

## BECCA STUDY

By Felix I. Rodriguez, Ph.D.

# Calls for Additional Support

### DASA Research and Evaluation

Since becoming law four years ago, the At-Risk/Runaway Youth Act, or the Becca bill, has improved the lives of many runaway, drug dependent teenagers and their families. However, gaps in treatment and prevention services suggest the need for additional support to ensure its continued success.

Richard N. Brandon, Ph.D., of the University of Washington's Human Services Policy Center, reaches this conclusion following a review of the most recent data on Becca youth. The law allows parents to commit their runaway, drug dependent children to intensive inpatient treatment.

Each year, an estimated 200 teenagers with severe chemical dependency and emotional problems participate in substance abuse treatment under this law. Over 90 percent of these teenagers have difficulty acknowledging their addiction. Two-thirds report prior mental health treatment, while half require psychiatric care. Moreover, three quarters have a parent with a history of drug abuse, and two-thirds come from families having a prior involvement with state Child Protective Services or Family Reconciliation Services.

In his report, Dr. Brandon cites figures from a recent evaluation study showing the effectiveness of treatment for Becca youth. Half of all Becca youth admitted to treatment abstained from alcohol, marijuana, and other drugs in the month prior to their three-month follow-up interview. Running away from home decreased from 90 percent before treatment to 22 percent in the three months following treatment. Delinquent behavior dropped by more than half,

with arrests falling from 72 percent before to 30 percent after treatment. School enrollment increased from 52 percent to 69 percent. School expulsions declined from 31 percent before to seven percent after treatment. Two-thirds of all Becca youth expressed satisfaction with intensive inpatient treatment.

Serious problems, however, threaten these gains. The report finds that the long wait for admission (58 percent waited more than one month) causes many youth to lose their motivation to participate in treatment. Half of the youth (49 percent) fail to complete treatment. Males leave because of severe non-compliance with rules, while females generally tend to run away from treatment. Substance use by Becca youth and their peers remains after treatment, along with delinquent behavior, criminal justice involvement, and problems with school and work. Close to 90 percent require further chemical dependency treatment, and half require treatment for emotional problems.

According to Dr. Brandon, treatment is only a first step in a recovery process that requires a sustained, multi-agency support system. Becca youth have serious, multiple problems, and require a more intensive, coordinated set of services. These services should include treatment that deals with both the parent's and the child's substance abuse and emotional problems.

Programs should address parent-child conflicts, and must prepare them for productive learning and social interaction. The state should consider providing more secure facilities and more responsive treatment to reduce waiting times, to raise completion rates, and to improve post-treatment outcomes.

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A MESSAGE FROM KENNETH D. STARK, DIRECTOR

# Collaboration

Director's Corner

**As part of DASA's commitment** to curb alcohol and drug dependency and help the citizens of Washington State lead healthy, drug-free lives, I am pleased to announce a new strategic planning process. This process will focus on identifying critical directions for our programs and services, and establishing the division's goals and priorities for the next five years.

Joining the division to guide us through this important process is David Albert, formerly the lead planner for the State Board of Health. David brings to DASA the experience and knowledge needed for us to work in league with our stakeholders to develop and operationalize a plan that can strategically position the division for success.

For us to effectively take on the challenges that the future holds, it is critical we have a road map that keeps us all moving together in the right direction – with a common sense of purpose, and a common vision and understanding of what we want to achieve through our work.

I believe this new strategic planning process will result in a stronger, more focused approach to fighting the serious problem of alcohol and other drug dependency in Washington State. The work we will accomplish together over the next few months – articulating a vision of success, identifying critical issues in the areas of treatment and prevention, setting realistic goals and strategies, and designing a performance/outcome measuring system that can keep us on track – is aimed at

making sure we all understand the business we are in and the path we will take to help those in need.

## MAJOR CHALLENGES FACING DASA

I want to share with you what I see as some of the significant challenges facing the division as we move into the new century:

### CLOSING THE PUBLIC SYSTEM TREATMENT GAP

- Reducing the substantial gap between the number of adults in need of alcohol/drug treatment and the number receiving it.

In 1998, 19,755 low-income (below 200 percent of the federal poverty level), substance abusing adults received help in Washington State. This represents only 18.3 percent of those estimated to need treatment.

### EXPANDING ACCESS TO OPIATE SUBSTITUTION TREATMENT

- Opening up access to opiate substitution treatment in communities where need and demand exceed capacity.

Research has shown that the use of methadone for opiate addiction is the most effective way of treating chronic opiate dependence. However, in Washington State there are significant limitations on access and funding for opiate substitution treatment.

There are only nine opiate substitution treatment clinics in four counties in the state (King, Pierce, Spokane and Yakima) that can provide opiate dependent people with the support and medical services they need to overcome their addiction, and each clinic

is limited by state law to 350 treatment slots. Counties have the authority to prohibit or limit the number of opiate substitution treatment centers in their jurisdiction, and most counties have chosen to not allow the state to fund this service in their community.

