DRUG AND ALCOHOL TREATMENT IN THE PENNSYLVANIA DEPARTMENT OF CORRECTIONS

HOUSE JUDICIARY SUBCOMMITTEE ON CRIMES AND CORRECTIONS

PUBLIC HEARING
STATE CORRECTIONAL INSTITUTE AT CHESTER

APRIL 5, 2000

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A subsidiary of the Pennsylvania Chemical Abuse Certification Board

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Good afternoon.

Thank you for the opportunity to testify today.

My name is Deb beck. I am President of the Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP).

DASPOP is a statewide coalition of drug and alcohol prevention and treatment programs, practitioners, employee assistance programs and drug and alcohol associations representing more than 365 organizations, programs and clinics, over 3,000 certified addiction professionals, 1,200 student assistance professionals, 400 prevention specialists and others throughout the state. Our members represent the full continuum of services, including prevention, education, inpatient hospital detoxification and rehabilitation, inpatient non-hospital detoxification and rehabilitation, outpatient, intensive outpatient and halfway houses.

I am very pleased to be here.

The Governor and the Secretary of the Department of Corrections, Martin Horn deserve high praise for leadership in establishing SCI/Chester with its unique focus on criminal justice offenders with addictions.

This program reflects an understanding of addiction that is crucial to making a difference in the state's crime problem – an understanding of the reality of addiction that is unfortunately, unusual in public policy and planning.

The truth is public policy and planning in the area of alcohol and drug problems often fail to reflect the realities of addiction – and for that reason, are doomed to fail.

Let me explain: people with addictions who commit crime will serve whatever time the legal system dictates. Then most will come out of jail and prison and move back into your neighborhood, and mine – with the addiction still intact.

It is simply not compassionate to release people with untreated addictions to the streets without addressing the addiction.

Allowing this to occur is not compassionate for the person with the addiction nor for his family. Nor is it compassionate for for the next victims of his alcohol and drug driven crime.

This is serious, serious business. Drug and alcohol addictions are progressive always, fatal illnesses if left untreated.

Underneath all that bravado we usually see, the untreated addicted person is desperate for help and without intervention will continue to deteriorate, sometimes dangerously – taking families and other victims with him.

I have worked in the field for almost 30 years now and know many people in recovery – but I don't know anyone with an addiction who hasn't tried to kill himself or herself.

At the same time, I know many people in recovery who believe they would be dead today without the forceful intervention of the criminal justice system. The criminal justice system saved their lives by slowing them down, and in some cases, forcing them into treatment.

Unfortunately this connection between law enforcement and treatment does not occur routinely. It is something we need to put in place around the state.

So again, I commend Secretary Horn and the Administration – for taking time to understand the nature of addiction and addiction driven crime in the design of SCI/Chester.

I also want to commend you for assigning the treatment task at SCI/Chester to Gaudenzia, Inc. You have chosen the oldest and most experienced criminal justice treatment program in the state. Gaudenzia and its Executive Director Mike Harle are well known state and national experts in this area.

I hope you will take this model, study it, research it and expand it to the other prisons in the state – starting with the women's prison.

When I was working in Washington D.C. as part of the President's Commission on Model State Drug Laws, the Executive Director commissioned a study of all the cost benefit research in a number of domains including addicted criminal justice populations. This compendium of research available prior to 1993 is available to you in a volume entitled "Socioeconomic Evaluations of Addictions Treatment". (The President's Commission on Model State Drug Laws, December 1993.) There have been additional studies since that time. (See attachments).

These hundreds of studies measure criminal justice treatment outcomes in different ways but they all share one conclusion. No matter what factors you use to make the measure, untreated addiction drives up crime. Treatment drives crime down.

Treatment reduces crime and is cost beneficial – on this there is no disagreement in the literature.

Over the last ten years, in continued work with the Commission and in my role as a policy chair of our national counterparts, I've had the opportunity to go on site and see criminal justice treatment programs in many other states and listen to the lessons learned. I'd like to share some of this experience with you now both to bolster what is already being done so thoughtfully here and also to raise a voice of caution.

1) Go slowly as you expand into other prisons or you will overwhelm the treatment system.

