

The Peer Report

Our Mission

Dedicated to quality and accessible prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues



Inside this issue:

Facts About TASC	3
Success Stories	4
Fall Giving Campaign Begins	5
Parent Corps Grant Awarded	6
Recovery Rally September 18	6
Board Members and Staff	7
Mentoring Grant Awarded	7

The Current Status of Alcohol and Drug Use Disorders in America

(September, 2004 marks the 15th Annual *National Alcohol and Drug Addiction Recovery Month*. We are pleased to print the following important information, made available by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment {CSAT}. Sources and the entire article can be accessed at http://www.recoverymonth.gov/2004/kit/overview_alcoholdruguse.aspx)

Alcohol and drug use disorders—which include misuse, dependence, or addiction to alcohol and/or legal or illegal drugs—remain a major public health problem in the United States. The social cost of alcohol and drug use in the United States is staggering, estimated at more than \$294 billion in 1997.¹

How Common Are Alcohol and Drug Use Disorders? ²

- More than 9 percent of the total population age 12 or older met the criteria for substance dependence or abuse in 2002.
- An estimated 19.5 million Americans (8.3 percent of the population age 12 or older) were current users of illicit drugs in 2002, meaning they had used an illicit drug at least once during the month prior to being interviewed.
- About 54 million Americans in 2002 (nearly 23 percent of the population age 12 or older) said they had participated in binge drinking (5 or more drinks on the same occasion) at least once in the last 30 days. Nearly 16 million said they were heavy drinkers (had 5 or

more drinks on the same occasion on at least 5 days during the past month).

Who Is Affected by Alcohol and Drug Use Disorders?

Alcohol and drug use disorders can affect anyone. But those who are particularly vulnerable include people with a co-occurring mental disorder or those who have certain risk factors, including poverty or a family history of alcohol or drug use disorders.³ Alcohol and drug use disorders affect not just the people who are in need of treatment, but also their family members. Clearly, the effects of helping one person achieve recovery from an alcohol or drug use disorder can improve a multitude of lives.

Youth

- More than 36 percent of American 17-year-olds reported current alcohol use in 2002, and more than 11 percent of youths ages 12 to 17 reported current illicit drug use.⁴
- Some children are using drugs at age 12 or 13, and others may begin earlier. But families can help prevent alcohol and drug use disorders by creating strong bonds with their children, setting clear limits, and being actively involved with their children's lives.⁵
- As many as one in four children—19 million children or 28.6 percent of children under the age of 18—lives in a home where problems with alcohol are a fact of daily life.^{6,7}

(Continued on page 2)

(Continued from page 1)

- But not all the statistics are negative. Use of marijuana, Ecstasy, LSD, cigarettes, and alcohol decreased significantly from 2001 to 2002 among 8th, 10th, and 12th grade students in U.S. schools.⁸

Seniors

- Inadvertent misuse of prescription drugs is common among the elderly, who use prescription drugs three times more often than the general population does, and who may have difficulty complying with directions for taking a medication. Misuse of prescription drugs can lead to complications, including memory loss.⁹
- Only about 14 percent of treatment facilities have addiction treatment programs designed specifically for older adults.¹⁰

Men vs. Women

- Men are twice as likely as women to be considered to have an alcohol or drug use disorder, except among youths ages 12 to 17, when the prevalence of alcohol or drug use disorders is relatively the same for both genders.¹¹

People of Color¹²

- The rates of current illicit drug use in 2002 were highest among American Indians/Alaska Natives (10.1 percent) and people of mixed race (made up of two or more races) (11.4 percent).
- Rates of illicit drug use were 9.7 percent for blacks, 8.5 percent for whites, and 7.2 percent for Hispanics. Asians had the lowest rate at 3.5 percent.

The impact of alcohol and drug use disorders is much greater than these numbers indicate. Alcohol and drug use disorders affect not just the people suffering from them, but also family members (particularly the children of those affected), friends, co-workers, and others who interact with them.¹³

For additional *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* materials, visit our Web site at www.recoverymonth.gov or call 1-800-662-HELP.



