MCCA
Happenings
September 1990
Minnesota Community Corrections Association

CRACK! The community responds to a drug epidemic

From the Editor: The spread of crack cocaine use throughout our communities has refocused public attention on one of society's open sores -- drug abuse. This quarter's MCCA Happenings presents a small sample of our community's responses to this problem. These responses range from tougher law enforcement and sentencing to innovative and specialized treatment programs. Some [illegible]perating and others, such as the [illegible]C-HCMC Acupuncture Program are still experimental. We hope to feature some of the latter in future editions.

Vinland: Treatment for Brain Injury Survivors

Vinland National Center, a rehabilitation agency with facilities in Loretto and Minneapolis, has opened one of the nation's first chemical dependency programs designed exclusively for persons with brain injuries and related disabilities. Vinland's small, intensive inpatient and outpatient programs serve young adult brain injury survivors whose cognitive, functional or behavioral difficulties limit their ability to participate in traditional chemical dependency programs. Since beginning service in March, the programs have received referrals and admissions from all areas of Minnesota and several bordering states.

"Over half of the young people in o[illegible]rograms are currently involved in t[illegible]orrections system," reports Greg Jones, Vinland's Chemical Health Program Director. "While most are on probation for DWI's, many have been convicted of drug possession, assaults or other offenses."

Vinland's treatment services are highly-individualized and interdisciplinary. In addition to certified chemical dependency counselors, the treatment team includes licensed social workers, vocational counselors, a

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"Get tough" enforcement

All of the talk about getting tough on people involved in drugs turned out to be a lot more than political rhetoric. In Hennepin County alone, felony drug arrest have increased six-fold over the past four years. "If you begin with the fact that law enforcement is just one part of the solution to the problem of drugs, you could then say, yes, we are making a dent in the problem," says Hennepin County Attorney Tom Johnson.

The increasingly successful track record of arrests and prosecutions in the metro area has been complemented by a concerted effort in Greater Minnesota to ferret out and eliminate pockets of drug activity. Prevailing public opinion, regardless of how it is measured, indicates that the public whole-heartedly supports stepped-up enforcement.

Chuck Sweetland, senior assistant county attorney and supervisor of drug prosecution for Hennepin County credits changes made in the past two sessions of the Legislature for increasingly effective enforcement efforts.

"I think renewed legislative interest with respect to the drug laws has resulted in substantial increases in the number of felony cases we are handling...it was frustrating before [the new penalties took effect in] 1989. Before the changes, the penal sanctions did not merit prosecution because nobody ever went to prison.

According to Sweetland, there has been a change in attitude among prosecutors. "Given the Legislature's clearly expressed intent, I think it has motivated prosecutorial agencies and led to more vigorous enforcement...there is

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Pill may help addicts "just say no"

Like most drug addictions, the craving for cocaine is extremely difficult to curb. Despite good intentions and their best efforts, about 80 percent of cocaine addicts who try to kick the habit fail. But Dr. James Halikas, 48, a professor of psychiatry and director of the chemical dependency treatment program at the University of Minnesota, believes he may have found a medication for cocaine addiction that, couple with group therapy, makes it easier for the addict to break his habit. Building on his two decades of research in drug and alcohol problems and on recent findings about the brain, Dr. Halikas in 1986 began to study how carbamazepine or CBZ — an anticonvulsant widely prescribed for epileptic seizures — affects cocaine craving in addicts. His results have been so promising that New York's

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People and Programs

New Executive Director for I.B.C.A.

After an exhaustive national search, the Institute on Black Chemical Abuse has hired a new director. I.B.C.A. is pleased to welcome Ms. Salimah Majeed to the agency from her current home in Charlotte, North Carolina, where she has served as both an assistant professor of social work at the University of North Carolina at Charlotte and as a consultant to Gaston County Mental Health Center. Among other strengths, she brings us extensive clinical and administrative expertise in the mental health field, along with a fierce, unflagging commitment to the welfare of the African-American community.

For Majeed, accepting this position and coming to the Twin Cities means coming home. She was born and raised in St. Paul, and attended Carleton College in Northfield. She left the area to pursue an MSW at Boston University, and since completing the degree, has lived and worked in Illinois and North Carolina. Majeed has published extensively in the general area of culturally specific social services for African-Americans, and has been very involved with the National Association of Black Social Workers.

"I'm delighted," says Majeed, "about working for an agency that enjoys such a good reputation and that has such an excellent staff. This also represents an opportunity to serve the Twin Cities, a community that I love and have some deep roots in."

-Reprinted from the I.B.C.A newsletter, Scope. Anyone wishing to be placed on the mailing list may call 871-7878.

About I.B.C.A.

The Institute on Black Chemical Abuse, a new MCCA member, is a program that has been offering services in the Twin City area since 1975. A wide' range of services are geared towards the Afro-American community. However, all people are eligible and receive I.B.C.A services regardless of race.

Balimah Majee, the new executive director replaced Peter Bell, co-founder, in May of this year. I.B.C.A. is expanding their services, especially in the St. Paul area where they are in the process of purchasing a larger facility. Ms. Majee is excited about the staff enthusiasm to increase programming for women and youth and in the area of prevention.

Services are provided in prevention, intervention, assessment, aftercare, family violence, family counseling, outpatient treatment and home-based services. Alcohol, drug abuse, and recovery information is offered through educational workshops. I.B.C.A maintains a Resource Center which collects and disseminates information and statistics about Afro-American chemical abuse. An intern and volunteer program is also in operation.

I.B.C.A. is located at 2614 Nicollet Ave. (871-7878) in Minneapolis and at 217 Mackubin (227-0299) in St. Paul.

PAT program

PAT, or Putting It All Together, began in November, 1982, and continues today as an agency which seeks to empower unemployed or underemployed, low-income, non-degreed single-parent women so they can achieve economic self-sufficiency for themselves and their children.

• Through workshops, one-to-one counseling, and other supportive services, women are offered the tools to assess themselves positively and accurately, develop self-esteem and motivation, to recognize choices and make decisions, and to set goals.

•Each PAT participant develops an employment plan, possibly inclusive of training prior to employment, which will allow her to take steps toward independence and upward mobility, and to serve as a positive role model for her children.

