domestic violence and family dysfunction. These are new issues for the courts, and yet judicial responses tend to be firmly rooted in the past.

Not surprisingly, in many of today's cases, the traditional approach yields unsatisfying results. The addict arrested for drug dealing is adjudicated, does time, then goes right back to dealing on the street. The battered wife obtains a protective order, goes home and is beaten again. Every legal right of the litigants is protected, all procedures followed, yet we aren't making a dent in the underlying problem. Not good for the parties involved. Not good for the community. Not good for the courts.

'The flood of cases shows no sign of letting up. We can bail faster or look for new ways to stem the tide.'

The volume of our dockets demands efficient management. But processing more cases more quickly isn't the whole answer. We also need to take a step back and ask, "Is there a better way to do this?" In fact, across the country, some judges are starting to rethink business as usual.

Here in New York we now have 15 drug courts that direct nonviolent defendants to strictly supervised drug treatment instead of prison, halting the revolving door of drugs-crime-jail. We're also testing that model in family court to stop the devastating cycle of drugs-child neglect-foster care. We're developing "community courts" that seek to restore distressed New York neighborhoods by making low-level, nonviolent offenders pay for their deeds by removing graffiti and cleaning streets. And half a dozen domestic-violence courts put immediate emphasis on victim safety and defendant accountability.

In these new courts, judges are active participants in a problem-solving process. In the drug courts, judges oversee defendants in drug treatment—cheering them when they achieve sobriety and sanctioning them (perhaps with a weekend jail stay) if they fall back a step.

What's so different about this approach? First is the court's belief that we can and should play a role in trying to solve the problems that are fueling our caseloads. Second is the belief that outcomes—not just process and precedents—matter. Protecting the rights of an addicted mother is important. So is protecting her children and getting her off drugs.

Third is the recognition that courts' coercive powers can change people's behavior. We know, for example, that a defendant in court-ordered drug treatment is twice as likely to complete the program as someone who gets help voluntarily. Finally, we've learned that courts can't carry out this problem-solving role alone. Collaborations with government agencies and community groups are essential.

Do problem-solving courts raise new questions about the roles of judges and attorneys? You bet. But anyone who doubts the potential of this approach needs to attend a family-treatment-court graduation, as I did recently. There were a lot of happy tears—including mine—as eight formerly addicted mothers were reunited in record time with their kids who had been in foster care.

Some may argue that such hands-on involvement clashes with our branch's traditional dignity and reserve. But what's the alternative? The flood of cases shows no sign of letting up. We can either bail faster or look for new ways to stem the tide.

With a problem-solving attitude, we can make a real difference in the lives of litigants and in the communities in which we all live. And in the end, that comes pretty close to the dream that drew so many of us to the law, and to judicial service, in the first place.

KAYE *is chief judge of the state of New York.*

CONCLUSIONS

This article has summarized findings from the existing evaluations of both older and newer treatment courts. Although the evaluations vary considerably in scope, methodology and quality, the results are consistent in finding that:

(1) drug courts have been successful in engaging and retaining felony offenders in programmatic and treatment services who have substantial substance abuse and criminal histories but little prior treatment engagement;

(2) drug courts provide more comprehensive and closer supervision of the drug-using offender than other forms of community supervision;

(3) drug use and criminal behavior are substantially reduced while clients are participating in drug court;

(4) criminal behavior is lower after program participation, especially for graduates, although few studies have tracked recidivism for more than one year post-program.

(5) drug courts generate cost savings, at least in the short term, from reduced jail/prison use, reduced criminality and lower criminal justice system costs; and

(6) drug courts have been quite successful in bridging the gap between the court and the treatment/public health systems and spurring greater cooperation among the various agencies and personnel within the criminal justice system, as well as between the criminal justice system and the community.

Source: Research on Drug Courts: A Critical Review by Steven Belenko, Ph.D., National Center on Addiction and Substance Abuse at Columbia University, June, 1998

FREE NALTREXONE ORIENTATION PROGRAM
PUBLIC INVITED

The Alaska Court System will provide a monthly orientation program concerning court programs involving the anti-alcohol drug Naltrexone. This program introduces and explains the use of Naltrexone as a part of alcohol treatment. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts (presented by video replay of a July 14, 1999 seminar) discusses case studies and ways to implement the use of Naltrexone. The Naltrexone Treatment Order will be explained. Printed materials will be provided.

