

Alcohol Priority Group
April 11, 2008
1:00-3:00

Attending: Heidi Garcia
Jenny McKee
Kara Boston
Michelle Smith
Chris Stoppel
Wendy Rohleder-Sook
Michael Harrity
John Wade
Schuyler Bailey
Diana Robertson
Isabelle Odegi
Amber Long
Jay Vaglio
Chris Dyba

Guest speaker: Denise Darby-Haynes, LMSW, Outpatient Counselor, DCCCA
(Dave Ruhlen, Director of Outreach Services, DCCCA, was unable to attend.)

Introductions: Diana introduced Denise Darby-Haynes to the committee. The committee then introduced themselves.

Denise is an outpatient counselor with DCCCA. She does individual counseling, family counseling, and marital counseling. She also serves the homeless population with the Hope Program. DCCCA just moved all of the women's services to 31st Street where the inpatient facility is. She does aftercare groups for women and counseling as well, plus she does counseling at CAPS (Counseling and Psychological Services), SHS, on Wednesday mornings and Thursday afternoons.

Questions: *Describe range of services and outreach programs provided by DCCC:*

WOMEN:

- Inpatient Treatment 18+
- Reintegration Services for Women and Children
- Individual Services
- Family Services
- Supervision of Children and Parents (First Step House)
- Challenge Group. This is a group in which people are trying to determine if they are abusing a substance or if they are really

addicted by going through an educational process to determine. It is an 8-week, co-ed course.

Challenge Group is a Level-1 group and is primarily how a lot of KU Students get referred to DCCCA if they need group. DCCCA also does Alcohol Information School which is a one day class from 8/8:30 to about 5:00. It is at the outpatient facility twice a month on Saturdays. People referred to Alcohol Information School are usually first time DUI charges or Minor in Possession (MIP) charges. The State of Kansas requires 10-12 hours of education if there is a DUI and that is also to reapply to have the license returned. Once they complete the class they are done if it is a first time charge. Challenge group is also a level one group in which someone may have two DUIs or a DUI and an MPI, so an individual has been in the system more than once and the court determines the individual did not change the behavior and may have more problems and needs more services. The Challenge Group runs for eight weeks two times a week. DCCCA then does intensive outpatient treatment which is Level-2 care. Males go to the outpatient facility and meets five times a week for nine weeks. If they are not successful at that level of care such as they continue to use, the UA continues to be “dirty”, etc., they are then referred to Level-3 which is inpatient treatment for 30-45 days. Women go to the women’s facility for Step House. The program for women differs for men as it is 16 weeks for three times a week. It is the same amount of sessions but is set up differently. If they continue to use and cannot get clean, then they are recommended into inpatient treatment there at the facility.

DCCCA allows the use of their building for Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) weekly. There is a women’s AA meeting on Mondays and NA on Monday nights. There are two daytime AA groups that are also out there. DCCCA also does intensive outpatient for adolescents, aftercare, and individual counseling for adolescents (ages 12-18).

Cost for DCCCA services:

Cost varies but for KU DCCCA has an agreement for funding. For Level-1, there is a \$20.00 charge for group for KU students regardless of their income level. If the student has no income while attending school, DCCCA puts them into a state funding system which is *Value Options* now and request funding. If they are 100% below the poverty guidelines for any level of care, the state of Kansas covers treatment completely. If they are 101% to 200%, then there is a small fee/co-pay they have to pay. For the most part,

the funding piece is not a major issue to not seek treatment as DCCCA is able to access some funding.

For a student to be seen in CAPS, there is a \$15.00 fee. Most students like to pay at the time of service because they do not want to bill insurance or home or want it anywhere on their record. If an individual has insurance, the state will not pay for care since the individual has insurance and they refuse to use it. Alcohol Information School is \$85.00 for students. There is no discount. It is paid up front prior to taking the class, and when it is completed they are done. It is not like a billing process where we will bill them; they have to pay it up front before they come to that class. Level-2 outpatient treatment ranges from \$120.00 down to \$5.00. There are not a lot of people who pay \$120.00 which is a group rate not an hourly rate.

How do students get to DCCCA?