2) Look for programs with lengthy experience in doing addiction treatment with offender populations. (In other states, correctional officials have been courted by programs or holding companies with little experience in criminal justice addiction treatment.)

3) Insist upon provision of the key elements of successful criminal justice treatment programs in any proposal open for bid. Some of these program elements are:

   (a) Requirement of lengthy experience by the program and staff in providing addiction treatment to criminal justice populations

   (b) Utilization of the therapeutic community model of care

(c) Provision of long term residential and outpatient treatment

(d) Provision of appropriate staff/client ratios

(e) Provision of strong aftercare components with halfway houses and outpatient specializing in working with addicted populations coming out of prison

(f) Employment of recovering people on staff who have been in the criminal justice system and are now trained to do counseling

(g) Incorporation of alcoholics anonymous and narcotics anonymous into the program plan

4. Establish a research component to study SCI/Chester and to develop outcome measures that will help in program design around the state. (The nation's leading researcher of the therapeutic community criminal justice addiction treatment model approached us in Washington a few months ago. He would like to do just such a study.)

We need to be careful about the nature of our competitive bidding process here in the state. Bid specifications that insist upon quality programs are critical. (Without

these specifications, a cheap addiction program has the same appeal as a low bid bridge.)

There is too much at stake here to allow treatment light, programs that skimp on client/staff ratios or programs with insufficient experience.

In my almost 30 years in the treatment field, I've seen the philosophy of corrections move through broad swings of the pendulum. We sweep capriciously from various forms of sanctions to community service and slogans and back.

However the majority of people in prison are there with an addiction and for an addiction driven crime.

For people deteriorated enough with an addiction to end up in prison, there is no evidence that correctional philosophies reflected by either end of that pendulum swing have any effect on addiction.

Correctional philosophies change, political philosophies change.

But the nature of alcohol and other drug addictions do not change.

By policy and planning in this area, we must avoid succumbing to the pendulum shifts and finally, anchor our state policy firmly on the realities of addiction.

Finally, I would be remiss if I didn't point out the ironic position we are in with all of this. Today the jails and prisons have become the safety net programs for people needing treatment for alcohol and other drug addiction.

In addition to expanding this important prison treatment project, we also need to move proactively to cut down on the number of people going to jail.

We need to bolster the provision of treatment through insurance and Medicaid – i.e. – ensure provision of treatment well before the individual gets enmeshed in the criminal justice system.

Despite a good law requiring addiction treatment to be covered in health plans and insurance policies (Act 106 of 1989), many policy holders are unable to access treatment while they are still employed and still taxpaying citizens. Although the coverage is already paid for and is the law of the Commonwealth, managed care has set up many obstacles to that care.

Changes in eligibility for Medicaid have also limited access to addiction treatment for those who have lost jobs and insurance coverage.

Today, many are unable to get help until they deteriorate to the criminal justice system.

With this in mind, I have several recommendations:

(1) Careful expansion of this prison treatment approach across the state, including in the prisons for women.

(2) Passage of Representative Kenney's grievance bill (H.B. 2019) to ensure that people with insurance coverage for addiction can access what is already provided in their plans while they are still in the work force.

(3) Restoration of funding to the behavioral health initiative and Act 152.

(4) Expansion of availability of residential rehabilitation centers for addicted pregnant women and women with dependent children.

(5) Development of a 5 year plan to assess some percentage of offenders on a routine basis and where appropriate, require and fund treatment as part of sentencing.

In closing, I am heartened and grateful for the gradually growing consensus about the need for addiction treatment both as matter of compassion for the untreated addict and his/her family and for the protection of the public safety. It is a consensus reflected in the composition of the very panel before you this afternoon.

Thank you for your time.

COSTS OF UNTREATED ALCOHOL AND DRUG ABUSE TO THE U.S. ECONOMY

COMPARED TO

ALLOCATIONS FOR ALCOHOL AND DRUG TREATMENT

COSTS OF UNTREATED ALCOHOL AND DRUG ABUSE:*

LOSS TO U.S. ECONOMY:

ALCOHOL	=	$148 BILLION
OTHER DRUG	=	$ 98 BILLION
TOTAL COST	=	$246 BILLION

FUNDING FOR DRUG AND ALCOHOL TREATMENT:*

TOTAL TREATMENT DOLLARS AVAILABLE	=	$12.6 BILLION

CONCLUSION: LESS THAN SIX (6) PERCENT OF THE COST OF UNTREATED ALCOHOL AND DRUG ABUSE ALLOCATED TO TREAT THE PROBLEM.