For more information, please call Merceil in Minneapolis at 348-6267 or Tami in St. Paul at 291-8553.

Maternal/Child Project

The Ramsey County Maternal/ Child Project, developed by the Community Human Services Department, provides early identification, intervention, assessment and case-management services to substance abusing pregnant and post-partum women and their children. A multi-disciplinary team consisting of chemical health assessment and intervention specialists, a public health nurse and child protection social worker has been created to coordinate comprehensive services for this high risk population.

The goals of the Maternal/Child Project are to provide a quality continuum of care by coordinating home based and community based pre-natal and post-partum care, nursing services, parenting skills, chemical health assessment, treatment, medical and psychologic services, child care, vocational/ education skills development, and to serve as a vital link to these complex unrelated delivery systems providing, services to substance abusing pregnant women and children at risk.

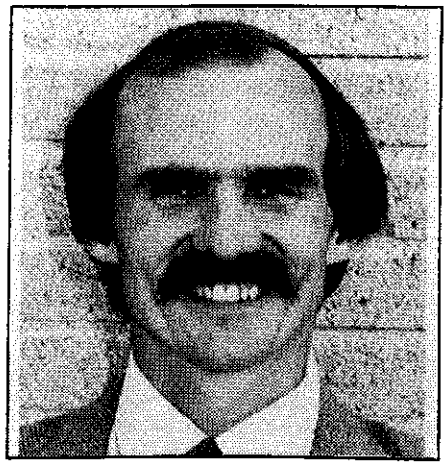
Pregnant women with known or suspected substance abuse and women presenting substance exposed children at birth are primary candidates for the Maternal/Child Project. All referrals are currently being accepted through the Ramsey County Child Protection Screening Unit at 298-5655.

If you would like information regarding the Maternal/Child Project please call: 292-7064.

-Karen Ganley
Project Coordinator

Board of Directors

We want you to know...



Bruce Clendenen

Hello fellow MCCAers! Summer was here and gone before I knew it. I guess when you live as close to the arctic circle as I do, you have to get used to very little warmth and snow. Which leads me to the main topic of this issue of Happenings — too much snow in Minnesota. This is not the kind of "snow" we have been used to over the years. This snow has been creeping into all of our lives lately — twelve months out of the year. Its presence has been felt in our cities, our neighborhoods, and out families. We, in corrections have attempted to react to this threat with treatment, counseling, intermediate sanction, and imprisonment. Many of us are not certain whether or not we are having much effect on the cocaine invasion, or other drugs. We do know that drug abuse and crime are related. Record numbers of drug offenders are being prosecuted and incarcerated. Locking drug abusers up usually stops abuse, while they are incarcerated. What happens when they get out? How is rising drug abuse and related crime affecting our lives? Is there anything that we do that makes a difference? Maybe some of this issue's articles will shed some light. Maybe some of you can help. Let us know.

-Bruce Clendenen

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registered nurse, occupational therapist, recreation therapist, nutritionist and wellness counselor. Typically, participants are involved in 4-6 weeks of residential treatment followed by 12 weeks in the outpatient program. Six months of structured aftercare and follow-up service are offered. The programs are approved for the Consolidated Chemical Dependency Treatment Fund.

There are over one million traumatic brain injuries in the United States every year, with over 10,000 occurring annually in Minnesota. Over half of all brain injuries are alcohol or drug related, and national surveys indicate that the incidence of substance abuse among brain injury survivors approaches 50 percent. Because brain injury often results in long-term psychosocial and behavioral difficulties, survivors who abuse chemicals do not usually receive appropriate treatment in traditional chemical dependency programs. Because brain injury is a "hidden" disability, many survivors are not identified when they enter the corrections or social service systems. Their status as brain injury survivors may not become known until their behavior problems or inability to benefit from standard rehabilitation programming brings them to the attention of professionals. "Several individuals in our programs have gone through prior chemical dependency treatments — and failed — in part because the consequences of their brain injuries were never identified or addressed in treatment," Jones indicates.

Initial outcome data from Vinland's programs are quite promising. Marty Cushing, Vinland's Executive Director, reports that referents, clients and families are pleased. "Our success stories support our belief that when treatment approaches are adapted to their unique learning and psychosocial needs, persons with brain injuries are able to make profound changes in their lives," she said recently.

Inquiries regarding Vinland National Center may be directed to Greg Jones at (612) 479-3555.

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certainly no lack of supply of defendants.

Sweetland is convinced that putting away the bad guys represents a critical component of the nation's efforts to stamp out drugs.

"This is the place where the government can have its most immediate and important impact on the drug problem. Enforcement is where you get the most results for the fewest amount of dollars, Sweetland adds.

But there are members of the legal community who suggest that beyond all of the impressive statistics and full jails, significant problems exist because of the increased focus on drug crimes.

First District Judge John Fitzgerald has no problem with "get tough" policies in principle, but he suggests in a phone interview that the execution leaves something to be desired.

"I'm not really interested in knocking the enforcement, because I don't think enforcement is as much of a problem as the way in which it is depicted through the media. When you turn on the television and they talk about drug arrests, all you see is black people. I work out in Shakopee and in my courtroom, I see an awful lot of white faces.

The judge doesn't think that current enforcement approaches are reaching high enough up the ladder in the distribution chain.

"It's always the little guy that gets busted in 99 out of 100 cases. We are expected to put the little guys — and the dumb guys who get caught — in jail. That makes everybody feel good, but the truth of the matter is that we are not really getting to the source of the problem," Fitzgerald says.

Tom Foley, Ramsey county Attorney, agrees that most enforcement at the county level ends up focusing on the so-called little guys, but he is comfortable leaving the pursuit of big-time drug criminals to the federal government, which has the resources to do the job.

"It's true that most of the cases that we handle are street-level dealers, but every once in a while we see a big-time dealer. You have to work on any number of fronts to be effective over the long run."

Unfortunately, one of the fronts in the drug war lies right in the middle of the minority community and law enforcement in the metro area spend a large amount of time arresting and convicting people of color. Foley says it's a rather delicate balancing act.

