



Women's Commission

ON ALCOHOL
AND DRUG ISSUES
— OREGON

PO BOX 2106 · SALEM, OR 97308

WWW.WCADIO.ORG

WINTER 2008

New Eastern Oregon Detox Center Opens

Eastern Oregon Detoxification Center Opens January 30, 2008

A Ceremony and Open House will be held at the new center located at 4708 NW Pioneer Place (on a grassy knoll, NW of Umatilla County Jail), Pendleton, OR.

The 3762 sq ft facility will provide 12 beds for detoxification and 4 respite care beds. Lifeways Behavioral Health will screen, select, supervise and provide respite care for mental health clients who are in crisis.

Funding for the project has come from the Oregon Economic and Community Development Department, DHS Addictions and Mental Health, Umatilla County, Greater Eastern Oregon Development Corporation, Wildhorse Foundation and the Pendleton Foundation.

EOAF has been operating the program under a contract with the county. Additional support has been provided by the City of Pendleton, Umatilla/Morrow County Community Corrections, Wildhorse Foundation, Pendleton Community Health Corporation, individual donations, client fees and insurance.

The agency's staff, many of whom are in recovery, are very dedicated to helping others dis-

cover a new beginning. The Detox Center has assisted more than 280 clients each year from Eastern Oregon. The Center is open 24 hours a day, seven days a week, and 365 days a year.

In addition to the Detox Center, EOAF provides residential treatment, alcohol and drug free housing, outpatient treatment, DUI evaluations for the courts; minor in possession Saturday School: for youths 18-21 years old; treatment to Drug Court Clients; and conducts 42 groups per week for Community Corrections clients in Pendleton and Hermiston. EOAF operates two Transition Houses; one for 5 Men, La Casa Vida (1998); and Rusty's Transition House (2006) for 7 women and women with children, with a full time case manager assisting them.

(See **Detox Center...** continued on page 3)

Open Invitation to Join WCADIO

WCADIO's Mission is to increase public awareness of women's alcohol and drug abuse issues and to promote services related to women throughout the State of Oregon. This means to **ALL** women who are affected by their own alcohol or drug use or that of their family or friends.

Your Support Is Needed — Your Voice Will Be Heard!

— See back cover for application —

"Actually, aging, after fifty, is an exciting new period; it is another country. Just as it's exciting and interesting to be an adolescent after having been a child, or a young adult after having been an adolescent. I like it. It's another stage of life after you've finished with this crazy female role." — Gloria Steinem

WCADIO's Newest Board Member

The Board of Directors of the Women's Commission on Alcohol and Drug Issues would like to introduce you to our latest Board Member:

Claudia Wilcox

Claudia is a native of Eastern Oregon, born and raised in Vale. She grew up training and showing horses in the Fair as well as competing in Little Britches Rodeos. Claudia is the oldest of five children. She has three wonderful children of her own and six months ago became a grandmother ("Being a grandmother is better than I ever anticipated".)

She is a recovering addict of 11 years and has made a career of alcohol and drug treatment, education and prevention. She spent four years working for Lane County Mental Health, DUI, Methadone and Sex Offender Unit in Eugene; seven years working at Lifeways in Ontario, Oregon, the first two with adolescents. She advanced as the

(See **New Board Member...** continued on page 3)



Drinking During Pregnancy

We can't talk about Fetal Alcohol Syndrome enough. Here is an article on the potential problems of drinking during pregnancy.

For those who might think drinking during pregnancy is no big deal, here is a list of the potential problems their newborns could be facing as a result, according to Missouri Department of Mental Health, Division of Alcohol and Drug Abuse:

- Small body size and weight
- Slower than normal development and failure to "catch up."
- Deformed ribs and sternum
- Curved spine and hip dislocations
- Bent, fused, webbed, or missing fingers or toes
- Limited movement of joints
- Small head
- Facial abnormalities
- Small eye openings
- Skin webbing between eyes and base of nose
- Drooping eyelids
- Nearsightedness
- Failure of eyes to move in same direction
- Short upturned nose
- Sunken nasal bridge
- Flat or absent groove between nose and upper lip
- Thin upper lip
- Opening in roof of mouth
- Small jaw
- Low-set or poorly formed ears
- Organ deformities
- Heart defects or heart murmurs
- Genital malformations
- Kidney and urinary defects
- Central nervous system handicaps
- Small brain
- Faulty arrangement of brain cells and connective tissue
- Mental retardation — occasionally severe
- Learning disabilities
- Short attention span
- Irritability in infancy