*SOURCE: "The Economic Cost of Alcohol and Drug Abuse in the United States, 1992", May 1998. Prepared by The Lewin Group for the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

**SOURCE: "National Expenditures for Mental Health, Alcohol and Other Drug Abuse Treatment, 1996", September 1998. Prepared by the MEDSTAT Group for the Substance Abuse and Mental Health Services Administration (SAMHSA).

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CSAT by Fax

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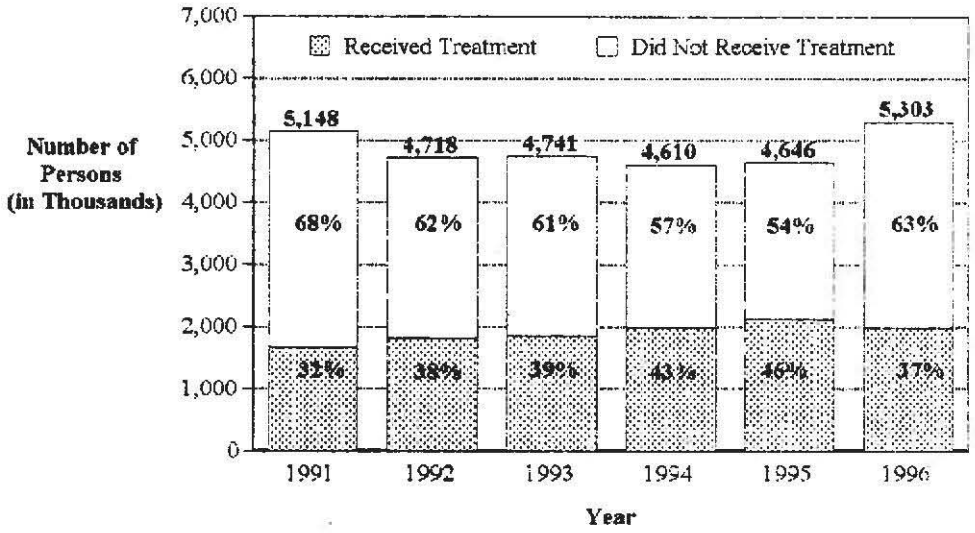
A Special Edition of CESAR FAX

A Collaborative Effort of the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Research (CESAR)/University of Maryland

Nearly Two-Thirds of People Needing Drug Abuse Treatment Do Not Receive It

There is a large gap between the number who need and the number who receive treatment, according to an analysis of data from the National Household Survey on Drug Abuse (NHSDA). An estimated 5.3 million people were diagnosed as needing treatment for severe drug abuse problems in 1996 (the most recent year for which analyzed data are available). However, only around one-third (37%), received treatment for drug abuse, a proportion consistent with previous years' estimates. These estimates of the need for treatment are improved over previous estimates because they adjust for undercounting and underreporting of hard-core drug users by linking NHSDA data on arrests and treatment with outside sources of data. Accurate estimates of the need for treatment are essential to the planning and allocation of treatment resources.

Estimated Number of Persons Needing and Receiving Treatment for Severe Drug Abuse Problems, 1991-1996



NOTES: Estimates for 1991-96 are ratio-adjusted to partially account for underestimation due to underreporting and undercoverage in the National Household Survey on Drug Abuse (NHSDA). Estimates for 1991-93 are also adjusted for trend consistency, to account for the change in the NHSDA questionnaire in 1994.

SOURCE: Adapted by CESAR from Joan Epstein and Joseph Gfroerer, "Changes Affecting NHSDA Estimates of Treatment Need for 1994-1996." In Substance Abuse and Mental Health Services Administration (SAMHSA), *Analyses of Substance Abuse and Treatment Need Issues*, Analytic Series A-7, May 1998; and Albert Woodward et al., "The Drug Abuse Treatment Gap: Recent Estimates," Health Care Financing Review, 18(3):5-17, Spring 1997. For more information, contact Joe Gfroerer of SAMHSA at 301-443-7980.

