

PO BOX 2106 · SALEM, OR 97308

# Women's Commission

ON ALCOHOL  
AND DRUG ISSUES  
— OREGON

SPRING 2007

## WCADIO Goes to Salem

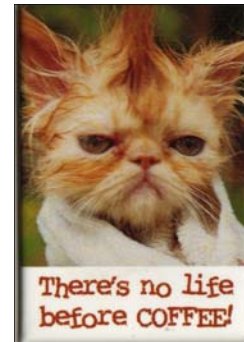
Diane Fox, Board President, testified supporting the Governor's Budget that increased the number of residential beds, beds for the children of the parents who are in treatment, and the increased capacity for outpatient. These new services as well as some increase in drug court services and prevention services were to be paid for by using 2% of the distilled spirits revenues. Senate Bill 184 is the vehicle if passed to provide these new services. The bill was passed out of committee and sent to the Ways and Means Joint Committee with a due pass recommendation.

Despite the Governor's support, the ways and means committee co-chairs, Kurt Schrader and Mary Nolan removed these new monies in their budget. The board is urging members to contact their Senators and Representatives immediately and say that you support SB 184 to increase services for women and their children.

On Monday April 16 a rally was held at the capitol to support alcohol awareness month. The theme was "12 is not the new 21" to underscore the rising use of alcohol by young people, particularly girls in Oregon. WCADIO and the Coalition of Advocates for Equal Access For Girls shared a table in the lobby of the capitol. Diane Fox and Pam Patton the President of the Coalition and other board members visited their Representatives and Senators. Diane received an invitation to attend a brown bag lunch meeting at the capitol of the Women's Alliance on Health which has many women legislators as members. Ann Uhler attended on behalf of the Commission.

Senators Margaret Carter spoke of the need for more services at the rally and Senator Bill Morrisette followed urging the crowd to support the beer tax increase HB 2535. WACDIO's board has always supported increasing the beer tax for more treatment and prevention services, and urges members to also support this effort. The Governor was represented by Bruce Goldberg, director of Human Services Department, who proclaimed April as Alcohol Awareness Month.

Board Member, Jackie Mercer brought many supporters from the Native American Recovery Community, and Phyllis Stewart from NARA helped with the coverage of the information table. Diane Fox wrote a one page summary on the gender differences of the affects of alcohol as our handout along with some past copies of our newsletter. ❖



### 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 —

## Women in Community Service

### Success for Women Transitioning from Prison to Community

Women centered correctional treatment programs have been rare until recently. Across the country, women centered programs were not viewed as a priority due to the relatively small number of women incarcerated in our correctional system. Earlier prison programs for women mostly were modeled after programs for men. Women prisoners have differing needs in comparison to men and programs for women are more successful when they focus on issues important to women, such as relationships and parenting in the context of treatment.

Women in Community Service (WICS) is a women centered national program designed to promote self-sufficiency and economic independence. The WICS program is a coalition of five national women's groups: The Church Women United, The National Council of Jewish Women, The American G.I. Forum Women, The National Council of Catholic Women, and the National Council of Negro Women. WICS serves low-income women and youth who are in transition either from prison to com-

(See Community Service... continued on page 3)

## A Treatment Program For Women Milestones Family Recovery

"Thank you for giving me my life back."  
"Thank you for helping me get my kids!" "Thank you for being part of my team." These are the words we often hear from our clients as they progress through the Women's Program.

Milestones Family Recovery Women's (and children's) Program offers a full range of services to women and their children in Corvallis, Oregon. From assessment to referral, pre-treatment services to sober-housing and transitional services, Milestones is a unique, women's specific, step-down program that allows outpatient, day treatment, drug-free housing, and residential services to be available as needed through the journey of early recovery. We recognize that often that first year, the intensity of services required fluctuate; weekly, monthly, and sometimes reach emergency status as issues surface or circumstances dictate. Milestones Women's Program is committed to providing the intensity required for safety for the mother and her children as well as opportunities to "step down", if you will, as recovery skills are developed. Milestones' sponsors two drug-free houses, Stronghold Cottage and Kari's House with a third in the planning as the need is established.

