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Correctional Service Canada

"DRUG AND ALCOHOL ABUSE TREATMENT PROGRAMS"

A MANAGEMENT STRATEGY FOR IMPROVING SERVICE DELIVERY

Psychological Services Division
Offender Programs Branch

Canada

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May, 1984

EXECUTIVE SUMMARY

This report, initiated by the Offender Programs Branch, focuses upon addictions program planning within Correctional Services Canada. Its primary purpose is to recommend an organization strategy and plan of action that will provide for the systematic improvement -- in both scope and quality -- of CSC's addictions programming initiatives. Its secondary purpose is to delineate organizational structures and mechanisms that will ensure that its addictions programming is brought more into alignment with current practice and "best advice" in the specialized field of Addictions Management.

The report identifies the addictions/corrections link, clarifies CSC's addictions programming mandate and objectives, highlights the findings of two comprehensive addiction literature reviews recently completed by the Offender Programs Branch, comments on current CSC addictions programming and recommends a plan of action for upgrading such programs across the organization.

The proposed programming framework includes specific recommendations regarding addictions awareness and training initiatives for staff at all levels, and for addictions programming staff in particular. It also outlines desirable education, treatment and rehabilitation programs for the addicted offender.

In order to facilitate the noted programs a number of related organizational mechanisms are recommended and discussed. These include: an Addiction Program Data Base, an Offender Addictions Profile, Special Addiction Studies, an Addictions Program Submission System and an Addictions Programs Monitoring System.

Finally, and most importantly, it is recommended that a special Addictions Program Centre be established within the Offender Programs Branch to expedite all aspects of the recommended plan and that on an interim basis, Psychological Services be assigned responsibility for the developmental phase of this proposal.

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"Drug and Alcohol Abuse - Treatment Programs"

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I N D E X

I N D E X (Cont'd)

1. INTRODUCTION

Upon study, it becomes immediately obvious that a pressing requirement exists for far-reaching and reliable information on the nature and extent of chemical dependency problems within the federal offender population, in order for CSC management to readily identify offender social programming needs and to begin to establish concrete plans towards efficiently and effectively meeting those needs.

To undertake planning initiatives in this area without first studying offender needs would be less than prudent. Therefore, this report must of necessity take as its starting point the premise that chemical dependency in federal offenders represents a major management challenge.

The primary focus of this report, which has been identified as an Offender Programs Branch priority, is to propose to CSC management an organizational strategy and general plan of action which will allow it to systematically move towards the overall improvement of the scope and quality of addictions programming that impacts upon the chemically dependent offender within its care. This report has drawn upon past and present addictions programming experience within CSC. As well, the maximization of program accessibility for the offender population has been an important consideration in its preparation.

The report's secondary purpose, in light of the proposed strategy, is to delineate those organizational initiatives that should be undertaken to bring its addictions programming into alignment with current practice and "best advice" from the specialized field of addictions. Implementation priorities and action steps as well as events sequencing and program models will also be addressed.

But first, to put the ideas of this report into context, let us briefly review some of the linkages -- loosely identified and documented as they may be -- between alcohol/drug use and crime, and their implications for CSC.

2. ADDICTIONS AND CORRECTIONS

It is next to impossible, based on contemporary information, to demonstrate in absolute terms a causative link between alcohol and drug misuse and criminal behaviour. However, experience and observation over the years have demonstrated a relationship between these two social phenomena that is too prevalent to dismiss.

Each year, Canadians consume more than 2 million litres of beverage alcohol. This results in alcoholism being Canada's third largest health problem, following heart disease and cancer. Current projections based upon hospital admissions and discharges, health services referral rates, consumption data and other relevant information indicate that there are currently more than half a million statistically identifiable alcoholics in Canada. This figure does not include those citizens for whom excessive alcohol use has not yet caused them to become a statistic.

Moreover, alcohol abuse is implicated in an inordinate number of convictions through our criminal justice system and holds serious ramifications for it. For example, in Ontario in 1979-80, there were 120,249 convictions in total; 18.4% were directly related to alcohol and 4.7% to other drugs. This provides a bottom-line estimate of the broad alcohol-corrections relationship in that province.

In Canada in 1980, there was a total of 169,216 traffic offences, 90% of which were related to driving while impaired. Approximately 7.4% of these charges were for more than one alcohol-related traffic offence that year. Of all traffic offences under the Criminal Code, approximately 56% are currently alcohol-related and, of all persons charged for traffic offences, approximately 77% are charged for alcohol-related offences. There has been little fluctuation between these percentages between the '70's and the '80's. Young adult males continue to be the predominant offenders in this area.

LeDain, in his 1973 report, stated that in an earlier study approximately 30% of admitted male inmates in Canadian Penitentiaries had serious drinking problems.

Misuse of licit drugs aside, statistics demonstrate that the number of drug-related convictions in Canada has generally increased, with fluctuations, in the last decade. In 1980 there were 41,698 convictions for drug-related offences in Canada, consisting of 93% convictions under the Narcotic Control Act, 5.6% under the Food and Drug Act and 1% under the Criminal Code. Ontario accounted for 41% of drug-related convictions in Canada. In the period 1976-80, about 90% of all drug convictions were related to cannabis, followed far behind by LSD (4.3%). In this period, heroin decreased from 737 to 248 convictions while cocaine increased from 374 to 687 convictions. Of the 37,444 convictions for marijuana in 1980, 87% were for possession, 6% for trafficking and 7% for purposes of trafficking and the remainder for importing and cutlivating.

It should be noted that the officially recorded number of "known" habitual, illicit, narcotic drug users in Canada is approximately 14,000, with some 5,000 in both British Columbia and Ontario. Most "known" habitual narcotic users are male (79%), in the 25-29 years age bracket. Heroin is the primary drug of choice, with cocaine increasing in popular use.

In 1979, drug-related offences counted for 11% (482) of admissions to Canadian penitentiaries; 437 of these were male and 45 were female -- most were young adults.

Most persons admitted to Canadian penitentiaries for offences under the Narcotic Control Act had lengths of sentence of 3-4 years; the next most frequent length of stay was 2-3 years and then 6-10 years.

The Canadian picture is reinforced by the American scene. For example, in a 1978 survey conducted by the U.S. Department of Justice on 148,400 inmates in 3,700 local jails, it was found that 44% used street drugs regularly and that 21% were under the influence of drugs at the time they committed their offence. Interestingly, only one quarter of the offenders surveyed had ever received any form of assistance or treatment for their chemical dependency

problem. In that study, the drugs of choice, in order of preference were: marijuana/hashish, amphetamines, barbiturates, cocaine, heroin and hallucinogens. Offences tended to be property-related (74%), and the frequency of criminal activity related directly to the frequency and intensity of drug use. Ironically, in that same year a report to the American Congress prepared by the Comptroller General found that health care delivery systems for these offenders were woefully inadequate in spite of the fact that most of those same institutions claimed to offer addictions-specific services.

Suffice to say that alcohol and drug abuse has a greater profile in Corrections, at both the provincial and federal levels, than any other single factor. A significant percentage of federal offenders have been incarcerated for offences related directly or indirectly to alcohol and drug abuse and many are referred by the courts with the expectation, explicit or implicit, that the offenders' addiction problem will be addressed within the institution to which they are being sent.

In this context then, what is the role/responsibility of CSC toward the drug and alcohol programming component of corrections and toward the individual offender's needs?

3. CSC AND ADDICTIONS PROGRAMMING: MANDATE AND OBJECTIVES

CSC as part of the greater criminal justice system is solidly entrenched in human services administration. This reality clearly sets it apart from traditional business and for the following reasons:

- its accountability to the larger community and to its government,
- the necessary participation of its "clientele" in the carrying out of its responsibilities,
- its organizational outcomes are realized through changes in the conditions or behaviours of the people it serves,

- its objectives are ambiguous and difficult to define, measure and attribute to a single causative factor,

- its objectives are achievable only through interaction with other groups and organizations that are inter-dependent elements in program implementation structures over which it has no authoritative control.

These characteristics shape the very nature of CSC and ultimately determine all facets of its work -- especially that of the Offender Programs Branch.

A human service organization CSC, as other comparable organizations, has two inherent responsibilities:

- the provision of effective and efficient programming; and

- the development of the organization itself as an essential instrument for the ongoing provision of these services.

These responsibilities have been articulated much more succinctly by CSC's Policy, Planning and Administration Branch in its April, 1983 strategic planning document entitled CSC DIRECTION, where it specifies the corporate objective as follows:

- "to administer sentences imposed by the courts and to prepare the offenders for the return as useful citizens to the community."

In this key steering document, CSC's management expanded upon the role of the Offender Programs Branch:

> "To prepare offenders for their return to the community as useful citizens through the provision of counseling services and opportunities for social, emotional, physical and spiritual development and through community supervision of offenders on conditional releases. To insure the fair and humane treatment of offenders including the recognition and protection of their rights while under the authority of the Correctional Services of Canada."

Herein lies the formal mandate, albeit stated in very general terms, of the Offender Programs Branch for the provision of addictions-related services for those offenders who require them.

4. THE OFFENDER PROGRAMS BRANCH: A PLAN FOR ACTION

Following the clarification of corporate objectives in 1983, the Offender Programs Branch undertook to review its total programming from both planning and implementation perspectives. Several factors stimulated interest in, and concern about, reconsideration of addictions programming in particular:

- an increase in the number of offenders presenting addictions problems,
- high recidivism rate among addicted offenders,
- an increase in the gravity and complexity of presenting addictions problems,
- an awareness that most offenders with addictions problems are young adult males and that it is this group that has proven to have a high incidence of aggressive behaviour resulting in institutional disturbances,
- drug-related institutional violence is on the increase,
- the need to utilize existing human and material resources in the most profitable manner in light of current restraints,
- the expression of concern, from line staff, about the prevalence of addictions problems and the demands that this places on staff at all levels, and the system as a whole,
- the call for systematic interventions by programming staff and community interest groups,

- the demand for more complete information reporting by government officials,

- management's need for a more comprehensive data base on the subject for planning and reporting purposes,

- a realization that correctional programming has not kept abreast of addictions services development in the community.

In response to these concerns, and as a proactive approach for systematically redressing its addictions programming efforts and the management thereof, the Offender Programs Branch conceived of the following four-phase plan:

- **Preparatory Phase**

  A comprehensive review of the contemporary addictions literature in order to identify current "best advice" regarding the management and treatment of addicted offenders within the Corrections framework.

- **Planning Phase**

  The development of an organizational framework and plan of action for addictions programming within CSC.

- **Implementation Phase**

  The introduction of organizational structures that will promote, implement, monitor and coordinate addictions programs initiatives, identified in the planning phase, in an effort to attain a comprehensive programming model outlined in the plan; and

- **Maintenance and Improvement Phase**

  To establish organizational procedures for the documentation and submission of new addictions programs that are in alignment with

organizational philosophy and planning, and for the evaluation and monitoring of such programs in order to broaden the information base upon which new and better services can be developed and delivered.

To date, the Preparatory Phase has been completed. The present report will comprise the Planning Phase. At this point, a brief review of the Preparatory Phase is in order.

In 1982, the Offender Programs Branch, in an effort to obtain a clear and complete overview of the contemporary alcohol and drug treatment literature prior to initiating major programming plans, commissioned two key studies on the subject.

