Substance Abuse Interventions

Catalysts for Change: Criminal Justice and Community Collaboration

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By

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And

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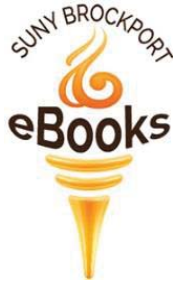
"Be the change you want to see in the world."
Mahatma Gandhi



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The Key is enduring Collaboration between Criminal Justice Agencies and Community-Based Stakeholders

Endorsements.

"Aside from collating the most relevant information about drugs and the criminal justice system, this engaging book provides the most insightful analysis of the drug problem and presents an anchor for evidence-based and practical approaches towards substance abuse. It is an easy read but with substantive depth and sufficiently broad coverage of the issue. A definite must read for academics, practitioners, policy-makers, and students."

Melchor C. de Guzman, Ph.D.
Professor of Criminal Justice and Criminology
Georgia Gwinnett College
University System of Georgia.

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"Metz and Lumb make an unfaltering case that the criminal justice system is in a unique position to intervene and assist the substance abusive offender populations. The authors present the concept that numerous intervention opportunities exist, from the point of entry into the system to exit, that benefit the offender, their family, and society."

Swaroop Kumar Korni, Ph.D.
Chair, Associate Professor of Criminal Justice
The College at Brockport, State University of New York
Brockport, New York

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i. Contents.

ii. Dedication of this book

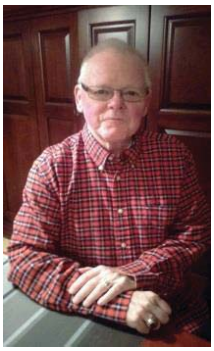
The invasion of illegal drugs, in combination with prescription substance abuse, has a crippling effect on individuals, families, friends, colleagues, workplace and all other acts of being a citizen of this country. This debilitating condition is not compared with anything of a similar nature, for the extent of harm is not precisely known, but what we are aware of, is disheartening. The cost of lives lost, of futures shredded and diminishing hope that wains daily, and this wave of despair seem insurmountable.

Across this nation, we find a small but determined army of people representing all manner of approach to slowing down harm, controlling abuse, and providing recovery to the tens of thousands of individuals trapped in the grip of this devastating enigma. They provide front-line services; they see the very people who suffer from the effects of substances that control and diminish life in all its aspects. Many are visible and provide services through organized programs; others more quietly engage in numerous ways to relieve the suffering, and still more work behind the scenes seeking change in a more personal and caring way.

The many unsung people who toil in the world of the addicted, and who do so from a commitment personal to them, we dedicate this book. Your example and efforts are not unnoticed, they bring renewed hope and spur engagement by others to join with you and seek sustainable solutions to the ravages of improper use of legal drugs and illegal substances.

iii. Authors

Gary J. Metz, MS, MPA, MAC, CPP



Gary J. Metz received his masters' degrees in health science and public administration from the College at Brockport and is a nationally recognized master addictions counselor. Metz has over forty years of experience in the addictions profession as an administrator, counselor, and educator. Professor Metz serves as a Regional Statewide Employee Assistance Program Coordinator, New York State Employee Assistance Program. Before joining the Health Science Department, he served as the Associate Director of the State of New York's Governor's Task Force on Alcoholism Treatment and Criminal Justice, a multi-state agency initiative for addressing the substance abuse needs of the criminal justice and addictions treatment systems. Metz also was the Director of the St. Joseph's Villa LIFE House, a residential addictions treatment program for adolescents.

He has also served as a consultant and director on numerous national and international grants that provide substance abuse prevention, intervention, and treatment programming to rural counties in upstate New York State as well as South America and South East Asia and Russia. His research focuses on rural substance abuse prevention, substance abuse in criminal justice populations and cults, sects, and fringe group movements. He is the recipient of numerous awards that include:

- The New York State Office of Alcoholism and Substance Abuse Services Distinguished Prevention Professional of the Year Award,
- The International Narcotics Enforcement Officers Association Award of Honor,
- The Phi Beta Delta Metal for International Drug Prevention Programming, and,
- The State University of New York Chancellor's Award for Excellence in Faculty Service.

Mr. Metz is a certified and active police officer with the Orleans County Office of the Sheriff, Criminal Division/Marine Unit. His unique experience provides insight into how the criminal justice, employee assistance, and addictions treatment systems could provide a more coordinated, systematic and practical approach to intervention and treatment for not only the criminal justice population but also the police officer and their family. Mr. Metz is known throughout the communities he serves for the values and compassion he provides and a willingness to address and seek sustainable solutions to existing problems. When an individual, family or associates experience anger or other dividing situations, the ability to resolve them satisfactorily reduces future response by law enforcement, saving time and costs. It also provides a level of service that helps change the attitudes and behavior of people who learn to manage feelings and behavior.

Richard C. Lumb, Ph.D.

Richard C. Lumb received his doctorate from Florida State University and is Associate Professor and Chair Emeritus of the Department of Criminal Justice, the College at Brockport, State University of New York. He was an Associate Professor at the University of North Carolina at Charlotte and Northern Michigan University, where he also served as graduate coordinator in the Criminal Justice Department. Earlier, Lumb was an Associate Professor and Chair of the Department of Criminal Justice at Western Piedmont Community College (WPCC) in Morganton, NC. In that role, he was also Director of the Western North Carolina Basic Law Enforcement Training Program for WPCC. WPCC also provided an active continuing professional development program for area police and sheriffs. Lumb continues to teach as an Adjunct Professor at two universities.

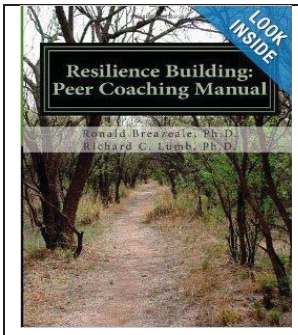
Dr. Lumb completed twenty-four years of policing that included the Maine State Police and Chief of Police in two communities. He spent five years as the Director of the Research, Planning and Analysis Bureau (RP&AB) at the Charlotte-Mecklenburg Police Department in Charlotte, North Carolina. A dual appointment by the University of North Carolina at Charlotte, where he was an Assistant Professor of Criminal Justice and the police department.

The RP&AB was central to the adoption of Community Problem Oriented Policing (CPOP), utilizing Geographic Information Systems (GIS) analysis and working with officers and the community to identify persistent problems and seek sustainable solutions, resolving issues and improving the quality of life for its citizens. Additionally, he was the Project Director of the Carolinas Institute for Community Policing in North and South Carolina. Funding for this program was from the U.S. Department of Justice, Office of Community Oriented Policing Services. Later, while at SUNY Brockport, he was the Western New York State coordinator for the New York Regional Policing Institute.

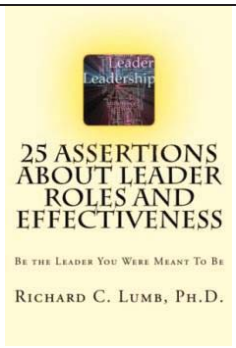
Utilizing his Public Safety Policy, Planning and Research LLC and Maine Woods Education & Training Services, he is engaged in education and training, consultation, program development and evaluation, and continues to participate in research and publication on a variety of topics. He remains active in sustainable community capacity building as it relates to the quality of life issues and needs, helping agencies and communities find sustainable solutions.

The focus of his attention post-retirement is continued teaching for the University of Maine at Augusta, Justice Studies Program, research, publishing, and conducting professional development in resilience development and peer coaching. Additionally, Lumb consults with local, county and state law enforcement.

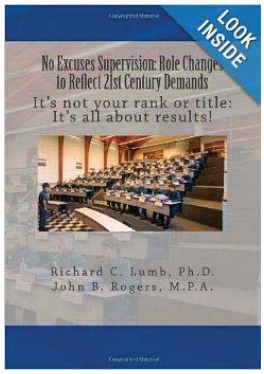
iv. Books Published.



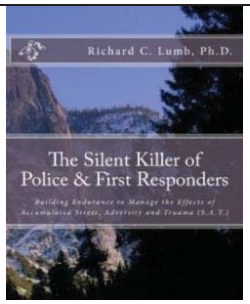
Authors: Breazeale & Lumb Resilience Building: Peer Coaching Manual: Assisting Others to Acquire and Sustain Positive Change and Overcome the Effects of Stress, Adversity, and Trauma (2015).
ISBN-10: 1492812447



Author: Lumb 25 Assertions About Leader Role & Effectiveness: Be the Leader You Were Meant To Be (2014).
ISBN-10: 1500752312
ISBN-13: 978-1500752316



Authors: Lumb & Rogers No Excuses Supervision: Role Changes to Reflect 21st Century Demands. It's not your rank or title: It's all about results! (2013). ISBN-10: 1493654373



Author: Lumb The Silent Killer of Police and First Responders: Building Endurance to Manage the Effects of Accumulated Stress, Adversity & Trauma (2014).
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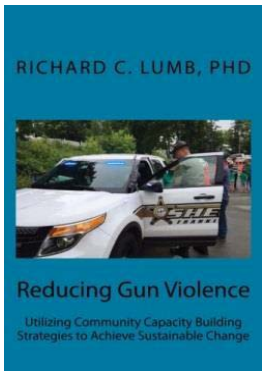
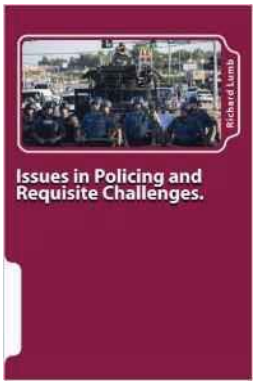
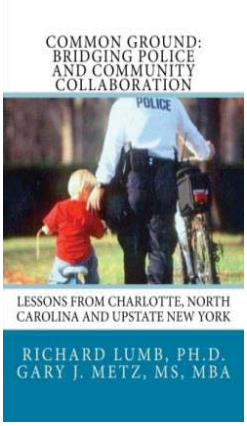


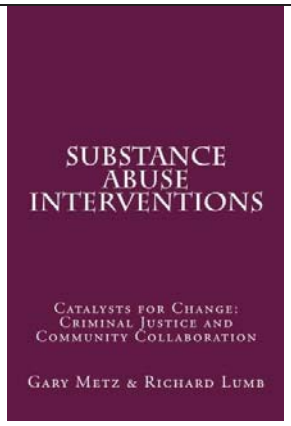
Author: Lumb Reducing Gun Violence: Utilizing Community Capacity Building Strategies to Achieve Sustainable Change (2015).
ISBN-10: 1517142652



Author: Lumb Issues in Policing and Requisite Challenges (2016).
ISBN-13: 978-1540375841



Authors: Lumb & Metz
Common Ground: Bridging Police and Community Collaboration (2017).
ISBN-13: 978-1541341364



Authors: Metz & Lumb (2017) Substance Abuse Interventions Catalysts for Change: Criminal Justice and Community Collaboration.
ISBN-13: 978-1548713324.
ISBN-10: 1548713325

v. Introduction

Televised shows like “Jails,” “COPS,” and “Scared Straight” portray the single message that a person faces law enforcement action for improper behavior and law violation. Central to most situations, the arrestee displays an alcohol or chemical substance dependency. It is rare to observe the arresting officer or those processing the arrestee to ask “if they have an alcohol or substance abuse problem” with the intent to begin intervention.
At this precise point in the arrest processing, early intervention may be beneficial to the person. Opportunities also present themselves when they are sobering up in detoxification or before an appearance with a magistrate to answer for the charges brought. The offer to help, is not limited to any particular time, for it could take place at this entry level or later in the criminal justice system to include the court, jail, corrections, probation and parole, community corrections, youth programs or other alternative programs?

What is important is to take advantage of situations when an individual is available for face-to-face discussion.

Purpose:

The premise of this book is to address the substantial number of people who enter the criminal justice system, accompanied by alcohol or substance abuse issues. Offering alternative and supplemental help impart value as it seeks to improve intervention, treatment, and prevention to the return to violence and personal harm. Interceding with individuals at this step in the process allows them to consider continued professional assistance to their addiction, and to refrain from criminality and seek out a more productive and fulfilling life. The added interjection by police and others in the criminal justice system substantially increases the potential for drug elimination to an addicted person. It takes place at an opportune time and serves a legitimate purpose.

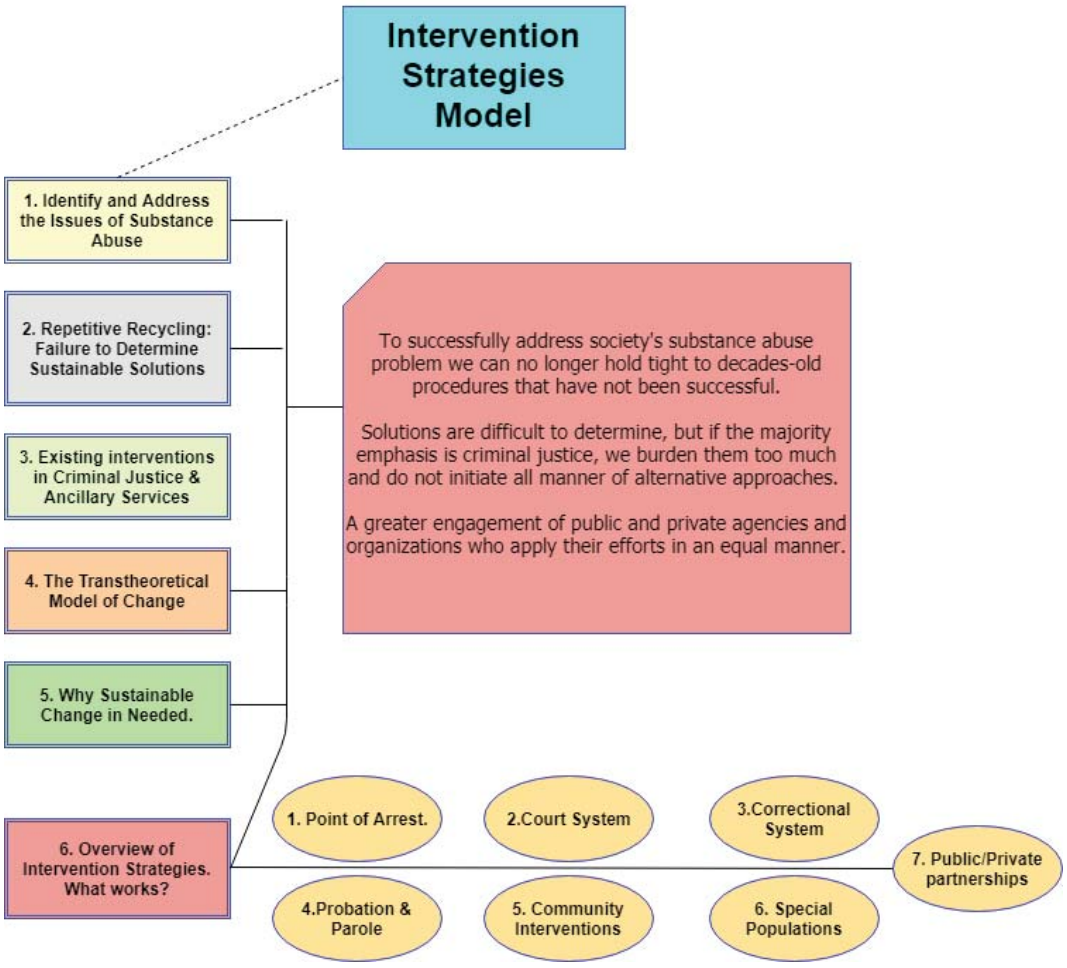
The intent of this book is to examine entry points for intervention and assistance to people entering or within the criminal justice system. This early intervention step begins with controlled implementation and seeks to engage the individual in a pathway forward that does not include drugs. The authors explore the opportunity, strategy, and models of intervention that bring promise to reducing substance abuse.

After spending four decades on this effort and with federal and state expenditures of $1 trillion dollars, success seems elusive. The problem is worse today than when this all began in the 1970s under President Richard Nixon. In 2015 alone, some $36 billion were spent on this proclaimed war, an amount for law enforcement and some social services. Not taken into account is the cost of incarceration for nonviolent drug offenders, criminal justice system precautions and obligations, public-private treatment, loss of productivity, the cost of crime to victims, and many ancillary costs.

Far too often, the person progresses through the criminal justice system, and the outcome is a fine or incarceration. While programs reside in jails and prisons, they are often not attended, and insufficient steps were or are taken to convince them of the importance. Stepping back to the point of arrest or encounter and the process through the criminal justice system, we can identify several points where intervention was possible. Regardless of how the person comes to the attention of a professional, it is deemed an excellent point to consider offering help. Training police, corrections, other first responders in how to approach discussion, provide suggestion and guidance to reduce substance abuse, may well lead to improved quality of life.

Professionals who work in the addiction field and criminal justice are well aware of the legalization of marijuana; the increased use of opioids and the rise of synthetic drugs of abuse present significant problems for municipal, county, state and national officials. Substance abuse is a country-wide social epidemic, and it grows in scope and negative consequences.

vi. An Intervention Strategies Model.



vii. How to Use this Manual.

Experience is a wonderful gift, and if we are smart, we take our experiences and determine how they apply to the future, as well as past events.

The United States faces an enemy from within; it has caused numerous deaths, debilitation of individuals and families at a cost that we are unable to estimate with accuracy. The enemy is the illegal and improper use of chemical substances that take control of mind and body and people experience a variety of unimaginable horrors.

Experience has allowed us a clear vision of past efforts, current endeavors, and a glimpse of the future, none of which presents a picture of optimism. The United States "War on Drugs" has not achieved the goals and purpose of its initiation. President Richard Nixon, on June 18, 1971, delivered a special message to Congress on Drug Abuse Prevention and Control. Two years before this, Nixon had formally declared a "war on drugs" directed toward eradication, interdiction, and incarceration.

We would assume that positive change was to occur, but sadly this has not been the case. As the following statistics demonstrate, this country continues to face one of the most destructive tidal waves facing humanity.

Drug War Statistics[1]

1. Amount spent annually in the U.S. on the war on drugs: More than $51,000,000,000.
2. The number of arrests in 2015 in the U.S. for drug law violations: 1,488,707.
3. The number of these arrests that were for possession only: 1,249,025 (84 percent).
4. People arrested for a marijuana law violation in 2015: 643,121.

[1] . Source: http://www.drugpolicy.org/drug-war-statistics

5. A number of those charged with marijuana law violations who were arrested for possession only: 574,641 (89 percent).
6. Number of Americans incarcerated in 2014 in federal, state and local prisons and jails: 2,224,400 or 1 in every 111 adults, the highest incarceration rate in the world.
7. The proportion of people incarcerated for a drug offense in state prison who are black or Latino, although these groups use and sell drugs at similar rates as whites: 57 percent.
8. A number of states that allow the medical use of marijuana: 28 + District of Columbia.
9. A number of states that have approved legally taxing and regulating marijuana: 8 (Alaska, California, Colorado, Maine, Massachusetts, Nevada, Oregon and Washington).
10. A number of states that have decriminalized marijuana by eliminating criminal penalties for simple possession of small amounts for personal use.
11. A number of people killed in Mexico's drug war since 2006: 100,000+.
12. A number of students who have lost federal financial aid eligibility because of a drug conviction: 200,000+.
13. A number of people in the U.S. who died from a drug overdose in 2015: 52,404.
14. Tax revenue that drug legalization would yield annually at rates comparable to those on alcohol and tobacco: $46.7 billion.
15. A number of people in the U.S. who have acquired AIDS directly or indirectly from syringe sharing: 360,836 people or 30 percent of all individuals diagnosed w/AIDS in the U.S.
16. The Centers for Disease Control and Prevention found that syringe access programs lower HIV incidence among people who inject drugs by 80 percent.

However, we must resist the notion that drug addiction and all accompanying problems are a given and solutions are not possible. We address this last statement through this applied book, utilizing a sequence of knowledge and application suggestions. Chapters 1 and 2 discuss the issues and determine sustainable solutions. Knowledge of existing interventions provides grounding on what has taken place, what works, and what is a failure (Chapter 3).

Importantly we introduce the Prochaska "Transtheoretical Model of Change (Chapter 4) as it seeks sustainable outcomes, not trial and error. Why sustainable change is critical is explored in Chapter 5, for experience has taught us that unless the goal is permanence, we expend a lot of time and money with no accountable results. Chapter 6 takes the reader to an overview of intervention strategies and what works. Eight relevant sub-categories are addressed, each one independent but connected in more fluid ways as they resolve this national problem. We seek to address the issues and propose solutions for your application. The intervention sub-categories are:

6.1. The Point of Arrest.
6.2. The Court System.
6.3. The Correctional System.
6.5. The Probation and Parole System.
6.5. Community-based Interventions.
6.6. Special Populations. (Youth, Elderly, Veterans)
6.7. Public/Private Partnerships.
6.8. After the Call. Working with Public Safety Profession Issues: Addressing Issues of Substance Abuse in this Population.

Finally, we encourage the use of models to guide action steps and the delivery of services that will lead to sustainable outcomes (Chapter 7).

In hindsight, we lack a unified approach to the problem, one that involves the public and private stakeholders, the criminal justice system, medical, psychological, legal, research and other silos when inter-agency communications are often absent. Society must address this debilitating issue with goals to shut down this scourge and to do so quickly.

The criminal justice system is in a critical position to strategically address the problem of substance abuse and dependency. Many of the offender populations experience long-term substance use resulting in criminal behavior. Not acting, the "untreated" populations will continue to grow and thus become a significant financial drain on not only the criminal justice, health care, educational and public safety systems but society. According to

the National Institutes of Health Fact Sheet on Addiction and the Criminal Justice System, the number of adults involved in the criminal justice system soared from about 1.8 million in 1980 to 7.3 million in 2007, due in large part to prosecutions of drug-related crimes and drug-addicted offenders. The report further sheds an alarming statistic that criminal offenders have rates of substance abuse and dependence that are more than four times that of the general population.

Developing evidence-based and best practice programs within the criminal justice system that identify, evaluate, treat and provide ongoing recovery opportunities for this population are at best a very challenging prospect, but must never-the-less be undertaken.

The National Institute of Health (NIH) Fact Sheet on Addiction and Criminal Justice reports that treatment is cost-effective and saves between $2 and $6 for every dollar spent on it. While these figures represent reductions in criminal behavior and re-incarceration, they do not even begin to reflect the number of lives saved or returned to a healthy recovering lifestyle, free from drugs, employed and a benefit to their family and society.

The criminal justice system cannot afford to remain isolated in their specialized "silo." The problem of substance abuse has become so entrenched in our society that we need to incorporate a multi-systems approach to address it. Utilization of education, public health, treatment and public safety systems, and others, will potentiate criminal justice system response.

This manual will focus on strategies within criminal justice to serve as a catalyst for consideration on how to move the system from one of care, custody, and control of prevention; to one of intervention, treatment, and recovery. It is our hope that readers will explore the multitude of systems, models and even their ideas on how to move forward to address the problem of substance abuse within society. Is it not the right time to consider what the various disciplines and professions bring to the table for solutions?

viii. Preface.

Psych Central image

Drug addiction is accepted, and Americans are numb to the implications of the passive attitude and extensive use of prescription and illegal drugs. Alcohol and marijuana are increasingly legal at the state level, and the attitude is, "What the hey, it can't be all bad!" Add in opioids (those drugs that act on the nervous system) and their primary use to relieve pain. However, it can and often leads to physical dependence and if one tries to quit, sometimes acute withdrawal symptoms over-ride all else in one's life.

Deaths from opioids appear to lead the list causing the most deaths than from heroin and cocaine combined. We are also experiencing an epidemic of wrongful use of prescription drugs. One report stated that up to 41 percent of respondents, according to a CVS poll[2], abuse prescription drugs. In a country with about 300 million people, that is nearly one-half of the population.

Consider for a moment the health care, economic, legal, law enforcement and medical emergency service demands and other costs. One estimate of the financial cost of opioid abuse is nearing $60 billion dollars (workplace and productivity loss included)[3]. Legal painkillers resulted in the deaths of more people than automobile crashes or guns in 2014[4]. Anxiety, health care costs, loss of jobs, disability, crime and other manifestations including suicide, murder, alcoholism, gangs, and criminality – all exploding. Moreover, all tied to individuals being unable to manage themselves with improper use of legal and illegal drug substances.

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[2] http://www.consumerreports.org/media-room/press-releases/2015/12/consumer-reports-drugstore-survey-finds-substantial-price-differences-for-commonly-prescribed-drugs/
[3] http://www.redstate.com/diary/cantenucci04/2016/08/18/roots-drug-addiction-epidemic-america-stop-one-person-time/
[4] IBID.

Terrible and often irreparable harm occurs to include fracturing of families, a diminishing belief and participation in religion, which has an effect on socialization, feelings of community, a group to address issues and civic mindedness. There are a lot of ancillary causes such as poor diet, lack of social cohesion, parents who fail to raise their children properly thereby creating children and youth who feel they are independent of social or family responsibility.

We live in a society that mistakenly believes that laws, enforcement, and incarceration work, but how it could is an illusion as there are not enough police, prosecutors, courts or prisons to jail everyone. Society has washed its hands of education, prevention, and treatment as key helpers to sustainable solutions because they do not want to fund it. In being neglectful of these tools, we create an environment where permissiveness and rampant misguided inertia exist; we watch as the problems exacerbate and endanger the very way of life of our Country.

Not willing to abdicate to fate, we offer this book. It is intended as a schematic to be used to develop plans for any individual, group or organization addressing the issues of their interest. It is adaptable, and certainly, we support taking action wherever possible, for the problem will not dissipate by itself.

Image: http://www.robinhorsley.com

This book is for those desiring a criminal justice system representing more than a "revolving door" pass through. Many criminal justice offenders suffer the ravages of substance abuse and accompanying dependency. Living a life often out of control, due to alcohol and drug use, they know not where to seek the professional help services needed.

This book also discusses the types of systemic interventions that begin at the point of arrest, in court, at the jail and with probation and parole. Included are alternatives to incarceration, community corrections, and re-entry to society addressing relapse prevention. This book sends a message to offenders that hope exists to break the addiction cycle and return to a substance-free life.

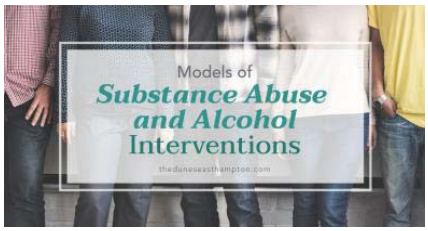
The message to offenders, your criminal behavior emerges from your substance abuse dependency. You are not a bad person trying to become a good person, but a substance abuser requiring professional assistance. An increasing number entering the criminal justice system have a substance abuse issue. We can choose to be part of the problem or the solution. We submit that engaging in sustainable problem-solving, within the criminal justice system, enhances the effects of reducing substance abuse. This book is for those who choose this path forward.

x. Establish Goals to Guide Forward Motion.

A Model

One of the problems in addressing any important issue -- one that is not confined to a particular incident, but is widespread, geographically broad-based, and involves numerous individuals, groups, organization and an abundance of stakeholders is how to proceed. Not to forget those who have the addiction as well, for they are the focus of this book and the need for sustainable solutions.

Needed is a roadmap or template taking us from point A to point B and beyond and assist in planning desired outcomes. The path to achieving goals must address the prevention of substance abuse, provide education, treatment, and find sustainable solutions to the myriad of problems, is well served with models, examples and a proposed pathway forward. That model, "Intervention Strategies" is presented earlier in this document. Its purpose is a guide line; a suggested path forward used to develop specifics to fulfilling needs and goals.



https://theduneseasthampton.com

Recommendations are offered to begin deliberation with other stakeholders and develop a plan for areas of interest.

As a final note, we urge strengthening collaborations and partnerships. With input and expanded knowledge and experience that all people bring to the problem-solving effort, substantially reinforces successful outcomes.

CHAPTERS

Chapter 1:
Identifying and Addressing the Issues of Substance Abuse.

Description:

The field of drug addiction contains substantial program information, research, publication, and various practices all aimed at reducing and eliminating personal addiction.

The "trial and error" method of problem-solving is without merit, wasteful of time and resources, and lacking in sustainability, is of little value. To understand why substance abuse problems continue to grow in intensity and harm, we must first comprehend what is taking place among the multiple programs and projects in use today.

The relationship between substance abuse and criminal behavior has received thorough study and documentation. Researchers continue to make that case ad infinitum, and professionals continue to discuss various approaches on what needs to be done, how and why. The reality of the situation is that drug use, abuse, and addiction in the United States is an epidemic or widespread problem. It is a problem of endemic proportions and continues to destroy our society, culture, and way of life. And the problem is continually growing and expanding. Heroin use, which was once considered to be an inner-city problem, is now devastating our rural landscapes. Heroin is only one of many human destructive substances abused by members of this society.

The decriminalization and legalization of marijuana, in some states, has resulted in a myriad of associated problems. They include driving under the influence of marijuana, increased emergency room admission due to marijuana overdose and accidental THC overdose in children. These children mistakenly

ingest “gummy bears” or other candies laced with highly concentrated and potent THC oils. The trans-shipment of marijuana across states is creating significant legal implications for the law enforcement community. It also presents serious questions to the education, prevention and treatment communities.

And, marijuana and heroin are not the only drug problem. There is a fast growing new area of designer drugs that are slowly infecting the United States? These substances are manufactured in clandestine labs from around the world without the benefit of quality control and regulations. Since many of the dose levels for these drugs are in the micrograms level the potential for overdose is extremely high. Fentanyl-laced heroin and “bath salts” are new drugs of abuse and synthetic drugs are also an ongoing and continuous part of this trend. The Emerging Threat Report First Quarter 2017 published by the Drug Enforcement Administration’s Special Testing and Research Laboratory lists various “designer” drugs that can pose a threat to society.

These chemical derivatives change the equation for those of us working in the drug enforcement, prevention, and education, and treatment. We need to rethink our strategies for how we will address this emerging problem in the future.

Image: www.ice.gov

What the Chart Demonstrates (DEA).

The Special Testing and Research Laboratory's Emerging Trends Program compiled the data for this report through a query of archived seizure and analysis information from drug evidence analyzed by the Drug Enforcement Administration's Laboratory system. This data is representative of drug evidence seized and analyzed in the reported time frame.

This comprehensive list of new psychoactive substances does not represent all of those investigated by DEA. This data is a quarterly snapshot of the new psychoactive substance market in the United States. The term new psychoactive substance (NPS) describes a recently emerged drug that may pose a public health threat. They include synthetic cannabinoids, substituted cathinone, phenethylamines, opioids, tryptamines, benzodiazepines, and a variety of other chemical classes.

Identification is conducted when authenticated reference material is available for comparison. When reference material is not available, drug evidence is listed as "substance unconfirmed." A single unit of drug evidence may have multiple sub-units. For this document, each unit of drug evidence counts as one identification regardless of the number of sub-units. Some seized drug evidence contains more than one active ingredient; therefore, more than one identifier may exist for a single unit.

Overview.