Milestones has a commitment to provide best practice models of treatment including *12 Step Facilitation*, *Matrix Family Model*, *CENAPS Relapse Prevention* as well as edu-therapy classes with respect to alcohol, tobacco, and other education, parenting classes and counsel, anger management, stress reduction, and healthy relationships classes. About a year ago we introduced *Seeking Safety*, a treatment model that was designed for women with trauma and PTSD, which has taught valuable coping skills and been instrumental in teaching women how to be safe in recovery. Our daycare program is directed by the Joan Stiegar, Operations Manager who also directed a successful private day care before coming to Milestones Women's Program 11 years ago.

Milestones Women's Program is located in Corvallis which also hosts a myriad of resources that we partner with to insure women access a full range of services including: mental health care, physical and dental care, domestic violence treatment, and educational opportunities. Each woman has the opportunity to be admitted into Linn-Benton Community College's Turning Point program. The five day/four week educational program helps women to establish their academic goals and pursue further education, whether it is an initial GED, high school diploma, and even college. Our history has produced several college graduates as a result of participation in the academic offerings available.

The clinical staff is lead by Paula Trosen, LPC, who has been with the women's program since its inception and three state certified counselors, Karen Davis, Jackie Cloud, and Donna Renae, all who have received specialized training in women and addiction/recovery. The program manager is Tanya

Pritt who has also been involved since the beginning. Our clinical supervision model includes a client lead monthly staffing forum in which all recovery team members (mental health, child welfare workers, probation and parole officers, academic mentors, other community members, sponsors, and family members) are invited to facilitate an assessment of strengths, needs, and challenges. This unique approach identifies the recovery team for the client, promotes training for the participants, and insures objective, doable goal setting for the client without threat of failure. This has become the stronghold of our treatment system as well as integral to success!

Milestones Women's program has five funded beds and seven private beds in the residential program. There is immediate access to all levels of outpatient, including day treatment services with daycare provided. We accept most insurance companies. We have also worked closely with tribal offices in Oregon. ❖

## Women & Alcohol

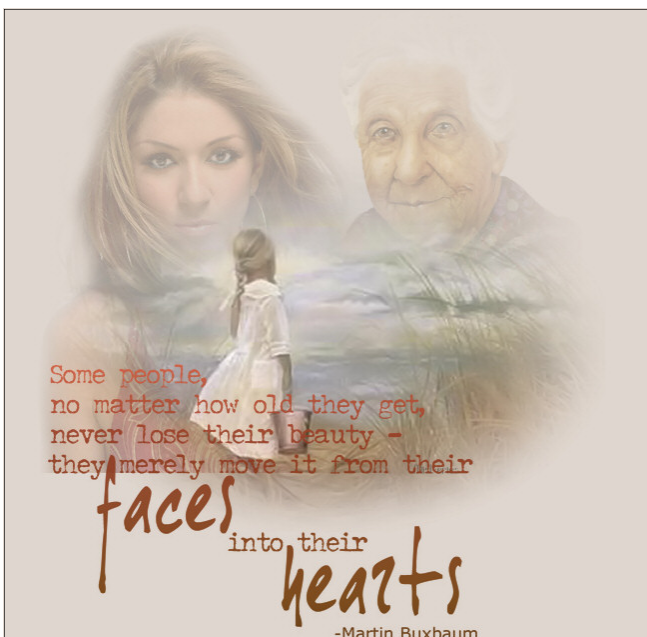
### What is a drink?

- One 12 - ounce bottle of beer or wine cooler
- One 5 - ounce glass of wine
- 1.5 - ounces of 80 proof distilled spirits

**Even in small amounts, alcohol affects women differently than men.** Drinking more than one drink per day for women can increase the risk for motor vehicle crashes, other injuries, high blood pressure, stroke, violence, suicide, and certain types of cancer.

### Why are lower levels of drinking recommended for women than for men?

Drinking over the long term is more likely to damage a woman's health than a man's, even if the woman has been drinking less alcohol or for a shorter length of time than the man. Alcohol passes through the digestive tract and is dispersed in the water in the body. The more water available, the more diluted the alcohol. As a rule, men weigh more than women, and, pound for pound, women have less water in their bodies



than men. Therefore, a woman's brain and other organs are exposed to more alcohol and to more of the toxic byproducts that result when the body breaks down and eliminates alcohol.

