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Introduction

This paper is intended to help the communities of Southwest Virginia refocus on the escalating problem of Substance Abuse that is destructive to an increasing number of lives and families in the region. In this paper, the term Substance Abuse (SA) will often be used to collectively refer to drug abuse and addiction. Specifically, drug abuse is defined as: “A maladaptive use of a drug, resulting in impairment of functioning or distress, as manifested by: a failure to perform adequately at home, school, or work; repeated drug use in dangerous circumstances, such as when driving or operating machinery; repeated police arrests; or serious marital or interpersonal problems caused or exacerbated by the drug use.”¹ Drugs commonly abused are alcohol, prescription medications, and illicit drugs, chemicals or toxins. Such abuse is problematic, leading to disorder and hardship; yet the problems of drug abuse become greatly intensified when it develops into a drug addiction. Addiction is “characterized by compulsive drug craving, seeking, and use that persist even in the face of severe adverse consequences.”² The “severe and adverse consequences” ripple out to affect more than the person who abuses drugs.

The destructive force of SA is widespread, affecting all areas of society. From those who are the abusers, to those who are their family members, neighbors, or coworkers, virtually everyone has been affected to some degree by SA. It is increasingly difficult to find someone in the region who is not aware of SA on some level. However, many misunderstandings of the problem and a lack of awareness of its surging costs remain. Whether it is measured in terms of the human suffering involved in violence, the abuse and neglect of children, and family separation through incarceration or divorce, or the financial burden communities share in the increasing expense of healthcare, foster care, unemployment, and law enforcement, the costs of SA are enormous and growing larger every year. It is through a clear understanding of the problem and how to better address it that such tragedy and expense will begin to be alleviated.

¹A *Dictionary of Psychology*. Andrew M. Colman. Oxford University Press, 2006. *Oxford Reference Online*. Oxford University Press. Library of Virginia. 18 March 2009. <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t87.e8101>

²National Institute on Drug Abuse. (2008, June). *NIDA InfoFacts: Treatment Approaches for Drug Addiction*. Retrieved April 21, 2009, from National Institute on Drug Abuse: <http://www.drugabuse.gov/PDF/InfoFacts/Treatment08.pdf>

This paper attempts to bring to the reader a more accurate and comprehensive perspective on the nature of the problem of SA and approaches that have been shown to be effective in addressing it. It seeks to identify what we are doing that is helpful, the gaps that exist in those efforts, and the measures necessary to fill them. In so doing, it aims to stimulate creative thinking and productive discussions that will evolve into positive, cooperative, community action working toward realistic strategies to better address SA in the region.

The Impact of Substance Abuse: Nationally, in Virginia and the Southwest Region of Virginia

“Drug abuse and addiction are a major burden to society. Estimates of the total overall costs of substance abuse in the United States – including health and crime-related costs as well as losses in productivity – exceed half a trillion dollars annually. This includes approximately \$181 billion for illicit drugs, \$168 billion for tobacco, and \$185 billion for alcohol. Staggering as these numbers are, however, they do not fully describe the breadth of deleterious public health – and safety – implications, which include family disintegration, loss of employment, failure in school, domestic violence, child abuse, and other crimes.”³

In the *Report of the Joint Legislative Audit and Review Commission (JLARC)* to the Governor and the General Assembly of Virginia in 2008, the “...staff found that the adverse effects of substance abuse cost the State and local governments at least \$613 million in 2006.” Furthermore, “...the State and localities spent \$102 million providing substance abuse services.”⁴ These numbers for Virginia clearly establish the magnitude of the problem in the state, yet, considering they do not include all costs, such as those to businesses or the full cost to social service agencies, they are an underestimate. A more comprehensive accounting would reveal a much higher dollar figure.

The largest impact: Increased burden on public safety

Law enforcement is increasingly involved in arresting those involved in SA. Crimes involving the illegal possession, distribution or manufacture of drugs dominate much of police activity. Prisons and jails are overcrowded with SA offenders. The apprehension, prosecution and incarceration of SA offenders have, by far, the highest cost in dollars of anything related to the problem. Of the \$613 million that SA cost the state of Virginia in 2006, 96% or \$586 million was spent on public safety.⁵

³National Institute on Drug Abuse. (2008, June). NIDA INfoFacts: Understanding Drug Abuse and Addiction. Retrieved April 21, 2009, from National Institute on Drug Abuse: <http://www.drugabuse.gov/PDF/InfoFacts/Understanding08.pdf>

⁴Report of the Joint Legislative Audit and Review Commission (JLARC) to the Governor and the General Assembly of Virginia, 2008, p.iii. This report is available at: <http://jlarc.state.va.us>

⁵ *Ibid.*

Substance abuse: A major cause of death

As Figure 1 clearly reflects, drug related deaths in the southwest region of the state far exceeded death rates in other regions. Figure 2 indicates that within the southwest region, drug deaths continue to rise. Of the 1,800 drug related deaths in Virginia in 2006, 238 occurred in the western district⁶.

Figure 1 Rates of Fentanyl, Hydrocodone, Methadone & Oxycodone Deaths by County/City, 2004-2006

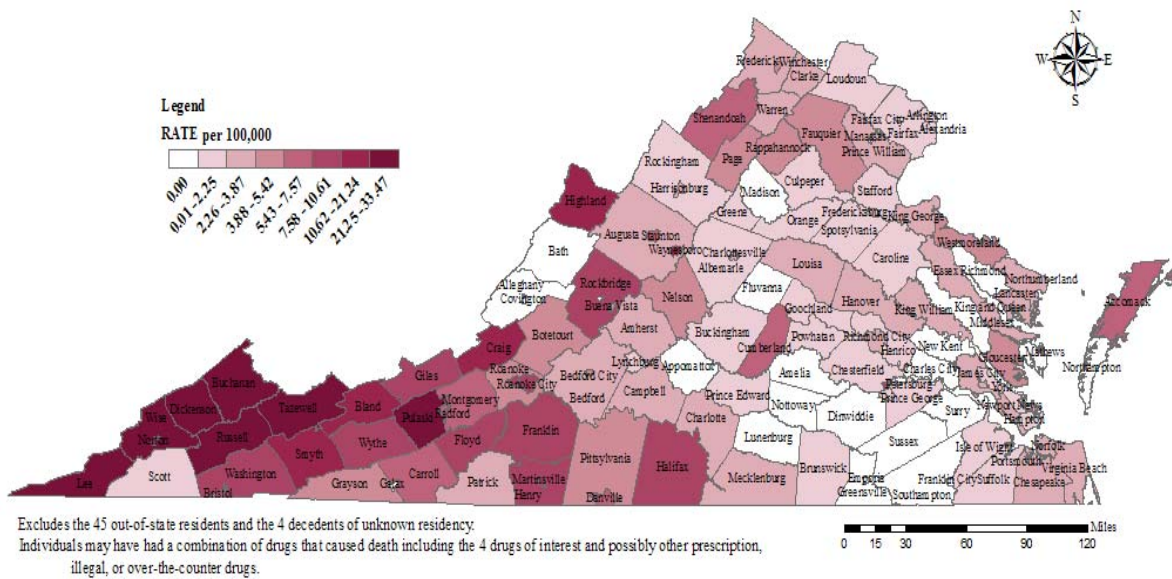
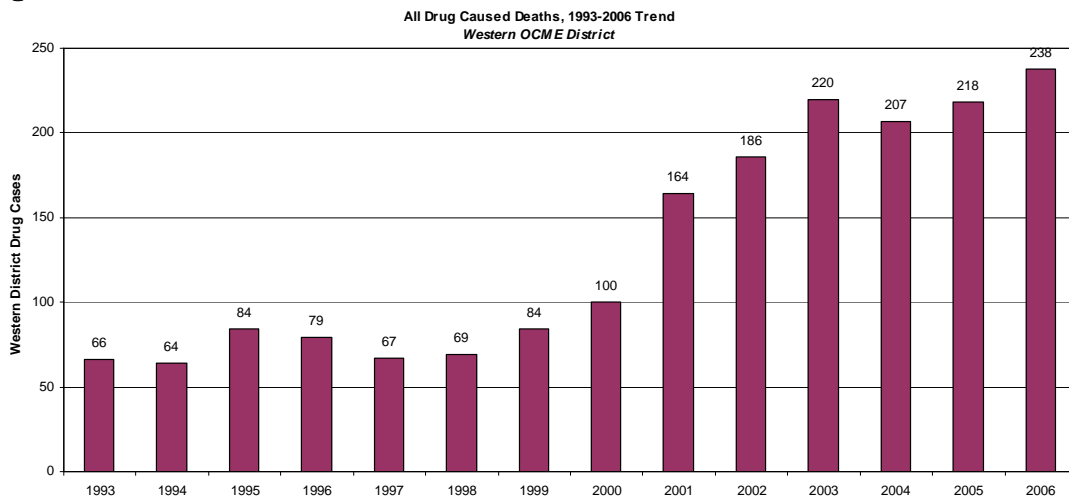


