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Gateway Foundation

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ANSWERS TO ADDICTION

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Gateway adds sites and staff in Texas:

Gateway has received new contracts at the Kyle In-Prison Therapeutic Community (IPTC) in Kyle, Texas, and the Glossbrenner SAFPF in San Diego, Texas. We also renewed our existing contracts at our Substance Abuse Felony Punishment Facility (SAFPF) sites: Walker Sayle (Breckenridge), Hackberry (Gatesville), Halbert (Burnet), Estelle (Huntsville) and Jester (Richmond). With the addition of Kyle and Glossbrenner, Gateway now operates all of the vendor-run prison-based substance abuse treatment programs in Texas.

HIP Dallas Center Project earns high marks: Now in its second year, the Help is Possible (HIP) Dallas Center for Substance Abuse Treatment HIV Project recently received its first annual evaluation, which reported excellent outcome results and follow-up rates. At the six-month follow-up contact, 73.1% of clients reported no past month substance abuse (a 111.3% improvement); and, at the 12-month follow-up contact, 72% reported no past month substance abuse (an 80% improvement).

Gateway program site featured on Oprah: On Thursday, April 9, 2005, the Dwight Correctional Center was spotlighted on the Oprah Winfrey Show. The topic was "Women Behind Bars." Oprah's crew came to Dwight on March 31, 2005, to film a small portion of the show, which explored the lives of female inmates by showing the experience of three volunteers who spent a day in the facility.

Gateway Board member Linda Kingman joined Golin Harris Public Relations as executive vice president. She is now heading their corporate communications practice in Chicago.

Gateway's Sheridan program site featured in the New York Times "Helping Inmates Kick Drugs (and the Prison Habit)" applauded Illinois Gov. Rod R. Blagojevich, who campaigned in 2002 on a promise to reduce recidivism for making this medium-security prison treatment program and its post release services a priority of his administration. After 18 months the program is showing promising results.

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2. Trends and Treatment: Methamphetamines

Trends and

Methamphetamine goes by many names: speed, ecstasy, ice, hug, beans, shard, crystal, wax. But whatever you call it, meth use is the

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fastest growing form of drug abuse in the country.

As reported in the Chicago Tribune RedEye, the Illinois Department of Human Services found that nearly 5,000 people in Illinois sought treatment for methamphetamine use in 2004, up from just 740 in 2000. And as shocking as that increase is, it reflects only the number of users who seek treatment. The epidemic is not recent, either. In 2002, more than 10 million Americans over age 12 reported having used methamphetamine at least once, an increase from 6.4 million in 2000. Reports of methamphetamine use in hospital emergency departments also increased 94% from 1999 to 2001.

Many meth users are introduced to the drug at clubs or "raves," all-night dance parties; as a result, methamphetamines are frequently referred to as "club drugs." But abuse of the drug has spread to other settings and demographic subgroups, largely because some believe it provides a professional advantage by enhancing performance of job tasks and increasing energy levels; it is also regarded by some to be less dangerous than other drugs. For example, a study published in 2000 by the Substance Abuse and Mental Health Services Administration examined meth use among three populations—Interstate truck drivers, Mexican American workers, and homosexual men—in order to explore the broader range of populations who use methamphetamine.

Despite its reputation as a low-risk drug, methamphetamine use carries a variety of physical and psychological risks, including:

Physiological dangers: Short-term use causes increases in heart rate, blood pressure, temperature, and breathing rate, as well as constriction of blood vessels and cardiac arrhythmia. Long-term meth use is associated with health problems such as stroke, cardiac valve thickening, decreases in lung function, and pulmonary hypertension. Other adverse health effects include nausea, chills, sweating, involuntary teeth clenching, muscle cramping, and blurred vision. Because meth use is often associated with vigorous physical activity, these dangers can be particularly acute. Overdose may be characterized by high blood pressure, faintness, panic attacks, loss of consciousness, and seizures.

Cognitive effects: Methamphetamine significantly impairs memory and information processing in the hours after taking the drug. Heavy users suffer persistent cognitive deficits, including memory problems. These deficits can interfere with the performance of skilled activities, such as driving a car.

