



trends

Philosophy

We are here because there is no other refuge, finally, from ourselves. Until a person confronts himself in the eyes and hearts of others, he is running. Until he suffers them to share his secrets, he has no safety from them. Where else but in our common ground can we find such a mirror? Here together, we can at last take root and grow. Not as the giant of our dreams nor the dwarf of our fears, but as a person, part of a whole, with a share in its purposes. Not alone anymore as in death, but alive in ourselves and others.

August 2007

Supporting Recovery - Stabilizing Families

By Robert Csandl, MHS, Executive Director

As families are affected by addiction, we best look twice at our response to this problem. Addiction means a lifestyle committed to the use of drugs and subsequent crime. This commitment includes endless obsessive thinking—life consuming compulsive behaviors—all with the single goal of getting high. All resources and life energies go into maintaining this *drug* relationship which becomes the only relationship nurtured in any way.

Confront's clinical supervisor spoke of seeing a recently graduated client, once an active drug addict and drug dealer, walking his two children to elementary school. He had a huge grin on his face and clearly took pride in introducing his children to her. Once totally selfish and uninvolved with his family, today he is finding himself and finding value in the most important job of all—raising his family.

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Families - Pained and in the Shadows

Interestingly, not everyone finds addiction treatment a worthy cause until it becomes personal, and it is, for 1:4 families in our community who are touched by either alcoholism or drug addiction. The family dimension is the shadowed layer so often overlooked. Of the 900+ adults who are served by Treatment Trends programs, well over 600 of our clients have children, and most of these parents have more than one child. In fact, it is common for people in our programs to identify having two, three, four, or more children.

It is touching to see such a transformation from someone who gave up their life, their family and their children to addiction. They are coming from a time of using food and rent money for drugs; to accepting the consequence of several years in prison and having the strength to rebound and start over. Oh, people struggle, try and fall, get up and persevere. Yes, many have more heart to recover than most of us could ever endure. It is difficult, yet these miracles occur on a daily basis in drug treatment centers in the Lehigh Valley and across the country.

Recovery - Resilience, Restoration

It is an honor and a privilege when you are lucky enough to be part of someone's transformation—present during that pivotal moment in someone's life.

ACTIVE Addiction or Alcoholism Destabilizes Families

For a child living with an active addict, every aspect of life is affected.

Continued on Page 2

Supporting Recovery - Stabilizing Families (Cont'd)

Home is best characterized as unpredictable and chaotic for these children. If the choice is food for the family, rent money, a car payment or drugs, the addicted parent chooses drugs. Instead of a parent valuing reading with the children at night or after school, the addicted parent will offer, "You read and watch your little brother too, I'll be back in 20 minutes," only to return the next day.

On a daily basis, vulnerable children face more insidious problems such as not having enough food, evictions, moving from home to home, family member to family member, and losing friends. This *rootlessness* results in children not settling anywhere long enough to feel a part of a school, and not having the parental guidance to get to school regularly, let alone assistance with school work or projects.

As addiction progresses, the parent's judgment worsens and children are involuntarily immersed into a drug sub-culture that normalizes erratic, unpredictable behaviors and neglect. Children are instructed to keep knowledge of drug use as a family secret so that a parent does not face arrest. But arrests frequently occur, and with arrest and incarceration comes embarrassment, stigma, loss of income, housing difficulties, care provided by a single parent or extended family, contempt for police, along with alienation and vulnerability to gang involvement. A host of related emotional and mental struggles emerge from witnessing a parent's arrest. Children report worries about loss of protection, tension of looming legal procedures, anxiety about the safety of a parent in prison, and uncertainty about what will happen next. It is hard to focus on school when everything is so unstable.

The problems associated with parental drug and alcohol abuse and addiction are clearly significant. Furthermore, these particular problems increase the risk factors in children for post traumatic stress disorder, conduct disorder, school failure, teen pregnancy, drug and alcohol abuse, and addiction. If a parent has gone to prison, that child is now seven to eight times more likely to go to prison themselves.

So we ask, what are the costs to the community and what is the human toll of not treating an addict?

Children Can Succeed in School When Parents Are Stabilized Through Treatment

If we want children to succeed in school, we must support the recovery efforts of parents once they seek help and become active in treatment. As recovery is engaged, stabilization begins for the individual and for the family.