#### Consequences of Unsafe Drinking:

- **Driving:** It doesn't take much alcohol to impair a person's ability to drive. The chances of being killed in a single-vehicle crash are increased at a blood alcohol level that a 140-lb. woman would reach after having one drink on an empty stomach
- **Violence:** Heavy drinking increases a woman's risk of becoming a victim of violence and sexual assault.
- **Cancer:** Many studies report that heavy drinking increases the risk of breast cancer. Alcohol also is linked to cancers of the digestive tract and of the head and neck (the risk is especially high in smokers who also drink heavily).
- **Alcoholic liver disease:** Women are more likely than men to develop alcoholic hepatitis (liver inflammation) and to die from cirrhosis.
- **Brain disease:** Most alcoholics have some loss of mental function, reduced brain size, and changes in the function of brain cells. Research suggests that women are more vulnerable than men to alcohol-induced brain damage.
- **Heart disease:** Chronic heavy drinking is a leading cause of cardiovascular disease. Among heavy drinkers, men and women have similar rates of alcohol-related heart disease, even though women drink less alcohol over a lifetime than men.

#### Drinking and Ethnicity:

Heavy drinking and drinking problems among White women are most common in younger age groups. Among African American women, however, drinking problems are more common in middle age than youth. A woman's ethnic origins—and the extent to which she adopts the attitudes of mainstream vs. her native culture—influence how and when she will drink. Hispanic women who are more “mainstream” are more likely to drink and to drink heavily (that is, to drink at least once a week and to have five or more drinks at one time). ❖

## Community Service...

*(Continued from front page)*

munity or welfare to work or who are homeless or facing a multitude of issues.

#### WICS in Oregon

WICS program began in 1992 and is currently provided at Coffee Creek Correctional Facility in Wilsonville. The goal of the program is to help female offenders effectively transition back into the community. In order to achieve this goal, WICS participants are provided services incorporating job readiness, personal empowerment, support services, and life management skills. The program phases of WICS include:

1. Skills and literacy assessment
2. Life skills training
3. Mentor matches
4. Transitional planning
5. Shopping
6. Graduation
7. Transition group meetings
8. Aftercare

Personal skill assessment is used to determine basic skill levels with respect to motor skills, evaluative reasoning, learning style, as well as work temperament. This is done individually through a computer generated analysis using the Progressive Evaluation Systems Company evaluation system, which indicates the strengths and weaknesses of each woman. The lifeskills empowerment workshops deal with issues that pertain to daily life outside the institution, and how to cope with situations that may arise. These workshops range in content from health issues to budget and time management, as well as focusing on re-entering the work force.

Mentoring is an integral part of the WICS program. All mentors are community members who volunteer their time and energy to assist with the transition process. Mentors commit six month to one year of their time. Each women taking part in the WICS program has a mentor for one year. This solid link is crucial to the WICS clients to ensure the necessary communication is available as well as help in the building of confidence and self-esteem.

After release from the institution, the women are expected to voluntarily complete 40 hours of community service in a setting of their choice. This is aimed to

enable the client to obtain job skills and contacts for future reference. It also is incorporated to promote work ethic development and boost self-esteem of the inmate. Each part of the program is designed to maximize the woman's potential and offer assistance in coping with the transition and tools to use to combat a possible repeat offense.

WICS program is an eight week program, four days each week, six hours each day. Participants in the program must be no more than four months prior to their release date. The classes consist of up to 15 women, with the goal of 60 to 90 women to benefit each year.

#### Results

The Oregon Department of Corrections Research and Evaluation Unit conducted an outcome study of the WICS program in 2004. The study compared female offenders who graduated from the WICS program to a matched comparison group of untreated offenders. A total of 585 graduates and 585 matched and untreated offenders were included in the final analysis.

- Recidivism rates are lower for WICS graduates. WICS graduates consistently have lower failure rates than comparison group women. The three year recidivism rate for WICS graduates is 24 % compared to 31% percent for the comparison group. (Recidivism is defined as reconviction of a felony crime within three years of release.)
- Reincarceration rates are lower for WICS graduates. WICS graduates are reincarcerated at lower rates than non-participants. At three years, WICS graduates have 20% percent reincarceration rate compared to 26% percent for the comparison group.

This thoughtfully designed, women-specific program has proven results in promoting transition to successful and non-criminal community living following a prison sentence. ❖

*Reference: Unpublished paper  
Sireesha Pamulapati  
Oregon Department of Corrections  
Research and Evaluation Unit  
December, 2004*



**WCADIO**  
PO Box 2106  
Salem, OR 97308

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Bridgeway Cascadia  
Behavioral Health  
Phone: 503/363-2021

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

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### Your Support Is Needed — Your Voice Will Be Heard!

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