One of the more commonly subscribed to theories is the "Availability and Proneness Theory of Illicit Drug Abuse[5]." More simply stated, the availability – proneness theory of drug abuse involves the proposition that drug addiction occurs when availability increases. If this theory is correct, the legalization and decriminalization of marijuana and other drugs could result in increases in personal consumption patterns with widespread, long-term complications leading to dependence.

Legalization of marijuana dispensaries in Colorado has seen an increase in homeless individuals with mental health issues.

The Colorado experiment in the decriminalization and legalization of marijuana reflects this availability and proneness theory of increased availability leading to expanded use. However, the more important issue is: how will this growth affect the criminal justice, treatment, educational, social service and public health systems?

At a conference in Denver this past year, this writer (Metz) had the opportunity to visit several legal marijuana dispensaries and talk to residents in the

[5] Smart, Reginald G., (1977). An Availability Proneness Theory of Illicit Drug Abuse. Addiction Info Alternatives to 12 Step Treatment, www.addictioninfo.org

Downtown Metro Area. Many of these locals reported that they had seen an increase in the homeless population since the legalization of marijuana. Supporting these observations were the many people walking the streets at night seeking money, food, and shelter. One apparent homeless man said that his priorities in life were "weed, food and a place to sleep." It is a small life of limited priorities that others do not comprehend. We have a choice and demand to address this social problem and "arrest and jail" is but one of them.

To address the global drug problem a more systemic and pragmatic strategy is needed. A comprehensive model must include numerous public and private stakeholders, as anything less creates unfillable gaps. Working in tandem to address substance abuse and attendant issues of crime, medical and mental health, dependence, and a myriad of problems, is the only sensible approach.

Comprehensive evaluation of programs must include the goals, outcomes, existing needs, collaboration, identification of barriers and temporal progress. For example, a significant percent of substance-abusing individuals end up in the criminal justice system. The costs associated with incarceration are deemed necessary to understanding this aspect, and to show that substantial and coordinated stakeholder inclusion is critical.

Table 1
An Overview of Prisons, Jails, and People Arrested for Drugs[6]

1. Overview:

Federal Prison

- Of the 92,000 prisoners in federal facilities as of September 2015, 50 percent were serving time for drug offenses.
- Of the female federal prisoners, 59 percent were serving time for drug offenses. This number compares to 49 percent for males.

[6] . Prisons, Jails, and People Arrested for Drugs
http://www.drugwarfacts.org/cms/Prisons_and_Drugs#sthash.tOhKlK2d.dpbs

State Prison

- Of male prisoners, serving more than one year in state facilities, 15 percent (182,700) were serving drug-related offenses.
- Of the female federal prisoners, 25 percent (23,500) were serving time for drug offenses.

The VERA Institute for Justice (2013)[7] stated:

- The national standardized average per-inmate annual cost of incarceration is $31,286.
- Annual cost to US taxpayers is $10,324,380,000. Totaling nearly $103 billion dollars of expenditure in a decade.
- Add spending on police and court personnel the annual cost to taxpayers is about $40 billion or $400 billion in a decade.

The problem is substantially more in-depth than most realize and successful reduction is difficult to measure. Monitoring outcomes and inquiry of what more can be accomplished leads to positive change in an ever-changing world of chemical dependency. A core question: are we functioning collaboratively or remaining isolated in individual silos?

Substance abuse does not exist in a vacuum and neither should the multiple agencies and different stakeholders who engage in providing assistance and programs. When developing critical substance abuse interventions, inclusive collaboration is an essential component. The system model must begin at the entry "point of arrest" and continue to the "point of exit" and beyond as the individual assumes his or her place in the community.

Component system members must employ and embrace "state of the art" intervention and treatment strategies. Of parallel importance are comprehensive training and evaluation programs. We are no longer able to continue existence in the multitude of "organizational silos" as the scattered approach is not practical. A wider and systemic approach will reach additionally addicted

[7] http://consciouslifenews.com/330000-drug-offenders-prison-spends-drug-war-cost-world-hunger/1147052/

individuals, reduce addiction and all ancillary problems are possible.

Summary:

As the drug epidemic continues to increase, appropriate strategies for dealing with this issue are needed. Many organizations today support supervised injection facilities where individuals can use or abuse substances they purchased illegally under the supervision of a medical or healthcare professional. While we recognize the "temporary value" in this harm reduction approach, the larger question remains, what messages are we delivering to an already drug saturated society? What are we doing to prevent or treat addiction and not tolerate and encourage its use? We must provide a clear message of the dangers of all substances abuse and that the criminal justice system can and must play a significant a role in prevention and treatment.

Image: http://www.natchezdemocrat.com

Chapter 2:
Repetitive Recycling: Failure to Determine Sustainable Solutions.

Description:

The improper and illegal use of alcohol and drugs often results in behaviors that are criminal, non-contributory to society, a breakdown of relationships, and the diminished quality of life; all of which is inadequately understood. We cannot fix issues from an uninformed perspective, thereby making it of critical importance that the various cause and contributor variables are known and understood.

Background.

To classify that America is at war with the sales and abuse of drugs might be seen as an overkill of the term, "War on Drugs," but is it? Lifestyle Reviews (2011)[8] stated that "After 40 years and $1 trillion, drug use is rampant and violence pervasive (p.1).

Image: https://techcrunch.com

A perception that begs the question, why the high failure rate? An article by Werb et al. (2011)[9], based on a systematic evaluation of

[8] https://daveatherton.wordpress.com/2011/04/17/is-the-war-on-drugs-worth-fighting/

[9] Werb, D., Rowell, g., Guyatt, g., Kerr, T., Montaner, J., and Wood, E. (2011). International Journal of Drug Policy. 22(2), 87-94.

fifteen studies on the impact of law enforcement on drug market violence, the analysis determined:

1) Fourteen (93%) studies reported an adverse impact of drug law enforcement on levels of violence.

2) Ten of the 11 (91%) studies employing longitudinal qualitative analyses found a significant association between drug law enforcement and drug market violence.

Their findings suggested the following:

A. Increased drug enforcement is doubtful to reducing drug market violence.

B. Evidence suggested that gun violence and excessively high homicides are an inevitable outcome of drug prohibition caused by disrupting drug markets, which in turn may increase violence.

C. The conclusion was that enforcement and probation had not accomplished expected results in diminishing drug supplies.

D. The recommended courses of action are changes in law, utilizing alternative methods such as education, prevention, and treatment.

We would agree that some five years since Werb et al. (2011) wrote their findings, we have not observed improved status quo of drug sales or substance abuse, in fact, it has worsened. We still face the need to include alternative methods of addressing this problem and to stop the hollow belief that law enforcement alone is the answer. They cannot, by themselves, be responsible for this social issue.

The Centers for Disease Control and Prevention[10], alcohol consumption, (2015) estimated the cost of excessive drinking cost the United States some $223.5 billion dollars a year. Substance

[10] . Centers for Disease Control and Prevention. **Excessive Drinking Costs U.S. $223.5 Billion.** www.cdc.gov/features/alcoholconsumption/. Updated April 17, 2014. Accessed March 9, 2015.

abuse of alcohol, tobacco, and illegal drugs is estimated to cost more than $700 billion dollars annually as it relates to crime, lost work, and health care.

The cost.

The United States spends approximately $50 billion dollars a year to diminish use, arrest sellers and reduce both in light of the harmful outcomes. Reduced health care and overall costs, the amounts are staggering and when compared to the use of that money for real purposes, absolutely mind-boggling.

Table e 2
Costs for the Use of Three Substances

	Health Care	Overall
Tobacco	$130 billion	$295 billion
Alcohol	$ 25 billion	$224 billion
Illicit Drugs	$ 11 billion	$193 billion

The Argument.

When speaking to the National Prescription Drug Abuse and Heroin Summit in Atlanta, Georgia (2016, May), President Obama stated: "*For too long we have viewed the problem of drug abuse ... through the lens of the criminal justice system*," creating grave costs. Further, *"We end up with jails full of folks who can't function when they get out. We end up with people's lives being shattered."* We agree and realize that unless the change elements are presented, the abyss will continue to grow deeper and wider.

President Obama said the Federal Government was going to propose more than $1 billion dollars, doubling federal drug-treatment monies. However, no research is available to determine what impact it has accomplished. Justification by Obama was, "*This is a straightforward proposition: How do we save lives once people are addicted so that they have a chance to recover? It does not do us much good to talk about recovery after folks are dead*."

The beginning of change emerged from the White House policy reforms that included:

1) Healthcare insurers had to cover drug treatment through Obamacare.

2) Reduction in the number of federal drug prisoners by 15 percent.

3) Support for the legalization of marijuana, beginning with the State of California.

We argue that spending money is not the answer either. Indiscriminate expenditure of money unleashes competition of acquiring it, presenting an often myopic plan for its use; but the overall and systematic identification of problems, analysis of data, the detailing of sustainable reduction plans and methods to evaluate them in a unified and interconnected manner, does not happen. A scatter gun approach remains non-viable to bringing a solution to the enormity of the problems. Other forces that exacerbate the problem include legalization of marijuana, the disarray of health care costs, the lack of targeted treatment, and a social dysfunctional value system that somehow the individual use of drugs is acceptable.

The Justification of Failure.

The United States encourages the continuing War on Drugs, a more liberal legalization of marijuana, increased treatment under the federal health care law. We continue with interdiction attempts while legalizing marijuana, an oxymoron if one believes that Pot is a gateway drug in and of itself.

> Another view, the top admirals charged with combating global narcotraffic have stated they have not been able to stop the flood of heroin from Mexico. With a growing dependent society, we need to focus on Central American countries, as enforcement alone is not going to be the answer. Since the initiation of President Nixon's "War on Drugs," at the cost of $1 trillion dollars, we have devastation in drug-related deaths, violence, result in

> dangerous inner-city consequences. Add to the discussion the incarceration and other related issues, some so severe they are beyond rationalization, and success does seem fleeting. Failure of interdiction, elevated enforcement, internal chaos and an estimated one in ten Americans over the age of 12 have used illicit drugs in the previous month (National Survey on Drug Use and Health, 2015).

The National Survey on Drug Use and Health (2015)[11] offers a detailed report and tables on their findings of drug use and mental health indicators. We refer the reader to the full report listed below, as we present only selected highlights from the SAMHSA report, (2015)[12].

1) **Use of illicit drugs** (such as marijuana, cocaine, heroin, hallucinogens, and inhalants, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives).

   - 27.1 million people aged 12 or older used an illicit drug in the past 30 days, which corresponds to about 1 in 10 Americans (10.1 percent).

   - Illegal drug use estimate for 2015 continues to be driven primarily by marijuana use and the misuse of prescription pain relievers, with 22.2 million current marijuana users aged 12 or older (i.e., users in the past 30 days).

   - 3.8 million people aged 12 or older who reported current misuse of prescription pain relievers.

   - 2015 estimate of current marijuana users was similar to the estimate in 2014, but it was higher than the estimates from 2002 to 2013. This increase in marijuana use among people aged 12 or older reflects

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[11] https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2015-NSDUH

[12] https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm

the growth in marijuana use by adults aged 26 or older and, to a lesser extent, the increase in marijuana use among young adults aged 18 to 25.

- The estimated 3.8 million people aged 12 or older who were current misusers of pain relievers represent 1.4 percent of the population aged 12 or older.

- The assessment of current heroin use in 2015 among people aged 12 or older was higher than the estimates in most years between 2002 and 2009, but it was similar to the estimates between 2010 and 2014. Current cocaine use in 2015 was analogous to the views in most years between 2007 and 2013, but it was higher than the estimate in 2014. The 2015 estimate of crack cocaine use was akin to the ratings in most years from 2008 to 2014. There were new baselines in 2015 for hallucinogen, inhalant, and methamphetamine use (0.5, 0.2, and 0.3 percent, respectively, for current use among people aged 12 or older).

An example of drug abuse. Wednesday, September 7, 2016. The East Liverpool Police Department, United Kingdom, released this photograph showing a young child sitting in a vehicle behind his mother and a man. Both of whom are unconscious.

Image: http://limaohio.com/news

The data and picture should alarm anyone who considers the harm to members of our society and the debilitation effects present in their lives.

2) Use of alcohol and tobacco products. With all of the medical research available on the dangers of smoking tobacco, it remains a problem in American society.

- In 2015, an estimated 52.0 million people aged 12 or older were current cigarette smokers. That is about 15 percent of the population.

- Although about 1 in 5 people aged 12 or older were current cigarette smokers, cigarette use declined between 2002 and 2015 across all age groups.

- Among the 52.0 million current cigarette smokers in 2015, 30.2 million were daily cigarette smokers, including 12.4 million daily smokers who smoked approximately a pack or more of cigarettes per day.

Improvement and hope from these figures. Education and prevention are the keys to reducing smoking, it seems.

3) Rates and the number of substance use disorders.

- In 2015, approximately 20.8 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year,[13] including 15.7 million people who had an alcohol use disorder and 7.7 million individuals who had an illicit drug use disorder. For example, the Mexican capital is home to more than 20 million people.

[13] . https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm#fn2

Image: CNN.com

- The percentage of individuals aged 12 or older with an alcohol use disorder (5.9 percent) in 2015 was lower than the rates in 2002 to 2014.

If improvement is occurring, we need to determine what "Best Practices" are and widely distribute that information to others who seek application to the issues they encounter.

4) Rates and the number of any mental illness, serious mental illness, and major depressive episode.

- In 2015, an estimated 43.4 million adults aged 18 or older (17.9 percent) had any mental illness (AMI) in the past year. Another 9.8 million adults in the nation had a severe mental illness (SMI) in the previous year.

- 4.0 percent of all U.S. adults have a serious mental illness.

- In 2015, an estimated 34.2 million adults (14.2 percent of adults) received mental health care during the past 12 months.

- Among the 43.4 million adults with AMI, 18.6 million (43.1 percent) received mental health services in the past year.

What do others say about the issue of substance abuse and accompanying mental health problems?

In an article written by Dual Diagnosis.org[14] "The Connection Between Mental Health and Substance Abuse, they cite the National Bureau of Economic Research (NBER) and a report on the link between mental illness and the use of addictive substances. The additional point is there is a relationship between mental health and the use of addictive substances at mental health disorder patients are responsible for using 38 percent of alcohol, 44 percent of cocaine, and 40 percent of cigarettes'.

Also reported was that individuals' diagnosed with a mental issue disorder, are responsible for 69 percent of alcohol, 84 percent cocaine, and 68 percent of cigarettes'. Self-medication is thought to reduce anxiety and uncomfortableness using alcohol and drugs.

Dual diagnosis is common given the number of individuals who experience both mental health issues and abuse alcohol and drugs.

The National Alliance on Mental Illness (NAMI)[15] states the defining characteristic of dual diagnosis lies in the simultaneous existence of mental illness and substance abuse. On this website, they list symptoms of drug addiction as:

- Withdrawal from friends and family.
- Sudden changes in behavior.
- Using substances under dangerous conditions.
- Engaging in risky behaviors when drunk or high.
- The loss of control over the use of substances.
- Doing things you wouldn't normally do to maintain your habit.
- Developing tolerance and withdrawal symptoms.
- Feeling like you need the drug to be able to function.

Subject to mood changes, avoidance, extreme mood changes, confused at the time, and thoughts of suicide all lead to the need for the individual to seek out help.

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[14] . http://www.dualdiagnosis.org/mental-health-and-addiction/the-connection/

[15] . **https://www.samhsa.gov/disorders**
Substance Abuse and Mental Health Services Administration

Readers are referenced to:

https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis#sthash.IFH3qzvj.dpuf

The Substance Abuse and Mental Health Services Administration (SAMHSA)[16], cites that mental health issues and substance abuse disorders are not limited to any particular group. Rather it affects all people regardless of the typical application of race, gender, age, income, education, and other alleged influences. They further state on this website that these illnesses are treatable and recovery is possible.

SAMHSA, in 2014, estimated that 43.6 million (18.1%) Americans experience some form of mental illness with 7.9 million with both a mental disorder and a co-occurring substance abuse problem. In 2017, with the seemingly increase in substances abuse; we can expect the problem has grown.

As we are seeking to provide background and substantiation information, we recommend the reader go to the SAMHSA website to obtain further education on:

- Mental illness
- Emotional disturbance
- Substance use disorders
- Co-occurring mental and substance use disorders

SAMHSA is a valued service in this country, and their work and information sources help millions of people. They are focused on prevention, treatment, and recovery. Federal and State Government continue to seek improved methods to reduce the growing epidemic of substance abuse in America. Primary prevention efforts at school and community levels have had some success reducing future use of drugs. Secondary prevention that intervenes with the substance abuser has demonstrated the effectiveness of returning the individual to a healthy and more

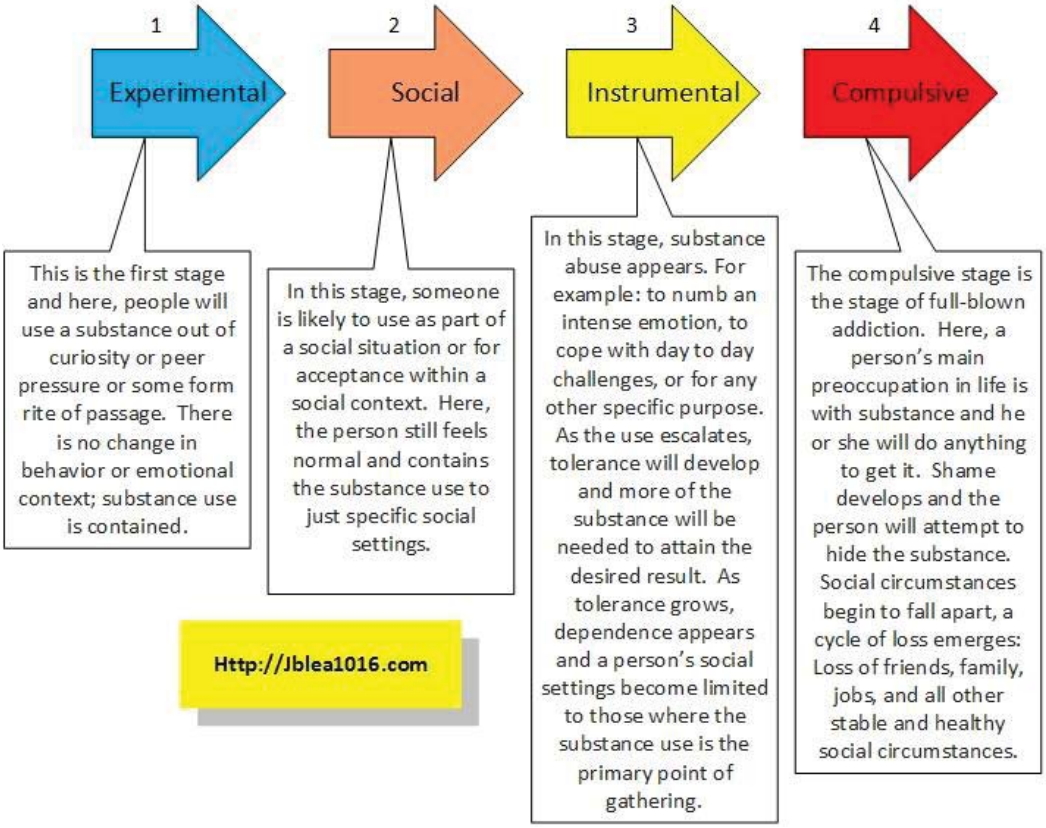
[16] . https://www.samhsa.gov/disorders

productive life. It is necessary to continue primary and secondary prevention efforts to reduce and prevent future abuse.

Tertiary prevention or intensive treatment targets addicts. This model is expensive, generally long-term and not always successful. The number of chronic users continues to increase significantly adding to associated criminal justice system costs. Discussion on the cost of incarceration must also include all player expenses including police, courts, probation, and other ancillary services. Additional costs include addiction treatment while incarcerated, mental health services, medication therapy, and relapse prevention intervention. The question to ask is there a more cost-effective process useful to outcomes that should be considered.

One can always argue the merits of why substance abuse is of such magnitude in the United States; the real focus must be on its elimination. The volume of drugs that are entering the United States must be reduced or eliminated. The influence of subcultures, gangs, criminal enterprise and other crime related activities encourage a lifestyle of substance abuse and resultant dependence. There is no single reason for drug addiction that allows finding sustainable solutions. It seems the value of awareness is a strong need to build coalitions, create public and private partnerships, and work within sound policy-driven solutions to gain reduction.

The Stages of Addiction



Chapter 3.
Existing Interventions in the Field of Criminal Justice and Ancillary Services

Description:

There are best practices used by a variety of individuals and organizations to intervene and begin the turnaround process. The criminal justice field is often the first contact, and it begins here where the use of solid practices is critical and applied with competence.

Substance abuse is not an easy topic to discuss as it has multiple variables that all contribute to the problem. The chemicals that addict people are the base cause as it shapes behavior, attitude, belief, and lifestyle.

This examination is a complex plurality of many parts that include:

I. Evidence-based Prevention Practices SAMHSA
II. Education
III. Treatment
IV. Social harm
V. Mental health
VI. Medical health
VII. Crime
VIII. Individual debilitation (work, relationships, lifestyle, ___)

Initial responsibility begins with the individual who must make good choices, and when they do not, there are consequences. However, there are broader links that are no less harmful and affect the entire country. Many evidence-based practices lead to hope, but still, lack uniformity in addressing the devastating effects of substance abuse and the resulting harm to society.

One of the greatest sources of information on this topic is Substance Abuse and Mental Health Services Administration

(SAMHSA)[17] an extremely user-friendly, resourceful, and ease of navigation agency within the US Department of Health and Human Services. SAMHSA addresses all aspects of substance abuse, provides research grants, and provides a resource site for valued information.

Highlighting evidence-based practices from SAMHSA is a single best source, and we borrow from their website this valuable information.[18] We are listing the programs verbatim as shown as a reference site, to allow you to apply your particular needs and awareness to information gathering, without third party intervention. Conducting a well thought-out needs assessment allows your research from an appropriate site below. This process seems efficient and practices we recommend.

I. Evidenced-based Prevention (EBP) Practices SAMHSA.

California Healthy Kids Resource Center	The Campbell Collaboration
"The California Healthy Kids Resource Center was established to assist schools in promoting health literacy. Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services, and the competence to use such information and services in ways that are health-enhancing." • Defines EBPs • Intended for: teachers, administrators, university faculty, and other professionals who work with preschool through 12th-grade students • Provides descriptions of interventions • Describes evidentiary standards met	"The international Campbell Collaboration (C2) is a non-profit organization that aims to help people make well-informed decisions about the effects of interventions in the social, behavioral, and educational arenas. C2's objectives are to prepare, maintain, and disseminate systematic reviews of studies of interventions." • International site • Intended for those implementing interventions in the behavioral, social, and educational fields • Provides descriptions of interventions • Transparent reviews

[17] . https://www.samhsa.gov
[18] . https://www.samhsa.gov/ebp-web-guide/substance-abuse-prevention

• Links intact • Research-Validated Programs Go to the California Healthy Kids Resource Center	Go to the Campbell Collaboration
Center for the Study and Prevention of Violence, the University of Colorado at Boulder "The Blueprints Initiative sets a gold standard for implementing exemplary, research-based violence and drug programs and for implementing these programs with fidelity to the models. The work being conducted will help to bridge the gap between knowledge (research) and practice, and inform the users of programs of the barriers that must be overcome to achieve maximum success." • Intended for: program implementers • Provides descriptions of interventions • Describes evidentiary standards met • Describes intervention implementation • Individual technical assistance (TA) available • Provides guidance on staffing Go to the Center for the Study and Prevention of Violence	**Child Trends** "Child Trends' Life Course Model presents our extensive knowledge about programs found to 'work' to enhance children's development, in a user-friendly format… This approach builds on the concept that child development is a cumulative process that begins before birth and continues into young adulthood." • Defines EBPs • Intended for: policy makers, program designers, and funders • Provides descriptions of interventions • Transparent reviews • Describes intervention implementation • References related to EBPs Go to Child Trends
The Cochrane Collaboration "The Cochrane Collaboration is an international non-profit and independent organization dedicated	**The SAMHSA Division of Workplace Programs** "The Workplace Resource Center provides centralized access to information about drug-free

to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions." • International site • Intended for: health service providers, consumers, research funding agencies, departments of health, international organizations, universities, and anyone else making decisions about healthcare for those who have, or are at risk for, problem behavior • Provides descriptions of interventions/reviews • Transparent reviews • Individual technical assistance (TA) available • References related to EBPs Go to the Cochrane Collaboration	workplaces and related topics. Find information on drug-testing, drug-free workplace programs, federal programs, prevention research, and substance abuse." • Defines EBPs • Provides descriptions of interventions • Describes evidentiary standards met • Describes intervention implementation • Individual TA available (free/for fee) • Provides information on fidelity measurement • Provides guidance on staffing • References related to EBPs Go to the Division of Workplace Programs
Find Youth Info "Helping America's Youth is a nationwide effort, initiated by former President George W. Bush and led by former First Lady Laura Bush, to benefit children and teenagers by encouraging action in three key areas: family, school, and community. [This] Community Guide to Helping America's Youth helps communities build partnerships, assess their needs and resources, and select from program designs to replicate in their community. It walks community groups through the steps necessary	**Institute for Research, Education, and Training in Addictions (IRETA)** "IRETA is a non-profit organization that works with national, state, and local partners to improve recognition, prevention, treatment, research and policy related to addiction and recovery." • Intended for: the substance abuse field (best practice treatment resources) • Describes intervention implementation • Individual technical assistance

for building strong supports for youth."

- Defines EBPs
- Intended for: communities
- Provides descriptions of interventions
- Transparent reviews
- Describes evidentiary standards met
- Describes intervention implementation
- References related to EBPs

Go to Find Youth Info

available
- Provides information on fidelity measurement
- Provides guidance on staff training
- References related to EBPs

Go to the Institute for Research, Education, and Training in Addictions

The National Implementation Research Network

"The mission of the National Implementation Research Network (NIRN) is to close the gap between science and service by improving the science and practice of implementation about evidence-based programs and practices."

- Intended for: researchers, program developers, and stakeholders interested in or engaged in the development, research, implementation, and replication of evidence-based programs and practices
- Individual TA available
- Describes intervention implementation
- Provides information on fidelity measurement
- Provides guidance on staffing
- References related to EBPs

Go to the National Implementation

The National Institute on Drug Abuse (NIDA)

"NIDA, in cooperation with prevention scientists, presents examples of research-based programs that feature a variety of strategies proven to be effective. Each program was developed as part of a research study, which demonstrated that over time youth who participated in the programs had better outcomes than those who did not."

- Intended for: those working in drug abuse prevention
- Provides descriptions of interventions
- Provides guidance on staffing

Go to the National Institute on Drug Abuse

Research Network	
Office of Juvenile Justice and Delinquency Prevention "The Office of Juvenile Justice and Delinquency Prevention (OJJDP)'s Model Programs Guide (MPG) is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The MPG database of evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry." • Intended for: juvenile justice practitioners, administrators, and researchers • Provides descriptions of interventions • Transparent reviews • Describes evidentiary standards met • Describes intervention implementation • Includes the OJJDP's Model Programs Guide and Database Go to the Office of Juvenile Justice and Delinquency Prevention	**Oregon Addictions and Mental Health Services** "The Office of Mental Health and Addiction Services (OMHAS) have compiled information and links to assist consumers in becoming informed about mental health disorders, and to help users in becoming healthy, safe, and independent individuals. The information will also help policy makers and providers to work toward further education, share and expand current treatment efforts, and assist consumers in everyday needs." • Defines EBPs • Intended for: consumers, policymakers, providers • Provides descriptions of interventions • Transparent reviews • Describes evidentiary standards met • Describes intervention implementation • Individual TA available • Provides information on fidelity measurement • References related to EBPs • Mental health evidence-based practices Go to Oregon Addictions and Mental Health Services
Promising Practices Network "The Promising Practices Network (PPN) is dedicated to providing quality, evidence-based information	**SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)** "SAMHSA's National Registry of

about what works to improve the lives of children, youth, and families. The PPN site features summaries of programs and practices that are proven to improve outcomes for children…carefully screened for scientific rigor, relevance, and clarity." • Intended for: policymakers, service providers, and other decision makers at all levels who care about improving outcomes for children and families • Provides descriptions of interventions • Transparent reviews • Describes evidentiary standards met • Describes intervention implementation • Provides guidance on staffing Go to the Promising Practices Network	Evidence-based Programs and Practices (NREPP) is a voluntary rating and classification system designed to provide the public with reliable information on the scientific basis and practicality of interventions that prevent and treat mental and substance use disorders. Descriptive information and quantitative ratings provided across several key areas for all interventions reviewed by NREPP." • Defines EBPs • Intended for: states, territories, community-based organizations, and other interested stakeholders • Provides descriptions of interventions • Transparent reviews • Describes intervention implementation • Provides information on fidelity measurement Go to the National Registry of Evidence-Based Programs and Practices
Social Programs That Work, Coalition for Evidence-Based Policy "The central problem that the Coalition for Evidence-Based Policy seeks to address is that U.S. social programs are often implemented with little regard to rigorous evidence, costing billions of dollars yet failing to address critical needs of our society in areas such as education, crime, substance abuse, and poverty reduction. This site summarizes the findings from well-designed randomized controlled	**Strengthening America's Families: Office of Juvenile Justice and Delinquency Program** "…You will find two-page summaries of family-focused programs which have been proven to be effective. The programs are divided into categories based upon the degree, quality, and outcomes of research associated with them. You will also find a program matrix. This information may be helpful to you in determining 'at a glance' which programs may best meet your community needs."

trials that, in our view, have particularly important policy implications." • Defines EBPs • Intended for: policy makers and practitioners • Provides descriptions of interventions • Transparent reviews • Describes evidentiary standards met • Describes intervention implementation • Provides guidance on staffing • References related to EBPs Go to Social Programs That Work	• Intended for: those searching for effective family-based programs that address prevention of juvenile delinquency and substance abuse • Provides descriptions of interventions • Transparent reviews • Describes evidentiary standards met • Describes intervention implementation • Makes individual TA available • Provides information on fidelity measurement • Provides guidance on staffing • Model programs guide Go to Strengthening America's Families
Task Force on College Drinking, National Institute on Alcohol Abuse and Alcoholism "The National Institute on Alcohol Abuse and Alcoholism (NIAAA) created the Task Force on College Drinking in 1998 to provide research-based information about the nature and extent of risky (college) drinking. The task force comprises college presidents, researchers, and students." • Intended for: high school and college administrators, students, parents, community leaders, policymakers, researchers, members of the retail beverage industry, and public health professionals	**Youth Violence: A Report of the Surgeon General** "The mission of the Surgeon General is to protect and improve the public health of the nation. This report was developed within the spirit of that mission. This report identifies a set of standards based on scientific consensus and applies those standards to the literature. • Defines EBPs • Intended for: public health professionals • Transparent reviews • Describes evidentiary standards met • References related to EBPs Go to Youth Violence: A Report of the Surgeon General

• Provides descriptions of interventions • Describes evidentiary standards met • References related to EBPs • Recommended strategies Go to NIAAA: College Drinking	

Intervention and best practices to reduce substance abuse must be accompanied by knowledge, information, and a commitment to see it through, and appropriate partners; for it is a daunting task under the best of conditions.