Active treatment starts with abstinence from drug use and drinking. This has an immediate positive effect and diminishes the negative energy in the home. You cannot be in treatment and use drugs or alcohol. Recovery means stabilizing and balancing numerous aspects of life, such as: mental, physical, vocational, spiritual, volitional, financial and relational. As these life dimensions become stabilized and growth occurs, the damaging effects of active addiction shift and energy goes into renewal of the self, the family, and the community. Most significantly, treatment has the promise of breaking the multi-generational human toll that is most seen in the children of alcoholics and addicts.

Recovery Is Not for the Faint of Heart

These transformations really are nothing short of amazing. The seeds of recovery are usually planted and germinated in residential treatment centers. The roots are set and growth begins while in poverty and is guided during outpatient treatment. For many who re-enter the community, recovery starts without any material possessions and barely enough money to make the first month's rent or a security deposit. It is done in Spartan living conditions, with people making minimum wage or slightly higher. Could you do it? Think about living on roughly \$1,120 gross income (\$7.00 per hour) a month. An interesting experiment is to make a budget on this wage. What would your budget look like? Take out a pencil and paper and examine the results.

A significant side effect of earning minimum wage is extreme tiredness. Many times, not having a car means long days, catching two buses and leaving hours before the start of work each day, then returning hours after you have left work. If a boss requests working an hour of overtime, it means missing the bus and likely an outpatient treatment appointment, causing problems with the court order to comply with treatment. Though a car could make a difference, it is often too expensive and only part of a long term plan.

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Supporting Recovery - Stabilizing Families (Cont'd)

Often, working full-time at a low wage means that a person and their family are just over the cut-off for certain public health benefits or assistance. Children are usually covered, but parents usually lack coverage for physical health, dental care, and medications. In most low wage jobs, if a child is sick and a parent has no adequate childcare, they miss hours of work to care for the child and wages are then lower that pay period. These are some of the struggles of early recovery.

How Does Change Occur?

There is a time to extend support and it is clearly when someone is putting effort into their recovery and changing themselves. Small successes turn into larger ones. How do we cultivate the climate for change? It is in part by acknowledging the effort and by encouraging the continued effort.

Many people entering recovery are surprised how *effort* quickly yields gains. The investment into self builds confidence, which builds motivation. As this repeats, an individual builds not just “clean time” but rather, recovery.

The clients tell of an initial effort that created the momentum to continue. They said, “(it is) when someone, usually a counselor, believed in me, gave me a chance, noticed, challenged and encouraged me.” Oftentimes, falling and making mistakes is part of learning to walk. And when you fall, you can pick yourself up, especially if there is support. Some say trying is not good enough. Our clients say, “If we never tried, we’d never get going. If someone didn’t push us, teach us skills of living, we’d never get going. And many times we feel defeated and it is only through the help of others that eventually we get it right.” (This information gleaned from a recent focus group with ex-clients.)

Though “clean time” can occur while just sitting in jail, it is a proactive, positive effort, coupled with abstinence, working on treatment goals, improving relationships, being responsible, and exercising the tools of treatment, that distinguishes what is described as recovery.

Moral Judgments on That Elephant in Literally Every Room

Addiction and alcoholism are pervasive and are found everywhere, not just inside families. Addiction is surfacing in every profession. We act with moral indignation as front page headlines reveal addiction by school administrators who guide the education of children; legislators who make the laws of the land; religious figures who dish up morality; extremist radio talk show hosts; movie stars and celebrities; huge sports figures; and, of course, everyday people, with no exemptions except for the degree of our public outrage. But still, we must fight for the rights of minorities and the impoverished because all people deserve help, not just people with means.

As policymakers change and new funders emerge, will they impose the same moral judgments that every moralist did before them? Will they repeat the same mistakes and then beg for mercy and understanding when it is a beloved friend or family member touched by addiction?

Clearly, it is not charm that buoys the Rush Limbaugh’s or Paris Hilton’s of the world. Nor is it their sincere admission of having had a problem, or their contrition for hurting others. Some might even suggest that narcissism and egos are barriers to our compassion. But at some point we move past our moral outrage at their hypocrisy and privileged lives, and our innate humanity allows us to see them as human beings—hurting and misdirected, angry and selfish. Can we not show that same compassion for every person regardless of their station in life?

For many, tragedy turns to opportunity and they can finally wrestle with their real inner demons and heal, hopefully enough to make a positive contribution to life and, maybe even walk their children to school or take the time to read to them.