In King County alone, there are between 12,000 to 18,000 intravenous drug users and the capacity to serve only 2,100 persons.

### BREAKING THE CYCLE OF DRUGS & CRIME

- Assuring treatment is readily available to help incarcerated offenders, those under community supervision, and non-violent offenders who have been diverted into treatment through the state's drug court system.

Research has shown that treatment is key – and strikingly cost-effective – in reducing drug use and recidivism among individuals involved in the state's criminal justice system. Various studies show that 60–80 percent of offenders have a substance abuse problem, yet resources to treat this population are extremely limited.

### EXPANDING TREATMENT FOR ADOLESCENTS AND TROUBLED YOUTH

- Reducing waiting lists for youth residential treatment, and building the state's capacity to adequately and appropriately serve juvenile offenders and at-risk, runaway Becca youth who are drug dependent. Currently, there are over 200 persons on a waiting list for youth residential treatment.

The need for community-based treatment for troubled youth is particularly great, and there is a shortage of treatment for those involved in the state's juvenile justice system. Adolescents with alcohol and drug problems are not being adequately served in most existing drug treatment programs designed for adults.

**Director's Corner, continued**

**HELPING THOSE WITH CO-OCCURRING MENTAL DISORDERS**

- *Providing comprehensive services that address the complex needs of substance abusers with co-occurring mental disorders.*

Recognizing and addressing co-occurring mental disorders can prevent relapse, improve the likelihood of recovery from addiction, and help stabilize mental health symptoms.

**PROVIDING SERVICES FOR WOMEN**

- *Providing gender-appropriate treatment and prevention/early intervention services to substance abusing pregnant women who create health risks to themselves and to the fetus in-utero.*

Exposure to alcohol, illegal drugs or tobacco during pregnancy is associated with increased risk for Fetal Alcohol Syndrome, Fetal Alcohol Effects, infant mortality and morbidity, and other significant health problems.

**PROMOTING TOBACCO PREVENTION AND ENDING THE ADDICTION TO NICOTINE**

- *Providing tobacco cessation services to clients in treatment.*

In 1998, three-quarters of those admitted to substance abuse treatment in Washington State reported being current smokers. Sixty-two percent of these smokers have tried to quit smoking in the past, and 38 percent say they would like to quit. These statistics point to the vital importance of introducing a tobacco cessation curriculum into substance abuse treatment programs in our state.

**BREAKING DOWN BARRIERS TO SELF-SUFFICIENCY FACING FAMILIES ON WELFARE**

- *Assuring families on TANF with substance abuse issues have ready access to the treatment and support services they need.*

National studies confirm both the prevalence of substance abuse among

indigent families on welfare and the relationship between substance abuse and poor employment prospects. In Washington State, it was estimated in 1997 that approximately 12 to 15 percent of TANF recipients had substance abuse problems, while 7.6 percent of the caseload was characterized as having significant substance abuse issues.

Research shows that not only are such clients likely to fall within the "hardest to serve" category, but they are also likely to need more intensive services in order to make a successful, lasting transition to the world of work.

**EFFECTIVELY EDUCATING CHILDREN, YOUTH AND FAMILIES ABOUT THE DANGERS OF DRUGS AND ALCOHOL**

- *Preventing the use of illegal drugs, alcohol and tobacco among Washington's young children and adolescents – a critical state public health goal.*

Studies show that when children understand the dangers of alcohol and drugs, their rates of alcohol and drug use drop. Developing appropriate prevention, early identification and intervention programs that involve parents, mentors, educators, and other vital role models is key to stemming the serious problem of substance abuse among children and youth.

**TREATING DRUG USERS WHO HAVE HIV/AIDS**

- *Building community capacity to provide chemical dependency treatment to HIV/AIDS positive individuals, and increasing public awareness of the high risk of infectious diseases among drug users.*

Drug users, particularly those who inject drugs, put themselves, their children, and partners at higher risk of contracting infectious diseases like HIV/AIDS, hepatitis, syphilis and gonorrhea. Continued drug use among

HIV/AIDS positive individuals can cause serious medical complications and increase the risk of opportunistic infections.

**IMPROVING DRUG-RELATED DATA SYSTEMS**

- *Establishing a chemical dependency prevention services management information system based on risk and protective factors.*

This system will generate rich and useful data needed by policy makers to develop viable prevention and early intervention strategies, and more effectively target the limited dollars available to support prevention efforts.

**PREPARING FOR THE CHALLENGES AHEAD**

I have always been impressed with the high caliber of work being done by the employees in this division. They have earned the respect of many who recognize DASA as an organization that gets things done and done well.

Although we have made progress, much needs to be done. Given the many and diverse challenges before us and the continuing reality of limited resources, it's imperative that we think strategically about what we can and must do to best and most efficiently achieve our mission.

