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CALIFORNIA ATTACKS
NARCOTIC ADDICTION

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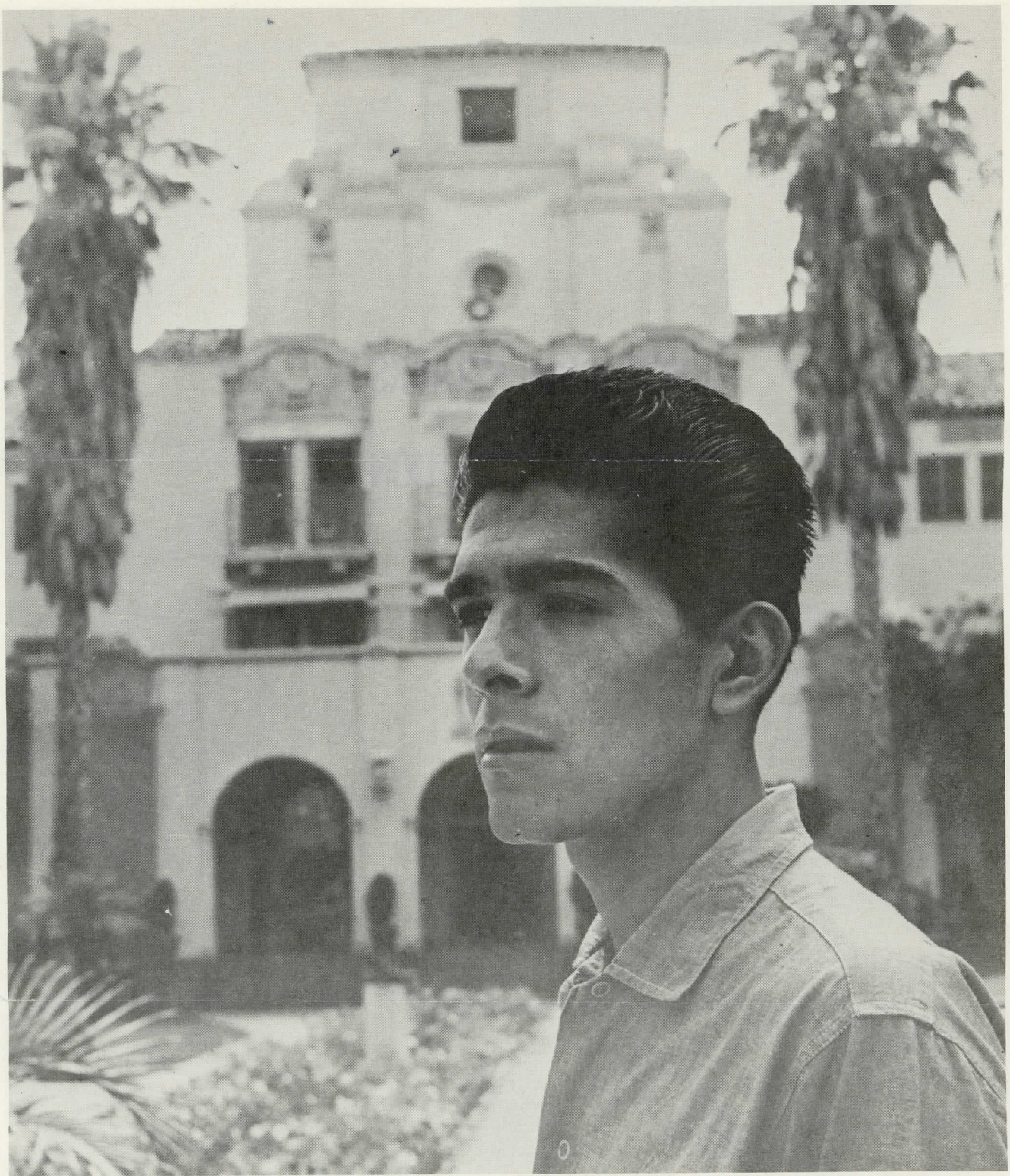
DEPARTMENT OF CORRECTIONS, YOUTH AND ADULT CORRECTIONS AGENCY, STATE OF CALIFORNIA