Students get referred to DCCCA for DUIs, MIPs, and people who have assault and battery charges in which people think substances are involved. DCCCA also gets court custody issues where one of spouses is making an accusation against the other. DCCCA will do the evaluation for that. The court can send them or they can come on their own. Sometimes they come through family members, through court, through a friend, and through housing (KU).

Are mandatory sessions more effective than not?

It is a catch-22. For some people who are forced, they are resentful and angry and do not want to come. They get into treatment and realize there were some problems and when all is said and done they are grateful. They realize they had a problem, finally they were forced initially, but they have become aware of some issues in their lives; therefore, they are grateful. There are also people who come in resentful and also know that if they did not have the legal factor there they would probably be out using and relapsing. For some people it is very negative, and it is probably not the way to go, but there are some people who really benefit from that in the long run when it is all said and done.

What community outreach programs are available through DCCCA?

DCCCA does not have a lot of additional programming and outreach.

What issues exist in the Lawrence community and what type of prevention i.e. community coalition or any groups DCCCA works with to address excessive alcohol use or binge drinking? What kind of supports exist or do not exist that should?

Clearly there is not enough prevention, but it is a community-wide issue. The police department, merchants in town, people who sell alcohol here in town, housing, and there are a lot of people who need to get on board and realize the severity of the issue. It is going to take everyone playing a part in that to make it work. DCCCA and KU both can provide services, but if you have community people providing alcohol to underage people or it is really easily accessible while sororities and fraternities are having parties. It is going to take a community-wide effort to really make it happen. Denise feels the consequences for people who own liquor stores and who are selling alcohol need more severe consequences.

Denise stated the problems she is seeing are more severe this year. Since October when she is at KU she is seeing cases where there is pretty severe prescription addiction, alcohol and drug use. They are getting more and more consequences such as individuals coming in with two and three DUIs who need services and are in legal trouble. As well they do not have transportation and/or a support system. There are kids who are saying, "We are so stressed out and all we have to do is walk on campus and purchase an Adderall from somebody who has access and painkillers." They are not finding a lot of support on campus for these types of addictions. There is an AA group on campus but they do not feel comfortable because it is a community group even though it is on campus and most of the other participants are so much older than them. They do not feel really connected or like they are at the same place in life as the other members; therefore, they do not go. They do not go to other support groups because they do not feel connected to other peers. They are struggling with, "It's what everybody does in college. We all drink. We all smoke pot." They are struggling with the whole acceptance issue and not wanting to be left out. There are a lot more kids who are isolating themselves and not going out and socializing because they are trying to stay clean and not drink, and then they get bored and lonely which brings about other factors.

Following are some statistics Denise shared with the group regarding 32 *students* she has seen in CAPS since January 2008:

- 22 charged with DUIs or OUIs
- 4 charged with possession charges
- 6 self-referred on own

Out of the 32 *students*:

- 8 sent to a Level-1 treatment which is Challenge Group
- 14 sent to Alcohol Information School
- 7 are seen individually

- 4 sent to intensive outpatient treatment at DCCCA
- 2 students have completed the outpatient program

When students are “self-referred”, they often keep using substances because it is not mandated that they go; therefore, they stop getting services since abstinence is the goal. Although, Challenge Group (8-week, twice-a-week course) students are completing successfully in Level-1 (8 students). The 14 students in Alcohol Information School have to come because there is legal involvement if they have a DUI. They are not usually happy to be there but they come.

Could a college group be started here?

Denise stated she attempted to start a group at KU specifically for KU Students and had a room, but was told since there is a group which already takes place on campus which is a community-based group there was not a need to start another one. Denise would like to pursue beginning a KU group only but does not know how far it would go. She suggested a group of students beginning a group for college-aged students and giving them the tools to start the group and market it. She said it is going to be very hard to have the district person come in who is Michael Black and approve a KU only counseling group. Denise is going to forward contact information to Diana Robertson for Mr. Black so that possibly someone from the University can contact him. Denise again stated kids want to be with other kids their own age and do better than in a community-based setting.

What interventions are most effective?