I think that unfortunately, there have been a disproportionate number of minorities caught up in the drug crisis. I think that in reality, the drug epidemic extends to all communities. But a lot of the visible drug selling — on the street — takes place in neighborhoods with heavy minority populations and there has been a lot of pressure from the communities themselves to get the drug dealers off the streets," Foley says.

One of the more controversial approaches used to address the phenomenon of street sales has been the use of reverse stings. Within the past year, Hennepin County has made a decision that reverse stings — in which a police officer sells drugs to unwitting buyers — are an appropriate tool in the war against drugs.

"My position on reverse stings is that under certain limited conditions, they are an acceptable strategy, but they should not be the primary strategy for dealing with the problem of drugs," Johnson says.

"I think that they can accomplish two things. One is to keep white suburbanites out of certain

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Senator Daniel Moynihan has called the drug research "inspired — indeed, inspiring". Says Dr. David E. Smith, founder and medical director of San Francisco's Haight Ashbury Free Clinics: "James Halikas presents an innovative treatment strategy based on new understanding of how cocaine affects the brain." Dr. Halikas, who lives with his family outside St. Paul, spoke to PEOPLE reporter Nancy Stesin about his experiments with CBZ.

What are the results of your initial studies?

We began with hard-core cocaine addicts. On average, this group had failed four previous treatment attempts, had used drugs for 17 years, including an average of seven years each on cocaine, and had been arrested nine times a piece, serving 18 months in jail. Of those first 26 patients, 10 took the pill regularly and on average cut their cocaine use from 69 days out of 100 down to about 1.2 days. Some have now stopped completely, for up to 18 months. Another 10 took CBZ periodically and cut their use by two-thirds. The rest dropped out in less then one week.

How does CBZ affect a cocaine addict?

The use of cocaine causes the cells in the brain's pleasure center, within the limbic system, to become more sensitive by a process known as "kindling". These supersensitive cells are likely to fire electrical impulses prematurely, like a hot spark plug, starting a chain reaction that spreads to the neighbor cells, which also become more sensitive. Kindling, then, is like a cellular memory of cocaine, which causes the intense craving. We belive CBZ, whose brand name is Tegretol, can eliminate or significantly reduce kindling, curbing the craving for cocaine.

Is this true for cocaine's smokable form, crack?

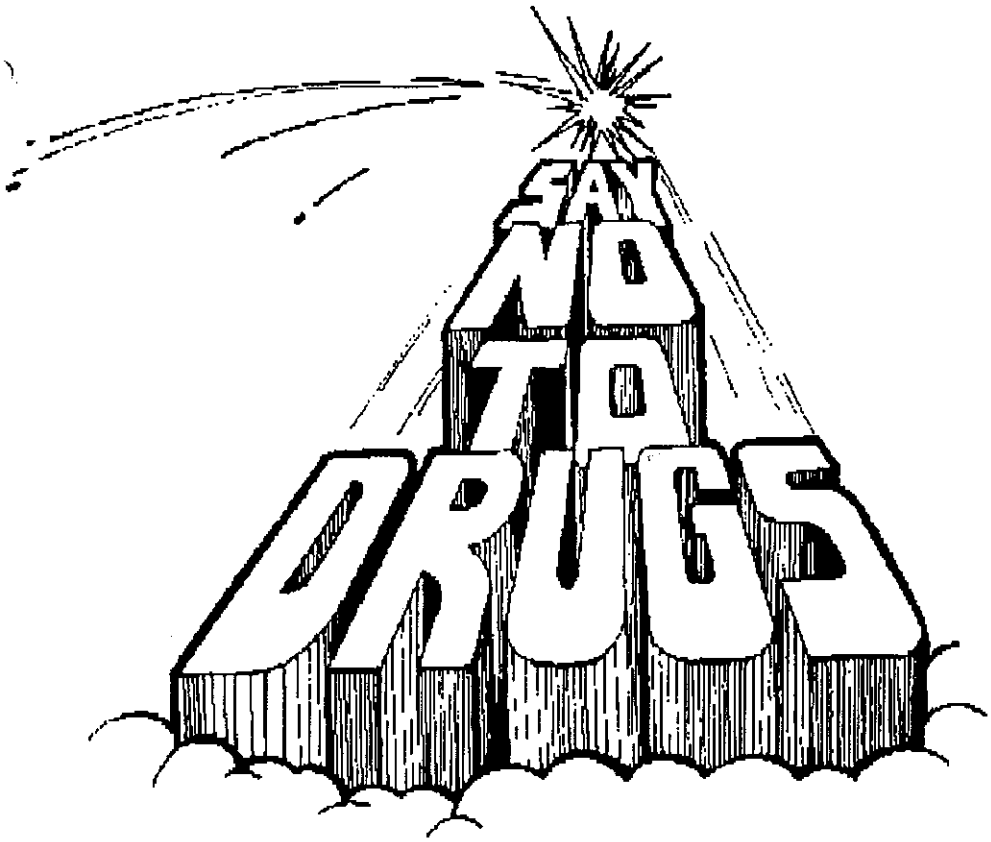
Yes. Crack is even more of a problem because the craving is almost uncontrollable. The addict wakes up thinking about getting high, and the craving comes and goes throughout the day. It is triggered by many things — memories, smells, having a wad of cash, powdering a baby with talcum. The wave of craving, lasting from five minutes to an hour, will overwhelm the addict. Our preliminary data show that crack patients respond well to CBZ.

Is the recognition of kindling new?

No. In 1929, it was shown that if you inject a rat with cocaine, he is bouncy and happy. But after several weeks of the same daily dose, the rat becomes more and more sensitive and begins to have seizures, caused by late-stage kindling. Other drugs such as smokable methamphetamine — known on the street as "ice" — also cause kindling in lab animals.

Why is the reduction of craving critical?

Because it gives responsibility back to the individual. With his craving



curbed, and by involving himself in therapy groups, the recovering addict can begin to control his cocaine use. Group therapy and counseling are of course critical, because you must address the reasons why someone becomes an addict.

How is CBZ given?