- Hyperactivity in childhood
- Poor body, hand, and finger coordination

No, it's not a pretty picture, but it is not intended to be. It's very serious. These effects are not temporary; they can cause a lifetime of physical and emotional pain—not to mention expense. FAS is a large price to pay for a few drinks during pregnancy.

If you are pregnant, don't take a chance with your baby's future; stop drinking immediately. If you have tried to stop and find that you just cannot seem to give it up, help and support are available.

Of course your *best* source for information on health and many other issues concerning your pregnancy can be found on www.about.com with guide Robin Elise Weiss. ❖

Do Behavioral Strategies Help



Do Behavioral Strategies Help Pregnant Women with Drug Dependence Stay in Treatment

Reprinted from www.jointogether.org

Pregnant women with drug dependence have historically poor attendance in treatment and high treatment drop-out rates. This study examined whether behavioral incentives, specifically escalating monetary vouchers, integrated into an ongoing substance abuse treatment program could enhance treatment participation and retention in these women.

Researchers randomized 91 pregnant women in treatment for opiate and/or cocaine dependence (7-day residential program followed by a 7-day intensive outpatient program) to receive vouchers that increased in value for each full day of counseling

completed or no vouchers (control group). Most subjects were African American (84%) with an average age of 30.

Retention and length of stay in residential treatment (first 7 days) was not affected by vouchers.

During residential treatment, a little over one-third of both groups left against medical advice. Most who left did so within the first 2 days of care.

Of the remaining women, those in the voucher group stayed in treatment longer (average of 11 days versus 9 days for the control group) and were more likely to attend treatment consistently (i.e., for 12 to 14 full days) (46% versus 16%)

During the 30-day follow-up period, women who consistently (versus inconsistently) attended treatment stayed in treatment longer (25 days versus 18 days).

Comments by Norma Finkelstein, Ph.D., LICSW: There is a critical need to develop better polices, programs, and treatment tools to prevent early treatment drop-out and to retain pregnant women in substance abuse treatment. These findings suggest that while behavioral incentives, such as monetary vouchers, might help improve some aspects of treatment attendance, they do not affect early drop-out or retention in later treatment. Therefore, it is worth examining whether addressing other variables, such as co-occurring psychiatric or medical disorders, trauma history, and/or family support might be more critical in preventing early treatment drop-out. ❖

Reference:
Svikis DS, Silverman K, Haug NA, et al. Behavioral strategies to improve treatment participation and retention by pregnant drug-dependent women. *Subst Use Misuse*. 2007;42(10):1527–1535.

Sex Abuse, Other Issues Complicate Female Recovery

Reprinted from www.jointogether.org

Women seeking recovery from addiction often must also overcome a history of sexual abuse as well as the challenges of raising children, poverty, lack of education and other obstacles, the Lexington Herald-Leader reported Oct. 17.

Sexual abuse, domestic violence and depression can be both a cause and effect of alcohol and other drug use among women, experts say. One study estimated that 70 percent of female addicts have a history of sexual abuse, compared to 12 percent of men, including incest and sexual trauma as children or teenagers.

Moreover, female addicts are "a good target for a predator," said T.K. Logan of the Center on Drug and Alcohol Research at the University of Kentucky. "They know that you are either not going to report it or you are not going to be believed."

Ending alcohol and other drug use can't solve all these problems; in fact, experts say, sobriety can allow the lingering effects of past traumas to bubble back up to the surface.

Women become addicted to alcohol faster than men, and are more likely to be prescribed drugs that can become addictive. But most treatment programs are tailored to the needs of men, including confrontational group therapy sessions that don't work well for women and A.A. tenets that may be inappropriate for victims of domestic violence.