Operational Goals of Treatment Trends, Inc.

To provide rehabilitation and continuum of care services to drug addicts, alcoholics, abusers and potential users, persons manifesting anti-social conduct, victim survivors of sexual abuse and battered women through inpatient and outpatient treatment/intervention modalities. To provide public education and prevention of addiction and sexual abuse. To provide violence prevention education.

Keenan House Awarded National Accreditation

Submitted by Susan Dorschutz

Keenan House received Accreditation with Excellence from the American Correctional Association receiving scores of 100% on both mandatory and non-mandatory standards. The American Correctional Association (206 North Washington Street, Suite 200, Alexandria, VA 22314) issued the following January 22, 2007 Press Release to mark the occasion:

Robert Garvey, Chairperson of the Commission on Accreditation for Corrections (ACA), recently announced the accreditation of the Keenan House, Treatment Trends, Inc. The award was presented in conjunction with the American Correctional Association Winter Conference in Tampa, Florida, on January 22, 2007.

In presenting the award, Robert Garvey, Chairperson of the CAC, and Gary Maynard, President of the American Correctional Association (ACA), complimented Robert C. Csandl, Executive Director, and his staff on their professional level of operation and their success in completing the accreditation process. The agency is one of over 1,500 correctional organizations currently involved in accreditation across the nation.

The accreditation program is a professional peer review process based on national standards that have evolved since the founding of the Association in 1870. The standards were developed by national leaders from the field of correction, law, architecture, health care, and other groups who are interested in sound correctional management.

ACA standards address services, programs, and operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for agencies and facilities throughout the world.

The three-year accreditation award granted to the Keenan House does not signal the end of their involvement in the accreditation process. During the award period, staff will work to improve any deficiencies identified during the audit and maintain continuous compliance with the standards.

Keenan House Food Project

By Ann Friedenheim

If you happen to be around Keenan House on a Wednesday, you might be surprised to see a brigade of boxes being marched into the kitchen. You will probably be curious and ask to look inside one of the 25 large cardboard cartons before it is stacked into the walk-in refrigerator. If you peer inside, you will see beautiful heads of red leaf lettuce, bunches of radishes and beets, shiny leaves of basil and parsley, summer squash in shades of yellow and green, and crisp chard, kale and spinach. If you have any interest in gardening, cooking or eating, you will not be able to hold back an exclamation of excitement for the beauty of this bounty.

At a time in our society when each of us is concerned about the "carbon footprint" we leave, it is good to know that we can make choices that reduce this type of marker. Participating in Community Supported Agriculture (CSA) is one such way to be responsible. There are some varying histories related to CSA's.

It seems that the ideas that evolved into this form of farmer-community cooperation were originated by Austrian philosopher Rudolf Steiner sometime in the 1920's. However the first documented CSA did not take root in America until 1986. There are several types of CSA models that have two common factors: the produce is local, and the harvest is sold in parts or "shares". Share owners work in cooperation with the farmer, helping to support the farm and taking the risk of each harvest, as well as gaining the benefits. So, instead of purchasing lettuce that is grown and picked in California, for instance, and then trucked 3,000 miles to be stored in a grocery store, this food is grown perhaps 30 miles away and picked the day of delivery!

We are extremely lucky to have found Season's Harvest Farm in Berks County which prides itself in growing produce that is free of pesticides and insecticides.

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Keenan House Food Project (Cont'd)

Eating organic vegetables allows the Keenan House residents to eat food that is very high in nutritional value. For addicts in early recovery, and for people coming out of the prison system, good nutrition is most definitely an important part of the physical healing process.

Each week, the shares delivered consist of whatever is ripe for the picking and as such, this means that the Keenan House kitchen staff must work with what is made available at that time. In some instances, there may be foods that people have never even heard of, but this is part of the fun! New recipes are provided each week and more are available through the farm's website.

While this is a new experiment for Treatment Trends, so far, it seems quite a successful project. We are looking forward to a field trip in the near future to visit the farm.

With only two weeks of produce delivered at this writing, we are looking forward to approximately 20 more weeks of great eating in a way that sustains us and sustains the environment.