Behavioral/psychological effects: In the week following moderate exposure, many meth abusers report anxiety, restlessness, irritability, and sadness approaching clinical depression. Regular abusers experience elevated anxiety, impulsiveness, aggression, sleep disturbances, lack of appetite, and reduced interest in sex. Chronic and high-dose intoxication can produce a psychotic paranoid state with frightening delusions which may contribute to violent behavior.

Methamphetamine also carries the threat of addiction. A survey of adolescents and young people found that 43% of those who reported meth abuse met the accepted diagnostic criteria for dependence. More than a third (34%) met the clinical criteria used to diagnose a

need for drug abuse treatment.

While there are no specific treatments for those addicted to methamphetamine, the most effective methods for drug abuse and addiction, including cognitive behavioral interventions, are applicable. Because meth abusers often suffer cognitive and comprehension impairment, law enforcement agencies and treatment providers should take care to ensure that abusers understand the parameters of their treatment and consequences of failing to comply.

Sources:

Maxwell, J. C. *Implications of research for treatment: Methamphetamine.* (The Center for Excellence in Drug Epidemiology).

National Institute on Drug Abuse. (2004). *MDMA (Ecstasy) Abuse.* [Research Report Series.](#)

Newmer, Alison. (May 31, 2005). ["Life & Meth."](#) Chicago Tribune RedEye.

Substance Abuse and Mental Health Services Administration. (2000). *A look at methamphetamine use among three populations.* (Office of Applied Studies, NHSDA Series H-21 DHHS Publication No. SMA 00-3423). Rockville, MD.

Substance Abuse and Mental Health Services Administration. (2002) *Overview of findings from the 2002 National Survey on Drug Use and Health* (Office of Applied Studies, NHSDA Series H-21 DHHS Publication No. SMA 03-3774). Rockville, MD.

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3. Domestic Violence and Substance Abuse

In families, substance abuse often affects more than just the addicted individual. The effect is exacerbated when substance abuse is coupled with instances of domestic violence. For decades, studies have suggested a marked correlation between the two behaviors, as indicated in the following findings:

- Alcohol is present in more than 50% of all incidents of domestic violence.
- A study of more than 2,000 American couples found rates of domestic violence were almost 15 times higher in households where husbands were described as "often drunk."
- One-fourth to one-half of men who commit acts of domestic violence also have substance abuse problems.
- For blue collar men, 2% of men who have battered never get drunk; 40% of men who have battered get drunk often. For white collar men, 2% of men who have battered never get drunk; 9% of men who have battered get drunk often.
- A sizable percentage of convicted batterers were raised by parents who abused drugs or alcohol.
- Women who abuse alcohol and other drugs are more likely to be victims of domestic violence.

Researchers agree, however, that there is not a clear cause-and-effect relationship between the two behaviors. Rather, the use of alcohol and other drugs by either partner is seen to be a risk factor for domestic violence.

Given this relationship, many researchers and practitioners have recommended an integrated approach to both problems. The authors of the Substance Abuse Treatment and Domestic Violence Treatment Improvement Protocol advise that "failure to address domestic

violence issues among substance abusers interferes with treatment effectiveness and contributes to relapse." They recommend that substance abuse treatment programs screen all clients for current and past domestic violence, including childhood physical and sexual abuse, and provide specific recommendations, including:

For violence survivors:

- Respond immediately to client's concerns about danger from a batterer; refer the client to a domestic violence program and other relevant services.
- Look for signs of abuse, including physical injuries, evasive answers about injuries, complications in pregnancy, stress-related illnesses, anxiety-related conditions, depressed affect, and/or talk of suicide.
- Monitor visitation and communication privileges in residential programs to protect the survivor from harassment.

For batterers:

- Use the screening interview to discuss family relationships and address the issue of domestic violence.
- To gauge the possibility of domestic violence, ask the client whether he feels violence against a partner is ever justified.
- Once it has been confirmed that a client is a batterer, contact a domestic violence expert.
- Ensure the safety of those who have been or may become the client's victim during any crisis occurring during treatment.