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CRIMINAL JUSTICE STATISTICS

PRE-TREATMENT

- 80-90% of all crime in the United States is related to drug or alcohol addiction.[1]
- 23% of the state prison population in 1995 and 60% of the Federal population in 1997 were incarcerated for drug offenses.[2]
- One of every 144 American adults is behind bars for a crime involving drugs and alcohol[3]
- Taxpayers spent $30 billion in 1996 to incarcerate inmates for drug and alcohol involved crimes[4]
- Crime related to untreated addiction costs the nation an estimated $57 billion per year (not including medical expenses).[5]

POST-TREATMENT

- Every $1.00 spent on treatment leads to a $7.46 reduction in crime-related spending and lost productivity[6]
- Inmates who completed prison-based residential treatment program were 73% less likely to be re-arrested in the 6 months after release. Treatment completers were also 44% less likely to have evidence of post-release alcohol and drug use.[7]
- Post-treatment decreases in illegal income (73%) appear to track post-treatment decreases (71%) in expenditures on drugs. ". . . the implication is clear, that as drug abuse treatment suppresses demand for illicit drugs, less predatory crime is committed and income from that crime declines..[8]
- $7.00 savings for every $1.00 spent on treatment during the period of treatment and in the first year following. These savings continue to accrue in subsequent years.[9]
- Cost savings during treatment alone more than recoup the cost of providing treatment, i.e., "Post-treatment gains are virtually an economic bonus."[10]

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THE WHITE HOUSE

PRESIDENT'S COMMISSION ON MODEL STATE DRUG LAWS

Treatment

December 1993

"SOCIOECONOMIC EVALUATIONS OF ADDICTIONS TREATMENT" - A RUTGERS UNIVERSITY STUDY

Anticipating questions about the costs of untreated addiction to the health care, criminal justice systems and to the workplace and the costs of providing treatment for the illness, the Commission developed a contract with a research team from Rutgers University. The contract called for an extensive review of the existing research literature to determine the cost of untreated addictions to society and any potential cost benefit in providing addiction treatment for the following populations:

(1) Insured and Medicaid

(2) Workplace

(3) Criminal justice

(4) Pregnant addicted women and girls

The Rutgers' study is the first to integrate research on the costs of untreated addiction in all of these domains with the research on savings when proper treatment is provided.

The research demonstrates both the high financial drain of untreated addiction on the nation's economy and the reductions in cost that can be realized where appropriate treatment is provided. Since the Rutgers' study was completed, the Center on Addiction and Substance Abuse (Columbia University) published a report entitled "The Cost of Substance Abuse to America's Health Care System." This report provides additional research and data on the costs of untreated addiction to the Medicaid system and is recommended companion reading to this report.[6]

A few samples from some of the research in each of the delineated areas:

GENERAL POPULATIONS - INSURED AND MEDICAID

Prior to addiction treatment, "On the average, untreated alcoholics incur general health care costs that are at least 100% higher than those of nonalcoholics..."[7]

After treatment of the addiction, reductions in days lost to illness, sickness claims and hospitalization dropped by around 50%.[8]

WORKPLACE POPULATIONS

Prior to referral for addiction treatment, a high rate of worksite problems are in evidence: "...sick-benefit claims 120% the normal level, days absent 335% of normal, disciplinary actions 235% of normal..."[9]

After addiction treatment, worksite indicators showed over "... a 56% reduction in disciplinary actions, a 55% reduction in absenteeism and a 53% reduction in days on disability ..."[10]

CRIMINAL JUSTICE POPULATIONS AND NARCOTICS USERS

"Virtually all economic measures show that the burden of crime and other economic consequences of drug abuse are lower after treatment than before ..."[11]

Post-treatment decreases in illegal income (73%) appear to track post-treatment decreases (71%) in expenditures on drugs. "...the implication is clear that, as drug abuse treatment suppresses demand for illicit drugs, less predatory crime is committed and income from that crime declines."[12]

