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Utah Council on Criminal Justice Administration
Project on Criminal Justice
Standards and Goals

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ACQUISITIONS

COMMUNITY CRIME PREVENTION

DRUG AND ALCOHOL ABUSE TREATMENT AND PREVENTION

HV7901

Approved by
Community Crime Prevention Task Force, and
Utah Council on Criminal Justice Administration
Room 304, State Office Building
Salt Lake City, Utah 84114

STATE OF UTAH
OFFICE OF THE GOVERNOR
SALT LAKE CITY

CALVIN L. RAMPTON
GOVERNOR

NCJRS

APR 25 1977

ACQUISITIONS

Dear Citizens:

This pamphlet is one of a series of reports of the Utah Council on Criminal Justice Administration. The Council's five Task Forces: Police, Corrections, Judicial Systems, Community Crime Prevention, and Information Systems, were appointed on October 16, 1973 to formulate standards and goals for crime reduction and prevention at the state and local levels. Membership in the Task Forces was drawn from state and local government, industry, citizen groups, and the criminal justice profession.

The recommendations and standards contained in these reports are based largely on the work of the National Advisory Commission on Criminal Justice Standards and Goals established on October 20, 1971 by the Law Enforcement Assistance Administration. The Task Forces have sought to expand their work and build upon it to develop a unique methodology to reduce crime in Utah.

With the completion of the Council's work and the submission of its reports, it is hoped that the standards and recommendations will influence the shape of our state's criminal justice system for many years to come. Although these standards are not mandatory upon anyone, they are recommendations for reshaping the criminal justice system.

I would like to extend sincere gratitude to the Task Force members, staff, and advisors who contributed something unknown before--a comprehensive, inter-related, long-range set of operating standards and recommendations for all aspects of criminal justice in Utah.

Sincerely,

Governor

DRUG AND ALCOHOL ABUSE TREATMENT AND PREVENTION

This report was published by the Utah Council on Criminal Justice Administration with the aid of Law Enforcement Assistance Administration Funds.

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What is the Utah Council on Criminal Justice Administration (UCCJA)?

In 1968 the Omnibus Crime Control and Safe Streets Act was passed resulting in the creation of the Law Enforcement Assistance Administration (LEAA) in the U.S. Department of Justice. The act required the establishment of a planning mechanism for block grants for the reduction of crime and delinquency.

This precipitated the establishment of the Utah Law Enforcement Planning Council (ULEPC). The council was created by Executive Order of Governor Calvin Rampton in 1968. On October 1, 1975, the council was expanded in size and redesignated the Utah Council on Criminal Justice Administration (UCCJA).

The principle behind the council is based on the premise that comprehensive planning, focused on state and local evaluation of law enforcement and criminal-justice problems, can result in preventing and controlling crime, increasing public safety, and effectively using federal and local funds.

The 27-member council directs the planning and funding activities of the LEAA program in Utah. Members are appointed by the governor to represent all interests and geographical areas of the state. The four major duties of the council are:

1. To develop a comprehensive, long-range plan for strengthening and improving law enforcement and the administration of justice...

2. To coordinate programs and projects for state and local governments for improvement in law enforcement.

3. To apply for and accept grants from the Law Enforcement Assistance Administration...and other government or private agencies, and to approve expenditure...of such funds...consistent with...the statewide comprehensive plan.

4. To establish goals and standards for Utah's criminal-justice system, and to relate these standards to a timetable for implementation.

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TABLE OF CONTENTS

INTRODUCTION

The entire drug abuse chapter depends on the assumption that state and units of local government have significant populations of narcotics addicts and drug-dependent individuals. In a report prepared by Carl D. Chambers, Ph.D., James Inciardi, Ph.D., and Harvey A. Siegal, Ph.D. entitled "The Incidence and Prevalence of Drug Use and Alcoholic Beverage Consumption in the State of Utah: Implications and Recommendations," it is concluded that Utah might better invest its prevention and education resources in the general areas of alcohol abuse and the over-use, misuse, and abuse of all the sedatives and hypnotics. Alcohol education needs to reach the widest of audiences.

The state should also invest some exploratory monies into trying to understand the new, younger poly-drug user. The narcotic treatment models do **not** fit his needs, and he is not motivated to seeking treatment at this time.

The state should plan for epidemiological barometers with which to monitor the changes in the various subcultures. Informal contacts are inappropriate for such monitoring.

The extent of Utah's illicit drug problem is relatively low (except for high levels of marijuana use). Excluding marijuana, less than one percent of the base population are identificable as regular users of these drugs, and much of the usage reported seems to be within an experimental or social/recreational context.

The types of services needed for all kinds of problem drug users include the following:

* 20,830 persons who currently use non-prescription sleep inducers on a regular basis must be informed of the problems which can occur when these drugs are misused. The primary target for such a prevention effort should be both males and females of all classes, ages 35 and above.

* 24,780 persons who currently use barbiturates on a regular basis must be informed as to the addiction liability of these drugs as well as its life threatening potentials. At special risk are the 1,640 who do not take these drugs as they were prescribed. The primary target for such a prevention effort should be middle class males and females over the age of 35.

* 3,140 persons who currently use the non-barbiturate sedative-hypnotics on a regular basis must be informed as to the addiction liability of these drugs as well as their life threatening potentials. At special risk are the almost 500 who do not take these drugs as they are prescribed. The primary target group for such a prevention effort should be middle class members under age 25 and over age 49.

* 47,160 persons who currently use the relaxants and minor tranquilizers on a regular basis must be informed as to the addiction liability of these drugs as well as their life threatening potentials. At special risk are the almost 6,000 middle and upper class females over the age of 35.

* 8,990 persons who currently use prescription amphetamine base "pep pills" must be informed of the abuse potential of these drugs and the phychological and physiological problems associated with such misuse. At special risk are the almost 3,000 persons who obtain their drugs without a legal prescription and the 670 or more who take the drugs at social gatherings. If one were to define a target group for such a prevention effort, it would be females from all classes who are under the age of 35.

* In the area of the use of illegal drugs, one can assume the following users are at very special risk for needing treatment as well as other services:

    ** some 18,940 regular users of marijuana
    ** some 5,150 regular users of L.S.D.
    ** some 3,140 regular users of other psychadelics
    ** some 4,810 regular users of "speed"
    ** some 3,770 regular users of cocaine
    ** some 460 regular users of solvents/inhalants

1.1: MULTI-MODALITY TREATMENT SYSTEMS

RECOMMENDATION

The Task Force recommends that units of local government having a significant population of drug and alcohol users establish comprehensive or multi-modality treatment systems. These systems should have central intake and diagnostic units to receive patients referred by the criminal justice system and by other sources. The centralized programs would help meet each individual's physical and psychological needs by referring him to the particular treatment program best suited to handle him while alleviating his drug and/or alcohol problems, to help him avoid criminal activities, and ultimately to remove him from drug and/or alcohol use altogether, if possible. The units thus would play a valuable role in achieving successful diversion of addicts and alcoholics from the criminal justice system.

The Task Force also recommends that the State of Utah should:

1. Encourage the expansion of programs attempting to reach the problem drinker on the job (especially in the areas where there are no such programs).

2. Evaluate the existing resources and make appropriation plans where necessary.

3. Develop machinery whereby concerned professionals can be taught to recongize some of the early warning signs of an alcoholic problem and be able to initiate the most appropriate referral for the problem drinker.

UTAH STATUS AND COMMENTS

On the basis of both current statistics and Health Crisis Reports (from hospitals), Utah has a significant drug problem.[1] In cooperation with the Utah division of Alcoholism and Drugs (the state authority), there are approximately 63 treatment, rehabilita-

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1 *Utah State Plan for Drug Abuse Rehabilitation and Prevention 1973-74*, pp. 203-211, 266-306, 394-405, 459-467, 511-520, 557-561, 602-608.

tion, and/or intervention programs (excluding hospitals and industrial programs) within the State.2

Salt Lake County has a very effective and comprehensive system for dealing with drug users called Drug Referral, which both meets and exceeds the system described in this recommendation.

A number of individual programs working together with a central intake unit provide comprehensive services to drug abusing individuals within the county. The agencies involved are affiliated with the Salt Lake City/County Health Department, which is recipient of a federal drug addiction treatment grant, and provides the central intake services for other drug treatment programs funded through this grant.

The Drug Referral Center acts as the central intake and diagnostic point for users entering any one of the comprehensive services available. Drug Referral Center provides psychiatric, psychological, sociological, and medical evalutation, as well as providing (on a contract basis) emergency medical care and inpatient detoxification services. The Drug Referral Center maintains affiliation with ambulance systems, local law enforcement agencies, the judicial system, the State Prison, all hospitals, the Intermountain Regional Poison Control Center, and some schools for the purpose of reaching those clients who may have contact with any of these systems and would accept service from a drug treatment program.