Gateway has long been sensitive to the co-existence of domestic violence and substance abuse. Through our women's services, we focus on unique treatment needs including relationship difficulties, past or current abuses of any variety, post traumatic stress, parenting or pregnancy problems or co-existing emotional challenges. In working closely with our male clients, we explore similar issues, and work to mitigate the dual risk of domestic abuse and substance addiction.

Sources:
Bennett, L. W. (September 1997). [Substance abuse and woman abuse by male partners.](#)

Collins, J. J. and Messerschmidt, M. A. (1993). *Epidemiology of alcohol-related violence. Alcohol Health and Research World, 17 (2): 93-100.*

NCADI Inventory Number ML001. (1995). [Domestic violence & alcohol and other drugs.](#)

Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. [Substance Abuse Treatment and Domestic Violence Treatment Improvement Protocol \(TIP\) Series 25.](#)

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4. Gateway Uses Seven Challenges Curriculum in Youth Treatment Programs

When it comes to treating substance abuse, teens can be the hardest to reach. And yet, long-term trends indicate a steady rise in substance abuse among teens, meaning specialized methods are crucial.

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At Gateway, youth program staff rely on a powerful tool for reaching teens: The Seven Challenges. Developed by Robert Schwebel, Ph.D., The Seven Challenges program starts where teens are at—often resistant and reluctant to change—and creates a supportive environment of mutual respect to help them understand why they are using drugs and the harm they are causing. The goal is to reach teens in a way that motivates a desire for change.

Participants progress through seven stages which serve as stepping stones toward a sober lifestyle. At each stage, teens are responsible for completing a workbook that reinforces the insights of that stage and provides hands-on exercises for moving toward their goals.

"The Seven Challenges program differs from 12-Step programs in that it is designed specifically for young people," says Kerry Henry, Program Manager for Gateway's Springfield Youth Care. "It challenges adolescents to think clearly about their drug use, and how it has affected their lives."

According to Steve Wierman, Community Director at Gateway's Carbondale Youth Care Program, The Seven Challenges program provides a better fit with teens' developmental needs and unique perspective. "Traditional 12-step programs tell the client that they are powerless," Wierman said. "You've got a kid who's 18 years old, and is looking forward to becoming an adult, and suddenly you're telling him he's powerless. That's pretty daunting."

Wierman adds that teen users don't typically have the long-term history of health, financial, and legal problems that older clients face, so it's more effective to focus on what teens have to look forward to. "With the Seven Challenges, we tell them they are powerful, that there is a possibility for choice, and that they are responsible for the choices they make." The program is also used in the Lake Villa and Springfield youth care programs.

The Seven Challenges

1. We decide to open up and talk honestly about ourselves and about alcohol and other drugs.
2. We look at what we like about alcohol and other drugs, and why we are using them.
3. We look at our use of alcohol or other drugs to see if it has caused harm or could cause harm.
4. We look at our responsibility and the responsibility of others for our problems.
5. We think about where we seem to be headed, where we want to go, and what we want to accomplish.
6. We make thoughtful decisions about our lives and about our use of alcohol and other drugs.
7. We follow through on our decisions about our lives and drug use. If we see problems, we go back to earlier challenges and master them.

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Recent studies suggest an array of physiological and social factors that influence alcohol use and abuse.

Alcohol and gene expression: Research suggests that alcohol can influence gene expression in the brain, triggering genes that otherwise would not be active. These changes are likely responsible for the symptoms of addiction, such as tolerance, physical dependence, and craving, and may also produce the consequences of alcoholism, such as brain damage. The findings have the potential to eventually revolutionize the treatment of alcoholism. "Knowing which genetic profiles might contribute to excessive alcohol drinking could be used to identify risk factors that contribute to alcoholism and alcohol abuse, and could aid in the development of selective treatment strategies for different subgroups of alcoholics," said researcher William J. McBride.