II. Education.

1. Project to understand addiction.[19]

The authors are of one mind in believing that public education is important in the reduction of substance abuse. The public and professionals as well benefit from knowing the following information:

1. Availability of illegal and legal substances used in abuse situations.
2. What are warning signs of addiction of alcohol and chemical drugs?
3. What are the outcomes of using these substances, how is the mind, behavior, and attitudes of users affected?
4. What are the consequences of addiction and who is likely to be harmed?
5. What is the role of physicians?
6. Who else in the public/private partnership needs to be at the table with education?
7. What is the fall out to family, friends, colleagues, workplace and other ancillary people the addict has in his or her life circle?

[19] . http://www.projectknow.com/research/substance-abuse-education-resources/

8. What treatment options are available for what types of problems? Who are these providers and how are they contacted to determine needs.
9. Can detoxification and rehabilitation help and what are the barriers to success?

Education on substance abuse focuses on helping individuals and groups determine what can be done to prevent, avoid, and obtain treatment. It also addresses the adverse effects of being an addict. We tend to isolate addiction to the stories we read or hear about and that in itself is a small and myopic overview given the broadness of the problem. We must start with families and individuals as young as five years of age through college and include the adult community, as addiction is not age or other characteristic dominant.

There are many misconceptions, attitudes and irresponsible behaviors that once bridged and the individual begins a journey into the use of drugs, the inability to escape the consequences is real and harmful. Synonymous with prevention is the individual's personal responsibility to refrain from the use and to tempt the addiction potential of experimentation. Only through self-awareness and education can the right choices be made. Coupled with age, immaturity, low self-esteem, poor decision-making and other influences we find addiction rampant and beyond the power of government, family and others to control behaviors.

We have responsible people assuming accountability for those addicted and with that is some expectation these are the individuals who can bring change. Not so! The influence of substances is powerful, and withdrawing the largest challenge in life. But, in that scenario lies the challenge to find a path forward, one with successful withdrawal the goal and likelihood of success. Daunting!

> We can influence others, but only to the extent the person of interest wants to change.

2. What do we know about substance abuse prevention and education processes?

The multiplicity of programs is often based on available funding and includes all manner of approach. The key question becomes effectiveness. Is empathy, former addict awareness, parental or other pressure a key factor? Not unless the program of choice is research based on evidence of successful outcomes. Reducing substance abuse behaviors (chemical, alcohol, and smoking) stands a substantially improved chance of success if the process is empirically robust. The National Institute on Drug Abuse (2014)[20] said that empirical programs boost protective factors and decrease the potential of drug addiction issue and reduce the impact of risk factors that contribute to a person's susceptibility of engaging in addictive behaviors.

Education, in all its forms, must be continuous and not rise and fall when improvement is determined. As people age and engage in the experimentation and use of drugs, for whatever reason, there must be a prominent voice of disapproval and prevention. A lapse or interruption allows creeping influences to entice people to use drugs. It is unfortunate that individuals cannot avoid, but some cannot. Constant reminders help, education about the dangers, harm and long-term devastation of life must be in front of people. Reduction in illicit drugs is assisted by prevention programs, at all stages of life. Ignorance is a pathway to mistakes, and when it involves some of the substances in use today, the life-devastation potential is extraordinarily high.

The cost of drug abuse is rising, and until we take a unified approach to include prevention, treatment, and education, we will not gain ground with this devastating social problem.

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[20] . National Institute on Drug Abuse. (2014). *Drugs, brains, and behavior: The science of addiction.*

3. Helpful resources to assist in reducing substance abuse.

There are many reliable, informative substance abuse education sources available on the internet. The following is a list of some of the sources that can be accessed to learn more about substance use and prevention.

- National Institute on Drug Abuse. This site provides information on substance use prevention for all ages, and also offers a family check up, a questionnaire that helps parents learn about parenting skills that help prevent future substance use by children or teens.

- NIDA for Teens. This site is an offshoot of the National Institute on Drug Abuse website that provides information aimed at teens in an interactive and easy-to-understand format that appeal to young people.

- Substance Abuse and Mental Health Services Administration. This link contains a wealth of knowledge about prevention, substance use disorders, and treatment. It addresses prevention programming at several different levels, including school, family, and community settings, as well as providing information about risk and protective factors and evidence-based practices.

- Monitoring the Future survey. This website surveys American 8th, 10th, and 12th graders to provide current statistics on teen alcohol, drug, and tobacco use. The results are analyzed to determine trends based on the results from previous years.

- Youth.gov. This program is a government site that offers information about substance use prevention, as well as links to all areas of prevention, including articles, programs, publications, research, training resources, and websites.

- Above the Influence. This site is accessible as a nationwide substance use prevention campaign. This program was developed as part of the National Youth Anti-Drug Media

Campaign and works to encourage teenagers to resist peer pressure and negative influences that promote substance use.

- AWARxE Prescription Drug Safety Program. This site provides information about proper use, storage, disposal, and prevention for prescription drugs. Prescription drug awareness events occurring throughout the United States are posted on this site.

- Too Smart To Start. This program has an educational focus funded by the Substance Abuse and Mental Health Services Administration. Its aim is to spark conversations between adults and adolescents about the risks and harm of underage alcohol consumption and to increase awareness of underage drinking as harmful. This website offers different areas for children, teenagers, families, teachers, and leaders in the community, providing different information and resources for each group.

- Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders. This publication from the National Institute on Drug Abuse provides comprehensive information on substance use prevention. It addresses risk and protective factors, community-based drug prevention, incorporating the principles of prevention into programs, and even gives examples of evidence-based prevention programs.

- Drug Enforcement Administration. A government website that offers community outreach information and provides links to helpful publications and websites regarding prevention of substance use.

There are many other prevention resources available online, but be aware that not all of the information is reliable. Look at the community, state, or government resources for the most up-to-date, practical, research-based prevention information.

III. Treatment.

The following information is from the National Institute on Drug Abuse[21]:

The following is a reference guide to more in-depth information enabling you to learn what is available and how to access the site if so desired.

National Agencies.

The **National Institute on Drug Abuse (NIDA**) leads the Nation in scientific research on the health aspects of drug abuse and addiction. It supports and conducts research across a broad range of disciplines, including genetics, functional neuroimaging, social neuroscience, prevention, medication and behavioral therapies, and health services. It then disseminates the results of that research to improve prevention and treatment significantly. It further informs policy as it relates to drug abuse and addiction. Additional information is available at drugabuse.gov or by calling 301-443-1124.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides leadership in the national effort to reduce alcohol-related problems. It does this by conducting and supporting research in a wide range of scientific areas, including genetics, neuroscience, epidemiology, health risks and benefits of alcohol consumption, prevention, and treatment. NIAAA coordinates with other research institutes and Federal Programs on alcohol-related issues; collaborates with international, national, State, and local institutions and organizations engaged in alcohol-related work. Finally, NIAAA translates and disseminates research findings to healthcare providers, researchers, policymakers, and the public. Additional information is available at www.niaaa.nih.gov or by

[21] . [https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/resources]

calling 301-443-3860.

National Institute of Mental Health (NIMH)

The mission of National Institute of Mental Health (NIMH) is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. In support of this mission, NIMH generates research and promotes research training to fulfill the following four objectives:

a. Promote discovery in the brain and behavioral sciences to fuel research on the causes of mental disorders;
b. Chart mental illness trajectories to determine when, where, and how to intervene;
c. Develop new and better interventions that incorporate the diverse needs and circumstances of people with mental illnesses; and,
d. Strengthen the public health impact of NIMH-supported research.

Additional information is available at nimh.nih.gov or by calling 301-443-4513.

Center for Substance Abuse Treatment (CSAT)

The Center for Substance Abuse Treatment (CSAT), a part of the Substance Abuse and Mental Health Services Administration (SAMHSA). It is responsible for supporting treatment services through a block grant program, as well as disseminating findings to the field and promoting their adoption. CSAT also operates the 24-hour National Treatment Referral Hotline (1-800-662-HELP), which offers information and referral services to people seeking treatment programs and other assistance. CSAT publications are available through SAMHSA's Store (store.samhsa.gov).

Additional information about CSAT is located on SAMHSA's Web site at www.samhsa.gov/about-us/who-we-are/offices-centers/csat.

Selected NIDA Educational Resources on Drug Addiction Treatment.

The following are available from the NIDA *DrugPubs* Research Dissemination Center, the National Technical Information Service (NTIS), or the Government Printing Office (GPO). To order, refer to the *DrugPubs* (877-NIDANIH [643-2644]), NTIS (1-800-553-6847), or GPO (202-512-1800) number provided with the resource description.

Blending Products.

NIDA's Blending Initiative—a joint venture with SAMHSA and its nationwide network of Addiction Technology Transfer Centers (ATTCs)—uses "Blending Teams" of community practitioners, SAMHSA trainers, and NIDA researchers to create products and devise strategic dissemination plans for them. Completed products include those that address the value of buprenorphine therapy and onsite rapid HIV testing in community treatment programs; strategies for treating prescription opioid dependence; and the need to enhance healthcare workers' proficiency in using tools such as the Addiction Severity Index (ASI), motivational interviewing, and motivational incentives. For more information on Blending products, please visit NIDA's Web site at drugabuse.gov/blending-initiative.

Addiction Severity Index. Provides a structured clinical interview designed to collect information about substance use and functioning in life areas from adult clients seeking drug abuse treatment. For more details on ASI and to obtain copies of the most recent edition, please visit: triweb.tresearch.org/index.php/tools/download-asiinstruments-manuals/.

Drugs, Brains, and Behavior: The Science of Addiction (Reprinted 2010). This publication provides an overview of the science behind the disease of addiction. Publication #NIH 10-5605. Available online: at drugabuse.gov/publications/science-addiction.

Seeking Drug Abuse Treatment: Know What To Ask (2011). This lay-friendly publication offers guidance in seeking drug abuse treatment and lists five questions to ask when searching for a treatment program. NIDA Publication #12-7764. Available online: at drugabuse.gov/publications/seeking-drug-abuse-treatment.

Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide (Revised 2012)**.** Provides 13 essential treatment principles and includes resource information and answers to frequently asked questions. NIH Publication No.: 11-5316. Available online: at drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations-research-based-guide.

NIDA *DrugFacts:* Treatment Approaches for Drug Addiction (Revised 2009). A fact sheet covering research findings on effective treatment approaches for drug abuse and addiction. Available online: at drugabuse.gov/publications/drugfacts/treatment-approaches-drugaddiction.

Alcohol Alert **(published by NIAAA)**. The document is a quarterly bulletin that disseminates important research findings on alcohol abuse and alcoholism. Available online: at www.niaaa.nih.gov/publications/journals-and-reports/alcohol-alert.

Helping Patients Who Drink Too Much: A Clinicians' Guide (published by NIAAA). This booklet is written for primary care and mental health clinicians and provides guidance in screening and managing alcohol-dependent patients. Available online: at pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm.

Research Report **Series: Therapeutic Community** (2002). This report provides information on the role of residential drug-free settings and their role in the treatment process. NIH Publication #02-4877.

Available online: drugabuse.gov/publications/research-reports/therapeutic-community.

Initiatives Designed to Move Treatment Research into Practice

Clinical Trials Network

Assessing the real-world effectiveness of evidence-based treatments is a crucial step in bringing research to practice. Established in 1999, NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) uses community settings with diverse patient populations and conditions to adjust and test protocols to meet the practical needs of addiction treatment. Since its inception, the CTN has tested pharmacological and behavioral interventions for drug abuse and addiction, along with common co-occurring conditions (e.g., HIV and PTSD) among various target populations, including adolescent drug abusers, pregnant drug-abusing women, and Spanish-speaking patients. The CTN has also tested prevention strategies in drug-abusing groups at high risk for HCV and HIV and has become an essential element of NIDA's multipronged approach to moving promising science-based drug addiction treatments rapidly into community settings. For more information on the CTN, please visit drugabuse.gov/CTN.

Criminal Justice-Drug Abuse Treatment Studies

NIDA is taking an approach similar to the CTN to enhance treatment for drug-addicted individuals involved with the criminal justice system through Criminal Justice–Drug Abuse Treatment Studies (CJ-DATS). Whereas NIDA's CTN has as its primary mission the improvement of the quality of drug abuse treatment by moving innovative approaches into the larger community, research supported through CJ-DATS is designed to effect change by bringing new treatment models into the criminal justice system and thereby improve outcomes for offenders with substance use disorders. It seeks to achieve better integration of drug abuse treatment with other public health and public safety forums and represents collaboration among NIDA; SAMHSA; the Centers for Disease Control and Prevention (CDC); Department of Justice agencies; and a host of drug treatment, criminal justice, and health and social service professionals.

Blending Teams
Another way in which NIDA is seeking to move science into practice actively is a joint venture with SAMHSA and its nationwide network of Addiction Technology Transfer Centers (ATTCs). This process involves the collaborative efforts of community treatment practitioners, SAMHSA trainers, and NIDA researchers, some of whom form "Blending Teams" to create products and devise strategic dissemination plans for them. Through the creation of products designed to foster adoption of new treatment strategies, Blending Teams are instrumental in getting the latest evidence-based tools and practices into the hands of treatment professionals. To date, many of the products are completed. Topics have included increasing awareness of the value of buprenorphine therapy and enhancing healthcare workers' proficiency in using tools such as the ASI, motivational interviewing, and motivational incentives. For more information on Blending products, please visit NIDA's Web site at drugabuse.gov/nidasamhsa-blending-initiative.

NIDA *DrugPubs* Research Dissemination Center. NIDA publications and treatment materials are available from this information source. Staff provides assistance in English and Spanish and has TTY/TDD capability. Phone: 877-NIDA-NIH (877-643-2644); TTY/TDD: 240-645-0228; fax: 240-645-0227; e-mail: drugpubs@nida.nih.gov; Web site: drugpubs.drugabuse.gov.

The National Registry of Evidence-Based Programs and Practices. This database of interventions for the prevention and treatment of mental and substance use disorders is maintained by SAMHSA and are accessed at nrepp.samhsa.gov.

SAMHSA's Store has an extensive range of products, including manuals, brochures, videos, and other publications. Phone: 800-487-4889; Web site: store.samhsa.gov.

The National Institute of Justice. As the research agency of the Department of Justice, the National Institute of Justice (NIJ) supports research, evaluation, and demonstration programs relating to drug abuse in the context of crime and the criminal justice system. For information, including a wealth of publications,

contact the National Criminal Justice Reference Service at 800-851-3420 or 301-519-5500; or visit nij.gov.

IV. Social Harm.

Social Effects of an Addiction - Drug Addiction[22]

We again borrowed from proven sites as the information is relevant and reflects current information. The adverse social outcomes addiction to drugs has devastating effects of family, friends, colleagues, and others with whom we know and associate. We are aware of the physical and psychological effects of addiction. We also have grave concerns about the social consequences.

We are aware that addiction wreaks harm on everyone in society as someone must pick up the slack by non-productive people. Not condemnation, rather reality, leading to a future providing increased quality of life for all, including the addict. The following seven categories were taken from the website and seek to explain conditions that will lead to positive change.

1. Marriage & Relationships.

Substance abuse changes an individual, not for the better, but a downward spiral of destruction. Harmed is the marriage, torn relationships with children and other family members. There is a diminished financial condition, potentially criminal behavior, theft of household resources to supply money for a drug habit, and other negative influences. The change in behavior, finances, cohesion, and with increased uncertainty is a marriage killer in many or most situations.

Loss of a job may bring the family to the brink of health care, due to loss of the former employer's health care with the loss of the job. The need for drugs over-rides everything else family related, the addiction in control and ruling behaviors. Priorities in life switch from family to addiction, which is currently without a solution.

There is a widening loss of trust as the drug addicted person

[22] . http://www.medic8.com/drug-addiction/social-effects.html

refocuses from family to self. Formerly responsible for paying bills and taking care of other issues and needs, diminishes and eventually cannot be met, as money is going to the addiction. Over time, the marriage ends as continuation within the same boundaries of love and mutual care, and concern falls away.

2. Education.

A child with an addiction will soon fall behind in school, the effects of the drug dependence stronger than rules, expectations, desire and other influences that pull the individual away from the responsibility to complete focus on the substance abuse. The same roadblock conditions are in place if the parent is addicted as that demands substantial time to address the growing family issues.

The need for a parent and school partnership is critical, so early notification is made when teachers observe changing behavior in a student. A plan of action is required immediately, and it must include others who can help. To not move aggressively, may prove too little, too late.

Addiction may not be debilitating; it can be cigarettes, alcohol or other substances that demand additional cost and overuse. In any situation, it takes time away from the rest of the family and may cause some issues. When the person with an addiction is present, it removes focus that would otherwise be available to other members of the family.

3. Employment.

Employers have diminishing tolerance for an employee's substance abuse. Loss of productivity, attention, increased missing of work, perhaps personality changes and other worker awareness all demand time and reduce work focus. Other bothersome behaviors include diminished productivity, appearance issues, personal hygiene, and erratic behaviors.

An employer may opt to provide assistance to the employee through a variety of care programs. Unlimited support will not be the case as cost and the need for a productive employee eventually takes precedence. It is disruptive to other employees, it poses a safety risk, and it lowers the value of the individual to the organization. If no programs are in place, we see the person

released from employment, as that is the easiest of options.

4. Health & Well-being.

Quoting from the website: "*Drugs such as heroin, cocaine, amphetamines, poppers, ecstasy are dangerous in any amount and should be avoided. There is no such thing as a safe, moderate amount of crack cocaine or heroin.*"

"Apart from the long term effects on health, there is also the fact that addiction can be fatal. Alcohol, cigarettes, and drugs can kill either as a result of an overdose, suicide, an accident or from the physical damage caused by these substances."

"Other side effects include an increase in the number of sexually transmitted diseases, unwanted pregnancies and congenital disabilities as a result of the mother's addiction." We speak of a diminished awareness, engagement, commitment, and other personal behaviors subsumed from work attention, are costly and pose a liability.

One's health and well-being is a primary benefit of the individual and all others with whom he or she associates. When the focus turns to health issues, other aspects of the person's life diminish.

5. Personality.

The influence of drugs can and often does change behavior, altering the known characteristics. Some or many of the changes include becoming withdrawn, secretive, offensive in behavior and statements, cheat, lie, steal and other criminal and personal negative behaviors.

Individuals become aggressive, lack trust, and demonstrate low self-esteem and bouts of paranoia. The loss of caring about others is gradually replaced with an increased need for their substance of choice. They care for no one but themselves and their addition.

We may observe agitation in body movements, not able to tolerate any irritation, fidgeting, and bouts of depression. It is observable, and it is an indicator that something is off-balance.

Again, quoting from the website: "*The chemistry of the brain is affected by addiction, for example, taking crystal meth, amphetamines, cannabis, ecstasy and excessive alcohol use. These have the power to change certain structures of a person's brain which have a dramatic effect on that person's personality*."

6. Financial Issues.

Addiction leads to a self-focus that does not allow for employment, due to the influence of the drug. Loss of employment, the cost of the drug, and costs surrounding increased negative behaviors that eventually include the police, treatment, hospitalization, and incarceration.

Financial damage is far-reaching, often beyond what we usually relate to a person's productivity. The increase in other services not typically required cost money and when they are devoted to a particular person, he or she is the cause of additional expenditure.

7. Law & Order.

Crime is a natural outcome of drug addiction, particularly with the source of money and income is diminished due to job loss and use of savings to pay for the habit. People often turn to stealing, taking other people's property and selling it, stealing money from relatives or other things of value which can be turned in for money at a pawn shop or sold on the street.

Previously mentioned but everyday real, crime generates increased costs. Included are:

- Loss of goods
- Police time
- Prosecution time
- Court time
- Incarceration
- Insurance coverage for losses
- Medical expenses if someone is injured
- Accidents that result in damage and resultant costs
- Legal fees associated with the above list

V. Mental Health.

The abuse of chemical substances can lead to mental illness and distract a person from achieving mental well-being. Many individuals in the criminal justice system are struggling with serious mental health issues that must be addressed. Unfortunately, many do not receive the care they need. Often, individuals requiring mental health intervention and treatment are homeless; represent veteran populations or those who suffer from the trauma of some type.

In 2010, The Substance Abuse Mental Health Services Administration identified eight strategic initiatives unique to this area found to be of utility in addressing problems. They are:

- **Prevention of Substance Abuse and Mental Illness.** Create prevention-prepared communities in which individuals, families, schools, workplaces, and other entities are actively engaged in promoting emotional health. This approach serves to assist in preventing and reducing mental illness, substance abuse (including tobacco), and to address suicide, and growing issue across lifespans.

- **Trauma and Justice.** Reduce pervasive, harmful, and costly public-health occurrence of violence and trauma by integrating trauma-informed approaches throughout health and behavioral healthcare systems. Additionally, to divert people with substance-abuse and mental health disorders away from criminal and juvenile justice systems into trauma-informed treatment and recovery.

Mary: A Case Review

The following case review is provided to illustrate an example of trauma and justice.

The relationship between trauma, substance abuse, and the criminal justice system has been well established. Many offender populations come from environments where they have experienced familial violence or trauma related to their

surroundings. Many times these events lead the individual to a lifetime of self-medication and an eventual dependency on alcohol or other substances. Similar scenarios often result in criminal behavior.

Working with one of my clients who had developed a significant substance abuse problem, later led to a second-degree assault charge placed against her. Her story is not unique but follows a pattern of child sexual abuse which started at age three.

Mary, not her real name, was physically and sexually abuse for over five years. Her mother was aware of what was occurring but refused to intervene. At age 13 Mary started to experiment with marijuana and alcohol, and it provided some form of relief from her mental anguish.

Before turning 13 Mary related that she felt "extremely dirty" and started to take baths in Clorox floor cleaning solutions. These baths caused third-degree burns on her body, but she wore heavier clothes with sleeves so her teachers would not notice. At age 16 Mary decided to go on her first date resulting in her "boyfriend" trying to have sex with her. His actions caused a reaction of re-living previous trauma and led to her assault of the dating partner.

The criminal justice system response to Mary focused on getting her help for her substance abuse, mental health, and trauma-related issues. Age and adolescent counseling was engaged in with positive outcomes. Mary graduated from high school, was accepted into a local community college, and pursued a degree in human services. Through personal motivation and the assistance of numerous individuals, she was able to overcome what could have become debilitating barriers.

Mary's case is an example of a "successful outcomes" case demonstrates potential to overcome. The question remains, how many others are without adequate assistance? Mary's mother failed her as did the school system with a teacher not addressing her wearing warm clothes with long sleeve shirts in the summer. It was Mary's assaultive behavior that brought to the forefront her "cry for help." It is unfortunate that earlier interventions were not available before entry to the criminal justice system.

Future Considerations:

Many "clients" of the criminal justice system have significant substance abuse and trauma related issues. Many of our returning veterans suffer from combat stress reaction (CRS) and Post Traumatic Stress Disorder. Their use of alcohol or other substances may lead to criminal behavior.

If we are not prepared to identify trauma-related stress, we will continue to overlook the need for care in this arena. Providing training helps reduce the incidence of alcohol, substance abuse, and dependency.

Staff training is paramount and should be part of an ongoing professional development schedule for all counseling and criminal justice staff.

Several excellent resources to start this process are within the following public domains:

1) Center for Substance Abuse Treatment. Substance abuse treatment for persons with co-occurring disorders. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2005. Treatment Improvement Protocol (TIP) Series 42. HHS Publication No. SMA 05-3992.

2) Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series, No. 57. Center for Substance Abuse Treatment (US). Rockville (MD)[23]:

- **Military Families.** Lead efforts to ensure that behavioral health services are accessible to Active, Guard, Reserve and other Veteran services. Support of this group of men & women, including their families is continually in need of attention. As a Nation at war for these past decades, requests for mental health and substance

[23] . Substance Abuse and Mental Health Services Administration (US); Chapter 3, Understanding the Impact of Trauma. http://nasmhpd.org/content/national-center-trauma-informed-care-nctic-0

abuse services steadily increase.

- **Health Reform.** Expand health care coverage and include the use of evidence-based practices to expand access to proper and high-quality care. Reduce existing disparity between the availability of substance abuse and mental disorder services to include other medical conditions.

- **Housing and Homelessness.** The purpose is to provide housing and shelter for the homeless, including individuals with mental health and substance abuse disorders. This effort will include recovery-sustaining programs. Reoccurrence by falling back into past behaviors is costly, and if the person does not see a pathway forward, it adds to depression and continued use of substances.

- **Health Information Technology for Behavioral Health Providers.** Ensuring that the behavioral-health provider network, including prevention specialists and consumer providers, are engaged with the general healthcare delivery system, adopting health information technology to this population. Separate systems are costly and do not allow for a seamless approach to the treatment of conditions and symptoms that are related.

- **Data, Desired Outcomes, and Quality Services.** Demonstrating results are realized through the use of integrated data strategies that inform policy, measures program impact, and results in improved quality of service and outcomes for individuals, families, and communities.

- **Public Awareness and Support.** Increase understanding of mental health and substance abuse prevention and treatment services. The goal is to achieve the full potential of prevention and assist people to obtain assistance for their health conditions, using the same level of urgency as any other health concern.

  The Substance Abuse and Mental Health Services Administration (SAMHSA) is a branch of the U.S. Department of Health and Human Services. SAMHSA provides a depth of information on substance abuse and mental health problems, including assistance

opportunity. Individuals can obtain information, by geographic areas through state-funded alcohol and substance abuse providers.

Dual Diagnosis.ORG[24] is an agency that provides information on drug addiction and mental illness issues. They report findings from the National Bureau of Economic Research (NBER) on the relationship between mental health concerns and substance abuse.

The NBER reports that there is a "definite connection between mental illness and the use of addictive substances" and that mental health disorder patients are responsible for the consumption of:

- 38 percent of alcohol
- 44 percent of cocaine
- 40 percent of cigarettes

NBER states that individuals diagnosed with a mental health disorder, at some point in their lives, are responsible for the consumption of:

- 69 percent of alcohol
- 84 percent of cocaine
- 68 percent of cigarettes

There is a clear connection between substance abuse and mental health disorders, resulting in multiple combinations of different causes and symptoms. Each diagnosis provides appropriate intervention recommendations.

VI. Medical Health

Substance abuse frequently leads to critical medical problems for the user and the family. The impact of these health problems are enormous and underestimated. Addiction leads to numerous medical issues including cancer, stroke, lung disease and mental illness. Many of those affected do not have needed resources to provide, for example, costly sobriety treatment.

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[24] . http://www.dualdiagnosis.org/mental-health-and-addiction/the-connection/

We must also address the harm to individuals who are not users, but damaged due to its presence? One example, second-hand tobacco smoke, referred to as environmental smoke, is toxic to those near the user.

A further example, The Centers for Disease Control and Prevention (CDC)[25] is an excellent resource that addresses smoking related illness, second-hand smoke, and tobacco prevention programs. They have included a section on E-cigarettes.

VII. Crime.

The relationship between crime, criminal behavior and substance use and abuse is indisputable. It is alleged that there are higher rates of substance abuse among criminal justice populations.[26] Addressing individuals in the criminal justice system with alcohol, drugs, and who engage in criminal activity, will reduce recidivism.

The purpose of this book is to encourage thinking on solutions and action steps to reduce substance abuse. The devastation is evident, the solutions still have ways to go, and the problems continue to harm tens of thousands daily.

The National Institute on Drug Abuse[27] (NIDA) provides accurate information on substance abuse treatments for offender populations on a national level and includes program ideas for their families.

The Bureau of Justice Statistics[28] is another valuable resource that provides vital statistics on drug and crime. It maintains a data bank to include victims of crime associated with alcohol and drugs.

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[25] . https://www.cdc.gov/tobacco/

[26] . Binswanger, I. A., Nowels, C., Corsi, K. F., Glanz, J., Long, J., Booth, R. E., & Steiner, J. F. (2012). Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors. *Addiction Science & Clinical Practice, 7*(1), 3. doi: 10.1186/1940-0640-7-3.

[27] . https://www.drugabuse.gov/related-topics/criminal-justice

[28] . https://www.bjs.gov/content/dcf/duc.cfm

VIII. Systemic, Not, an Individual Debilitation Problem.

(work, relationships, lifestyle)

Personal debilitation associated with alcohol and substance use and abuse is non-existent. This issue severely impacts Americans. Relationships, employment, families and numerous other social situations suffer because of the misuse of legal and illegal substances. It has been a national problem for decades and does not appear to be abating.

The cost of lost wages, criminal justice, social services, education, healthcare, and numerous other related events is astronomical. Only through collaborative and systematic deliberation can sustainable change occur. Until that happens, we continue to spiral downward, headed for a nose dive crash of insurmountable consequence.

Chapter 4:
The Transtheoretical Model of Change

Sub-Title: Applying the Transtheoretical Model of Change to Reoccurring Crime, Drug, and Violence Problems at the Neighborhood Level.

Description:

The Transtheoretical Model (TTM), also known as the "stage model," is one of the leading approaches to behavior change and provides guidance in developing tailored interventions to increase readiness and acceptance of change proposals. The design encompasses:

1)	Stages of Change Modules I & II	Readiness to take action.
2)	Decisional Balance Module III	Pros & Cons of Changing
3)	Self-Efficacy Module IV	Confidence to make and sustain changes in difficult situations.
4)	Processes of Change Module V & VI	Ten cognitive, affective, and behavioral activities that facilitates change.

Introduction

The often silent and subtle effects of illegal drugs, crime, and violence are rendering society's core values ineffective. Other than international conflict leading to war, few issues impact our personal, social, economic, legal, cultural, ethical, moral, and political concerns. The hierarchy of jurisdictional interests, the disenfranchised pockets of available resources across functional lines, and the absence of unified programs that pull affected parties together in defined geographical areas skews many

program outcomes either toward failure or to limited impact from the beginning.

It is important to comprehend social, cultural, environmental, and infrastructure variables, the occurrence of crime and disorder and their proximity to drug locations. A global view is too broad, for it challenges personal ability to form a focus on the issues affecting close to home parameters. Stakeholders are the hardest hit by drug problems and crime. They include residents, business owners, delivery people, police, social workers, public and private organizations, churches and a multitude others. The neighborhood and the people that live and work there define the collective investment. Given a comprehensive understanding of "place and people," allows visualization otherwise lost to volume.

Determining drug market locations and the environment in which they exist identify conditions that support or permit their continued existence. It is not possible to have a complete picture of an entire city, town, county or state. People need to determine what works in their perception of the identified drug issues and concerns, make that geographic area of primary focus and work to reduce the problems in that working environment.

Questions often ask include:

- Why they can flourish in a particular geographic area, and not others, is a central issue of this examination.

- Do conditions exist that enable and encourage illegal markets, and are they indigenous or introduced to the geographic area?