Scope of the Substance Abuse Problem in Colorado

- It is estimated that there are about 250,000 substance abusers in Colorado, aged 12 years and older; approximately 7% of the population. *
- Colorado ranks 16% higher than the national average in per capita consumption of alcohol. *
- Colorado ranks 1st among 50 states in the use (over past month) of marijuana, and 4th in past monthly use of any illicit drug. *
- Colorado ranks second in severity nationwide on the Substance Abuse Problem Index, 5th on the Alcohol Problem Index, and 13th in severity nationwide on the Drug Problem Index. *
- Colorado spends the least amount on prevention, treatment and research of all 47 states surveyed in 2001. **
- The conservative economic cost estimate to Colorado annually from substance abuse is \$3.2 BILLION. ***

Sources:

- * Colorado Alcohol and Drug Abuse Division report submitted to the House Committee on Health Education and Welfare Institutions and the Senate Committee on Health, Environment, Children and Families; Colorado General Assembly, October, 2002.
- ** “Shoveling Up: The Impact of Substance Abuse on State Budgets, January, 2001” by Columbia University’s National Center on Addiction and Substance Abuse.
- *** “Economic Costs of Alcohol and Drug Abuse in the United States” (1998) by the U.S. Department of Health and Human Services.



FACTS about TASC

"a bridge between Justice and Treatment"

Peer Assistance Services has successfully applied the model of case management and rigorous monitoring to a wide variety of populations, the most recent population being parolees who have a substance use disorder. In 1998, through a contract with the Colorado Department of Corrections (DOC), PAS began to provide the Western TASC program, which was followed by the successful bids for the Northeast, Southeast, and Mile High TASC programs. TASC is the nationally recognized acronym for *Treatment Accountability for Safer Communities*. This article is designed to provide specific information about TASC programming, and correct common myths.

What is a TASC program? How is it funded?

The DOC funds one TASC program in each Parole Region. Services that are provided at no cost to clients through the DOC contract include:

- intake assessment and referral
- case management and monitoring
- reporting
- working with approved treatment providers, Vocational Rehabilitation, Department of Human Services, Probation and other community organizations

Clients pay for the cost of urinalysis, breathalyzer and antabuse administration. Clients make co-payments for substance abuse treatment services.

How does it work?

When a Corrections client is referred to TASC, he or she is screened and/or assessed by a TASC Case Manager using the nationally recognized Standardized Offender Assessment (SOA) for substance abuse. Treatment matching and service planning are based on the assessment results and contribute to referral and placement. Case Managers monitor all clients for compliance with their treatment plans. Additional referrals may be made to help attain the desired progress or as needs change. The TASC staff work closely with each Parole office, reporting on client progress and compliance with the treatment plan. In addition each Case Manager regularly reviews clients' progress with their Parole Officer.

Does TASC address problems other than alcohol or drug dependence?

The TASC program focuses on addictions, primarily alcohol and other drugs. Clients are treated holistically, and if other addictions, problems such as mental illness, anger management, domestic violence are evident or are an impediment to recovery, Case Managers will make appropriate referrals for these conditions.

How does the TASC Case Manager determine appropriate treatment referrals?

TASC staff use their clinical expertise and knowledge of community resources to make the best referrals possible for their clients. Identifying the level of treatment required from the assessment process is just the beginning. Referrals are made only to ADAD licensed and DOC Approved Treatment Providers. Case Managers are skilled in finding resources for diverse populations.

How long will a client be in the TASC program?

The length of time varies by client, and may extend from a minimum of six months to the entire time a client is on Parole. Completion of requirements is determined on a case-by-case basis in collaboration with Parole. Time in the program depends on many factors, the most important being the client's motivation.

Is there more to TASC than just a UA collection program?

Urinalysis monitoring is an integral component of a comprehensive TASC program. Urinalysis provides results that are objective, legally defensible and timely. These results serve an important purpose in compliance monitoring, thus providing for treatment accountability and community safety. Urinalysis is a highly visible activity, yet it is one part of the total scope of the TASC program.

Is TASC a part of the DOC (Department of Corrections)?

The Department of Corrections contracts with Peer Assistance Services, Inc. to administer and manage the TASC programs. TASC staff are employees of PAS, a non-profit community agency.

(Continued on page 7)

Dear Peer Assistance Services,

I am writing to tell you my story, in the hope that I can help others reading your newsletter. I am a nurse, and if it wasn't for Peer Assistance Services, I would have nowhere to go to maintain my sobriety. You see, I lost my nursing license due to drug use and a relapse, and since the Colorado Nurses Health Program is only for licensed nurses, I could not participate. But I desperately needed help, and found it in the staff and program at Peer Assistance.

