



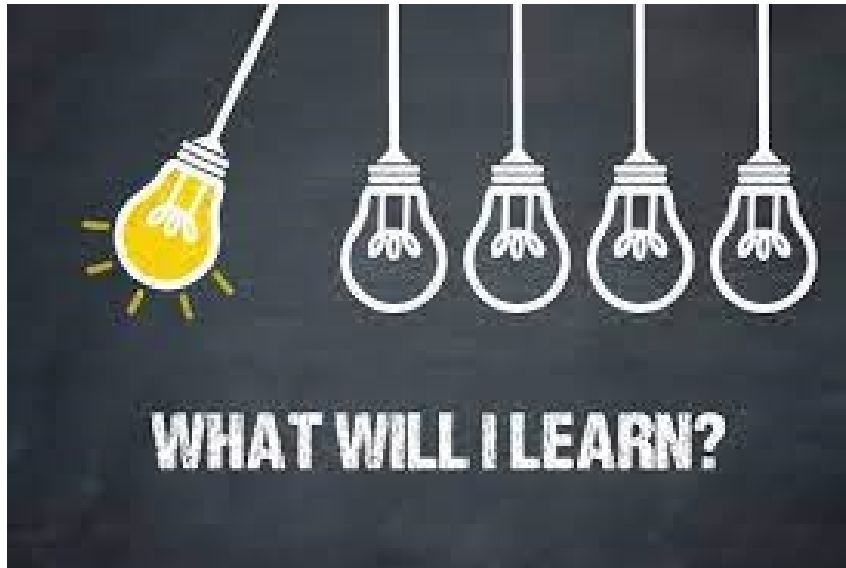
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# AN DEEPER DIVE INTO ALCOHOLISM AND CHEMICAL DEPENDENCY PROGRAMS

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# Learning Objectives



- Discuss the reason for the inception of Alcoholism and Chemical Dependency Programs (ACDP)
- List the types of ACDP treatment modalities
- List ACDP tools used to measure program effectiveness
- A Deeper Dive into “Addiction”

# My Celebrity Dinner Guest

- Who would you choose to dine with?
- Why did you choose that celebrity to dine with?

# Did You Know?

- The United States leads the world in the number of people incarcerated in federal and state correctional facilities.
- Currently there are more than 2 million people in prisons and /or jails in America.
- In North Carolina, over three quarters of people incarcerated need treatment for addiction.
  - Of the 10,933 offenders screened for substance use in FY 2020-2021, 78% or 8,567 indicated a need for intermediate or long-term substance use disorder treatment.

# Did You Know?

- The United States incarcerates more people for drug offenses than any other country.
- An estimated 6.8 million Americans struggle with a drug addiction.
- The growth of the prison population continues to be driven largely by incarceration for drug offenses.
- WE HAVE A PROBLEM....



# The Birth of Alcoholism and Chemical Dependency Programs

- In 1985, a North Carolina Legislative Research Commission reported:
  - (1) more than 67% of criminal offenses are directly connected to alcohol and drug use
  - (2) treating addiction is imperative since most offenders will eventually leave prison, and
  - (3) punishment alone does not work.
- The commission proposed an act to establish a substance abuse program for offenders and in 1987, G.S. 143B-262 was amended to create a substance abuse program which later became Alcoholism and Chemical Dependency Programs.



## The Birth of Alcoholism and Chemical Dependency Programs

North Carolina General Assembly House Bill 563, established the Alcoholism and Chemical Dependency Programs Section (ACDP) which began operations in 1988. ACDP is responsible for the delivery of comprehensive substance use disorder education and treatment services for NCDAC male and female offenders assigned to an ACDP program. ACDP's substance use disorder programs address the offender's history of harmful involvement with alcohol or drug abuse and criminal thinking. The programming is based on cognitive-behavioral interventions and reflects "best practices" for intervention and treatment as established by the National Institute on Drug Abuse (NIDA); providing the framework for quality programming and the means to meet the Section's mission and vision goals.