Figure 2



⁶ Ibid.

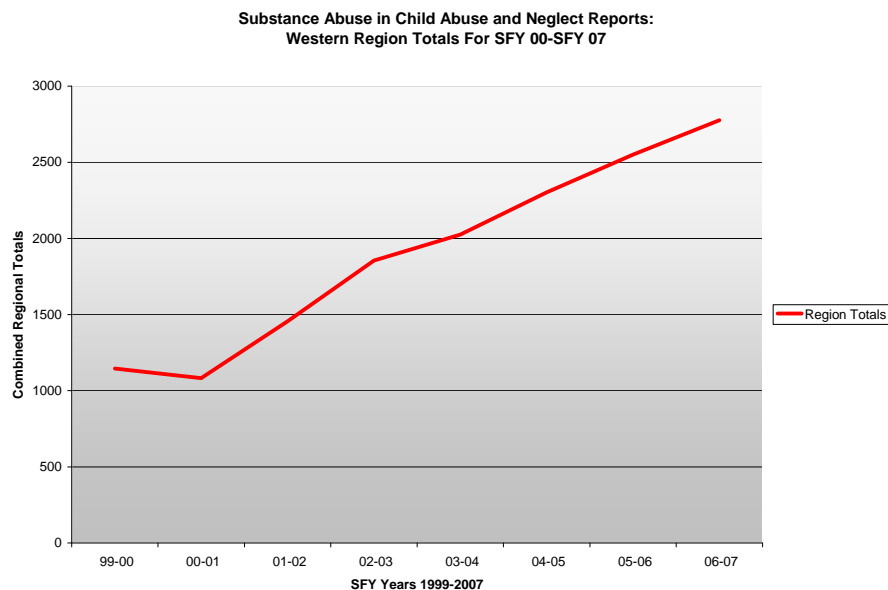
Medical conditions and complications

SA often leads to many medical illnesses and complications, brain and liver damage being two of the most notable. Such chronic conditions lead to expensive medical care, disability, and poor performance at work, school and in relationships. An example of such a chronic condition is the case of substance exposed infants. Exposure to various substances in the womb actually makes the fetal brain smaller.⁷ This often leads to developmental disabilities involving decreased aptitude for learning and regulation of one's behavior. This condition impacts the school system as it tries to accommodate the special needs of such children. Over an individual's lifetime, such needs will likely impact a variety of systems that seek to assist and care for him or her, extending the costs for many years. The incidence of substance exposed infants in the Southwest Region has increased sharply in recent years.⁸

Impact on families causes increased caseloads for regional Departments of Social Services

SA is increasingly associated with reports of child abuse and neglect in Southwest Virginia. The following graph shows this alarming trend:

Figure 3



Source: VA Department of Social Services (VDSS), Online Automated Services Information System (OASIS) as of August 1, 2007

⁷ PEDIATRICS Vol. 121 No. 4 April 2008, pp. 741-750 (doi:10.1542/peds.2007-1399) Available at: <http://pediatrics.aappublications.org/cgi/content/abstract/121/4/741>

⁸ Wade, Matt. CSA Expenditures for Western Region for 2004-2006, "Western Region Data Profile SFY 2008", 2008.

This trend leads to an ever increasing number of children being placed in foster care. In the City of Bristol alone, from 2003 to 2007, the number of placements jumped nearly 64%. In Washington County, the total was approaching a 65% increase.⁹ Since 2003, the caseload of children in care in the Western Region *increased* by 238 cases - an *increase* of 22.3%, compared to the rest of Virginia, which experienced a *decrease* of 3.5%. In 2007-2008, SA was involved in 940 or 54% of these cases.¹⁰ When a child comes into state care, a primary goal of the Department of Social Services is to reunite children with their parents, if possible. Many parents involved in these situations suffer from the more severe aspects of the SA issue, namely dependency, addiction and incarceration, making this goal difficult to achieve. Often, these children remain in foster care until they are 18 years old. The state foster care budget for 2009 is \$83,318,860.¹¹ Much of this figure can be attributed to SA. The emotional toll on the child and the family is immeasurable.

Negative impact on Business

The effect of SA on individuals often leads to their unemployment through their lack of productivity, absence from work, or their being a safety risk. Many businesses in the region now require workers to pass drug screens in order to protect their investment in their employees and decrease their liability. Businesses are having more difficulty finding workers who can pass drug screens. This makes it challenging for them to hire people and to retain workers they have trained. Bruce Kravitz, Executive Director of the Southwest Virginia Alliance for Manufacturing, has cited a survey of Alliance members showing that only one out of every eleven applicants for a position is employable because the other ten either fail a drug screen or drop out of consideration once they learn they have to pass a drug screen.¹² Robert Leber, Vice-President for Human Resources and Corporate Training for Northrop Grumman, stated that for every trained worker fired due to failing a drug screen, they lose a \$40,000 investment.¹³ Other businesses also find SA to be problematic in hiring

⁹"Community Needs Assessment," Bristol VA and Washington Co. VA, September, 2008, p.8.

¹⁰Wade.

¹¹Virginia Department of Social Services. (2009). *Mission Plan*. Retrieved April 21, 2009, from Virginia Department of Social Services: www.dss.virginia.gov/files/about/mission_plan/vdss

¹²Comment by Bruce Kravitz - Southwest Virginia Alliance for Manufacturing Member Survey

¹³Comment by Bruce Kravitz - Comment by Robert Leber

and retaining employees. In a conversation with Rod Harper, with the Washington Co. Department of Social Services, Dr. John Smith of the Bureau of Business and Economic Research at East Tennessee State University said that industry leaders have told him that all they want is people that will come to work regularly, be on time and can pass a drug test. The negative effect of SA on the employability of people hurts businesses through loss of time and money in the hiring and training of employees, which can lead to lower profits and the possibility of their locating elsewhere. It hurts individuals and families through the loss of income and the security and opportunity it brings. It hurts communities through the loss of tax revenue from individuals and businesses, the potential shrinking of the job market as companies choose not to locate there, and other problems associated with unemployment. All of these problems are especially troubling since many of the Community Needs Assessment groups in the region have found good paying jobs to be a major need of their communities.¹⁴ A region with a growing SA epidemic is challenged in attracting and creating good paying jobs. Without jobs that pay a livable wage, poverty levels can increase, which can often increase the instances of SA, which can make it harder for some to find and maintain a job, which can affect businesses and communities. SA can lead to tragic cycles that move throughout many levels of society of an entire region.