- How the drug, Naltrexone, is used in alcohol treatment
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies
- How the courts will use Naltrexone as a sentencing alternative. The Naltrexone Order will be explained.
- How much Naltrexone costs
- How Naltrexone can work in bail and probation programs

LOCATION OF ALL PROGRAMS:

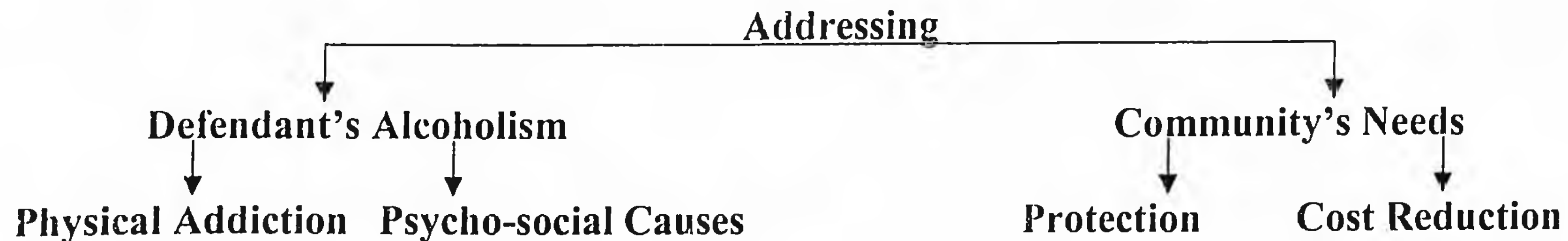
Courtroom 15 (first floor)
BONEY COURTHOUSE
303 K Street
Anchorage, Alaska 99501

PROGRAM WILL BE PRESENTED ON THE FOLLOWING WEDNESDAYS, 7 P.M. TO 9 P.M.:

September 6, 2000	January 3, 2001	May 2, 2001	September. 5, 2001
October 4, 2000	February 7, 2001	June 6, 2001	October 3, 2001
November 1, 2000	March 7, 2001	July 11, 2001	November 7, 2001
December 13, 2000	April 4, 2001	August 1, 2001	December 5, 2001

Anchorage's Wellness Court for Alcoholic Offenders

A Comprehensive Approach towards Reducing Relapse and Rearrest



Components:

1. Frequent appearances before the same judge
2. In-court recognition of progress/quick sanction for relapse
3. Emphasis on personal responsibility: Moral Reconation Therapy
4. Strong monitoring program to enforce long-term abstinence
5. Appropriate physical placement or housing
6. Treatment of physical addiction: medical care and Naltrexone
7. Treatment of psycho-social causes: various treatment providers to fit individual needs
8. Alcohol-free work
9. Supportive friends and associates: NALGROUP and AA
10. Case coordination to assist participant in developing a plan for all of the above, and in successfully implementing his or her plan

Wellness Court Team

Judge Jim Wanamaker
Anchorage District Court

Janet McCabe
Chair, Partners for Downtown Progress
Program development and outreach

Barbara Bennett
Program Manager, Partners for Downtown Progress
Assisting participants to plan and implement their programs for lasting recovery from alcohol addiction

Municipal Case Coordinator
Represented by John Richard, Municipal Prosecutor
Identifying likely candidates, monitoring their progress and coordinating with the Judge

Dan Wilkerson
Assistant Municipal Prosecutor

Mike Logue
Hank Graper
Gorton and Logue – Municipal Defense Firm

Gail Floyd
Anchorage Alcohol Safety Action Program (AASAP)
Information, insights and coordination

Keith Thayer
House Arrest Program/Electronic Monitoring (HAP/EM)
Supervision and monitoring during treatment

Mike Krukar
NALGROUP
Leading weekly group for people on Naltrexone therapy

Wellness Court

Naltrexone

A. A.

Nalgroup

Abstinence

Work

Frequent Appearances Before the Judge

Defendant's Physical Placement

HAP/EM: Bail
House Arrest, Program Electronic Monitoring as Condition of Bail
With Sobrietor

CRC: Bail
Community Residential Center as condition of Bail
With Monitoring

T.P.C.: Bail
Third Party Custodian as condition of Bail
Informal Monitoring

Residential Treatment Providers
With Monitoring

HAP/EM: Jail
Serving Jail time on house arrest program/Electronic Monitoring
With Sobrietor

CRC: Jail
Community Residential Center
With Monitoring

Additional Treatment

Outpatient Treatment Providers

M. R. T.
Moral Reconation Therapy

Suggested legislation received from Janet McCabe.

(DRAFT – 1/23/01)

A BILL

FOR AN ACT ENTITLED

An Act concerning the establishment of Wellness Courts for persons addicted to alcohol; and providing for judicial discretion to reduce otherwise applicable mandatory minimum or presumptive terms of imprisonment for offenders who successfully complete long-term sobriety treatment programs as ordered by the Wellness Court.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

***Section 1. Legislative intent: Wellness Courts for alcohol addicted offenders.** It is the intent of the Legislature that there shall be established in the Alaska Court System a therapeutic court for alcohol addicted offenders. This court shall establish and expand the existing Wellness Court pilot project located in the Anchorage District Court, Third Judicial District. The Anchorage District Court pioneered the Wellness Court, and it is the most effective use of resources to build on that history and

authorize, within the Anchorage District Court, the added judicial position needed to establish and expand the Wellness Court.

It is the further intent of the Legislature that the Anchorage Wellness Court, with adaptations to fit differing local resources and cultural traditions, shall serve as a model for the subsequent establishment of Wellness Courts in other communities of Alaska.