Cost savings during treatment alone more than recoup the cost of providing treatment, i.e., "Post-treatment gains are virtually an economic bonus."[13]

PREGNANT ADDICTED WOMEN AND GIRLS

Neonatal intensive care hospital costs range from $20,000 to $40,000 per drug-exposed infant.[14]

Overall hospitalization costs for drug-exposed infants and fetal alcohol syndrome create an annual economic loss to the country of $0.6 to $3.3 billion.[15]

SIX RECURRING THEMES

In addition to the cost data requested, the Rutgers research team unearthed six recurring themes key to understanding both the impact of addiction and of treatment. These themes are at work in most of the populations studied.

(1) "Ramping Up" (Rapid Increase) of Costs to Society Prior to Treatment.

People with alcohol and other drug problems use health care at rates well above comparison groups prior to treatment. This already high spending on health care accelerates dramatically in the 12 months before treatment by both insured and Medicaid populations.

Criminal justice populations show the same type of sharp increases — "ramping up" — in illegal activities prior to treatment.

A similar pattern emerges with workplace populations as well. Although already involved in higher that the norm sick leave use, absenteeism and disciplinary problems, there is a "ramping up" of these problems right before treatment.

After treatment, each of these groups shows a similar, marked "ramping down" in health care use, criminal activities and workplace problems.

Without such intervention and treatment, reductions in costs in these three areas is unlikely.

(2) Durability of Treatment Effects.

The research team located numerous studies that attest to the durability of treatment effects in health care, in the workplace and in the criminal justice system for years after treatment has taken place. Durability is demonstrated by post-treatment reductions in health care utilization, reductions in work place problems, and reductions in criminal activity.

(3) Duration of Treatment.

Success in treatment with insured and with criminal justice populations appears to be related to duration of treatment.

For the insured population:

"...only 21% of those patients who completed a 22-30 day treatment were readmitted to the hospital for any reason (including relapse)... In comparison, 48% of those treated for seven days or less were readmitted within a year."[16]

For criminal justice populations:

"...time in treatment is among the most important predictors of positive outcomes."[17]

"Time spent in treatment was among the most important predictors of posttreatment drug abuse for all types of drugs... In contrast to prior studies, however, we found the time in treatment necessary to produce positive outcomes was relatively long: 6 to 12 months."[18]

"...even changes that are initially observable in drug-taking and criminal behavior do not become stabilized in patients who remain in treatment for less than three months."[19]

(4) Additivity of Treatment Effects.

The research team found some indication that treatment effects with criminal justice populations are "additive" and cumulative in nature.

"Even while addicts are no longer in treatment or are between treatment episodes, these treatment effects are still apparent."[20]

However, research on this point must be balanced with the findings on duration of treatment. Individuals in treatment less than several months appear to do no better than "detox-only or intake-only groups."[21]

(5) Collateral Effects of Addiction and of Treatment.

The research indicates that addiction in a family drives up the health care use not only of the addicted individual but also the health care use of the family members as well. The health care use of the family members also "ramps up" prior to the treatment of the addicted individual. After treatment of the addicted individual, the level of health care used by family members is reduced and converges to the control groups. These collateral effects also appear to be durable and persistent over time.

The research team points to the need for investigation of other collateral effects. An untreated addicted person in the workforce may well have measurable impact on the health care use of co-workers. Similar collateral effects may occur regarding crime with a criminally involved addicted person involving family and co-workers as well.

Considering just the issue of collateral health care cost-offsets:

"The potential savings here, though, is enormous, much larger that those accruing from cost-offsets

from reduced health care utilization of treated alcoholics and addicts themselves, since the target group for these collateral cost-offsets - their families - is many times larger than the core group of substance-impaired individuals."[22]

(6) Effects of Coerced Treatment.

Criminal justice populations who are coerced into treatment do as well as and in some areas better than those with whom no coercion was applied.[23] However, considering the importance of duration of treatment to success:

"...the effect of court involvement, once thought to hopelessly compromise the privacy of the patient and his/her ability to form a good therapeutic alliance, appears if anything to keep patients in treatment longer and help them to achieve a more favorable and stable outcome."[24]

(7) Patient Matching.