"If you've been in a domestic-violence situation where you've

surrendered all your control and power and now you're walking into AA, where they are telling you to surrender your power, that can be tough," Logan said. ❖

Now visit us on the web
www.wcadio.org

Detox Center...

(Continued from front page)

EOAF added alcohol and drug free housing for very low income persons in recovery when they opened the Multifamily Housing Program in January 2006 and more recently New Vision Homes, three-two bedroom duplexes for single parents in September 2007. A supervisor lives in each facility and residents are expected to participate in an active recovery program and develop goals and objectives to more independent living.

The Staff and Board of Directors of the Eastern Oregon Alcoholism Foundation, a private nonprofit agency that began operating in 1960, are very appreciative of the support for their programs in Pendleton, Umatilla County, from individuals, officials and agencies throughout Northeast Oregon. ❖

New Board Member...

(Continued from front page)

Treatment Provider for women in the Malheur County SAFE Court Gender Specific drug court program and the A&D Specialist/Consultant for DHS/Child Welfare the last five years of employment with Lifeways. While at Lifeways she also opened a Methadone Clinic and was the part time site Manager.

After some consideration, she applied for the Policy and Program Development Specialist position with Addiction and Mental Health at Central Office in Salem and was hired. This was her dream job she states, and she loved working for Karen Wheeler, Program Manager, Diane Lia and with the rest of the staff. She felt this would be the job until she retired. However, because of health and family issues she needed to move back to Eastern Oregon. She applied for the Executive Principal Manager C position with DHS/Child Welfare and was hired and has been there since July 2007.

At this time, Claudia is learning a whole new set of OAR's and ORS's and to understand the Child Welfare System. With the new Oregon Safety Model the state implemented in April of this year, there is much work and revision in practice taking place. The way parents who are addicted and how case managers interact with them is one. With her knowledge and experience she has been able to educate and assist the staff with making decisions that are more appropriate for the parents. She says, "We are making changes in children's lives just by treating their parents with respect and dignity without shame. Parents actually want to work with us and make changes in their lives. Imagine that!"

She enjoys supervising case managers, guiding them to assist addicted parents and their children in a respectful way and getting them the help they need. Treating the whole family unit is what works and the field has known that for years. Now the time has come when we can really make a difference and she is pleased to be a part of it and knows that God has put her in this position for a very important reason.

We welcome Claudia to the Board! ❖



WCADIO
 PO Box 2106
 Salem, OR 97308

WWW.WCADIO.ORG

WCADIO Board

Officers

President **Ann Uhler**
 Consultant
 Phone: 503/620-2574
 Email: annsu@ipinc.net

Newsletter Editor **Judy Francis**
 Phone: 208/659-2765
 Email: judyofrancis@gmail.com

Treasurer **Nancy Anderson**
 Letty Owings Center
 Phone: 503/235-3546

Secretary **Jackie Mercer**
 NARA
 Phone: 503/224-1044

Board Members

Ginger Martin..... Beverly DuBosch
 Mary Monnat Rita Sullivan
 Claudia Wilcox

Addictions & Mental Health Liaison

Diane Lia

This newsletter published by Alquemie Publishing Ink Phone: 541/937-2611, Fax: 541/937-4286, Email: npassist@msn.com

Open Invitation to Join WCADIO

WCADIO's Mission is to increase public awareness of women's alcohol and drug abuse issues and to promote services related to women throughout the State of Oregon. This means to **ALL** women who are affected by their own alcohol or drug use or that of their family or friends.

Your Support Is Needed — Your Voice Will Be Heard!

- \$100 Business/Organizational Membership
- \$10 Individual Membership
- In addition to or in lieu of membership, I support WCADIO and am sending a tax-deductible contribution of \$_____.

Please make checks payable to WCADIO, and mail completed form to:
WCADIO
PO Box 2106
Salem, OR 97308

***Public Forums • Workshops • Legislative Advocacy
 Newsletter • Networking • Support Groups***

I WANT MY VOICE TO BE HEARD. PLEASE INCLUDE MY NAME ON YOUR MAILING LIST.
 I ENCLOSE MY CHECK IN THE AMOUNT OF \$_____.

NAME _____ AFFILIATION _____

STREET _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____ AREA OF SPECIAL INTEREST _____