# ACDP Programs Overview

- ACDP programs are designed around "**best practices and evidenced based principles**" for intervention and treatment, as established by the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), to include:
  - Understanding addiction as a brain disease that affects behavior
  - Comprehensive assessment and treatment planning with participant involvement
  - Exploration of both Criminal and Addiction Thinking Patterns



## ACDP Programs Overview

- Use of Cognitive-Behavior interventions... Change Thinking to Change Behavior
- Effort to instill change through repetition, skill practice, and role-play
- Use of a gender-specific, standardized curriculum
- Adequate treatment duration
- Discharge planning and community coordination
- Provision of regular and consistent clinical staff supervision and training



## ACDP Programs Overview

- All ACDP clinical staff are registered or credentialed through the North Carolina Substance Abuse Professional Practice Board as required by G.S. 90-113.40. Counselors embrace the twelve core functions of substance use disorder counseling: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and recordkeeping, and consultation with other professionals.
- ACDP encompass four major service levels.
  - Community-Based Residential Treatment
  - Prison-Based Intensive Outpatient Intermediate Treatment
  - Prison-Based Intensive Outpatient Long-Term Treatment
  - Recovery Road

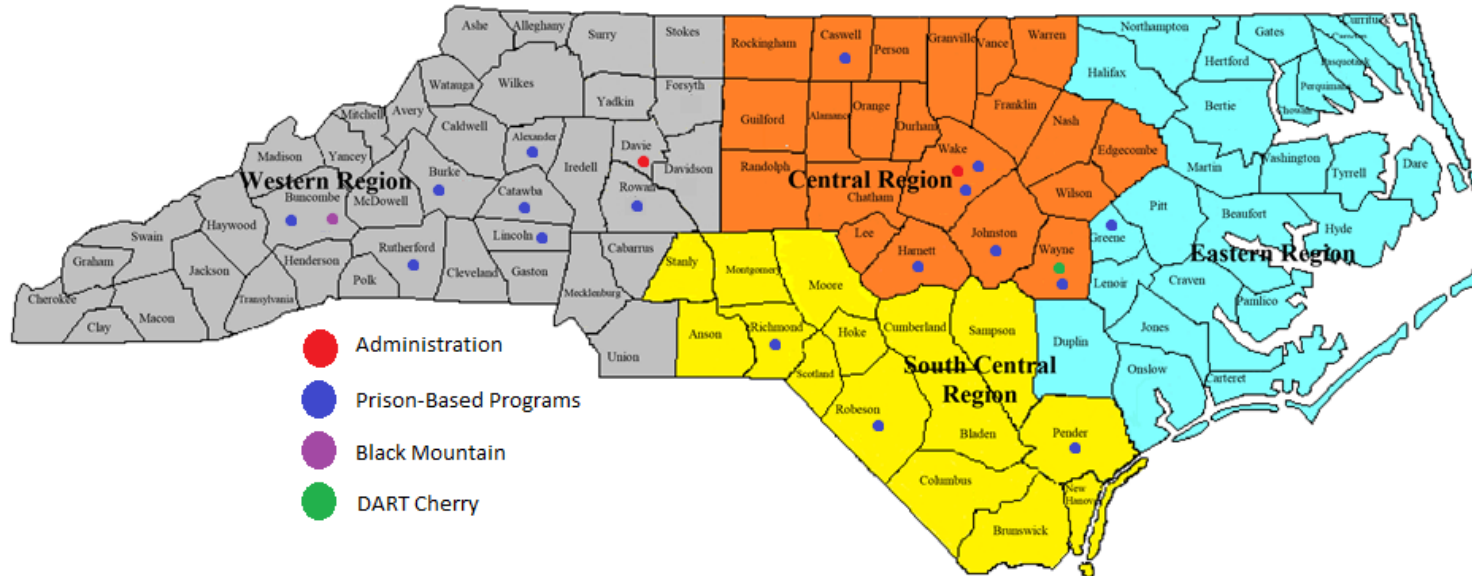
# ACDP Programs

- ACDP currently operates 2 community based residential treatment programs and 19 in-prison programs
- Community Based Residential Treatment Programs
  - DART Center
  - Black Mountain Treatment Center for Women
- Prison-Based Intermediate Intensive Outpatient Treatment Programs
  - 90 days Duration
    - 11 Adult Male Programs