Recovery is an individual process for people. There are different interventions that work for different people. The longer people are in some kind of recovery or support group or have that accountability the better off they are. People need to have a support system and contacts and not be consequented for their addiction in a sense. Often they feel they are consequented and that legal and probationary people are really involved in their lives and they resent that. Therefore, the instant everything is done, court, legal, whatever, they want to get out and a lot of them want to stop coming. Denise tries to work with people to get them to understand the most important is to work at recovery with whatever method works best for the individual in terms of keeping clean long term. The issue at KU is that you do not have the individual for very long. Many kids come to Denise, hand her the evaluation, say “here’s what I gotta do, hook me up in services so I can get this done,” and that is all they want to do. They do not want to do

anything else but appease the court/person who has sent them to her. They are not always serious at that point. They are more angry they are in the position, so the minute they serve their 12 individual sessions or done their AA meeting four times they are done. They are pretty honest in that they are unwilling to give up drinking. Regardless of if there is a problem, they feel they are in college and that is what you do. Drinking is part of the college experience. "If I do not drink, I have no life" is how most students view the process. They go through the steps and do what they are supposed to do and Denise may not see them again.

Denise stated kids who have prescription addictions are an area of great concern. The prescription drugs students are getting addicted to are so addictive so quickly and withdrawal is so difficult. It becomes pretty overwhelming for them and they do not have the family support system here, etc. They return to use to just manage day-to-day life. When they drink alcohol on top of that, it makes things even scarier for them to be doing both. Denise stated she is seeing more and more prescription addictions on campus. Pot is pretty rampant as well. Denise states both issues must be looked at together, alcohol and drugs, to come up with a good plan to put in place.

A lot of kids are getting in trouble with marijuana. They know it stays in their system for roughly 30 days. If they are being drug screened by probation, they figure out pretty quickly they have to give up the pot because it will show on my drug screen and there could be a consequence, but I can drink and it will not show up. Therefore, the drinking increases because they are trying not to use the pot, and then eventually they return back to the pot. It is a vicious cycle. Both issues need to be dealt with because just doing an alcohol plan will not solve the overall concern on campus. There needs to be a plan to deal with both drugs and alcohol together. Denise stated she does not see more people for alcohol than drugs.

Denise was asked what ideas she could share with the group regarding shifting the culture of drinking such as alternative activities or what coping strategies work for people?

Denise stated expanding drug and alcohol services through CAPS. She stated the university would be able to meet the demand much better. Denise suggested setting up and marketing programs around students' lives and schedules, academics, sports, etc., she feels services would be utilized much more. Denise suggested also bringing some of the groups and interventions here and market it to the student body on campus. She feels it would be a great support

system for students here. She suggested having a team for the dorms, for athletics, or elsewhere and keep the cohesiveness and support system within the dorm students are living in. She said at this point AA and NA could be set up. It would be beneficial to get things going where the students knew the people they were coming in contact with, and they could call them up when they needed some support or assistance at night or early in the morning as DCCCA does not have a 24-hour service.

Denise stated Lawrence needs a stabilization detox option here. There have been some KU students who have come to DCCCA and they are extremely intoxicated and very sick. It is fortunate only in that they can be sent to Lawrence Memorial for medical detox and stabilization. The issue there, though, is after 24-48 hours they let them go, and for some people that is not long enough. When they start to feel better, they leave, and that is not long enough to stabilize them, so if they turn back around and go out and use after that they come back to DCCCA or the emergency room. The emergency room does not feel very equipped to deal with it, nor do they want to, so they are calling back to DCCCA to find a detox program in Johnson County or Topeka. Then there may be a transportation and safety issue because the family may not be here. There needs to be services on campus so students do not have to travel.

There is an 85% relapse rate in addiction. The majority of people do not set out to be alcoholics or addicts. At times for people there are multiple circumstances which can happen. Often times there have been something very traumatic or very emotional in their life which has occurred, and along the way they realize it and try to figure out how to deal with that and cope with that. They then use alcohol and/or pot to numb the feelings and the pain and do not have to deal with it, and, in turn, they continue to go back to that way of coping. When they get clean, if they do not deal with the emotional stuff they return to the addiction. It is often time a mental health issue as well as a substance abuse issue.

Is there a waiting list for students to be seen by Denise?

Denise is not aware of a waiting list. This particular week there have been a lot of cancellations due to the basketball game and students do not want to admit they have been drinking. Denise states she usually fills her slots while at CAPS.