In future editions of Focus I will be writing to let you know about our progress in planning, and keep you apprised of the path we will be taking to advance our efforts to counter the threat of drug use in Washington state. I hope you will support this important planning effort. The decisions we make now will make a difference for some time to come.

For questions or comments about DASA's strategic plan, please contact Dori Shoji at (360) 438-8223.

# Diversity Guidelines & Planning Beyond I-200

By Pennie Sherman

**DASA's Diversity Plan for 1999-2001** was developed during July and August of this year and will be finalized at the fall meeting of the Health and Rehabilitative Services Administration (HRSA) Diversity Advisory Committee.

The planning process was complicated by the passage of Initiative 200 (I-200), which eliminated some of the tools that DSHS has used in the past to ensure equal opportunities through various employment and contracting practices.

The following practices have ended as a result of I-200:

- Consideration of race, sex, color, ethnicity or national origin in the final selection of a candidate for a job.
- The "Plus Three" Program for all protected groups except Persons with Disabilities, Vietnam Era Veterans, or Disabled Veterans. (The program allowed the state to

consider three additional candidates from under-represented groups when hiring.)

- Exception testing, based on race and sex.
- Exam screening adjustment, based on race and sex.
- Office of Minority and Women Business Enterprises (MWBE) rules regarding race, sex, color, ethnicity, or national origin in final selection of a bidder for state contracts.
- Adding preference points or other price preferences for meeting MWBE goals.
- Awarding a contract to a bidder who did not submit the lowest bid but met the MWBE goals.

In a statement included in the diversity planning guidelines, DSHS Secretary Lyle Quasim clarified the department's continuing commitment to diversity, equal opportunity and the value placed on respecting people from different cultures and customs.

He reminded employees that the state Law Against Discrimination remains in effect, and the department's non-discrimination policy will be strictly enforced.

In developing the diversity plan for 1999-2001, DASA focused on strategies to promote diversity and foster cultural competency in the following five areas:

- Program Outreach and Access
- Client Communication
- Staff Recruitment and Retention
- Staff Education and Training
- Contracting

The resulting plan commits resources to provide equal access to our services, strengthen DASA's capacity to provide culturally-responsive services to clients, and create a work environment free from all forms of harassment and discrimination.

For a copy of DASA's 1900-2001 Diversity Plan, contact Pennie Sherman at (360) 438-8225, or Tom Pennella at (360) 438-8494.

## Letters to the Editor

Beginning with the next issue, letters to the editor will be published in Focus. Please send questions, comments or suggestions for articles to the **Editor, Focus Newsletter, PO Box 45330, Olympia, WA 98504-5330, email: schnedda@dshs.wa.gov.**

FOCUS is published quarterly for those in the chemical dependency field by the Division of Alcohol and Substance Abuse, within the Washington State Department of Social & Health Services.

**DSHS Secretary**  
Lyle Quasim

**DASA Director**  
Ken Stark

**Newsletter Coordinator**  
Deb Schnellman

## Becca Study, continued

The report notes that Becca admission procedures and the reality of treatment and recovery for their children remain unclear to many parents. Dr. Brandon stresses the need for a public education effort that would increase awareness of Becca procedures and the range of options and services available to help at-risk children.

For copies of the report, *Policies to Assist At-Risk or Runaway Chemically Dependent Youth*, call the Washington State Alcohol Drug Clearinghouse at 1-800-662-9111 (in Washington State), or at (206) 725-9696 (in Seattle or outside Washington state), or write to the clearinghouse at 3700 Rainier Ave. S., Suite A, Seattle, WA 98144.

# Native American Special Project Northwest Indian Treatment Center

By June O'Brien

During the past two years Northwest Indian Treatment Center has been the recipient of a special project grant from DASA. The purpose of the project was to teach patients culturally based skills and values in orders to:

- build positive Native identity
- teach activities that are a positive, time-structuring alternatives to previous drug and alcohol oriented activities
- build skills that bond patients and alumni to a different part of the Native community
- create mentoring relationships between cultural leaders and patients/alumni
- build skills that give patients/alumni value in the eyes of other Natives
- establish traditional values and perceptions that contradict chemical abuse.

Most Native patients either have not learned skills and values related to their culture or, if they did, they abandoned them as their drug use escalated. Patients experience strong feelings of shame related to what they do not know, cannot do, or have failed to incorporate into their lives. This contributes to their identification with negative stereotypes related to being Native American: drunk Indian, dumb Indian, crazy, worthless, etc. They also often feel grief about lost opportuni-

ties to learn from grandparents, parents, or other elders.

Several cultural leaders or craft specialists were used for this project. One person's specialty was Native language and gaming. He taught the values imbedded in Twana and Lushootseed languages. He also taught the "bone game" and traditional values, practices and discipline related to traditional gambling. Another Native person taught basketmaking with sweetgrass and cedar. And yet another taught how to make button blankets.