# ACDP Programs

- Prison-Based Long-Term Intensive Outpatient Treatment Programs
  - 120-180 Days duration
    - 1 Adult Female Program
  - 180-365 Days Duration
    - 5 Adult Male Programs
    - 1 Adult Female Programs
    - 1 Youth Male Program
- Recovery Road
  - Currently contracted with 31 Facilities
  - Actively working towards offering this service in all 54 facilities in NC

# Alcoholism and Chemical Dependency Programs Regional Organization



**19 Programs**  
**1,243 Treatment Beds for Offenders**

# DART Center Community-Based Residential Treatment Program

- DART Center is a 300-bed, male, residential treatment facility responsible for the delivery of chemical dependency treatment services to probationers sent by the courts and parolees released from the State Prison System and transitioning back into the community.
- The program offers a modified therapeutic community (TC) program based on the New York Department of Correction "Stay N Out" TC model; a social skills, structured community hierarchy. Programming embraces a cognitive-behavior approach using evidence-based practices and is dedicated to a holistic approach addressing individual needs in six major life areas:
  - Drug/Alcohol
  - Psychological/Mental Health
  - Medical/Physical Health
  - Educational/Vocational
  - Family/Social
  - Legal Status



## Black Mountain Substance Abuse Treatment Center for Women

- Black Mountain Substance Abuse Treatment Center for Women is a 60-bed residential treatment facility that provides chemical dependency treatment services to probationers sent by the courts and to parolees released from the State Prison System and transitioning back into the community. Located in the beautiful mountains of western North Carolina, the serene setting provides a comforting beginning for the recovering journey.
- Embracing evidence-based practice design, the clinical team utilizes the Change Companies Residential Drug Abuse Programs (RDAP) Journals as well as selected material from Stephanie Covington's work addressing women's recovery/trauma

## Prison Based Intensive Outpatient Treatment Programs

- Programs are designed around "**best practices and evidenced based principles**" for intervention and treatment, as established by the National Institute on Drug Abuse and SAMSHA, to include:
  - Understanding addiction as a brain disease that affects behavior
  - Utilize a cognitive-behavioral approach that is problem-oriented, and skill focused. The program addresses both addictive and criminal thinking and behaviors, skill building in relapse, recidivism prevention, social interaction, and positive communication.
  - Activities include:
    - Group, Curriculum Education, Skill-Building, Individual Counseling, Comprehensive Assessment and Treatment Planning, Discharge Planning and Aftercare and Referral
  - Use of gender-specific, standardized curriculum



# Recovery Road

- ACDP Aftercare/Reentry Services
  - Prepares offenders for return to their homes and families.
  - Creating opportunities for participation in prison activities designed to promote recovery maintenance and facilitate a smooth transition back to the community is our primary focus.
  - By enhancing current home planning resources, the aftercare team can help offenders access a variety of pathways to recovery.
  - Additionally, Offenders who have never engaged in substance use disorder or mental health treatment but need aftercare support are also welcome to participate.

# Recovery Road

- The transition from incarceration to community reintegration can be difficult to navigate for offenders with substance use and or mental health disorders.
- Recovery Road provides offenders who are preparing for release with a variety of outpatient service options designed to increase access to treatment, promote recovery maintenance, connect to community supports, and facilitate aftercare and reentry planning efforts for a seamless transition back home.
- Using a stage-wise approach, our team of board-certified professionals provides individual and group cognitive behavioral interventions that guide offenders to the most appropriate level of support for long-term recovery upon release.