In pill form, ideally twice a day, with increases over the first two weeks. The dose is typically one-third to one-half less than that prescribed for epileptic seizures. The most common side effects are drowsiness and sometimes dizziness, but they usually disappear quickly.

How long must the patient be treated?

It's too early to know for sure, but so far patients seem to need the medication for three months to as long as a year.

Is CBZ anything like methadone for heroin addicts?

Absolutely not. Methadone is a narcotic that is a substitute for another narcotic. CBZ is not addicting. It's a specific antidote to cocaine craving in the brain.

What can you say about your program's future?

We've just begun a second study of street cocaine users at Twin Cities hospital, which will involve a control group receiving a placebo. Thus far we have grounds for cautious optimism, but until more studies are done elsewhere, we can only say we are very hopeful.

DOC drug treatment programs

With the general rise in crimes related to major narcotic use continuing, and the percentage of user-offenders within the prison system increasing, the Minnesota State Legislature recently appropriated $350,000 to expand related treatment programs within the Prison System.

According to Dana Baumgaertner, Health Care Coordinator for the Minnesota DOC, the majority of those identified as chemically dependent at sentencing or incarceration time have an extensive history of chemical use and social neglect. Consequently, any effective treatment program needs to be long-term and to include treatment for other accompanying psycho-social issues.

Current in-patient DOC treatment programs include: Atlantis, Stillwater; Complex I, Oak Park Heights (which includes sex offender treatment); and RESHAPE, St. Cloud. All consist of total immersion in a therapeutic community for a period of 90 days to one year, and utilize the 12 Step Program and the Minnesota Model, stressing the disease concept and healthy self-care.

With the increased funding, Mr Baumgaertner states there are plans to expand treatment opportunities for women at Shakopee to include in-patient treatment in addition to the current out patient. Programs in medium security, where the goal is preparation for reentry into the community, will be expanded with a goal of connecting inmates with a continuum of services within the community. Another goal is to conduct Rule 25 assessments on all incoming inmates identified as user-offenders immediately after incarceration, and to provide indicated treatment while they are in a captive setting. This would also prove more cost effective than leaving such assessment and treatment until immediately after the inmate's release back into the community.

U of M Drug Information Services

We would like to introduce you to the Drug Information Service (D15) at the University of Minnesota. The Drug Information Service is a program jointly supported by the University of Minnesota Hospital and Clinic Department of Pharmaceutical Services and the University of Minnesota College of Pharmacy. Support for a special collection of references on alcohol and other drug abuse is provided by a grant from the Minnesota Department of Human Services, Chemical Dependency Program Division. The objective of the collection is to provide comprehensive coverage of the educational psychological sociological and biomedical aspects of alcoholism and drug abuse. Currently there are over 27,000 documents included in the collection with approximately 1600 documents added annually. These documents include journals books NIDA and NIAAA monographs and

other government publications and reprints of journal articles. The collection covers references published from 1968 to the present. The DIS collection catalog is computerized and can be accessed anywhere in the country through BRS Information Technologies a national vendor of information systems. The computerized catalogue they produce is called DRUGINFO.

Drug Information Services is located in the College of Pharmacy Health Sciences Unit F 308 Harvard Street, Minneapolis Minnesota 55455. The library collection is open from 8:30 to 4:30 Monday through Friday. Individuals can use the collection anytime during those hours.

Arrangements to have materials on certain topics pulled from the collection in advance of your arrival can be made by contacting Gail Weinberg at 612-624-6492. The documents in the collection are noncirculating but can be photocopied for $.10 per page. Computer searches on requested topics and documents sent to your business or home are services that are provided for a fee.

The Drug Information Service is a resource that can help you keep current with new developments in your area of interest and practice. For more information about our services please feel free to call.

Update: MAWCJ conference

The Minnesota Association of Women in Criminal Justice held its annual

conference on August 3, 1990 at the Earle Brown Center at U. of M. The title was "The Woman Without, The Child Within: Nurturing the Inner Self".

The intent was to help participants focus on maintaining health not only in the professional arena, but more importantly in our lives as a whole.

The speaker/facilitators for this conference were Carole Gesme and Russell E. Osnes. Ms. Gesme has a M.A. in Human Development, is a C,C.D.P., and a Licensed Family Life Educator. She serves as a consultant to the parenting program at MCF - Shakopee, and travels and lectures extensively. Her partner, Russell E. Osnes, has a Ph.D. in Psychology, and does group therapy in addition to the consulting and lecturing they do as a team and individually.

Gesme and Osnes presented material on two basic themes: re-parenting ourselves through positive affirmations, and moving from suffering or "just getting by" to celebration as a way of life. In their theraputic approach, "affirmations" are life supporting messages given to ourselves and others which ultimately help us raise our self-esteem. Using a developmental approach, they believe that certain affirmations were vital at specific stages of development. If they were not forth-coming from our families and others around us at that point in our development, we may have some fragile or negative places in our self image/ esteem. In this framework, we re-cycle through our developmental stages as we grow and change during our lives, and we have the opportunity to experience those necessary affirmations on a continuing basis as we experience life. Taking this a step further, a negative view of self reinforces a life grounded in "suffering" or "just getting by" as a way of life, and a positive self-view promotes a life characterized by "celebration".

Continuing our theme of "care to the care-givers", MAWCJ will do a follow-up overnight session at Wilder Forest on November 8 and 9, limited to 30 participants. That session will include further theraputic time, including the use of imagery and "visualizations" to promote relaxation and health, as well as some "hands on" therapy in the form of facials and massage! The specific agenda and registration information will be sent to members in October.

Lastly, if you were not able to attend the August 3rd conference, but wish to join or maintain your membership and mailing list status, please forward your $10.00 membership dues to: Sally Ruvelson, Washington County Court Services, Stillwater, MN 55082.

-Nancy Halverson

Harriet Tubman seminars & forums

Harriet Tubman Women's Shelter conducts quarterly seminars for individuals interested in developing and expanding advocacy skills to provide services for battered women and their children.

Each four-session seminar will be held on Monday and Wednesday evenings from 6:00-9:00 p.m. at Pillsbury House Community Center, 3501 Chicago Avenue, Minneapolis, with a Saturday and Sunday session to be arranged.