There was one cultural leader used most often. He is Bruce Miller from the Skokomish Tribe. He taught patients to make drums and rattles, and how to create traditional designs. As a result, the NWITC now has several large coastal paintings on the walls. He also told traditional stories. The specific story was usually chosen based on input from counselors about the current issues of the patient community. He taught the similarity in values amongst Native religions and between

the different practices of tribes.

Miller also taught them songs, songs and more songs. It is the songs that patients identify as the most helpful of all they learned in this project. Their faces light up when they learn a song and to carry the beat with a group. Some alumni have joined or started drumming groups after treatment in their home communities.

Consistent feedback from alumni questionnaires identify cultural and spiritual activities at NWITC as the one component that made the most difference in continued sobriety. Some have gone home to assume hereditary roles they couldn't fulfill before because of their addiction. One used a mentoring relationship begun in this project to bring back an entire spiritual tradition lost to her tribe. One has been hired by his tribe to provide spiritual sponsorship to others returning from treatment. Others

have established a sober niche within cultural activities previously dominated by persons active in their own addiction.

But the most important difference is the hope and the pride established in patients to replace shame and despair, and their sense that they are a necessary part of the continuation of tradition, culture and the spirituality of their People.

Most Native patients either have not learned skills and values related to their culture or, if they did, they abandoned them as their drug use escalated.

# Facing the Challenge of Underage Drinking

By Letty Mendez and Pam Darby

Research has shown that the use of alcohol by minors contributes significantly to juvenile delinquency, violence, and other problem behaviors. Motor vehicle crashes kill and injure more young people than any other cause, and alcohol is a factor in about a third of these crashes. In an effort to reduce or prevent these problems, Congress appropriated \$50 million to the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP). Entitled **Combating Underage Drinking** and **Enforcing Underage Drinking Laws**, the OJJDP grants offered each state a total of \$720,000 with which to enhance current programming and implement scientifically proven "best practices".

Washington State's proposals began with the establishment of an advisory committee comprised of representatives from local law enforcement, MADD, the College/University Task Force, SAFTYE/SADD youth, and state agencies, which include DASA, WTSC, Department of Licensing, Liquor Control Board, State Patrol, Department of Health, Office of Financial Management, Office of the Superintendent of Public Instruction, and the Division of Juvenile Justice. Known as RUaD (for Reducing Underage Drinking), the committee has provided oversight for:

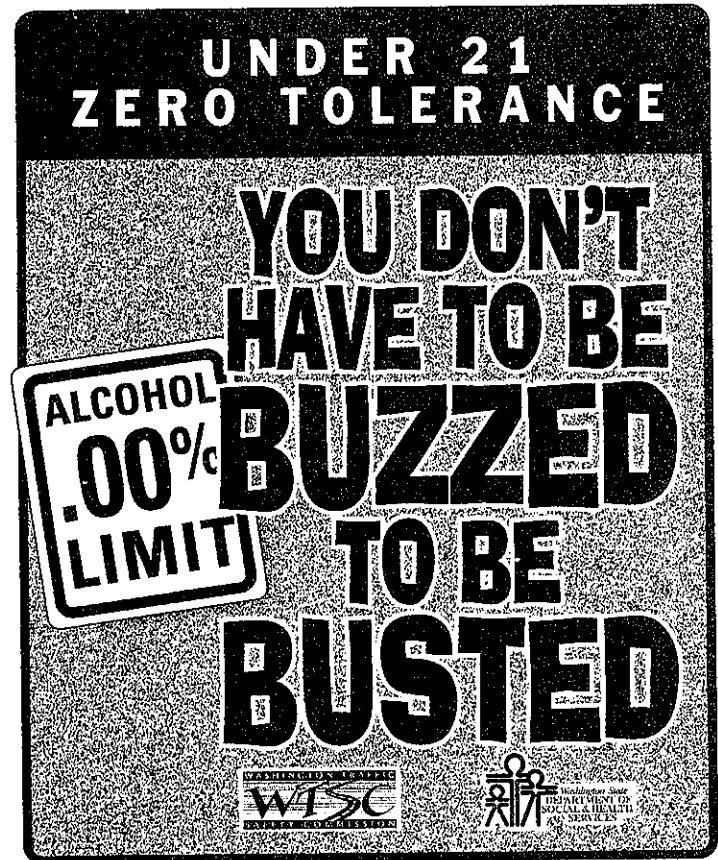
- The development of a statewide media campaign on underage drinking, with an emphasis on recent legislation affecting a youth's driving privilege, and launched over the summer months through paid radio advertisements. Youth focus groups

helped craft the "You Don't Have to Be Buzzed to Be Busted" slogan and made recommendations about the look of the campaign and other promotional materials. Banners, brochures, posters, ad slicks, and other materials are available to communities statewide.