Awareness and concern of the citizens in the Southwest Region

The regional SA problem has developed to such a degree that most of the citizens in Southwest Virginia recognize it as such. Virtually all the county and city Community Needs Assessment focus groups, comprised of community leaders, service providers, students and citizens across the region, have listed SA as the top concern or very near the top. A survey of community social services *clients* in Washington County listed SA as the “top problem” in the community.¹⁵ This indicates that all levels of society are aware of the problem and are very concerned. People see the catastrophic human toll of children’s lives derailed by the trauma of violence, neglect and separation from their parents; children at high risk of developing substance issues themselves; immediate families in turmoil; extended families

¹⁴ “Community Needs Assessment,” p.12.

¹⁵ *Ibid.*

and friends experiencing fear, frustration, sadness and loss; individual's losing their freedom in prison and their lives due to impaired judgment, violence, suicide or overdose. People see these tragedies and are concerned.

A major challenge that can be met

The concern regarding SA is warranted. SA is widespread and does not discriminate. All levels of society are affected. All levels of government are affected. All levels of the regional community are affected. The financial and human costs are enormous. Whether one is aware of it or not, everyone pays a price for the problems stemming from SA. However, everyone can be a part of the solution of building a better approach to the problem. Everyone can be focused in a productive way to address it, combining many areas of interest, experience and expertise. Everyone can have a greater impact if our forces are joined under a common vision. The challenge can begin to be met by having an accurate understanding of the nature of the problem and what has been shown to be effective in managing it.

The Dynamics of Substance Abuse

The development of SA can be depicted with three general stages: use, abuse, and addiction, with dependence occurring between abuse and addiction.



These stages are progressive. Use leads to abuse which can become addiction. Most people use some drug throughout their lives. This is often prescribed medication or social usage, such as drinking alcohol at a gathering. Drug usage is not as problematic as drug abuse. People usually do not suffer much by prescribed or moderate usage. Drug abuse is

where more severe problems begin to arise. With continued drug abuse, one is likely to become dependent on a drug, where one needs to take more of it to get the desired effect or experiences withdrawal symptoms when one stops using it. Once someone is dependent, it is very likely he or she will have an addiction.

What is drug addiction?

In communities all over the country, much time is lost and, in fact, many lives are lost while debating the cause of substance abuse and in relegating the problem of SA to moral failure. Many people “mistakenly view drug abuse and addiction as strictly a social problem and may characterize those who take drugs as morally weak. One very common belief is that drug abusers should be able to just stop taking drugs if they are willing to change their behavior. What people often underestimate is the complexity of drug addiction – that it is a disease that impacts the brain and because of that, stopping drug abuse is not simply a matter of willpower. Through scientific advances we now know much more about how exactly drugs work in the brain, and we also know that drug addiction can be successfully treated to help people stop abusing drugs and resume their productive lives.”¹⁶

The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH), has funded recent scientific research which shows that addiction is:

. . . a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual who is addicted and to those around them. Drug addiction is a *brain disease* because the abuse of drugs leads to changes in the structure and function of the brain. Although it is true that for most people the initial decision to take drugs is voluntary, over time the changes in the brain caused by repeated drug abuse can affect a person’s self-control and ability to make sound decisions, and at the same time send intense impulses to take drugs.

It is because of these changes in the brain that it is so challenging for a person who is addicted to stop abusing drugs. Fortunately, there are treatments that help people to counteract addiction’s powerful disruptive effects and regain control. Research shows that combining addiction treatment medications, if available, with behavioral therapy is the best way to ensure success for most patients. Treatment approaches that are tailored to each patient’s drug abuse patterns and any co-occurring medical, psychiatric, and social problems can lead to sustained recovery and a life without drug abuse.

¹⁶ National Institute on Drug Abuse. (2008, June). *NIDA INfoFacts: Understanding Drug Abuse and Addiction*.

Similar to other *chronic, relapsing* diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully. And, as with other chronic diseases, it is not uncommon for a person to relapse and begin abusing drugs again. Relapse, however, does not signal failure – rather, it indicates that treatment should be reinstated, adjusted, or that alternative treatment is needed to help the individual regain control and recover.¹⁷

Risk Factors for Addiction

Some people become addicted, others do not. Why?

No single factor can predict whether or not a person will become addicted to drugs. Risk for addiction is influenced by a person's biology, social environment, and age or stage of development. The more risk factors an individual has, the greater the chance that taking drugs can lead to addiction. For example:

- **Biology.** The genes that people are born with – in combination with environmental influences – account for about half of their addiction vulnerability. Additionally, gender, ethnicity, and the presence of other mental disorders may influence risk for drug abuse and addiction.
- **Environment.** A person's environment includes many different influences – from family and friends to socioeconomic status and quality of life in general. Factors such as peer pressure, physical and sexual abuse, stress, and parental involvement can greatly influence the course of drug abuse and addiction in a person's life.
- **Development.** Genetic and environmental factors interact with critical developmental stages in a person's life to affect addiction vulnerability, and adolescents experience a double challenge. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it is to progress to more serious abuse. And because adolescents' brains are still developing in the areas that govern decision-making, judgment, and self-control, they are especially prone to risk-taking behaviors, including trying drugs of abuse.¹⁸

We now have a clearer, more comprehensive understanding of the nature of drug abuse and addiction and some knowledge of their impact on individuals, families, and the regional

¹⁷ *Ibid.*

¹⁸ *Ibid.*

community of Southwest Virginia. An obvious question is: “What can we do about them?” A good place to start is to look at what practices have been shown to be effective in addressing drug abuse and addiction.

Effective Methods to Address SA

Prevention is the key

The disease of addiction is preventable. The National Institute on Drug Abuse (NIDA) has funded research that shows “prevention programs that involve families, schools, communities, and the media are effective in reducing drug abuse. . . . when youths perceive drug abuse as harmful, they reduce their drug taking.”¹⁹ Prevention programs offer effective information and guidance in an effort to prevent problems before they occur. Prevention efforts involve people, communities and systems working together to promote strengths and potential in order to reduce the incidence of substance abuse.

Training and education is essential to inform, build awareness and to reduce the stigma of substance abuse for those individuals who need support and acceptance. Youth need interesting, supervised activities to provide them with alternatives to drugs and alcohol. Citizens need to feel connected and empowered to help their family members, neighbors and communities.

Many individuals create their capacity for resiliency during youth, yet for children who experience extreme trauma during these years, the development of an ability to cope and to cultivate optimism is greatly compromised. Research is increasingly linking traumas and emotional disturbances of childhood to mental illnesses and addiction in adulthood. Adults with substance abuse disorders are significantly more likely to have had a diagnosis of Conduct Disorder during adolescence. Fifty percent of adults with substance abuse disorders began use between the ages of 15 and 18. During the adolescent years,

¹⁹*ibid.*

substance abuse issues are often under-identified or inaccurately diagnosed as Conduct Disorder, Attention Deficit Hyperactivity Disorder, or Oppositional Defiant Disorder.

Adolescents are intensely vulnerable to addiction as this is a developmental period marked by impulsivity, emotionality and exploration. Brain research has demonstrated the impact of addictive substances on the brain, and how this can lead to changing the brain's system of functioning. The impact on the brain from addictive substances used during youth renders an individual more likely to relapse in adulthood given that the brain is reprogrammed to not "forget" the effects of alcohol or other drugs used during adolescence.