SESSION I

- •History of Battered Women's Movement
- •Overview and Philosophy of HTWS
- •Group Introductions and Interviews
- •Volunteer Opportunities

SESSION II

- •Self Analysis: "My Hooks and Biases"
- •The Issue of Power and Control
- •Videotapes and Discussion
- •The Role of an Advocate

SESSION III

- •Working with Diverse Populations
- •Crisis Intervention
- •Role-Playing
- •Registration for Program Training

SESSION IV

Specific Program Training:

- •Women's Advocacy
- •Speaker's Bureau
- •Emergency Shelter
- •Fundraising
- •Admin. Support
- •Special Events
- •Children's Advocacy
- •Outreach: Hospital, Legal, No. Mpls

Scholarship applications available. For information call R'Gina Sellers at 827-6105. Limited to 50 applicants per seminar only.

Harriet Tubman Womans' Shelter 1990 Tuesday Forums:

October 9: Is There Support For Families and Friends of Domestic Violence and Victims?

November 13: Issues and Change in Service Delivery-What Lies Ahead?

December 11: How the Community

res Responsibility for our Mission:
Eliminate Domestic Violence in the
es of Women and their Children"
Cost for these Forums is $3.00; for
her information please contact:
R ' Gi na Sel1 ers, Brea kfa st
um, Harriet Tubman Women's
elter, P.O. Box 7026, Powderhorn
., Mpls. Mn. 55407, phone: (612)
7-6105

he effects of ocaine use

Editor's Note: This article is taken om the pamphlet "Cocaine and ack" by Brent Q. Hafen, Ph. D., and avid Soulier, Copyright 1989, and is printed with the permission of the azelden Foundation, Center City, N. Anyone interested in receiving a py of the entire pamphlet or in ceiving a list of other Hazelden ublications may call their Customer ervice Center, toll free, at 1-800-257-070.

Psychological Effects

Cocaine's psychological effects have made it a popular illicit recreational drug. Its proponents say it causes exhilaration, euphoria, a burst of energy, increased mental capabilities, and increased sexual stimulation and excitation. In the late 1970s and early 1980s, cocaine became especially popular among young, well-paid professionals because it seemed to complement their high-performance lifestyles. If a person was talkative, then cocaine made the person more talkative. If a person held a high pressure job, it "helped" the person withstand the pressure.

For a while — and only a while — some people will use cocaine because they think it will make them work harder and feel more confident. But the few short-term positive effects may soon be outweighed by the many adverse psychological effects.

One of the most common adverse psychological effects of cocaine use is the chronic depression that follows initial euphoria. But many other effects have been observed. Cocaine use, researchers have found, can both cause, and aggravate, the following symptoms: accidents of various kinds, problems on the job, anxiety, irritability, violence, apathy, laziness, lethargy, compulsive, repetitive behavior, concentration problems, confusion, memory problems, and nervousness and restlessness (hitters are associated with both the use of and withdrawal from the drug).

Chronic, high-dosage abuse of the drug can produce, in some cases: disinterest in relationships with family and friends, extreme agitation, panic attacks, paranoia, personal neglect, suspiciousness of friends, relatives, spouses, and business associates, a psychotic state almost indistinguishable from paranoid schizophrenia, complete with delusions and hallucinations (such as bugs crawling under the skin).

Problem cocaine abusers often lose their jobs, families, and friends. Their involvement with the drug is all-consuming and leaves little room for loyalties for anyone or anything else. Although cocaine is not as expensive as it used to be, it still requires a considerable cash flow to support addiction. (A 1985 survey found that, on average, addicts spend $535 a week for the drug). Addicts commonly take up stealing to support the habit. Of cocaine users responding to a recent survey, nearly 90 percent had financial problems; nearly 40 percent were dealing drugs and nearly 30 percent were stealing to support their habits.

The psychological effects of cocaine use may be cumulative and long lasting. Users who have been paranoid or psychotic under the drug's influence may experience similar reactions from a single dose, even after many months of abstinence.

Physical Effects

Cocaine is used illicitly mainly for the psychological and behavioral effects it produces, because they are perceived — a least at first — as being pleasant. But most, if not all, of the physical effects of cocaine use are harmful to one's health. In fact, improper doses and incorrect administration of cocaine can cause death.

The two most widely reported physical effects of cocaine use are fatigue and fevers. Since a popular method of using the drug is inhaling it, it

Registration for Harriet Tubman Seminars

November 5, 7, 12 and 14 Make checks payable to: **HTWS Advocacy Training Seminars**

Enclosed please find:

_____ A $30 check -- Professional development fee (non-refundable)

_____ A $15 check -- volunteer training fee (refundable after 6 months of volunteer service)

_____ Please put me on your mailing list

Name_____ Phone

Address_____

Mail to: Training Seminars, Harriet tubman Women's Shelter, P.O. Box 7026, Powderhorn Station, Minneapolis, MN 55407

is not surprising that cocaine use is associated with numerous respiratory problems. One of cocaine's side effects is that it paralyzes the hairlike filaments in the nose, making users more susceptible to stuffiness and bacterial infections of the nose and throat.

Another respiratory problem that long-term cocaine sniffers sometimes suffer occurs because cocaine is a blood vessel constrictor. The drug constricts the veins in the septum (the wall dividing the two halves of the nose) of people who snort the drug. As a result, the septum muscles may die from a lack of blood, collapse, and form holes inside the nose.

Other respiratory symptoms of cocaine use include: dry mouth, coughs, and changes in breathing.

Cocaine's exact action on the brain and central nervous system is not yet completely understood. Cocaine apparently blocks the nervous system's use of the chemical messengers in the brain: norepinephrine, serotonin, and dopamine. The redirected dopamine apparently causes cocaine's powerful euphoria.

Researchers have also found that the drug can cause numerous problems in the nervous system, including: seizures and convulsions, dizziness, headaches of varying degrees of severity (sometimes including nausea and abdominal pain), insomnia and irregular sleep patterns, nausea and vomiting.