The affiliates of the Drug Referral Center in Salt Lake, under the City/County Health Department, provide longer term care for drug abusers. In-patient treatment is available from the three mental health centers; residential therapeutic community treatment is available from Project Reality, Odyssey House, and Manhattan Project; out-patient therapy is available from Project Reality, Odyssey House, Manhattan Project, Community Drug Crisis Center, Salt Lake Mental Health Center, Granite Mental Health Center, and Murray-Jordan-Tooele Mental Hygiene Central. Additional available services include drug crisis intervention and information service at the Community Drug Crisis Center; consultation and medical management of overdose cases from the

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2 *Ibid,* pp. 212-227, 307-373, 406-427, 520-538, 562-578, 609-626.

Poison Control Center; in-patient detoxification from the County Detoxification Center; and emergency medical care, through contractual agreements, with emergency rooms in hospitals located throughout the county.

The member agencies within the comprehensive treatment system supply a variety of treatment approaches to users. For example, behavior modification approaches are available from Salt Lake Mental Health Center, psychiatrically oriented residential care is available from Odyssey House, methadone maintenance and all supporting services are available from Project Reality, etc. The agencies, working together within the comprehensive system, provide a number of services and a wide range of specialized medical and therapeutic services, representing a broad spectrum of professional viewpoints for the treatment of drug addiction.

Underlying the approach to treatment within the system is a great deal of concern that the client be placed in the appropriate treatment program and that continuity of care be assured, should the client pass from one modality of treatment to another.

Extensive after-care services, as well as follow-up, are also provided by the treatment system. All programs within the system place heavy emphasis upon social and vocational rehabilitation as well as psychiatric rehabilitation. Vocational counseling, schooling, and job placement services are available for clients within the system.

Although the Drug Referral Center fully incorporates all the characteristics mentioned in this Recommendation, it mainly services Salt Lake County. Similar programs are planned for Logan, Ogden, and Provo (which currently lack some of the characteristics of a more thorough multi-modality treatment effort).

METHOD OF IMPLEMENTATION

A drug and alcohol referral center should be established for those counties outside of Salt Lake County, since the Salt Lake County Drug Referral Center is the only comprehensive program available in Utah. Plans should include the treatment of amphetamine and barbiturate abusers. Closer contact is also needed with the courts for those drug or alcohol programs that deal with people referred from the courts. State government would be

more actively involved in the funding of drug and alcohol programs. The Division of Alcoholism and Drugs can be instrumental in implementing this recommendation.

1.2: CRISIS INTERVENTION AND EMERGENCY TREATMENT

RECOMMENDATION

The Task Force recommends, as one element of a multi-modality treatment program, the establishment of a variety of crisis intervention and drug and alcohol emergency centers in units of local government that have a significant population of alcoholics, narcotics addicts, and other drug-dependent individuals. Although the specific nature of such centers can only be determined after careful study of local conditions, experience indicates that they should include at least some of the following characteristcs:

a. **Selected centers should be located either in, or in close proximity to, a hospital emergency room detoxification facility, or clinic.**

b. **In-patient facilities and beds should be available at selected centers for patients who require treatment on more than a one-time basis (e.g., those withdrawing from heroin, barbiturates, and sedative hypnotics, or from the effects of a long run on amphetamines, methedrine, or alcohol).**

c. **Selected centers should be separated from hospitals or medical facilities, be staffed with peer group individuals, backed up by the facilities of a nearby hospital, and should provide services to runaways and persons with emotional problems or venereal disease, as well as to those with drug involvement.**

d. **Telephone hotlines, operated in conjunction with walk-in information and referral centers, should be a part of the crisis intervention program in most cities.**

e. **Counseling centers offering individual and group guidance should be established and should have effective liaison with other agencies that supply a wide range of services**

such as housing, family assistance, vocational training, and job referral.

f. Follow-up on patients that go to crisis intervention programs for emergency care should be conducted. Such knowledge would enable better evalutions.

UTAH STATUS AND COMMENTS

There are many crisis intervention and emergency treatment facilities throughout the state. Most of the counties have sufficient facilities for dealing with emergency treatment.

The facilities in Utah (as they relate to this recommendation) will be detailed for Salt Lake County only, since the information in that area is more complete. This information will give an idea of the types of treatment available in Utah.

The services currently available within Salt Lake County meet all recommendations made in this particular area. To elaborate further, item by item:

1. The Poison Control Center, acting as an agent for the Drug Referral Center, is in daily contact with each of the emergency rooms within the county and arranges for contacts with drug abusing people who might accept treatment within the system. The Poison Control Center also offers consultation concerning the medical management of withdrawal or overdose cases and poisonings. There is contact with all drug abusing people through the Salt Lake Community Health Center who might receive emergency room care for overdose or other complications of drug abuse. Further crisis intervention services include the telephone counseling information and intervention services available from the Community Drug Crisis Center. This center offers crisis intervention 16 hours a day and is expected to extend this service to 24 hours a day.

Each of the mental health centers within the county offers a 24-hour a day crisis intervention service which can make

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1 *Utah State Plan for Drug Abuse Rehabilitation and Prevention 1973-74,* pp. 203-211, 266-306, 394-405, 459-467, 511-520, 557-561, 602-608.

appropriate referrals to appropriate facilities. The Drug Referral Center provides further intervention through arrangements with private ambulance companies, whereby ambulance companies notify the center when they establish contact with anyone showing symptoms of drug addiction or drug overdose.

2. A variety of in-patient care is available for drug users within the county. In-patient care for primarily psychiatric problems is available from each of the mental health centers. In-patient care for medical reasons is available from hospitals within the county who have contracts with the Drug Referral Center. In-patient care for the purpose of detoxification is available from the County Detoxification Center.

3. A number of "walk-in" centers operating within the county are available and are staffed by former drug abusers and paraprofessionals. The Community Drug Crisis Center, staffed by volunteers as well as professionals, offers crisis intervention and referral services to drug abusers. Through separate funding, the Community Drug Crisis Center is able to either treat or refer individuals with other emotional problems. Out-patient facilities operated by Odyssey House also provide a peer group walk-in center which includes referral for further services when appropriate. The Drug Referral Center, which is staffed at all times by ex-user paraprofessionals, as well as professionals, handles intervention and referral on a walk-in basis.

The Youth Hostel provides further assistance, mainly room and board, to young drug users. The Hostel specializes in handling runaways and in providing short-term room and board to drug users who are in the process of being accepted into the drug treatment system or who, for other reasons, require short-term room and board.

A complete range of medical services is available for all drug clients within the treatment system from the Salt Lake City/County Health Department through family planning clinics, VD clinics, immunization clinics, etc. The Health Department offers a variety of services to drug abusers.

4. Telephone hotlines are an essential part of the comprehensive treatment system. The three mental health centers offer a telephone hotline, and the Community Drug Crisis Center specializes in this form of service.

5. There are a number of specialized drug treatment programs within the county who participate in federal funding supplied through the Health Department and work together to provide a comprehensive set of drug addiction services. All drug treatment programs cooperate very closely with other agencies providing care to clients. The Division of Alcoholism and Drugs acts in a funding and consultant role with Salt Lake County programs. The Division of Family Services provides funds for treatment and provides specialized medical care as well as income maintenance for clients of the drug treatment programs. The Division of Vocational Rehabilitation works closely with drug treatment programs to provide the full range of rehabilitation services to all drug users who can benefit from such assistance. Job placement is available through the staffs of the specialized drug treatment programs and county agencies such as Employment Security, Manpower Planning, etc.

METHOD OF IMPLEMENTATION

Both the State Division of Alcoholism and Drugs and the county alcohol and drug problems agencies are involved in extensive research efforts to determine what we do and do not have, how well it works, and what course of action to take (statewide). The majority of this recommendation is being implemented, except for "f". Utah is in good standing, in that all of the programs and facilities recommended by the National Advisory Commission in the drug area are available, yet the system can and should be improved.

1.3: METHADONE MAINTENANCE TREATMENT PROGRAMS

RECOMMENDATION

The Task Force recommends that units of local government having a significant population of heroin addicts establish methadone maintenance programs as one element of multi-modality drug treatment programs. The programs should provide for the patient's transition from physical dependence on heroin (sometimes mixed with abuse of other drugs) to stabilization on methadone and should include:

a. In-patient facilities to stabilize patients with severe

emotional, physical, and social problems. Such facilities are also essential for the detoxification patients who have relapsed to heroin or who wish to withdraw from methadone. The in-patient facility should have the back-up services of a hospital or other specialized facility with a medical capacity. Graduates of a methadone program might also serve as counselors to assist patients in understanding the goals of methadone treatment.

b. Facilities for the dispensing of methadone on an out-patient basis should be accessible to patients and in reasonable proximity to the back-up hospital, centralized pharmacy, and laboratory where urine specimens are analyzed. The out-patient facility should be capable of serving 75 to 200 patients.