- A solicitation for proposals to law enforcement agencies within Washington State to provide services and strategies to prevent and deter underage alcohol use. Successful projects will receive from \$5,000 to \$25,000 and will begin in January 2000 and extend until May 31, 2000. (It is anticipated that these or other similar projects will be funded until May 31, 2001.)

The RUaD Committee has begun work on additional major endeavors:

- The coordination of a statewide meeting on underage drinking, and
- a parent education media campaign.



Additionally, an application for a discretionary grant of \$400,000 was submitted to OJJDP. If awarded, these funds will help communities develop comprehensive approaches to the problem of underage drinking, with an emphasis on enhancing law enforcement. The proposal identified the following five communities for pilot projects: Mason County, City of Kent, Kitsap County, Washington State University, and Western Washington University. Notification of grant award is pending later this year.

For more information or materials, please contact Pam Darby at DASA, (360) 407-0777 or Letty Mendez at the Washington Traffic Safety Commission, (360) 753-6197.

# Children's Transition Initiative

By Michael Langer,  
Prevention Supervisor

The Division of Alcohol and Substance Abuse, in collaboration with 15 county governments, is developing a new initiative for the 1999-2001 biennium entitled: Children's Transition Initiative (CTI). The goal of the CTI is to prevent children ages 9 to 16 from using alcohol, tobacco, marijuana and other drugs.

Washington state survey data clearly show a sharp rise in youth alcohol, tobacco and marijuana use during children's transition years between grade school and middle school and again between middle school and high school. National research findings on identified children and their families demonstrate the benefits derived from prevention services provided over time. This research has helped guide DASA as they engage the counties in this collaborative planning process.

The CTI counties will identify groups of children with multiple risk factors in their lives and enroll them into prevention services for a minimum of 12 consecutive months. It is expected that these children will demonstrate a significantly higher rate of abstinence from alcohol, tobacco, marijuana and other drugs than their peers. The CTI also intends for parents and caregivers of the enrolled children to increase their knowledge of risk factors, protective factors and perhaps the assets associated with substance abuse that are affecting their children as they mature.

Research-based prevention strategies will be used whenever possible to ensure the greatest chance of success. The children and families receiving services will vary from county to county. Counties have indicated they may

choose children from a school classroom, children who have parents in jail or prison, children of chemically dependent parents, children in foster homes, urban and rural youth groups, etc.

The following counties have agreed to collaborate with DASA using their existing prevention resources: Clark, Columbia, Cowlitz, Ferry, Garfield, Grant, Jefferson, Kittitas, Lewis, Okanogan, Pacific, Pierce, Spokane, Walla Walla and Yakima. DASA's regional prevention managers will work with the county coordinators and prevention specialists during the planning, implementation and evaluation phases of the CTI.

For more information call Michael Langer, Prevention Services supervisor, at (360) 438-8096.

## DASA HAPPENINGS

# Fred Cook Retires

By Sheryl Turner and David Curts

Fred Cook retired from public service at the end of July, after 23 years of service with the Division of Alcohol and Substance Abuse (DASA). As DASA's administrative services chief, Fred managed the day-to-day operations of the division and he served as deputy director in Director Ken Stark's absence.

After serving in the Air Force, Fred started out his career in social services as the director of the Pend Oreille County alcohol, drug, mental health, and developmental disabilities program. He joined the division in 1976 as a regional administrator.



Later he supervised the Field Operations Section for several years before he was promoted to the Administrative Services Chief position.

During Fred's tenure with the division, the field and division experienced a period of exceptional growth and change. As administrative services chief, Fred was instrumental in the implementation of many of the changes that have taken place in the administration of DASA's chemical dependency treatment and prevention services over the past several years.

Fred developed a network of contacts throughout the department that enabled him to get things done for DASA when cross-divisional

coordination or cooperation was necessary. He also represented DASA on many department-wide administrative committees.

Toward the end of his career with DASA, one of Fred's favorite projects was the mentoring program he supervised that provides structured employment opportunities to high school and college students, many of whom are at-risk and low-income individuals. His personal and caring rapport with the students helped make it an exceptional program that won several awards at the regional and statewide levels.

Fred lives in Olympia with his wife Linda and near his two sons and daughter. Fred is an avid racquetball player, fly fisherman, and Husky football fan. We wish him well and will miss him.

He is a true friend.

## Michael Langer Elected NPN President

**Michael Langer**, DASA Prevention Services supervisor, was elected president of the National Prevention Network (NPN) in June. Michael has been the Washington State NPN representative since 1992 and will serve a two-year term.

The NPN membership is comprised of state/jurisdiction prevention managers and is affiliated with the National Association of State Alcohol and Drug Abuse Directors. The mission of the NPN is to provide guidance and leadership to national, state, and local prevention efforts that will reduce the incidence and prevalence of alcohol, tobacco, and other drug problems through health promotion and risk reduction in all age groups and populations.