In their first CSC report entitled Alcohol Abuse Treatment in Corrections: Programs and Results, Ross and Gendreau reviewed a significant part of the abundant literature on the treatment of offenders with alcohol problems, critiquing key programs reported over the past decade. Their objective was to identify programs that had demonstrated effectiveness in ameliorating alcohol-related behaviour problems of offenders and/or decreasing their post treatment criminal behaviour. They also attempted to identify those program components and practices which are associated with a positive program outcome.

Some programs were found to be comprehensive in scope -- and systematically planned and implemented. However, these were infrequent. Given the extent and complexity of the alcohol/crime link, Ross and Gendreau noted that treatment programs for offenders with alcohol problems -- their quality and variety -- were found wonting. In addition, most programs reviewed had been evaluated for neither efficiency nor effectiveness. Cost-benefit studies were not to be found; experimental studies were rare. Those that were identified were found lacking in scientific rigour.

The review was unable to identify specific alcohol treatment programs that have a likelihood of success with offenders in correctional settings. In addition, there was no convincing evidence found that outcome variance depends upon the nature of the treatment program.

Correctional alcohol programs were found to be void of innovation and self-evaluation and, in many instances, were out of step with current thinking in the addictions field.

Analysis of correctional alcoholism programs found that those that offer the most potential for success are rooted in social learning models. The most effective programs sought to improve skills -- both vocational and interpersonal -- and attitudes rather than attempting to cure presumed underlying psychopathology.

Disenchantment with the "medical model" also characterized the literature.

Multi-faceted, or "holistic" programs -- those that deal with alcoholism as a complex problem which involves physiologial, emotional, behavioural, cognitive and attitudinal cultural factors appear positive. It is this type of program that deserves more exposure in correctional settings.

In sum, it was found that education and awareness programs, and those that focused on social skills development were the most beneficial for the alcohol dependent offender. Ross and Gendreau also concluded that minimally intensive programs appeared to hold as much promise as prolonged and intensive programs and that primary prevention emphasis is the underlying key to program effectiveness. The therapeutic community approach and the availability of post-treatment services were two aspects of correctional services development that were identified as having potential merit.

In their second report entitled Current Prospects in the Treatment of Opiate Addictions and Polydrug Abuse, the authors once again conducted a broad review of the drug addiction literature, this time with a purpose of highlighting correctional programming interventions of promise. Studies on

heroin addiction and polydrug addictions (the habitual use of amphetamines, barbiturates, marijuana and/or hallucinogens) were considered in relationship to the six key areas of drug treatment:

- short-term detoxication,
- methadone maintenance and opiate antagonists,
- therapeutic communities
- family therapy,
- behaviour modification.

Generally, it was found that the variables that are predictive of delinquent behaviour share much in common with those predicting drug abuse.

Ross and Gendreau concluded that very little scientific observation on rigorous programming is available on this subject, especially as it relates to the field of corrections. Even random experimental studies and basic programme evaluation were uncommon. It was found that in many instances treatment models were often misapplied and without a clear link being made between theory, available research findings and practice.

Medical and pharmacological interventions appear to be utilized more often than other types of interventions, yet the outcomes of such modes of treatment appear dubious at best.

In terms of program planning, several key ideas were identified:

- **programs should emphasize the offender's responsibility for the resolution of his/her own problems,**

- **programs should focus on problems related to social skills and through a social learning approach,**

- **programs should utilize directive, pro-social counseling techniques,**

- programs should promote communication skills especially as they relate to family life,

- the offender should be provided with a range of program options which could be formulated to best meet his particular needs,

- community-based programs are desirable,

- correctional half-way houses are seen as offering the best possible program setting within which drug programming can benefit the offender, especially when a family counseling component is present.

In summary, both reports provide an excellent overview of the addictions literature and identify important leads around correctional addictions programs generally:

- the need for effective program management,

- the need for new programming to be consistent with organizational policy and integrated with established services from intake to after-care,

- the need for evaluation of selected addictions programs of promise,

- the need for support for multi-faceted programs,

- the need for comparative research between various treatment modalities to determine the relative effectiveness of approaches.

The Planning Phase (Phase II) begun in 1983, and to be completed in 1984, consists of two parts:

a) on-site visits to all federal institutions and parole offices to review current addictions programming that will result in a comprehensive and

objective report on the current status of CSC addictions programming;* and

b) the formulation of a management plan and framework for guiding future addictions programming by the Offender Programs Branch.

Phase IV and V will follow after submission of this report.

For the moment, the question to be addressed is "What comprises current addictions programming within CSC?"

5. CURRENT CSC ADDICTIONS PROGRAMMING

At this point in time, the addictions programming information readily available within CSC is both limited and imprecise; however, from that available, it appears that the bulk of its programs revolves around the one-on-one counseling service provided, on demand in most instances, by staff working within institutions, eg. pastoral counsellors, psychologists, social workers, classification officers.

These services appear to be provided with diminished organizational control and without a commonly shared helping framework. They presently exist randomly rather than as a part of an organized thrust. More specifically, these therapeutic interventions appear to lack in consistency from one institution to another, from one professional group to another, from one professional to another, and at times reflect the helper's personal/professional orientation over the needs of the system, institution and the offender.

The second most available addictions service across all institutions, almost without exception, is Alcoholics Anonymous and its related programs such as Narcotics Anonymous and New Horizons Alcoholics Anonymous. These programs

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* Dr. David Blackwell is presently preparing a report on current addictions programming within CSC. It will be available in the summer of 1984.

appear to have the broad-based support of staff and offenders; however, details related to program consistency from site to site, program regularity and program penetration remain unclear. The prevention and rehabilitation efforts exemplified in this type of intervention are valid. However, it would appear that every effort should be made to ensure a solid footing for such endeavours within a broad programming framework developed by the Offender Programs Branch.

When one reviews all programs/activities other than those already noted, it would appear that there are, at optimum, approximately 14 active programs in 12 institutions that meet those basic criteria usually seen as defining a "program" per se, namely:

- program goals and objectives
- program rationale and justification
- program format and structure
- program content
- program management and leadership
- program documentation and evaluation
- program time-frame
- program target group
- program costing

Of 14 programs identified, 2 are termed as being alcohol-specific, 9 drug-specific and 3 are mixed.

As indicated, those formal programs that appear to demonstrate some particular significance in terms of future planning are to be reviewed in some detail in Dr. Blackwell's forthcoming report. At this point in time insufficient information is available upon which to comment in more specific terms.

As evidenced in the available programming information, there is a great deal of initiative and creativity on the part of CSC staff at all levels. This should be acknowledged, supported and encouraged by management. However, it

becomes increasingly important for managers, particularly those in the Offender Programs Branch, to ensure that such programs evolve as part of a greater organizational plan, as they demand significant human and material resources, the expenditure of which must be rationalized from a humanitarian as well as from a cost-benefit perspective. Under prevailing economic conditions, it becomes increasingly important to place organizational resources where the returns will be greatest, and for the greatest number of offenders. Also, such programs combine to form the cutting edge of the organization's addictions management efforts - therefore they should, of necessity, be of the highest quality.

Some program considerations that must be taken into account by management in developing a meaningful constellation of programs are:

- **a solid data base on the target population,**
- **clearly articulated and defined needs of that population,**
- **clearly defined goals and objectives for programming,**
- **clearly defined programming philosophy and directions,**
- **clearly defined implementation steps,**
- **clearly defined roles and responsibilities at all levels,**
- **programming based upon literature searches and "best advice",**
- **formal support and endorsation by management,**
- **formal allocation of required resources and materials,**
- **avoidance of unnecessary duplication of efforts,**
- **promotion of cross-fertilization among programs,**
- **requirement for program documentation, monitoring and evaluation,**
- **establishment of formal mechanisms for the collection, analysis, and distribution of relevant program information to all personnel involved in programming.**

The above comments are based upon rudimentary information randomly acquired through the CSC field operations, rather that from a systematic process of discovery. As mentioned previously, planning efforts in the future must be based on a valid and reliable data base. (Please refer to Appendix A).

6. OBSERVATIONS ON CURRENT PROGRAMMING

Based upon a review of CSC's current work, and in appreciation of the complexity of its task, the following observations are put forward for its consideration:

a) it appears that a system for the comprehensive planning, implementation and monitoring of addictions programming has yet to unfold within CSC. To date, management has, with its limited programming resources and considerable field demands, elected to focus upon pressing program needs by striking special programs of service that on the long term may or may not be desirable or appropriate when broader programming goals and objectives are taken into consideration. Such a "silver bullet" approach is sometimes deemed essential for socio-political reasons; however, when it is the primary motivation for such core CSC services, it tends mainly to demoralize staff and on the long term, frustrate managers. Moreover, when held accountable for rationalizing and justifying its addictions programming initiatives to government, the community at large and its own employees, CSC managers may find themselves in the undesirable position of being able to do so only inadequately.

   Well intentioned and important as reactive programs are, and may continue to be, CSC must place more emphasis on the establishment of broad-based core programs and the infra-structure required to support and reinforce them. For the pursuit of random, high-profile and short-term addictions programs may have immediate pay-offs, but they contribute little to building a substantial base of service delivery within the system.

b) In reality, there has been, and continues to be, considerable and positive programming work within CSC, in which the organization and its programming staff can take a great deal of pride. In fact, nowhere will one find more cumulative experience and expertise in the management of addictions problems in correctional settings than in this particular system -- limited though it may appear. Therefore, although advice,

guidance and support may be forthcoming from outside the system -- from elsewhere in the addictions field -- managers and programmers must accept that they are in the vanguard, no matter how uncomfortable they may feel about being there. No doubt, a sense of security regarding roles, responsibilities and abilities can be acquired by all involved, through the clarification of CSC's addictions programming goals and expectations.

c) One of the major complications within CSC's addictions programming at this time is that much solid prevention and intervention work -- past and present -- goes undocumented and/or is not being identified as program per se. Paradoxically, the bulk of the organization's addictions thrust has not been conceived of, nor articulated in, programming terms. Consider for example all those helping services directed at the chemically dependent offender by custodial staff at all levels through day-to-day contact. To date this has not been considered a recordable part of the organization's programming, when one considers the financial and human resources deployed on this group and the positive ameliorative effects this group's performance can have on the troubled offender. Further, when an inquiry is made about a specific programming thrust it is likely that the collective effort of the Department's Chaplaincy Service will go unidentified as programming. Yet addictions specialists tell us that it is the committed and consistent efforts of these specialists which has positive impact upon the chemically dependent offender and compares favourably with other forms of therapeutic interventions.

d) The majority of addictions programs are initiated at the lower echelons of the organization and in response to felt needs at that level. This is in itself desirable and should be supported by management, within the confines of appropriateness and relevance to overall policy. Conversely, senior and middle managers are also crucial in initiating and maintaining initiatives. Often, good programs fade with the departure of

the staff who carried them out, or are duplicated because of absence of contact between front-line service personnel, or do not mature beyond a given point, because of lack of managerial recognition.

e) There is a tendency for programs to be set into motion based upon new but untested ideas/methods/approaches. Too often, these do not reflect the thought, experience and organizational commitment that are fundamental requirements to long-term successful programs. Experience in the addictions field dictates that, if programs are to be of fundamental value, they must be well conceived and based upon substantial consultation, founded in the scientific literature, rooted in organizational concern for the abuser and woven into the very fabric of the organization's day-to-day operations.