My story begins with stress in my life, a lot of stress. An awful divorce, a close sibling with a new terminal illness, my young child's diagnosis with a life threatening disease, and depression. But I managed to work in nursing through it all. It was in the process of the divorce that my drug use was discovered, and it was suggested that I get help. But I didn't and the pain only continued. I stopped using drugs for awhile, and then when I felt I it was all too much for me to shoulder, I tried a new drug hoping to "numb out", but causing serious medical consequences instead. On that day I was discovered and reported to the Colorado State Board of Nursing, and I ultimately lost my nursing license. In spite of the loss of my livelihood, I believe that being found out was a gift, because it required me to face my life and turn it around. I could not have done that without Peer Assistance Services.

I have been drug-free since that day, and working toward getting my license back. The staff there gave me a sense of hope and structure. "You can do this," they said. "You can stay sober and we will help you. We will surround you with a safe and strict structure. We will be there when you need encouragement."

I owe my life to Peer Assistance Services. Because of them I have hope and I am able to be there for my son. Thank you from the bottom of my heart!

A nurse in recovery

From Health Care Workers PAS Has Helped

"There were many things which helped me successfully complete this program. . .the staff for working with me to help me keep my job, understanding when I had work schedule conflicts or had to go out of town, and most importantly, for always treating me with dignity and respect. I will never knowingly put my license or job in danger again and repeat my past mistakes."

A grateful pharmacist

"Having you in my life at that time made all the difference. . .you showed me the best way to carry on with my life again and go on. I was in so much shame, and I don't know what I would have done without the direction you gave me."

A nurse in recovery

"Your program was the only source of support that considered my livelihood, my addiction and my individuality. Recovery is a life-long process, but with the assistance of Peer Assistance Services, I know it's no longer a life-long battle."

A thankful dentist

PAS is For Employers Too

"When she was ready to return to work, Peer Assistance worked with us to develop a phased approach of reintegration, individualized for the nurse. Prior to her problem and treatment, she had been a valued member of our staff. We have avoided the substantial cost of recruiting and orienting a new person.

We believe the effort that went into helping our nurse was well worth it!"

"Your presentation on conflict and negotiation really helped my staff and me to look at different ways to present our issues to my boss, and to work in collaboration rather than competition with the other departments in this facility.

Thank you."

Announcing the Annual Fall Fundraising Campaign



We all know that the charitable sector plays an important role in our society, and nearly every American has been affected by a charity in some way. Charities have helped improve communities across the country for many years. The declining state and federal economies, fewer available funds, and the rising need for services have certainly affected nonprofit organizations. Organizations like ours that enable the successes that you can read about on these pages.

The Board of Directors thanks you for your support of Peer Assistance Services, Inc. and its mission *to provide quality, accessible prevention and intervention services in workplaces and communities...focusing on substance abuse and related issues*. Each year we have been able to count on you to volunteer, to be a resource or to provide financial support. This year the Board continues its annual fall giving campaign as we begin the celebration of 21 years of service!

We hope you will decide to make a gift at this time. And although we know that giving is a sacrifice made for many reasons, we also know that you give because you believe in what we do for people with substance use disorders and mental health conditions. Your gift benefits our clients, their families, the work they do and the professions they practice. Thank you for your continued support.



Jeff Downing, *President* Mary Newell, *Vice President* Clare Sandekian, *Treasurer* Jill Bednarek, *Secretary*

Bob's Story

Bob (a pseudonym), is a registered nurse, and single father of two young children. His addiction to drugs began when his wife died and he was faced with the need to be both father and mother to a two-year old and a five year-old. He used prescription narcotics and "getting high" as a means of relieving the emotional pain. After eight months Bob was determined to stop using drugs, but he needed the sense of consequences over his head. So he reported himself to his employer. The employer verified that he had not been diverting drugs from work, and referred him to Peer Assistance Services rather than fire him. Bob had been a good employee for over 14 years.

...he began to believe that, with support, sobriety could become a way of life

Peer Assistance met with Bob and his employer and created a rehabilitation agreement. He attended Peer Support Groups and heard other peoples' stories. Bob felt that some of the stories he heard were sadder than what he had gone through. But one of the participants re-

marked "Your story is sad, Bob, but it really could have been tragic. You could have died and left both your children orphans." During detox, Bob felt awful, physically, emotionally, mentally and spiritually. He wondered how people could go to work every day, sober. After detox, he realized his thoughts were a reflection of the drugs and withdrawal. After detox and intensive outpatient treatment he began to have confidence that he could achieve sobriety, and with support, it could become a way of life. Over time the conditions of his rehabilitation contract have been relaxed and he continues to maintain compliance.