A focus on prevention and recovery from trauma and addiction at the earliest point in life is critical in an effort to minimize future struggles in adulthood. Prevention works. It is important for every community to have prevention programs that are evidence-based, that is, they have been shown through research to be effective at preventing drug abuse. NIDA has published *Preventing Drug Use among Children and Adolescents: A Research-based Guide for Parents, Teachers, and Community Leaders, 2nd Edition* to assist communities in implementing quality prevention programs. It is available for free download on its website <http://www.drugabuse.gov/Prevention/Prevopen.html>. The Substance Abuse & Mental Health Services Administration (SAMHSA), a federal agency, has a National Registry of Evidence-based Programs and Practices at <http://nrepp.samhsa.gov/index.asp>. These are useful tools for communities to use as they look to prevent drug abuse. Please see the Appendix for NIDA's Principles of Prevention Programs.

Treatment works

Treatment for drug abuse and addiction has been shown to be effective at helping people reduce and abstain from abusing drugs. It is important to know what principles and approaches research shows to be effective treatment and how to best implement them.

Medication and behavioral therapy, alone or in combination, are aspects of an overall therapeutic process that often begins with detoxification, followed by treatment and relapse prevention. Easing withdrawal symptoms can be important in the initiation of treatment; preventing relapse is necessary for maintaining its effects. And sometimes, as with other chronic conditions, episodes of relapse may require a return to prior treatment components. A continuum of care that includes a customized

treatment regimen, addressing all aspects of an individual's life, including medical and mental health services, and follow-up options (e.g., community-or family-based recovery support systems) can be crucial to a person's success in achieving and maintaining a drug-free lifestyle.

Medications can be used to help with different aspects of the treatment process.

Withdrawal: Medications offer help in suppressing withdrawal symptoms during detoxification. However, medically assisted withdrawal is not itself "treatment" - it is only the first step in the treatment process. Patients who go through medically assisted withdrawal but do not receive any further treatment show drug abuse patterns similar to those who were never treated.

Treatment: Medications can be used to help reestablish normal brain function and to prevent relapse and diminish cravings throughout the treatment process. Currently, we have medications for opioid (heroin, morphine) and tobacco (nicotine) addiction, and are developing others for treating stimulant (cocaine, methamphetamine) and cannabis (marijuana) addiction.

.....

Behavioral Treatments help patients engage in the treatment process, modify their attitudes and behaviors related to drug abuse, and increase healthy life skills. Behavioral treatments can also enhance the effectiveness of medications and help people stay in treatment longer.

Outpatient behavioral treatment encompasses a wide variety of programs for patients who visit a clinic at regular intervals. Most of the programs involve individual or group drug counseling. Some programs also offer other forms of behavior treatment such as:

- *Cognitive Behavioral Therapy*, which seeks to help patients recognize, avoid, and cope with the situations in which they are most likely to abuse drugs.
- *Multidimensional Family Therapy*, which addresses a range of influences on drug abuse patterns of adolescents and is designed for them and their families.
- *Motivational Interviewing*, which capitalizes on the readiness of individuals to change their behavior and enter treatment.
- *Motivational Incentives* (contingency management), which uses positive reinforcement to encourage abstinence from drugs.

Residential treatment programs can also be very effective, especially for those with more severe problems. For example, therapeutic communities (TCs) are highly structured programs in which patients remain at a residence, typically for six to 12 months. Patients in TCs may include those with relatively long histories of drug addiction, involvement in serious criminal activities, and seriously impaired social functioning. TCs are now also being designed to accommodate the needs of women

who are pregnant or have children. The focus of the TC is on the re-socialization of the patient to a drug-free, crime-free lifestyle.

Treatment Within the Criminal Justice System can succeed in preventing an offenders return to criminal behavior, particularly when treatment continues as the person transitions back into the community. Studies show that treatment does not need to be voluntary to be effective. Research suggests that treatment can cut drug abuse in half, drastically decrease criminal activity, and significantly reduce arrests.²⁰

One part of treatment in the criminal justice system that has been effective in many areas of the country is the drug court. The Office of National Drug Control Policy states:

. . . there are more than 2,140 drug courts in operation with another 284 being planned or developed.

Drug court diverts non-violent, substance abusing offenders from prison and jail into treatment. By increasing direct supervision of offenders, coordinating public resources, and expediting case processing, drug court can help break the cycle of criminal behavior, alcohol and drug use, and incarceration. A decade of research indicates that drug court reduces crime by lowering rearrest and conviction rates, improving substance abuse treatment outcomes, and reuniting families, and also produces measurable cost benefits.

Courts are operating or being planned in 50 States, the District of Columbia, Northern Mariana Islands, Puerto Rico, Guam, two Federal Districts, and more than 70 tribal locations.²¹

The JLARC study, cited earlier, found that “drug court completers imposed lower costs after treatment and experienced significantly better outcomes than comparison groups.”²²

Important Principles of Treatment

NIDA publishes a booklet entitled *The Principles of Drug Addiction Treatment: A Research-Based Guide*, in which thirteen principles of effective treatment are discussed. One of those important principles is that treatment is a long-term effort, usually requiring at least three months and several attempts to be successful. Another is that treatment should

²⁰ National Institute on Drug Abuse. (2008, June). *NIDA InfoFacts: Treatment Approaches for Drug Addiction*.

²¹ Office of National Drug Control Policy. (2009). *Drug Courts*. Retrieved April 21, 2009, from Office of National Drug Control Policy: <http://www.whitehousedrugpolicy.gov/enforce/drugcourt.html>

²² JLARC, p. 54

be tailored to the individual's multiple needs, including gender. Research shows gender-specific treatment leads to better retention and outcomes.²³ Please see the Appendix for *NIDA InfoFacts: Treatment Approaches for Drug Addiction*, the "Basis for Effective Treatment" section for the thirteen Principles of Effective Treatment. A free copy of *The Principles of Drug Addiction Treatment: A Research-Based Guide* is available for download at <http://www.nida.nih.gov/PODAT/PODATIndex.html>.

Intensive Case Management

A recent White Paper published by The National Center on Addiction and Substance Abuse at Columbia University (CASA), reports on a study examining the effect of Intensive Case Management on substance abusing women who received Temporary Assistance for Needy Families (TANF). Intensive Case Management (ICM) was defined as an "approach that involved outreach, screening, assessment, services to enhance motivation and increase engagement in treatment, treatment provision, coordination of support services, monitoring and advocacy, aftercare follow-up, peer support, relapse monitoring and crisis management. CASA rigorously evaluated this approach against the standard practice of assessment and referral, called usual care (UC)."²⁴ This study was conducted in New Jersey and was

. . . the first major system level test of the chronic disease management approach to addiction and its results suggest that it should be extended immediately to other states. CASA's evaluation shows, for the first time, the ability of intensive case management to effectively address addictive disorders in the welfare population - increasing participation in treatment and recovery which is a necessary precondition to achieving and sustaining employment. Compared with women who received the UC approach of screening and referral, those who received intensive case management:

- Received significantly more time and services from their caseworkers;
- Achieved rates of initiation, engagement and retention and outpatient substance abuse treatment that were two to three times as great as for usual care;

²³ National Institute on Drug Abuse, SAMHSA, DHHI. (2009, April 21). *Principles of Drug Addiction Treatment: A Research Based Guide (Second Edition)*. Retrieved April 21, 2009, from National Institute on Drug Abuse: <http://www.nida.nih.gov/PODAT/PODATIndex.html>

²⁴ The National Center on Addiction and Substance Abuse at Columbia University. (2009). *CASASARDsm: Intensive Case Management for Substance-Dependent Women Receiving Temporary Assistance for Needy Families: A CASA White Paper*. New York: The National Center on Addiction and Substance Abuse at Columbia University.