The Rutgers research repeatedly underlines the importance of newly developing patient placement tools. These tools, such as one recently developed by the American Society of Addiction Medicine (ASAM), provide for standardized assessments and matching of patient profiles to treatment types and needed lengths of stay.

However, this necessary development of diagnostic and treatment protocols in the addictions continues to be held back by the lack of a fully developed continuum of needed treatment services.

Although estimates of the cost of untreated addiction run as high as $172 billion annually, dollars directed to supporting prevention and treatment amount to less than 1% of the annual cost of untreated addiction.[25]

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18. *Id.*

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February 7, 1999

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Lebanon Daily News

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A hole in the net

When teen addict didn't get help he needed, he turned to crime

By LAURA RITTER
Staff Writer

On his third visit to a Weidman Street convenience store Saturday afternoon, Steven Coates did not receive a warm welcome.

He opened the door, showed the clerk a knife, and demanded the money in the register — just as he had done on two earlier visits the same day.

Though a different clerk was at the register each time, the one on duty during the third visit decided immediately it was time to take a stand. "There is no money in the register and you're not getting any," she reportedly told Coates as he stood in front of her.

Then she told him to get out, and she called police.

> 'How can they teach a 16-year-old how to stay off drugs in seven days?'
>
> —Curt Coates, Steven's father

Beginning late last Friday night and continuing the following day, the 16-year-old from Jonestown hit five other convenience stores in or near the city, police say. Driving a light blue Geo and wearing blue Adidas athletic pants and a neon orange fleece jacket, the teen made no attempt to disguise himself.

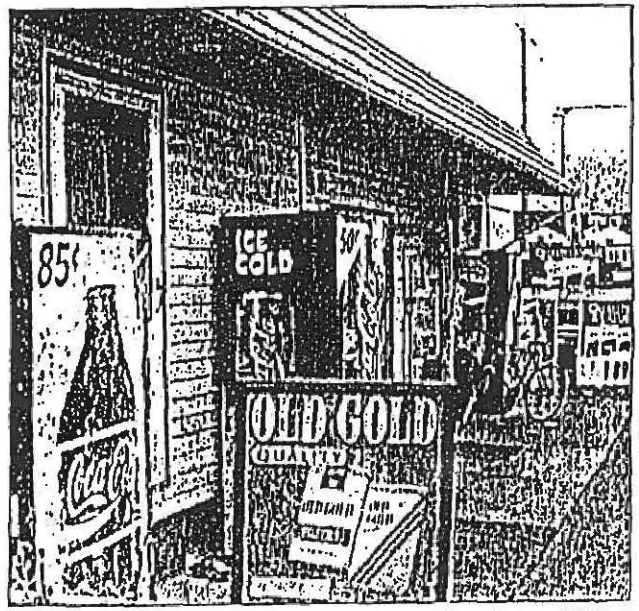
As a clerk in one of the stores would say later, "He almost gave himself up."

When the 22-hour, one-man crime spree was finally over, Steven Coates admitted to police that he used the money from the eight robberies to buy crack cocaine.

Police charged him as an adult. If convicted on all counts, he could face 160 years in jail.

Steven Coates' journey from a typical kid who played GI Joe with his friends to a young man facing the prospect of life behind bars was swift, but not without twists and turns. He was kicked out of school — for truancy, his parents say, although the school won't comment. His mother tried to home school him, and he reached out for help to deal with his growing drug addiction. But he was denied the kind of assistance he needed by a healthcare system that many complain puts a higher premium on cutting costs than

(See TEEN, page 6A)



Jeff Chester / Lebanon Daily News

A teenaged robber tried to hold up this North Side convenience store once too often last Saturday.

Teen launched robbery after rehab failed

(Continued from page 1A)

dealing with a person's problems.

Jails and prisons "are loaded with people who have not been able to get the type of chemical dependency treatment they need — there is no question about that," admits Sean Conaboy, vice president and director of the Caron Foundation, a health-care facility in Wernersville that specializes in helping people rid themselves of drug and alcohol dependencies.