3. Continued urine surveillance through laboratory analysis to detect the presence of such drugs as heroin, barbiturates, and amphetamines. Wherever possible, at least random sample techniques should be employed to test for cocaine and other drugs.

d. Adequate testing of all potential patients to insure that only confirmed and not experimental or social-recreational drug users are submitted to the program.

e. Increased emphasis on the use of auxiliary services such as counseling and vocational aid, with the ultimate aim of removing patients from methadone as well, wherever possible.

UTAH STATUS AND COMMENTS

Project Reality, located in Salt Lake City, is a community-oriented program which provides a wide range of rehabilitative services to narcotic abusers. This program utilizes a multi-modality approach to treatment and rehabilitation, one element of which is the methadone maintenance program.

This program not only meets, but exceeds the characteristics described in the recommendation. The program focuses on an out-patient basis in which patients are given greater responsibility through a well-developed program requiring the patient who receives methadone to also receive counseling and various medical services (when appropriate).

Project Reality provides screening for all potential methodaone

maintenance clients, in order to insure that all clients meet federal and state regulations. The real goal of Project Reality is to affect complete social, psychological, vocational, etc. rehabilitation. Project Reality makes extensive use of all available community resources and care in removing patients from methadone as soon as it is therapeutically possible. The program offers an in-patient facility for those requiring additional treatment (which houses 20-25 persons).

Among the services offered in this program are:

1. Clinical Team Services
   a. Admission team
   b. Treatment team
   c. Methadone team
2. Methadone treatment and detoxification
3. Urine surveillance
4. Residential (in-patient) therapeutic community
5. Psychiatric services
6. Individual counseling
7. Group therapy
8. Marital counseling
9. Recreational therapy activity groups
10. Job placement
11. Medical services and health care
12. Financial counseling
13. Housing assistance

METHOD OF IMPLEMENTATION

The recommendation has been met and exceeded by Project Reality. Current programs should be continued as long as they can be shown to be effective. Similar programs should be initiated or deleted when and where necessary.

1.4 THERAPEUTIC COMMUNITY PROGRAMS

RECOMMENDATION

The Task Force recommends that units of local government having a significant population of narcotic and alcohol addicts and other drug-dependent individuals consider establishing a therapeu-

tic drug-free community program as one element of a multi-modality approach to treatment. The program should include:

1. Live-in facilities for an average of 75 residents. Experience indicates that when such space is located in older buildings, the renovation necessary to accommodate the purposes of the community should be done by the residents themselves. This technique imparts a feeling of involvement in and responsibility for the program. However, renovated facilities should meet minimum appropriate building health and safety standards. The facility should include an outdoor area suitable for recreational activities.

2. Salaried staff should consist of a house director and assistants, some or all of whom may be graduates of such a facility. A house manager should be appointed and given broad responsibility under the house director for supervising a variety of household and related responsibilities.

3. If primary responsibility for operating the program rests with ex-addict paraprofessional staff, the back-up services of psychiatrsits, teachers, and employment specialists should also be readily available.

4. Those responsible for the operation of therapeutic communities should insure that there is a consistent readiness to evaluate, revise and reinforce their programs. The program should deal with such questions and concerns as the use of chemotherapy, the problems of addicts with children, and the possibility of providing permanent living arrangements for those who are unable to return to their pre-addict lifestyles. In these and other critical areas, the directors of therapeutic communities should be flexible and open to the possibility of radical program alterations, if such changes are likely to result in more successful treatment efforts.

UTAH STATUS AND COMMENTS

The only therapeutic community program in Utah is the Odyssey House. The Odyssey House concept is what this Recommendation is directed at and molded after. The Utah Odyssey House is located in the heart of Salt Lake City.

The physical facility is an old apartment building that has been renovated by the residents and is completely maintained by them.

There are currently fifty residents, with a maximum capacity of sixty. The recreational facilities are somewhat limited, but this does not seem to pose much of a problem, since the program structure and concept of Odyssey is very closed and most of the residents are not permitted recreation. This particular facility seems to be handling the case load of drug abusers to the extent that they have not, as yet, had to turn anyone away that wanted to join due to a lack of openings.

The staff at Odyssey consists of: (1) a director, who is a professional man; (2) two administrative assistants, both of whom are ex-addicts; (3) five other administrative assistants who are full-time professional people, one of whom is a full-time nurse; (4) five other full-time people, who are unpaid ex-addicts and graduates of the program; (5) two part-time people, including a psychiatrist, a doctor, and a medical examiner. The staff, excluding the director and his entire family, do not live within the facility. However, a staff member is "on call" during the evening and night, and must be able to arrive there within fifteen minutes.

The staff, in preparing the graduates from the program to be released to the community, work very closely with schools and employment people. They pride themselves in securing good, stable placements for the graduates before releasing them. The graduates may either stay at the facility (as paid employees), or they may be placed in a job or school.

The majority of the residents at the Odyssey House were 'hard core' heroin addicts (though there is no specific criteria for entering the program, except a desire to do so). Odyssey is a totally drug-free environment. All of the staff (including the professionals), plus all of the residents are required to give urine three times a week. This is done in an effort to monitor drug use. If someone is diagnosed as having used a drug (any drug other than something that the doctor from Odyssey gave them), they are terminated from the program.

Odyssey House employs a very closed and structured program in which the residents go through four discreet phases of treatment and rehabilitation. Each new phase is a step toward greater responsbility and freedom, the last step being graduation from the program. The first four steps usually take 12-18 months, and after this period the individual gradually re-enters society and assumes moral responsibilities. He then continues to attend group therapy

sessions on an aftercare basis for about 45 months. During this time, he confirms his ex-addict standing by continuing urine surveillance. None of the residents, until they are considered graduates, attend school or go to a job. The reason for this is that the concept of the program is that it is a TOTALLY therapeutic community.

The statistics for Odyssey graduates are very impressive: 50% of the residents that enter the program complete the first six months. Of those people that stay, 85% remain drug-free for follow-ups of up to five years (much higher than any other 'cure' can boast for heroin addiction).

Of the fifty residents of the Utah Odyssey House, 37 are there under some kind of pressure and obligation to the courts. These people were also referred to Odyssey from the courts.

METHOD OF IMPLEMENTATION

Utah has a therapeutic community program (Odyssey House) that seems to be meeting present needs. This program should be maintained to meet future demands.

1.5: RESIDENTIAL PROGRAMS

RECOMMENDATION

The Task Force recommends that units of local government having a significant population of narcotic and alcohol addicts and other drug-dependent individuals establish residential treatment programs as one part of a multi-modality approach to the problems of drug and alcohol addiction. A comprehensive residential treatment program should generally involve a combination of closed, open, and halfway house facilities organized along the following lines:

1. Closed residential facilities should be established to provide a therapeutic environment for patients who are acting out in the community and need a compulsory institutionalization to be helped. This type of facility should be equipped and staffed to deal with minor illnesses and should be a secure, self-contained unit designed to meet with a wide variety of residents' needs in a therapeutic setting.

2. Open residential facilities should be established to make available to residents the same basic residential and program services as provided at the closed center. This facility should have no physical or other restraints to keep the residents in the facility. The absence of restraints immediately allows for fewer staff members, more flexibility in choosing a site, and less need to provide multiple activities at a single facility.

3. Halfway houses should be established to provide lodging and supportive services for residents who are making the transition from a structured institutional setting to living in the open community. It should be available also to those in the community who temporarily require the additional supports provided by such a center.

UTAH STATUS AND COMMENTS

Presently, three residential therapeutic communities are operating in Utah. These programs are all affiliated with the comprehensive drug abuse treatment system. They are Manhattan Project, Project Reality, and Odyssey House (which are discussed in length in Recommendation 4.5).

Manhattan Project is a residential community for drug users who do not have a long history of drug abuse, but may have emotional problems coupled with some drug abuse (unlike the residents at Odyssey House). The clients are ages 16-21. All of the residents attend school or have jobs. The physical facility used for this program is a huge, beautiful old house located on the avenues. The atmosphere is a very free and open one. The residents are allowed to come and go at their own will (within some reasonable limits), and are given an allowance weekly. They are expected to buy their own food, clothing, etc., and all have specific jobs around the house for which they are responsible.