Because cocaine constricts blood vessels, using the drug can harm the cardiovascular system. Usually within twelve hours of use, cocaine has been known to: raise blood pressure, cause cerebral hemorrhage when raised blood pressure ruptures weak vessels in the brain, cause irregular (sometimes dangerous) heartbeats, cause heart attacks (some fatal), cause clots and infections in the heart, aggravate existing heart defects, cause pains around the heart.

Injecting cocaine into the body used to be one of the least popular methods of administration. But its popularity has increased dramatically in the last decade, even though people who inject cocaine risk getting the following from dirty needles: blood clots in the veins and sever vein damage, Acquired Immune Deficiency Syndrome (AIDS), inflammation of the liver, inflammation of the membrane lining the spine and the brain.

Chronic cocaine use can also affect the eyes. Users often report suffering: blurred vision, dilated pupils, and "snowlights" — flashes of light in their peripheral vision.

Chronic use of cocaine also affects the gastrointestinal tracts. Symptoms include: loss of appetite, craving for drugs, anorexia and weight loss, patterns of alternative constipation and diarrhea, and difficulty urinating.

Acute Cocaine Poisoning

Not much separates the amount of cocaine needed to produce euphoria and the amount that will cause death. The user may absorb enough cocaine to result in *overdose* (sometimes called *acute cocaine poisoning).*

Overdose occurs suddenly and runs a rapid course. The user becomes anxious, restless, irritable, confused, and annoyingly talkative. Abdominal pain, nausea, and vomiting are common; the heart rate increases rapidly, and breathing becomes irregular. If the poisoning is not reversed quickly, convulsions and coma result. Treatment includes carefully monitoring of the central nervous system and the heart, supporting respiration, reducing body temperature, and dealing with infections. Very few drugs are useful in treating an overdose: Valium for sleep, diazepam to calm the central nervous system. Propranolol has been used to treat high blood pressure, but some studies indicate it can do more harm than good. Death can occur from either cardiac or respiratory arrest.

Cocaine-Related Death

For years, most proponents of recreational cocaine use claimed that cocaine use was not dangerous. But evidence is mounting that it can kill. Deaths attributed to cocaine use in the United States rose from 328 in 1983 to 734 in 1986.

As is so often the case, general media interest in the dangers of cocaine was sparked only after the deaths of celebrities, notably comedian John Belushi in 1982 and college basketball star and top pro prospect Len Bias in 1985.

The deaths, to date, come in a random pattern, although, in general, death results from doses higher than twenty milligrams.

Some people have died after a small dose of cocaine; others after taking a big dose. It depends on the strength of the cocaine and the person's physical condition.

Although reported cocaine-related deaths have been relatively rare (rare at least when compared to the widespread use of cocaine), they are increasing. Researchers assume that such deaths will continue to increase as long as cocaine use increases. But statistics may be misleading in this case. Cocaine deaths are hard to substantiate because many users attempt to minimize the unpleasant side effects of cocaine by drinking alcohol and taking other drugs.

There are several types of cocaine-induced death. A common type is respiratory failure, when the brain ceases to control the vital functions of the nervous system. Another common type is irregular heartbeats leading to heart attacks.

In rare cases, cocaine users die of cerebral hemorrhages, caused by the rise of blood pressure that bursts weak blood vessels in the brain. Fatalities have also been caused by allergic reactions to the cocaine, or to the chemicals that dealers mix into the drug to increase the volume of their product. Cocaine is the secondary reason in many deaths. Some have died from severe burns in explosions while making free-base.

The dangers of free-basing first received widespread media attention only when comedian Richard Pryor nearly died in 1980 of burns he received while making free-base cocaine.

Fatalities have also resulted from cocaine-induced depression and the resulting suicides. Consider, too, that the illicit drug world can be very violent: cocaine-related murders are becoming more and more frequent. In Miami, for example, police estimated no fewer than one-fourth of the murders in that city were drug-related in 1981.

Effects on Sexuality and Reproduction

In the next section, we'll see why cocaine is not the aphrodisiac it is boasted to be, and how pregnant users

do severe damage to fetuses.

Effects on Sexuality

In small doses, cocaine has been known to be sexually stimulating, especially for men." These effects, however, are short-lived, and the negative effects outweigh the positive. High doses of cocaine occasionally produce a state of mind that leads to what some users define as unhealthy, abnormal, and aberrant sexual behavior: for example, compulsive masturbation, having multiple sexual partners, or homosexual acts. But more often, large doses of cocaine make users uninterested in sexual activity. Men who abuse cocaine sometimes can't achieve erection, and women abusers sometimes can't achieve orgasm.

Effects on Reproduction

The numbers of babies born to cocaine users are increasing. There is growing evidence that the drug has detrimental effects on both the mother and the child. Mothers who use cocaine have higher risks for miscarriage. (Because cocaine constricts blood vessels, it can cause the placenta to tear loose from the uterus.)

They also have higher risks for premature labor and complications during labor. Although studies of the effects of cocaine on newborn babies are not completely conclusive, obstetricians are reporting that cocaine using mothers are giving birth to babies who:

- tremble;
- have bouts of inconsolable crying;
- are lethargic;
- have respiratory and kidney problems and various malformations of the kidney, genitals, intestines, and spinal cord; and
- have low birth weight and small heads.

Because cocaine can constrict blood vessels in the heads of unborn babies, it is a suspected cause of brain damage and retardation. One researcher, in fact, refers to the problem as cocaine fetal syndrome. Recent studies have found that babies of cocaine-using mothers frequently have trouble focusing their eyes and fixing their gaze on objects—an uncommon problem for newborns. These babies are also at higher risk for Sudden Infant Death Syndrome (SIDS), a little-understood syndrome in which babies mysteriously die in their sleep for no apparent reason. Finding conclusive evidence for these claims against cocaine is hard, since cocaine use is commonly associated with multiple drug use. The adverse effects on newborns of drugs often used with cocaine, alcohol, marijuana, cigarettes, heroin—are fairly well-known. A few effects of cocaine, however, are also widely observed.