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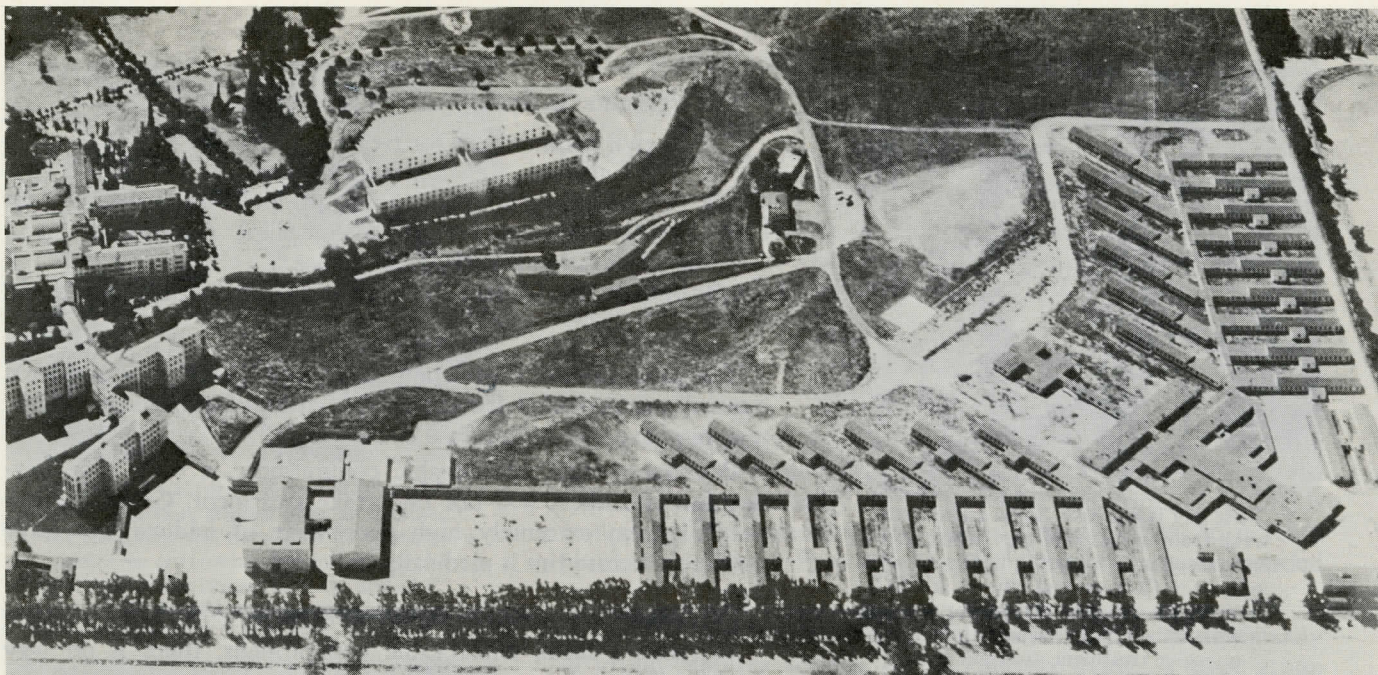
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STATE DOCUMENTS
DOCUMENT ROOM



Committed for treatment to the California Rehabilitation Center, Peter X finds dormitories instead of cells, counselors instead of gunguards in modern program developed on basis of long-term Department of Corrections research project initiated in 1959.

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California Rehabilitation Center at Corona will provide treatment program for narcotics addicts in a converted naval hospital facility secured from federal government at no cost. Department of Corrections initiated program in September 1961 after Legislature adopted and Governor signed law providing for civil commitment-treatment plan.

California Attacks Narcotics Addiction

The California Rehabilitation Center program for narcotic addicts combines compulsory treatment in a drug-free environment with followup, long-term supervision in the community.

Experience in a special narcotic treatment control (research) project launched in 1959 provides basis for the group living, group counseling program in the center and for the community antinarcotic testing and short-term retreatment plan for addicts returning to drug use.