Project Manhattan currently houses 12 clients, with a maximum capacity for 13. The staff is composed of one professional and two paraprofessionals, in addition to two part-time people (a secretary and a bookkeeper). Both the staff and the clients are residents and live "like a family." The environment is drug-free; however, there are no urine monitoring services.

Project Reality operates a residential program in addition to its

out-patient services (see Recommendation 4.3). The residential program is both drug-free and methadone maintenance. The total residential capacity for Project Reality is 40. Project Reality clients, for the most part, are people who have had a long history of addiction to heroin or other narcotic drugs. The residents of this program are expected to participate in all the therapeutic services available to them (as are the residents of the Manhattan Project, who have weekly therapy session), and to make significant progress in socialization and vocational skills.

Project Reality is operated on an open basis, with much freedom given to the residents.

There is an additional residential service in Salt Lake which is part of the comprehensive drug addiction treatment system. This program is a holding facility (provided by the Youth Hostel under contract to the Drug Referral Center). The holding facility is for short-term (three to ten days) housing of clients who are entering treatment, or who, for a number of reasons, may need temporary housing before a final adjustment can be made. Through the availability of a holding facility, it is felt that the longer term residential programs are spared the confusion of rapid turnover in their clientele, which can be disruptive to programs of this type.

METHOD OF IMPLEMENTATION

Utah has many gaps in its residential programs for drug users, which includes the need for: (1) a residential facility for people under 16 years of age; (2) a more open facility for people over 21, allowing the residents to work or attend school while receiving therapy (i.e., a halfway house for long- and short-term clients); and (3) facilities better equipped to deal with multi-drug users in both an open and closed capacity.

New programs in this area could be implemented by administrative decisions and funding.

Funding for programs of this type may be secured from agencies at the state and federal levels such as: Special Action Office for Drug Abuse Prevention, National Institute of Mental Health, Law Enforcement Assistance Administration, the Bureau of Narcotics and Dangerous Drugs, the Youth Developement and Delinquency Prevention Administration, Department of Health

Education and Welfare, Utah Division of Alcohol and Drug Abuse, Drug Referral, United Fund, Division of Mental Health, etc.

1.6 VARIATIONS IN TREATMENT APPROACH

RECOMMENDATION

The Task Force recommends that where there is a substantial population of narcotic and alcohol addicts and other drug-dependent individuals within Utah, a broader experimentation in varying treatment approaches should be encouraged. The goal would be to maximize the potentialities of treatment programs and their ability to meet the needs of special populations. Among the variations proposed are:

1. Exploration of different methadone maintenance techniques, such as use of low-cost stabilization and greater emphasis on helping patients achieve eventual abstinence wherever possible;

2. Modifying the therapeutic community "concept" by incorporating greater use of professionals and developing specialized facilities which can relate to the needs of particular groups, such as females, addicted parents with infants, and minority populations;

3. Developing effective day centers where ambulatory, drug-free treatment can be provided for opiate users, alcoholics, and the new multiple drug users.

The Task Force places special emphasis on the consideration of a halfway house or day center for drug users which offer such services as: psychological counseling, vocational counseling, facilities for recreation and in-patients for the multiple-drug users and other people requiring services not currently available to them.

4. Helping facilities relate more effectively to the surrounding community as a means of reinforcing treatment and enhancing resident "re-entry" to the community.

UTAH STATUS AND COMMENTS

Utah is continaully evaluating its programs in an effort to offer the most comprehensive and effective system possible. New

programs, methodologies, and research projects are constantly being implemented and changed according to the needs and limitations inherent in the state.

The tremendous inter- and intro-agency cooperation and communication (in the drug area) enables us to be both innovative and flexible about various treatment approaches. Most of the recommendations by the National Advisory Commission in the drug area are being met and exceeded in Utah.

The exploration of different methadone maintenance techniques, such as low-dose stabilization, is employed by Project Reality. The emphasis within this particular program is the eventual abstinence from all drugs, including methadone. This program is "graduating" approximately three people each month. This figure is meaningful in that most of the people on this program were hard core opiate addicts (with a minimum of two years' prior addiction) and now are completely drug free, gainfully employed, and socially stables.

Utah does not have any specialized facilities for minority populations, females, or addicted parents with infants. Odyssey House (in Utah) can, however, refer some mother and child clients to their Odyssey House in New York for treatment and rehabilitation. Facilities of this sort are felt to be areas in which Utah has many needs to expand in the future, but not necessarily now.

Utah has no "day centers" for opiate users or multiple-drug users. The drug programs in Utah (either residential or out-patient) do have close ties to the community. Most of the programs have responsibilities to a board composed of community people as well as professionals and representatives from public agencies. The programs also utilize volunteers which allow for continued interaction with the community.

METHOD OF IMPLEMENTATION

The various drug programs and agencies in Utah are currently constructing a master plan for the drug area. The plan will include types of programs and facilities that are needed and will prioritize these needs based upon information they have been collecting for that purpose.

When the plan is completed, proposed projects and programs should be considered in light of the data collected.

This recommendation is largely being met in Utah through inter- and intra-agency cooperation.

1.7 VOLUNTARY COURT REFERRAL OF ADDICTS AND ALCOHOLICS

RECOMMENDATION

The Task Force recommends that units of local government having a significant population of narcotics addicts, alcoholics, and other drug-dependent individuals establish procedures for voluntary referral of alcoholics and drug users to treatment before conviction. Such efforts might be modeled on the TASC program (Treatment Alternatives to Street Crime), and should meet at least the following criteria:

1. Liberal eligibility requirements should be developed to allow a large number of defendants to be screened for participation.

2. Minimal punitive connotations should be incorporated in the program. Undue delays in court procedures, as well as forced concessions from the addict, should be avoided. Supervision should be as non-punitive as possible, and addicts should be advised that the alternatives to diversion — plea, probation, and incarceration — may result in the lasting stigma of a criminal record, as well as delay in receiving treatment.

3. Treatment should be made available as early as possible in the criminal process, even, where possible, without prejudice to society's right to protection, before a decision to divert has been made. The device of pre-trial release on bond could be used, as well as release on personal recongizance upon the addict's acceptance of treatment. The Task Force approves of the concept of allowing those who do not fall into the confines of a habitual criminal to be deferred to drug treatment programs without going through the criminal trial and the criminal justice system.

4. Treatment should be flexible enough to allow changes in the length of the predisposition period in diversion. This would minimize the period of time necessarily spent in treatment.

5. Inducements for the defendant who has been diverted to remain in treatment should be provided for effective control. Most, if not all, of the time spent in treatment should be community-based, out-patient care, if possible. Dismissal of the charges should be arranged upon successful completion of the treatment.

6. Diversion procedures should be developed without losing sight of society's right to be protected or of constitutional safeguards designed to protect the defendant — for example, equal protection under the law, the right to speedy trail, and guarantees against self-incrimination.

UTAH STATUS AND COMMENTS

Utah law makes no mention of diversion. However, Title 77, Chapter 2 of the procedural section of the proposed Penal Code revision establishes general criteria for diversion and the procedure for diversion programs.

The procedure described in Recommendation 4.8 is similar to the proposed procedural code. One difference lies in the responsbility for the diverted offender. The TASC procedure requires the judge to determine whether to order treatment as a condition of release with the diversion of the individual to TASC. In Utah, the proposed code makes the prosecutor's office responsible for determining diversion of the offender before trial. The prosecutor can then place the offender under the supervision of the Adult Probation and Parole Department upon a voluntary probationary basis. For the purposes of diversion, this practice is deemed to be a non-criminal diversion program.

In the new code, diversion is deemed appropriate where there is a substantial likelihood that conviction can be obtained:

1. The proposed factors for determining diversion are liberal enough to allow a large number of defendants to participate. The following factors are considered favorable to diversion:

   a. The relative youth of the offender.

   b. The willingness of the victim and others involved to have no conviction sought.

   c. Any likelihood that the offender suffers from a mental

illness or psychological abnormality which was related to the crime and for which treatment is available.

d. Any likelihood that the crime was significantly related to any other condition or situation, such as unemployment or family problems, that would be subject to change by participation in a diversion program.

e. If the limited contact a diverted offender would have with the criminal justice system would have the desired deterrent effect.

Also, the following factors, among others, should be considered unfavorable to diversion:

a. Any history of the use of physical violence toward others.

b. Involvement with habitual criminal offenders or organized crime.

c. A history of anti-social conduct indicating that such conduct has become an ingrained part of the defendant's lifestyle and would be particularly resistant to change.

d. Any special need to pursue criminal prosecution as a means of discouraging others from committing similar offenses.

2. Whenever a diversionary program involves a significant deprivation of an offender's liberty, such diversion will be permitted only under a court-approved diversion agreement.