# Identification and Referral to Recovery Road

ACDP utilizes a plethora of resources for identifying and referring eligible offenders for Recovery Road services:

- Diagnostic testing services that include substance use disorders screening using the SASSI
- Case Management services
- Facility Administration recommendations
- ACDP treatment services
- MAT Pilot Program
- Self-referral

# Reduction in Alcohol and Chemical Dependency

- ACDP uses the Brief Situational Confidence Questionnaire (BSCQ) which assesses an offender's self-confidence to resist the urge to drink heavily or use drugs in eight situations.
  - The tool evaluates the increase or decrease in self-efficacy from program start to completion and provides program feedback
  - Evaluate program effectiveness to ensure treatment needs are met.

# Improvements in Disciplinary and Infraction Rates

- ACDP evaluated improvement in disciplinary and infraction rates, pre- and post- intervention.
- For offenders who completed intermediate or long-term programs in FY 2020-2021 and remained in prison after exiting treatment, the number and severity of infractions were significantly decreased after treatment.
- Likewise, the number and severity of infractions committed by offenders who remained in prison after dropping out of a program were significantly reduced after program participation.
- Furthermore, offenders who successfully completed treatment reduced both the number and severity of infractions when compared to offenders who dropped out of a program.
- These results support the effectiveness of interventions in thinking and behavior

# Other Measures of Program Success

- ACDP uses the CTU Criminal Thinking Scales (CTS) Questionnaire
- CTS measures the criminal thinking using six elements to measure anti-social cognitions and attitudes and provides documentation on the impact of the intervention and the change in thinking and attitudes associated with drug use and criminal activity
- Evaluate program effectiveness to ensure treatment needs are met
- Offenders who exited ACDP programs in FY 2022-2023 universally improved their confidence to resist the urge to drink heavily or use drugs in a variety of settings.



# A DEEPER DIVE

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What is Addiction?  
Why Do People Use Despite  
Pervasive Negative Consequences?

# Addiction

- Addiction is a primary, progressive, chronic, and potentially fatal characterized by the following:
- Physical sensitivity to excessive externally or internally induced biochemical imbalances, causing
- Unusually, strong mood changes and other emotional volatility, and
- Mental obsession, poor judgment, and other mental mismanagement that support the continuance of the disease, and
- Spiritual isolation that effectively blocks outside help and guidance, resulting in a s self-centered lifestyle.