Treatment Continuum Alternative Project - TCAP

By Bruce J. Walters

The Treatment Continuum Alternative Project (TCAP) began in 1997. Over the last ten years we have traversed many peaks and valleys. At the close of yet another fiscal year, I find myself reflecting on the many challenges we have met and the successes we have enjoyed, both past and present. During the Pennsylvania budget crisis in 2004, sadly, many programs similar to ours were forced to close. Treatment Trends, Inc. has managed to remain resilient and thriving, while providing quality services to the community for over three decades. I have no doubt that TCAP survived the budget crunch because of the quality services it provides, and by being part of an established and progressive institution that constantly seeks improvement.

One year after drug and alcohol treatment funding was restored, TCAP was faced with yet another challenge. Effective January 29, 2005, Act 233 placed additional limits on Intermediate Punishment (IP) eligibility by excluding defendants convicted of escape, robbery, and first degree felony-burglary within a ten year span. In anticipation that Act 233 would result in a reduced number of referrals, The TCAP committee decided to respond proactively. Since the decision to pursue a TCAP IP sentence rests with each candidate, we wanted to create incentives for eligible defendants to choose the TCAP option.

We built into the TCAP program the possibility that candidates could receive shortened lengths of stay, based on their response to treatment and their accomplishment of treatment goals.

We also changed the TCAP funding eligibility requirement from accepting residents of Lehigh County only, to the inclusion of residents from surrounding counties. We also began to actively educate private attorneys in the Lehigh Valley about the TCAP IP option.

By implementing the adjustments we had made, we were still able to generate a 20% increase in TCAP admissions, despite a 12% decrease in referrals. Improvement was also noted in the area of treatment retention as indicated by an increase of 2,781 cell days saved. This rise can be attributed to better candidate selections and the ability of our staff to retain clients in treatment longer.

The 2006-2007 Fiscal Year is the first time that we have ever spent the entire TCAP grant allocation. It has been six years since the last and only other time in our history that we have achieved this distinction. If we duplicate our success next year, we will become eligible to serve more defendants and apply for increased funding in 2008-2009. Increased funding will allow us to serve a greater number of defendants whose crimes are driven by addiction.

Given the combined talents found within our fine organization, I have every confidence that we will continue to rise to every challenge and stick to our mission of drug addiction treatment. When our clients get better, so does the community in which we live. In my estimation, that is cause for celebration.

Samaritan Village Therapeutic Community

By Ann Friedenheim

Piling into the van at 7 am on May 10, 2007, it did not seem that any one of us had a clue what a moving and inspiring day lay ahead. We were a group comprised of people from Confront, Halfway Home of the Lehigh Valley, Keenan House, as well as Phil Arnold, Lehigh County Drug and Alcohol Administrator. Our mission that day was to learn more about a residential program specifically designed to support addicts in recovery. But why travel all the way to Manhattan? Why spend a day learning about another therapeutic community when we have one of our own?

What makes Samaritan Village special is that this program is designed to support veterans and address the unique issues pertinent to them. The Veterans Program is steeped in the concepts and the emphasis on family that is inherent to therapeutic communities. In addition, this program is designed to provide an atmosphere that is welcoming to the veterans, many of whom are homeless, estranged from families and often feeling alienated from the very society which they served.

We unanimously felt incredibly welcomed from the moment we entered the building. The presentation provided to us by Carole Davidson, Boyce Holt and Malik Hutchenson was quite impressive. Not only did we receive information about the running of the program and a tour of the building by residents, we were also given a training about the kinds of issues that face veterans returning from service. One of the important topics discussed was the "evolution of a warrior" which focused on the process that occurs for a civilian during indoctrination into the military system and its values.

Another important focus was the special concern for combat veterans who make up 25% of the residents of this veterans program. Faced with the conflict presented between conscience and the demands of war and survival, many of the combat veterans suffer silently with grief-a sense of alienation, and betrayal. Time was spent discussing this particular subgroup of veterans and the need for special group work to be offered-as a way of providing a sense of belonging-and to foster their ability to talk about and share experiences that have been a source of silent pain.

It stands to reason that a great deal of time was also spent in discussing the symptoms of Post Traumatic Stress Disorder (PTSD), as well as the way this condition manifests itself for veterans returning from service. Interestingly, there is a lot of concern because recent reports suggest that the government has not provided enough resources to respond to the growing need. With PTSD, sometimes symptoms do not manifest for years after the incidents that caused the symptoms. With this in mind, it is likely that the public sector will have to join with the Veteran's Administration to address emerging needs of returning veterans.