A diversion program that provides for a substantial period of confinement in an institution shall not be approved unless the court specifically finds that the defendant is subject to non-voluntary detention in the institution under non-criminal statutory authorizations for such institutionalization. Any diversion program shall be subject to the approval of the defendant's attorney, and the defendant shall have the right to be represented by counsel during negotiations for diversion. Any agreement for diversion, whether it requires court approval or not, shall contain a full, detailed

statement of those things expected of the defendant and the reasons for diverting the defendant. Any decision by a prosecuting attorney not to divert a particular defendant shall not be subject to judicial review.

3. According to the proposed law, treatment will be made available before trial at either the preliminary examination or arraignment. In Salt Lake City, Salt Lake County, Ogden City, and Weber County formal procedures are available for release on personal recognizance. Pre-trial release on bond is available throughout the state.

4. Under any diversion program, suspension of criminal opportunity for longer than one year will not be permitted. If during the period of deferred prosecution the defendant has complied with the conditions, the court shall dismiss the information or indictment, and the defendant shall not be subject to further prosecution. Deferred prosecution is not considered a conviction, and when dismissed the latter will be treated as if the charge had never been filed.

5. If the defendant does not comply with the diversion treatment, he will be reinstated by the prosecutor, and prosecution will be brought against him. Written notice of the action must be given to the court and the defendant. However, if the diversion program has received prior court approval, reinstatement is subject to court review for approval or disapproval. If the court deems necessary, it can order a defendant to show cause why the diversion agreement should not be terminated. Also, the court can begin prosecution if the defendant fails to comply with the diversion agreement.

6. In any diversion agreement, the defendant waives his constitutional right to an otherwise speedy trail. There is no provision in the proposed code establishing that any information given by the offender about himself or obtained in laboratory tests cannot be used against him in court proceedings or prosecution, except in determining bail. Equal protection under the law is provided in Section 3, paragraph 3 of Chapter 2 in the new procedural code.

UTAH STATUS OF PRESENTLY FUNCTIONING DIVERSIONARY PROGRAMS

With the exception of Salt Lake County, there is very little being done in terms of actually diverting the drug offender out of the criminal justice system before trial (and especially after trial) into a treatment-type program in lieu of prosecution.

The only diversionary program in operation is in Salt Lake County. Although its functioning status is similar to that depicted by the TASC program (see enclosed flow), Utah's is an "informal" system.[1] This program operates through the combined efforts of the Drug Referral Center, the Salt Lake County Drug and Alcoholism Misdemenant Services, and Adult Probation and Parole yet is directly implemented by Drug Referral.

The Drug Referral Center sends qualified professionals to the jail on a weekly basis. These professionals interview potential clients and, if the client evidences interest in receiving treatment, arrangements are made for an evaluation of his psychological and medical status (including his history of drug addiction and abuse, possible brain damage, etc.). This evaluation is made into a report (which includes a recommendation for some type of treatment for the defendant). The report is then given to the defendant's lawyer, Adult Probation and Parole, and to two judges. Often, upon the evaluator's recommendation, the defendant may enter treatment in lieu of other kinds of penalties.

This particular program has been tremendously successful; the problem is that since it has not been formalized, it is not able to operate at maximum capacity. The program has processed approximately 75 people in the last 10 months, but presently has 43 clients immediately in need of their services. (The urgency is due to the fact that, in order to divert a person, the evaluation has to be completed and presented before the person's trial date.)

This program operates in a flexible manner in that it will accept many kinds of clients and can recommend many different types of treatment approaches (as opposed to only being able to effect "drug addicts" to "in-patient" facilities).

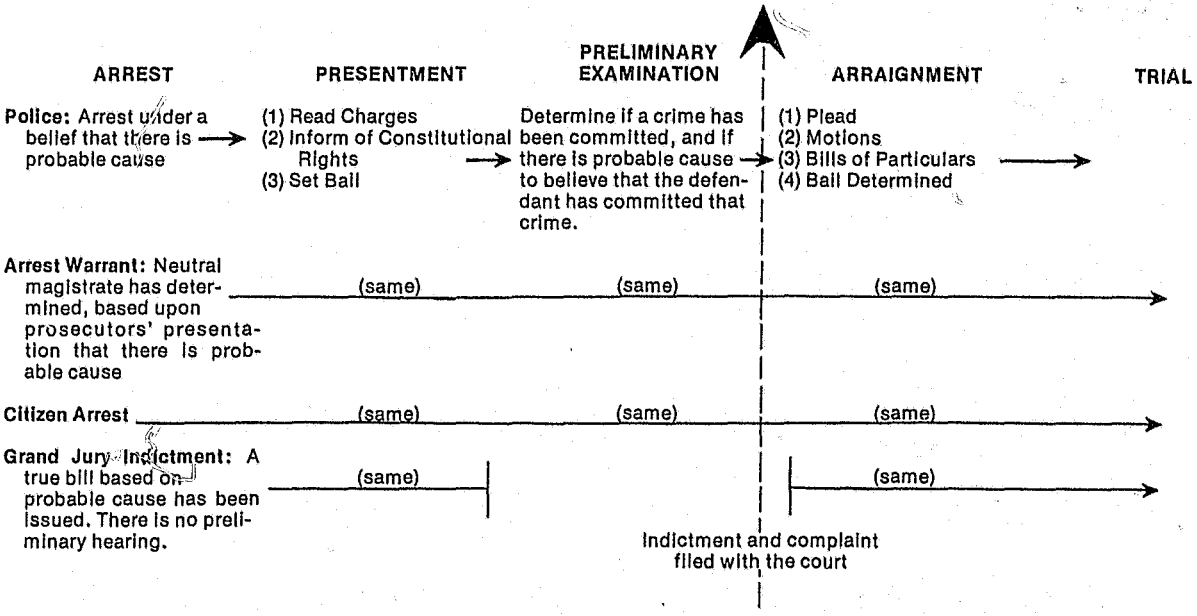
1By "informal" it is meant that Utah law does not disallow for a diversionary program, but does not have a statute as yet, for the procedure of some such program.

METHOD OF IMPLEMENTATION

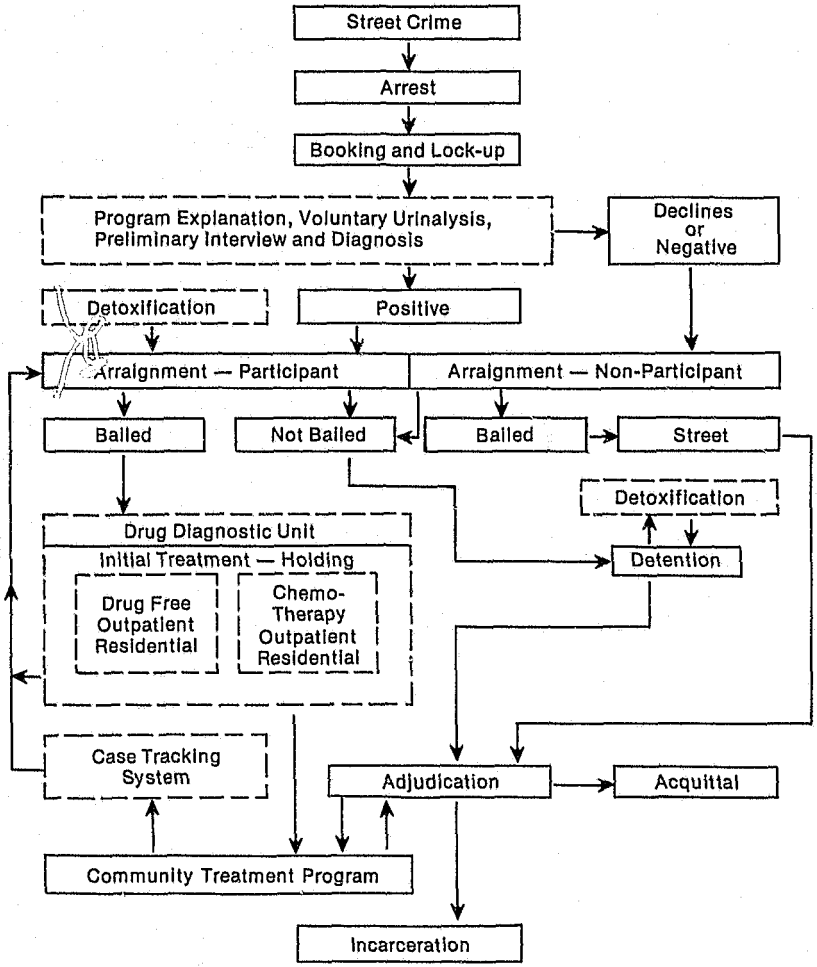
1. The legislature and the county and city attorneys are the major implementing bodies.