Many students are coming to KU this year who have charges and get here and realize their time is almost up and scramble to find someone to see them to get the services set up. Denise stated they often come without their assessments/paperwork and basically the

process has to be started from scratch. They get very impatient and agitated when she cannot see them immediately. The people in these types of situations have increased greatly. She has several students have DUIs. She stated for students are in state it is very stressful as well because in Kansas it is a felony if they get a third DUI and they get behind on what the court has ordered and get very stressful because it interferes with their schooling.

Following are inpatient facilities:

- Kansas City
- Topeka
- Valley Hope
- Stormont-Vail
- Women come to DCCCA location
- Wichita
- For out-of-state students, attempt is made to contact facilities in state where student lives.

Denise stated parents are becoming more involved in regards to student's care. She said more parents are calling, coming in from out of state, and wanting to be aware of what is going on and involved in care process. DCCCA will get the student as close to home as possible. They also help the student with funding, paperwork, assessment, and making initial contacts. DCCCA will facilitate the process in terms of funding and finding a program that works for the student financially.

Town Hall Meeting: Heidi Garcia attended the town hall meeting on March 31 at the Lawrence-Douglas County Health Facility. The theme of the program was "Start Talking Before They Start Drinking". The program is geared towards parents of junior high school-aged children. SAMHSA (Substance Abuse and Mental Health Services Administration) findings conclude if a student starts drinking prior to the age of 15, then they are five times more likely to have an alcohol dependency problem which is why the "Start Talking Before They Start Drinking" has been created.

There were about 30-40 people who attended the meeting. Jenny McKee attended the meeting as well with Heidi. Unfortunately there were only 10-12 parents who attended and they were the target audience. The District Attorney attended who began the meeting by telling the audience there were 6-8 people in custody from the night before who had not been bonded out which were all alcohol-related. He spoke to the impact of alcohol in the court system. He is very supportive of early prevention efforts. Diane Ash, Prevention Specialist, Lawrence High School, spoke about

what she sees in the high school, and also stressed how important early prevention is starting in elementary school and going through high school. An officer from the Highway Patrol spoke about recognizable signs of alcohol and drug use such as change in behavior and/or appearance. A representative from KUMED spoke about the genetic factor of alcohol. Officer Trent McKinley, Lawrence Police Department, concluded the event by giving information regarding MIPs (Minor in Possession) and the social hosting laws. There was a lot of good information given; although, there was a small amount of parents attending. There is a Lawrence parent network group created to share information regarding alcohol with high school students. The group which came together for the town hall meeting are hoping to create a “task force” to address alcohol issues in Lawrence. DCCCA has a Regional Prevention Center which does outreach within the community.

Grid work:

Diana asked the committee to review the grid Isabelle typed containing the grid work from the last meeting. At the last meeting the committee went through each square of the grid and talk about what the APG recommendations would be based on what the sub-group looked at. The grid will be refined but Diana wanted to get a copy of what was done at the last meeting so the committee would have time to look over it and tighten it down a lot more at the next meeting. The information gathered during the meeting will be added to the grid and Isabelle will get the information to Mary Anne and will be sent along with the minutes.

HEALTH PROTECTION-*protecting students from the short-term consequences of alcohol consumption*

Individual

- educational tips from e-CHUG or other resource
- peer education/peer group-peers teach peers
- encouraging designated drivers
- 21st birthday card—cards sent to students before their 21st birthday with alternatives and responsible drinking information
- learn how alcohol affects you—self-awareness/knowledge development—i.e. when you drink are you angry and aggressive, effect
- promote fitness—i.e. relate “freshman 15” to alcohol consumption, number of drinks=Big Mac, girls take a hard hit when relating drinking to calories whereas boys look more at the money aspect/how much they are spending on alcohol

e-CHUG currently using “how many songs are you drinking”

Group

- passive bulletin board materials and programs-make more information available to RAs
- resources—canned programs
- skill development—how to help friends recognize signs of excessive drinking such as sexual behaviors, if the person is passed out
- programming within the first six weeks of fall semester—tie in alcohol education with different time periods