7. RECOMMENDED FRAMEWORK FOR IMPROVING ADDICTIONS SERVICES

The following model - or pattern of key elements that would likely form the basis for a comprehensive efficient and effective addictions program -- is proposed as one framework which could assist CSC management. It encompasses the current departmental activities as well as proposes additional components to enhance its scope.

One of the objectives of this report is to identify the current departmental initiatives in the field of addictions, and to express them in a conceptual framework that clearly defines CSC programming in this area, in an all encompassing manner. The report also seeks to inject into this framework additional components which, if adopted by the CSC, would enhance overall addictions programming and complete the picture.

The proposed model is discussed in the abstract and described in skeletal form without the particulars of people, facilities, clients and program content, as these can be considered at a later date, on a program by program basis, once the general model has been reviewed and implementation ultimately

decided upon. However, likely program directions, existing model programs for consideration and "action steps" are suggested where appropriate. Also, indication is given as to the distribution of addictions programming responsibilities outside the Offender Programs Branch area.

The following framework describes two discrete components, comprising two and three segments respectively:

a) **Indirect Programs**

These are programs which are designed to positively affect the addicted offender via the staff which constitutes his immediate milieu. Such programs are usually directed at upgrading the knowledge, awareness and/or skills of personnel.

i) **Addictions "Core knowledge" for Professionals**

. TARGET GROUP: All professional staff.

This includes management personnel, psychologists, social workers, living unit officers, chaplains, etc., who are in direct contact with the offender population and those who have responsibility for addictions programming, i.e. evaluators, information specialists, etc.

One group to which explicit addictions training initiatives should be directed is Parole Staff, as post-release follow-up may account for up to fifty percent of variance in offender rehabilitation outcome.

. PURPOSE: To serve as therapeutic instruments in effecting positive offender change.

. OBJECTIVE: To provide all professional staff with core knowledge in addictions and to give them some basic skills for managing offenders who display addictions problems.

. MODEL: There are numerous addictions courses specifically designed for this population. Several excellent examples are: the Core Knowledge Program developed by Health and Welfare Canada in conjunction with key addictions organizations/specialists across Canada; the Fundamental Concepts Course on Addictions developed by the Ontario Addiction Research Foundation, as well as their Addictions Management Course.

. APPLICATION: CSC should identify key participants and ensure that, over time, each has the opportunity to participate in at least one substantial course on addictions. Every effort should be made to orient all new staff to this issue area and, on the long term, to upgrade this training on a regular basis.

. RESPONSIBILITY: Leadership and the identification of course candidates would be the responsibility of the Offender Programs Branch among others. The development of, or adaptation of, existing curricula should be carried out by Staff Development and Training in collaboration with Offender Programs Branch. Where possible, these programs should be offered in-house to reduce costs. Other options could include registering staff in outside courses, such as the School for Addictions Studies, Ontario

Addictions Research Foundation, or by developing courses that call upon local community resources, -- eg. community colleges -- where these exist.

ii) **Addictions Awareness for Custodial Staff**

. TARGET: Custodial staff at all levels.

. PURPOSE: To ensure that their involvement with offenders is constructive.

. OBJECTIVE: To provide custodial officers with an awareness of the process of addictions and how it can best be related to by someone in their position, with their clientele and their job scope.

. MODEL: There are numerous examples of addictions courses for correctional officers at the provincial level.

One such model called Addictions Awareness for Custodial Officers was developed by the Ontario Ministry of Correctional Services in collaboration with the Addiction Research Foundation and provided to all correctional personnel in all provincial institutions in Eastern Ontario.

The curriculum consisted of approximately 20 hours of courses, given over a period of several days or weeks. Such programs are usually provided within the institution, during working hours, by community consultants and professional staff from within the institution/system.

. APPLICATION: The aforementioned Eastern Ontario program and comparable programs could be adapted and applied by CSC in all orientation sessions for new custodial staff, and/or through on-going institution-based courses.

. RESPONSIBILITY: The Security Branch, in collaboration with the Staff Development and Training Branch and the Offender Programs Branch, would be responsible for implementing this course. In-house professional staff could be called upon to play a role as trainers or curriculum developers. The Staff Development and Training Branch would be responsible for the ongoing life of this educational program.

iii) **Skills Training for Selected Programming Staff**

. TARGET GROUP: Key addictions programming staff, professional or custodial, who require special skills training in order to more adequately fulfill their programming responsibilities.

. PURPOSE: To ensure that key addictions programming personnel are able to deliver programming at a level commensurate with that provided by addictions specialists in the community.

. OBJECTIVE: To provide key addictions programming personnel with job-related skills that are required in the effective management of offender addictions problems.

. MODEL: In order to identify pertinent skills development models the needs of key addictions programming personnel will first have to be determined. However, such programs have been developed for every conceivable professional group or classification. For example, should it be determined that the chaplains within CSC require advanced counseling skills in the addictions area, a model course developed at Queen's University entitled Addictions Pastoral Counseling Course could be considered. Similar work has also been conducted at St. Paul's University, Ottawa.

Should a group of living unit officers require specialized training in group counseling the Addiction Research Foundation's Group Therapy Course could prove helpful to them.

. APPLICATION: The Staff Development Training Branch is in a position to identify the skills upgrading needs of key staff and to afford educational opportunities through intensive, centrally located courses, and probably organized by professional grouping.

. RESPONSIBILITY: Responsibility for concept initiation would rest with the Offender Programs Branch; however, formal initiatives would be the responsibility of the Staff Development and Training Branch, professional groups and the appropriate CSC administrative units responsible for these staff, i.e. Psychological Services, the Chaplain General, etc.

b) Direct Programs

These are programs that are geared directly to the offender and his/her specific addictions needs. These programs can be conceived as falling into four general categories: i) education, ii) treatment, iii) rehabilitation and iv) demonstration projects which could apply to the former three:

i) Education Programs for Offenders

. TARGET GROUP: All offenders.

Education programs may be perceived as tools for prevention and early intervention. They may be directed at all inmates through regular education and awareness initiatives in the institution.

. PURPOSE: To ensure that all offenders know the facts about drugs and are aware of the health and social implications of their misuse. The intent is that, as a result, they will be less likely to develop serious problems in the future and will be more likely to seek attention if they begin to see an addictions problem developing.

. OBJECTIVE: To provide all offenders with the insight they require to identify developing addictions problems and the motivation to seek appropriate available services when necessary.

. MODEL: Most effective addictions awareness efforts are those which are integrated into existing and well structured learning experiences within the

institution. For example, the Addiction Research Foundation of Ontario has developed Addictions curriculum components for inclusion in health courses for students in Grades 7 - 8 and 9 - 10. This information could be quite readily incorporated into these four grade levels, within CSC's educational programs for offenders.

Comparable units of instruction have been developed by other specialists for students at various levels of education and these too could be included in courses such as law, biology, nutrition, social studies and physical education.

CSC has a great deal of front-line experience and expertise with this particular area.

For example, the Leclerc Institution has sponsored an offender Drug Information Program and the Kingston Prison for Women has sponsored a formal Drug Education Program. Similar programming has taken place at Stoney Mountain Institution and Drumheller Institution among others.

In this manner too, CSC could provide highly specialized addictions information to offender population sub-groups such as women, natives, the elderly offender, etc. For example, Health and Welfare Canada has, among others, produced highly regarded addictions information formats for women with addictions problems; the Ontario Ministry of Correctional Services has developed

a thirteen-phase education and awareness program on impaired driving for offenders; the Department of National Health and Welfare, through its Native Drug & Alcohol Abuse Program, has developed approaches and tools regarding the communication of Addictions information to Native people.

. APPLICATION: CSC will have to identify, through study, the specific educational needs of those special groups within its care and match these with appropriate programs already in existence in the community. It appears that no matter what the learner population, there exists curricula and teaching aids that could be readily adapted to the correctional environment.

. RESPONSIBILITY: The Education, Training and Employment Branch in tandem with the Offender Programs Branch should initiate, and support where they already exist, such programs. Where new addictions information components are to be incorporated into existing institutional courses, collaboration could be secured with pertinent community partners. Both Branches could through their internal networks make special addictions packages available to CSC personnel.

ii) **Professional Treatment Services for the Offender**

. TARGET GROUP: Offenders identified as having specified addictions problems.

. PURPOSE: To provide advice, counseling and related treatment services directed at restoring the physical and mental health of the addicted offender so that his/her ultimate return to the community will more likely be positive.

. OBJECTIVE: To provide a range of professional treatment services to individual offenders, and groups of offenders, that provide treatment options that reflect contemporary standards in the specialized field of addictions. This will be done through current staffing and organizational structures.

. MODEL: As indicated earlier, the key to the provision of addiction services to the offender is well trained and committed professional and custodial personnel working in close proximity, and on the long term, with the offender. This should be considered core programming.

Such an approach allows CSC to build upon existing manpower, and its expertise and experience, and through well established and legitimized organizational networks and structures.

Although models for this approach are not readily identifiable, it is one area in which CSC could provide leadership for model development, for it is one approach that attempts to maximize, and to bring into play, all key treatment personnel within the institution system that have the potential for substantially influencing and altering offender addictions behaviour.

. APPLICATION: The structure for the provision of treatment services is already well developed and operative within CSC. It need only be readily identified as "program" and be supported and reinforced as such through existing organizational mechanisms.

. RESPONSIBILITY: The Offender Programs Branch and Medical and Health Care Services Branch have the responsibility for demonstrating that "professional services" are in fact a major program within its addictions management framework and to work with other branches to ensure that addictions services are offered at the highest level, and duly recorded.

iii) **Special Rehabilitation Programs for Offenders**

. TARGET: All offenders with identified addictions problems.

. PURPOSE: To ensure that all offenders who require problem management assistance in addition to prevailing professional services receive it.

Also, to provide interested offenders with a spectrum of treatment options that are rooted in programming and have provided demonstrated benefits for that clientele.

. MODEL: As noted earlier, there presently exists within CSC a number of important program initiatives that appear to be cost-effective and to be

operating with a minimum of disruption to the system and have the support of both staff and offender.

One of the best examples in this area is Alcoholics Anonymous. At the moment, AA programming appears to be one of the most expedient and valuable addictions programs across the service -- one that appears to have an overall ameliorative effect on the institutions as a whole. Therefore, such programming should be considered for expansion in order to reach more offenders and should be adapted to other addiction problems.

. APPLICATION: The Offender Programs Branch should clearly identify such programs and, having made its general support of them known, try to broaden the base of such programs where need and resources permit, to increase availability and utilization.

. RESPONSIBILITY: In this regard, it is up to the Offender Programs Branch in collaboration with Medical and Health Care Services Branch to identify needs, directions and programs for broad use throughout the system and to demonstrate appropriate pathways for bringing new and supported programs on stream. It should also monitor, evaluate and therefore give direction to unfolding CSC's addiction programming thrust.

iv) **Time-Limited Demonstration Programs for Selected Offenders**

These initiatives would test a selected number of programs that appear to hold educational, treatment and or rehabilitation potential for offenders -- programs that would be effective on the long term and through broad application within CSC. For example, innovative programs or programs that have enjoyed success elsewhere but whose value to CSC remains to be determined. The review of several such programs in a given year would provide CSC with the opportunity to develop experience, expertise and a more intimate knowledge base in the addictions field as well as an opportunity to call out the most appropriate interventions for its use. It would also give programming staff the occasion to test their initiative, ideas and skills in a controlled environment.