Through removing addicts from streets, building their self-control and then helping and supervising them in their home communities, the program reduces the heroin market and cuts the addicts' criminal acts.

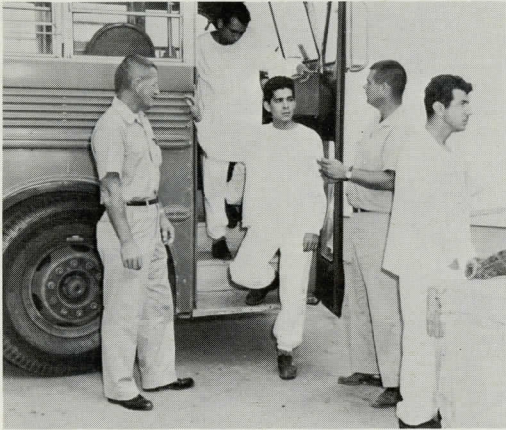
Followup Essential

Unfortunately, no one has developed a panacea for heroin addiction. Experience in the ongoing narcotic treatment control project research program indicates, however, that intensified supervision in the community is beneficial and it is even more successful when it follows intensive institutional treatment.

Research centered at the California Rehabilitation Center is being developed in liaison with the State's great universities and hospitals and will seek ever more positive prevention and treatment techniques.

Drafting of the 1961 legislation leading to establishment of the CRC program actively involved the Governor, the Attorney General, the Governor's Special Study Commission on Narcotics, the Department of Mental Hygiene, law enforcement, the judiciary and the Department of Corrections.

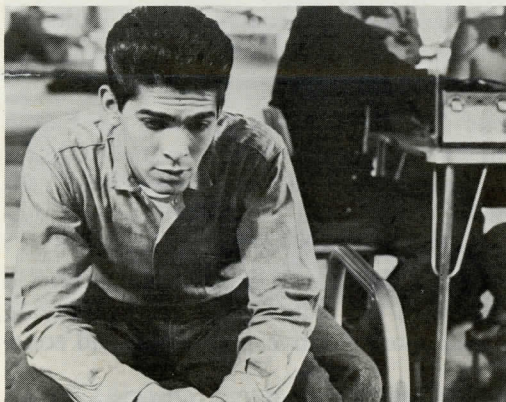
GPD



First day is not easy. Some addicts still weak from withdrawal experience arrive tense, suspicious, resentful, uncertain what to expect. Correctional officers at CRC, however, are specially trained for working with addicts, help prepare them for intensive treatment program ahead.



Clean bedding and clothing are provided for new men en route to dormitories, not cells, in Department of Corrections institution for civil commitments.



First evening is not easy. Other residents greet Pete, help to ease the impact but he shrugs off conversation, turns to thoughts about home—at least six months and probably even further away.

Civil Commitments

The legislation as finally enacted provided:

1. A civil commitment for treatment.
2. The California Rehabilitation Center.
3. A mandatory aftercare program, including reduced case-loads, chemical testing to determine narcotic use, and authorization for a halfway house.
4. A mandate for research into the rehabilitation of narcotic addicts.

The program was made compulsory and a long period of legal control was provided for therapeutic reasons and after carefully weighing experience here and elsewhere.

Without a legal, enforceable commitment, a very large percentage of addicts will not undertake treatment. Given the opportunity, an extremely high percentage of addicts will leave treatment before this is medically indicated.

Need Commitment

Without a legal, enforceable commitment, there is no way post-institutional treatment can be insured. The lack of such treatment has been widely blamed for the high rate of failure in other efforts to control and treat addiction.

The civil proceedings under which the addict may be committed may be initiated in three different ways:

The addict or any other person who believes that he is addicted may report this belief to the district attorney. The district attorney may then petition the superior court for the addict's commitment.

Any person convicted of any crime in a municipal or justice court may, if the judge believes he is an addict, be sent to superior court to determine that issue.