2. Passage of the procedural section of the proposed code revision is necessary. However, one addition should be made to the proposed code: a safeguard must be designed to protect the defendant against self-incrimination. Those eligible for a diversion program should be told that the information they give about themselves or obtained from laboratory tests cannot be used against them in court proceedings or prosecution, except in determining bail.

3. Close, formalized cooperation with the Drug Referral Center, Salt Lake County Drug and Alcoholism Misdemeanant Services, Adult Probation and Parole, and other drug and alcoholism services throughout the state are essential for the success of the program.


ARREST
PRESENTMENT
PRELIMINARY EXAMINATION
ARRAIGNMENT
TRIAL
Police: Arrest under a belief that there is probable cause
(1) Read Charges
(2) Inform of Constitutional Rights
(3) Set Bail
Determine if a crime has been committed, and if there is probable cause to believe that the defendant has committed that crime.
(1) Plead
(2) Motions
(3) Bills of Particulars
(4) Bail Determined
Arrest Warrant: Neutral magistrate has determined, based upon prosecutors' presentation that there is probable cause
(same)
(same)
(same)
Citizen Arrest
(same)
(same)
(same)
Grand Jury Indictment: A true bill based on probable cause has been issued. There is no preliminary hearing.
(same)
(same)
Indictment and complaint filed with the court

TASC CASE FLOW CHART



LEGEND:
———Current Elements
– – – –New Program Elements, If Required

1.8 TRAINING OF TREATMENT PERSONNEL

RECOMMENDATION

The Task Force recommends that the training of a staff to deal with narcotics addicts, drug-dependent individuals, and alcoholics in a treatment program should be a continuous process and one that adequately instructs the trainees about the enormous complexities of drug and alcohol abuse. Such training should include at least the following elements.

1. The training should help the staff to develop a rational perspective on the alcohol and drug problems, especially such aspects as the crisis orientation of addicts, the chronic nature of alcohol and drug addiction, and, therefore, the long-term efforts required for treatment. Training also should prepare the staff to settle frequently for limited goals and to use various kinds of authoritative but reasonable treatment.

2. Instructors should seek to develop in counselors a familiarity with the various treatment approaches. Counselors also should be trained to make differential diagnoses in referring patients to treatment. Special training programs should be devised for those interested in refining particular skills or advancing their careers.

3. In training paraprofessionals, the group approach should be used for purposes of economy and for developing a unity of purpose and perspective in the staff. Visual aids and role-playing, such as simulating client interviews, also should be utilized.

4. Along with trainees, professional workes should be trained to be flexible, open-minded, and amenable to new approaches, research, and evaluation. They should be able to relate well to paraprofessionals, some of whom will play a larger role than professionals in such programs as day centers and communities directed by ex-addicts and alcoholics. In view of the chronic, relapsing nature of the problem, the need for patience must be stressed.

5. Training of supervisors or intructors should be an important component of drug and alcohol treatment efforts, for the learning process permeates the top as well as the bottom in an effective organization.

UTAH STATUS AND COMMENTS

In 1973, Utah participated in a national program of drug abuse education training sponsored by the U.S Office of Education. The training concept is "Help People Help Themselves". Utah had 22 teams (six to eight people per team; train in San Antonio for ten days and then return to implement the new ideas and approaches in their community. The communities represented were Ogden, Morgan, Kaysville, Salt Lake City, Tooele, Provo, Vernal, Duchesne, Price, Castle Dale, Richfield, Cedar City, St. George, Moab, and Mexican Hat. The people that composed these teams were citizens, professionals, and paraprofessionals. The Division of Alcoholism and Drugs is the coordinating agency for this program and its follow-up training.

The training offered in this program is congruent with the National Advisory Commission's Recommendation, in that the primary focus of the training is prevention, and the second is education. The basic concept espoused is to bring a group of individuals from a community, referred to as a team, to participate in a learning experience. The community can be defined as a school system, a city as a drug treatment center, etc. Skills in community organization, drug problem assessment, and aspects of the drug culture are learned. The primary goals of the training are:

1. To improve the person of the participant.

2. To provide the participant with additional skills in relating to himself and others.

3. To give him experience synthetically with the dynamics of the community from which he came and to which he returns. The objects for the training are defined by the individual teams and can be found with the Division of Alcoholism and Drugs.

Utah is also actively participating in another national drug education prevention program sponsored by the Preventive Programs Division of the Bureau of Narcotics and Dangerous Drugs (BNDD). This education and prevention program is comprised of two institutes in Utah and are entitled, "Operation Alternatives". The objective of the BNDD institute is to stimulate innovative program development which will provide alternative resources within the local communities for handling various aspects of the

drug abuse problem. Approximately fifty people throughout the state, in cooperation with the Division of Alcoholism and Drugs and UCCJA, attended the three-day institute held in 1973.

The Social Seminar, a set of films and activities sposored by the Division of Alcoholism and Drugs, is designed to help individuals broaden their understanding of themselves, society and drug-related issues. To date, the Division has sponsored 11 sessions involving approximately 310 people in a 24-36 session hours and 120 receiving partial experience with approximately four hours.

The University of Utah School in Alcohol and Other Drug Dependencies is a nationally recognized course for physicians and students. It is held in a clinical setting at the University of Utah College of Medicine. This course has been attended by people throughout the state since 1969. Attendance by district is Bear River, 57; Wasatch Front, 1,014; Central, 52; Mountainland, 140; Southwestern, 59; Uintah Basin, 116; and Southeastern, 76.

Further training is available from the Institute of Social Concern. This is a training program which receives federal monies to train staff from paraprofessional to administrative levels for all programs which are receiving federal money for drug addiction treatment. The Institute for Social Concern, located in Oakland, California, has also been willing to send its trainers to the state to conduct specialized workshops.

In addition to these training resources, each of the drug treatment programs within the comprehensive treatment system offer their own staff development and in-house training programs. Many of these programs are geared to equip volunteers with the skills needed to work in various roles within the program. Other in-house training programs are designed to offer new skills and in-sight to other staff members, including program administrators.

A special training committee composed of representatives from each of the drug treatment programs within the comprehensive treatment system and as representatives from other relevant agencies, is currently functioning. The training committee is assessing the total training needs in the drug addiction treatment area and is taking steps to begin to secure such training on a regular basis.

METHOD OF IMPLEMENTATION

The training programs coordinated by the State Division of Alcoholism and Drugs and within the various programs should be continued and supported. It is the responsbility of the division, the particular training and treatment programs, and communities to determine their own training and treatment needs, making every attempt to fulfill those needs.

1.9 ALOCHOL AND DRUG ABUSE PREVENTION PROGRAMMING

RECOMMENDATION

1. The roles of educating and informing youth about drugs and alcohol should be assumed by parents and teachers in the early stages of a child's life. It is from these sources that a child should first learn about these substances. Information should be presented without scare techniques or undue emphasis on the authoritarian approach. Parental efforts at drug and alcohol education should be encouraged before a child enters school, and teachers should receive special training in drug and alcohol prevention education techniques. Local districts should be directly involved, thereby promoting parental participation.

2. Peer group influence and leadership also should be part of drug and alcohol prevention efforts. Such influence could come from youth who have tried drugs and stopped, or have used alcohol; these youth have the credibility that comes from first-hand experience. They first must be trained to insure that they do not distort their educational efforts toward youth by issuing the kind of double messages described previously. Peer group influence should be used primarily on a small group basis. It is also recommended that those peers who have not experienced drugs or alcohol should be utilized. Any use of peer groups should be coordinated through an agency which is responsible for the speakers.

3. Professional organizations of pharmacists and physicians should educate patients and the general public on drug and alcohol abuse prevention efforts, and should encourage the responsible use of drugs and alcohol. The educational efforts of these organizations should be encouraged to include factual, timely information on current trends in the abuse of drugs and alcohol and prescription

substances. Professional organizations should also undertake the education of physicians in the area of drug and alcohol abuse. all doctors should be encouraged to attend the University of Utah Drug Seminar.

4. Materials on prevention of alcohol and drug abuse should focus not only on the effects of drugs and alcohol, but also on the person involved in such abuse. That person, particularly a young one, should be helped to develop problem solving skills.

5. Young people should be provided with alternatives. The more active and demanding an alternative, the more likely it is to interfere with the drug abuser's lifestyle. Among such activities are sports, directed play activities, skill training, and hobbies, where there is the possibility of continued improvement in performance. Alternatives should not exclude women from sports, hobbies, etc., as has often occurred in the past.