Institution

- PRE101—risk reduction messages are included in class, dedicate more time to this area
- Safe Ride- revamp for usefulness/frequency—eliminate or shorten amount of waiting time, add cars
Safe Ride is more popular than Safe Bus
The Safe Ride contract is currently being reviewed, so now would be a good time to recommend changes.
- standardize requirements for events that include alcohol—require beverage options (water/soda), food be served, etc.
- social norms—percentage of students who drink, have unwanted sex, etc.
- involve students in strategies for improving services (i.e. Safe Ride)
- non-alcoholic tailgating—now more alcoholic tailgating than not, make non-alcoholic tailgating the fun place to be
Chris Stoppel pointed out there is less of a buffer zone between community and football stadium, harder to monitor. Mindy Rendon has an idea she is wanting to develop over the course of the summer and that is to have housing and others take the lead in providing really fun, non-alcoholic, tailgating venues, using the big tents like the other areas have and provide good food and good entertainment to draw people in as a destination for people. Michael Harrity shared that last year Athletics, SUA, and the Student Alumni Association had the biggest tent available donated by Athletics and EA Sports set up video games and David Mucci along with the KU Unions provided hot dogs. There were 600-700 students who came through. Michael stated the hard part is the cost of the event which was \$1500.00 which was split 3 ways between the departments who sponsored the event. Cost is a big factor in providing events like this consistently and

establishing an event for each football game. Mindy Rendon wants to make the big tent an institution for football games and increase emails and promotion of the tent. There were Palm Pilot evaluations done during the event and the overall response was that students would return if it was available for every game.

Community

- Topsy Taxi—availability and promotion, make more of a community wide option
- mandatory server training—some type of training for servers to recognize signs of excessive drinking
- resources to sustain additional officers for game days and education promotion—try to educate to let students know officers will be present and what consequences could be
- bar owners agreement to not have drink specials or limit the amount of drink specials

INTERVENTION AND TREATMENT

Individual

- more programs available on campus and more widespread-market them better i.e. AA and NA
- involve parents in educating student before arriving at KU
- increase consequences and standardize—not just in *Housing-but across campus with all departments-get more people to take advantage of it*

Groups

- educate on resources for intervention and treatment
- student leader training on signs/identities of alcohol issues
- remove the stigma of seeking help

Institution

- assess effectiveness of sanctions and judicial system
- increase treatment resources (CAPS and DCCCA-increases hours for representative to meet with students)
John Wade stated there is a substantial waiting list which he believes discourages people from calling.
- review student code of conduct and address off-campus behavior not just on-campus
- centralized office for alcohol/drug and judicial—more interaction between departments
Diana stated there is a shared database between Recreation Services, Housing, and the VP office. Academic information and misconduct information can be added as

well. It is not real widely used. It does help but the system needs to be reviewed.

-review parental notification of alcohol/drug violations—take a look at system that may work here

More schools are using parental notification on second offenses after having a conversation with the student, letting them know the contact will be made.

Diana Robertson said there are several issues to look at as there are consequences which reach beyond the student.

-publicize/educate on emergency contact—have student leaders, RAs, group leader, advisors go through training to help recognize identifiers and make referrals

Community

-detox center—24-hour for immediate care

Chris Stoppel asked if the city had a 24-hour detox center, and Schuyler Bailey stated at the current time it is a battle. If they are falling down drunk, the jail does not want them and the hospital does not want them. The police have to prove they are a danger to themselves to get the hospital to take them, and the hospital says, “No they are just intoxicated. They need to go to jail.” It is whoever gives first basically. Some cities do have 24-hour detox center where someone can basically “sleep it off” but it is supervised. Diana Robertson stated most students sent to the hospital for alcohol poisoning are released between 2-4 hours later. Hospitals are not equipped to keep the students and Housing are not either, so many students end up back in the hands of friends without realizing the responsibility.

Diana asked the group to really review the grid after it is sent out in preparation for the next meeting.

Final Report:

The final report will be put together by the end of May if not sooner.

- 1.) Executive Summary Page—condense down to a few quick bullet points, making visible impact at first glance
- 2.) Purpose Statement/Group Membership
- 3.) Overview of concern regarding alcohol
- 4.) Overview of process
- 5.) Guest Speakers and the points they made
- 6.) Grid Summary—broken down into 4 columns
- 7.) Recommendations—prioritize items

Next meeting:

April 25, 1:00-3:00, #301 Relays Room, Burge Union
Guest Speaker: Jon Schlitt, Sales & Marketing Dir., UDK