Commitment Proceedings

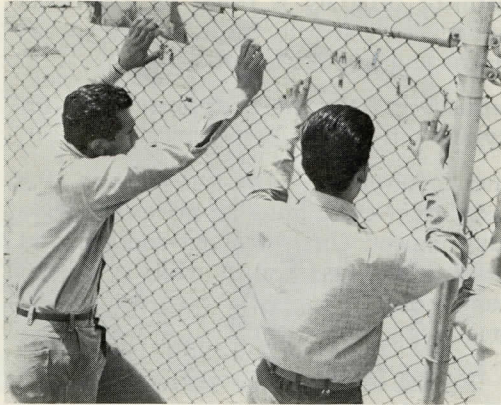
Or, with some exceptions, any person convicted of a crime in superior court may be tried on the issue of addiction. In such cases, imposition of the criminal penalty is suspended.

The commitment proceedings are essentially those employed for the commitment of the mentally ill. They insure that the constitutional rights of the person sought to be committed are protected. They provide, for example, that he shall be taken before a judge and informed of his rights, that he be examined by two qualified medical examiners, that he shall be given ample opportunity to produce witnesses in his behalf, that he shall be personally present in open court and shall have court appointed counsel if he is unable to employ his own. He may, under some circumstances, demand a jury trial on the issue of his addiction.

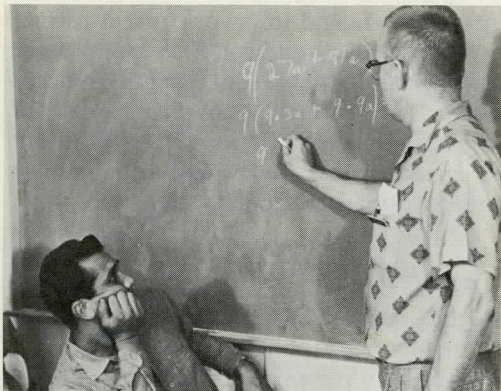
Definite Period

Once the person is committed, he is committed for a definite period even though he may have actually volunteered himself for treatment.

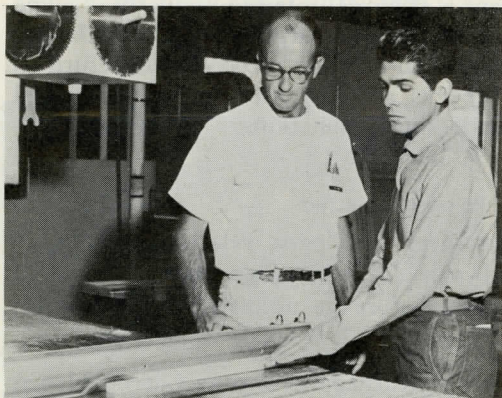
The law now provides for a period of treatment and outpatient supervision ranging from two and a half to seven years. The first six months, however, must be spent as an inpatient.



While the California Rehabilitation Center is not a prison, addicts must be detained for treatment and they must be treated in a drug-free environment. Fences, therefore, circle the center, keeping addicts in and narcotics out.



Because most addicts are young and undereducated, academic training is provided to help them fit better into society, to help prepare them for gaining the trade or other skills needed in a space age economy.



Armed with enough arithmetic skill, enough ability to read and follow plans, addicts then may be trained for the kind of trade skill they need to support themselves and their families. This kind of skill-security helps them to overcome the weakness which led to their narcotics use.

The former addict may then be placed in outpatient status. If he abstains from the use of narcotics for three consecutive years, he is eligible for discharge from his commitment, and the criminal charges against him, if any, may be dropped.

The law provides return to inpatient status upon detection of narcotic use. It also provides that if the person is ineligible for discharge from the program, he shall be returned to court for imposition of the original sentence, or, perhaps, for recommitment to the program.

Diagnostic Tests

The initial diagnosis is at the Center. A variety of tests are administered, including IQ, educational achievement, vocational aptitude, and personality tests. His social and criminal history is compiled. The counseling staff makes a special effort to develop his narcotic history. From this the staff structures a recommended treatment program.

The California Rehabilitation Center program is one primarily of group-centered activity—of community living. A large group meeting is held daily, five days a week. This meeting involves all the patients in a dormitory of about 60, together with the staff assigned to that ward.