Steven entered the Caron Foundation Jan. 20 after three times seeking help through Lebanon County Crisis Intervention, his parents said. On his third visit to the agency, he threatened to commit suicide — only then was he admitted to a rehab facility.

But just seven days later, he was discharged. Medical records provided by Steven's parents note that "insurance won't cover" a longer stay. The records also recommend that Steven participate in "intensive outpatient care."

Steven "verbalizes a desire for abstinence, but he tends to contradict himself. Relapse potential is extremely high due to his behavior and his inability to identify triggers," the records state.

In spite of the risks, Steven was sent home. Two days later, the string of armed robberies began.

Conaboy said behavior such as holding up convenience stores and using the money to buy crack "is absolutely, positively a symptom of addiction."

Without discussing Coates' case in particular, Conaboy said, "I would like to have someone invest the time they are going to spend on prosecution and incarceration in getting him some of the treatment he needs."

The Caron Foundation provided Lebanon County Commission on Drug and Alcohol Abuse a contribution of $50,000 for county adolescents who do not have the insurance or the financial means to seek treatment. But the Coates family has insurance — and in general, people with insurance are not eligible for that type of funding.

Though the Coateses were well aware that their son had problems, the idea that their child could commit eight armed robberies appeared to stun both parents. "Why would he do it this way? He didn't wear a mask or anything," his mother, Marianne, said.

As a child, she said, Steven played like other kids and did well in school. Until middle school, he got mostly Bs and Cs.

But problems had begun by the time he reached high school. He talked back to teachers and at least once swept his books to the floor. By 10th grade, in-school suspension was frequent, and he skipped school so much his parents faced fines for truancy. In March, he was expelled, just before his 16th birthday.

Northern Lebanon officials say confidentiality laws prohibit them from discussing a student's disciplinary record. However, acting Superintendent Coleen Heistand said depending on the nature of a student's problems, district students who are expelled are generally assigned to IU 13's Alternative School. Parents must also agree to that placement.

But for reasons that haven't been made clear by school officials, Steven *did not attend the alternative school.* He was instead home schooled by his mother, although both parents work outside the home.

Soon thereafter, Marianne Coates discovered foil wrappers under Steven's bed and then in her car, evidence to her that he was using crack cocaine. One night, she discovered him doing crack in her home, prompting their first visit to Crisis Intervention.

> "This is just the beginning of a long criminal history for this guy if he does not recognize that he is chemically dependent and will have to live a lifestyle free of mood-altering substances."
>
> —Caron Foundation's Sean Conaboy

Steven's father, Curt Coates, insists seven days of inpatient care was not even enough time for his son to recover from the physical symptoms of addiction, let alone change his behavior.

"He had no objection to staying longer — he was willing to go along with the program," Curt Coates said, adding that Steven needed "a little more time under his belt" before he was sent home.

"How can they teach a 16-year-old how to stay off drugs in seven days?" he asked.

To some extent, Conaboy agrees. "If we had our druthers, yes, we would keep people longer than we do," he said. But funding for extended stays, determined by managed care, is "clearly at issue here."

"Treatment costs money," Conaboy said. If a patient requires inpatient treatment, what must be decided is "where should it happen and who should pay for it," he said.

When it comes to behavioral health care, including drug and alcohol rehab, the benefits of about 85 percent of the American workforce are now governed by managed care companies — as they are for other forms of patient care.

Conaboy said the good news about managed health care is that it has forced the health care industry to develop clinical criteria for determining the best course of treatment.

"Where it has not been helpful is that it has really reduced the length of *stay and not put enough emphasis on* the psychosocial aspects of treatment and recovery," he said.

Still, the answers are not easy. Conaboy contends there is no magic number of treatment days that can guarantee a *sober lifestyle.* "Many, many kids go through seven to 10 days of treatment and go into intensive outpatient treatment and are doing absolutely marvelously," he said.

According to Kevin Schrum, director of *Lebanon County Commission on* Drug and Alcohol Abuse, "People will show you studies that prove that 28 days is not better than 14 days in terms of successful outcomes. It depends on the motivation of the individual and the quality of the treatment program.