Michael is interested in strengthening the network by promoting NPN associate memberships to prevention professionals throughout the country in an effort to enhance state prevention systems and broaden the voice for prevention services at the national level.

## Jean Phillips is New DASA Administrative Services Office Chief

**Jean Phillips** has assumed the position of Administrative Services Office Chief at the Division of Alcohol and Substance Abuse (DASA) with the retirement of Fred Cook. Jean is a 15-year state employee who has a background in nursing, health education, chemical dependency counseling, and employee assistance program administration.

Jean began her nursing career in Boston and worked in several medical-surgical hospitals in the New England area. She also worked in various capacities within the Tacoma-Pierce County Health Department, Family Planning Clinic while pursuing a master's degree in counseling and



guidance at Pacific Lutheran University in Tacoma.

Jean has been a Certified Chemical Dependency Counselor for 16 years and has held various positions in the treatment field as well as managing the Seattle regional office of the Washington State Employee Advisory Service for seven years.

Most recently, Jean has been a certification specialist and the lead worker for the field staff unit within the DASA Certification Section for eight years. In that position, she was closely involved with providers in the chemical dependency treatment field during on-site surveys and providing technical assistance regarding clinical issues and interpretations of regulations.

## DASA Staff Receive Top Awards

By *Sandra Long*, Staff Respecting Staff Committee

The last issue of Focus announced the recipients of DASA's 1998 Outstanding Employee Awards for "Making a Difference" to the people we serve. Since then, three DASA staff have received higher honors. They are: **Toni Krupski**, who received Governor Locke's DSHS Distinguished Managers and Sustaining Leaders Award; **Lois Thadei**, who received both a DSHS Regional Level and a Statewide Outstanding Employee and Vision Award; and **Dixie Grunenfelder**, who received a DSHS Regional Level Outstanding Employee and Vision Award. Congratulations to these outstanding employees.

She has also worked closely with the Department of Health (DOH) Facilities and Services Licensing, DOH TB Prevention and Control Program, the Mental Health Division and the Department of Corrections on several collaborative projects to coordinate oversight activities and to improve chemical dependency treatment services. Jean was also responsible for managing the DASA deeming project and the implementation of ASAM Patient Placement standards.

Jean is excited about being a part of the DASA management team and is looking forward to coordinating administrative services in a way that will support DASA employees and the organization in our mission to provide excellent prevention and treatment services to DASA clients and their families.

## Oxford House in Australia

By Myrna Brown

**Last March** I had the opportunity to assist Oxford House of Australia, Inc. in implementing a two-year pilot program. They had a prominent and well-structured board, funding, and a staffed corporate office, but weren't sure how to go about actually opening a house and implementing the Oxford program. When Oxford, Inc., indicated they needed an outreach representative and my name was suggested, I accepted. What an opportunity!

I arrived in Melbourne on March 5, physically exhausted from a month of preparatory personal and business activity, including moving my apartment/office before departure. Sixteen hours of airtime, plus eight hours of airport and custom time, added to my exhaustion.

I was met by a board member who took me directly to view a possible house, then on to lunch with the attorney, and then on to the Second National Drug and Alcohol Conference in Australia (this event was about 50 miles away). We finished off this exciting and apprehensive day with a dinner with the board members, who were filled with enthusiasm and questions.

The next day was much of the same. By midnight my body retaliated and I was headed to the hospital by ambulance with heart failure. What a grand entrance! The Aussie folks figured Oxford, Inc., had sent their reject.

The first memorable impression I have of Australia is of their wonderful medical facilities and the warmest of hospitality. I had daily visits from the board members and the recovery community. After five days, I was discharged to the care of a wonderful, surrogate family. Within a week, I was ready to begin the indoctrination and implementation of the Oxford Houses.

By the first week in April we had a lease signed, furnishings coming in and had interviewed our first two residents. This house, which would become home to eight men, was appropriately called the Apollo Oxford House. Although there was some skepticism of "another American cult" from the recovery community, we had no neighborhood opposition (NIMBY). Overall, Oxford House was well accepted by the treatment providers.

This pilot program has stimulated a considerable amount of interest throughout Australia. There are now two houses in Melbourne, one that accommodates eight men, and one that accommodates seven women. With the current board, persistence, and time the state of Victoria could reach the 71 houses and 600 beds available in the state of Washington.

## New Chemical Dependency and HIV Campaign

By Deb Schnellman

**In partnership** with the state Department of Health, DASA launched a public education campaign in June targeting people with HIV and chemical dependency, a population that is underserved in chemical dependency treatment in Washington State. The campaign strategy is to raise awareness that abusing drugs and alcohol can negatively affect one's health and ability to participate in HIV/AIDS therapy, with the goal of encouraging this population to seek chemical dependency treatment.