- Are the characteristics of an area supportive and permit opportunities for the establishment of drug markets?

Issues and Problems:

The effects of drugs and crime are devastating. Fragmented and uncoordinated delivery of services, by both public and private agencies, is important, but are they achieving the established

goals? While much of the burden for controlling and reducing the incidence of drugs and crime falls on police, even with their extraordinary efforts, they cannot be successful without the full participation of other stakeholders. There is the absence of coordinated planning demonstrating stakeholder plans and expectations, a critical component of successful campaigns, and, even with the expenditure of extensive resources, in some areas, the problems do not improve to the extent possible. Crime in the form of personal and property offenses coupled with violence and accompanying fear remain constant companions with the existence of drug markets.

Changing a drug and crime environment demands the full attention of all parties involved in the effort. It also requires participation by others who through fear or apathy choose not to engage. Determining stakeholder "readiness to change" and using that information prepares collaboration and cooperation through partnerships, and constructs successful programs. Neglecting this initial step leaves a significant number of affected persons disconnected from any planning and resulting affirmative action. It contributes to failure.

Understanding of the various social, cultural, environmental, and infrastructure variables that encourage or discourage future drug environments is critical. The distribution of drugs and crime varies across geographic areas. There is a need to understand this phenomenon to develop prevention, treatment, educational and enforcement strategies, to seek coalescence among neighbors, to foster public and private assistance, and to work at improving the quality-of-life for residents. Solutions to problems associated with drugs and crime are not the sole purview of government. Government alone cannot effect change without geographic area stakeholder involvement and engagement in finding solutions to problems.

A Path Forward: The Transtheoretical Model of Change[29].

The Transtheoretical Model of Change (i.e., the "stage model") is a developmental framework that provides assistance to developing interventions that increase stakeholder readiness to implement and sustain programs targeting the reduction of drugs, crime, and violence at a geographic area level. Long-term and sustainable success depends heavily on stakeholder willingness to change, to work collaboratively, and commit to participation in program and project implementation.

An assessment of stakeholder readiness to change determines the extent to which they: (1) understand the issues and problems, and, (2) ascertain if they will engage in activities that can facilitate movement and support for geographic area improvement.

The Goals of Change.

- Determining geographic area drug markets and related crime "hot spots" using tools such as Geographic Information Systems (GIS). This tool expands the application of data and appropriate analysis and results in accurate geographic maps of the area of interest.

- Data to assist in analysis includes census data, police records, police calls for service, other public/private agency data, arrest data, and other sources as are relevant and deemed of interest.

- Develop a seriousness scale that ranks geographic area according to crime, disorder, quality of life and citizen concerns.

- Determine stakeholder perceptions of issues and needs using a survey instrument. Focusing a developmental program on the needs of the "hot spot" communities and its

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[29] McConnaughy, Prochaska, & Velicer. (1983). Stages of change in psychotherapy: Measurement and sample profiles. Psychotherapy Theory Research & Practice 20(3):368-375

residents reduces unimportant and frivolous training topics from learning materials.

- Identify and develop intervention strategies to counter attitudes and behaviors by individuals, groups, and organizations [stakeholders] that hinder or impede the implementation of programs in geographic areas classified as containing “hot spots” of crime and drug abuse.

- Facilitate stakeholder acceptance and integration of proposals and programs aimed at reducing crime and drugs.

- Encourage an environment of trust, cooperation, and communications among stakeholders promoting more potent drug and crime reduction partnerships.

- Develop and implement continuing professional development programs designed to facilitate the fulfillment of the drugs and crime reduction goals.

- Train stakeholders to address the primary causes of drug and crime problems in such a way as to increase the effectiveness in dealing with these problems when they encounter them in the community they serve.

- Enhance stakeholder effectiveness helping them improve their coaching skills and abilities related to cooperation and coordination performance issues and facilitate their role as a problem solver in the community.

We recommend the Transtheoretical Model of Change as a means to seek new approaches to how neighborhoods and communities manage their environment and reduce the incidence and impact of drugs and crime.

The Transtheoretical Model Explained.

The Transtheoretical Model (TTM) is one of the leading approaches to behavior change and provides guidance in developing tailored interventions to increase readiness and acceptance of change proposals.

The Model Includes:

1. Modules I & II. The Stages of Change.

   - Readiness to take action.

2. Module III. Decisional Balance.

   - Pros and Cons of changing.

3. Module IV. Self-Efficacy.

   - Confidence to make and sustain changes in stressful situations.

4. Module V & VI. The Processes of Change.

   - Ten cognitive, affective, and behavioral activities that facilitate change under the model.

     A. Consciousness Raising.

     Finding and learning new facts, ideas, and tips that support healthy behavioral change.

     B. Dramatic Relief:

     Experiencing the negative emotions (fear, anxiety, and worry) that go along with unhealthy behavioral risk.

     C. Self-Reevaluation.

     Realizing that the behavioral change is an important part of one's identity as a person.

     D. Environmental Reevaluation.

     Realizing the negative impact of the unhealthy behavior or the confidence of the healthy behavior on one's proximal social and physical environment.

     E. Self-Liberation.

     Making a firm commitment to change.

F. Helping Relationships.

Seeking and using social support for the healthy behavioral change.

G. Counterconditioning.

Substituting healthier alternative behaviors and cognitions for the unhealthy behavior.

H. Contingency Management.

Increasing the rewards for the positive behavioral change and decreasing the rewards of the harmful behavior.

I. Stimulus Control.

Removing reminder or cues to engage in the unhealthy behavior and adding cues or reminder to participate in health behavior.

J. Social Liberation.

Realizing that the social norms are changing in the direction of supporting the healthy behavioral change.

5. Module VII. Evaluation.

A. Ensure that goals and objectives are met.
B. Obtain a full picture of the substance abuse environment.
C. Examine the stakeholder and environmental change outcomes.
D. Has public/policy been achieved?
E. Has utilization of the transtheoretical model of change been implemented?

The Seven Modules to Decisions:

I, II, III. IV. V. VI. VII

Module I. Identify problems influenced by drugs and crime using Geographic Information Systems (GIS) software to conduct temporal and spatial analysis in geographic areas defined as neighborhoods.

The analysis will determine the geographic areas that are experiencing the highest levels of crime and violence; devise a "seriousness" scale ranking levels of threat to health, safety, and quality of life by geographic area.

Module II. Describes and develops a profile of the identified geographical regions using census, demographic information on residents, businesses and their employees, service providers, public/private agencies, and others who occupy the same geographic area. Knowing who resides in these geographic areas is essential to planning.

Module III. Identify the stakeholders in the geographic area that are negatively affected by or seek improvement with drug-related crime; includes victims and citizens who want change.

Module IV. Assess the resilience of stakeholders to determine their "readiness to change" on taking action to reduce the effects of drugs and crime in their respective geographic area. A critical decision includes a commitment by stakeholders.

Module V. Utilize "readiness to change" assessment results to develop collaborative intervention programs to assist stakeholders to reach consensus and common understanding on the extent of the drugs and crime problems and to develop strategies on how they can be corrected. This module will also make recommendations in response to the identified needs.

Module VI. Develop public policy and procedure guidelines that address the need for a collaborative and cooperative united front

against drugs and crime in the selected geographic areas. The plan will serve as a guide to planning and implementation of current and new initiatives by all stakeholders. The policy will also devise a communications model for agencies, individuals, and groups to assist in maintaining long-term and sustainable programs for drug and crime reduction.

Module VII. Evaluation of program goals and objectives sustains positive change and improves future program implementation.

1. Research questions on the existence and sustainability of illegal drugs are important to acquire the full picture of the environment of concern include:

A. What are the factors that when enabled allow drug markets to exist and flourish?
B. Is there extensive drug use but no existing drug markets?
C. Are there markets but with few users from the geographic area?
D. Are there both sellers and users in the geographic area of examination?
E. Where do customers reside?
F. Are drugs sold openly on the street and concealed in buildings?
G. Do dealers/sellers reside in the same geographic area or somewhere else?
H. What combination of factors and variables must be present to preclude and prevent the sales of illegal drugs?
I. What contributes to a place becoming a drug market?
J. What allows it to remain viable?
K. Are there environmental factors that either help or hinder the existence of drug markets?

2. Stakeholder and environment change questions also provide guidance and order to the planning process.

A. What must happen to make changes?
B. What combination of agency and policy initiatives will it take to bring about change?

C. Who is included in the planning of a proactive strategy to address the problems of illegal drug use, sales, resulting crime, and violence?
D. What are the major issues of concern?

3. Determine anticipated relevance to public policy and/or practice.

Decades of drug and crime enforcement has certainly contributed to making our streets safer. Still, we are plagued with high levels of substance abuse, accompanying crime and few tried and true solutions to the many problems. We believe that impact is sufficient if we do not attempt to solve the problem at the macro level, rather focus on neighborhoods, a more succinct and potentially successful enterprise.

The number of people tied to a geographic area would total in the hundreds or perhaps thousands. Included are residents, businesses, and individuals who live, work, and travel in a neighborhood. A focus on the collective energy and commitment of this group would most likely reduce drug and crime problems while improving the quality-of-life. This approach stands a much stronger chance of success than a scattered, uncoordinated, and lacking collaboration program. This very scenario brings to the table the difficulty of getting people to agree and to work together for the common interest. Their diverse interests and investments make this a difficult prospect.

The Transtheoretical Model (TTM) is one of the leading intervention models for behavior change. We seek to change geographic area stakeholder behaviors helping them to work collaboratively and cooperatively for the challenging purpose of reducing drugs and crime in their respective communities. Creating an environment of change is difficult, but not impossible. As evidenced by the TTM, a unique change opportunity to affect success exists.

The Importance of Geographic Area as the Focus.

Geographic areas are identified by the people that live in them and as a distinct territory defined by specific physical and social

characteristics. They are geographic, issues based (i.e., economic, community development, human rights, etc.), and affinity-based (i.e., racial/ethnic, religious, sexual orientation, ideas, and values).

Community building is dependent on everyday connections and conversations between people, where they work, meet, relate to one another and share experiences and interests. This information is available from a variety of data sources, including the Census, geographic area websites, and other resources. A database of this information, when used with Geographic Information Systems (GIS) software, allows for an in-depth examination of all relevant variables.

Subjects of this study (referred to as stakeholders) include residents, business owners, delivery people, police, social workers, public and private organizations, churches, visitors, utility workers, customers, and other individuals or groups. They have some legitimate reason for being in the geographic area on either a semi-regular or full-time basis.

Examination of a geographic area results in knowing those with the highest frequency of crime, drugs, and violence. It is advantageous to include the following in your analysis:

A. Demographics of the geographic area (2000 Census Data)

- Race, ethnicity
- Income
- Education
- Family structure
- Owner vs. Rental property
- Evidence of citizen involvement (geographic area associations, etc.)
- Increasing incidence of crimes and drugs
- Diversity of land use (residential, business, industrial)
- Geographic area Infrastructure (stable, threatened, dilapidated) illustrating differences in housing stock and physical conditions
- The extent of visible signs of disorder (i.e., prostitution, open drug markets, public drinking, roving groups of young people, litter, abandoned vehicles, and other signs

of disease are included. Ranking each geographic area uses a windshield survey to collect relevant data.

Following analysis, a geographic area that displays the most dangerous conditions, as reflected by "hot spot" locations within their boundaries, the extent and seriousness of violent crimes, drug markets, and other demographic and geographic information, become priority focus. Within each of these geographic areas also identify the stakeholders, as defined above, to include them in the process of bringing about a unified approach to the reduction of drugs and crime.

The effectiveness of the Transtheoretical Model (TTM). To assist geographic area change applies structure to citizen engagement. They and other stakeholders must be trained in the model and taught implementation methods that address identified problems.

The effectiveness of the TTM to geographic area characteristics and structure accepts the normal incidence of drugs, crime, and violence. Helping geographic area stakeholders work collaboratively and cooperatively, utilizing a current readiness to change platform, is deemed the next step in changing cultural, social, economic, and infrastructure conditions.

Program Purpose, Goals and Objectives.

Our history in seeking solutions to the devastation of illegal and prescription drug abuse leads us to find a comprehensive and strategic approach to reducing the incidence and bring about sustainable change. Change efforts result in stating a purpose that will examine characteristics of drug markets and related crime locations in the place designated for change.

Drug marketplaces exist in all towns and cities the United States. Determining why they locate where they do, who are the vendors and buyers, what is the extent of violence and disorder generated in their proximity, and how they sustain themselves over time are deemed important questions to seek answers to as communities, and governmental agencies seek enforcement, prevention, intervention and elimination strategies.

Of parallel importance is the need to identify all individuals, groups, public/private organizations, governmental agencies, community members, sellers and users of illegal drugs. Community service organizations, victims, treatment and prevention services; along with educational services occupying a geographic area.

Prior research on drugs and crime covers an enormous array of topics, programs, and conclusions about extent and solutions. One issue that seems consistent is the lack of long-term sustainable solutions to a problem that continues after decades of study and trial and error reduction programs. Yes, success stories exist, but when we seek an enterprise that offers a ray of hope to a community, we are left to choose from among dozens of programs that others have tried with various levels of success or concomitant failure.

For example, the City of Rochester, New York is not unique among other cities across the nation. It's illegal drugs and related crime problems are but a mirror image to similar locations in multiple jurisdictions. However, the initiative and support by governmental leaders, citizens, faith communities, providers of service and many others are at a high state of willingness to take action. As such, examination of the characteristics of drug markets, their causes, and prevention strategies can be generalized to the City of Rochester as with other locales. Research demands an applied approach to seeking answers and solutions to many problems surrounding drugs and crime.

The prevalence of illegal drugs markets in a city is recognizable by its associated crime and violence, disruption of a cohesive social environment, and resident levels of fear and concerns for safety and the potential for victimization. They also require considerable resource expenditure by public officials and individuals who have a business or provide service. The existence of drug markets is perhaps the single most serious issues facing any community

today, and with exceptions, the problems persist, the solutions are few, and the expectations for improvement seem diminished.

Managing Change.

Of importance with any endeavor is the opportunity to effect changes that improve conditions considered deleterious to a community's social, economic, safety, political, educational, physical and mental health. We believe that the failure of programs designed to change the culture of illegal drugs and related crime is due, in part, to a condition best described as the "one size fits all" syndrome. Conditions for change must be examined and understood using the results of the inquiry to create sustainable changes.

We find ourselves working with a diverse host of participants (i.e., police, citizens, neighborhood associations, public and private service providers, businesses, and other interested parties) as this view represents an overwhelming number of people with different ideas and expectations of accomplishment. This group, all of whom are involved in the communities' quest to reduce drug use and crime, to improve the quality of life for its residents, to provide services to people who have dire needs, and to work for the welfare of all citizens; harbor a range of ideas and proposals for improvement.

The problem often is insufficient cooperation, collaboration, and integrated approaches to problem-solving. The causes of this dysfunction are many including funding and resource needs, the often conflicting role of government versus private and community organizations, and other issues that surface from political, legal and social needs and demands. Dysfunction quickly equates to an encounter of trying to meet a broad array of attitudes about the base problem itself. It often comes down to the question, "Do we propose a 'quick fix' program. Or, do we logically engage in the process to build a sound basis for action recommendations that are agreed on by the majority of individuals and groups involved in the process?"

Review of Foundational Literature.

To understand current conditions, we must also understand where we have been. As ideas form, we seek additional knowledge to qualify relevance and support to current situations. A look at theory and models provide the foundational principles, the bedrock, which assists us with a starting point, resisting the desire to leap forward with perhaps fatal outcomes.

Stage of Change Explained[30]:

The Transtheoretical Model of Change central organizing concept represents the motivational dimension of the change process. Longitudinal studies of change have found that people move through a series of five stages when modifying behavior on their own or with the help of formal intervention (DiClemente & Prochaska, 1982; Prochaska & DiClemente, 1983). In the first stage of change, the Precontemplation Stage, individuals deny there is any need to change and, thus, are resistant, underestimate the costs of not changing, believe the consequences are insignificant or have given up the thought of changing because they are demoralized. They are not thinking about changing in the next six months.

Individuals in the Contemplation Stage are more likely to recognize the benefits of changing. However, they continue to overestimate the costs of changing and, therefore, are ambivalent and not quite ready to change. They are seriously considering making a change within the next six months.

Individuals in the Preparation Stage have decided to make a change in the next 30 days, and have already begun to take small steps toward that goal.

Persons in the Action Stage are overtly engaged in modifying their behaviors or acquiring new habits.

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[30] . The many references are found at the end of this chapter.

Image: Pro-change Behavior Systems

And, individuals in the Maintenance Stage have been able to sustain change for at least six months, and are actively striving to prevent relapse. For most people, the change process is not linear, but spiral, with several relapses to earlier stages before they attain permanent behavior change (Prochaska & DiClemente, 1983, 1986).

Stage of change can be assessed using continuous measures that represent each of the different stages. Although individuals progress from one stage to another, they can have attitudes and exhibit behaviors that characterize more than one stage at the same time. Profiles or patterns of scores on the various dimensions describe readiness to change. The first measure of this kind, the University of Rhode Island Change Assessment (URICA), was developed to assess psychotherapy patients' readiness to address the "problem" (unspecified) that brought them to treatment (McConnaughy, DiClemente, Prochaska, & Velicer, 1989; McConnaughy, Prochaska, & Velicer, 1983).

The stage concept has received empirical support across studies of behavior change in several areas, including smoking cessation (DiClemente et al., 1991), alcohol abuse (DiClemente & Hughes, 1990), violence cessation (Levesque, Gelles, & Velicer, 2000), and work practices, including collaborative service delivery (Levesque, Prochaska, & Prochaska, 2000) and continuous quality

improvement (Levesque et al., 2000). For example, smokers in Preparation are twice as likely to be abstinent at one-month post-treatment than Contemplators, who in turn are twice as likely to be abstinent than Precontemplators are. The pattern continues at six months post-treatment (DiClemente et al., 1991). Research comparing stage distributions across behaviors and populations found that about 40% of pre-action individuals were in Precontemplation, 40% in Contemplation, and only 20% in Preparation (Laforge, Velicer, Richmond, & Owen, 1999; Velicer et al., 1995). These data suggest that if we offer the community, governmental and public/private individuals and organizations action-oriented interventions that assume readiness to engage in the reduction of substance abuse and violent crime, we cannot ignore those who are <u>not</u> prepared to take action.

The transtheoretical model seeks to facilitate change within individuals, public/private groups, and governmental agencies helping them become more responsive, knowledgeable, and skillful in addressing identified problems. Solitary, disconnected and uncoordinated programs cannot accomplish the level of change that is needed to combat entrenched drugs and crime problems. Solutions must include a unified, coordinated and directed approach.

Drugs, Crime & Social Disorganization.

If we accept the premise that police legitimacy is rooted in "its ability to meet the needs and desires of the community," which include the reduction of serious crime (Moore, 1992:123); we must also acknowledge the importance of the surroundings in which the police carry out their duties. Wilson and Kelling (1982) contend that [community] policing efforts should revolve around the elimination of factors that cause people to withdraw from and lose interest in their community. Because of withdrawal, there often is an increase in social disorganization and increased levels of crime and disorder (Kornhauser, 1978; Skogan, 1986; Sampson and Groves, 1989). This phenomenon, explained by Bursik and Grasmick's (1993:12) systemic model of crime that Emphasizes, "*The ability of neighborhoods to control themselves and their environment through formal and informal relational networks to minimize crime*." Other factors also influence a

neighborhood's social and criminal atmosphere. These include the environment as it relates to social interactions, levels of disorganization, and vulnerability (Reiss, 1986), levels of fear of crime (Skogan, 1990), extent of bystander intervention, and informal social control mechanisms (Greenberg et al., 1982a).

Image: https://www.linkedin.com/pulse/criminology-social-disorganization-theory-explained-mark-bond.

Police presence alone is not sufficient to bring about desired change. Police interaction with community members is not subject to a set of standard responses; rather it extends to a range of nebulous and sometimes ambiguous circumstances. Answering the question, "when should police intervene in neighborhood conflict using techniques of enforcement and the imposition of the rule of law or when should they depend on other strategies," has no standard protocol. The control of crime and the reduction of social disorganization within neighborhoods are partially affected by the type and frequency of police activity. Conversely, studies of offender decision making indicate that choosing to commit a crime is partly based on the existing differential patterns of law enforcement (Carter and Hill, 1978; Rengert and Wasilchick, 1985).

Police deployment and resultant behavior are but one factor when considering strategies that will improve neighborhood conditions and quality of life. Conceptually, drugs, crime, social disorganization and reduced quality of life are symptomatic of multiple causative factors, police control but one of them. The underlying premise and argument of this manuscript are to point out the need for advanced practices that are grounded in the belief that knowledge of a neighborhood's environment, social

organization, and related ecological conditions can lead the way to reduce drugs, crime and improving the overall quality of life.

Understanding the relationship between social environments and the variation and distribution crime helps establish interaction models between neighborhood residents, police and other stakeholders. It is this partnership and willingness to work collaboratively and cooperatively that seems to offer the best chance of changing the environment where drugs, crime, and other social disorders flourish.

The Distribution of Crime.

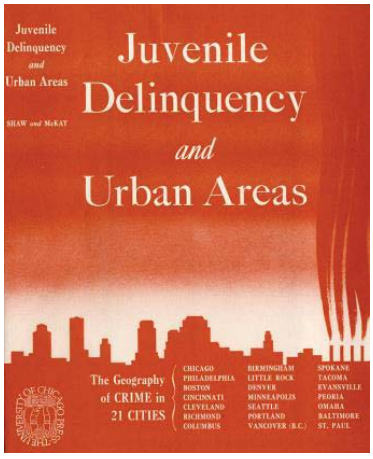
The dissemination of drugs and crime varies considerably throughout geographic areas. There is a dire need to understand this phenomenon and to develop prevention strategies that have a direct impact on the incidence of drugs and crime.

The social disorganization perspective put forth by Shaw and McKay (1942, 1969, & 1972) provides theoretical insight into why this variation in area crime rates exists; it looks towards the social ecology of the offense rather than concentrating on the individual criminal. The theory of human ecology in which the social disorganization perspective is grounded puts forth the notion that a neighborhood's ability to control itself through relational networks that extend over time. It also relates to perceptions of change and its adaptation (Bursik and Grasmick, 1993:48-49). Skogan's (1990) ecological determinants of disorder include the relationship between percent minority, poverty, and instability factors.

The social disorganization perspective supports the idea that formal and informal networks are necessary to maintain effective self-regulation are difficult to maintain during periods of rapid compositional change; particularly when including the factors proposed by Skogan. Shaw and McKay suggested that crime rates are directly related to the level of social disorganization within an area. According to their model, three key indicators of social disorganization are poverty, residential mobility, and racial/ethnic heterogeneity. As these three variables increase, there is a breakdown in social control within an area. Social order

disorganization often results in the abandonment of conventional values and the existence of a higher level of crime and delinquency (Curran & Renzetti, 1994; Shaw and McKay, 1972; Shaw, Zorbaugh, McKay, and Cottrell, 1929).

Shaw and McKay's social control model is based on the assumption that all individuals have criminal tendencies and that criminal behavior is inherent in everyone (Kornhauser, 1978; Shaw and McKay, 1972; Shaw et al., 1929). This model seeks to explain why individuals do not engage in criminal acts rather than why they do participate in criminal activity. This concept is based on external controls, internal controls, and social ties. The variables of this theory consist of an agreed upon group of beliefs and norms of society; the institutions of family, schools, etc.; links between the individual and institutions/community; learned restraints against criminal behavior; and acts that are defined by society as unacceptable. Therefore crime is viewed as the result of weak or absent social ties/controls (Curran and Renzetti, 1994; Kornhauser, 1978; Shaw and McKay, 1972; Shaw et al., 1929; Vold and Bernard, 1986). Coupling this perspective with the social disorganization model, solving the crime problem lies in the development of programs to increase control mechanisms and decrease disorder within a neighborhood rather than focusing on the individual treatment of the offender (Curran and Renzetti, 1994; Kornhauser, 1978; Shaw and McKay, 1972).



https://www.lib.uchicago.edu

Utilizing the previously mentioned ecological approach and underlying concepts of the social control and social disorganization perspectives, in conjunction with the Transtheoretical Model of Change, we examine the relationship between different social environments, the incidence of drugs and crime and the influence of active neighborhood and stakeholder actions. The review includes: Shaw and McKay's (1972), social

disorganization model; and ecological research by (Greenburg, Rohe, and Williams, 1982; Patterson, 1991; Petee, Kowalski, and Duffield, 1994; Sampson, 1985; Sampson and Grofes, 1989; Shichor, Decker, and O'Brien, 1979; Skogan, 1990, Smith and Jarjoura, 1988), provides the use of neighborhood as the overarching unit of analysis.

Social Disorganization.

It is important that we understand why crime is distributed unevenly throughout geographic areas. There is a need for an explanation of how the urban environment affects social and legal control mechanisms within a community (Roncek, 1981). Areas characterized by high levels of poverty tend to have weak links between individuals and institutions, which translates into poor, or absent social control mechanisms. Without grounding in ownership, ties with neighbors, having a stake in the neighborhood and the people that live there, is a disconnect and leads to an absence of concern and willingness to support and defend it from predators and others who would exploit both people and place.

There is a lack of resources to advocate the interests of the residents collectively. High levels of residential mobility and racial heterogeneity lead to decreased communication among residents and an inability to rally because of a lack of community integration and therefore weakened social controls (Kornhauser, 1978; Patterson, 1991; Petee et al., 1994; Shaw and McKay, 1972; Smith and Jarjoura, 1988). Other characteristics examined have a direct or indirect relationship to crime are:

a) Low education (Sampson and Groves, 1989),
b) Unemployment (Sampson, 1985),
c) Population density (Patterson, 1991; Petee et al., 1994; Shichor et al., 1979; Smith and Jarjoura, 1988), and,
d) Multifamily Housing (Greenburg et al., 1982; Sampson, 1985; and vacant housing (Skogan, 1990).

A study conducted by Petee, Kowalski, and Duffield (1994) and based on the social disorganization perspective indicated that poverty, residential mobility, and racial heterogeneity are significantly associated with violent and property crime rates. This

study utilized an interurban ecological approach, using 682 SMSA counties as the unit of analysis; the SMSA County selected on the basis that it represented a geographically defined unit which functions as a definable and composite urban system (Petee et al., 1994).

Image: Dan Kitwood/Getty Images News/Getty Images

The Effects of Poverty and Unemployment.

Patterson (1991) examined the relationship between poverty and crime by conducting a survey of members of 11,419 randomly selected households located in 57 residential areas within three SMSAs. Victimization data and neighborhood characteristics are aggregated at the community level, and the results indicated that burglary rates were higher in poorer areas. The findings also show that violent crime is associated with poverty. The results support the proposition that high levels of poverty lead to increases in violence through weakening social control mechanisms within a community (Patterson, 1991).

For example, less affluent neighborhoods often lack the necessary resources to develop and maintain prevention strategies and exert sufficient control over criminal and disruptive forces. Smith and

Jarjoura (1988) utilized the same data set as Patterson and found that poverty level and residential mobility both influence violent crime rates. They also found that the three key indicators of social disorganization, proposed by Shaw and McKay, significantly associate with burglary rates.

These findings provide support for the thesis that these indicators represent a lack of social cohesion, which weakens social bonds and creates a vulnerable environment in which crime flourishes. The results indicate the importance of these variables in developing an understanding of the spatial distribution of crime (Smith & Jarjoura, 1988).

Methodology Provides Path Forward.

The identification of the types of drug markets at the Census block level goes to visual awareness. Census blocks coincide with existing neighborhood boundaries. Overlay of information from the following questions will help determine drug markets:

1) Is there extensive drug use, but no current drug markets,
2) Are there markets but with few users from the geographic area?
3) Are there both sellers and users in the field of examination,
4) where do customers reside?
5) Are drugs sold openly on the street and concealed in buildings? and
6) Do dealers/sellers live in the same geographic area or somewhere else?

Determining drug market locations and the geographic environment in which they exist will help identify conditions that support or permit their continued existence. The following questions are of relevance:

1) Why they can flourish in a particular neighborhood, and not others, is a central issue of this examination.
2) Do conditions exist that enable and encourage illegal markets and are they indigenous or introduced to the neighborhood?

3) Does the nature of an area create an opportunity for the establishment of drug markets?

Research conducted earlier examined social, cultural, environmental, and infrastructure variables, the occurrence of crime and disorder and their proximity to drug locations. Included were the characteristics of persons arrested for sales/purchase of illegal drugs, and data/information regarding particular neighborhoods, residents, sellers, buyers, and drug markets. Determining the location of drug markets, the spatial relationship of crime to these markets, along with seller and buyer characteristics, neighborhood characteristics, and demographics, lead to the following outcomes:

- Establish coordinated and target intervention programs that are supported by all stakeholders.
- Improve stakeholder performance and participation in achieving established mission, goals, and values designed to reduce the incidence of an adverse impact of drugs and crime on communities.
- Provide stakeholders with skills and knowledge to address issues and problems of drugs and crime strengthen services to communities experiencing high occurrence rates of illegal drugs and crime, and help resolve problems at the neighborhood level.
- Assist stakeholder achievement of the goal of embracing community problem solving policing as it seeks to reduce the sale and use of illegal drugs and associated crime.
- Encourage and build an environment of optimism and goodwill among stakeholders among themselves and with the community in which they work and provide services.

We also know the importance of developing an appropriate policy for it serves as a guide, maintain boundaries, and is a reference when the “shades of gray” situations present themselves.

Policy Development:

Policy guides behavior and action and is important to maintain a forward pathway and delimit extraneous effort of no value. The following helps guide policy development.

- Develop and implement policies and programs that proactively eliminate existing drug markets.
- Conduct a collaborative discussion with the community and other public/private agencies on appropriate interventions to reduce and remove the prevalence of drugs and crime in the place of interest.
- Develop strategies to prevent the establishment of future drug markets.
- Develop "drug market" displacement prevention strategies.
- Develop relevant community policing strategies to complement efforts by existing federal, state, county and local enforcement agencies.
- Development of a strategic plan that will ensure the continuation of programs at the conclusion of the funding period.

Law enforcement can set goals that focus on the immediate arrest situation and could design a program that recommends or refers the arrestee to local treatment programs. The court system could concentrate on mandating offenders to substance abuse treatment programs and self-help groups. The jail or correctional system could focus on providing more substance abuse treatment programs for offenders and those on probation, and parole.

Summary Statement.

The Transtheoretical Model of Change (TTM) has tremendous potential in not only crime mapping drug markets but also in many additional areas of the criminal justice system. Utilizing national,

state and local data from a variety of reliable of sources can allow those working in the system to determine what goals we would like to set for each of the areas of the criminal justice system. Providing ongoing supervision and relapse prevention treatment planning.

The Transtheoretical Model Modules provide a framework to start this process. Each of these steps should be employed by the various criminal justice systems mentioned above. All components of the criminal justice system, from entry into the system, arrest, to the courts, jail/corrections; benefit, by examining needs at each step. Listed below are each of the stages of the stages of change and the question of how the criminal justice system could respond.