It is further the intent of the Legislature that the Wellness Court generally be made available to defendants charged with misdemeanor crimes arising from addiction to or abuse of alcohol, including misdemeanor charges for driving under the influence of alcohol (DUI).

Finally, it is the intent of the legislature that the district court judges presiding over the Wellness Court be assigned pro tempore to the superior court for the purpose of hearing felony DUI cases in the Wellness Court when the presiding judge considers such assignments appropriate.

***Sec. 2. Purposes.** The purposes of the Wellness Court are lasting sobriety of offenders, protection of society from harms caused by alcohol-related crime, and long-term reduction of public costs relating to arrest, trial and incarceration.

***Sec. 3. Components.** Components of the Wellness Court program shall, to the extent feasible, include:

1. Early intervention to plan and initiate treatment for recovery from alcohol addiction.

2. Frequent appearances before the same judge, together with other Wellness Court participants.
3. In-court recognition of progress and quick sanction for relapses, creating a therapeutic dynamic within the courtroom.
4. Emphasis on personal responsibility.
5. Pharmaceutical treatment of the physical addiction to alcohol as prescribed and monitored by a physician.
6. A strong monitoring program to enforce long-term abstinence.
7. Appropriate physical placement or housing.
8. Treatment of underlying psycho-social causes of addiction.
9. Assistance in obtaining a constructive alcohol-free occupation.
10. Assistance in connecting with supportive friends and associates.
11. Case coordination to assist participants in planning for and accomplishing all of the above.
12. Collection of data about, and evaluation of, the effectiveness of the program.

***Sec. 4. Existing Community Resources.** To the extent feasible, the Wellness Court shall utilize existing public agencies, medical and treatment services, housing and other public, private and non-profit community services to provide the components listed in Section 3 above.

***Sec. 5.** AS 22.15.190 is amended to read:

Sec. 22.15.190. Assignment of district judges and magistrates. Each district judge and each magistrate shall hold court at times and places that are assigned by the presiding judge of the superior court of the district. <u>**The presiding judge in any judicial district may assign any district judge who has training and experience in practices of therapeutic courts for persons addicted to alcohol or drugs to preside over therapeutic or Wellness Courts. Therapeutic or Wellness Courts are courts that emphasize early intervention to provide appropriate treatment for defendants who have addictions to alcohol or drugs.**</u> The presiding judge in any judicial district may assign any district judge or magistrate within the district to serve temporarily in any other judicial districts. Rules and procedures for temporary assignment including the emergency situation where a superior court judge is not readily available to assign a district judge or magistrate shall be as prescribed by the supreme court. (§ 14 ch 184 SLA 1959)

***Sec. 6.** AS 22.15.020(a) is amended to read:

Sec. 22.15.020. Number of district judges and magistrates. (a) Except as hereinafter provided, each district court of the state shall have the number of district judges set out below opposite the name of the judicial district over which the court has jurisdiction:

First Judicial District	3
Second Judicial District	1
Third Judicial District	.......[12] <u>**13**</u>

Fourth Judicial District 3

*Sec.7. AS 12.55 is amended by adding a new section, AS 12.55.176 to read:

Sec 12.55.176. Reduction of Minimum or Presumptive Terms of Imprisonment. Wellness Court judges may defer sentencing while defendants are under court ordered treatment programs, and are not bound by otherwise applicable mandatory minimum or presumptive terms of imprisonment in sentencing defendants who successfully fulfill their Wellness Court treatment orders.

SITE: **JUNEAU LIO**

COMMITTEE: Joint House Judiciary and House HESS

DATE: 2/02/01

SUBJECT OF MEETING: Overview Wellness Courts

TELECONFERENCE

UPDATE #: PARTICIPANTS

PLEASE SIGN IN

PLEASE PRINT: NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
James N Judge Wanamaker	District court Judge		
Janet McCabe			
Elaine M Judge Andrews	Presiding Judge		
Blair McCune	P.D		
Teri Carns	AK Jud Council		
Barb Brown			

SITE: **JUNEAU LIO**

COMMITTEE:

DATE:

SUBJECT OF MEETING:

UPDATE #:

on teleconference in ANCHORAGE LIO

PLEASE SIGN IN

PLEASE PRINT:

NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Blair McCune	Public Defender Atty		
Jerri (TERRI) Carnes	AK Judicial Council		
Dean Guaneli	chief Assistant A G Criminal Division		
	Juneau		

SITE: **ANCHORAGE LIO**

COMMITTEE:
JT HJUD & HHESS

DATE:2-2-01

SUBJECT OF MEETING:
Overview Wellness Courts

UPDATE #:2

THE SEAL OF THE STATE OF ALASKA

PLEASE SIGN IN

PLEASE PRINT:

NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Teri Carns	1029 W 3rd Ave, #201, Anchorage 99501	Ak Judicial Council	To answer question
Blair McCune	900 W 5th Ave, #200, Anchorage 99501	Public Defender	Yes
Barb Brink	900 W 5th Ave, #200, Anchorage 99501	Public Defender	yes