Advertising in English and Spanish appeared on bus signs statewide promoting the message that Treatment Works!, and listing the phone number to the 24-Hour Alcohol/Drug Helpline. Print ads and posters were also developed and distributed to community-based HIV/AIDS and chemical dependency treatment providers, and Community Services Offices throughout the state. Additional posters and print ads are available by contacting the Washington State Alcohol/Drug Clearinghouse at 800-662-9111.



give your body a fighting chance.

With new hope for living with HIV/AIDS,  
don't let alcohol and other drugs  
get in your way.

Call today for free information  
about alcohol and other drug treatment

**1-800-562-1240**

**Treatment Works!**

Washington State DSBS•DASA

Washington State Department of Health • HIV Client Services

# Nicotine Patch Pilot Project

By Sue Green,  
Women's Services Program Manager

**What is the Nicotine Patch Pilot Project?** This pilot project, begun in April, is to assist two adult chemical dependency treatment facilities in implementing tobacco cessation into their program: Sun Ray Court in Spokane, which became tobacco-free after the pilot began, and Riel House in Yakima, which voluntarily became tobacco-free last January. The hope is that these programs will be an example to other adult chemical dependency programs in Washington State in also becoming tobacco-free. The goal for this project is tobacco-cessation during and post treatment. A three and six-month follow-up questionnaire to patients in each program will determine tobacco use post-treatment. A study of patient retention rates will also be evaluated.

**Why address tobacco cessation as a part of chemical dependency treatment?** There are many reasons for addressing tobacco cessation within inpatient chemical dependency treatment facilities. Historically, tobacco cessation has been ignored by providers in the treatment of addiction to alcohol and other drugs. A fear of lower census as a result of a no-tobacco policy has kept many providers from taking the plunge into a tobacco-free environment. Of the countless reasons for a facility to move towards tobacco-free programs, here are just a few:

1. Nicotine dependence is a significant cause of preventable death in our patients.
2. Not addressing nicotine dependence in chemical dependency treatment facilities contradicts

and undermines the rhetoric of treatment for other addictions.

3. When patients are treated for nicotine addiction as part of their treatment for other addictions, the cost is usually covered by health insurance, which is not usually the case for Nicotine treatment alone (Institute for the Study of Smoking Behavior and Policy, 1990)

**What about patient retention rates?** According to a study by Kempf, Ph.D. and Stanley, MD (1996), heavy smokers were more likely than others to leave treatment early, however, they were likely to leave regardless of smoking policy. These results indicate that smoke-free policies have no detrimental effect on program retention.

**Why the patch?** Reportedly, nicotine replacement doubles the possibility of smoking cessation. Many people now use the patches because they are relatively safe, effective, and the cornerstone of most smoking cessation programs.

**What are the steps for becoming a tobacco-free treatment facility?** There are important steps a chemical dependency program needs to take in order to become a tobacco-free facility and address nicotine dependence. According to Hoffman, MA, CAC, CEAP and Slade, MD at St. Peter Medical Center of New Jersey, the steps include:

1. Acknowledge the profound challenge tobacco creates for the addiction treatment community.
2. Establish a leadership group or committee and secure the commitment of the organization.

3. Develop a tobacco-free policy.
4. Establish a policy implementation timeline with measurable goals and objectives.
5. Conduct staff training.
6. Provide treatment for nicotine-dependent staff.
7. Assess and diagnose nicotine dependence within patients and use this in treatment planning.
8. Incorporate tobacco and nicotine cessation information into patient education curriculum.
9. Establish ongoing communication with 12-step recovery groups, professional colleagues, and referral sources about policy changes.
10. Require that no staff member be identifiable as a tobacco user.
11. Establish a tobacco-free facility and grounds.
12. Implement comprehensive nicotine dependence treatment throughout the program.

**What does DASA intend to obtain from this project?** DASA intends to use this information to encourage all adult chemical dependency programs in Washington State in becoming tobacco-free. During a recent visit to the two adult treatment programs involved in this pilot project, both programs reported excitement with the success of the nicotine patches thus far. Both programs experienced little resistance by the patient population and found it was more complicated to work through staff is

# Chemical Dependency Treatment Staff Receive Special Training

By Jean Phillips

Recently the Division of Alcohol and Substance Abuse (DASA) completed a special project to train chemical dependency treatment staff in tuberculosis (TB) issues as they relate to high-risk populations.

Persons who abuse alcohol and/or drugs have a much higher risk for exposure to TB and for developing TB disease. Persons who work with these populations need to have a good understanding of proper TB prevention and control concepts and procedures. The project is the result of a joint collaboration between DASA and the Washington State Department of Health (DOH) TB Prevention and Control Program. The curriculum, based

on a five-part self-study module series developed by the United States Department of Health and Human Services, Public Health Center for Disease Control and Prevention, was specifically designed to target chemical dependency treatment providers.