1. Precontemplation: We don't have a problem with drugs and the criminal justice system.

2. Contemplation: Maybe we do have a problem with drugs and the criminal justice system.

3. Preparation: What can and should we do about drugs and criminal justice system

4. Action: Let's start doing something about drugs and the criminal justice system

5. Maintenance: Let's examine if our approach to activities addressing drugs in the criminal justice system is successful to the population served. If the answer is no, how are improvements initiated?

These five stages are included in the process of change effort planning within the criminal justice systems. Working initially on each component of the system can and should lead a more collective approach to address the needs of the substance abusing offender population. And working collectively gives rise to a more sustainable outcome for all participants.

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Chapter 5:
Why Sustainable Change is Needed.

Description:

All too often change is indicated, and the action takes place. But, the widely unknown fact is that change is implemented, but not measured, it fails, and there is a return to past performance and practice. Sustainable change is a different outcome; it includes remaining successful, change is acquired and stays in place removing the tendency to move back to earlier conditions.

We cannot stem the tide of terrible outcomes due to substance abuse, as it creates a cyclical problem, resulting in the expenditure of resources and personnel in an endless address of issues that resist alteration. We know there is a process available to addresses change, transtheoretical change, where sustainability is entirely achievable.

Sustainable Community Capacity Building and Change

Introduction

Community issues, needs, and expectations would benefit from a model that engages in a depth of examination of the topic of interest. With a concentration on substance abuse it is necessary to conduct a depth of research to determine best practices and known knowledge, engage in analysis of data, and utilizing the outcomes develop plans whose goals are sustainable solutions to the problems. A hit or miss, trial, and error, or scattered ideas, versus empirically sound planning, is attributed to the success or failure to achieve the desired results.

> *"Agencies from varying jurisdictions depend on a broad range of collaborative tools to connect and empower workers and citizens — there's no shortage of tools from which to choose*[31]."

[31] . Center for Digital Government. (2013) Collaborating with Confidence. www.centerdigitalgov.com

Reducing the unlawful sale, use and traumatic outcomes resulting from the improper use of substances is slowly destroying our communities. One solution is the mass education of the public on the precise proportions and seriousness of the problem.

Second, agencies, both public and private, require substantial training in areas of service provision, prevention, and engagement with other stakeholders; all of which contribute to sustainable change, if adopted by the community or geographic area environment. Engagement is a continuing process, and many shifts in the model will emerge over time.

Values

Establishing values to the focus of substance abuse reduction, we indicate the importance and purpose of the undertaking. One cannot engage in the challenging pursuit of substance abuse education, treatment or prevention unless you are well-versed and knowledgeable of the issues attached.

In the organizational world, an employee who can carry out their job effectively and efficiently, with minimal guidance, and who can think critically, solve problems, and assist with change efforts, is ideal. They are team players who contribute to the success of the organization. In public with diverse people from all manner of background and motivation, more planning and organization is critical to alignment and acceptance of mission, vision, values, and goals are the road map to success.

Included is an emphasis on the acquisition of essential skills such as problem-solving, critical thinking, and learning-to-learn as well as basic competencies related to the lesson at hand. Personal development includes attention to process skills that we use when engaging with others. We tend to focus on applicability, usefulness and specific to needs outcomes. To be effective, we must not leave gaps in knowledge, for it will establish a potential barrier to desired outcomes.

In life and work, volunteering, engagement in self-interest or for others under the umbrella of purpose; there are fundamental

indicators of being successful and achieving the goals we set for ourselves and others. They include[32]:

- Who we are inside - values and attributes that shape our character, what we portray and use in life including inspiring, forward-looking, competence, honesty, and truthful. A person is authentic and acts consistently in behavior and dealing with others use his or her attributes of character and ability.

- What we know - able to link knowledge to action, to do what is right, avoid being self-serving, personal qualities of integrity, courage, respect, loyalty, emotional well-being and balance in life).

- How we act to influence others, fulfill the organization's mission, vision, values, and goals, solve problems, achieve objectives, and attain results).

  And,

  - How we bring value to all, we do in life?
  - Are we life-long learners?
  - Are we marketable to the many existing venues?
  - Are we marketable in the field of occupation we choose?
  - Do we have growth potential?
  - Are we a team player and able to engage with others?
  - Can we build coalitions to get the job done?
  - What is our growth potential across our life span?

Framing the Question

The question is, how do we get there as a person and what help is available to make it happen? Of equal importance, how effective are we to linking with others to achieve their image and goals? It is not about us, but those whose needs exceed their ability to overcome them.

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[32] . Hesselbein, F., & Shinseli, E. (2004). BE-KNOW-DO. San Francisco, CA: Jossey-Bass.

Education is the key to most of the problems in life, for what we know and can apply, often marks our progress. We must become partners with others to deliver solutions to problems in all their forms, throughout our lifetime.

In varying ways, dependent on the situation and conditions, there are times when we need additional skills to make something happen. In direct and ancillary ways we may find ourselves (a) coaching, (b) supervising, (c) providing leadership, (d) addressing and managing change and (e) planning. With substance abuse and the environment to which it thrives, additional concerns are (f) violence reduction and (g) community capacity building. To these variables, we offer the following explanation and guidance.

A model we constructed that may be useful as a bridging concept includes the following sources of knowledge, whose use where applicable, can serve as a check and balance and ensure that full attention is given to finding solutions to persistent problems.

- **Peer Resilience Coaching**. It is important to assist others helping them to acquire and sustain positive change and overcome the effect of stress, adversity, and trauma.

- **Supervisor Development: An Applied Approach to Effectiveness.** Provides a 21st-century approach to managing attention to mission and goals, and adopting an effectiveness and efficiency model of supervision and change.

- **Twenty-five Leader Assumptions: Becoming the leader you were meant to be.** Leadership is critical to well-run organizations, groups, volunteers, special projects and all manner of activity that affects others and where direction, attention to detail and oversight are essential to achieving goals, objectives, and desired outcomes.

- **Managing Change in Organizations**. Achieving success in program implementation is assisted with a universal program from the University of Rhode Island known as the transtheoretical model of change. Training in this model allows agencies to address pending change efforts in a

systematic manner leading to a much higher acceptance and implementation rate.

- **Strategic Planning Strategies.** A process to develop the organization's mission, vision, values, goals, objectives, action steps, timeline and evaluation efficiently and sustainably. Random effort seldom is as successful as planned and evaluated change efforts.

- **Violence Reduction: Police and Community Coalitions.** This model is the result of project grant by the Maine U.S. Attorney's Office, the Maine Department of Public Safety, Maine Sheriffs Association, and the University of Maine at Augusta. Citizens and police change the level of violence in a community through working collaborations and partnerships.

- **Sustainable Community Capacity & Endurance Building.** A model to address issues, problems, and planning that utilizes multiple stakeholder tools. Community capacity building enables citizens, government agencies, business, volunteer groups and others who share common geographic issues, a model to address problems and achieve sustainable solutions.

The Blending of Programs:

Blended education and training utilize self-immersion learning via the Internet that includes discussion among participants and the instructor on the posted material, as well as exercises to apply learning concepts to actual or simulated scenarios in combination with experience and best-practices. The value is in applicability at the moment, near future, and the individual's hopes, aspirations, needs, and interests. Paying customers must have their needs and thoughts considered, or they will not return!

Participant discussions, simulations, small group exercises, and other learning outcome enhancements are used to provide pathways to acquire learning goals. The service provider, volunteer, other persons and the addicted individual are part of this project. The goal is the transfer of learning and its

applicability in the short term, a building block format to link to the next topical series and eventually the acquisition of pre-determined knowledge and skills that equate to a full and defined outcome. We must establish goals and assist people to achieve them, for sporadic and chaotic approaches confuse all participants.

Higher Education

It becomes an individual choice to take highly focused topics and complete one or more, to link knowledge acquisition, to obtain certificates and eventually college credit and the ultimate degree.

Personal choice is different in concept and not quickly put in place. We recommend a depth of discussion and input from faculty and others, information from potential stakeholders/persons of interest, and a pilot project to learn what is possible and then determine how to get there. It must be quality based, focused and tight without additional material or investment, have immediate application, application based on the participant's current knowledge, skills, abilities, and experience, and deemed useful to the individual and his or her organization.

Educational Capacity Building – A Sustainable Change Model

The proposed model[33] utilizes relevant education and training research and best practices information emerging from school systems, business and government agencies that seek to influence learning outcomes. The model addresses all manner of the individual, group and organizational needs to address and sustainably resolve issues and problems. The purpose is adapting a model of education, prevention, and treatment of substance abuse and its devastating effect on the addict.

> *Build training and teaching around problem-solving, critical thinking, and collaboration where stakeholder knowledge, skills, abilities, and experience (KSAE) blend with the goals of the desired outcomes. Community capacity building that leads to*

[33] . Model by R. Lumb @ Wilton, ME Sept. 16, 2013

sustainable change and improvement is the model of development.

The approach addresses known issues and problems, utilizing known facts, best practices and a depth of inquiry and analysis that leads to sustainable solutions. The goal is the transfer of conditions into new outcomes. It is important to improve both effectiveness and efficiency of training delivery, transfer of knowledge, and immediate application of learning outcomes to personal and organizational needs.

When we are addressing change in any venue, our focus being substance abuse, a lack of planning is harmful and often results in substantial change. Practical outcomes are more sustainable, address the right issues, and do so, for the greatest good.

The question exists, what are we doing to address the multiplicity of learning needs by the multiple providers who find themselves arbitrarily labeled or defined in ways that seek uniqueness? Examples are a public or private higher education, business training facilities, and all manner of professional development providers,

The model provided develops as communication and action take place. Change continues to gain with the ability to refine and clarify through engagement with others.

Recommendations:

1. Create collaborative partnerships to explore needs, develop a plan, design and provide programs as described in the second paragraph of the above model. The beginning should have a layout plan which allows forward movement.

2. Develop and market with all stakeholders a blended model of engagement to allow achievement of goals and milestones demonstrating the change effort is working. Tackling one of the society's most serious and life threating challenges cannot be accomplished by happenstance.

3. Map out each accomplishment to link learning outcomes to other programs of demonstrated success. A "What Works" library is needed.

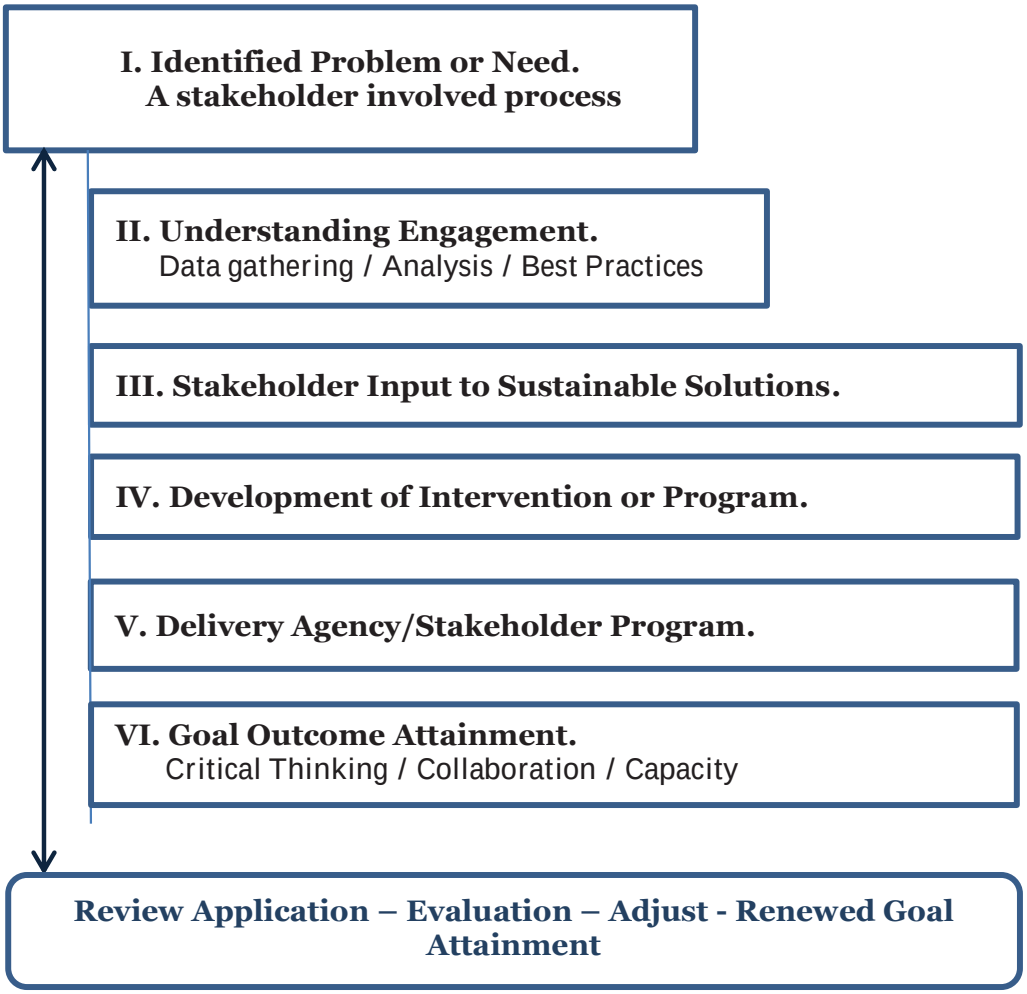
4. The quality of education information is dependent on the group and its investment of time and energy. This stakeholder group must ensure that best practices, current research, and links to the parallel and ancillary materials and programs are tied the broader perspectives. However, he or she cannot assume they have it right without assessment and input from the addicted population.

> Personal note: Far too often we engage in a program or project that does not have sufficient awareness, knowledge, planning, program goals, and other supporting elements, and we wonder why it was not successful. We must learn and apply what we know to finding sustainable solutions. Less engagement is often "spinning tires," and no visible change happens.

5. Delivery modality, content, activities, and assurance of outcome measures, generally must be innovative and represent quality, applicability, and blending to goal achievement.

The proposed change model is a "developing emergency model" that seeks engagement with agencies and individuals who provide a broad spectrum of services to people who have learning needs. The quest for change without a link to specific skills and knowledge may be generalized. Some have particular life application goals requiring a more accurate engagement. Moreover, in the larger world environment are the multiple millions of people who seek life-long learning, continuing professional development, and job skills enhancement. All of which apply to the reduction of substance abuse.

Community Capacity Building Change Model[34]



I. Identification.

It is critical to address the problem properly, and that requires a clear and concise definition. We often skim the surface, and if we are one degree off center, we miss the core issues and change is only temporary or non-existent.

Therefore, bringing together the right people, obtaining information, making sense of it all and writing a clear statement with its component elements is critical. With understanding, we can move forward and address the issues.

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[34] . Model by R. Lumb @ Wilton, ME Sept. 17, 2013

II. Understanding.

With a clear problem statement, gathering information to give a complete picture is required. We cannot make good decisions without complete information. Analysis of information collected provides further understanding clarifying, categorizing, and linking essential elements together, which in their entirety gave a full picture.

III. Stakeholder Input.

Those affected by the problem or issues are included in the discussions and problem solutions, to enhance enthusiastic participation and interest.

With wide-ranging debate, sincere input and active engagement, more often than not, solutions are determined. The tendency is to approach solutions from a single point of view, but that is limiting as missing information inhibits understanding and delimits outcomes due to incomplete coverage.

IV. Develop Interventions.

The key to sustainable outcomes, long-lasting, lie in the completeness of the solutions proposed. We draw on a website by Sustainable Measures[35] for information of value to this discussion. This Website has extensive information, well worth taking the time to examine what is available. Broadening your understanding of the application of relevant components to your problem-solving effort carries value.

Sustainable Community[36] Indicator Checklist[37]

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[35] . http://www.sustainablemeasures.com/home

[36] . Defining community as a group of individuals with common interests around a particular topic or area of concern and with common characteristics (i.e., substance abuse in this instance) that are present in society.

[37] . http://www.sustainablemeasures.com/node/94

The sustainable community indicator checklist consists of the following 14 questions from the Sustainable Community website. Minor changes in wording were done to fit the focus of substance abuse.

1. Does the indicator address the carrying capacity of the resources that the community relies on?

2. Does the indicator address the carrying capacity of services upon which the community relies, whether local, global, or from distant sources?

3. Does the indicator address the carrying capacity of the community?

4. Does the indicator address the carrying capacity of the community's human capital -- the skills, abilities, health, and education of people providing services?

5. Does the indicator address the carrying capacity of a community's social capital -- the connections between individuals in a community: the relationships of friends, families, neighborhoods, social groups, businesses, governments and their ability to cooperate, work together and interact in positive, meaningful ways?

6. Does the indicator address the carrying capacity of a community's infrastructure and information needed for quality-of-life and the community's ability to maintain and enhance those materials with existing resources?

7. Does the indicator provide a long-term view of the community?

8. Does the indicator address the issue of economic, social or biological diversity in the community?

9. Does the question solve the issue of equity or fairness -- either between current residents or present and future residents (inter-generational equity)?

10. Is the indicator understandable to and usable by its intended audience?

11. Does the indicator measure a link between economy and environment?

12. Does the indicator measure a relationship between environment and society?

13. Does the indicator measure a link between society and economy?

14. Does the indicator measure sustainability that is at the expense of another community or the cost of global sustainability?

V. The Delivery of Agency Programs.

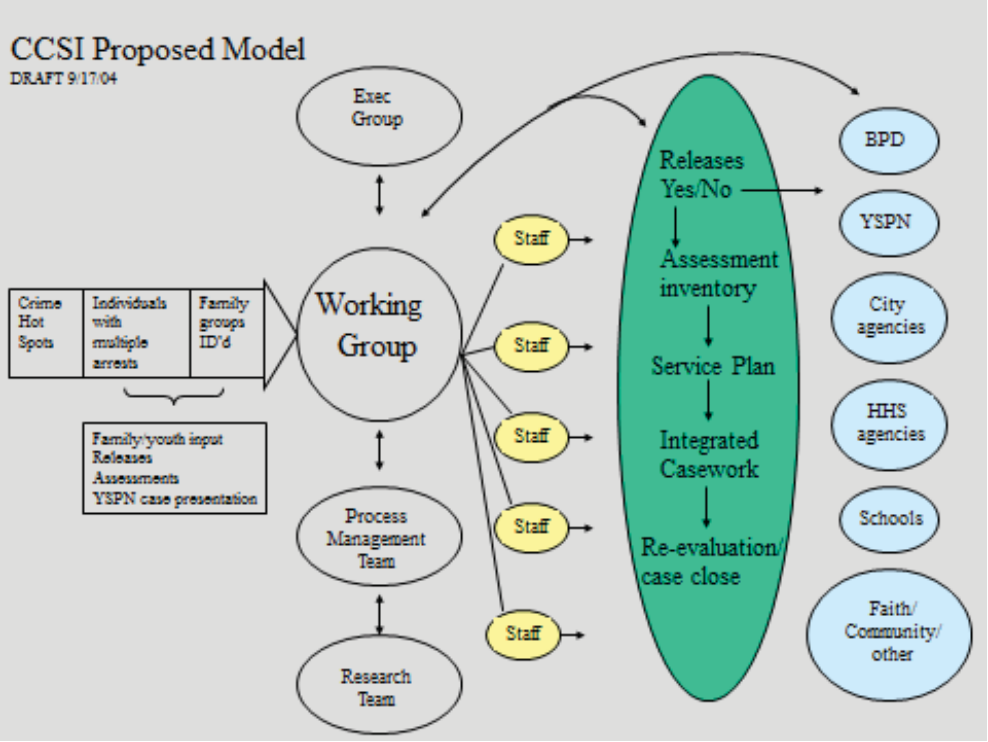
As is often the case in government, there are too many silos of service that often share the same clientele but do not communicate to one another in finding sustainable solutions to shared problems. Confidentiality is a consideration, but protections can be added, rather than be prohibitive to reduce costs, be more efficient, and increase sustainable problem-solving.

When multiple agencies spend their resources on the same individual but do not communicate with others doing the same process, it is costly and does not justify a scatter gun approach. The City of Boston, Massachusetts conducted a research study of this very issue, using a single family with four generations of dysfunction as the example.

The potential goals of inter-agency collaboration, across multiple services, can include:

- Reduce issues shared by agencies
- Reduce multiple calls for similar problems
- Promote safety
- Improve quality of life
- Promote efficiencies
- Improve resource utilization
- Determine sustainable solutions

Boston's Comprehensive Community Safety Initiative (CCSI), following fact finding of multiple agency engagements of a single family's crime engagement, the focus of the research project was to establish a protocol for reducing engagement and enhancing the goal of decreasing repeat behaviors, by slimming down the number of agencies acting independently with the same client. Early decision making needed order, the well-being of the public and individuals, and to stop isolation for reasons that were not justifiable. The model may not adequately explain the totality of the new approach, but it offers a visual portrayal of working in collaboration with a design and goals, change is the order of the day.



VI. Outcomes.

We all too often embark on a project with little concern for the outcome or results of the effort. Knowing that substance abuse is a problem that many have attempted to withdraw from multiple times; planning for future cessation must include sustainable results.

There is little excuse for half-hearted effort, as it costs money, time and effort by itself. Taking time to approach problem-solving from a planned approach, incorporating "what works" solutions, improves the "hoped for" results two-fold.

Goals are tempered with reasonable surety that success is the outcome. That assurance only comes about using creative, collaborative, and sustainable elements incorporated into the planning process. What we might be able to accomplish alone, is vastly improved when we include others who contribute to reaching the established goals.

Evaluation is also important to include. Determining success includes making adjustment along the way and that requires evaluation. Often those items do not appear in the process, when we reach the end outcomes, were found to be important in their absence.

A "Basic Guide to Program Evaluation"[38] by Carter McNamara, is a helpful document.

Success lies under your control, make the best of it as the rewards far exceed the effort provided.

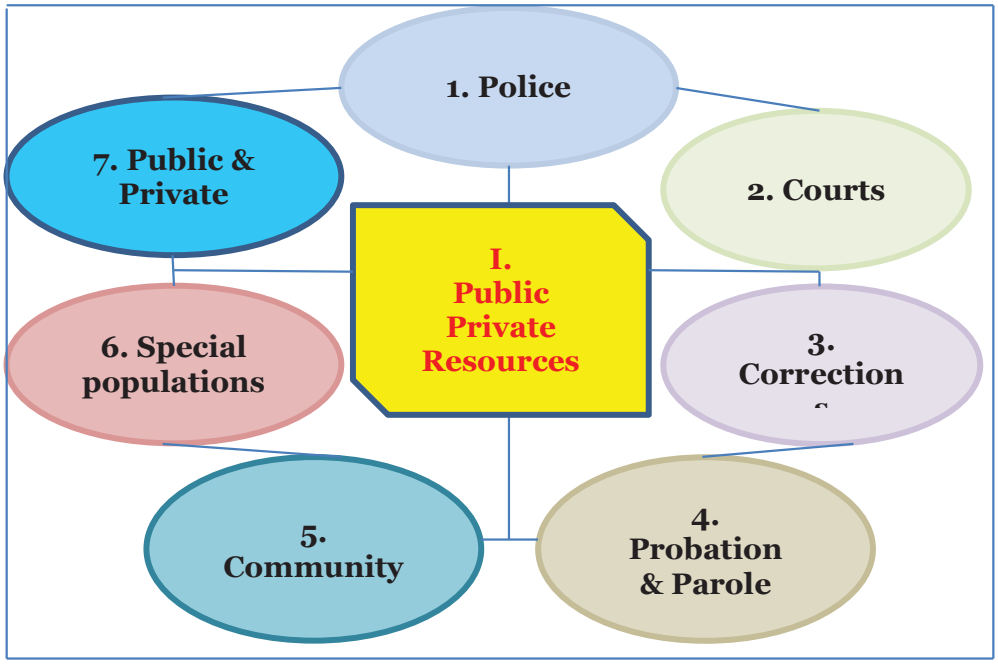
[38] https://www.unm.edu/~egrong/web/docs/R3_Basic%20Guide%20to%20Program%20Evaluation.pdf

Chapter 6.
Overview of Intervention Strategies: What Works?

Description:

Time tested interventions are available and presented for adoption by services who encounter these issues. They are submitted and demonstrate positive outcomes and are provided to allow comparison with your organization's structure, service model and the probability of successful adoption.

Figure 1
The Common Thread Model



I. Public/Private Resources.

Local resources must be added to the list to ensure choice when additional help is required. The point is not to adopt the "not my problem" mentality, as that does little to eliminate repeat offenses or encountering problems.

The following resources will provide you with information on how to design your intervention strategies and models.

Self-Help Groups

http://www.aa.org/ Alcoholic Anonymous-Self Help groups for achieving sobriety-free of charge.

https://ca.org/ Cocaine Anonymous-Self Help groups for achieving recovery from cocaine-free of charge.

http://www.interventionservicesinc.com - Provides counseling and intervention referral for adults and adolescents.

https://www.bizapedia.com/mn/moms-off-meth.html-Self Help groups for mothers addicted to methamphetamine and recovery.

http://www.na.org/ Narcotics Anonymous-Self Help groups for achieving recovery from narcotics/heroin-free of charge

http://www.sober-solutions.com/ - Provides referrals to treatment programs for alcohol and other drugs as well as specialized treatment programs.

Government and Private Organizations

https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/resources-National Institute of Drug Abuse-Excellent source for substance abuse data on criminal justice populations and treatment.

http://www.alcoholanddrugsrehab.com/alcohol-drug-treatment-centers/ Excellent source for finding treatment and rehabilitation programs in your area or state.

https://www.drugabus.gov/ Provides information on the science of addiction, trends of substance abuse and research.

https://www.samhsa.gov/prevention Provides information on substance abuse prevention and education.

These are just a few of the many organizations or agencies dedicated to assisting others in their recovery process and substance abuse informational needs.

6.1. Police - Point of Arrest

Description: When police detail someone, there are opportunities to engage in problem-solving and to begin the process of reference to agencies and programs that can turn around serious life problems.

Image: http://www.nbcrightnow.com

The guarantee that an arrest for substance abuse brings desired change is a myth. We observe interventions by police that hold promise, are cost effective, and add to the list of alternatives for consideration. The following illustrates what one Maine police department engaged in as that City seeks greater intervention into the problems associated with substance abuse.

Meeting of November 21, 2016.
South Portland City Council
Position Paper of the Interim City Manager
Subject:

ORDER #87-16/17 – Accepting a Substance Abuse Assistance Project Grant from the State of Maine to appoint a Substance Use Disorder Assistance Liaison to assist with those individuals with substance abuse.

Passage requires a majority vote.

Position: As first responders, SPPD officers frequently come into contact with community members who are abusing drugs and alcohol, and although it is difficult to measure, a significant portion of the City's crime

and calls for service are drug-related. This grant seeks funding for one SPPD Substance Use Disorder Assistance Liaison (SUDAL) position. The SUDAL will be a civilian licensed clinical professional who provides outreach and support to drug users referred by police officers and through other sources.

This project supports the recommendations of the Maine Opiate Collaborative formed by Governor LePage in 2015 by funding the salary and benefits of one Substance Use Disorder Assistance Liaison (SUDAL) to be embedded in the South Portland Police Department. The SPPD SUDAL will implement a project that is intended to provide integrated and comprehensive service to people with substance use disorder. South Portland will not limit the scope of this project to opiate/opioid overdoses but will expand into the broader issue of substance abuse that results in calls for service to the police, with the goal of reducing repeated calls at the same address or involving the same people.

Program Goals and Objectives: • reduce the number of calls for service associated with drug use and antisocial behavior • reduce the number of substance abuse-related calls involving the same people • coordinate a community-based response to drug related calls for service • expand access to treatment options and resources • facilitate communication between providers • minimize relapses by providing ongoing support • provide outreach to potential clients • reduce the stigma associated with substance use disorder • increase public awareness of substance use disorder and resources available to promote recovery

The SUDAL will be a Licensed Clinical Professional Counselor with a Mental Health Rehabilitation Technician Certification. The annual salary ($52,000) is based upon another position in the city that requires similar qualifications. The annual cost of benefits ($22,172) is derived from the standard rate applied to all City of South Portland civilian employees. The total is calculated by multiplying the annual cost by 1.5 for the 18-month period covered by the grant. This proposal seeks funding for the Substance Use Disorder Assistance Liaison for the 18- month grant period beginning January 1, 2017, and ending June 30, 2018. No city funds have been allocated for the position; the requested funds will supplement, not supplant, City funds.

Requested Action: Council passage of ORDER #87-16/17.

While we are aware that police have limited time to devote to additional duties, the example presented here addresses that need with the addition of funding. If successful and the return on

investment is determined, it may well be a model adopted by the City, given the need for sustainable change and less constant engagement.

6.2. The Court System.

Description: Judges have an unopposed opportunity to seek a resolution to identified problem/s and require participation by the individual charged. Incarceration can include serving time, and it can further demand treatment and involvement in programs designed to change attitudes and address need the person may not be able to tackle him or herself.

http://www.commonwealthgovernance.org/countries/americas/st_lucia/judicial-system/

Over the years the court system in the United States has experienced significant changes. In the past, the court was viewed as a punitive model designed to punish the offender and provide justice for the victim. This model provided little to no intervention for the offender population, and thus a revolving door existed within our criminal justice system.

This punitive model was evident in New York State in the area of the drunk driver population. Before 1975, many drinking drivers in New York State would get arrested for driving while intoxicated on numerous occasions. Many of these same drivers retained their driving license, with the penalty an increase in fines related to the incident.

Post-1975, there was a significant paradigm shift for the drinking driver population. This change occurred as the New York State

gave credence to drunk driving as a public health issue, not just a criminal justice perspective.

People arrested for driving while intoxicated would be provided a restricted driver's license and referred by the court to a New York State Drinking Driver Program (DDP), and participants in this program attend a weekly three-hour program over eight weeks. The program covered the traffic safety system, safe driving habits, the dangers of drinking and driving, the psychological and physical effects of alcohol use, and abuse and alcoholism. The focus was on prevention and education, as well as an intervention program.

The DDP instructors looked for indicators that an individual was in need of additional professional assistance[39]. The signs included:

1. Blood Alcohol Content at the time of arrest over .19 indicated possible tolerance to alcohol.

2. Blood Alcohol Content was low on the date of detention yet very erratic driving could mean reverse tolerance in some drivers.

3. Prior Drinking and Driving related arrests or other arrests related to drinking

4. Scores of 6 plus on the Michigan Alcohol Screening Test (MAST Test) used by DDP.

5. Attending the Drinking Driver Program under the influence of alcohol or drugs.

If a participant demonstrated any of the above indicators in the DDP, they would be referred on to the New York State Certified Alcohol and Substance Abuse Treatment Program for a more formal evaluation of their drinking. If determined that they had a drinking problem, they were referred to an appropriate treatment program.