Carole Davidson stated, *"While many of the residents served in Vietnam, the program also houses veterans from the Gulf War, Granada, Panama and the peace time army. They come to us through the criminal justice system, mental health referrals and homeless shelters. The typical length of stay is about a year. Ideally, they leave here with a source of income, a safe place to live and a plan for moving on with their lives."*

Many of the clients have been through treatment before. They were either unsuccessful, or eventually suffered relapse because they were unable to address the issues created by their military experience during treatment. "I felt like no one would understand what I was talking about," said Case Manager Henry Moultrie, describing his own experiences as a Vietnam veteran in a generalized residential treatment program.

While the 43rd Street Samaritan Village program operates in a traditional therapeutic community format, what makes it different is the special bond created by common experiences which only veterans can share. "We come at it from both angles," says Davidson. "There are special problems, but there are also special strengths."

The saying that arose again and again is "each one, teach one," and it was clear to see how this philosophy is alive and well. While we were there, we witnessed spontaneous demonstrations of how tied to the community the men are. In one instance, a gentleman dropped off clothing for the newcomers who often have been homeless.

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Samaritan Village Therapeutic Community (Cont'd)

Later, a man arrived looking for Carole to communicate a current life event that he wanted to celebrate with his old group facilitator. In observing both instances, there was an immediate feeling of inspiration. No doubt, this program reaches people and helps them change the course of their lives.

It is our desire and intention to develop a smaller version of this program in the Lehigh Valley. Clearly, there is a need. With the veterans expected to return from this current war, our agency feels a strong desire and responsibility to provide a safe haven to assist veterans who are lost in the disease of addiction.

Welcome New Staff

By Martin Kunda & Lauren Henry

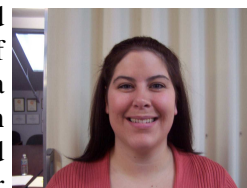
Cassandra Sabater - Confront

Cassandra Sabater has been employed at Confront since January 2007. She's a welcomed addition to the Administrative staff and has adjusted very quickly to the billing department and working on its challenging Program Director's Report. Cassie is uplifting, always ready to jump in and do what needs to be done with a never-ending source of energy. She comes from St. Luke's Hospital & Health Network, with 6 years billing/collections experience. She is married and the proud mother of 4 children: 8-year old, Tatianna; 7-year old twins, Jonathan and Jaleissa; and a 10-month old named Zarius. Cassie enjoys spending time with her family, reading, and baking her famous cheesecake. Balancing the responsibilities of her full-time job with the needs of her full time family is a challenging, on-going process. Yet, she can still do it with a smile!



Katrina Clancey - Confront

Katrina Clancey (Katie) graduated from the Florida Institute of Technology in Melbourne, Florida with a Bachelors Degree in Psychology. She then attended Kutztown University to earn her Masters Degree in Counseling Psychology with a concentration in Agency Counseling. She became a Licensed Professional Counselor in 2005 and has been a Certified Co-Occurring Disorders Professional since 2004. Her professional experiences are varied.



She has worked within the hospital and prison systems, in the juvenile justice system/detention centers, and conducted wraparound therapy and outpatient substance abuse and mental health counseling. She has been with Confront as a full time counselor since February of this year.

Katie is married and has an 18-month old daughter, Celia. She enjoys relaxing in the sun, gardening, and reading. Chasing after Celia prevents her from doing most of these things. She is trying to find some balance in her life by taking the Mindfulness training offered through Treatment Trends. Katie's current goals include finding the next perfect tattoo, and figuring out a way to read her favorite book while simultaneously cooking dinner, doing laundry, and vacuuming.

John Seery - Keenan House

John Seery is a Counselor at Keenan House. He resides with his wife, Deborah, in Monroe County, PA. He has five daughters, plus four grandchildren. His work experience includes both the mental health and the addiction arenas. He holds a Masters of Science Degree in Addiction Counseling from the University of Scranton. He also received the Certified Rehabilitation Counseling Credential and the Certified Co-Occurring Disability Professional License from the PCB.



Halfway Home History

By William Stauffer

The Halfway Home of the Lehigh Valley has gone through many changes in the last 32 years of operation, but there is much within the tradition of the past that still has relevance to our Home. Our staff regularly hears from people who talk about how their lives in recovery began at the Halfway Home and the safety and camaraderie they found there.