The Offender Programs Branch should begin to identify areas of special need in preparation for designing such demonstration projects. Obviously, those which prove successful could be incorporated into regular programming, where costs are acceptable and widespread application feasible.

8. IMPLEMENTING ADDICTIONS PROGRAMMING

The current challenge to CSC management related to addictions programming is to develop a clear organizational framework that will give structure and direction to the development and implementation of individual addictions programs such as those recommended earlier. Ultimately, it will be essential that all key components, current and planned, of this "ideal" addictions programming model are present and accounted for.

In addition, to ensure a management infra-structure that:

- **identifies programming needs based upon front-line feedback and from objective study;**

- documents, along pertinent lines, all current and proposed programs for information, reporting and planning purposes;

- requires all planned addictions programs to be documented in detail and in consistent fashion, and vetted through a staff committee (peers) for review and approval before being endorsed by the formal line management structure (this is an excellent quality control method and one that ensures programming integrity), and

- systematically avails senior managers and planners of the unfolding information on programs they require in order to make cogent planning decisions and projections and so that they can more accurately report on what is taking place in addictions programming within their system at any one point in time -- its level of efficiency and effectiveness.

Three mechanisms should be put into place. They are as follows: a) Program Data Base; b) Program Submission Format; and c) Program Monitoring System.

a) **Program Data Base**

As indicated earlier, CSC, and the Offender Programs Branch in particular, requires an on-going addictions data base upon which to plan. Questions such as the following need to be answered: "How many offenders have addictions problems? -- What type are they? -- what patterns emerge geographically, by sex, age, in relation to the offence? etc.." Two data collection methods are proposed:

i) **Offender Addictions Profile**

As part of the information gathered on each new offender at the point of admission, a complete profile on his/her addictions problems would be obtained by administering a valid and reliable instrument. Such a questionnaire currently exists and has been developed by the Ontario Addiction Research Foundation: "An

Initial Interview for Clients with Alcohol and or Drug-related Problems". It is comprehensive, computerized and has been developed specifically with the purpose of leading the interviewer to an appropriate treatment plan. Approximately 1,000 of these profiles would be collected annually from offenders entering the system. The information they yield would not only provide clear treatment directions for the offender, but at the collective level would provide managers and professionals with a system-wide picture of the nature, extent and characteristics of the addictions profile in federal institutions. It is this annual overivew which would assist in making planning and programming decisions that are consistent with the reality of the addictions problems in specific institutions.

ii) **Issue-Specific Studies**

From time to time, it will be necessary to supplement this data base with more focused and detailed information. For instance, narrowly-defined studies about certain sub-groups, about the relationship of drugs to violence, feasibility studies, etc... would need to be conducted to strengthen existing programming: i.e. to identify staff training needs and develop associated expertise, to lay the foundation for the demonstration and pilot projects described earlier.

One example of such specific studies is the short-term project entiled "A Three-Phase Proposal to Develop and Evaluate Federal Offender Alcohol and Drug Abuse Treatment Programs" prepared by Lightfoot, Kalin, Laverty and Maclean, and submitted to the Offender Programs Branch in December, 1983.

b) **Program Submission System**

CSC should establish a Program Submission System that necessitates and facilitates the documentation of all current and proposed addictions

programs initiated by staff. This information, collected in a consistent fashion, would provide management with baseline information and an opportunity for rational program comparisons. All proposed programs could be documented according to an agreed-upon format and submitted on a quarterly basis to the Offender Programs Branch for review by a select committee of regional and headquarters staff (programming/research/education/management etc...). The committee's assigned task would be to ensure:

- general program consistency with CSC addictions philosophy and direction,
- program relatedness to current "best advice" from the addictions field,
- demonstrated management support at all levels for the program,
- a clear review of costing and staffing,
- an opportunity for two-way communication between management and staff,
- an opportunity for cross-fertilization between programs,
- an evaluation/research component where appropriate,
- a final report upon completion.

This results-oriented system could be managed and directed from the Offender Programs Branch and would be essentially peer-oriented. It would be an advice-giving mechanism for management and would not interfere with formal line-management authority. (Please refer to appendix B and appendix C).

c) **Program Monitoring System**

Once a program submission is in place, it is then essential to reinforce it with a monitoring system. The primary purpose of such a Program Monitoring System is to ensure, as its name suggests, a tracking system in order that the Deputy Commissioner and other senior staff remain fully appraised of all significant addictions programming developments involving the expenditure of staff time, monies and resources and, more

fundamentally, compliance of field operations with corporate policy. Such a system could create a positive state of tension between policy, management and field staff and therefore stimulate rigorous programming.

It is envisaged that the Program Monitoring System could be enacted annually and, where feasible, could be coordinated with Strategic Overview, Multi-Year Oprational Plans and annual budget exercises. In this annual reporting, the program staff would be asked to complete an abbreviated report form which could be used by the Offender Program Branch in the preparation of its annual report. This annual report could be made available to all field staff, thereby completing the information feed-back loop and ultimately reinforcing the initial effort. (Please refer to Appendix D.)

As a corollary, one should address the importance of computerizing these three functions in order to make best use of the information generated -- over-all, by region and by institution.

9. SUMMARY AND RECOMMENDATIONS

There is no "quick fix" for addictions programming within CSC. Rather, the answer is rooted in the organization's planned and relentless pursuit of excellence in the delivery of a well-conceived, articulated and understood programming mix that equips staff to be effective with offenders in their day-to-day activities.

The recommendations of this report are as follows:

a) ADDICTIONS PROGRAMMING MANAGEMENT

Recommendation 1: **That CSC accept the general addictions programming framework presented in this report as the basis for its future planning and programming.**

Recommendation 2: That CSC institute an Offender Addictions Profile Data Base and that this be supplemented by periodic issue-specific studies such as the proposal for a "Three-Phase Program to Develop and Evaluate Federal Offender Alcohol and Drug Abuse Treatment Programs", submitted to CSC in December, 1983. Also, that his database access information at institution, regional as well as national levels.

Recommendation 3: That a Program Submission System be established in relation to addictions programming, within CSC.

Recommendation 4: That CSC adopt a Program Monitoring System in relation to its addictions programming.

Recommendation 5: That CSC promote and support addictions programs that:

- provide a range of treatment options to the offender
- have a "social learning" foundation
- focus on social learning skills, communications skills etc.
- treat addictions in a "holistic" fashion
- focus on prevention, where possible
- utilize innovative community based services/ resources
- utilize community based "half-way house" programs
- provide directive, pro-social, counseling
- relate to the specific needs of inmates in specific settings/security classification, taking into account the reality that the inmate "profile" -- especially as it relates to drug misuse -- may vary among institutions with similar security classifications.

- incorporate an evaluation component that attempts to measure program effectiveness.

b) INDIRECT ADDICTIONS PROGRAMS

Recommendation 6: That CSC undertake to upgrade the addictions "core knowledge" of all its professional staff and reinforce this on a regular basis.

Recommendation 7: That CSC undertake to upgrade the addictions awareness of all custodial staff and reinforce it on a regular basis.

Recommendation 8: That CSC undertake to identify all addictions-specific programming staff and to upgrade their helping skills with appropriate training.

c) DIRECT ADDICTIONS PROGRAMS

Recommendation 9: That CSC undertake to ensure that available addictions-related curricula and other knowledge building materials be incorporated, where appropriate and feasible, into existing offender education programs.

Recommendation 10: That CSC acknowledge the importance of current treatment services provided by professional staff (psychologists, parole officers, social workers, chaplains, etc..) as an essential part of its addictions service delivery system and to support these in order to ensure excellence enhancement and integrated functioning.

Recommendation 11: That CSC undertake a formal programming audit of all of its current special addictions rehabilitation programs and, based upon a review of the findings, cull the best of programming for use in expanding the number, and availability, of such programs throughout the system.

Recommendation 12: That CSC be prepared to approve several major time-limited demonstration programs in any given year, as need dictates.

d) CSC ADDICTIONS PROGRAMMING MOBILIZATION

Recommendation 13: The implementation of addictions programming, as outlined in this report, will be a major and important undertaking that will require both senior management commitment and considerable human and material resources. It is not likely that currently allocated staff and resources are adequate to meet the challenge.

Therefore, if CSC management elects to proceed with the implementation of the proposed plan it should establish a formal Addictions Programs Centre. It should be staffed with a cadre of experienced and specialized addictions personnel (4-6 positions) with backgrounds in addictions treatment, programming, and evaluation as well as organizational development. These employees would provide a staff function and not be incumbered with managerial and routinized responsibilities that would impinge on their primary tasks of expediting all aspects of the management plan.

The Centre should be provided with adequate resources and be accountable to the Deputy Commissioner, Offender Programs Branch.

10. A CLOSING THOUGHT

The success of the aforementioned addictions programming plan is contingent upon two factors which are often overlooked: the first is the importance of having sober and drug-free staff as role models to the offender and the second is the facilitative function of the work climate in supporting staff around the delicate task of managing addictions in a correctional milieu.

In the first instance, the establishment of Employee Assistance Programs to promote health and to identify and manage problems which may arise if personnel are chemically dependent is a proven way of ensuring that the very behaviour we are attempting to control in offenders not occur amongst staff. For obvious reasons, this situation would only serve to undermine any addictions programming, notwithstanding the various costly and demanding personnel problems it creates for managers.

In the second instance, appropriate organizational development measures destined to improve communication among staff create a facilitating milieu would be an important concomitant to the addictions programming plan.

These two internal support activities are not properly within the purview of this report, but should be mentioned for serious consideration by CSC management.

APPENDIX A

CSC INVENTORY OF TREATMENT PROGRAMS
FOR DRUG AND ALCOHOL ADDICTION - 1983

Prepared by
Correctional Services Canada

INVENTORY OF TREATMENT PROGRAMS FOR DRUG AND ALCOHOL ADDICTION

ATLANTIC REGION

SPRINGHILL INSTITUTION

a) This institution has an Alcoholics Anonymous Program.

b) Springhill Institution has a Narcotics Anonymous program since 1983.

DORCHESTER PENITENTIARY

a) Dorchester Penitentiary has an Alcoholics Anonymous Program.

b) There is no formal treatment program for drug addiction. Specialized programs have been conducted under Special Projects funding.

WESTMORLAND INSTITUTION

a) There is an Alcoholics Anonymous Program conducted at this institution.

b) There is no formal drug treatment program.