More than 250 participants attended one of eight train-the-trainer workshops conducted by a DOH TB nurse educator and a DASA certification specialist. The goal was to provide up-to-date TB information, clarify DASA TB regulation requirements, give technical assistance in developing and upgrading agency TB policies, procedures, and practices, and to train participants in building collaborative relationships with local health depart-

ment staff for more effective TB prevention and control. It is hoped that the information gained at these trainings will serve as the basis for further staff training within treatment agencies.

Extra copies of the self-study TB modules may be ordered free of charge from DOH. Order forms, model TB prevention and control policies and procedures developed by DASA to assist chemical dependency treatment providers in meeting WAC TB requirements and other materials used in these trainings are available from DASA. Please contact Renee Anderson, Certification Section secretary, at (360) 438-8056.

## Nicotine, continued

sues, attitudes, and fears. With proper preparation, many of the challenging issues can be dealt with in a manner that promotes enthusiasm for a tobacco-free environment.

Approaching nicotine dependence in the context of dealing with other addictions takes time, flexibility, and caution. A small number of adult programs in Washington State have successfully gone tobacco-free. The trail has been blazed for others to follow suit.

**For more information regarding the Nicotine Patch Pilot Project, contact Sue Green at (360) 438-8087.**

## The Northwest Regional Director's Institute

By Barb Green,  
Training Coordinator

*Agency Directors are facing challenges today that require abilities and skills to meet the needs of changing technology and practices. In response to appeals for assistance from agency administrators throughout the region, a three-day Regional Directors' Institute was held September 28-30. The event was sponsored by the Center for Substance Abuse Treatment's Northwest Addiction Technology Transfer Center and the National Leadership Institute, the Washington Division of Alcohol and Substance Abuse, and the Oregon Office of Alcohol and Drug Abuse Programs.*

**Nationally-renowned speakers** and trainers provided expertise and sound management tools that treatment directors can use in their agencies. The conference provided insights and opportunities to explore tangible strategies for making the most of strengths within organizations and individuals.

Topics and presenters included: **Leadership Skills**, Eric Allenbaugh; **Beliefs and Expectations**, Lou Tice; **Can a Not-For Profit Corporation Survive With a For-Profit Agenda?**, Vincent "Peter" Hayden; **Management Information Systems**, Michael Smith; **Human Resources**, Kelly Crosbie; **Fiscal Management**, Kay Sohl.

For more information please call Barb Green at (360) 438-8220.

# Chemical Dependency Counselors Professionalizing

By Gary Reynolds

On July 1, the Washington State Department of Health (DOH) began accepting applications from counselors seeking the new Chemical Dependency Professional (CDP) certification. The new CDP credential, enacted by the 1998 State Legislature, adds chemical dependency counselors to this state's health professions. It is estimated that 2,500 chemical dependency counselors will eventually obtain this new credential, which will replace the current Certificate of Qualification now issued by the Department of Social and Health Services, Division of Alcohol and Substance Abuse.

Chemical dependency counselors in Washington have until June 30, 2001 to take advantage of the grandparenting provisions of the CDP law, Chapter 18-205 RCW. This provision will allow CDCs to obtain the new credential simply by making application to the DOH and presenting a valid

DASA CDC certificate of qualification. The new qualification standards, effective in June, can be found in Washington Administrative Code (WAC) 246-811. The standards were adopted after several months of discussion meetings, rule drafting and public meetings held across the state by the DOH, CDP Advisory Committee and DOH staff.

The new standards move the chemical dependency counseling profession in Washington forward by adopting education, experience and testing standards that interface with the national Addiction Counseling Competencies published by the Center for Substance Abuse Treatment (CSAT) in 1998. The nationally-acclaimed CSAT Addiction Competencies define the knowledge, skills, and attitudes of professional practice for chemical dependency counselors.

The CSAT standards are being used nationally by CD educators and trainers for curriculum development,

## EVENTS

### December

*Drunk & Drugged Driving Prevention Month* ([www.ncadd.com](http://www.ncadd.com))

### January

*United Nations Decade Against Drug Abuse* ([www.un.org/events](http://www.un.org/events))

### March

*National Inhalants Prevention Month* ([www.inhalants.org](http://www.inhalants.org))

### April

*Drug Free Washington Month* ([www.ADHL.com/clearinghouse](http://www.ADHL.com/clearinghouse))

by CD program administrators for developing job descriptions for CD counselors and in conducting annual performance evaluations, and now are the guidelines to be used by CDP "Approved Supervisors" when supervising CDP trainees.

Copies of the CSAT Addiction Competencies may be obtained from CSAT or by contacting the Northwest Frontier Addiction Technology Transfer Center in Portland at (503) 373-1322.



Division of Alcohol & Substance Abuse  
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