Group Discussions

This hour-long meeting considers the problems of the group in living, working, and receiving treatment together. It considers problems of pilfering and informing. It gets down to considering relationships in the group and with families and friends outside. It often centers on the feelings residents have about themselves and others.

Two or three times a week, the big 60-man group breaks down into four groups of 15 men each for an hour of more intensive group psychotherapy.

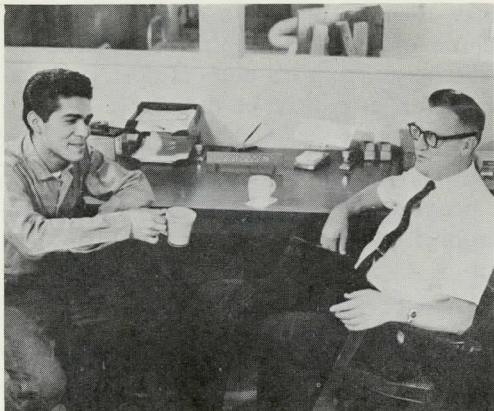
For some residents the second half of the day is devoted to what might generally be classed as work therapy.

Others are assigned to school or to vocational training. There is a full academic program through the 12th grade. Vocational courses taught are those in which competence can be obtained in a relatively short time. They presently include upholstery, arts and crafts, landscape gardening, painting, janitorial building maintenance, dry cleaning, baking, cooking, general shop testing, laundry, and domestic services. Other trades are being taught through on-the-job building and construction jobs.

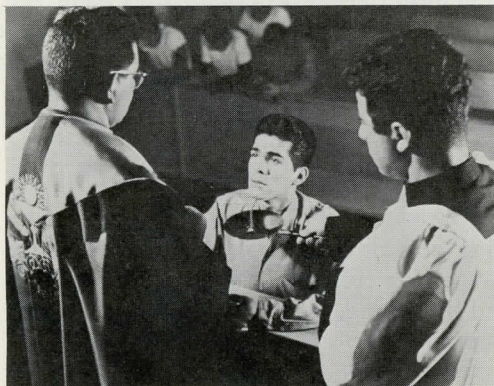
Encourage Constructive Activities

Music, arts, crafts, public speaking and other forms of self-expression are encouraged in off duty hours.

Patients are encouraged to visit with their families, when indicated to have individual sessions with staff, and to participate in organized recreation. The emphasis is on team play—pitting one dorm or ward against another when possible.



Intensive counseling, individual and by group, helps Pete understand himself, his weaknesses, helps him use this understanding to develop strength and self-control.



Besides programs of physical conditioning, mental development, trade training and counseling, complete religious programs are offered residents in all-out effort to reorient their thinking as a basis for constructive living.



It is not all program, however; residents have time for a variety of leisure-time activities, such as games of chess, hobbies, art, athletics and acting. This sequence of photos, in fact, was posed by residents in the CRC acting group.

This institutional treatment program is based on experience indicating that addicts are generally socially inept, lack a capacity for empathy, are dependent and impulsive and selfish.

The institutional treatment is only the first phase. The test comes in the community and only in the community.

The field staff becomes involved with the patient soon after his commitment. The caseworker contributes an extensive review of the patient's home environment, family feelings and attitudes, work record and prospects to the case history while it is being compiled at the reception center. The caseworker may at this time make his first contact with the patient.

Caseworker Contact

When the institution staff feels the patient is ready to leave, the caseworker to whom he will be assigned in the field contacts him when geography permits. It usually does, since most of them come from Los Angeles. Together they work out release plans and begin to build a constructive relationship.

The caseworker is specially trained to work with former addicts and his caseload of 30 are all ex-addicts. The group work continues while the patient is in the community. Each caseworker meets weekly with his caseload as a group. Counseling attendance is regarded as particularly important for those patients who are unemployed. Use is also made of the Parole and Community Services Division's outpatient psychiatric clinics.

Weekly Meetings

The caseworker meets individually with each patient at least weekly at the patient's home or at his job. He also contacts others in a position to evaluate the patient's progress—his family, his employer, the police.

Two halfway houses have been established in Los Angeles to help former addicts in their return to the community as outpatients.