ALCOHOLISM AND DRUG DEPENDENCY COMMISSION OF NEW BRUNSWICK OFFICES:

Name	Type of Treatment Facility
Head Office 103 Church Street P.O. Box 6000 Fredericton, N.B. E3B 5H1 Tel: 453-2136	
Victoria Treatment Centre 15 Woodstock Road P.O. Box 6000 Fredericton, N.B. E3B 5H1 Tel: 453-3838	Out-patient counseling and detoxification Centre
Ridgewood Treatment and Rehabilitation Centre P.O. Box 3566, Station B South Bay, Saint John West, N.B. E2M 4Y1 Tel: 674-1314	28-day program
Campbellton Treatment and Rehabilitation Centre 31 Prince William Street Campbellton, N.B. Tel: 753-7715	28-day program
Laurier Treatment Centre 340 Laurier Street P.O. Box 733 Bathurst, N.B. E2A 4A5 Tel: 548-8678	Detoxification Centre
Alcoholism and Drug Dependency Commission of N.B. 375 St. Andrew Street Bathurst, N.B. E2A 1C6 Tel: 458-4405	Out-patient counseling

ALCOHOLISM AND DRUG DEPENDENCY COMMISSION OF NEW BRUNSWICK OFFICES (Cont'd)

Name	Type of Treatment Facility
Alcoholism and Drug Dependency Commission of N.B. P.O. Box 5001 Woodstock, N.B. E0G 2B0 Tel: 328-9966	Out-patient counseling
La Lanterne Lions Treatment Centre 142, rue Church Edmundston, N.B. E3V 1K1 Tel: 735-8866	Detoxification Centre
Alcoholism Treatment Centre Dr. George L. Dumont Hospital 330 Archibald Street Moncton, N.B. Tel: 858-3286	Detoxification Centre
Alcoholism and Drug Dependency Commission of N.B. 329 Collishaw Street P.O. Box 2516 Moncton, N.B. E1C 6Z5 Tel: 858-2672	Out-patient counseling
Alcoholism Treatment Unit 675 King George Highway Newcastle, N.B. Tel: 622-3823	Detoxification Centre
Tracadie Treatment Centre P.O. Box 700 Tracadie, N.B. E0C 2B0 Tel: 395-2206	Detoxification Centre
Alcoholism and Drug Dependency Commission of N.B. Provincial Building 41 King Street St. Stephen, N.B. E3L 2H2 Tel: 466-5655	Out-patient counseling

DEPARTMENT OF HEALTH AND SOCIAL SERVICES - P.E.I.

ADDICTION TREATMENT FACILITIES

Mr. Neil Young
Provincial Director
Addiction Services
P.O. Box 37
Charlottetown, P.E.I.
C1A 7K2
Tel: (902) 892-4265

(Central Office - regarding Administrative and Policy Matters)

Mrs. Peggy MacInnis
County Addictions Director
Kings County Addiction Services
Breakwater Street
P.O. Box 100
Souris, P.E.I.
C0A 2B0
Tel: (902) 687-2150

(Kings County)

Mrs. Betty Campbell
County Addictions Director
Prince County Addiction Services
216 Schurman Avenue
Summerside, P.E.I.
C1N 2P4
Tel: (902) 436-4201

(Prince County)

Dr. Leo H. Killorn
County Addictions Director
Queens County Addiction Services
P.O. Box 1832
Charlottetown, P.E.I.
Tel: (902) 892-4265

(Queens County)

Ms. Carol Pound
Education Officer
County Addictions Director
Queens County Addiction Services
P.O. Box 1832
Charlottetown, P.E.I.
Tel: (902) 892-4265

(Queens County)

Ron Colwell
Industrial Program Officer
County Addictions Director
Queens County Addiction Services
P.O. Box 1832
Charlottetown, P.E.I.
Tel: (902) 892-4265

(Queens County)

ADDICTION TREATMENT FACILITIES - P.E.I. (Cont'd)

Youth Program
Alcohol and Drug Problems Institute
Beach Grove Road, P.O. Box 1832
Charlottetown, P.E.I.
C1A 7N5
Contact: Grant Killorn
Youth Therapist
Tel: (902) 892-0641

Education/Public Awareness Service
Alcohol and Drug Problems Institute
Beach Grove Road, P.O. Box 1832
Charlottetown, P.E.I.
C1A 7N5
Contact: Mrs. Heather MacPherson and Ann Tierney
Education Coordinators
Tel: (902) 892-0461

Prince County

Detoxification Unit
Contact: Amy Gaudet, R.N.
Nursing Supervisor
Tel: (902) 436-7213/7214

Medical Consultant Services
Contact: S.R. Cameron M.D.
Medical Consultant
Tel: (902) 436-9283

Rehabilitation Program
Contact: Peter McCloskey
Rehabiliation Supervisor
Tel: (902) 436-4201/4202

Education and Prevention Services
Contact: Mr. Gary Roberts
Educational Co-ordinator
Tel: (902) 436-4201/4202

Short-Term Care
St. Eleanor's House (Half-way House)
571 South Drive
St. Eleanor's, P.E.I.
Contact: Tom Whittaker - Manager
Tel: (902) 436-5197

ADDICTION TREATMENT FACILITIES - P.E.I. (Cont'd)

West Prince Addiction Services
Western Hospital
Alberton, P.E.I.
Contact: Mr. Walter Rafferty
Tel: (902) 853-2330

The following specific services are available in this province for individuals with drug and alcohol problems:

King's County

Short Term In-Patient Rehabilitation Program (3 weeks)
King's County Halfway House
Georgetown, P.E.I.

Mobile Unit for Group Treatment
Georgetown, P.E.I.

Queen's County

In-Patient Detoxification
Alcoholism Treatment Centre
University Avenue
Charlottetown, P.E.I.
Contact: Sister Bertha McCarthy, R.N.
Nursing Supervisor
Tel: (902) 892-4265

Morning Orientation Program
Alcohol & Drug Problems Inst.
Beach Grove Road
Charlottetown, P.E.I.
Contact: Mrs. Maureen Neary, R.N.
Out-Patient Rehabilitation
Therapist
Tel: (902) 892-0461

Short-Term Residential Facility
(Half-way House)
Talbot House
205 Kent Street
Charlottetown, P.E.I.
C1A 7N5
Contact: Mr. Peter MacLean - Manager
Tel: (902) 892-3831

ADDICTION TREATMENT FACILITIES - P.E.I. (Cont'd)

Long-Term Residential Facility
(Farm Unit)
Addiction Services Farm Unit
Fredericton, P.E.I.
C0A 1N0
Contact: Mr. Henry Grant - Manager
Tel: (902) 964-2865

Family Orientation Program
Alcohol and Drug Problems Institute
Beach Grove Rd., P.O. Box 1832
Charlottetown, P.E.I.
C1A 7N5
Contact: Mrs. Muriel MacLeod - Family Therapist
Tel: (902) 892-0641

TREATMENT & REHABILITATION PROGRAMS
IN
NOVA SCOTIA

Prepared by: Nova Scotia Commission
on Drug Dependency

March 1982

Sand River

ADDICTION INFORMATION WORKSHOP

This program is of four days duration. It aims to provide information regarding addictions to individuals who have displayed some motivation toward either resolving or questioning their attitude and behaviour vis-à-vis alcohol/drug use and abuse.

The program is best suited for those who are considering more intensive treatment such as 28-day programs. For these individuals, the program serves as a transition stage, encouraging a self-questioning attitude which is of benefit to him with the more intensive treatment situation. Otherwise, the addiction information presented is well suited to persons who wish to examine their alcohol/drug use and abuse and make decisions regarding personal need for further treatment.

Program information is presented through carefully selected film material and resource persons well versed in alcohol/drug related issues.

Finally, the program allows for group discussion during which participants' views can be expressed openly and challenged by others. This discussion aspect of the program is considered integral to program effectiveness.

Recovery House Society
Monastery
Antigonish Co., N.S.

Tel: (902) 232-2410

Director: Mr. Donald MacIntyre

Bed Capacity: 14

Referral Source and Criteria For Admission

Recovery House operates an alcohol and drug 28-day rehabilitation program. It is a privately operated CRC which receives grants from the North Shore Commission on Drug Dependency as well as private funding.

The Correctional Service of Canada has a contract with Recovery House which allows two referrals per month.

With regard to general referrals, they come through the North Shore Commission on Drug Dependency.

With regard to parolee/inmate referrals, these are done through CSC, Truro. Contact with regard to openings should be with Michael Kilburn, CSC, Truro (895-3881).

NOVA SCOTIA COMMISSION ON DRUG DEPENDENCY

CENTRAL OFFICE - ADMINISTRATION:

Tel: 424-4270

5668 South Street, Halifax

Executive Director: Marvin M. Burke

The Nova Scotia Commission on Drug Dependency has four (4) major divisions which support the treatment and rehabilitation programs in the regions. It is through the Office of the Executive Director that these divisions are coordinated including:

- the development and implementation of policy
- liaison with other government departments and human service agencies
- assisting community agencies, volunteer groups and other citizen groups.

Treatment and Rehabilitation Division:

Major area of responsibility in providing policy guidelines and overall provincial supervision for a program of treatment and rehabiliation for drug dependent persons.

Employee Assistance Programs Division:

Responds to management and labour requests for assistance with drug dependency problems in the workforce by identifying problem employees and returning them to an acceptable level of productivity.

Documentation, Evaluation and Research Division:

Develops, analyses and interprets data on prevention and treatment policies and programs.

Human Resources Division:

Provides comprehensive drug dependency prevention and education services through community-based extension services, school and youth services, training of volunteers and health care workers.

CENTRAL OFFICE TELEPHONE #	424-4270
Executive Director:	Marvin Burke
Coordinator, Employee Assistance Programs:	Ed Fitzpatrick
Coordinator, Documentation, Evaluation & Research:	Brigitte Neum
Coordinator, Human Resources:	Carol Amaratu
Manager, Administrative Services:	Zane O'Brien
Supervisor, Pharmacology Programs:	Greg Johnston
Supervisor, School Services:	Brian Wilbur
Supervisor, Special Services:	Harry Roberts
Supervisor, Training:	Eleanor Cardo
Librarian:	Patricia MacNeil

WESTERN REGIONAL DRUG DEPENDENCY PROGRAMS
NOVA SCOTIA COMMISSION ON DRUG DEPENDENCY

WESTERN REGIONAL DRUG DEPENDENCY PROGRAM: 742-2406

60 Vancouver Street, Yarmouth

Regional Coordinator: David Cassidy

PRIMARY CARE:

Central Outpatient Services: 742-2406

AFTER CARE:

Satellite Outpatient Services:

Queens County Referral Centre 354-4380
Bridge Street, Liverpool

Digby Unit 245-5888
Digby General Hospital

Digby Unit (sub-office) 769-3419
St. Ann's College

Shelburne Unit
Roseway Hospital 875-3011

YARMOUTH ALCOHOLIC REHABILITATION PROGRAM: 742-3541, Local 328

Detox & Treatment Orientation: 6 beds

Head Nurse: Sandra Noah
Rehabilitaton Coordinator: Charlene Poole

VALLEY REGION

KENTVILLE HOSPITAL ASSOCIATION:

Miller Hospital, Kentville, N.S.

Program Coordinator: Gaston d'Entremont — 678-7381, Local 140

Detox: 5 beds — 678-7381, Local 140

Central Outpatient Services: — 678-3251, Local 140

Crosbie House: — 678-7381, Local 140

Short Term Treatment Program: 10 beds

Satellite Outpatient Services:

Soldiers Memorial Hospital
Middleton
Contact: Iva Gale

Office: 825-3411
Home: 665-2644

Hants Community Hospital
Windsor
Contact: Reg Brown

Office: 798-8351
Home: 798-4787

TREATMENT & REHABILITATION PROGRAMS IN NOVA SCOTIA

The Nova Scotia Commission on Drug Dependency has the major responsibility for providing treatment and rehabilitation programs in Nova Scotia.

The treatment and rehabilitation programs of the Commission on Drug Dependency are generally divided into Primary Care and After Care.

PRIMARY CARE:

Under Primary Care are found detox, assessment, Treatment Orientation and a centralized outpatient service.