- The drug apparently passes through the placenta. Infants born to mothers who have "snorted" cocaine before they gave birth excrete cocaine and its derivatives for five days. (Adult users will excrete cocaine and its derivatives for about twenty-seven hours.)
- Animal studies show that cocaine use by the mother reduces the infant's birth weight.
- Because cocaine is a blood vessel constrictor, it is a threat to a fetus' blood pressure and blood flow to its brain.
- A recent study found an "extraordinary high incidence" of miscarriage (38 percent) in cocaine users and also a higher-than-average rate of premature labor.

To help ensure the good health of their babies, pregnant women who take cocaine should quit. Obstetricians advise patients who take cocaine to do just that. Some are going so far as to warn that cocaine use by the mother while pregnant will place the baby's entire future and quality of life in jeopardy. A pregnant woman is well-advised to give up all illicit recreational drug use and to take only those medications prescribed by a doctor who knows she is pregnant.

Training update: Sept/Oct '90

Sept 18: Recognizing and Rewarding Employees. Sponsored by Wilder. Call Ceil Meade: 642-2020

Sept 19-22: National Community Service Sentencing Association Challenges for Alternative Sentencing in our Communities Substance Abusers and Other special Needs Offenders. Minneapolis. Call Stephanie Haider: 452-9500.

Sept. 16-19: Training Issues in Corrections. Brainerd. Call Carol Engel: 348-7896.

Sept. 25: Shame Based Personality Development. Arden Hills. Sponsored

Program addresses mother/child CD impact

Pregnant and postpartum women who use drugs and alcohol risk severe health complications to themselves and to the infant or fetus. They often have multiple needs, including the need for adrug free environment, substance abuse treatment, medical and obstetric care as well as a variety of social needs such as safe housing, child care, parent training and personal support as they become new mothers. The Substance Use Disorder Program for Special Populations of the Department of Psychiatry, University of Minnesota Hospitals now offers an enhanced substance abuse treatment unit which provides additional programs and services for the pregnant and postpartum patients. The new, enhancedservices include educational, medical, obstetric, pediatric andsocial work support.

Background

The Substance Use Disorder Program for "Special" Populations (SUDP) specializes in treating patients with chemical dependency complicated by mental illness, medical disorders or multiple relapses. Each patient is evaluated medically and psychiatrically by the staff and resident psychiatrists. Patients receive group, individual and family therapies as well as psychiatric and medical treatment as indicated. Treatment is eclectic in orientation. Treatment is individualized by a multidisciplinary treatment team according to the patient's problems, resources, need motivation and functioning. Other than its influence on the patient, no one treatment approach is valued over another. Treatment is provided by a JCAH accredited facility in provisionally licensed hospital based residential (Rule 35) and non-residential (Rule 43) settings. Discharge planning is done throughout the admission. Many patients live in a halfway house and attend the Substance Use Disorder and Psychiatric Day Treatment Program after discharge.

In August, 1989 the Minnesota legislature passed Minnesota Statute Section 626.5561 in an effort to help substance-abusing pregnant women get chemical dependency treatment and to decrease the incidence of newborns affected by maternal drug and alcohol use and to decrease the severity of impairment among infants born to women who use substances. Between November, 1989 and March,1990, five women in the third trimester of pregnancy and one woman three days postpartum were admitted to the University of Minnesota Hospitals for treatment of severe substance abuse or dependency.

All six women used several drugs including nicotine however cocaine was the drug of choice for 5 and alcohol for the sixth woman. Four of the six were committed involuntarily, one chose to have inpatient chemical dependency treatment voluntarily in order to get custody of her children and the last was on leave from jail. The patients' ages ranged from 17 to 25 years with the average age of 21.8. Four were African American, one American Indian and one Caucasian. The six women had child protection workers and received public financial assistance of some kind.

The hospital course for each woman was complicated, remarkably complicated at times. Three women ran away (eloped) from the unit; one was at her obstetrics appointment. One eloped from the inpatient unit, returned the next day inebriated and delivered within 24 hours. Two assaulted staff. Two frequently refused to take their prenatal vitamins. One woman seriously restricted her diet. Her fetus showed intrauterine growth retardation. Two developed premature labor; both required temporary bed rest while one required oral terbutaline. The women's chemical dependency treatment participation varied with each patient and over time. Four of the women presented their "First Step" to the patient groups.

The program psychiatrists and staff coordinated these patients care with obstetrics, family practice and after delivery with pediatrics. Each pregnant patient was assessed for risk of violence or running away based on their behavior during the chemical dependency treatment. We were particularly concerned about possible harm to the woman's own child or other children.

Two women, both legally committed, were judged to be at high risk for violence or running away; bo had run away and one woman had assaulted staff twice. They had uncomplicated deliveries and returned to the SUDP, a locked psychiatric unit, two hours after delivery. The women had frequent supervised visits with their infants on the SUDP. A policy for management of infants delivered to mothers hospitalized for drug abuse during pregnancy was developed.

The program social worker coordinated discharge planning with the patient, legal] authorities. child protection workers, and funding agencies. Two women were discharged to home with daily outpatient treatment in the Substance Use Disorder Treatment Day Program. Another two women moved to specialized residential treatment centers; one returned to jail and one was transferred after delivery to a state psychiatric hospital for continued intensive chemical dependency treatment.

Our experiences with these women, the other medical departments and outside agencies prompted the development of the Enhanced Treatment Program. Each pregnant substance abuser described above received individualized therapy and care surrounding her pregnancy and impending new motherhood; however, an organized supplemental prenatal/ postpartum program assures comprehensive care delivery.

New Enhanced Services

The Enhanced Treatment Program consists of two areas of treatment enhancement for pregnant and postpartum substance abusing women admitted for inpatient substance abuse treatment and their infants. First are education/discussion groups three to four times weekly pertaining to pregnancy, drug use, and parenthood. These are in addition to the well developed substance abuse treatment program described in the Background section. Second is creation of the Pregnant Substance Abusers Treatment Group which includes faculty and staff from psychiatry, obstetrics, pediatrics, family practice, social work and nursing to supervise coordination of delivery of care to these patients with multiple

needs.