UTAH STATUS AND COMMENTS

The finding from the National Action Committee for Durg Education suggested the following guidelines for schools and teachers (which the Utah State Board of Education is currently using for their program):

1. Utilize youth at all levels of planning and implementation.

2. Emphasize human relationships as much as drug information.

3. Use small discussion groups made up of a cross section of participants.

4. Plan self-evaluation in which participants identify their own weakness and attitudes.

5. Have older youth work with younger youth.

6. Present factual information rather than scare literature to students, educators, and parents.

The major drug education program in Utah (put out by the State Board of Education, under the auspices of Health Education) focuses on the individual rather than the content. Basic

components of the program for junior high and high school include:

1. Preventative education through school and community programs.

2. School and community policies dealing with users and abusers.

3. Cooperative school, law enforcement, and judicial policies and practices dealing with users and abusers.

4. Sources of immediate crisis intervention aid.

5. Sources of treatment and rehabilitation.

6. Emphasis on quality family living.

The State Board of Education, under the direction of Robert Leake, has singled out three objectives they hope to obtain in the Utah school system. They are as follows:

1. **Improved Communications:** Improved communications, respect, understanding, warmth and consideration for students by school leaders and for school leaders by students. Considerable emphasis in the state and regional meetings to nurture the need to care about people, students, teachers, feelings of people, etc. more than things will be emphasized. Communication experts who display warmth and understanding will be sought. "Verbal violence" will be discouraged as a means of communication stimulation although used in some drug interested circles.

2. **Meaningful Alternatives to Drugs:** Students, schools, and community leaders will be encouraged to explore meaningful alternatives to drug use at schools and in the community. This includes suggestions for improved school curriculums, concerned teachers, improved recreational opportunities, chance for students to be heard, and student involvement in worthwhile ventures.

3. **Improved Teacher Preparation:** Upper elementary grade teachers will have special consideration in their role in drug education. Laying a foundation of health information before the teen years is paramount in altering the drug explosion among young people. Secondary classroom teachers of social studies,

biological science, language arts, and health education will be another primary focus. These teachers by curriculum design teach in the general area of drugs and all of its resulting problems. The curricular areas include communication, people, function of man, and health practices. Counselors, too, will be given special consideration, since they represent an official and formal attempt, as part of the school system, to reach students on a one-to-one and, in some cases, a group basis. The reaction of counselors to the drug issue and to the problems of the young who are being lured into the drug scene is important. Understanding, insight, wisdom, knowledge, warmth — all are needed by counselors as they attempt to help students.

The Utah State Board of Education, in cooperation with Adult Vocation and Rehabilitation Services, has developed an excellent film/discussion series entitled "Parents and the Developing Child". This series was prepared to help parents and parents-to-be become more effective and responsible within their role by providing them with information in child development areas, such as communication, discipline, social, and intellectual development.

The series consists of eight programs, each with a film to be followed by a discussion and activities. The program does not focus on alcohol or drug use, but rather places the emphasis on teaching parents to cope with their problems rather than forcing children to engage in dysfunctional alternatives, such as drug use. there are no scare techniques involved, and the emphasis is directed against an authoritarian approach.

The Board of Education is also updating all of their drug material (elementary through high school) in an effort to shift emphasis from scare techniques to the types of skills mentioned in this recommendation (i.e., intrapersonal and interpersonal skills, and coping skills. These types of programs foster the humanization of the school system.

There is another attempt at educating both parents and their children (by the State Board of Education). through a televised program. This program, "Inside/Out", is shown in the classroom for students while parents are advised to view it at home. This program is designed to help the "whole child" develop a personally effective life style by emphasizing communication skills and social interaction skills. This method allows the parents to discuss the

topics with their children to achieve better understanding and promote the learning experience.

The assumption behind this program, the National Advisory Commission's Recommendation, and many of the 'new' programs in Utah is that by focusing on instilling self-worth values and communication skills in our children, they will not be forced to use scapegoats such as drugs, or engage in other kinds of ineffective lifestyles.

Few organizations or agencies in Utah use peer group influence as a means of educating youth about drugs. This approach could be particularly effective within the educational system, but is also pliable for other organizations. On occasion, a school or organization will request a lecturer to address a group on drugs. But the lack of organized groups of students, ex-abusers, paraprofessionals, professionals, or peer group people to perform these duties makes it difficult to have much of an impact with this approach. If an organization desires a speaker, it can contact a program such as Drug Crisis Center or Odyssey House, which may send a staff member but this is done on a non-profit basis and is contingent upon the availability of staff.

Presently, there are no professional groups of pharmacists and physicians organized to educate people on drugs.

The Utah Medical Association has recently created a committee on Drug Abuse Treatment, Prevention, and Rehabilitation. The chairman of this committee, Dr. Bruce Fairbanks, has been studying the drug area in Utah (i.e., what facilities are available for treatment approaches, current trends in the abuse of drugs and prescription substances and their effects). This committee hopes to publish the results of their efforts and disseminate the publication to the physicians in Utah. The premise is that the physicians are uninformed about the drug abuse area, and need to be more knowledgeable before they can begin to make any headway in educating the public.

Within the state's educational structure, physical education and recreation play a big part. Physical education is a mandatory class for both junior and senior high curriculum. In addition to the 45 minutes a day in physical education, many studetns also option a shop/food and clothing class and may further involve themselves in activities such as sports or school plays. Many schools in Utah

offer night classes for students and adults at a nominal fee. These classes are skill and hobby oriented (e.g., West High has several woodwork, metal work, welding, and cabinet making classes for approximately $3 for a 12 week course). Outside of school activities, organizations such as the L.D.S. Church, Boy Scouts and Girl Scouts, offer activities for youth.

Mr. Robert L. Leake, specialist for Health, Physical Education, and Recreation of the Utah State Board of Education, published a list of some possible alternatives to drug use and abuse. This list was compiled after a one-week, "live-in" seminar at Park City in which 160 teachers, counselors, drug program people, etc. from Utah attended. The purpose of the "live-in" was to improve teacher preparation in drug abuse education in our public schools.

The list which follows, published through the Utah State Board of Education, is an indication of the programs, concern, and focus for which Utah educators are striving.

1. Allow teachers and students to focus on the critical and crucial problems of society which distress youth.

2. Make possible and conduct confrontation sessions of students from one high school with the faculty and staff of another high school for one afternoon. Plan large and small group work attempting to communicate these things that students consider boring, irrelevant; and also those things which bug teachers about students, subjects, classrooms.

3. Offer involvement to students in a wide variety of community of projects which demands physical, mental, emotional or intellectual participation, such as:

a. building a new park
b. painting fire hydrants or curbs
c. building homes for poverty persons or migrant workers
d. serving as a volunteer for a health agency or hospital
e. serving as a volunteer in a rest home for older persons or visiting senior citizens
f. organizing and executing a major clean up, paint up, fix up of a local community area, with the help of the city fathers and business leaders

4. Offer students involvement in a wide variety of environmental projects, such as:

a. watershed restoration
b. cleaning up of forests, canyons, etc.
c. building new foot trails in forests and foothills
d. locating and developing different acceptable areas for motorbike and motorcycle riding and hill climbing
e. identifying and building community area jogging paths
f. help build a new golf course
g. building neighborhood playgrounds for smaller children
h. clean up creeks and streams flowing through the valley floor where people are living (Jordan River, Sevier River, Logan River)
i. groom ski hills during summer months

5. Offer students greater involvement in the school scene, such as:

a. give students a chance to teach younger students — high school down to junior high, junior high down to upper elementary, upper elementary down to lower grades.
b. assistance with operation of the school-community program in such a variety of things as crafts, art, music, sports, quiet games, hair styling, holiday cooking, etc.
c. build and operate a high school FM radio station
d. open the door to an individualized educational program to simulate the discovery of learning by as many students as possible
e. initiate an intra-mural sports program with a wide variety of activities that opens up the world of sports participation to more than the gifted athletes who readily make the school team
f. establsih a daily, bi-weekly, or weekly rap session in schools, which involves all students, teachers, counselors, administrators, support workers, etc.
g. encourage discussions of issues that distress students and school leaders
h. Focus on the here and now problems of the community. Bring history and the past into the

solution of current problems as models, approaches, successes, failures, etc.

6. Open the door to greater student opportunity in the economic structure of society, such as:

a. spread part-time jobs around to more youth — even if it means two boys or girls working half days instead of one working a full day or two working three nights a week instead of one working six nights a week
b. encourage business to assume a greater role in letting students participate in the economic world as a contribution to solving some of America's critical problems.
c. Wage a youth campaign with the advertising and economic segment of society to stop the promotion of drugs and like items as being the source of instant success, instant relief of pain, instant pep, instant pleasurable mood modification, instant sophistication, etc.
d. conduct a community youth directed anti-drug campaign via all forms of local media with particular emphasis on radio stations with a teenage appeal
e. campaign to reduce the "soft" promotion of drugs by quietly accepting fads, life styles, posters, music, dress, etc., that do not subtly promote acceptance of the drug culture.
f. wage a youth campaign against the promotion of drugs, drug-related art, music, dress, etc., which is used to sell everything from clothes to anti-perspirants, from autos to soda pop.