The normal criteria for detox includes:

- Intoxication and/or withdrawing
- Voluntary admission
- Ambulatory
- Cooperative

The withdrawal process varies depending on the drug(s) ingested with the emphasis being placed on rest, personal hygiene and a balanced diet. Medications are only used when indicated. The detox program is generally considered a beginning step in the rehabilitation process. It is a voluntary program consisting of a supervised period in which the client withdraws from alcohol and/or other drugs in a supportive environment.

Assessment may be considered a process by which staff evaluate a patient's individual circumstances with the view to devising a tentative treatment plan.

The Treatment Orientation Program takes place near the end of the withdrawal process. Usually, this is a 5-Day Education program whose major focus is dealing with the here and now and linking individuals to ongoing follow-up and After Care.

In the centralized Outpatient Service, therapy can fall into three (3) major categories: individual, family and group counseling. Staff provide follow-up and After Care Services for varying periods of time.

AFTER CARE:

Under After Care are found the 28 Day Short-Term Treatment Program and satellite Outpatient Services.

The 28-Day Education Program aims to help individuals:

- become more educated about alcoholism and the other drug dependencies
- realize, face and take responsibility for the effects of their drug dependency
- learn more about themselves emotionally
- learn how to cope in the everyday world
- put together a healthy, productive sobriety or drug free state.

CAPE BRETON DRUG DEPENDENCY PROGRAMS
NOVA SCOTIA COMMISSION ON DRUG DEPENDENCY

CAPE BRETON ADDICTION REHABILITATION CENTRE:	539-7800
115 Alexandra Street, Sydney	
Regional Coordinator:	Wayne Yorke
Manager, Treatment Services:	Claire Nyiti
PRIMARY CARE:	
Detox: 10 beds	539-7800
Treatment Orientation Program: 10 beds	539-7800
Central Outpatient Service:	539-7800
AFTER CARE:	
Short Term Treatment Program: 15 beds	539-7800
Satellite Outpatient Services:	
- Port Hawkesbury Unit	625-2363
- Inverness Unit	258-3300
- North of Smokey Unit	285-2622
- Glace Bay Unit	849-4567
- Northside/Victoria Unit	794-7631
- Richmond County Unit	625-2363
- Baddeck Unit	298-2112
Half-way House: 9 beds	539-6627
571 Esplanade Street, Sydney	

Provides additional support and control to the drug dependent person for a period of three (3) to nine (9) months. During his/her stay, the drug dependent person receives continual education, treatment and assistance with social and economic problems related to their rehabilitation from drug dependency. Consideration is given to the employment prospects of each incoming resident.

LONG-TERM SHELTERED WORKSHOPS: (Males only)

Talbot House Long Term Treatment Unit: 30 beds 794-2852

Frenchvale, Cape Breton County
Contact: Fr. Bernie MacDonald

Twenty (20%) percent of the men could be considered long term residents. They are involved in a work therapy program supervised by a job foreman. A weekly program is conducted by staff members of the Cape Breton Addiction Rehabilitation Centre with the main aims of re-education, remotivation, rehabilitation and resocialization. The length of stay ....?

METRO/LUNENBURG REGION

Nova Scotia Commission on Drug Dependency
Metro/Lunenburg Drug Dependency Programs

METRO DRUG DEPENDENCY CENTRE: 424-5623

Pleasant St., Dartmouth

Regional Coordinator: Joe Power
Manager, Treatment Services: Paul Girard

PRIMARY CARE:

Detox: 12 beds 424-5623

Treatment Orientation Program: 12 beds 424-5623

Central Outpatient Services: 424-5623

AFTER CARE:

Short Term Treatment Program: 20 beds 424-5623

Satellite Outpatient Services:

Metro Drug Dependency Clinic
1480 Brenton Street, Halifax 424-5920

Sackville Unit
70 Memory Lane, Lower Sackville 865-5750

Lunenburg County Drug Dependency Clinic
99 High Street, Bridgewater 543-7882

NEWFOUNDLAND

INTRODUCTION

Alcohol and other drug abuse is a bio-psycho-social problem for which in most cases, rehabilitation can be undertaken at a local level. In the minority of situations specialized services may be necessary. The Department of Social Services is committed to a regional concept in the provision of services and the need for a coordinated approach. The Department believes that the coordinating of existing services can be accomplished and we will assume a leadership role in this regard. Through such coordination a more efficient and effective service delivery network can be established, thereby maximizing the potential assistance to drug hurt people. The Department does not provide any alcohol specific services but funds various community-based programs developed to meet local needs. The Department's involvement in these programs is out of concern for the rehabilitation of individuals affected and social workers should reflect this in their relationship with clients, including providing financial assistance, where necessary, to facilitate treatment. A worker's involvement in alcohol and/or drug related matters will be the same as his/her involvement in other client concerns. Such worker involvement is consistent with the Department's rehabilitation philosophy.

COMMUNITY PROGRAMS

For years researchers have been attempting to assess the efficiency of treatment and rehabilitative approaches. The best evidence available indicates that no one approach is any better than the next and that a combination of many strategies produces the best results. Consequently, a broad-based program is to be desired. Stemming from this is the Department's belief that the problem of alcohol and other drug abuse can be solved at the community level.

SPECIFIC PROGRAM EXPLANATION

St. John's

TALBOT HOUSE DETOXICATION PROGRAM - under the auspices of St. Clare's Mercy Hospital. Director, Mr. Ron Tizzard, Deanery Avenue, St. John's. Telephone number 778-3558 (3559).

Services Provided - a detoxication facility for inebriated males. Although the predominant condition is intoxication by ethyl alcohol, consideration for admission for those programs under the influence of other drugs will be given subject to the discretion (S.P.) of the Director. Length of stay five to seven (5-7) days. This is the beginning of the rehabilitation process. Talbot House also provides a twenty-one (21) day rehabilitative in-patient program for individuals requesting same. Group discussions, recreation, films, lecturettes and special speakers for the basis of the program.

Catchment Area - entire province including Labrador.

SALVATION ARMY HARBOUR LIGHT

- Director, Major Baxter Davis, 12 Springdale Street, St. John's.

Services Provided - an in residence program of up to three months duration which is in two phases. Phase I which is two weeks in duration, is directed to examining the ten steps of recovery as outlined by the Salvation Army. Residents are not permitted to leave the building during this period. Phase II provides an opportunity for residents to become involved in work therapy along with individual counseling and recreational therapy.

Catchment Area - entire province including Labrador.

The department currently funds a number of programs. These programs range from a direct service approach such as the Talbot House Detoxication Program in St. John's to the wide ranging activities performed by the Alcohol and Drug Addiction Foundation. the following are the programs funded by our department and a brief description of their functions. Contact people are also identified. Ready accessibility to each of the services is available by contacting the identified individuals.

PROVINCIAL PROGRAM

ALCOHOL AND DRUG ADDICTION FOUNDATION - Executive Director, Mr. George Skinner, 3 Blackmarsh Road, St. John's. Telephone number 579-4041.

Eastern Area Co-ordinator - Mr. Joe Bath, St. John's. Tel: 579-4041
Central Area Co-ordinator - Mrs. Betty Pye, Grand Falls. Tel: 489-3938
Western Area Co-ordinator - Miss Debbie Rumbolt, Corner Brook. Tel: 634-4506
- Ms. Beverley Clarke, Stephenville. Tel: 643-5383
Labrador Area Co-ordinator - Mr. Terry Green, Goose Bay. Tel: 896-5303

Services Provided - A wide range of services are provided by this organization. The major emphasis is on the social problems created by the abuse of chemical substances, as well, training programs for professionals such as teachers and nurses are undertaken. Working with the justice system in developing driving while impaired re-education programs and diversion programs for juveniles fall within their mandate. Minimal out-patient services are provided and consultation on individual cases is available. The Foundation sponsors the Allied Youth movement in Newfoundland. This is a youth-oriented program aimed at developing skills in young people to enable them to withstand today's pressures in living. Public education and awareness is achieved by addresses to various groups and the distribution of pertinent educational material and films.

Catchment Area - all of Newfoundland and Labrador.

Labrador

NORTH WEST RIVER NATIVE ALCOHOLISM REHABILITATION PROGRAM

- Director, Mr. Charles Andrews, North West River, Labrador. Tel: 497-8231 or 497-8522.

Services Provided - emphasis is placed on rehabilitation services for natives suffering the effects of alcohol addiction. The approach is informal and provided through counseling in office or home. Attempts are made to reawaken dormant skills in native people, thereby, assisting them to become rehabilitated to independence and self-supporting. Programs are provided for young people to help prevent the problem of vandalism and future involvement with alcohol.

Catchment Area - North West River.

CONSULTANT ON ALCOHOL AND OTHER DRUG ABUSE

- B.W. Smith, Confederation Building, Prince Phillip Drive. Tel: 737-2489.

Services Provided - consultation on all matters related to the use and abuse of alcohol and other drugs. The consultant is available to both departmental personnel, especially field staff who may be involved from time to time in counseling clients who have alcohol and/or drug related problems, and community groups to assist in assessing need and developing appropriate intervention strategies. Assistance in the delivery of training programs, program development and consultations on individual cases are available. The consultant on alcohol and other drug abuse is the departmental co-ordinator for the Government's Employee Assistance Program. As such, the consultant is the first step in referral, should such be necessary. Contact with the consultant may assist supervisors and managers in their handling of employees who may benefit from this program.

INVENTORY OF TREATMENT PROGRAMS FOR DRUG AND ALCOHOL ADDICTION

QUEBEC REGION

1. A.A. visits on a regular basis each of the institutions.

2. Individual counseling by classification officers is available to inmates with problems in drugs and alcohol.

3. All the psychologists in the region offer individual therapy services and counseling.

4. Resources of different organizations and private agencies which offer program in the treatment of alcohol and drugs are disclosed to the offender.

5. Some special treatment programs are found at Cowansville Institution, where there is a group therapy for drug addiction and alcohol.

6. A drug information program for inmates was instituted at Leclerc Institution in 82/83 with the signature of a service contract with the drug treatment group alternatives.

7. A residential center, specialized in the treatment of offenders with drug problems is presently being developed south of Montreal. This resource should be operating in 83/84.

INVENTORY OF TREATMENT PROGRAMS FOR DRUG AND ALCOHOL ADDICTION

ONTARIO REGION

There are no specific programs in the region: Individual therapy is conducted by the psychologists in the areas of anxiety, depression, interpersonal conflict, etc., with a large number of inmates who have alcohol and drug problems. Inevitably during the period of therapy, their problems with alcohol and drugs are touched upon. However, since such "tangential treatment" is not specific and comprehensive, it would not be easy to identify the numbers of such cases, lest these numbers be misinterpreted as the numbers treated for these problems by institutional psychologists.

MILLHAVEN INSTITUTION

At present, there is no formal Drug and Alcohol program at Millhaven, aside from Alcoholics Anonymous. The psychologist does individual counseling, and when he feels there is a sufficient need, he establishes and conducts group therapy for Drug and Alcohol Addiction.

PRISON FOR WOMEN

1. Alcoholics Anonymous: This group involves approximately 20-25 inmates who have admitted having problems with alcohol. Group emphasis is on rehabilitation with the aim to reduce dependence on alcohol. Guests from the community participate in the program.

2. Delta (Drug Education Level Treatment Addiction): This group is offered two times per year (12 weeks duration) involving between 7 and 12 inmates. The psychologist and a resource person, knowledgeable in addiction counseling lead the group. The Delta group is primarily educational in nature, providing information on all areas of drug addiction. It is anticipated this program will be offered 3 times per year depending on financial and human resources.