- Achieved significant reductions in substance use compared with usual care: women in the intensive condition were almost twice as likely to be completely abstinent after 12 and 24 month follow-ups as those in the standard practice group (41 percent vs. 25 percent at 12 months and 47percent vs. 24percent at 24 months); and,
 - Showed a greater rate of increase in employment over time and were more than twice as likely (22 percent vs. 9 percent) to be employed full-time at month 24.
- These are striking outcomes. They suggest that a long-term care strategy of treatment and abstinence first create the conditions where employment can better be achieved and sustained, even among the seriously disabled population. Previous CASA research has found that for each unemployed female welfare recipient with a substance use disorder who becomes substance-free and self-supporting, the economic benefit to society is about \$48,000 annually in avoided welfare, health care and criminal justice costs, and contribution to the economy in employment. In New Jersey alone, this could amount to economic benefits of as much as \$35 million per year.

One aspect of the ICM approach used in the study was the utilization of case management teams, consisting of two members: one, a masters level addiction professional and the other a peer-support member, one who was currently in recovery from addiction. This inclusion of the peer-support member served to validate what some research suggests, “that peer-delivered services produce outcomes superior to professional treatment alone in several key domains, including increased social networks, lower levels of worry and improved satisfaction with life.”²⁵

Peer-Recovery and Supportive Services

The practice of peer-recovery or peer-support can augment traditional SA treatment with its focus on **recovery**. There is no one, universal definition of recovery, but some key characteristics are:

- Recovery is personal and individualized (not defined by a treatment agency)

²⁵ Solomon, P. “Peer Support/Peer Provided Services: Underlying Processes, Benefits and Critical Ingredients.” *Psychiatric Rehabilitation Journal*. 27(4). 2004.

- Recovery moves beyond symptom reduction and relief (e.g. meaningful connections in the community, overcoming specific skill deficits, establishing a sense of quality and well-being)
- Recovery is both a process of healing (regaining) and a process of discovery (moving beyond)
- Recovery encompasses the possibility for individuals to test, make mistakes and try again.²⁶

This emphasis can enhance any system that is focused on addressing SA by:

- Viewing treatment as a part of recovery, with the goal being holistic health.
- Being grounded in a strength-based approach that focuses on wellness and a full reengagement with the community.
- Being connected to a long, successful history of mutual support groups like AA, NA, and faith-based groups.
- Connecting individuals to the recovery community: people in recovery, families, friends, and community allies.
- Bridging gaps between professional/clinical treatment and long-term recovery.²⁷

Peer-recovery support services provide social supports which appear to be one of the potent factors in helping people to change their behavior and are correlated with numerous positive health outcomes, including reductions in drug and alcohol use.²⁸ Research suggests that providing community-based supportive services enhances treatment outcomes, and experience shows that ongoing community support is important to sustaining recovery.²⁹

Supportive services are provided throughout the process of recovery and commonly include:

- Assistance in finding housing, transportation, educational, and employment opportunities
- Assistance in building constructive family and personal relationships
- Life skills training
- Health and wellness activities

²⁶ White, W., M. Boyle and D. Loveland. "Recovery from Addiction and Mental Illness: Shared and Contrasting Lessons" in: Recovery in Mental Illness: Broadening Our Understanding of Wellness. 2005.

²⁷ Faces and Voices of Recovery. (2007, April 21). *Peer Recovery Support Services*. Retrieved April 21, 2009, from Faces and Voices of Recovery: www.facesandvoicesofrecovery.org/ppt/PRSS_Presentation_4-21-07_final.ppt

²⁸ *Ibid.*

²⁹ *Ibid.*

- Assistance managing systems (e.g., health care, criminal justice, child welfare)
- Alcohol- and drug-free social/recreational activities
- Culturally-specific and/or faith-based support³⁰

Such services help to remove barriers and overcome challenges to an individual's and family's recovery from SA.

The Substance Abuse & Mental Health Services Administration (SAMHSA) began the Recovery Community Services Program (RCSP) in 1998, granting funds to “extend the continuum of recovery by offering strength-based services that emphasize social support as a factor in initiating and maintaining lifestyle change.”³¹ Currently, there are 23 recovery community groups and facilitating organizations being funded to develop and deliver innovative peer-to-peer recovery support services in community settings. These services are intended to achieve the following goals: 1) Help prevent relapse, 2) Promote timely re-entry into treatment when relapse occurs, and 3) Promote sustained recovery and an enhanced quality of life for participants.³² The RCSP grants are funded to conduct the following activities:

- Assess consumer, family, and other stakeholder strengths and resources, as well as community-specific recovery support needs.
- Develop and strengthen collaborative relationships with other area service providers.
- Develop a plan for delivering peer-to-peer recovery support services.
- Deliver the services.
- Document and evaluate the service program, using demographic and qualitative methods.³³

Such programs can add much to a community's efforts to more effectively address SA.

³⁰ *Ibid.*

³¹ Substance Abuse and Mental Health Services Administration. (2008, March 18). *Recovery Community Services Program-About the Program-Overview*. Retrieved April 21, 2009, from Recovery Community Services Program: <http://rcsp.samhsa.gov/about/overview.htm>

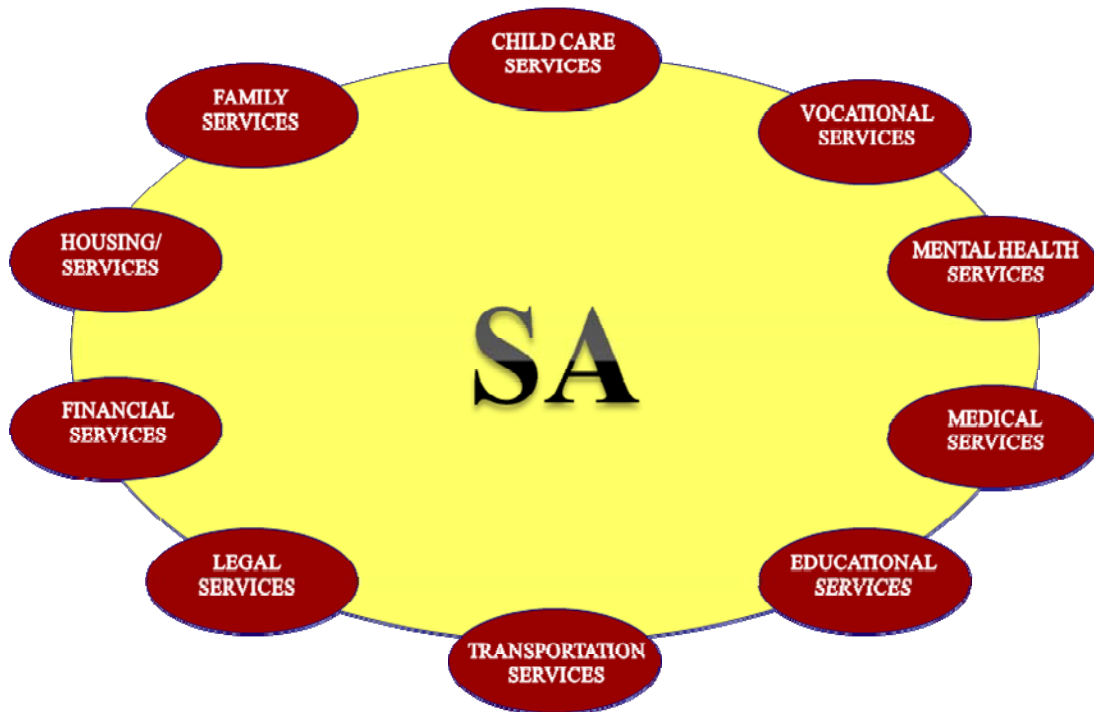
³² *Ibid.*

³³ *Ibid.*

Community's Response: A System of Care

Through its Treatment Improvement Protocol (TIP) series of publications, SAMHSA emphasizes the delivery of effective SA services through an integrated System of Care approach, linking various individuals, groups, and agencies in a collective, coordinated effort in addressing SA as a community.³⁴ A System of Care will have various wrap-around components:

Components of a System of Care

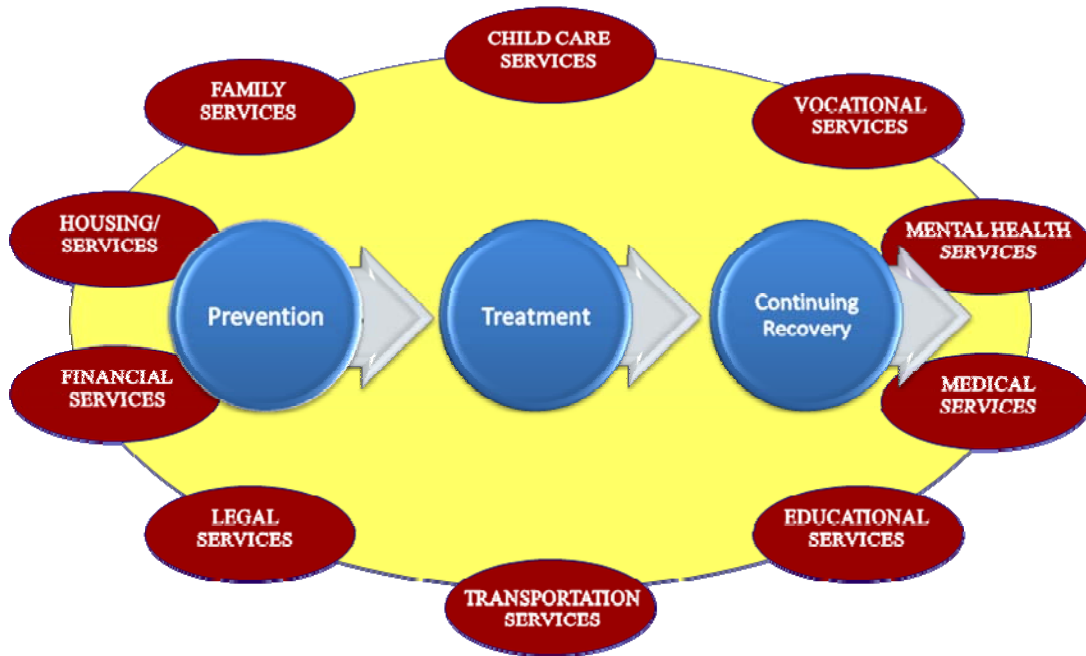


* Adapted from "Components of Comprehensive Drug Abuse Treatment" by the National Institute on Drug Abuse

³⁴ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2005). *Treatment Improvement Protocol (TIP) 25; TIP 42*. Retrieved April 21, 2009, from National Clearinghouse for Alcohol and drug Information Store, SAMHSA: <http://download.ncadi.samhsa.gov/prevline/pdfs/bkd515.pdf>

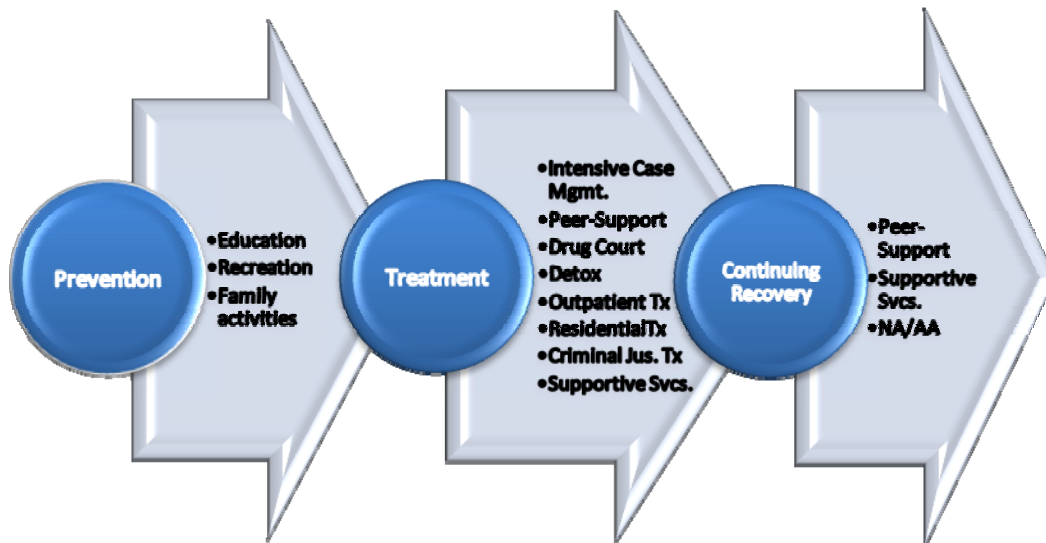
The System encompasses the entire continuum of care:

Components of a System of Care



* Adapted from "Components of Comprehensive Drug Abuse Treatment" by the National Institute on Drug Abuse

Various agencies, groups, and individuals work cooperatively and seamlessly to provide services through the effective elements of addressing SA:



In order for a community to operate an integrated System of Care for SA, it must examine its strengths and weaknesses in providing services in an integrated way across agencies and groups.

Existing Community Resources and What is Needed

The community of Southwest Virginia is served by six local Community Service Boards (CSBs) that provide SA services that include: prevention programs, emergency services, outpatient treatment programs, day treatment programs and case management services. One of the most important services offered is evidence-based prevention and education programs largely targeted toward school aged youth. A work group is currently mapping all services available in the region. At the time of writing, some known programs include: one medical detoxification program, The Laurels, in Lebanon; one private, residential treatment program, The Life Center of Galax; one grant-funded, long-term residential treatment program, New Beginnings, in Dryden; one adolescent drug court in Lee County; one adult drug court in Tazewell County; a new drug court in the City of Bristol, many Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) groups across the region; a few faith-based support groups; a few private, non-profit support programs; one private outpatient treatment program; and a few limited treatment programs in area jails and prisons. While these programs are helpful, some being innovative and evidence-based, they do not have the capacity to meet the overwhelming need in the region.

In its briefing on June 9, 2008, to members of the legislative subcommittee investigating the costs of SA, JLARC reported that most of the public SA prevention and treatment services are provided by local Community Service Boards (CSBs) and that Criminal Justice agencies also provide some SA treatment to offenders.³⁵ While it found that services were effective for those who completed them, it stated that several problems and gaps in services exist that make it difficult for people to access the care they need in a consistent,

³⁵Commonwealth of Virginia Joint Legislative Audit and Review Commission. (2008, June 9). *JLARC-Mitigating the Costs of Substance Abuse in Virginia-Commission Briefing-PDF*. Retrieved April 21, 2009, from Commonwealth of Virginia Joint Legislative Audit and Review Commission: <http://jlarc.virginia.gov/meetings/June08/SubsAbusebrf.pdf>

timely manner.³⁶ JLARC found that: “For substance abuse services to generate the greatest cost reductions to the State and localities, Virginians with substance use disorders must:

- seek treatment,
- have the support and resources needed to participate in services,
- obtain services that are most appropriate to meet their needs, and
- receive treatment that has been proven effective.”³⁷

Unfortunately, it also found that:

- The majority of Virginians who need treatment do not seek it, largely due to their denial.
- Logistical and affordability barriers can preclude Virginians from participating in substance abuse treatment, with transportation and childcare being two prominent logistical issues.
- Many Virginians are unable to receive the most appropriate substance abuse treatment due to service gaps, particularly for residential treatment, and insufficient capacity of CSBs to provide services, leading to people getting the treatment that is available rather than the treatment that is needed.
- Effectiveness of substance abuse services may not be maximized in Virginia because proven practices are not consistently adopted or implemented, with 72% of providers using proven practices and 47% of providers ensuring proper implementation.
- Majority of offenders do not receive adequate treatment, especially those convicted of less serious crimes, with insufficient budgets, staff, and training for assessment and treatment being prevalent.
- Insufficient continuity of care and re-entry initiatives may undermine effectiveness of substance abuse treatment provided in jails and prisons.
- Effectiveness of Virginia prevention programs is largely unknown.
- Limited information exists to measure changes in community-level outcomes related to substance abuse.