Among the topics covered by the SUDP psychiatric nursing staff, occupational therapist, dietician and medical staff in the education discussion groups. "Working with Child Protective Services" and "Care Conference Feedback" cover essential material and are included in all hospitalizations regardless of duration. Obstetric nursing staff in cooperation with the SUDP staff lead one education discussion groups per week. This includes information about pregnancy complications and management, delivery preparation, tour of the obstetrics unit, and birth control. Patients' significant others may be involved in these groups. Women who deliver during their hospitalization on the SUDP also receive postpartum teaching regarding care of herself, and the newborn. Short term goals of the education discussion groups include: 1) to increase the patients' knowledge and education regarding parenting and effects of addiction; 2) to help the patient maintain abstinence while hospitalized; and 3) for the patient to demonstrate knowledge of signs of premature labor and other obstetrics complications and interventions to decrease the risk. Examples of long term goals include for the patient to demonstrate early parenting skills and for the patient to verbalize effects of long term substance on the infant. When a patient participates in a group discussion or individual session on that topic the staff members fills in the date next to the topic and their initials. This serves as a process evaluation. Of course, the staff also documents each session in the patient's chart as part of that woman's treatment progress.

Patient Care Conference

As part of both substance abuse treatment and enhanced programming a multi-disciplinary case care conference is held for each patient during the second week of hospitalization or earlier if the women' delivery date is sooner. Representatives of psychiatry, obstetrics, pediatrics medical staffs and social work as well as hospital security and nursing attend. During the conference the patient's risk for violence and running away will be determined based on her previous behavior on the SUDP. We will also discuss the patient's and newborn's probable discharge dispositions and make plans for delivery if that is imminent.

Susan Leskela, M.S.W., the SUDP social worker, coordinates discharge planning with the patient, legal authorities, child protection workers, and funding agencies. Representatives from these social agencies and the patient meet with Ms. Leskela in a separate meeting to make plans for discharge for the patient and infant as wells plans for further treatment and follow-up.

Pregnant Substance Abusers Treatment Group

The Pregnant Substance Abusers Treatment Group represents the coalition of staff organized to oversee and coordinate the medical and social work needs of pregnant and postpartum patients in treatment on the SUDP. Psychiatry, obstetrics, pediatrics, family practice, nursing and social work are represented.

Hospital Stay and Discharge Planning

Retention in substance abuse treatment depends upon the patients' engagement and motivation. The perinatal education/discussion groups focus on the women's concerns regarding pregnancy, drug use and parenthood and facilitates patients' engagement in treatment. The design supports shorter as well as longer hospitalizations thus aiding recruitment as well as retention. Retention in the inpatient program is just a start. Plans for aftercare begin when the patients are admitted. Maintaining abstinence for the remainder of the pregnancy and thereafter is aided by referring patients to special residential centers, halfway houses, and the University of Minnesota Substance abuse Day Treatment Program or similar outpatient programs in the patient's home area.

Cultural sensitivity from the treatment staff helps patients engage in treatment. The SUDP staff encourages interested patients of particular social and ethnic groups to work with temporary and permanent sponsors AA and NA sponsors and attend AA and NA groups where they feel comfortable.

For More Information

Dr. Anne Kolar, directs the Enhanced Substance Abuse Treatment Program for Pregnant and Postpartum Women with Dr. Sheila Specker, Dr. James Halikas and Sue Leskela, M.S.W. Contact Ms. Leskela (626-1949) or Dr. Kolar (626-5269) for more information.

More About the Substance Use Inpatient Treatment Unit

The Enhanced Substance abuse Treatment Program for Pregnant and Postpartum Women is one of several special treatment programs offered by the University of Minnesota Hospitals Department of Psychiatry's Substance Use Disorder Program. The SUDP has long been one of the few treatment units treating patients of diverse nationalities. Also, the SUDP specializes in treating substance abusing and dependent patients who have other medical and mental illnesses as well as chronic substance abusers who have relapsed despite previous substance abuse treatment. Dr. James Halikas, Professor of Psychiatry, heads the Substance abuse Subdivision. Associate medical staff include Dr. Anne Kolar and Dr. Sheila Specker will join us in July, 1990.

Also in the Substance Use Disorder Program are the Substance Use Disorder and Psychiatric Day Hospital Program, Outpatient Substance Abuse Clinic, Cocaine Treatment Group and a specialized Methadone Detoxification Treatment Program for opiate addicts with psychiatric disorders or cocaine dependency.

by DOC. Call Holly Chromey: 352-2296 X 215.

Sept 26-28: Intensive Corrections Management Training. International Association of Residential & Community Alternatives. Wilder. Call Wilder Foundation: 642-4000.

October 10,11,12: MCA Conference. Radisson South, Bloomington. "Corrections in the 90's: New Roles, New Ventures."

October 22,23: Family Sexual Abuse Project. St. Paul, U of M - Continuing Education. Call Sharon Vegoe: 625-4352

October 29,30,31, Nov. 1: Midwest Conference on Child Sexual Abuse and Incest. U of Wisconsin, Madison, WI. Call 1-800-262-6243, ask for Buxton Workshops

Sex Offender Training - Department of Corrections

Sessions offered in the Metro area **August 29-30, September 12-13**. For more information about statewide sex offender training call Holly Chromey : 352-2296

"Get tough" continued from pg. 4

neighborhoods where they come to buy drugs and they can have the effect of driving drug dealers off the street. Now both of those things might be small victories, but I see them as victories none the less," he says.

"The neighborhoods where we have employed this technique are predominately minority and we cannot turn our back on the people who live in those neighborhoods. The stings are almost entirely a response to the expressed needs of a particular neighborhood," Johnson adds.

John Stuart has been the State Public Defender since the first of the year and was with the Hennepin County Public Defender's office for 12 years before that. He says there is not a single monolithic opinion within the minority community about what constitutes appropriate enforcement of the law.

"I question why there has been so much enforcement directed at the black community and I think there are questions within the community itself about how the laws should be enforced."

"I think that the reverse sting situation ought to be compared with the ill-fated decoy unit a few years ago. Any time the police get involved with setting up the opportunities for people to commit crimes, there needs to be very close scrutiny of how the operation is conducted," Stuart says.

But if the recent past is any indication, the public seems less interested in scrutinizing the means than they are in bringing an end to the presence of drugs in their communities.

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