JOYCEVILLE INSTITUTION

Alcoholics Anonymous: This program is offered weekly, and involves outside members of the A.A. group plus various resource persons.

COLLINS BAY INSTITUTION

1. Alcoholics Anonymous.

2. Institutional psychologists provide individual drug and alcohol counseling.

WARKWORTH INSTITUTION

1. No formal drug program exists at Warkworth. Individual problems in this area are treated by psychologists in group setting, one-on-one sessions and bio-feedback training.

2. The only formal alcohol program is Alcoholics Anonymous which meets on Monday evenings and alternate Saturdays.

REGIONAL PSYCHIATRIC CENTRE

The RPC (O) has an Alcoholics Anonymous program. Approximately 6 to 10 persons attend each meeting. There are no programs or activities for drug users.

BEAVER CREEK CORRECTIONAL CAMP

B.C.C.C. does not have a program for drug abuse, but there is an active Alcoholics Anonymous program. This program has proven to be very effective and is very active.

BATH INSTITUTION

1. Alcoholics Anonymous.

2. Drug Information Lectures.

3. Transfer to Frontenac Institution for participation in their A.R.F. (Addiction Research Foundation).

4. Referrals to CSC recognized programs in the various communities, such as Stonehenge, Toronto House and Serenity House.

5. Intense participation in A.A. in the Local Community by means of unescorted TA's in the company of the local GSR representative.

6. Referrals to the Psychologist with regard to alcohol and drug problems.

FRONTENAC INSTITUTION

1. A.R.F. (Addiction Research Foundation) Drug and Alcohol Education Courses: Inmates, via the Temporary Absence/Day Parole route attend the above courses. It is an eight-step program requiring testing before advancement through the program.

2. Alcoholics Anonymous: These meetings are held weekly and involve community guests and occasionally inmates attend community functions.

3. In addition to the above, Living Unit Staff provide regular drug and alcohol counseling, and referrals are often made to the psychologists at Collins Bay Institution.

PITTSBURGH INSTITUTION

Alcoholics Anonymous.

REGIONAL RECEPTION CENTRE

1. Alcoholics Anonymous.

2. The psychology department offers individual counseling in drug problems. Drug seminars are operated when sufficient inmates are interested; at present, there is no drug group in operation.

3. Alcohol Education Programs

A daytime program of 100 hours with 7 to 12 inmates can enter the program. A wide range of information related to alcoholism is offered. This includes psychological, physical, social, legal effects of alcoholism, effective communication, stress control, spiritual values and alcoholism, alcoholism and reality, leisure time planning, insight and addiction, drug use and abuse, and behavioural approach to the management of alcoholism. Modalities used are lectures, small group discussion, workshops, assignment and movies. Eight resource persons from the community and eight staff from inside the institution, all knowledgeable in their area of expertise have assisted in running this program co-ordinated by a CMO. Seven inmates successfully completed the initial program. Inmates participating signed a contract of agreement to uphold a number of conditions. Inmates participating in the program completed evaluation forms. The results were very encouraging. It is anticipated that this program will be offered twice per year.

4. A Drug Education Program similar to the above is presently in the planning stage, with the first program to run June 1, 1982 - June 30, 1982. It is anticipated that the program will also be offered twice per year.

INVENTORY OF TREATMENT PROGRAMS FOR DRUG AND ALCOHOL ADDICTION

PRAIRIE REGION

1. During the winter of 1977-78, an intensive staff training program on the problems of alcoholism was delivered to the classification, living unit development officers and parole officers throughout the region. This program focused on the etiology of alcoholism, the nature of the illness, and the variety of treatment modalities available in the literature.

2. All Prairie Region institutions have regular Alcoholics Anonymous meetings usually on a bi-weekly basis, and these meetings are augmented by A.A. members from the community. The A.A. meetings are generally divided into a number of sections which have meetings for orientation to the A.A. philosophy, meetings on another night for "the big book study" plus the regular supportive meetings utilizing a variety of audio-visual aids plus outside resource people.

STONY MOUNTAIN INSTITUTION (MANITOBA)

1. For the past year, Stony Mountain Institution has contracted with the Manitoba Alcohol Foundation to provide a full-time alcohol/drug counselor at the institution. The counselor is available to the inmate population daily and also provides A.A./Drug Sessions at night.

2. The Native alcoholism council provides counselors to the institution in order to assist Native individuals who wish to engage in individual counseling with their specialized resources.

3. X-Dalay Foundation which focuses primarily on drug abuse has been involved over a period of years at the Stony Mountain Institution and meets on a weekly basis with individuals who have expressed an interest in modifying their behaviour in the area of drug abuse. The program primarily involves creating an atmosphere in which the individual is forced to come to grips with his drug problems, and to address in a straightforward fashion his difficulty in coping with life in general.

SASKATCHEWAN PENITENTIARY

The Saskatchewan Penitentiary has a full-time counselor on staff to provide services to the population at Saskatchewan Penitentiary. The Alcohol and Drug Counselor conducts four separate A.A. groups, which meet once per week, as well as AD-CAN (Drug Treatment) program meet weekly. In addition, the Native Program Co-ordinator provides specialized alcohol and drug counseling to individuals.

REGIONAL PSYCHIATRIC CENTRE

There is an Alcoholics Anonymous program in operation. Meetings are held once a week. No programs or activities for drug users.

BOWDEN INSTITUTION (ALBERTA)

They have regular Alcoholics Anonymous group meetings operated by the Chaplain. There is also individual counseling by the psychologist. There are no group meetings for drug users.

DRUMHELLER INSTITUTION

SCUDO holds A.A. meetings for two groups and on a one-to-one basis as well. For drugs, there is individual counseling by the psychologist. The Native Brotherhood has individual counseling and a drug abuse discussion program utilizing films (AADAC Film package once a month), and outside resource people to educate and develop a new set of attitudes toward drug abuse.

EDMONTON INSTITUTION

Commencing April 1, 1983, Edmonton Institution will be contracting with an Alcohol Counselor to provide A.A. group meetings - two evenings a week. Counseling is also provided by the Chaplain, Psychologist, Health Care and Native Counseling Service.

ALCOHOLIC AND DRUG USES TREATMENT FACILITIES INVENTORY

Prairies/Alberta

Action North Recovery Centre - High Level
Found Maker's Lodge - St. Albert
Catholic Social Services (Project '72) - Edmonton
Recovery Acres - Edmonton
Salvation Army Men's Rehabilitation Centre - Edmonton
Jellinek House - Edmonton
O'Meara Lodge - Legal
Crowfoot - Sunrise Residence - Calgary
Recovery Acres Society - Calgary
The Riverside Villa Association - Calgary
Southern Alcare Society and Industries - Lethbridge
St. Paul's Treatment Centre - Cardston
Bonnyville Indian/Metis Rehab Centre - Bonnyville
Howard House - Edmonton
Alberta Alcohol & Drug Abuse Commission - Red Deer
Alcohol-Drug Education Association of Alberta - Red Deer
A.A.D.A.C. - Downtown Treatment Centre - Edmonton
A.A.D.A.C. - West End Centre - Edmonton
Families Anonymous, Edmonton
Henwood Rehab Centre - Edmonton
Women for Sobriety - Edmonton
Trinity Industries - Calgary
Muchmore Place - Calgary
Refrew Recovery Detox - Calgary
Alpha House Detox - Calgary
Nechi Society - Winterburn

Saskatchewan

Calder Centre - Saskatoon

Calder Out-Patient Clinic - Saskatoon
Alcoholism Rehab Centre - Regina
Myers' House - Regina
Native Alcohol Council House - Saskatoon
Native Alcohol Council House - Regina
Native Alcohol Council House - Prince Albert
Salvation Army Residential Facility - Prince Albert
St. Joseph's Centre - Estevan
Larson House - Saskatoon
Angus Campbell Centre - Moose Jaw
Gusway-Gerry House - Regina
"Slim" Thorpe Recovery Centre - Lloydminster
Psychiatric Centre Treatment Program - Swift Current
PACADA Centre - Prince Albert
Yorkton & District Alcohlism Society - Yorkton
Sandy Bay Rehab Centre - Sandy Bay
Ile à la Crosse Rehab Centre - Ile à la Crosse
Native Alcoholism Programming (NAP) Centres -
Cance Lake
Lac LaRonge
Loon Lake
Montreal Lake
Fort Qu'Appelle
Maple Creek
Onion Lake
Red Earth
Kamsack
Shoal Lake
Touchwood Hills
New Dawn Valley Centre - Fort Qu'Appelle

Manitoba

Alcoholics Anonymous - Winnipeg

Alcohol & Drug Education Services of Manitoba Inc. - Winnipeg
Chemical Abuse Treatment Association of Manitoba - Winnipeg
Green Band Drop-in Centre - Winnipeg
Christie Centre - Winnipeg
Kildonan Centre - Winnipeg
Nassau House - Winnipeg
River House - Winnipeg
Stradbrook House - Winnipeg
Matheson House - Brandon
Sun Centre - Brandon
Out-Patient & Family Services - Thompson
Cameron Lodge - Thompson
Interlake Centre - Gimili
St. Boniface General Hospital, Chemical Dependency Program - Winnipeg
Kia Zan Inc. - Winnipeg
Rosaire House - The Pas
Salvation Army Halfway House - Winnipeg
Salvation Army Halfway Light Women's Work - Winnipeg
Sageeng Alcohol Treatment Centre - Fort Alexander
Ex-Kalay Foundation Inc. - Winnipeg
Alcohol Foundation of Manitoba - Winnipeg
Native Alcohol Council of Manitoba - Winnipeg
Addiction Research Foundation - Thunder Bay
AL ANON - Thunder Bay
Alcoholics Anonymous - Thunder Bay
ATIKOKAN General Hospital - Emergency - Thunder Bay
Out-Patient and General In-Patient Services - Thunder Bay
Canadian Native Indian Committee on Alcoholism - Thunder Bay
Lakehead Psychiatric Hospital - Alcohol & Drug Rehab, Program - Thunder Bay
Willard Munson House - St. Rose du Lac
Matheson House - Brandon
Native Alcohol Foundation of Manitoba - Rossburn
- Brandon
- Portage la Prairie

Dakota Ojibway Tribal Council - Sandy Bay Reserve
- Long Plains Reserve
- Oak Lake Reserve
- Birdtail Reserve

Dakota Rehabilitation Centre - Griswold

North West Territories

Northern Addiction Services Rehab Centre - Yellowknife
Northern Addiction Services Detox Centre - Yellowknife
Northern Addiction Service Out-Patient - Yellowknife
Northern Addiction Services Non-Residential Program - Yellowknife

INVENTORY OF TREATMENT PROGRAMS FOR DRUG AND ALCOHOL ADDICTION IN CSC - THE PACIFIC REGION

INSTITUTIONAL RESOURCES

MOUNTAIN INSTITUTION

1. There is an Alcoholics Anonymous group that meets once a week at Mountain Institution.

2. There is also a Native Brotherhood Alcoholics Anonymous meeting that meets also once a week.

3. About every two months or so, one or more inmates nearing their Mandatory Supervision date are taken out on a temporary absence to attend A.A. meetings in the community.

4. Once or twice per year, depending on circumstances, Mr. J. Jackson of the B.C. Alcohol & Drug Commission will visit the Institution to explain their program.