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[39] . Alcohol and/or Drug Use Amnesty Policy | JCC. (n.d.). Retrieved from https://www.sunyjefferson.edu/amnesty

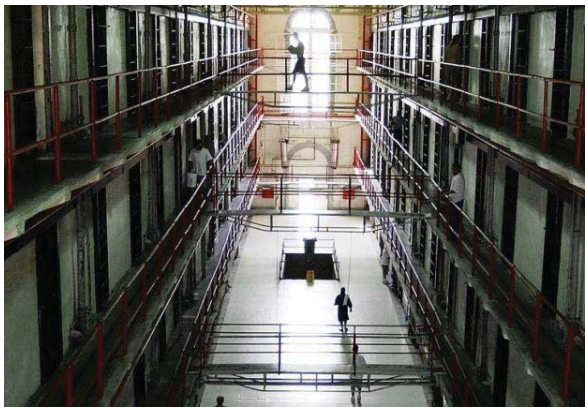
The court system played an integral part in this process because the individual's driver's license, or driving privilege, would not be fully restored until they completed treatment. New York State has reciprocity with border states resulting in not licensing untreated drinking drivers. This action closed the loophole of having other states provide driving licenses to offender populations.

The court system also had the option of employing the punitive approach should the drinking driver refuse to comply with the court mandate, if the drinking driver became a repeat offender or if they continued to operate a motor vehicle in violation of other laws within the State. This model of prevention, education, and intervention has proven to be very successful, and it continues to evolve today. The court system has played a significant role in achieving success for this model.

Another successful intervention model focused on the problem of public intoxication. Before 1975 someone could get arrested for public intoxication in New York State. But after 1975 people intoxicated in public could be offered the opportunity to enter into a "sobering up clinic" to medically withdraw from alcohol or other drugs and be referred on to treatment. Before 1975, NYS utilized a criminal justice punitive model, and many of those arrested for public intoxication went to jail to sober up. Many were released, and they promptly repeated the same behavior with the same results. Unfortunately, this was a revolving door approach to a criminal justice problem. The addition of "sobering up" clinics offered hope, help and professional assistance, to those interested. This model assisted many to utilize a public health intervention model leading to treatment and recovery vs. jail and a criminal history.

6.3. The Correctional System.

Description: Jails and prisons have custody and control of individuals and regardless of attitude and willingness mandate that a person participates and show progress in programs designed to change behavior and practices. A captive audience who has harmed society in a manner that ended up with incarceration as a condition to being found guilty. In this environment, pushing for individual change is deemed significant. This change includes addiction, criminality, and other negative behaviors harmful to others.



Missouri State Penitentiary

The correctional system, jail or prison, provides an opportunity for criminal justice interventions for the substance abusing offender population. It is this semi-secure environment where criminals come to grips with the impact of substance abuse on their lives, family, and society. Substance abuse treatment programs can make the difference between the offenders utilizing their time wisely and learning about drug addiction as a disease. They also learned of available assistance on the path to recovery and relapse prevention. The abstinence versus the harm reduction model is appropriate when intervening with criminal justice populations. This action closed the loophole of having other states provide driving licenses to offender populations.

In most all of these cases, the individual re-offends and is forced to re-enter the criminal justice system.

Correctional-based substance abuse treatment programs should include critical components of detoxification, including outpatient/inpatient and aftercare treatment programming. The National Institute on Drug Abuse, Principals of Drug Abuse Treatment for Criminal Justice Populations – "A Research Guide"

identifies thirteen principals to incorporate into criminal justice substance abuse treatment programs[40].

1. Drug addiction is a brain disease that affects behavior.
2. Recovery from substance abuse requires effective treatment, followed by management of the problem over time.
3. Treatment must last long enough to produce stable behavioral changes.
4. Assessment is the first step in treatment.
5. Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations.
6. Drug use during treatment is monitored.
7. Treatment should target factors associated with criminal behavior.[41]
8. Criminal justice supervision should incorporate treatment planning for drug-abusing offenders, and treatment providers should be aware of correctional supervision requirements.
9. Continuity of care is essential for the drug abuser who is re-entering the community.
10. A balance of rewards and sanctions encourage prosocial behavior and treatment participation.
11. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
12. Medications are an important part of therapy for many drug abusing offenders
13. Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat severe, chronic medical conditions, such as HIV/AIDS, hepatitis B, and C.

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[40] . NIDA Launches Criminal Justice Publication in Chicago ... (n.d.). Retrieved from https://www.drugabuse.gov/news-events/nida-notes/2006/10/nida-launches-criminal-

[41] . NIDA Launches Criminal Justice Publication in Chicago ... (n.d.). Retrieved from https://www.drugabuse.gov/news-events/nida-notes/2006/10/nida-launches-criminal-

These principles provide an essential framework when developing jail or correctional-based treatment programming. They include the need for accurate assessment of the criminal justice client and their needs for long-term treatment and monitoring of the client in the management of their disease of addiction. The principals also stress the importance of individual treatment planning for not only addiction but also the mental health needs of that population, the value of medication treatment and actively involving the community in the re-entry process.

One of the biggest problems in providing treatment for criminal justice populations in the jail or correctional system is time sentenced to serve and population movement. Many inmates in prison are there for only a short period, and treatment for their substance dependency determined by their length of stay in the facility. Inmates within the state or federal correctional system usually experience longer sentencing with the possibility of longer treatment exposure. Prisoners in the state or federal systems receive more intensive probation or parole supervision. This monitoring includes regular urine screening to detect a return to substance use, linkages to community-based correctional and treatment programs and close supervision to prevent relapse.

6.4. The Probation and Parole System.

Description: When some are found guilty, may serve time in jail or prison, or on release with conditions of probation. The assessment and determination of program inclusion can be required and monitored by the individual's probation officer. Steps to assist in seeing the prescribed program through to conclusion lies at this stage of a convicted person's sentence.

The following offers information and guidelines that might be adapted to your situation.

I. A Guide for Probation and Parole Motivating Offenders to Change.[42]

[42] . static.nicic.gov/Library/022253.pdf

The corrections field, community corrections, in particular, has long experienced tensions between its two missions, protecting public safety and rehabilitating offenders.

One promising evidence-based practice for motivating criminals and fostering positive behavioral changes is motivational interviewing (MI). MI was developed in the addiction treatment field and is now applied widely and with positive results in corrections, including probation and parole.

The principle behind MI is that listening to offenders with follow up on the positive aspects of their thinking; corrections professionals may increase offender motivation to make positive changes in their lives. The goal is to reduce the likelihood of reoffending and incarceration.

II. Client Engagement in Treatment

Court services. Probation Officers represent the Probation Department in all Juvenile Court hearings[43].

Education. Probation Officers provide prevention, intervention and supervision services both on and off probation. Probation Officers serve as the liaison between schools and Juvenile Probation, facilitate groups, participate in school functions, and conduct presentations. Within the Education Services Unit, a specialized service called Youth Education Advocate (YEA) exists to assist that population.

JV Services. This unit provides supervision and case management including community and school referral to ensure compliance with Court orders. Probation Officers conduct youth needs assessment for Court reports and include recommendations to the Court for disposition.

Neighborhood Safety/Services Unit. Utilizes a public health approach to foster community cohesion and provide services to high-need communities. This method seeks accomplishment

[43] https://www.sccgov.org/sites/probation/jps/Pages/default.aspx

through community engagement, leadership development, activities for youth and families, and a focus on health and wellness.

Prevention and Early Intervention Services (PEI). Services include prevention, assessment, early intervention, and diversion to all areas of the county. They target at-risk youth referred by police agencies. PEI addresses appropriate youth services at the most initial stage to lower the risk of reoffending.

Re-Entry Services (RSU). This program focuses on the success of youth re-entering the community from the Juvenile Rehabilitation Facility-James Ranch Enhanced Ranch Program. RSU emphasizes the support of the young people and family for a successful transition into the community from a custodial setting.

Substance Abuse and Co-Occurring Services. "Progress Achieved Through Hope and Holistic Services" (PATH2 Services) seek to teach youth skills needed to succeed and manage mental health and substance abuse disorders throughout their lives. A team approach utilizes adjudication, supervision, and rehabilitation of young people with specific mental health diagnoses, substance abuse disorders, or both.

Allen County Juvenile Drug Treatment Court. This program operates as a function of the Probation Department. It is a drug intervention program designed to reduce substance abuse and delinquent behavior of non-violent juvenile offenders by providing a continuum of strength-based services to youth and families.

The program lasts approximately one year and requires a long-term commitment to the young people and a parent, guardian, or custodian. The program's oversight is by the Drug Treatment Court Coordinator, who monitors all aspects of youth offender involvement and compliance with the court order.

Alternative Placement. The Allen County Juvenile Court has entered into a Subgrant Agreement with the Ohio Department of Jobs and Family Services for purposes of administering programs under Title IV-E of the Social Security Act. This program allows the Court to take responsibility for the placement and foster care of

children. A probation officer is a welfare worker, and the probation department assumes full liability for the placement of the child.

III. Additional Program Examples.

1) The National Institute of Corrections provides "A Guide for probation and parole Motivating Offenders to Change."[44] These guidelines seek to drive inmate behavior changes to reduce recidivism. They utilize motivational interviewing to listen to inmates discuss their substance abuse and criminality. Identified are cues to the positive aspects of their lives. This technique helps to assist them to continue with positive change.

2) Neighborhood Safety Unit. This unit utilizes a public health approach geared to build community unity, and when identified, to provide services to those communities with the greatest need. Focus on health and wellness and creates a partnership between citizens and probation.

3) Prevention and Early Intervention Services (PEIS). The focus is on prevention, assessment and early intervention targeting at-risk youth who are referred by law enforcement. The PEIS unit conducts a needs assessment, involves appropriate services, and assists in collaboration and cooperation to reduce recidivism.

4) Re-Entry Services. Program focus is the successful re-entry of the juvenile offender back into the community. It provides support for the youth, family, and others leading to successful community transition.

5) Substance Abuse and Co-Occurring Services.[45] This program seeks to impart skills needed to overcome addiction, manage their mental health, and return to productive life. It utilizes a team approach to the adjudication, supervision, and rehabilitation of those with substance abuse and mental health issues.

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[44] *static.nicic.gov/Library/022253.pdf*

[45] . https://www.sccgov.org/sites/probation/jps/Pages/default.aspx

6.5. Community-based Interventions.

Description: The inclusion of public and private community programs hold promise and demonstrated success. Describing and explaining those best practices applied to specific problems that individual's experience. Often community programs are the final step where successful intervention takes place and are successful in preventing future recidivism.

One of the tried and true sites for information is SAMHSA[46], Substance Abuse and Mental Health Service Administration.

Community engagement is a long time in coming to fruition. Often touted, not always implemented, leaving citizen input and participation at the curb distracts from efforts to find sustainable solutions to the identified problems. There are successful programs, engaged citizens, and all manner of research and application of best practices and interventions that contribute to improvement.

We frequently turn to Substance Abuse and Mental Health Service Administration (SAMHSA) for examples and information, given they are the premier resource in the United States. The federal government cannot fix community problems without the participation of those communities. We engage in too much rhetoric and too little action. Certainly, collaboration is imperative, but local engagement critical.

SAMHSA offers prevention program advice, reference services, and "what works" suggestions. We share them with our twist to provide ideas and perhaps local planning in stepping up to reduce substance abuse. Communities are different in many ways, culturally, population, economic, educational, and other variables particular to locations.

To enhance and share that awareness, we offer information, from SAMHSA's website, the programs they provide to communities and people, support with staffing, resources, and prompt

[46] . https://www.samhsa.gov/tribal-ttac/training-technical-assistance/community-engagement-process

assistance. Read up on them, see if they fit with your communities needs and existing problems and if so, seek them out.

SAMHSA Programs.

1. Community Readiness Assessment

The Intensive Training and Technical Assessment (TTA) team trains community members on the Community Readiness Assessment (CRA) through offsite TTA. The CRA assesses a community's readiness and capacity to address prevention issues and begins the process of identifying community-specific risk and protective factors.

The CRA provides a roadmap that shows where a community is starting regarding awareness of the problems and what the next steps need to be, based on the communities' culture, needs, particular circumstances, and resources.

The CRA Manual – 2014 (PDF | 4.3 MB) provides more information about the community readiness assessment process.

2. Community Engagement Site Visits.

SAMHSA's Intensive TTA team conducts two site visits with each participating community. Each visit has a particular focus and goal.

GONA/CMP Event

- Combining the Gathering of Native Americans (GONA) and Community Mobilization and Planning (CMP) into one event maximizes attendance and commitment from tribal leaders and community members.
- The GONA is a Native-specific community prevention and strategic planning curriculum. It is used to promote and guide community discussions, support healing from historical trauma, and enhance prevention capacity and local prevention efforts.

- The CMP process helps mobilize and coordinate resources to address mental health, substance use disorders, and suicide issues.
- As a product of the GONA/CMP event, the community develops a Community Prevention Plan aligned with its current level of readiness that acts a blueprint for short-term and long-term prevention efforts.

3. You are here.

Comprises programs and campaigns such as Tribal Training and Technical Assistance Center, Training and Technical Assistance, and the Community Engagement Process

4. Tribal Training and Technical Assistance Center.

A. Training and Technical Assistance that includes:

- Community Engagement Process
- Broad Training and Technical Assistance
- Focused Training and Technical Assistance
- Intensive Training and Technical Assistance
- Tribal Action Plan (TAP) TA
- Tribal Technical Advisory Committee

5. Community Engagement Process.

Communities receiving Intensive TTA follow a process of community engagement that assesses where they are starting from and determines the next steps based on their level of readiness.

The purpose of the Intensive TTA is to provide a culturally responsive approach that works with communities to help them build their prevention programs, rooted in each community's culture, and aligned with their level of readiness.

6. Introductory Site Visit.

Training and Technical Assistance begins with an initial site visit. During the first site visit, the TTA team meets with tribal leaders

and community organizations. Information gathering and exchange are an active part of this initial step.

7. Community Readiness Assessment.

The Training and Technical Assistance Team provides training on the Community Readiness Assessment (CRA) through offsite TTA. The CRA assesses a community's readiness and capacity to address prevention issues and begins the process of identifying community-specific risk and protective factors.

The CRA provides a roadmap that shows where a community is starting regarding awareness of the problems and what the next steps need to be, based on the communities' culture, needs, particular circumstances, and resources.

The Community Readiness Assessment consists of nine levels, ranging from "No Awareness" to "High Level of Community Ownership." These standards describe the extent of society's knowledge and readiness on a particular issue. Through additional assistance provided by the Training and Technical Assistance team, community members learn how to conduct and score the Community Readiness Assessment interviews. Communities can continue to use that tool to assess other community issues.

Note: The CRA Manual – 2014 (PDF | 4.3 MB) provides more information about the community readiness assessment process.

8. Community Engagement Site Visits.

The Intensive TTA team conducts two tours with each participating community. Each visit has a particular focus and goal.

9. GONA/CMP Event.

- Combining the Gathering of Native Americans (GONA) and Community Mobilization and Planning (CMP) into one event maximizes attendance and commitment from tribal leaders and community members.

- The GONA is a Native-specific community prevention and strategic planning curriculum. It is used to promote and guide community discussions, support healing from historical trauma, and enhance prevention capacity and local prevention efforts.
- The CMP process helps mobilize and coordinate resources to address mental health, substance use disorders, and suicide issues.
- As a product of the GONA/CMP event, the community develops a Community Prevention Plan aligned with its current level of readiness that acts a blueprint for short-term and long-term prevention efforts.

10. Technical Assistance Site Visit.

- The TTA team identifies and schedules TA based on the community's stage of readiness and the community's judgment of its needs and priorities.
- The TTA team secures the services of any consultants or experts needed to assist with TA.
- Community lead contacts and the TTA team work together to identify the community members who should participate in each training.

11. Sustainability and Mentorship Activities.

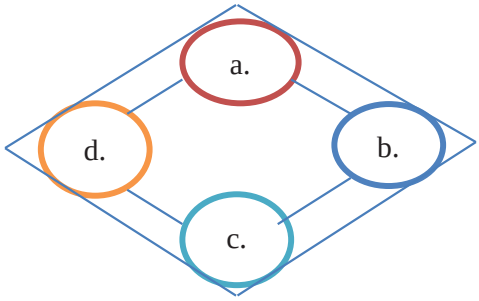
The purpose of sustainability is to increase the capacity of participating communities for developing ongoing, sustainable, and efficient prevention activities. Planning for sustainability includes evaluation and collaborations as key elements in maintaining successful prevention efforts. Evaluation helps communities gather the information they need to refine and improve prevention efforts over time. Partnerships allow a community to maximize resources and foster leadership and youth involvement.

The sustainability approaches include conducting annual Community Readiness Assessment (CRAs), adding new strategies, overcoming barriers, and identifying new funding and grant resources.

In closing, it is important to include four reasons by Hyndman (1992)[47] why a community-based approach is a robust model for substance abuse prevention. A proactive approach to diminish and prevent improper use and sales of illegal and prescription drugs.

(a) Substances are typically prevalent throughout the community and not restricted to any subgroup,

(b) Widespread treatments have been shown to be effective than less broad programming,



(c) Substance abuse and associated norms are embedded in the community, and,

(d) Community efforts provide the possibility that the underlying community causes related to drug addiction are addressed.

We also reference an article by Fagan, Hawkins, and Catalano, "Engaging Communities to Prevent Underage Drinking." Alcohol Research & Health, Volume 34, Issue Number 2. It discusses Community-based efforts offer the full potential for achieving population-level reductions in alcohol misuse among youth and young adults.

https://pubs.niaaa.nih.gov/publications/arh342/167-174.htm

6.6. Special Populations. (Adolescent, Elderly, Veterans)

Description: There are unique differences among humans that when understood and tailored to change programs, are apt to result in

[47] . Hyndman, B.; Giesbrecht, N.; Bernardi, D.R.; et al. Preventing substance abuse through multicomponent community action research projects: Lessons learned from past experiences and challenges for future initiatives. *Contemporary Drug Problems* 19:133–164, 1992.

successful outcomes. Examination of these groups and applied successful programs will be provided to assist in the selection of next steps when determining what potentially will work best.

https://i1.wp.com https://www.yogatrail.com http://www.frontpagemag.com

The Substance Abuse and Mental Health Services Administration (SAMHSA) TIP Protocol 46 is an excellent resource for providing culturally significant treatment programming. One of the areas it covers pertains to Cross's Stages of Cultural Competence for Organizations. Listed below are these states and any organization or individual providing treatment to addicted criminal justice clients would benefit greatly from understanding cultural "bias" may impact how we provide treatment services to our clients.

In an addictions counselor training program, that one of the author's conducted for corrections and parole, the importance and criticality of understanding the stages of cultural competence and their influence on the system, is necessary.

- Stage 1: Cultural Destructiveness - Attitudes and practices are destructive to a cultural group.
- Stage 2: Cultural Incapacity - The capacity to respond effectively to the needs, interests, and preferences for culturally and linguistically diverse groups in lacking.
- Stage 3: Cultural Blindness -The governing philosophy is one that views and treats all people as the same.
- Stage 4: Cultural Pre-competence-There is awareness of strengths and areas for growth to respond to culturally and linguistically diverse populations.

- Stage 5: Cultural Competence-Acceptance and respect for culture is demonstrated.

- Stage 6: Cultural Proficiency-Culture is held in high esteem and used as a foundation to guide all endeavors.

The provision of substance abuse treatment services within culturally diverse groups must begin with the service provider, including ourselves. It is important to understand that we may utilize our bias or feelings about certain groups of people and that we unveil, discuss and understand our feelings before entering the treatment process for our clients.

Training addiction counselors to know the difference between different cultures, diversity, prejudice, discrimination, oppression, internalized oppression and how these impact our counseling and treatment styles are also critical. It is important to understand how our bias impacts criminal justice clients that we seek to serve. Many addiction counselors in the criminal justice system have shared their feelings about not wanting to work with sexual offender populations. Some of these feelings are based on stereotypical beliefs and lack of professional training. When both areas are discussed, and additional professional training and clinical supervision provided, some of these reluctant addiction and correctional counselors accept the challenge of working with this population.

An excellent information resource on working with and building community change models, including cultural diversity is the Community Tool Box.[48] This comprehensive website provides significant information to learn about working with culturally diverse populations, the community, strategic planning, advocacy, and sustainability.

The Substance Abuse and Mental Health Services Administration Tip Series No 59, "Improving Cultural Competence" is another helpful resource. Information differentiates between drug users

[48] http://ctb.ku.edu/en/table-of-contents/overview/model-for-community-change-and-improvement.

and non-users, the impact of narcotics on culture, and the importance of self-help groups and recovery. The SAMHSA TIP Series has information on a treatment protocol for other special populations including elder addicted females.

Adolescents

Adolescent addiction treatment services have significantly improved over the last few decades. Early in my career, many youths were placed into treatment groups with clients three or four times their age. Time has brought change to include learning the following:

Specialized veteran courts are sensitive to serving this population and ensuring that the services they require are provided or mandated.

- Developmental differences between young populations,
- Pre-frontal cortex development,
- Risk taking behaviors: The "Tin God Syndrome" or, I will live forever syndrome
- Suicidal ideology,
- Patterns and symptoms of adolescent substance abuse, and,
- Dependency and the adolescent subculture.

The Substance Abuse and Mental Health Services Administration[49] TIP Series, No 32, is an excellent resource for anyone wanting to specialize in adolescent substance abuse treatment. We provide a reference to these sites as changes, and best practices are updated and presented.

Veteran Populations and Their Families and Significant Others

The relationship between alcohol and substance abuse, mental illness, PTSD and our veterans is alarming. There is much more to be done. Another excellent resource for anyone interested in working with veteran populations is the Substance Abuse and

[49] . https://www.samhsa.gov/

Mental Health Service Administration, TIP No. 57 Trauma-Informed Care in Behavioral Health Services. This series provides information on the various kinds of trauma and how it impacts us, models of trauma treatment and culturally responsive interventions.

The Addiction Resource Network also provides some very alarming information regarding the statistics of veterans, substance abuse and mental illness. The figures they cite from the National Institute of Drug Abuse indicate are reflected below and show an alarming trend.

The following numbers from NIDA show the high rates of alcohol, tobacco, and prescription drug use among military service members:

- About 47% of military service personnel reported binge drinking in 2008.
- About 20% of active-duty personnel reported binge drinking every week during the past month in 2008.
- About 30% of all active-duty military smoke cigarettes.
- 7% of veterans reported misusing prescription drugs in 2008, according to the DoD Survey of Health Related Behaviors among Active Duty Military Personnel. This number is more than 2.5 times the civilian rate. Most often drugs were opioid painkillers.
- The instances of pain medications prescribed by military physicians quadrupled from 2001 to 2009, according to the National Council on Alcoholism and Drug Dependence, Inc.

The Addiction Resource Network also mentions the findings of a study published in the Journal of the American Medical Association that reports about 12-15% of 88,235 combat veterans deployed to Iraq reported abusing alcohol. In another study, 53% of veterans who had experienced combat situations reported frequent binge drinking.

If these figures are accurate, then the need for specific treatment services for this population is needed now more than ever. One of the best services the Addiction Resource provides is a call number and link for anyone needing substance abuse counseling and treatment assistance. Their useful website is: *https://addictionresource.com/addiction/veterans-and-substance-abuse/*.

6.7. Public/Private Partnerships.

Description: In combination, when public and private individuals and groups work collaboratively, the potential for successful outcomes are elevated. In conjunction and sharing information and evaluating results, we can make adjustments and realign approaches and expectations, the goal the desired results.

To begin, lessons learned from decades of stumbling around the multiple silos of public and private agencies, in seeking solutions to problems, often met with failure. Lack of cooperation, close to the chest holding of information, inability to work with others and other variables, successfully strangled progress when sharing a single central focus. So we know from experience, research, trial, and error that when we work together, we achieve better results. Time has allowed positive change.

To begin our review, the Urban Land Institute, published a document titled, "Ten Principles for Successful Public/Private Partnerships (2005)[50] that offer value to this focus. Highlighted in this report is the clear outcome that public-private partnerships bridge gaps too wide for a single agency to overcome, but in collaboration with others, they become possible to address. Public and private partnership enhances openness, leadership, a focus on the problem and in time, an emerging sustainable solution to the problem addressed.

Within each problem is numerous issues and needs. No one agency has the resources and solutions, but in a joint partnership, most challenges are overcome. With substance abuse, it will take a larger array of professional and service functions working together

[50] . Corrigan, Mary Beth, et al. *Ten Principles for Successful Public/Private Partnerships*. Washington, D.C.: ULI–the Urban Land Institute, 2005.

to make improvement progress possible. The right range of stakeholders is the key, spending the time to synchronize services, to understand what can be achieved to avoid replication, to establish open communications and to designate a single leader or oversight person to guide the process; all of which are critical.

We recommend locating this manuscript for the process and examples provided that will add to your knowledge and planning process. Without discussion (as the report provides a level of depth most appropriate), we list the ten successful public/private partnerships:

1. Prepare Properly for Public/Private Partnerships
2. Create a Shared Vision
3. Understand Your Partners and Key Players
4. Be Clear on the Risks and Rewards for All Parties
5. Establish a Clear and Rational Decision-Making Process
6. Make Sure All Parties Do Their Homework
7. Secure Consistent and Coordinated Leadership
8. Communicate Early and Often
9. Negotiate a Fair Deal Structure
10. Build Trust as a Core Value

Other steps assist in developing a resilient partnership between various agencies and their staff. Preparation at the initial planning stage strengthens the entire process and supports the achievement of goals.

A. Determining Needs for Collaborative Partnerships.

A phased approach to change achievement first determines needs, selects options, organizes and trains community cohort members, and determines strategies to elicit citizen and professional collaborations. During this process, leadership will surface, along with cooperation and sustaining partners will develop. A schematic of the interrelationships of the individual groups provides a blueprint that diminishes confusion and disconnect.

- Conduct a needs assessment
- Analyze the information.

- Select those options most likely to lead to sustainable groups and solutions.
- Establish leadership for diverse groups in the collaboration.
- Create a blueprint for the path forward

B. Integrate Planning, Programs, and Strategies.

The next step strengthens existing processes and integrates planning, programs, and strategies into an action plan. All stakeholders are involved in all aspects of the planning to enhance the potential for success and achievement of expected outcomes. Planning includes needs assessment, inventory the available skills, knowledge, abilities, and experience of participants, evaluation by other knowledgeable partners and the emerging master plan for the people and boundaries identified.

- What must the community do to elevate their readiness to engage with others?
- What must the agency do to raise their willingness to participate with the community?
- From a mutual and collaborative perspective, establish the working relationship between all parties.
- Conduct an inventory of skills, knowledge, abilities, and experiences within the partnership.
- Create a mission statement, goals, objectives and actions steps that accompany the blueprint and establish timelines for accomplishment.

3. Developing partnerships with the Community Stakeholders.

Step three blends the cohort community group and professionals into a partnership for sustainable problem solving and the delivery of education and training to the community as a whole, the purpose to reduce the damage of potential future disasters. Shared responsibilities, working in groups with clearly delineated roles and duties and importantly reaching out the community of interest to deliver programs and assist with ideas and local efforts, should achieve sustainable outcomes.

- Develop a problem-solving action plan to identify the existing issues and problems that are of concern to all parties in the partnership.
- A list of challenges is recorded, allowing everyone in the group ample opportunity to add to the list.
- Rank order the problem from "most serious" to "least serious" following discussion by the collective group.
- Select a problem-solving model that meets the group's approval. For purposes of this manuscript, we use Goldstein's S.A.R.A. model.[51]
- Determine what the collective group and individuals need for training to sharpen skills and add to the information people use to achieve the work planned.
- Put together an agreement to indicate duties and roles. The deal spreads out engagement and helps to clarify that all parties are engaged. Leadership does not have to come from the police; it can be a community member.
- Establish a mechanism to keep the community informed of what is taking place as lack of information is harmful to success.
- Develop a feedback mechanism to allow everyone in the community and among the current stakeholder, critical information.

Achieving these levels represents an excellent beginning, and it will greatly help to eliminate doubt, strengthen group cohesiveness and purpose, and illustrate to other parties that a collaborative partnership is possible and new and ongoing relationships, the key to long-term success.

In closing, values, vision, purpose, organizational guidance, and timeline planning give clear direction to which staff can refer. It helps maintain structure and process as the work takes place.

4. Values Inherent to Public Private Partnerships.

Of value to the shared clients and the integrity of the agency partners, the role of such partnerships is to assist organizations to improve their leadership potential, seek greater effectiveness and

[51] . http://www.popcenter.org/about/?p=sara

efficiency, and to enhance the concept of public/private partnerships in the delivery of essential services. We value organizational integrity, collaboration, partnerships, effective leadership and innovation in the work we provide our clients.

5. Vision:

To provide expertise and resource support in utilizing best practices and current research to assist them to develop and apply effective and efficient services.

6. Purpose:

The purpose of public and private partnerships is to provide expert services tailored to the needs of the client with effectiveness and efficiency, seeking a sustainable solution and outcomes to the individual.

7. An example of Organizational Structure Guidance Chart:

1. Leader for Project Group	Selected for his or her skills, knowledge, abilities and engagement in the task at hand.
2. Other Participants	Stakeholders, who are affected, have a role; have the expertise, and willing to participate.
3. Roles and Duties	• Oversight of programs and projects • Work with staff to assist with the delivery of services. • Examine growth and development opportunities. • Seek best solutions to provide sustainable solutions. • Provide evaluation of services to maintain appropriate quality control measures • Maintain budget oversight of Center projects. • Recruit appropriate consulting and support staff as needed for project

	fulfillment. • Assist and maintain relationships with partner and collaborative individuals and organizations.
3. Advisory Membership	Select other representatives who reflect the field of practice and who provide counsel that will help develop and provide suitable services reflecting needs and interest.
4. Role of Advisory Group	The Advisory Group will guide identifying training and development needs as well as other programs that will assist with efficiencies and effectiveness improvements.
5. Member List	Maintain and use to recognize, gather support, future contacts.
6. Meetings of Advisory Group	The meeting will take place as necessary.
7. Communications Protocol.	People need to be informed, and the methods that work for those involved have to be determined.

8. Timeline of Tasks. [Provides list and clarity of purpose].

Nbr	Task	Start	Complete	Assigned
1				
2				
3				
4				
5				
6				
7				

6.8. After the Call. Working with Public Safety Profession Issues: Addressing Issues of Substance Abuse in this Population.

Description: The system must be collaborative, seek sustainable solutions, and share information to eliminate duplication, cross-purpose actions, and to ensure that all of the steps taken, lead to recovery and prevention.

It takes a long time for someone to become addicted to alcohol and other drugs and it takes an even longer time to move into recovery. The initial step begins with a phone call or visits to a local treatment program for evaluation and assessment. Taking a few hours, the counselor and client discuss areas regarding the harmful effects of alcohol or chemical substances on the individual. A thorough evaluation also determines whether the client must enter a detoxification program. Detoxification is a medically supervised program assisting the client to pass through the withdrawal phase of their dependency. While not always needed it is critical to have that stage determined by the appropriate medical professional.