"Some people want to keep kids in the bubble forever — and that won't happen," Schrum said. "We can't keep the child in treatment until adulthood."

But while 28-day programs are not necessarily more effective than shorter programs, given the circumstances of Steven's addiction, numerous people interviewed for this story agreed that seven days was not enough time.

Even Steven believed he needed more time to recover. When he called to tell his parents he'd been discharged, "he knew he needed more help. He didn't fight to come home," his father said.

After he was arrested, Steven admitted to his parents he was unable to maintain a drug-free lifestyle when he returned to his old neighborhood. "I should have known better," he told them. "That's what I get for hooking up with my old friends."

Describing a person like Steven, Conaboy said, "He wasn't dragging around in active addiction. He was strong, he was willing, he was able-bodied. A managed care company will *not let him stay (as an inpatient)* while we work out the long-term, chronic, (underlying) problems."

Conaboy said while inpatient services are part of the total picture, recovery requires compliance, discipline and willingness to remain sober. Regardless of the length of stay, recovering patients must participate in an outpatient program, have a family or support team who also participate, and enroll in a 12-step program.

"You will not find a case of somebody doing all three of those things and not doing well," Conaboy said. "It is not rocket science."

Conaboy said a patient participating in outpatient treatment should have attended a session at Caron or a Narcotics Anonymous meeting in Lebanon on a Friday night. "At some point on that Friday night, (Steven) made a decision not to do a whole lot of things *he learned here,*" Conaboy said. "He knew and learned at least 10 other things he could have done.

"This is just the beginning of a long criminal history for this guy if he does not recognize that he is chemically dependent and will have to live a lifestyle free of mood-altering substances."

Still, even Conaboy acknowledges that the outcome could have been *different if* Steven had remained longer than seven days.

"We won't know for sure, but it couldn't have hurt," Conaboy said.

Boy, 16, arrested in holdup spree

(Continued from page 1A)

case, the robber showed a store clerk a knife and demanded cash from the cash register.

"No one was hurt. None of the clerks were hurt, he (Coates) wasn't hurt and nobody was injured," Wahmann said.

The string of robberies began about 11 p.m. Friday at the Getty Mart, Route 72 and Long Lane in North Lebanon. About 1:30 a.m Saturday, city police were called to a second robbery at Turkey Hill Minit Mart, 815 Quentin Road.

Later, at 4:35 a.m. Saturday, North Lebanon police investigated a robbery at CR's Friendly Market, 1999 E. Cumberland St. While these incidents were still under investigation, a robbery was reported at Beamie's Market, 147 Weidman St. — the first of three that would be reported at that location. The first occurred at 7:03 a.m., the second at 12:10 p.m. and again at 3:47 p.m.

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Just nine minutes later — at 3:56 p.m. — another robbery took place at CR'sFriendly Market, 12th and Walnut streets in the city. And finally at 7:27 p.m., an eighth robbery took place at Kreiser Mini Mart, at Lincoln Avenue and Cumberland Street.

Coates was stopped by police officers John Sheaf and Morris Coleman, who noticed him driving erratically in the 600 block of Cumberland Street. The car he was driving, a light blue Geo, met the description given by witnesses to the robberies.

When taken into custody, Coates was wearing blue workout pants and a T- shirt. Police found an orange fleece jacket with blue trim in the back seat of the car, matching descriptions of what the robber had been wearing. A knife was also recovered from the car.

Coates was arraigned before District Justice Nigel Foundling and placed in the Lebanon County jail. Bail was set at $100,000.

Holdup suspect is boy of 16

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By LAURA RITTER
Staff Writer

Police have identified the suspect in a weekend armed robbery spree as a 16-year-old Jonestown boy.

Steve Coates, of 213 E. Queen St., will be tried as an adult, according to Lebanon Police Chief Michael Wahmann. Coates has been charged with eight counts of simple assault and eight counts of robbery following a string of armed robberies over a 22-hour period that began at 11 Friday night in North Lebanon Township.

Coates was arrested in front of the Harrisburg Area Community College building on Cumberland Street at about 9:20 p.m. Saturday following a traffic stop.

Police would not discuss a motive for the robberies, nor would they say how much money was taken. In every

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