Today Bob has many supports and he has noted a change in how he maintains sobriety. Initially he thought he needed external consequences, like losing a job or a license. Now he knows that his motivation must come from inside, and for him, it is being there for his children and their future.

Editor's Note: We sincerely appreciate the stories of our clients, and their gracious willingness to use this newsletter as a forum for reaching out to others. If you have comments or experiences you would like to share with our readers, please feel free to submit them to:

Editor, Peer Assistance Services, Inc. 2170 South Parker Road, Denver, CO, 80231, or via email to editor@peerassist.org.

Colorado Awarded Grant for Parent Corps: *Helping Parents Keep Kids Drug-Free*

Parent Corps, a new national initiative, was unveiled last July in Washington, DC. Administered by the Corporation for National and Community Service, it provides a three-year, \$4.2 million grant to establish Parents Corps programs in nine states. Colorado is in the first group of grantees.

“We know that parents remain the most important influence on children, particularly when it comes to decisions about drugs, said John Walters, Director of National Drug Control Policy. “The national fight against drug use must be fought on many fronts, and an early and active role by parents in drug prevention is critical to the success of that effort.”

Parent Corps relies on a cadre of trained and knowledgeable parents—Parent Leaders—to educate other parents in their children’s schools about the dangers of alcohol, tobacco and illegal drug use and to support those parents in their efforts to keep their children drug-free.

During their two-year, full time, paid terms, Parent Leaders:

- Teach other parents in their children’s schools about how drugs affect children
- Show them how children are at risk
- Share research on the effects of drugs and the power of parents to influence their children’s lives
- Mobilize parents into groups to stop the marketing of drugs to children, and
- Create a peer support network that fosters the growth of children into productive adults

Parent Leaders are now trained in two Denver area high schools, Westminster High School and Fairview High School in Boulder. If you are interested in helping to organize Parent Corps at your child’s school, contact Bert Singleton at 303-369-0039, ext. 203, or toll free at 866-369-0039

Recovery Rally September 18, 12-2 pm

CELEBRATE RECOVERY
at the

ADVOCATES FOR RECOVERY

ANNUAL RECOVERY RALLY

Denver Civic Center Park--Seal Pond
September 18th -- 12 noon--2 p.m.

SPEAKERS—MUSIC—FOOD
FAMILY FUN FOR EVERYONE!

15TH ANNUAL
National Alcohol
& Drug Addiction
Recovery Month
SEPTEMBER 2004

JOIN THE VOICES FOR RECOVERY... NOW!

Sponsored By:
DENVER OFFICE OF DRUG STRATEGIES, DENVER DEPT OF PARKS AND RECREATION, ARAPAHOE HOUSE, INC., ADDICTION RESEARCH AND TREATMENT SERVICES, HARMONY HOUSE, SIGNAL, SOBRIETY HOUSE, TURNING POINT, VALLEY HOPE, COLORADO ASSOCIATION OF ALCOHOL AND DRUG SERVICE PROVIDERS, JUICE COMMUNICATIONS

Featured Speakers
Denver Mayor John Hickenlooper
State Representative Andrew Romanoff
Former NBA Player Michael Ray Richardson

Board of Directors

Jeff Downing, MS, RN, President
Mary Newell, BS, RPh, Vice President
Jill Bednarek, MSW, Secretary
Clare Sandekian, MS, RN, CNS, CAC III,
Treasurer
Theresa Anselmo, RDH, BS
Leslie N. Crispelle, Jr., BSBA, JD
Lena Ewing, JD, RN
Kevin Fraker, RPh
Sarah Hopfenbeck, MD
Sara Jarrett, EdD, MS, CNS, RN
Robert H. Lyford, DDS
Lawrence Males, BA, RN
Cecilia E. Mascarenas, BA
Roger Portfolio, RPh
Per Reiakvam, DDS
David C. Stuhr, RPh
Louise Suit, EdD, RN, CAS

Staff

EAP and Workplace Programs

Jacqueline M. Westhoven, RN, CEAP, CARN
EAP Manager
Jill Bachman, MSN, RN, CEAP
Education/Outreach Coordinator
Andy Siegle, LPC, CRC, CAC II
Workplace Programs Specialist

Dental and Pharmacy Diversion

Donna Lindsey, RN, C, CAC III, CARN, CEAP
Diversion Program Manager
Susie Huls, BS, Compliance Coordinator

Prevention Programs

Bert Singleton, BA
Prevention Program Coordinator

Western TASC Program

Melissa Ippolito, BA, CAC III, Director
Brandi Lake, BA, Case Manager
Michael Stucker, CAC III, Case Manager
Donald Engberg, MA, Case Manager