KENT INSTITUTION

1. Kent Institution has an A.A. group that meets once a week.

2. A psychologist is available to provide one-to-one counseling along with the regular Living Unit Officer counseling process.

3. Travelling psychiatrists from R.P.C. (Pac.) will attend Kent Institution and provide some counseling services.

MISSION INSTITUTION

1. An Alcoholics Anonymous group meets once a week at the Institution.

2. One-to-one counseling is available through Living Unit Officers, Living Unit Development Officers, and the psychologist.

3. A 12-week course on the psychology of addiction has been discontinued.

4. Mission Institution has recently developed a program called 'The Alcohol Treatment Program'. One half of one of the living units has been turned over to the Alcohol Treatment Program. This program is operated on the therapeutic community concept. There is a consultant provided for this treatment program. Along with the regular therapeutic community processes, outside agencies are brought into the treatment program to talk about various aspects of alcohol addiction. The program is presently developing an evaluation process. The inmates are voluntary and are to commit themselves to a minimum of four month to six month period of participation. Participants are to participate on their own time; knowledge is obtained through group processes, one-to-one counseling and information sessions.

5. There is a New Horizons Alcoholics Anonymous Group which has outside speakers come in on a regular basis.

MATSQUI INSTITUTION

1. There are two full-time staff psychologists at Matsqui Institution who offer a wide range of assessment and treatment techniques in the area of psychometric assessment, behavioural assessment, individual and group psychotherapy and behaviour therapy. Some specific intervention modalities employed include: relaxation training, bio-feedback, assertiveness training, and transactional analysis.

2. There is an active Alcoholics Anonymous chapter at the institution with meetings twice per week.

3. Inmates are given the opportunity to attend at Kinghaven (an alcohol treatment centre) on escorted temporary absences. Some of the individuals involved in this T.A. program to Kinghaven are nearing their Mandatory Supervision date while other have attendance at Kinghaven as part of their regular program plan.

WILLIAM HEAD INSTITUTION

1. There is a Narcanon Anonymous group that meets once a week at William Head Institution. There are some E.T.A.'s provided to those who qualify to attend Narcanon meetings in the community. This occurs usually nearer the end of their present sentence.

2. There is an Alcoholics Anonymous group that meets one time per week. Some inmates are given E.T.A.'s to attend meetings of Alcoholics Anonymous in the community. These people tend to be those nearer the end of their sentence.

3. Mark Stone of the Alcohol & Drug Commission make regular visits to the institution. As well, a selected group (maximum 5) are taken out on E.T.A.'s to the Alcohol & Drug Commission office when they are nearing the end of their sentence.

REGIONAL PSYCHIATRIC CENTRE

1. R.P.C. (Pac.) maintains an ongoing Alcoholics Anonymous group that meets once per week. This is the standard traditional Alcoholics Anonymous program. There are outside individuals who come in and co-ordinate the group meetings.

2. There is a New Horizons Alcoholics Anonymous group which operates basically as a social function. This organization is responsible for holding modified open houses at R.P.C. (Pac.).

ALCOHOLIC & DRUG TREATMENT FACILITIES INVENTORY IN THE COMMUNITY IN THE PACIFIC REGION

PACIFIC REGION

FUNDED - NORTHERN REGION & YUKON

Prince George Community Resources - Counseling
Prince George Regional Hospital - Detox and Residential Centre
Fort Alcohol and Drug Society - (Fort St. James)
Cariboo Indian Friendship Society and Detox Centre - (Williams Lake)
Terrace Northwest Alcohol and Drug Counseling Services
Dawson Creek Chemical Dependency Services
Activitor's Halfway Society - Prince George (referral agent only)
Alcohol Counseling Services - Prince George
St. Patrick's Transition Society - Prince George, Halfway House
Area Co-ordinating Centre, a heroin treatment facility
Prince George Alcohol & Drug Commission
Mackenzie Rehabilitation Society - Outpatient Treatment
Prince George Harbour Lights - Treatment and Residence
Nechacko Centre - treatment
Yukon Territorial Counselors
Alcohol & Drug Counseling Service - Fort Nelson
Alcohol and Drug Society - Tiell and Queen Charlotte Islands

VANCOUVER ISLAND

Dallas House Society - Victoria
Victoria Life Enrichment Society
Nanaimo Chemical Dependency Association
Upper Island Chemical Dependency Association - Campbell River
Powell River Civil Liberties Society
Port Alberni Family Guidance
Port Alberni Friendship Centre

Kakawis Family Development Centre - Tofino
Victoria Drug Treatment Clinic
Salvation Army (Johnson Street) - Counseling and Residence
Alcohol & Drug Commission - Counseling
Nanaimo Clinic (Drugs only)
St. Georges Hospital - Alert Bay

INTERIOR

Central Okanagan Indian Friendship Centre - Kelowna
Kamloops Society for Alcohol & Drug Services
Phoenix House - Counseling and Detox Centre
East Kootenay Union Board of Health - Cranbook
Harvey House & Belaire House in Kamloops - offer outpatient service
Kiwanis House Society - Kamloops
Nickola Valley Friendship Association - Merrit (referral service only)
Kelowna Hospital - Detox Centre
Salmon Arm Society - Shuwswap Alcohol and Drug Program
S. Okanagan Alcohol, Education and Rehabilitation Program - Penticton
Crossroads Treatment Centre - Kelowna
Nelson District Community Resources
Round Lake Centre - a Native Indian Alcohol Treatment Facility
Alcohol & Drug Counselling Services - Kelowna
Kelowna Drug Treatment Clinic
Interior Native Alcohol Abuse Society (Armstrong)

LOWER MAINLAND REGION

Native Court Worker and Counseling Association - Vancouver
Fraser House Society - Mission City
Central City Mission - Vancouver
Charlford House Society - (Women) - Burnaby
Maple Ridge Halfway House Society
Salvation Army Harbour Light De-Tox Centre - Vancouver
Kinghaven - Abbotsford

Surrey Alcohol and Drug Program
Aurora Society - Vancouver
Salvation Army - Anchorage
St. James Society Services
Richmond Alcohol and Drug Abuse
Alcohol and Drug Commission - Burnaby, Vancouver, Chilliwack
Pender Detox Centre
M.S.A. Halfway House - Abbotsford - Residence and Out-Patient Care
Restoration Lodge - Residence/Counsellor
Maple Ridge Treatment Centre
The Maples (New Westminster) - Detox Centre
Chilliwack Community Services Society
Fraser Valley Alcoholism Society - New Westminster
Elizabeth Fry Society - Vancouver
Interlock - Vancouver
Alcohol & Drug Education Service - Vancouver
Great Norther Way - Vancouver
Triage - Vancouver
Cordoba House - Vancouver
West Robson Street Clinic
Powell Street Clinic
Central Clinic - Vancouver
Surrey Clinic
Seven Steps - Counseling Services
A.I.M.S House - Counseling Services
Hatfield House - Counseling Services
B.C. Bortal - Counseling Services
Bell-Irving Home - Counseling Services
Teen Challenge - Counseling Services

GENERAL RESOURCES

1. B.C. Alcohol & Drug Commission is available in many localities. They are not all listed here.
2. Friendship Centres are all able to arrange alcohol counseling.
3. Community Services provide access to counseling and treatment services. There are too many to list.

APPENDIX B

Addictions Program Proposal Format
(Draft)

CORRECTIONAL SERVICES CANADA

Offender Programs
Branch

ADDICTIONS PROGRAM PROPOSAL FORMAT

1. Region: _____

2. Institution/Office: _____

3. Warden/Supervisor: _____

4. Program Manager: _____
(name)

_____
(title/position)

_____
(address)

_____
(tel. no.)

5. Program Title: _____

6. Specific Target Group: _____

7. Recommended Submission by: _____
(signature)

8. Review Date: _____
(day/month/year)

9. Executive Summary:

10. Program Purpose: (A clear statement of the General Goal of the program)

11. Program objectives: (What are the projected results of the program)

12. Program rationale:

a) Background: (a brief but sound explanation of the reasons leading up to the program)

b) Literature review: (a brief and accurate comment on the "best advice" available on such programming in the current scientific and popular literature)

c) Justification: (a clear statement outlining why this is an important and worthwhile undertaking, at this particular time and in this particular setting)

13. Action steps:

a) Planning stage: (indicate concrete steps to be taken in this program stage)

b) Action stage: (indicate concrete steps to be taken during this program phase)

c) Reporting stage: (indicate concrete steps to be taken during this program phase)

14. Program evaluation

a) focus: (briefly describe the focus of program evaluation plans, if any)

b) type: (briefly describe the nature of the program evaluation plans)

c) process: (briefly describe how the program evaluation plans will be implemented)

d) reporting: (briefly describe how the program evaluation will be reported upon)

15. Reference materials: (list pertinent reference materials both external and internal)

16. Final reports: (indicate how, upon completion, the program will be documented)

17. Appended Documentation: (list and affix all pertinent documentation)

18. Costs:

a) Staff

NAME	CLASSIFICATION	APPROXIMATE % TIME TO BE SPENT ON PROJECT, BY YEAR, EXPRESSED IN DOLLARS			
		84	85	86	87
		$_____	$_____	$_____	$_____
		_____	_____	_____	_____
		_____	_____	_____	_____

b) Materials

TYPE	APPROXIMATE COST OF MATERIALS AND SERVICES EXPRESSED IN DOLLARS			
	84	85	86	87
_____	$_____	$_____	$_____	$_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

c) Other Expenses eg. travel, photocopying, purchases etc.

_____	$_____	$_____	$_____	$_____
_____	_____	_____	_____	_____

d) Total Program Cost: $_____

APPENDIX C

Addictions Program Submission Committee Review Form
(Draft)

CORRECTIONAL SERVICES CANADA

Offender Programs Branch

ADDICTIONS PROGRAM SUBMISSION COMMITTEE REVIEW FORM

1. Program title: _____

2. Identification Number: _____

3. Program Manager: _____
(name)

_____
(position)

4. Institution/Office: _____

5. Region: _____

6. Program Strengths: _____

_____

_____

_____

7. Program Weaknesses: _____

_____

_____

_____

8. Recommended Action: Accepted ☐

Rejected ☐

Modification ☐

9. Recommended Improvements: _____

_____

_____

10. Program Review Committe (member): _____

_____

11. Date Reviewed: _____

_____

APPENDIX D

Addictions Program Annual Monitoring Form
(Draft)

CORRECTIONAL SERVICES CANADA

Offender Programs Branch

ADDICTIONS PROGRAM ANNUAL MONITORING FORM

1. Program title: _____

2. Program Identification Number: _____

3. Program Manager: _____
(name)

_____
(position)

4. Institution/Office: _____

5. Region: _____

6. Approval Date: _____
(day/month/year)

7. Report Number: _____ of _____

8. Program Status: ongoing ☐ inactive ☐ completed ☐

9. Modifications or changes: _____

_____

_____

10. Additional comments: _____

_____

_____

11. Appended documents: 1. _____

2. _____

3. _____

12. Signature: _____
(Program manager)

13. Date: _____
(date/month/year)

14. Copies sent to: _____

_____

_____

APPENDIX E

Reference List

REFERENCE LIST

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APPENDIX F

CSC SELECTED READING LIST

Treatment of the Drug Addict
in a Penal Institution

Prepared by
Correctional Services Canada

CORRECTIONAL SERVICES CANADA

TREATMENT OF THE DRUG ADDICT IN A PENAL INSTITUTION

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