Also addressed by the evaluation are:

- substance use history,
- family history,
- legal or criminal engagement,
- nutrition,
- employment history,
- sexual history,
- mental health,
- suicidal ideation, and,
- prior treatment history.

Once these assessments are complete, the counselor then makes a determination on the best course of treatment action. Normally, substance abuse treatment is within one of the following three categories:

1. Mental health counseling,
2. Outpatient Treatment
3. Inpatient Treatment Programming.

Mental health treatment usually provides the least restrictive level of care for the client. In this setting, clients meet with a counselor to examine the effects and harm of alcohol or other substance abuse on their lives and their families.

Some mental health counselors encourage “abstinence-based” counseling that mandates no use of alcohol or drugs while under supervised care. The “harm reduction” approach supports reducing the amount of alcohol or substance utilized by the client. Meetings with the counselor are for a short period and on a weekly basis.

Outpatient treatment is for individuals who require more structure than meeting with an advisor, generally once per week. Outpatient treatment is usually three to five days of treatment per week. Clients who engage in this model of therapy are typically employed full time and have other personal, professional, and family responsibilities.

Clients are allowed to enter a treatment program for the three hours of counseling therapy per day and return home at night. The following day they return to work, school or other activities and are back in a treatment setting in the evenings. Outpatient treatment works well for those individuals motivated to achieve recovery. Moreover, outpatient treatment programs follow an initial abstinence or harm reduction model.

Inpatient treatment is the most restrictive level of care and is reserved for those with extreme alcohol or substance dependence. These clients reside at a treatment program for up to 3o days and work extensively on their recovery. Most inpatient treatment programs follow an abstinence-based approach.

Long-term residential settings or community residences are available for clients who require an extended period to achieve recovery. These clients benefit by residing in alcohol and a substance-free environment in the community. This method allows their continuing recovery efforts while working, attending school or other endeavors. Most community residential settings practice a “milieu” model of counseling, meaning the client is encouraged to live in the environment just as they would at home.

All aspects of treatment today considered the need for medication support, substantial family involvement and supervised relapse prevention encouragement. The National Institute of Drug Abuse Treatment, “Approaches for Drug Addiction Drug Facts”

publication defines the components of a comprehensive drug addiction treatment program while stressing the importance of responsible clinical case management.

For those individuals in the criminal justice system, the importance of a "continuum of care" is needed while in the system. Criminality and addiction thinking are abnormal to society, not afflicted by substance abuse. Counselors, aware of these differences, are better equipped to counsel the individual. They (counselors) also must emphasize abstinence of the use of alcohol or illegal substances, as this client population is prone to relapse. When under the influence of drugs, many recidivate and adopt their past criminal behavior, often leading to arrest and incarceration. Most regulations adhere to a non-use model.

A final consideration is addressed in this section. The question, "What can be done to assist those who cannot afford treatment?" Many do not have the insurance coverage, yet need assistance. The self-help community of Alcoholic Anonymous, Alanon, and others are instrumental in helping others find and maintain a recovering lifestyle. Self-help Groups are cost-free and available in most areas of the country. They operate meetings 24 hours a day seven days a week for the benefit of people with substance abuse problems.

While treatment is expensive, they require attainable treatment objectives and operate on a fixed schedule. Clients are encouraged to discuss their issues, but, as a member of a self-help group, can opt not to. One counselor, in an outpatient treatment program one of the Authors supervised, said, "*Treatment is discovery and self-help are recovery*." In treatment, the client learns about his disease and in self-help, he learns how to live.

The following provides a list of specific criminal interventions that are used at various stages of entry into the criminal justice system. While we recognize the importance of each of these distinct response sections, the system would function more efficiently by utilizing a systems approach.

6.8.1. Specialized Law Enforcement Interventions:

Provide police officer training in the areas of alcohol and substance dependency as a treatable disease, recognizing the signs and symptoms of addiction, focused treatment options, self-help groups and recovery options. Police departments should provide contact information for local treatment agencies and self-help groups should the arrestee decide they need to seek further assistance with their substance abuse problem.

Provide police officers with the opportunity to visit local treatment agencies and to learn about various treatment models and settings. Knowing office staff, soliciting their assistance, becoming familiar with options and protocols, helps to manage the "across the system" concept.

Encourage police officer intervention with addiction utilizing offender dialog. Establish a link offering assistance to the offender that supports treatment and recovery.

Provide police officer encouragement to the offender to seek help from self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous. These are groups that offer help and support to remain alcohol of substance free. Alanon and Alateen are self-help groups for the spouse or significant other who is in a relationship with an addicted person. Recommendations to seek additional help from a substance abuse counselor are also an important intervention strategy.

Display addiction reduction and assistance pamphlets at the police agency on alcoholism and drug dependency, local treatment agencies, frequency and location of self-help meetings for the offender and his or her spouse and family.

Determine how the police department and officers can conduct Officer follow-up at the offender residence to ensure compliance, identify problems and find solutions and serve as reinforcement to people in need. Recovery is the sustainable goal.

6.8.2. Specialized Court Interventions

Provide alcohol and substance abuse dependency education and training to court personnel.

Provide magistrates with the opportunity to visit local treatment providers learning about treatment models and settings that increase the likelihood of successful intervention.

Pre-trial Investigations to include information on the offender's past use of alcohol and other substances, criminal behavior while under the influence, and prior treatment experiences.

Mandate offender completion of alcohol and drug abuse treatment programs, stressing completion to fulfill court requirements.

Provide an information exchange system between magistrates to share treatment successes. "What works" demonstrates movement in becoming drug-free.

6.8.3. Specialized Jail and Correction Interventions:

Provide training to jail or correctional personnel on alcoholism and substance abuse. Include considerations it is a disease that is treatable with the right interventions. What are the signs and symptoms of drug addiction? What is the relationship between alcohol and drug abuse and criminal behavior? And, successful relapse prevention programs considered by corrections staff where substance abusers are housed.

Solicit, screen, and select correctional personnel with interest in the therapeutic, rehabilitative aspects of incarceration. These officers will engage with the inmates by applying a correctional recovery model, which supports their becoming valued citizens. Those certified will engage with inmates to get them off drug addiction and become valued citizens.

Provide training for correctional personnel in correctional counseling, motivational interviewing, cognitive behavioral counseling, and stages of change and early recovery issues.

6.8.4. Probation and Parole Interventions:

Provide training to all probation and parole officers on alcohol and substance abuse addiction as a treatable disease. Training includes managing relapse issues and sustainable prevention steps by the probation or parole supervisor.

Provide probation and parole officers training on:

a) Motivational interviewing,
b) Cognitive behavioral counseling,
c) A stages-of-change emphasis, and
d) Utilizing treatment agencies within the community which specialize in relapse prevention and return to criminal behavior.

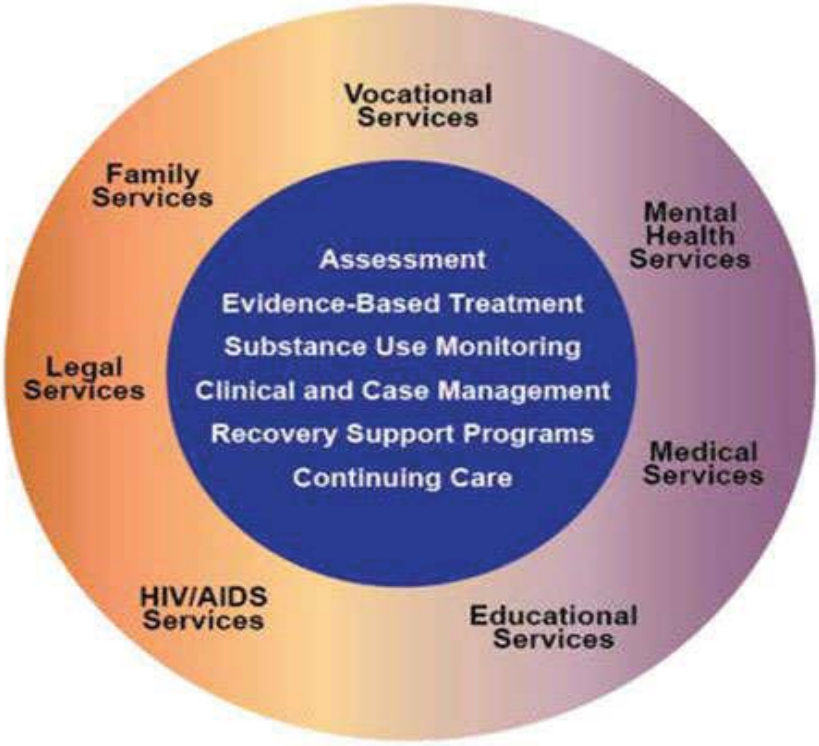
6.8.5. Ongoing Recovery Interventions:

Treating criminal justice populations with substance abuse problems involves a continuous and concerted effort. Many of these offenders also suffer from mental health issues. Out of the box, thinking may pave a path forward for these individuals and their families. Demonstrating how the criminal justice system engages with those addicted and the availability of community agencies that support them, is essential to successful outcomes.

An article from the National Institute of Health "Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety," reports:

> "*a review of recidivism in 15 states found that one-quarter of individuals released returned to prison within three years for technical violations that included among other things, testing positive for drug use*." The article further states that "*on release from prison or jail, addicted persons will experience challenges to their sobriety through multiple stressors that increase their risk of relapsing to drug use*."

Components of Comprehensive Drug Addiction Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

Chapter 7.
The Value of Models to Enhance Sustainable Outcomes

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Description: One size does not fit all people and as such choice is important to address the particular issues. Each situation is unique, and with the examination, the appropriate model selected is one that has a high probability of success to bring about the correct results.

7.1. What is Sustainable Community Capacity Building (SCCB)?

Problem-solving, whether it is addresses crime, crumbling infrastructure, poverty, medical and substance abuse issues or determining the best use of available resources to address community needs, functions better when multiple agencies cooperate and work collaboratively. For far too long, the government has operated out of separate silos, each function contained within its rules, policy, and philosophy, touching only momentarily with others who may also provide services or address the same issue. The separate, often parallel effort by more than one agency is costly, ineffective and may not result in a sustainable solution. The following model allows a collaborative and focused approach to community problems regardless of their origin.

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The focus is on the significance of forming community capacity building partnerships with citizens, first responders and other public/private stakeholders relevant to the issues of substance abuse, to address issues, apply problem-solving principles and develop sustainable solutions to long-standing destruction due to drugs. When we consider a particular situation such as crime, utilization of a community capacity building model can expand the

window of partners and enhance the potential of finding sustainable solutions. All other efforts might be a waste of time, resources, attention, and finding an end to a problem that has existed for decades.

7.2. Why is SCCB Critical to Reducing the Threat of Substance Abuse?

We often look at the community as a dependent entity, ripe for the government or public/private services, when in fact the sleeping tiger, citizens, can be motivated to engage in self-initiated, independent and collaborative action.

The assumption is that people are not well trained to manage the occurrence of a community-wide crisis or traumatic situation or traumatic event, often resulting in a negative impact on severe outcomes that affect the psychological, physiological, emotional and social well-being of people and communities. Reversing a negative dependence on "outside" leadership, we must build and develop citizen, neighborhood, individual interest, and other community-based leaders to co-equally address problems and issues. Sustainable community capacity building is a start-to-finish process that includes blended participation, supported by people, groups, and organizations utilizing effective technology systems and grassroots citizen engagement in partnership with the experts.

The sustainable community capacity building program is a "walk the walk" practice, to explore the importance of collaboration and shared learning, problem-solving, and planning. This is coupled with technology best practices and motivated commitment from professional and citizen power. We have danced the dance for decades, and still, we find deep divisions among people living in communities. The continued existence of varying levels of over-dependence on government, varying degrees of unrealistic expectations in some cases, and at other times with citizens demanding services that are impossible to provide - at least not for the long-haul.

The key is sustainable community capacity building directed to enhancing life in all places where people live, work, and share common interests as being a part of a larger community. Our approach brings that concept to neighborhoods, geographic areas, cities, and towns, seeking to discern the scope, extent, and complexity of perceived and familiar problems. Utilizing practical examination techniques and conducting a planning effort that will result in determining sustainable solutions, the capacity of residents and occupants is amplified to maintain balance before, during and after critical incidents/events, in collaboration with professional services.

There is an absolute need for "local" engagement (citizens, formal & informal community groups, business, schools, government, volunteers, individual needs and interest groups, services of all types), to develop a community capacity vision that leads to goals and objectives that can be carried out with professional staff and community members. Community leaders are a critical component when working with a neighborhood or business complex, hospital, school, or other special populations that exist throughout the community. We cannot expect change to occur because we want it to, that is not a failsafe attitude.

It begins with getting citizen groups to take responsibility to work with those individuals who occupy that part of a community. Residents lead, guide, direct and coach others who share that geographic area, using coaching skills to make sustainable change by community engagement.

7.3. A Model for Consideration.

The below design offers a sequence of actions that progressively lead from a desire to fix a problem with sustainable solutions. The helter-skelter process in use today fails and refuses to say so. It is a shameful condition that needs to be tossed out and replaced.

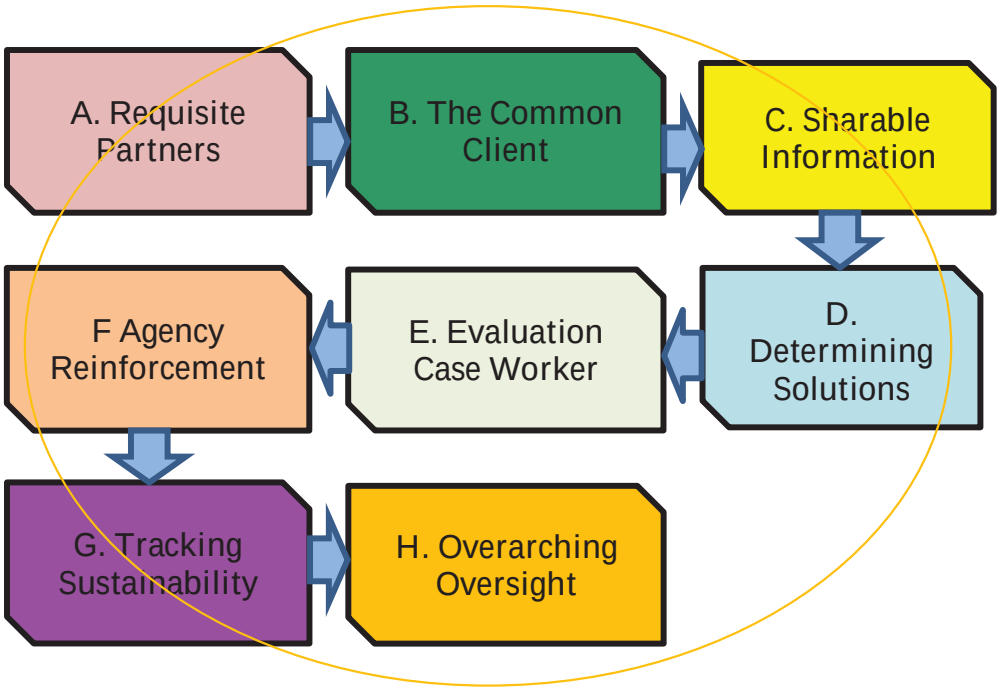
Component Parts	Description
a. Requisite Partners	Selectivity of who is at the table is a death blow. If a community demands success, then the people who are part of the solution process must be representative, want to see change happen, and be willing to work for success. The list will vary by

	community, but it includes both public and private organizations, individuals, requisite groups and expertise as may be needed.
b. The Common Client	Where blindness exists, we fail to see that the person arrested may also partake in many instances of welfare, publicly funded medical and mental health, substance abuse therapy, time incarcerated, housing, food and other existing components, along with any number of other government funded (taxpayer) programs. Each of the agencies providing services does so in isolation to varying degrees from the others. In many instances, no sharing of any type. Whereas funds for this come from the public, we must be more concerned with cost and outcome effectiveness than only the dependent person. We need sustainable change, no excuses, and the appropriate plans that are deemed valid.
c. Sharable Information	Information is plentiful, and unless used to bring about a positive and sustainable outcome it serves a limited purpose. We need to utilize information to conduct analysis to arrive at sustainable solutions if the current dysfunction continues. This focus should not be the problem. People who draw from public funds should be aware that information from the various sites will share the data for analysis and sustainable solutions to their issues. We need all available data for analysis and determining solutions.
d. Determining Solutions	Solutions must not take place in a vacuum. When we have data, we can make informed decisions, following analysis to allow comprehensive and clear understanding by policy makers. Being able to see and understand the whole picture, such as a medical staff need for full information before diagnosis, leads to a higher likelihood of success.

	Data, combined in a database, allows questions asked, analysis to occur, and deliberation to happen from an informed perspective. It works in numerous similar decision-making efforts and must be applied here.
e. Evaluation Case Worker	When an individual is selected to undergo examination with the goal of sustainable changes, a single person should have the authority and knowledge to see the entire effort occur and enabled to make decisions and track outcomes. A single individual can make decisions; provide information and numerous other steps that assist in bringing about sustainable change. It allows personal authority, which is also important in keeping a person on track to change.
f. Agency Reinforcement	Too many organizations, each with their agenda, rules, and other aspects as they pertain to an individual are foolish. A case worker becomes the dominant person who can deal with all parties and maintain oversight and control. Everything refers to the case worker, who participates as a member of the whole committee, for obvious reasons.
g. Tracking Sustainability	When decisions are made that pertain to the individual who is expected to change their behavior and attitudes, and a series of milestones developed. Tracking will allow determination, if met, along with all manner of information that is useful to look forward, redefine and other applications that go to change.
h. Overarching Oversight	Formation of a regional oversight body, able to see the big picture, across jurisdictional lines identifies causation factors. The supervisory body is not involved in personal management, rather resource recommendations, addressing needs, bridging barriers and assisting in solving problems.

The Model:

Figure 2
Sustainable Community Capacity Building



7.3.1. More Detail and Clarification of the Model.

The design offers a sequence of actions that progressively lead from a desire to fix a problem with sustainable solutions. The helter-skelter process in use today fails and refuses to say so. It is a shameful condition that needs to be tossed out and replaced.

Component Parts	Description
A. Requisite Partners 	Selectivity of who is at the table is a death blow. If a community demands success, then the people who are part of the solution process must be representative, want to see change happen, and be willing to work for success. The list will vary by community, but it includes both public and private organizations, individuals, related groups and expertise as may be needed.
Steps to Accomplish Goal. 1. Make a list of who deals with substance abuse from any perspective. 2. Determine who is to be the contact person. 3. Schedule a meeting and invite everyone on the list. 4. Hold an information session including the purpose of this meeting and the forming of an SCCB committee. 5. Receive input. 6. Make decisions on who will represent the interested agencies. 7. Schedule the next meeting to organize and establish rules.	
B. The Common Client 	Where blindness exists, we fail to see that the person arrested may also partake in many instances of welfare, publicly funded medical and mental health, substance abuse therapy, time incarcerated, housing, food and other existing components, along with any number of other government funded (taxpayer) programs. Each of the agencies providing services does so in isolation to varying degrees from the others. In many instances, no sharing of any type. Whereas funds for this come from the public, we must be more concerned with cost and outcome effectiveness than with the dependent person. We need sustainable change, no excuses, and the appropriate plans that are deemed valid.

Steps to Accomplish Goal.

1. When an individual is identified, all agencies and organizations that have provided government funded services are notified they are associated with a particular community board.
2. Establish how a database will be organized, where, managed by and seek to include master name and identifiers to ensure the right person is included. This database should logically exist to include access to relevant systems where information can be obtained and included in the query system. It has to be protected and used only by authorized individuals.
3. Determine rules on how the Board will function and that includes the individual at the center of the SCCB effort.

C. Sharable Information 	Information is plentiful, and unless used to bring about a positive and sustainable outcome it serves a limited purpose. We need to utilize information to conduct analysis to arrive at sustainable solutions or the current dysfunction continues. Information should not be the problem. Same principles that people who draw from public funds should be aware that information from the various sites will share the data for analysis and sustainable solutions to their issues. We need all available data for analysis and determining solutions.

Steps to Accomplish Goal.

1. Develop the computer system that will serve as the database source.
2. Determine how data will be either transferred or accessed.
3. Determine what software will be used to conduct the analysis.
4. Identify the geographic mapping software to produce the needed maps showing spatial and temporal visuals to selected study results. (e.g., location of individual committed crimes).

D. Determining Solutions	Solutions cannot take place in a vacuum. When we have data, we can make informed decisions, following analysis to allow comprehensive and clear understanding by policy makers. Being able to see and understand the whole picture, such as a medical doctors need

	for full information before diagnosis, leads to a higher likelihood of success. Data, combined in a database, allows asking questions, allow analysis to occur, and deliberation to happen from an informed perspective. It works in numerous similar decision-making efforts and must be applied here.

Steps to Accomplish Goal.

1. When questions are asked, when data analysis provides information that brings greater understanding, and when additional analysis raises new questions to which answers can be obtained; we are in possession of new awareness that helps in making decisions.
2. The analysis identified gaps, broken linkage, cross purposes, and other issues where repair is needed as it defeats the expected outcome goals.
3. Being able to ask relevant questions and receive answers leads to healthy decision-making based on fact, not emotion.
4. Clarifying misunderstanding or contradicting statements, leads to an effective decision.
5. Having data that shows the complete picture allows each decision maker to begin deliberation from the same perspective based on fact and agreed on analysis steps.

E. Evaluation Case Worker  © Can Stock Photo - csp15700588	Too many agencies, each with their agenda, rules, and other aspects as they pertain to an individual are foolish. A case worker becomes the dominant person who can deal with all parties and maintain oversight and control. Everything refers to the case worker, who participates as a member of the whole committee, for obvious reasons. When an individual is selected to undergo examination with the goal of sustainable changes, a single person should have the authority and knowledge to manage the effort and enabled to make decisions and track outcomes. A single individual can

	make decisions; provide information and numerous other steps that assist in bringing about sustainable change. It allows a single person authority which is also important in keeping a person on track to change.

Steps to Accomplish Goal.

1. This is a function that all agencies in the collaborative partnership share responsibility.
2. When the process, purpose and operational steps are accepted, and agreement is received, the same rules apply.
3. The person must have a broad awareness of why the various services have been used, the purpose, and when successful outcomes were achieved or not.
4. The person must be able to collaborate, to communicate and engage with the common good of all clearly in mind, including the client.
5. Training that allows understanding of service provider purpose and how collaborative decision-making can occur that is beneficial to the typical customer.

F. Agency Reinforcement 	For success to gain how services are provided, we must be able to show how a combined approach is successful. In isolation, we do not know, except we suspect that enablement is easier when the providers are in ignorance. Reinforcement occurs when we see recidivism drop when earlier dysfunctional people are changed to a more socially responsible role and demonstrated change occurs.

Steps to Accomplish Goal.

1. The agency needs to maintain data on the programs and processes used in sustainable community capacity building, who is engaged, the goals and other important data points that can be analyzed to determine outcomes.
2. Where do weaknesses lie and what is the plan to address them?
3. What are the reports from the field? Establish a data collection mechanism to gather information to determine how all stakeholders feel and evaluate what has taken place.
4. New issues and problems will arise and a means to address them

is also needed.

5. Who has been helped, in what ways and are there any remaining issues to be addressed?
6. What works well and what required adjustment?

G. Tracking Sustainability 	When decisions are made that pertain to the individual, who is expected to change their behavior and attitudes, a series of milestones developed, and tracked will allow determination if they are being met, along with all manner of information that is useful to look forward, redefine and other applications that go to change.

Steps to Accomplish Goal.

1. Who was involved in the decisions applied to individuals?
2. What changes were successful?
3. If the change was not successful, what are the reasons for that?
4. What was learned that could be applied to other individuals of similar circumstance?
5. Were new procedures and practices developed and are they readily available to other programs and agencies?
6. What is in place to track change to determine sustainability and to identify if new steps are needed for adjustment purposes?

H. Overarching Oversight 	Some form of regional oversight body is needed, who can see a larger picture as many individuals cross jurisdictional lines along with other associations and causation factors. The oversight body is not involved in personnel management; rather resource recommendations, addressing needs, bridging barriers and assisting in solving problems.

Steps to Accomplish Goal.

1. Determine who can provide a level of oversight to determine goals:

a) Identify duplication of services.
b) When barriers are encountered, who resolves them.
c) Offer suggestions when issues arise.
d) Empowered to make decisions to remove problems.

2. Develop a set of rules governing roles and responsibilities.
3. Establish meeting times, review process, reporting by a responsible person.
4. Work to secure resources if over and above existing funding.
5. Prepare reports for notification of all interested bodies to the goals of the regional approach utilizing the Sustainable Community Capacity Building model.

7.4. Making it Work.[52]

Kunkel's work is insightful and guides planning for success. The term model is often used to describe many things, copying someone's prior determination of how something works, with a description of parameters and outcomes. When models work, they are often adopted by others to use in their projects. Understanding modeling is important if someone wishes to make use of a comparable model. Kunkel offers a depth of knowledge which we provide to readers of this book. With experience comes a new awareness and should include an expanded tool belt in putting a model to use.

Kunkel makes the following statement:

> *"It is difficult to find someone who does not use models in their personal or professional lives on a regular basis. To avoid common mistakes and pitfalls arising in the development or use of models, it is imperative that the process by which a model is developed and implemented follows several key steps".*

In light of that, we offer the following summary of Kunkel's article.

[52] . Kunkel, J. (2017). Making Models Work for You. https://www.withum.com/kc/making-models-work/

1) A model should be simple in context to the complexity of the issue addressed. Reducing complexity and getting to the crux of component aspects to make sense of it all. For substance abuse, a model dealing with a particular issue has to all completeness without cross-over duplication.

2) Output variables of a model cannot be deemed absolute as continuing information will often dictate a change in focus and approach.

3) The design must allow clarity of decision-making where information is organized and factual to the examination.

4) A model simplifies complexity into a procedure of data analysis, and output interpreted as:

    1) Understandable
    2) Reasonable
    3) Defendable
    4) Quantified
    5) Testable
    6) repeatable
    7) Actionable.

Using a model can bring value to the decision-making process, but we must not blindly state it is infallible. Kunkel uses the term pitfall, where there is an occasional fault with the model, and it does not provide the outcome expected. For the sake of knowledge and anticipation that a pitfall might occur, the reasons for them are listed as follows:

1. Incorrectly defined problem and model need	1. Output doesn't address the issue at hand
2. Collecting data/building a model without generating a hypothesis	2. Unfounded model structure based upon data mining
3. Inadequate or inappropriate data	3. Model not useful (GIGO: Garbage in, Garbage out)
4. Not getting appropriate approvals	4. Stakeholders may reject approach
5. Inadequate documentation	5. Model not replicable and transferable

6. Limitations not understood	6. Incorrect conclusions reached
7. Model unnecessarily complicated	7. Users may not understand and difficult to monitor
8. Inadequate testing	8. Model misspecification
9. Not implementing the appropriate controls	9. User error not caught
10.No model monitoring	10. Model may become stale

In closing, Kunkel closes his discussion as follows:

"*With a better understanding of how a model is defined and an outline for a general modeling approach, you are better prepared to avoid common mistakes and pitfalls and create more reliable and reasonable models. It is imperative to follow the steps presented above exactly all the while asking yourself these important questions:"*

1. *Who is the final user of my model and what is their sophistication level?*
2. *What are the external inputs and assumptions of the model and how will it process them (e.g. flexible for scenario analysis?)?*
3. *What are the limitations of the proposed approach?*
4. *What is the best platform for the planned model?*
5. *How often will the model or assumptions need to be "refreshed"?*
6. *How will the model need to be reviewed or monitored?*
7. *What is the required output of the model?*

"By following the outlined modeling approach and taking the time to understand the problem, proposed model, and model users, the results of you modeling endeavor will undeniably be more useful and better prepared to weather the rigors of any review."

Models allow for an organized approach to addressing problems, to assist individuals in doing the tasks confronting them, and to reach conclusions based on information and close examination.

We recommend their use; we caution they are not infallible, but that when successful, they are of great help.

7.5. Practices for Your Community.

Choice is often accompanied with conditions of the moment, urgency, expectation and other variables that interact with decision-making. Dependent on the job or task associated with a course of action, it seems important to find the time to make right decisions, those with the likelihood of being sustainable.

In the criminal justice profession, at all steps in the procedure, one must follow as a suspect, arrestee, or inmate in the correctional facility; opportunities present themselves where intervention might be advisable. Immediate considerations include safety, health, and well-being of the person of interest. Secondarily are the same concerns for other people associated with or potentially affected by this individual. We can do no harm or jeopardize anyone. Therefore the best tracks to follow are the rules and laws that apply.

However, there are situations where intervention might be a wise course of action, and time should be allowed to investigate and seek approval to engage in alternative solutions, particularly if they prevent future drug use and unacceptable behaviors. Yes, it requires approval and a commitment to participate in the intervention. Reducing the cost of crime and disorder, re-entry of someone to society as a productive citizen, reduced and the end of various support mechanisms also a cost saving. The present windmill approach seemingly is not working, given the number of illegal drug sellers, users, and accompanying deaths of this time.

We also know that individuals can accomplish goals, but when we add others that can assist, have interest and essential skills; should we not solicit them? If the goal is transformation, then we should consider ways in which we can make it happen. Perhaps it presents a challenge too great, and if so, not proceeding is appropriate. We are not suggesting every individual case should seek an alternative path, but when suitable, perhaps it is time and effort well spent.

1. An Organization of Success
Full Care & Treatment for Substance Abuse

There are some public and private agencies who work daily on the issues of substance abuse. We are pleased to provide the following overview of Anuvia Prevention and Recovery Center, based in Charlotte, North Carolina. This agency tackles substance abuse problems head-on and is making a difference.

Anuvia™
Prevention & Recovery Center

Anuvia Prevention and Recovery Center

100 Billingsley Road
Charlotte, NC 28211
(704) 376-7447

"Anuvia promotes wellness in our community by providing compassionate treatment and prevention services of the highest quality to impact the disease of addiction."

Introduction.

The scourge of illegal and prescription drug abuse is racking the country from coast to coast. The loss of humanity, relationships, death, and violence, sweep every town, city, and county in the United States. The loss of life, drop out from society and dependence of criminal behavior and other forms of social deviance cannot be summarized, it is too large, too hidden and not expected to diminish. Anuvia is an example of success, and we wish to share their information with the expectation it will bring benefit to others.

A Brief History of Anuvia Prevention and Recovery Center, Inc.

While the Anuvia Prevention and Recovery Center, Inc. came into existence in 1994, its roots date back to the late 1950's.

In 1957 the Enabling Act, passed by the North Carolina General Assembly, provided for local ABC boards to dedicate a percentage of their profits to support alcohol education and rehabilitation programs. Mr. Frank Sims, then Chairman of the Mecklenburg County ABC Board, formed a citizen's committee to examine the need for an organization of this nature for their Board to support. This committee determined that an agency was needed to promote public awareness about alcoholism. The Reverend Jody Kellermann, a local Episcopalian priest, was appointed to chair a steering committee to develop a plan for creating such an agency.