Northeast TASC Program

Larry Taylor, CAC III, Director
Karen Wagner, AAS, CAC II, Case Manager
Jerry Stayton, BS, CAC III, Case Manager
Barbara Heuerman, BS, CAC III, Case Manager
Thomas Gonzalez, CAC III, Case Manager
Colleen Todd, MA, Case Manager

Southeast TASC Program

Lois Lifto, LPC, CAC III, Director
David Robinson, BA, CAC II, Case Manager
Darrin Roberts, MS, CAC I, Case Manager
Michael Botello, BA, Case Manager
Bonnie Saenz, BSW, CAC III, Case Manager
Donald Hollesen, Monitoring Technician

Mile High TASC Program

Julie Hoffman, BS, CAC III, Director
Layne Jacobson, MA, CAC III, Case Manager
Donna Storey, MA, CAC III, Case Manager
Anita Hoffman, B.C.J., CAC II, Case Manager
Dale Brotski, BA, Case Manager
Chris Corson, BS, Monitoring Technician
Chad Edson, BS, CAC III, OSMI Case Manager
William Kulikowski, PhD, OSMI Case Manager

Peer Support Group Facilitators

Mary Corcoran, BSN, RN
Marta Martinez-Evans, BS, CAC III
Ann Muñiz, MA
Janice Schultz, MA, LPC
Colleen Todd, MA
Peggy Yarwood, BSN, MA
Joni Zepp, RN, MA, CAC III

Administration

Elizabeth M. Pace, MSM, RN, CEAP
Executive Director
Lee Ann Aden, BA
Business and Finance Manager
Katie Banks, Executive Assistant

PAS, Partners Awarded Mentoring Grant

Peer Assistance Services, Inc., in collaboration with Partners (a community-based mentoring program) and Friends in Transition (a faith-based mentoring program for adults in prison and juveniles) recently received word that their three-year proposal has received funding. "Mentoring Children of Prisoners" has been funded by the Administration for Children and Families, a division of the federal Department of Health and Human Services. The grant provides mentors for children (4 through 15 years of age) of prisoners. Either parent or both may be incarcerated. The grant will provide careful screening of mentors, training, and ongoing follow up and support. For further information about this program, please contact Bert Singleton, Prevention Programs Coordinator at 303-369-0039, ext. 203.

(Continued from page 3)

What is the relationship between TASC Case Managers and Parole Officers?

Case Managers work closely with Parole Officers, providing comprehensive support and information. TASC staff have clinical backgrounds in counseling and criminal justice. Parole Officers have the authority to arrest, revoke or sanction a parolee.

Can TASC provide financial assistance for rent, medication, food, transportation?

Concerns about these issues are common. TASC Case Managers assist clients to locate community resources that will provide financial assistance for rent, medication, food and transportation.



PEER
ASSISTANCE
SERVICES

Celebrating 20 Years

Peer Assistance Services, Inc.
2170 South Parker Road, Suite 229
Denver, CO 80231

Phone: 303-369-0039
Fax: 303-369-0982
Email: info@peerassist.org

We're on the web!
www.peerassist.org
www.codrugfreeworkplace.org



Workplace prevention programs are partially funded by the Colorado Alcohol and Drug Abuse Division

Around the Web

- ④ **Tobacco Free Nurses Initiative**, funded by The Robert Wood Johnson Foundation, is the first national program focused on helping nurses and student nurses to stop smoking. The partners on this project include the American Association of Colleges of Nursing, American Nurses Foundation/American Nurses Association, and the National Coalition of Ethnic Minority Nurses Associations. The website features resources for nurses themselves, as well as other research and resources for nurses' work with clients. Visit the site at www.tobaccofreenurses.org
- ④ **The Parent Corps** is a new national drug-prevention initiative that acknowledges the power of parents and supports them by giving them the tools they need to keep their children drug-free. Funded by Congress and sponsored by the Corporation for National and Community Service, the Parent Corps was created by National Families in Action. The website features resources for parents, the process for becoming Parents Leaders, and valuable and reputable links. Visit the site at www.parentcorps.org
- ④ **Health Professional Students for Substance Abuse Training (HPSSAT)** is a group formed by students for students to see that all graduating health professional students have the skills to appropriately screen, diagnose, and provide intervention for people with substance abuse problems. The website features continuing education, curricula, and related links and can be accessed at www.hpssat.org.