7. Open the door to acceptance and entry into the power structure of the establishment, such as:

a. place youth on boards of education — local and state
b. place youth in city and county government
c. make it possible for youth to regularly assist policemen, highway patrolmen, sheriffs, deputies, judges
d. offer opportunities for youth to work in the juvenile courts and youth detention centers
e. allow students to help run store front crisis centers to help other youth

f. offer more student part-time work in communities, county, state and federal government business operations
g. give students the task of developing a visualized presentation of problems plaguing the city fathers, county or state officials. After using this problem-solving approach, encourage presentation before civic clubs, city commissions and PTA's

METHOD OF IMPLEMENTATION

The Board of Education is well on its way to meeting the above recommendations. The peer group approach could be implemented within the various schools by an agency (e.g., Drug Crisis Center) which has the kind of understanding and skills necessary to help teachers and students set up a program. The program could be established within the school by the students with the facilitation and coordination of a designated drug agency. The agency could act in an advisory position for the schools at the school's request, and could also help to organize the specific program for the schools' needs.

Since it is a complicated and important issue (changing one's habits or lifestyle), it requires a lot of time and effort to implement effective programs. They can, however, be implemented by an agency such as Drug Crisis, (coordinated with Drug Referral) which works closely with students, teachers, and administrators. They have the understanding and the ideas (and do engage kids in alternative-type behaviors on a one-to-one basis by facilitating their involvement in other areas, such as crafts), but due to a lack of funds and facilities, they are only able to reach a few people.

Increasing funds for staff and facilities to an agency such as Drug Crisis would help to implement this recommendation.

Dr. Bryce Fairbanks of the Utah Medical Association is in the process of implementing Part 3 of this recommendation.

UTAH LAWS IN DRUG EDUCATION AND CARE OF ABUSERS

1907: The Utah Legislature enacted a law requiring public schools to teach the harmful effects of alcohol, tabacco, and drugs.

1939: The Utah Legislature reiterated its mandate to schools to teach the harmful effects of alcohol, tobacco and drugs, as well as instructing in such a way as to lead youth from the use of these substances and to expose midleading, fraudulent, and deceptive promotion and advertising of these substances. It also mandated the Office of the State Superintendent of Public Instruction to prepare and make available to schools teaching outlines and courses of study dealing with alcohol, tobacco, and drugs.

1970: The Utah Legislature passed statutes establishing a Board of Drugs and a Division of Drugs under the Department of Social Services. The new Division of Drugs was charged to:

* Educate the public regarding the nature and consequences of drug abuse.**

* Establish programs for the prevention of drug abuse.

* Disseminate information relating to public and private services and facilities available to drug users and abusers.

* Establish and administer centers for diagnoses, evaluation, treatment, and rehabilitation of drug abusers.

* Make a continuing study of drug abuse

* Books:
Utah and Federal Drug Laws, Brent Hafen, 1970, BYU Press
School Laws of the State of Utah 1969

* State Statutes:
Section 63-35-3 Utah Code Annotated, 1953.

** The new Division of Drugs is charged to render help to schools rather than duplicate efforts of schools and school leaders. Schools may look forward to assistance similar to that rendered in the past by the Utah Committee on Alcoholism.

1.10 STATE AND LOCAL ALCOHOL AND DRUG ABUSE TREATMENT AND PREVENTION COORDINATING AGENCIES

RECOMMENDATION

The Task Force recommends that comprehensive treatment and prevention functions be coordinated through a central agency at the state level and through local coordinating agencies. This authority is needed to assume primary responsibility for such areas as setting priorities for delivery of services, finding ways to avoid wasteful duplication, and determining the extent to which funded programs are effective.

Other key considerations are the manner in which basic standards of staffing, training, administration, and programming are met; and avenues for affecting continuing evaluation, research, and cost benefit studies.

UTAH STATUS AND COMMENTS

Senate Bill 106, Chapter 168, **Laws of Utah**, 1971, provides for a central statewide coordinating agency in the Utah State Division of Alcoholism and Drugs. The division has responsibilities and duties in five major areas:

1. To educate the general public regarding the nature and consequences of alcoholism and other drugs and to provide support to the public schools as they deal with alcohol and drug abuse education.

2. To establish prevention programs within the general community setting and render support and assistance to public school programs aimed at prevention.

3. To promote cooperative relationships among courts, hospitals and clinics, medical and social agencies, education and research organizations; and to promote the establishment and operation of public clinics and alcoholism and drug programs in local communities; to provide consultation to public and private facilities and disseminate information relating to these agencies.

4. To promote or establish programs for rehabilitation of drug abusers and assist other organizations and private treatment centers for drug abusers.

5. To promote or conduct research on alcoholism and other drug dependencies.

The division is also charged to cooperate with law enforcement agencies. The division, by law, may establish and assess fees for rehabilitation services rendered by it. Authorization to provide for certification, inspection and proper operation of treatment or care facilities for alcoholics and drug-addicted persons is given to the division. The division is authorized to promulgate and publish rules and regulations regarding licensing and revocation of said licenses. Setting priorities for delivery of services ensuring that there is no duplication of services and evaluating existing programs to determine their effectiveness is the responsibility of the Division of Alcoholism and Drugs. The division has chosen to involve local citizens in planning to meet assessed needs. Advisory councils have been appointed by all seven district associations of governments regarding alcohol and other drug-related problems.

Program development coordinators hired by the division have been involved as catalysts participants in helping communities throughout the state to assess their needs, determining existing resources and assessing the gap between needs and resources. The division has received from the seven planning districts comprehensive alcohol and drug plans which have been approved by local elected officials and district officials.

The associations of governments are the primary management resources for the divisions of the seven districts throughout the state. Apparently, these associations of governments will be the administrative bodies responsible for comprehensive services for the communities in their district. The Division of Alcoholism and Drugs will work closely with these primary management resources to ensure adequate and effective service delivery.

METHOD OF IMPLEMENTATION

The recommendation has been met in Utah through the establishment of the State Division of Alcoholism and Drugs.

1.11 STATE AND LOCAL RELATIONSHIPS TO AND COOPERATION WITH FEDERAL DRUG ABUSE PREVENTION AND TREATMENT ACTIVITIES

RECOMMENDATION

The Task Force recommends that coordinating agencies dealing with drug abuse become familiar with the broad authority delegated to the federal agency responsible for drug abuse. Special emphasis should be placed on understanding how this office relates administratively to agencies in the Department of Justice, including the Bureau of Prisons, Law Enforcement Assistance Administration, and the Bureau of Narcotics and Dangerous Drugs. To secure maximum benefits from the agency, all state and local agencies should first acquaint themselves with the specific functions of existing drug abuse treatment and prevention agencies in the community. Each coordinating agency should then assign its members responsibility for the following functions:

1. To review all existing and new state and federal legislation relevant to drug abuse and crime prevention activities;

2. To relate to state and federal agencies that are concerned with drugs abuse and provide resources and services to community agencies and programs;

3. To establish working liaison with other local agencies and programs fighting drug abuse and crime; and

4. To continually evaluate the effectiveness of all local coordinating agencies for drug abuse treatment and prevention agencies within each district.

UTAH STATUS AND COMMENTS

The Utah State Division of Alcoholism and Drugs has worked closely with the Special Action Office for Drug Abuse Prevention (SAODAP) during the past three years. Staff members of the division are well acquainted with Public Law 92-255, which is the congressional authority for SAODAP and outlines the relationship between other federal agencies and SAODAP. The Division of Alcoholism and Drugs envisions the primary management resource at each district level to act as the coordinating agency for all drug abuse treatment and prevention agencies in the communities within

that district. The Division of Alcoholism and Drugs will work closely with them in this endeavor. These agencies will be encouraged to review all existing and new state and federal legislation relevant to drug abuse and crime prevention activities. All federal applications submitted by local agenices will be required by the division to determine compliance with the priorities in each of the district plans and will assist the local coordinating agencies in establishing working liaison with all other local agencies and programs fighting drug abuse and crime.

METHOD OF IMPLEMENTATION

The Division of Alcoholism and Drugs has made provision to comply with the recommendation. Continual evaluation of the effectiveness of the district management resources as coordinating agencies for all drug abuse treatment and prevention agencies within each district should be undertaken.

END