In addition, each patient is chemically tested regularly. Nalline tests are given on both a regular and surprise basis. Test failure or other indication of relapse to narcotic use results in return to inpatient status. Other checks are also used including clinical judgments, urinalyses, and skin examinations.

Relapse Expected

Realistically, the department anticipates relapse. An addict's problems are so varied and so deeply seated that repeated treatment may be necessary before he ultimately is free of his addiction.

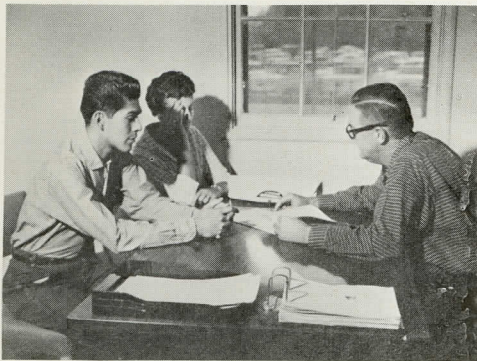
Some of those who have returned have gone out convinced they "had it made." They encountered unexpected problems and reverted to narcotics use.

On return, instead of the bitterness and blaming of others that might be expected, counselors found an attitude of new appreciation of their problems and a new determination to lick them.

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After 10 months of center treatment and several appearances before the release board, Pete has been rated ready for outpatient status. He will return to his home community in a followup program of close supervision and help by CRC agents, antinarcotic testing to detect any return to drug use and continued counseling.



Pete and his wife talk over his future, the job arranged for him by CRC agents, the help he will need to stay "off heroin" and the services available to him in the CRC community program. Relapse to drug use will not be unexpected. The CRC program anticipates some relapse, provides for repeated treatment.



Tomorrow's the day. Peter X and two other addicts head back to dormitories after completing processing for their transfer to CRC community supervision program. They will be supervised and guided by specially trained Department of Corrections agents in their home communities.

The Addict

Most addicts committed for treatment are young. The median age is only 26 years. Nearly 90 percent have lived in California for at least 10 years. Fifty-five percent were born in this state.

Sixty-six percent of the men had their first experience with marijuana by the time they were 18 years old. Thirty-four percent reported their first use of narcotics before their 19th birthday.

Most have above average intelligence. About 60 percent demonstrated a school grade achievement rating between the seventh and eleventh grades.

Narcotic Addict Evaluation Authority

The Narcotic Addict Evaluation Authority assumed responsibility on September 20, 1963, from the Adult Authority and the Women's Board of Trustees, as the releasing authority for patients in the rehabilitation program.

This part-time board is limited by law to 120 working days for each member per year. It is responsible for the release of patients from CRC to outpatient status, and for the return of patients to CRC if further inpatient treatment is necessary.

Members of the authority are Jack A. Donahoe, a retired Los Angeles police captain; Martin Ortiz, executive director of the East Central Area Welfare Planning Council of Los Angeles; and Dr. Victor H. Vogel, former medical officer in charge of the U. S. Public Health Services Hospital for narcotic addicts at Lexington, Ky.

Results Encouraging

The civil commitment program is still in the formative years, but initial results have been highly encouraging—in terms of both effective rehabilitation and protection of the public from addict-crime.

About 30 percent of those released to outpatient status have remained free of drug use for at least a year. This compares very favorably with other large scale programs which have reported that more than 90 percent of those released became readdicted in about six months.

Of those released from CRC to outpatient status, less than 10 percent are returned to the Department of Corrections with a new conviction for a felony or misdemeanor offense.

Most are returned to the center for additional inpatient treatment on the recommendation of parole agents after renewed drug use has been detected through anti-narcotic testing. Usually, re-use is discovered before a new addiction pattern is firmly established and before the addict has committed new crimes to support the habit.

If these promising results continue, the California program will be one of the nation's most successful large scale treatment efforts for the victims of narcotic addiction.

In early 1965 there were some 2,000 addicts undergoing inpatient treatment at CRC. And there were 800 former addicts receiving close outpatient supervision and anti-narcotic testing in communities throughout the state.

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