³⁶*ibid.*

³⁷*ibid.*

- Effectiveness of prevention initiatives may be undermined because some high-risk groups are unserved or underserved.³⁸

JLARC identified that these problems and gaps in services are largely due to inadequate funding through the state and low reimbursement rates, primarily from Medicaid, leading to a regional lack of:

- Residential treatment facilities
- Medical detox facilities
- Drug courts
- Adequate supportive services to overcome logistical barriers
- Proper implementation of proven programs, such as intensive case management, gender-specific treatment, and prevention programs
- Adequate numbers of trained professionals within the CSB and Criminal Justice systems to provide needed care in a timely manner, and
- Proper evaluation of the quality of services provided

To help fill these gaps in services more money is needed, but what is also needed is a shift in perspective in how SA is treated: we must move from an acute care, short-term, morally judgmental perspective, to one that is focused on chronic disease management and long-term recovery. This is the view that research shows to be accurate and the most successful in addressing SA. Such a shift will help to ensure better implementation of programs, better training of professionals, better evaluation of services, and better continuity of care within a system that is collaborative. Such a shift will also help to better serve the individuals, families, and communities of the region, reducing the enormous financial burden and tragic human costs that are the results of SA.

³⁸*ibid.*

Required Vision

It is clear that the lack of comprehensive, available and affordable services shifts the burden of care to more intrusive, traumatic and costly areas such as the Courts and local Departments of Social Services. Clearly, a vision for the region would be that every community has comprehensive evidence-based prevention, treatment and recovery options coupled with a unified effort to educate and to encourage participation in services and supports provided. A stable infrastructure of support is essential. Because the best outcomes are attached to long-term treatment and recovery models,³⁹ resources must be consistent and secure. Various groups and agencies need to collaborate to provide “wrap around” support. The availability of services and support groups must be consistent. The treated and recovering substance abuser needs the support of recovering peers, family, employers and the community to continue their healing.

Potential Strategies for Action

Innovation and creativity

It will take imagination and flexibility to make the situation better. For example, it may be that improved technology would overcome the particular obstacle of rural isolation and distance. Televised or video counseling or interactive video computer services available at local sites might be a solution. This would enable greater accessibility of services for clients. Local, trained assistants could be on hand for help with using the technology.

³⁹ White, William L., MA, “*Recovery Management and Recovery Oriented Systems of Care: Scientific Rational and Promising Practices*,” Northeast Addiction Technology Transfer Center, Great Lakes Addiction Technology Transfer Center and the Philadelphia Department of Behavioral Health/Mental Retardation Services, 2008. Available with many other materials at: http://www.facesandvoicesofrecovery.org/resources/publications_white.php

A Community of Recovery

Peer support models and mentorship programs can overcome the stubborn nature of SA. AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) programs and faith-based peer support activities can be effectively used to facilitate recovery. This involves individuals who have achieved many years of staying “clean and sober.” Sponsors can support their own recovery via “giving back.” In other words, they provide an example and help to others in the system through the unique relationship that exists between people who are at different levels of the recovery process.

Working together

There is a need for collaboration and coordination among various services and agencies, sharing a vision and comprehensive plans. Coalitions are critical. They serve as an important channel for change, bringing community institutions and local people together. Effective features of coalitions include the following:⁴⁰

- Coalitions can demonstrate and develop widespread public support for issues, actions, or unmet needs.
- Coalitions can maximize the power of individuals and groups through joint action by increasing the “critical mass” behind a community effort.
- Coalitions can minimize duplication of efforts.
- Coalitions can help mobilize more talents resources, and approaches to influence specific issues than any single organization can achieve alone.
- Coalitions can provide an avenue for recruiting participants from diverse constituencies, such as political, business, human services, social and religious groups, as well as less-organized grassroots groups and individuals.

Coalitions that have already been formed in the region need to be supported to ensure success.

⁴⁰ Atkinson, Anne J., Ph.D., “Community Guide for Preventing and Reducing Underage Drinking”, Governor’s Office for Substance Abuse Prevention (GOSAP), Commonwealth of Virginia, p. 12. <http://www.gosap.virginia.gov/pdf/CommGuideforUAD.pdf>

A system of care can be created, giving the client a transitioning network from detoxification and acute care, through treatment and counseling into recovery and after care services. This can include some non-traditional approaches:

- Volunteers from civic groups and faith based initiatives can be engaged.
- Peer support can be especially effective when used in the recovering community.
- Services should be individualized by identifying and building upon each recovering individual's strengths and areas of health.

Throughout the continuum of care, "The service environment must encourage hope and emphasize dignity and respect." Other regions of the country have successfully implemented these systems and our region can benefit from their example.⁴¹ Also, vast amounts of materials are available detailing the effectiveness and implementation of the recovery management model.⁴²

Change is difficult, sometimes very difficult; but, with motivation, support and consistent effort, it can be made. Ask anyone who is in recovery. This paper is intended to help facilitate change in the way SA is being addressed in the region. "Business as usual" is not working well enough. The costs, both financial and human, are enormous and shared by all. Change is necessary and possible if enough people contribute to its making. Concerned citizens of the region are "waking-up" and doing something. A Substance Abuse Coalition for Planning District III (City of Bristol, City of Galax and the counties of Washington, Smyth, Wythe, Grayson, Carroll, and Bland) has been formed and is open to anyone who is interested in doing something about SA. The Appalachian Substance Abuse Coalition (ASAC) has been operating for several years in Planning Districts I and II (PD I - City of Norton, and the counties of Lee, Scott, and Wise; PD II - the counties of Buchanan, Dickenson, Russell, and Tazewell) bringing much needed services to the area. Another coalition is in Planning District IV (City of Radford and the counties of Pulaski, Giles, Floyd, and Montgomery) doing valuable work, as well. Sustaining the efforts of these coalitions is key in creating a better system of care. The facts are known; it is time for consistent action. It will take some time

⁴¹ DeLio, Paul J., C.E.O., "Message from the Office of the Commissioner," State of Connecticut, DMHAS, 2004. <http://www.ct.gov/dmhas/cwp/view.asp?a=2905&q=334468>

⁴² http://www.facesandvoicesofrecovery.org/resources/publications_white.php

to bring about the changes in approach and funding that are required; yet, it will happen. It has happened in other areas of the country. The knowledge, expertise, and will are here; it is a matter of using them for a better future for the region.

One might ask: “What can I do? I am not a prevention or treatment professional. I have no influence on the system. What could I do that would be of any help?” Learn the facts about SA and its effect on the region. Learn the importance of changing how we, as a society and a region, view SA. Learn what works to prevent and treat SA. Learn about recovery and change. Learn and share your knowledge with others in your family, at work, at school, at social gatherings. Attend SA Coalition meetings to see what is being discussed. Every person that learns and understands the facts about SA, its treatment, and recovery, is one more potential voice that can have an impact on making change for the better.