# Stages of Addiction

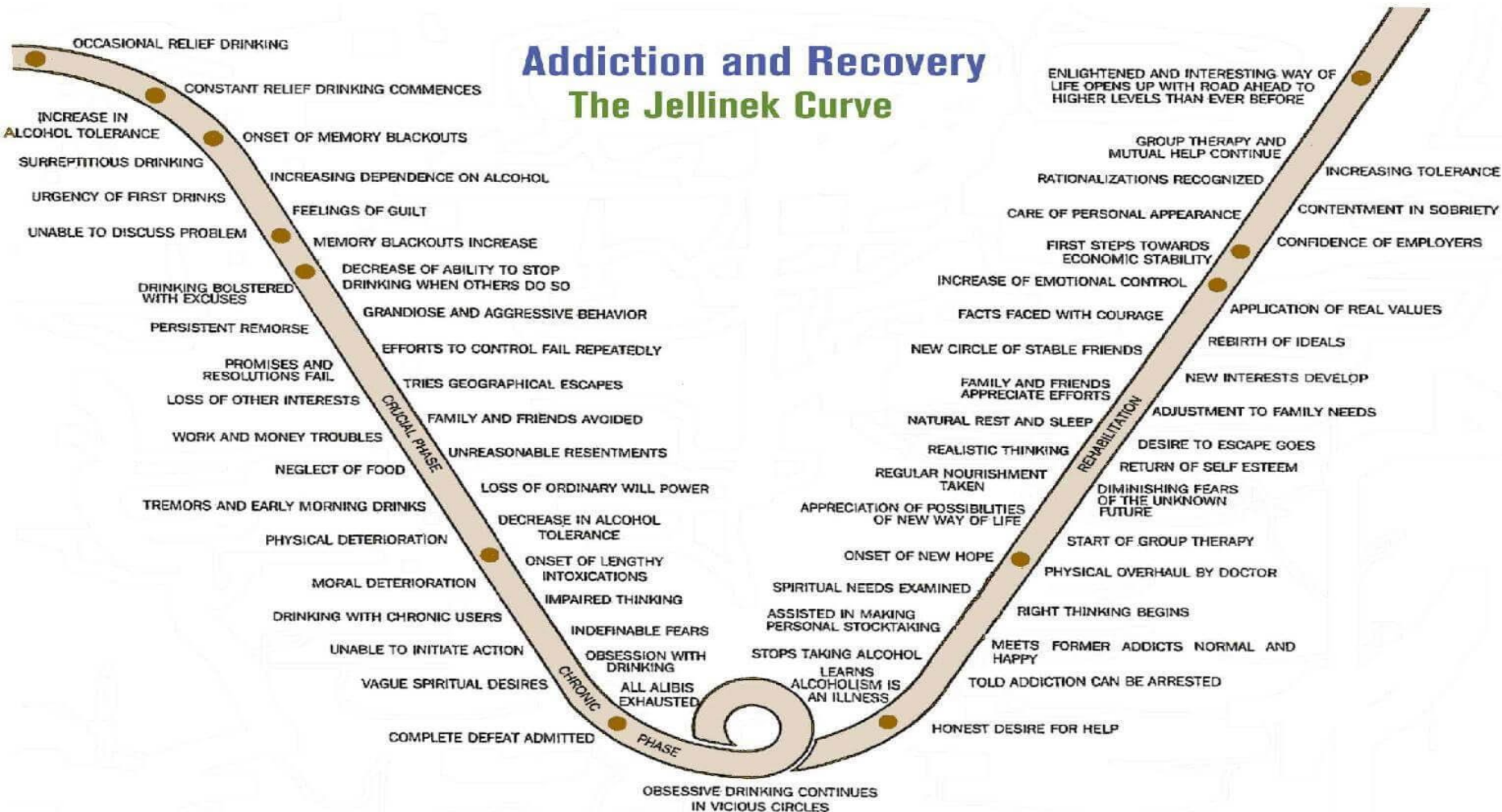
- Largely grounded in E.M. Jellinek's work, the "Jellinek Curve," describes addiction as a Brain Disease.
- Jellinek's work was instrumental in shifting the understanding of addiction from a moral failing to a disease concept, which is now widely accepted in the field.
- The model describes the progressive nature of addiction in the following terms: **pre- alcoholism, prodromal phase, crucial phase, and chronic phase.**

# Stages of Addiction

- **Progressive Stages:**
  - **Pre-Alcoholism:** This stage involves social drinking behaviors that are considered normal.
  - **Prodromal Phase:** During this phase, individuals may experience increased tolerance, blackouts, and guilt related to drinking.
  - **Crucial Phase:** This stage is characterized by a loss of control, increased drinking frequency and amounts, and attempts to hide drinking from others.
  - **Chronic Phase:** In this stage, individuals are deeply entrenched in addiction, experiencing physical and psychological dependence, and often facing significant consequences.

# Addiction and Recovery

## The Jellinek Curve



# Other Honorable Mentions

- Magnus Huss (Medical Doctor, Allergy, Coined Alcoholic)
- Benjamin Russ (Medical Doctor, Psychiatry)
- William Duncan Silkworth (Medical Doctor, Allergy)
- Nora Volkow (National Institute on Drug Abuse NIDA, Pioneered the use of brain imaging in the study of addiction)

# Other Honorable Mentions

- William “Bill W” Griffith Wilson (Alcoholics Anonymous)
- Robert “Dr. Bob” Holbrook Smith (Alcoholics Anonymous)

# Myths

- Addiction is about willpower; you can stop whenever you want.
- Once in recovery everything will be ok.
- Relapse means failure.
- You can recover alone.

# Building Blocks Of Recovery

- People do not change until they become uncomfortable with their current state!
- Pain, Discomfort, Inconvenience are change agents to recovery and therefore, part of change “The Pain of Change”.
- Pain Threshold is a critical component of recovery.
- Although active addiction is grounded in a general loss of control; therefore, the driving force is always reductions in pain, discomfort, inconvenience and the faulty belief that one is in control.
- Recovery is an intentional process!