Source:

McBride, W. J. et al. (February 2005). Alcohol effects on central nervous system gene expression in genetic animal models. *Proceedings of symposium at the 2004 RSA meeting. Alcoholism: Clinical & Experimental Research, 29 (2): 167-175.*

Histamine, anxiety and alcoholism: According to a recent study, there may be a link between histamine levels in the brain and alcoholism. In the brain, histamine regulates a wide variety of physiological processes. The study found that decreased levels of brain histamine may result in higher levels of anxiety which may, in turn, confer a vulnerability to alcoholism. The study measured levels of a variant of brain histamine believed to increase anxiety levels, and found higher levels of this histamine in alcoholics.

Source:

Oroszi, G. et al. (March 2005). Thr105Ile, a functional polymorphism of histamine n-methyltransferase, is associated with alcoholism in two independent populations. *Alcoholism: Clinical & Experimental Research, 29 (3): 303-309.*

Alcoholics may be more injury prone than illicit drug users:

While numerous publications have documented the association between alcohol/drug use and injury-related incidents, a recent study has examined the relationship among patients entering detoxification for alcohol and other drug dependence. In a study of 470 subjects, the researchers found that 24% reported at least one injury during the six months prior to treatment, and that problems with alcohol-more so than with other drugs-were associated with injury. The study also found that the increased risk of serious injury persisted for two years after detoxification, even when the patients were no longer drinking. The researchers hypothesize that the continued risk of injury may be due to chronic nerve and muscle damage resulting from prior abuse.

Source:

Rees, V. W. et al. (2002 February). Injury among detoxification patients: Alcohol users' greater risk. *Alcoholism: Clinical & Experimental Research, 26 (2): 212-217.*

College students likely drink much more alcohol than they realize: A recent study confirms that college students tend to under-report alcohol consumption on surveys, mainly because they do not understand what constitutes a "single serving" of alcohol. When asked to pour a "drink," students tend to over-pour and over-estimate how many ounces of alcohol constitute a single serving. As a result, students' self-reports of alcohol consumption are often

inaccurate. After receiving information on the volume of a "drink," students became more accurate in determining drink size and more accurate in self-reporting alcohol consumption.

Source:

White, A. et al. (April 2005). *College students lack knowledge of standard drink volumes: implications for definitions of risky drinking based on survey data. Alcoholism: Clinical & Experimental Research, 29 (4): 631-638.*

Problem drinking is rarely discussed during medical visits:

Despite problem drinkers' heavy use of medical and mental-health services, doctors and mental-health professionals often do not address alcohol consumption during visits. A recent study found that 65% of problem drinkers reported at least one medical visit during a one-year period, yet only 24% had their drinking addressed during the visit. During the same period, 33% of subjects had a psychiatric visit, and 65% of these had their drinking addressed during the visit. The study also found that women and subjects over 40 were more likely to visit the doctor or medical-health professional, and yet there were not more likely to have drinking addressed in either setting.

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Source:

Weisner, C. & Matzger H. (July 2003). *Missed opportunities in addressing drinking behavior in medical and mental health services. Alcoholism: Clinical & Experimental Research, 27(8): 1132-1142.*

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- The Office of National Drug Control Policy estimated the total societal costs of illegal drug use at \$143.4 billion. Nearly two-thirds of these costs (62%) are related to the enforcement of drug laws and the effects of illegal drug use on criminal behavior.
- Other costs include those due to drug-related illness (\$23.1 billion), premature mortality (\$16.6 billion), drug abuse treatment and prevention (\$7.1 billion), HIV/AIDS (\$3.4 billion), and other medical consequences (\$4.1 billion).
- A recent estimate of the overall economic cost of alcohol abuse was \$185 billion. More than 70% of these estimated costs were attributed to lost productivity (\$134.2 billion).
- In 2002, it was estimated that of the 7.7 million Americans meeting diagnostic criteria for drug abuse treatment, only 18% received treatment in the past year.

Source:

Steven Belenko, S., Patapis, N., and French, M. (February 2005). [Economic benefits of drug treatment: A critical review of the evidence for policy makers.](#) Treatment Research Institute at the University of Pennsylvania.

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