The agency, established in 1958, was first known as the Alcoholism Information Center, and Reverend Kellermann was chosen as its first Executive Director. In 1959 the name of this agency was changed to the Charlotte Council on Alcoholism and became an affiliate of the National Council on Alcoholism. The Charlotte Council soon became Charlotte's central resource for information, advocacy, and referral regarding alcoholism.

Ten years later, Reverend Kellermann, the ABC Board, and other local supporters determined that a facility was needed to provide treatment for alcoholics and their families, in particular for those

who lacked financial resources to pay for these services. Also funded by the ABC Board, The Randolph Clinic was established in 1969 to provide treatment at reduced or no cost to residents of the growing Charlotte-Mecklenburg community.

In 1971 the ABC Board completed building a new facility to house both The Randolph Clinic and the Charlotte Council on Alcoholism. This building, located at 100 Billingsley Road, became a central place for people to turn to for substance abuse education, assessments, and treatment. It also became a meeting place for many of the area's 12 Step self-help groups. The Charlotte Council changed its name to the Charlotte Council on Alcoholism and Drug Dependency in 1986.

In the spring of 1994, the Mecklenburg County ABC Board initiated an inquiry between the two separate boards of directors for the Charlotte Council and The Randolph Clinic. They asked, "Is it appropriate and timely to consider a merger between the Charlotte Council and the Randolph Clinic to create a comprehensive, better coordinated, cost-effective and 'user-friendly' agency?"

After six months of deliberation, self-examination, inquiry, and counsel among local leaders, and intensive planning by board and staff working groups, the two boards voted on November 1, 1994, to create the Chemical Dependency Center of Charlotte-Mecklenburg, Inc.

To more effectively communicate the quality, depth and breadth and effectiveness of services available at our organization, the CDC Board of Directors voted to change the name of the agency to Anuvia Prevention and Recovery Center, Inc. which was filed in the North Carolina Department of Secretary of State's Office on August 26, 2008. The new name and logo were shared with the community at the agency's 50th Anniversary Celebration Luncheon at The Westin Charlotte on September 18, 2008.

In 2006, Anuvia expanded its outpatient services by adding Substance Comprehensive Outpatient Treatment services for persons who have a substance abuse disorder and a severe and persistent mental illness. Outpatient substance abuse treatment

services were added in a facility at 5855 Executive Center Drive, Suite 104 in 2012.

Psychiatric services which include providing and managing client medication was added for Anuvia clients in 2014.

On September 2, 2015, Anuvia took responsibility via a contract with Mecklenburg County for operating the Substance Abuse Service Center (Samuel Billings Center) and will continue to provide 24/7/365 services for its detox program, residential program, and chronic care.

This growth and expansion in services, including prevention and education, has been made possible by many community partners and the unwavering and consistent support of the Mecklenburg County ABC Board.

Anuvia as a Force in Charlotte, North Carolina

> The War on Drugs: In 1971 President Richard Nixon declared war on drugs. He proclaimed, "America's public enemy number one in the United States is drug abuse. To fight and defeat this enemy, it is necessary to wage a new, all-out offensive (Sharp, 1994, p.1).[53]" Nixon battled drug abuse on both the supply and demand fronts. Here we are, four decades after Richard Nixon declared war on drugs in 1971 and $1 trillion spent since then. Can we conclude this effort has not accomplished its goals and seems unable to directly stem the tide washing over us like a tsunami? So, what is the solution, or perhaps, is there a solution?

Fortunately, we have examples of programs existing in this country whose efforts and accomplishments offer the best pathway forward, one of hope, prevention, treatment, and success. One to highlight is the Anuvia Prevention and Recovery Center located in Charlotte, North Carolina. We offer this as an example based on

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[53] . https://web.stanford.edu/class/e297c/poverty_prejudice/paradox/htele.html

the excellence with which it meets mission and goals, provides needed service and is a mainstay in community partnership and collaboration.

Program Services.

Anuvia is accredited by CARF, a member of the National Council on Alcoholism and an approved provider for Cardinal Innovations Healthcare, Medicaid, and most insurance companies. Prevention specialists and treatment counselors at Anuvia are highly trained and credentialed.

Statement of Program Accomplishments.

An examination of the fiscal years of 2015 - 2016, illustrates Anuvia's substance abuse prevention and education services. Anuvia's full continuum of prevention services is recognized by the State of North Carolina for excellence. Its Prevention Department utilizes multiple strategies that act on various domains by reducing risk factors and enhancing protective factors to assist community members, especially young people, in avoiding alcohol, tobacco, and other drug use. Anuvia focuses on both individual and population-based approaches to substance abuse prevention using various strategies including information dissemination, prevention education, alternative activities, problem identification and referral, community-based processes, and environmental approaches. Virtually every prevention service provided by Anuvia is offered in both English and Spanish.

Anuvia Prevention Staff is trained to deliver eight science-based, model prevention programs recognized by the National Center for Substance Abuse Prevention and by the State of North Carolina. Also, Anuvia has developed multiple unique prevention programs, such as Dare To Be You and Keeping It Real that is built on evidence-based principles and customized to suit the needs of the local community. Programs consist of lessons that include motivational activities, social skills training, and decision making components that are delivered through group discussions, games, role-playing exercises, videos, and worksheets.

During this reporting period, substance abuse prevention and educations services were delivered by Anuvia staff to 23,668 persons in single and recurring sessions.

Partnership and collaborative engagements by Anuvia contribute to the prevention of substance abuse and include:

- The Charlotte-Mecklenburg Drug-Free Coalition,
- The Latin American Council,
- Safe Communities,
- The Mecklenburg Underage Drinking Committee,
- The Mecklenburg County Fetal Alcohol Spectrum Disorders Committee,
- Charlotte-Mecklenburg Schools Advisory Council,
- Mecklenburg County Substance Abuse Prevention Advisory Council, and,
- North Carolina Prevention Providers Association.

During this fiscal year, Anuvia created the South Charlotte Coalition with the goal of addressing substance abuse in three particular high schools with a focus on the opiate use and overdoses. Funding for this coalition is being provided by the Mecklenburg County ABC Board and the North Carolina Governor's Crime Commission.

Anuvia provides the following services:

A. Court Services.

The court service programs of Anuvia specialize in serving people convicted of driving while intoxicated (DWI). Everyone convicted of DWI in NC has to have a substance abuse assessment and follow recommendations of the evaluation before reinstatement of their license.

B. DWI Tracking.

Information is obtained and entered on all reported DWI convictions in Mecklenburg County. Staff receives and relays information on clients transferred out-of-county or out-of-state.

C. Alcohol Drug Education Traffic School. (ADETS)

ADETS is mandated by the State of North Carolina and includes 16 hours of alcohol and substance abuse education. This program is taught for people assessed as appropriate after a DWI conviction or is also open to others whom Anuvia determines appropriate. It is offered in English and Spanish.

All of the agencies in Mecklenburg County that provide DWI assessments report their outcomes to Anuvia. Anuvia maintains a DWI tracking system for all persons convicted of this offense in Mecklenburg County via a Post Judgment Services Center at the Criminal Courts Facility. A total of 1758 assessments were processed during FY 15-16 including 1027 people served at the Post Judgment Services Center, DWI Specialists handled 139 transfer cases from other states or to other states and 1,005 certificates of completion in the DWI Tracking System during FY 15-16. We deliver the Alcohol and Drug Education Traffic School (ADETS) for certain persons arrested for DWI. ADETS is 16 hours of education related to alcohol and substance abuse, and 251 individuals were served in this program. 247 people were served in the Short Term Treatment Options Program 20 hour program.

D. Substance Abuse Assessments.

Clinical staff evaluates psychological, social, physiological signs and symptoms of alcohol and other drug use and abuse to determine the client's appropriateness for admission to our programs. If the level or type of care dictated by the assessment is not available at Anuvia, the client is referred to a provider that matches the need. Staff conducted 2,754 Comprehensive Clinical Assessments during this reporting period. Additionally, 334 Substance Abuse Disorders Diagnostic Schedule (SUDDS) interviews were conducted.

E. Short Term Treatment Options (STTOP 40).

STTOP 40 is an intervention designed for clients with an "early dependence" diagnosis, where detoxification and intensive outpatient or inpatient levels of care are not warranted. This is a group experience that includes both an educational curriculum and group counseling sessions. Breath and urine analyses are utilized, and attendance at a minimum of twenty Twelve Step meetings is required. This program meets for a minimum of forty hours over a minimum of sixty days. There are year round, day and evening cycles available, and sessions held in Spanish in the evenings. Staff delivered STTOP 40 services to 156 clients during this reporting period.

F. Adult Substance Abuse Intensive Outpatient Treatment Program (SAIOP).

SAIOP is designed for clients with a more chronic "dependence" diagnosis, whose physical health, family relationships, and regular employment have been significantly interrupted by their alcoholism and other chemical dependency, but who are assessed as not requiring an inpatient level of care. The IOP has both day and evening treatment options and includes a structured educational curriculum, group and individual therapy sessions, breath and urine analysis, and the requirement for ongoing attendance at Twelve Step programs. The IOP is an 18-week program consisting of Primary Care Level (meets three times per week for nine weeks) and a Continuing Care Level (meets once per

week for nine weeks). Case Management and Relapse Prevention services are available on a limited basis. Staff delivered SAIOP services to 413 clients during FY 15-16.

G. Adolescent Substance Abuse Intensive Outpatient Treatment Program (A-SAIOP)

In 2010, Anuvia made the decision to develop and implement an Adolescent Intensive Outpatient Treatment Program (A-SAIOP). Delivery of this service for adolescents' ages 12 through 17. The overall goal of Anuvia's Adolescent Substance Abuse Intensive Outpatient Program (A-SAIOP) is to facilitate the participant's start in the life-long process of recovery required for the management of the disease of addiction and co-occurring mental disorders.

Objectives include:

a) Establishment of abstinence plan;
b) Acquisition of knowledge about disease of addiction and co-occurring disorders;
c) Recognition of personal, familial and social impact of chemical use;
d) Initiation of AA/NA and other 12 step program participation;
e) Encouragement of support system involvement;
f) Engagement with needed community resources.

A-SAIOP has structured individual and group addiction activities, education and services that are provided at an outpatient program designed to assist adolescent consumers to begin recovery and learn skills for recovery maintenance. Adolescent SAIOP is offered on a schedule conducive for after school attendance. Adolescents attend three sessions per week that are three hours in duration for a minimum of ten weeks. Parents or caregivers are also involved in the program one evening a week for three hours. Individual and family sessions are provided as a component of this service. When adolescents complete this first phase of services, they are transitioned into a continuing care component of this program which is one evening a week for three hours. The length of continuing care is customized to the needs of the adolescent.

During FY 15-16 132 assessments (this number is also included in the total number of evaluations) were conducted for adolescents and their families. 80 of the adolescents receiving assessments were served in this program.

H. Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)

SACOT is a periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery. SACOT Program is a service emphasizing reduction in use and abuse of substances and/or continued abstinence, the negative consequences of substance abuse, development of social support network and necessary lifestyle changes, educational skills, vocational skills leading to work activity by reducing substance abuse as a barrier to employment, social and interpersonal skills, improved family functioning, the understanding of addictive disease, and the continued commitment to a recovery and maintenance program. Staff delivered SACOT services to 125 clients during this reporting period.

I. Psychiatric and Medication Management.

People with a co-occurring mental health disorder and substance abuse disorder are at increased risk of relapse because they are not only dealing with the addiction they also have to deal with extreme mood swings, depression, impulse control problems, or psychiatric hallucinations. If they receive treatment for these conditions, their ability to attend and benefit from counseling is improved, and there will be fewer program discharges and dropouts. By treating both the mental health and substance abuse needs at the same time, our clients will remain in treatment longer, and their outcomes will improve.

Medication management starts with the client being assessed by an Anuvia Physician or Psychiatric Nurse Practitioner to determine if they have a mental health disorder in addition to their substance abuse disorder. If it determined the client has a co-

occurring mental health disorder, appropriate medication(s) would be prescribed to address this mental health disorder.

The Physician, Psychiatric Nurse Practitioner or Registered Nurse will monitor utilization of medicines they prescribed for the client to confirm that he or she is complying with a medication regimen. This process also includes monitoring other medications the client may be taking to avoid potentially dangerous drug interactions and other complications. This attention to detail is especially important for those taking scores of medications and people with addictions to address chronic illnesses, multiple diseases, and relapse.

During FY 15-16 Anuvia served 64 clients in the Psychiatric and Medication Management Program in our Outpatient Services and 177 in the Detox and Residential Programs.

J. Detoxification and Residential Treatment Services.

On August 1, 2015, Mecklenburg County entered into a contract with Anuvia Prevention and Recovery Center to take over the operations of the Mecklenburg County Substance Abuse Services Center (SASC) located at 429 Billingsley Road.

Under Anuvia, the SASC (now being referred to as the Samuel Billings Center) will continue to provide 24/7/365 services for its detox program, residential program, and chronic care. Last year, the detoxification program served 3,000 customers and the residential program another 400. Approximately 70 County positions have been moved to Anuvia, and those individuals offered their same job positions.

Anuvia is a non-profit prevention, treatment and recovery center that has served Charlotte and Mecklenburg County for over 50 years. Anuvia has an active, service-oriented reputation and has highly trained substance abuse prevention specialists and clinical counselors. CARF Accredited since 2002, Anuvia is an approved provider for Cardinal Innovations Healthcare, Medicaid, and most insurance companies.

Anuvia is appreciative of this opportunity and the continued partnership with Mecklenburg County. Our goal is to create a

seamless continuum of care for those in our community suffering from substance abuse disorders along with their families to reduce the impact of this disease and to help them reach their full life potential. During FY 15-16 Anuvia provides services to 2552 clients at the Detox Center and 615 in the Residential Treatment Program.

K. Support Group Meetings.

Anuvia hosts 25 twelve step support group meetings each week that serve over 2,500 people. The facility is also made available to numerous organizations with missions related to substance abuse services as well as community groups.

The Anuvia Prevention and Recovery Center provides needed services to persons who lack resources because of the generous support of the Mecklenburg County ABC Board, foundations, and other contributors.

A public/private partnership involving stakeholders from the community substantially elevates the opportunity to provide services and individual assistance to people suffering from addiction. Blending the silos, providing leadership and creating partnerships is a stronger path to success of any endeavor.

2. Organization and Program of Success
Community Collaboration Example

Implementation of Primary, Secondary, and Tertiary Prevention of Substance Abuse

Sheriff Randall Bower
Orleans County Sheriff's Office
13925 Route 31, Suite 400
Albion, New York 14411

The Orleans County Sheriff's Office has taken on a major initiative to address the problem of substance abuse within the County. While promoting law enforcement, the Office of the Sheriff has commenced implementation of a primary, secondary and tertiary prevention plan for addressing the issue of substance abuse. The Genesee/Orleans Council on Alcoholism and Substance Abuse is the lead agency in the County and provides excellent resource materials that support not only education but also early intervention and treatment services for county residents.

The Genesee Council of Alcoholism and Substance Abuse.

Founded in 1975, GCASA has grown to include prevention, treatment, EAP and residential services. Today, the agency serves Genesee and Orleans counties, employs over 80 people and has an operating budget more than 4.2 million dollars.

Treatment Services are patient-centered, meaning that every patient that walks through our clinic door will have a treatment program designed to meet their individual needs.

Specialty treatment programs include:

- Women's Program
- Adolescent Program (Download Brochure PDF)
- Co-occurring Disorders
- Opiate Treatment Services
- Gambling Treatment Services

The Prevention Program is proactive and collaborative. Our cross-systems approach with schools, agencies, businesses and community leaders has led to the implementation of sound prevention strategies with proven outcomes.

Programs include:

- Accountability Circles (Download Brochure PDF)
- Classroom & Community Education
- DWI Victim Impact Panel (Download Brochure PDF)
- Responsible Server Training
- Western New York Prevention Resource Center

Residential Services began in 1997 at 424 East Main Street, Batavia with the opening of the Atwater Home Community Residence. Our services support the development of healthy living skills. Atwater Home Community Residence staff and Supportive Live-in staff ensure residents have access to needed services and support and are engaged in meaningful programs. The Atwater Home Community Residence provides a structured, chemical-free environment for men and women in recovery from drug and alcohol addiction.

Residential services provide treatment and support for mental, physical, psychological and spiritual needs.

Royal Employer Services[54] is an employee assistance program with over 30 contracts in Genesee and Orleans counties. On any given workday, 20 percent of the workforce is dealing with issues that affect their productivity. Employee assistance services include individual counseling for employees and their family members who are experiencing work or personal stress. Specialized training is available to employee groups and supervisors as well as departmental conflict resolution, grief counseling and other highly skilled training.

The Role of the Sheriff's Office in Substance Abuse: Primary Prevention and Education:

Primary prevention plans provide community and school-based education programming at all levels. At all of the major county-wide recreational events, residents are provided literature about the dangers of substance abuse. Younger children receive age appropriate materials; coloring and comic books that emphasize the importance of staying healthy and stress refusal skills should someone offer them illegal substances. The Sheriff's Office also enlists the assistance of outside community resources that promote a healthy drug-free lifestyle.

School-based prevention programming is under development at the College at Brockport's Alcohol and Substance Abuse Program that will focus on prevention and education training for schools in the County as well as other community service providers. This training program will also be made available to participants of the "People of Faith" program. Application areas to be covered in this joint school-based program include models of substance abuse and dependency, the "gateway" and other theories of addiction, categories of drugs, legal education, the impact of substance use and abuse on the individual, family, school and community and treatment services. Future training will address the needs of each

[54] . Copyright 2017 by Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc.

participating district or community organization seeking education and training programming.

The Sheriff's Office also sponsors a community outreach program entitled Community Addiction Rehabilitation Education (CARE) to encourage county-wide involvement to prevent substance use. Advertising this movement is seen on billboards, banners, and flyer strategically placed throughout the County.

Orleans County Sheriff "Community Addiction Programs"

Orleans County Sheriff "Junior Deputy Program"

Secondary Prevention or Intervention:

The Orleans County Sheriff's Office recognizes the importance of early intervention. Individuals suffering from any form of substance abuse or dependency are encouraged to seek professional assistance with the local treatment agency.

Tertiary Prevention or Treatment:

The Orleans County Sheriff's Office also works directly with the Genesee/Orleans Council on Alcoholism and Substance Abuse to

provide evaluation and treatment services within the county corrections facility. Individual and group counseling sessions are offered to "clients" within the correctional facility who wish to address their substance abuse issues. Emphasis is on relapse prevention and the need for follow-up support and treatment services upon discharge from the correctional facility. Currently, plans are underway for developing an inpatient detoxification program at one of the local hospitals.

Blending Secondary and Tertiary Services:

The Orleans County Sheriff's Office has supported the implementation of a "People of Faith" program. Ministers from a wide variety of different faiths and denominations have come together to learn about substance abuse and dependency and what role they may play in the community. At present seven "People of Faith" have completed the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Recovery Coach Training. These individuals will assist the Sheriff's Office in placing arrestees in an appropriate treatment program. They will also provide services that are preventative within their denominations and faiths.

Recovery Coaching

Recovery Coaching is a form of strength-based supports for persons in or seeking recovery from alcohol and other drugs, and other addictions. Similar to life and business coaching, Recovery Coaching (also known as peer mentoring) is a type of partnership where the person in or seeking recovery self-directs his/her recovery while the coach provides expertise in supporting successful change. Recovery Coaching focuses on achieving any goals relevant to the individual. The coach asks questions and offers suggestions to help the person in recovery begin to take the lead in addressing his/her recovery needs. Recovery Coaching focuses on honoring values and making principle-based decisions, creating a clear plan of action, and using current strengths to reach future goals. The coach serves as an accountability partner to help the person sustain his/her recovery. The Recovery Coach helps the person access recovery, as well as access systems needed to support recovery such as benefits, health care, etc.

Recovery Coaches also:

- Develop the recovery plan;
- Help to initiate and sustain an individual/family in their recovery from substance use or addiction;
- Promote recovery by removing barriers and obstacles to recovery;
- Serve as a personal guide and mentor for people seeking, or already in recovery;
- Help a client find resources for harm reduction, detox, treatment, family support and education, local or online support groups; or help a client create a change plan to recover on their own; and
- Help individuals find ways to stop using (abstinence), or reduce the harm associated with addictive behaviors.

Recovery Coaches work with individuals beyond recovery initiation through stabilization and into recovery maintenance. They function as a guide to help with decision making and support steps toward recovery. Recovery Coaches do not provide clinical services (primary treatment for addiction, diagnosis) and recognize that there are many pathways to recovery.

Recovery Coaches support positive change by helping anyone including persons coming home from treatment or the criminal justice system to avoid relapse, build community support for recovery, or work on life goals such as relationships, work, education, etc. Recovery Coaching is dissimilar from therapy because coaches do not address the past, do not treat trauma, and there is little emphasis on feelings. Recovery Coaches are unlike licensed addiction counselors in that coaches are nonclinical and do not diagnose or treat addiction or any mental health issues. Coaches may assist the individual to access clinical services.

Recovery Coaching is a peer-based service that is developed and provided mainly by persons who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery, and also by those involved in the recovery initiation of others.

Over the past ten years with the emergence of the body of knowledge around the development of Recovery Oriented Systems of Care (ROSC), and the significant role that peers play in this model of service delivery, there has been increased interest in peer services. One of the transformational changes that Federal health care reform is bringing is an increasing focus on peer services, funding mechanisms to support peer services; and credentialing of peer services.

Sheriff Bower is addressing the “People of Faith” participants at their first meeting on substance abuse prevention and intervention.

Summary:

The Orleans County Sheriff’s Office, through the utilization of local treatment service providers, schools, and community organizations, coordinates the role of law enforcement in the prevention and treatment of substance abuse. Both are an example of how we can all work together to address this major problem.

The Surgeon General's Report on Alcohol, Drugs and Health-Facing Addiction in America speaks to the issue of substance abuse. This report sets the impetus for future discussions on what the criminal justice system and community can do to address this major public health problem that impacts so many individuals, families, and communities.

In 2015, over 27 million people in the United States reported current use of illicit drugs or misuse of prescription drugs, and over 66 million people (nearly a quarter of the adult and adolescent population) reported binge drinking in the past month. Alcohol and drug misuse and related disorders are significant public health challenges that are taking an enormous toll on individuals, families, and society. Neighborhoods and communities as a whole are also suffering as a result of alcohol- and drug-related crime and violence, abuse and neglect of children, and the increased costs of health care associated with substance misuse. The estimated annual economic impact of drug abuse is $249 billion for alcohol and $193 billion for illicit drug use.[55]

Despite the social and economic costs, this is a time of great opportunity. Ongoing health care and criminal justice reform efforts, as well as advances in clinical, research, and information technologies are creating new opportunities for increased access to effective prevention and treatment services. This Report reflects our commitment to leverage these opportunities to drive improvements in individual and public health related to substance misuse, use disorder, and related health consequences.

Most Americans know someone with a substance use disorder, and many know someone who has lost or nearly lost a family member as a result of substance misuse. At the same time, few other medical conditions carry a level of shame and misunderstanding as substance abuse disorders. Historically, our society has treated addiction and misuse of alcohol and drugs as symptoms of moral weakness or as a willful rejection of societal norms, and these problems have been addressed primarily through the criminal justice system. Our health care system has not given

[55] . https://addiction.surgeongeneral.gov/executive-summary#2

the same level of attention to substance use disorders as it has to other health concerns that affect similar numbers of people. Substance use disorder treatment in the United States remains largely segregated from the rest of health care and serves only a fraction of those in need of treatment. Only about 10 percent of people with a substance use disorder receive any special treatment.[56] Further, over 40 percent of individuals with a substance use disorder also have a mental health condition, yet fewer than half (48.0 percent) receive treatment for either disease.

Many factors contribute to this "treatment gap," including the inability to access or afford care, fear of shame and discrimination, and lack of screening for substance misuse and substance use disorders in general health care settings. Further, about 40 percent of individuals who are aware of their alcohol or drug problem is unwilling to stop. Others feel they do not have a problem or are in need of treatment, which may partly be a consequence of the neurobiological changes that profoundly affect the judgment, motivation, and priorities of a person with a substance use disorder.

Programs discussed in this chapter provide a variety of ideas on how to reduce the use of substances that alter the individuals thinking and behaviors. The extent of the problem can lead to confusion about solutions. The programs engaged in by the Orleans County Sheriff's Department are making a difference. To these efforts, we offer our congratulations!

[56] . https://addiction.surgeongeneral.gov/executive-summary#1

3. Building Community Partnerships Model

Assisting Agencies Plan for Success

By
R. Lumb & G. Metz

A Guide to Planning Actual or Simulated Exercises

The decision to create formal partnerships with individuals, groups, and organizations, from the public and private community, is enhanced with a clear and concise plan and with a written agreement.

We present the model with an explanation of the steps to allow real planning to take place, a sequence of actions leading to what is intended as sustainable partnerships where collaboration and sharing of effort have as an actual outcome; the improvement of the task you have undertaken.

Image: http://www.falmouthinstitute.com

Building Community Partnerships Model

A. Model Steps Explained.
B. Planning an Exercise.
C. Lesson learned.

A. Model Steps Explained.

We offer the following general guidelines, deliberately short on detail as the goal is to allow individuals, groups, and organizations to work out collaborative partnerships and what the means for effectiveness, without complexity.

1. The initial meeting.

A meeting of appropriate agency people identifies individuals, groups, or organizations that possess parallel skills, knowledge, and experience to address service delivery.

In this session, there is agreement as to the need to establish collaborative partnerships that the agency will encourage and adhere to in delivering critical services.

2. The Purpose of Building Community Partnerships (BCP).

No single agency can effectively and efficiently manage all of the demands received. The diversity of requirements and needs can be overwhelming, as well as frequent repetitive requests from the same individual.

Separate silos of service, many serving the same client, pass by each other and never communicate how each can improve client services, more effectively and efficiently, shortening the duration of time spent, returning the individual back to a balanced lifestyle quicker, and eliminating repetition.

3. Why BCP is Important.

Agencies strengthen what they do when they work collaboratively with similar service providers, collaborating and making decisions

that are successful in accomplishing goals established for each problem addressed.

Going it alone in seeking solutions to problems that are not unique to the single service expertise (e.g., police response to armed person), no longer make sense. In a world with extensive communication systems, databases, planning and goal determination; we can do much better. We often choose a myopic and semi-closed door approach; and that no longer makes sense in this century.

4. Formalize.

Working with another person, versus the establishment of a formal collaborative agreement, are two different approaches. Informal assistance is temporary, it provides a short-term engagement, and often once ended, receives little consideration.

A formal agreement, using an accepted protocol format, establishes the agencies commitment to each other in providing services to shared clients. These conditions and clarifications are spelled out in the agreement. Providing each partnership with a plaque serves as a reminder for each agency.

Rules, policy, and clarity of how the two organizations will address mutual issues and problems, clients, problem-solving will benefit employees who do not have to guess their expectations.

And, joint training, the introduction of staff, illustrative examples of what the expectations are, need to be formalized for all members to receive the same information on intent and purpose.

5. Goals.

A clear set of goals will establish the outcome intent of the collaborative partnership. They do not have to be complex but illustrate how each strengthens the other, particularly with specific issues, needs, and individual clients.

Goals are a mutual effort task and can be accomplished quickly with requisite people engagement. Clear goals must blend the

complexity of two or more participants into a single outcome expectation.

6. Structure.

Simplicity is superior to complex rules of engagement. Determine who and how individuals from the organizations represented will respond and decide who takes the lead, sharing of information, making an inquiry, seeking analysis of data, responding to the situation being addressed with sustainable outcomes the goal.

Rank, role and other restricting recommendations are not encouraged as the person with the most knowledge can indeed lead and collaborate, as we are working in partnership modality. Top-down oversight may inhibit anticipated outcomes. Informing the appropriate people of progress is recommended, and management faith in employees is essential.

7. A Division of Duties.

An example might work well here. In Morganton, North Carolina, the police would be called to investigate a child sex abuse case. The responding investigator would arrange for a medical examination, calls Social Services, the District Attorney, and others as may be deemed necessary. Each service, in turn, would conduct an interview with the victim, a very traumatic approach.

The primary agencies determined that it was too intrusive and unnecessary if they were able to consolidate reporting, interviewing, and other replication by company tasks. Training put everyone on the same page, and a single representative was able to talk with the victim, collect information for all organizations and substantially reduce the impact on the person. It worked extremely well, and the outcomes were as anticipated. An unusual solution to a complex set of problems.

8. Engagement Rules.

Receipt of a call would elicit a response to the person calling or situation reported. The responding person would initially carry out their duties. Post response is the determination of who else

must be involved, as a matter of routine. That group notified of the incident and that further collaboration would be likely.

The timing of when to engage is determined by severity, risk, a continuation of the problem, and other factors that provided a decision chart for notification.

It is possible to conduct a variety of information exchange meetings using the telephone, computer, and in-person meetings. The transaction includes seeking a resolution to the incident, ending with sustainable solutions.

9. Evaluation.

No endeavor such as this should be engaged in without a means to evaluate how well it is working. It can be a simple electronic post-event assessment completed by all parties in the collaboration. Whatever means is determined, information is gathered to represent the process and outcomes where multiple people were engaged in the same event or situation.

Data should be collected to reflect information about the problem addressed, the agencies involved, the contribution of services, outcomes and other variables. The extensiveness is dependent on the wishes of the collaboration and the purpose of the evaluation itself.

10. Adjust for Sustainable Solutions.

Data collected is transferred to an individual who will conduct the analysis and provide relevant results to those involved and designated to receive it. The sophistication of the results is dependent on the skills of the Analyst, the software, and systems available. Ideally, Geographic Information Systems (GIS) is available as the versatility afforded can provide numerous formats, all of which allow further analysis, if so needed.

Guessing, opinion and gut feelings are insufficient for an evaluation of substance. Encouraged is the suggestion to conduct what is available to accomplish this step, make appropriate

arrangements, or if a new startup is recommended, investigate and implement in a staged process.

Summary.

Collaboration is not a new phenomenon; it has been in place for human history. We have become separated by philosophy, territory, responsibility, and duty. For situations where people are involved in some problem, we find multiple agencies have been working on their aspect of the individual's needs, not communicating with others, and in general doing what they do, in exclusion. That is ineffective and inefficient!

Cost, time and outcomes are improved with the formation of appropriate collaboration. Perhaps the single most important reason for doing so is the person who is at the center of service delivery. We often cross paths and reduce the effectiveness of outcomes. The goal should be sustainable solutions, removing the fundamental need for a public/private response.

It is our sincere desire this book is a provider of ideas and examples where you can seek additional information to further your efforts in reducing the substance abuse plague that is terrorizing our communities and country.

The solution does not lie in any one approach, but a combination of many, working simultaneously and in collaboration, seeking "what works" and implementing it to determine outcomes of your efforts.

We have choices, now to make the correct ones!

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