For more information, please see a list of contacts in the Appendix.

References

Adams, Sharyl and Morgan, Mary L. (2007). *Inhalant Abuse Prevention: Staff Education and Student Curriculum*. Commonwealth of Virginia Department of Education Division of Special Education and Student Services, Richmond, VA. <http://www.doe.virginia.gov/VDOE/Instruction/Inhalantbook.pdf>

American Psychiatric Association. (2000). In A. P. Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision: DSM-IV-TR* (p. 197). Washington D.C.: American Psychiatric Association.

Atkinson, Anne J., Ph.D., "Community Guide for Preventing and Reducing Underage Drinking", Governor's Office for Substance Abuse Prevention (GOSAP), Commonwealth of Virginia. HYPERLINK "http://www.gosap.virginia.gov/pdf/CommGuideforUAD.pdf"
<http://www.gosap.virginia.gov/pdf/CommGuideforUAD.pdf>

Center for Substance Abuse Treatment (CSAT), website: HYPERLINK "http://csat.samhsa.gov"
<http://csat.samhsa.gov>

Commonwealth of Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, website: HYPERLINK "http://www.dmhmrzas.virginia.gov/Default.htm"
<http://www.dmhmrzas.virginia.gov/Default.htm>

Commonwealth of Virginia Joint Legislative Audit and Review Commission. (2008, June 9). *JLARC-Mitigating the Costs of Substance Abuse in Virginia-Commission Briefing-PDF*. Retrieved April 21, 2009, from Commonwealth of Virginia Joint Legislative Audit and Review Commission:
<http://jlarc.virginia.gov/meetings/June08/SubsAbusebrf.pdf>

Faces and Voices of Recovery. (2007, April 21). *Peer Recovery Support Services*. Retrieved April 21, 2009, from Faces and Voices of Recovery:
www.facesandvoicesofrecovery.org/ppt/PRSS_Presentation_4-21-07_final.ppt

Farlex, Inc. (2009, April 21). *Definition of Disease*. Retrieved April 21, 2009, from Medical-Dictionary of The Free Dictionary : <http://medical-dictionary.thefreedictionary.com/disease>

Governor's Office for Substance Abuse Prevention (GOSAP), website: HYPERLINK "http://www.gosap.virginia.gov" <http://www.gosap.virginia.gov>

Mid-Atlantic Addiction Technology Transfer Center (Mid-Atlantic ATTC), website: HYPERLINK "http://www.attcnetwork.org/regcenters/index_midatlantic.asp"
http://www.attcnetwork.org/regcenters/index_midatlantic.asp

Miller, T. and Hendrie, D. *Substance Abuse Prevention Dollars and Cents: A cost-Benefit Analysis*, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008. HYPERLINK "http://www.samhsa.gov/shin"
www.samhsa.gov/shin

National Clearinghouse for Alcohol and Drug Information (NCADI), website: HYPERLINK
"http://www.ncadi.samhsa.gov" www.ncadi.samhsa.gov

National Community Anti-Drug Coalition Institute, (CADCA), website: HYPERLINK
"http://www.coalitioninstitute.org" <http://www.coalitioninstitute.org>

National Institute on Drug Abuse. (2008, June). *NIDA InfoFacts: Treatment Approaches for Drug Addiction*. Retrieved April 21, 2009, from National Institute on Drug Abuse:
<http://www.drugabuse.gov/PDF/InfoFacts/Treatment08.pdf>

National Institute on Drug Abuse. (2008, June). *NIDA INfoFacts: Understanding Drug Abuse and Addiction*. Retrieved April 21, 2009, from National Institute on Drug Abuse:
<http://www.drugabuse.gov/PDF/InfoFacts/Understanding08.pdf>

National Institute on Drug Abuse, SAMHSA, DHHS. (2009, April 21). *Principles of Drug Addiction Treatment: A Research Based Guide (Second Edition)*. Retrieved April 21, 2009, from National Institute on Drug Abuse: <http://www.nida.nih.gov/PODAT/PODATIndex.html>

Office of National Drug Control Policy. (2009). *Drug Courts*. Retrieved April 21, 2009, from Office of National Drug Control Policy: <http://www.whitehousedrugpolicy.gov/enforce/drugcourt.html>

Partners for Recovery (PFR) website: HYPERLINK "http://pfr.samhsa.gov/index.html"
<http://pfr.samhsa.gov/index.html>

Partnership for a Drug Free America, website: HYPERLINK "http://www.drugfree.org"
<http://www.drugfree.org>

Report of the Joint Legislative Audit and Review Commission (JLARC) to the Governor and the General Assembly of Virginia, 2008, p.iii. This report is available at: HYPERLINK
"http://jlarc.state.va.us" <http://jlarc.state.va.us> .

Substance Abuse and Mental Health Services Administration (SAMHSA) website: HYPERLINK
"http://www.samhsa.gov/index.aspx" <http://www.samhsa.gov/index.aspx>

Substance Abuse and Mental Health Services Administration. (2008, March 18). *Recovery Community Services Program-About the Program-Overview*. Retrieved April 21, 2009, from Recovery Community Services Program: <http://rcsp.samhsa.gov/about/overview.htm>

The National Center on Addiction and Substance Abuse at Columbia University. (2009). *CASASARDsm: Intensive Case Management for Substance-Dependent Women Receiving Temporary Assistance for Needy Families: A CASA White Paper*. New York: The National Center on Addiction and Substance Abuse at Columbia University.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2005). *Treatment Improvement Protocol (TIP)25; TIP 42*. Retrieved April 21, 2009, from National Clearinghouse for Alcohol and drug Information Store, SAMHSA: <http://download.ncadi.samhsa.gov/prevline/pdfs/bkd515.pdf>

Virginia Department of Social Services. (2009). *Mission Plan*. Retrieved April 21, 2009, from Virginia Department of Social Services: www.dss.virginia.gov/files/about/mission_plan/vdss

Wade, Matt. CSA Expenditures for Western Region for 2004-2006, "Western Region Data Profile SFY 2008", 2008.

White, W. & Kurtz, E. (2005). *The Varieties of Recovery Experience*. Chicago, IL: Great Lakes Addiction Technology Transfer Center. HYPERLINK

"http://www.facesandvoicesofrecovery.org/pdf/White/2005-09_white_kurtz.pdf"
http://www.facesandvoicesofrecovery.org/pdf/White/2005-09_white_kurtz.pdf

White, William L., MA, (2008) "*Recovery Management and Recovery Oriented Systems of Care: Scientific Rational and Promising Practices*," Northeast Addiction Technology Transfer Center, Great Lakes Addiction Technology Transfer Center and the Philadelphia Department of Behavioral Health/Mental Retardation Services. HYPERLINK

"http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf"
http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

Zhang, Z., Infante, A., Meit, M., English, N., et al. (2008) *An Analysis of Mental Health and Substance Abuse Disparities & Access to Treatment Services in the Appalachian Region*. Appalachian Regional Commission and the National Opinion Research Center. HYPERLINK

"<http://www.arc.gov>" www.arc.gov

Appendices

Appendix A: Potential Strategies to Enhance Recovery Outcomes

- Treatment Attraction Access
- Screening and Assessment
- The Service Team
- Service Relationship (Engagement and Retention)
- Dose, Scope, and Quality of Services
- The Recovery Environment
- Linkage to Communities of Recovery
- Post-Treatment Continuing care

Appendix B: NIDA InfoFacts

- Understanding Drug Abuse and Addiction
- Treatment Approaches for Drug Addiction
- Lessons from Prevention Research
- Treatment for Drug Abusers in the Criminal Justice System

Appendix C: Contact List