Recently at the annual drug and alcohol legislative breakfast, another story emerged from the early years of the Halfway Home. Richard O'Donnell, a fixture of the local treatment community, has historically opened the breakfast with a few of his poignant thoughts and an invocation. This year, he shared some of his experiences as a counselor at the facility. He talked about how he had recently been contacted by a man whose sobriety started at the facility in the early 1980's. This man mentioned that one of the things that stuck with him through all of his years of recovery was a prayer Mr. O'Donnell had written for the morning meditation at the facility. Richard was able to find the following prayer, and shared it with those gathered for the legislative breakfast:

Halfway Home Morning Prayer

O Lord, I thank You for the gift of a new day!
I am safe with You here where You want me to be
together with those who for a time...

You have chosen to be my brothers and sisters.
Lord, teach us how to pray.
Grant that during these early movements of a day
which is still Your secret
I may discover Your will
along with the grace to accept it
and the courage to follow it.

I seek humbly to know myself
so that I can serve You better
and bring some joy into the
lives of those around me.

Lord, I deserve neither You
nor this new day. There must be a reason
for this special kindness of Yours.
I will search for that reason now
and with a little help from my friends
I shall make this one day of my
life worthy of You.

Richard C. O'Donnell, 1981

Thank you, Richard O'Donnell, for sharing your wonderful prayer, we will make sure that it is available for future generations of residents. May your work touch future lives here in our Home.

Treatment Trends Attains Workplace Safety Certification

By Duane Allen

The Department of Labor and Industry recently renewed the Treatment Trends, Inc. Workplace Safety Committee certification. This certification indicates the strong commitment of TTI staff to workplace safety.

All Treatment Trends, Inc. facilities (Confront, Keenan House, Halfway Home of the Lehigh Valley, Richard S. Csandl Recovery House, and TCAP) take the safety of clients, staff, and visitors very seriously.

To achieve the goal of maintaining a safe workplace, everyone is expected to cooperate with safety rules and policies and to report immediately any hazards that might cause injury.

The Safety Committee meets once a month at Keenan House to discuss safety issues and concerns concerning all Treatment Trends facilities. All issues are resolved in a timely manner.



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Drug War Clock

www.drugsense.org

**As of Wednesday
August 1, 2007**

MONEY SPENT ON THE WAR ON DRUGS THIS YEAR

The US Federal government spent over \$19 billion dollars in 2003 on the War on Drugs, at a rate of about \$600 per second. The budget has since been increased by over a billion dollars.

Source: Office of National Drug Control Policy

State and local governments will spend at least another \$30 billion.

\$ 11,755,305,049

Federal

\$ 18,044,420,507

State

\$ 29,799,725,556

Total

Source: National Center on Addiction and Substance Abuse at Columbia University: "Shoveling Up: The Impact of Drug Abuse on State Budgets," January, 2001.

PEOPLE ARRESTED FOR DRUG LAW OFFENSES THIS YEAR

Arrests for drug law violations in 2007 are expected to exceed the 1,678,192 arrests of 2003. Someone is arrested every 20 seconds.

999,206

**Source: (Uniform Crime Reports),
Federal Bureau of Investigation**

PEOPLE ARRESTED FOR CANNABIS OFFENSES THIS YEAR

Police arrested an estimated 786,545 persons for marijuana violations in 2005. The total is the highest ever recorded by the FBI, and comprised 42.6 percent of all drug arrests in the United States.

431,715

**Source: (Uniform Crime Reports),
Federal Bureau of Investigation.**

PEOPLE INCARCERATED FOR DRUG LAW OFFENSES THIS YEAR

Since December 31, 1995, the US prison population has grown an average of 43,266 inmates per year. About 25 percent are sentenced for drug law violations.

6,358

**Source: US Department of Justice,
(Bureau of Justice Statistics).**

PREVENTABLE HIV INFECTIONS THIS YEAR

Nearly 4,000 new HIV infections can be prevented before the year 2007 if the federal ban on needle exchange funding is lifted this year. About 10 new cases could be prevented every day.