# Building Blocks of Recovery

- For the addicted brain, mood altering substances are a Solution to a Problem (just not a good solution).
- Addiction attacks the user at the very core of their humanity and must be addressed as such.
- Treatment isn't a one-shot deal but rather part of an Accumulative Process.



# Treatment Works!!

For More Information:

ACDP Administration 919-324-1204

District I Program Manager 336-823-8223

District II Program Manager 919-324-1201

Black Mountain Treatment Center for Women 828-581-4454

Dart Center 919-731-7930

# Sources

- [1]. Substance Abuse and Mental Health Services Administration. (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*.
- [2]. National Institute on Drug Abuse. (2017). *Trends & Statistics*.
- [3]. National Institute on Drug Abuse. (2018). *Drugs, Brains, and Behavior: The Science of Addiction*.
- [4]. Centers for Disease Control and Prevention. (2015). *Today's Heroin Epidemic*.
- [5]. Substance Abuse and Mental Health Services Administration. (2018). *Results from the 2017 National Survey on Drug Use and Health: Detailed Tables*.
- [6]. National Institute on Drug Abuse. (2018). *Substance Use in Women*.
- [7]. Kurtz, A. (2013). *1 in 6 unemployed are substance abusers*. CNN Money.

# Sources

- [8]. Sack, D. (2014). We can't afford to ignore drug addiction in prison. *The Washington Post*.
- [9]. National Institutes of Health. (2018). *Addiction and the Criminal Justice System*.
- [10]. American Society of Addiction Medicine. (2016). *Opioid Addiction Facts & Figures*.
- [11]. Cleland, C., Rosenblum, A., Fong, C., and Maxwell, C. (2011). Age differences in heroin and prescription opioid abuse among enrollees into opioid treatment programs. *Substance Abuse Treatment, Prevention, and Policy*, 6, 11.
- [12]. National Institute on Drug Abuse. (2015). *Drug and Alcohol Use in College-Age Adults in 2014*.
- [13]. Facing Addiction with NCADD. *Facts About Alcohol*.
- [14]. National Institute on Alcohol Abuse and Alcoholism. (2018). *Alcohol Facts and Statistics*.
- [14]. NIDA, Principles of Addiction Treatment, 1999, August, 07  
2017.<[https://www.samhsagpra.samhsa.gov/CSAT/view/docs/SAIS\\_GPRA\\_CostOffsetSubstanceAbuse.pdf](https://www.samhsagpra.samhsa.gov/CSAT/view/docs/SAIS_GPRA_CostOffsetSubstanceAbuse.pdf)>

# Sources

- [14]. Wilson, J, R., & Wilson, J, A., *Addictionary: Primer of Recovery Terms and Concepts From Abstinence To Withdrawal* (1992), Hazelden Press, By Fireside/Parkside Published By Hazelden 1994
- [15]. Jellinek, E, M., *The Disease Concept of Alcoholism*: (1960), Hillhouse Press., 1960, New Haven Connecticut, 1960.
- [16]. McPeake, J.D. (2012) William D. Silkworth, M.D., and the origin and development of Alcoholics Anonymous (A.A.). Dublin NH, 03444: The Dublin Group, Inc., Retrieved 3/12/2025
- [17]. Lesch, O, M., Kefer, J., Lentner, S., Mader, R., Marx, B., Musalek, M., Nimmerrichter, A., Preinsberger, H., Puchinger, H., Rustembegovic, A., et al. *Diagnosis of chronic alcoholism classificatory problems.*, National Library of Medicine., Retrieved 3/9/2025.
- [18] Katner B, S., *Benjamin Rush's Educational Campaign Against Hard Drinking.* National Library of Medicine., Retrieved 3/10/2025.
- [19] Volkow N, D., *The addicted human brain viewed in the light of imaging studies: brain circuits and treatment strategies,* National Institute of Drug Abuse, Retrieved 3/10/2025.