2,214

**Source: Center for AIDS Prevention
Studies, University of California, San
Francisco.**

United Way of the
Greater Lehigh Valley



Teaching And Therapeutic Community Traditions

Courtesy of The Amity Foundation

1. Community is the antidote to personal alienation; the way out is to let others in. You alone can do it, but you can't do it alone.
 2. Within community we develop authentic relationships based on personal authority, trust and demonstration. We learn to effect change without violence and to contribute to society from a position of dignity.
 3. Our communities and sanctuaries where it is physically and psychologically safe to express the reality of our experiences without fear. Together we examine who we have been, who we are today, and what our intentions are for tomorrow.
 4. We fully express our experiences within the sanctuary of the circle learning to speak out, rather than act out. The integrity of the circle is prime; what is said there stays there.
 5. Our communities are based on information and authenticity rather than power and control. Our corporate structures exist to serve our community: the "triangle" supports the "circle".
 6. We celebrate and learn about all cultures, traditions and faiths represented by the individuals in our community; our community is not a culture or faith unto itself.
 7. In Community nothing and no one is secondary; everyone has something to teach and everyone has something to learn. We teach and learn from each other working in the physical, emotional, intellectual, and spiritual realms.
 8. We grow through our dedication to learning - we learn to listen and we listen to learn. A learning person is alive; and a "learned" person is dead. We can not integrate what we have learned and are learning unless we teach it. We can't keep it unless we give it away.
 9. We don't ask people to do things that we haven't done or wouldn't do ourselves.
 10. We practice forms only to achieve essence.
 11. We leave people, places and situations better than we find them.
 12. Our communities are based on a tapestry of friendship; together we expand our ability to give, to love, and to be loved.
 13. We can act our way into a new way of feeling, but we can't feel our way into a new way of acting. This day is the first day of the rest of our lives; we can start our day at any time.
-

Treatment Trends Training Institute

Fall/Winter 2007 Training Track

Register by mail, phone, or fax. In all cases, please complete all information on the form below. **Mail** it and payment to the address as indicated. **Fax** your registrations to Training Coordinator, 610-439-0315. For telephone registrations, **call** 610-439-8479, x12.

Mailing Address:

Treatment Trends, Inc.
 18-22 S. 6th Street
 Allentown, PA 18101

Name: _____	
Program/Agency: _____	
Address: _____	Email: _____
PO Box/Suite No.: _____	<input type="checkbox"/> Please place me on your mailing list.
City: _____	State: _____ Zip: _____

<u>Workshop</u>	<u>Date</u>	<u>Time</u>	<u>Cost</u>	<u>Total</u>
<input type="checkbox"/> Group Counseling	Oct. 05	9AM - 4PM	\$75.00	_____
<input type="checkbox"/> Alcohol & DUI	Oct. 12	9AM - 12PM	\$35.00	_____
<input type="checkbox"/> Addressing Criminality	Oct. 19	9AM - 4PM	\$75.00	_____
<input type="checkbox"/> Motivational Incentives	Oct. 26	9AM - 4PM	\$75.00	_____
<input type="checkbox"/> Self-Reflective Practitioner	Nov. 02	9AM - 4PM	\$75.00	_____
<input type="checkbox"/> Co-Occurring Disorders	Nov. 09	9AM - 4PM	\$75.00	_____
<input type="checkbox"/> Ethics	Nov. 16	9AM - 4PM	\$75.00	_____
<input type="checkbox"/> Cultural Diversity	Nov. 30	9AM - 4PM	\$75.00	_____

Total Amount: _____

Few Addicted Prisoners Get Treatment, Study Says

Research summary courtesy of www.jointogether.org, April 2, 2007.

Less than 10 percent of inmates who need addiction treatment get services, according to a new study from the National Institute on Drug Abuse.

The National Criminal Justice Treatment Practices Survey (NCJPS) found that “far too few programs and services exist, and the ones that do exist are only offered to a handful of offenders,” said NIDA Director Nora D. Volkow. “Since offenders are four times as likely as the general population to have a substance abuse disorder, treating the offender population could measurably lower the demand for drugs in our society, and reduce the crime rate.”

“This survey can be used to assist policy makers and program officials in plotting a course to implement more effective services and delivery systems for the offender population,” added study director Faye Taxman of Virginia Commonwealth University.

NIDA’s report represented the first findings from the NJCPS study, which is gathering data on treatment available across the broad spectrum of correctional settings, from jails and prisons to community corrections agencies.

The study was published in the Journal of Substance Abuse Treatment.

Reference:

Taxman, F.S. Young, D.W. Wiersema, B., Rhodes, A., Mitchell, S. (2007) The National Criminal Justice Treatment Practices survey: Multilevel survey methods and procedures. *Journal of Substance Abuse Treatment*, 32 (3): 225-238; doi:10.1016/j.jsat.2007.01.002.

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