

Alcohol Biomarkers: Wisconsin's Newest Approach to Address Roots of Repeat Drunk Driving

By USDTL Staff

A pilot project utilizing new tools called “alcohol biomarkers” is helping several counties in Wisconsin to more effectively address repeat intoxicated drivers and protect the public. “The use of alcohol biomarkers has enabled these counties to prevent OWI offenders from getting back behind the wheel before they have fully recovered, keeping Wisconsin streets safer,” explains Dr. Pamela Bean, a consultant to the state of Wisconsin and the coordinator of these ongoing pilots.

Biomarker testing detects offenders’ use of alcohol weeks after they ingest it, instead of only days. In Kenosha County, the biomarkers used are Ethyl Glucuronide (EtG), which is detected in fingernails and shows a window of approximately 90 days of use, and Phosphatidyl Ethanol (PEth), which is detected in dried blood spots and shows a window of about 30 days of use. Guida Brown, Executive Director and one of the assessors at the Hope Council on Alcohol & Other Drug Abuse in Kenosha says, “The reason behind the testing is simple: people tend to minimize or be in denial about their problems with alcohol and other drugs, and these tools help us to address their drinking more objectively.”

Seventy-eight percent of the first 50 Kenosha drivers tested with biomarkers reported they had been fully abstinent when asked verbally if they had consumed alcohol within the 90 days prior to their assessments. Almost half of them tested positive for biomarkers. And, when tested again to rule out false positives, most of those who had tested positive had a reduced biomarker value at the re-test. “These results support suspicions of under-reporting at baseline and confirm a change in the drinking behavior after the brief intervention is conducted at follow-up,” says Pamela Bean, pointing to one of the main benefits of biomarker testing.

Similarly, in Oneida, Forest and Vilas Counties the results of the nail and blood spot tests are helping identify those drivers most likely to stay sober during monitoring and to flag those who continue to drink heavily and therefore require more intense and longer monitoring. This use of individualized

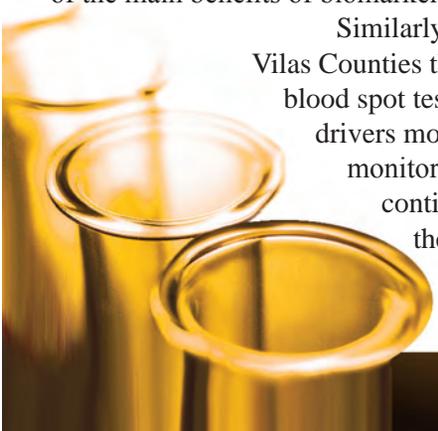
treatment allows staff to communicate more regularly with repeat offenders, motivating them to change their drinking behaviors and stay engaged longer in meaningful treatment. “It is extremely exciting to see people move from struggling with their addiction to become able to put a plan in place and watching them feel they have accomplished a year-long plan,” says Jodi Baker, the assessor in charge of monitoring these drivers in these three northern counties. “Listening to providers talk about how they are using the biomarker information as a tool to address the seriousness of consumers’ alcohol ingestion is another example of the benefits of this program,” adds Baker.

In fact, the latest recidivism data obtained from repeat offenders in Waukesha County using the EDAC test shows that monitoring high-risk offenders for 300 days (10 months) including biomarker testing every three months cost these counties less than \$300 per driver, and it prolongs the subsequent OWI arrest by an average of 300 days. Since each day in jail costs \$90 in the state of Wisconsin, the costs of 10 months of biomarker monitoring is equivalent to 3 days in jail. “These tests results will allow us to develop predictive models of the risk of recidivism using open source software and neural net processing to classify patterns,” says Brian Kay, a graduate student in Health Care Informatics at the University of Wisconsin in Milwaukee who is using the aggregated data from all counties combined to derive these high-risk profiles.

“Armed with this information, assessors and counselors are now better able to work with high-risk drivers, keeping them off the road, keeping them from reoffending, and helping them recover through more intense treatment and more frequent monitoring”, says Tamara Feest, Behavioral Health Administrator for the Human Services Center in Rhinelander who wants to see that these programs become sustainable in Oneida, Forest and Vilas counties by 2014. “Developing evidence-based practices is helping these counties allocate resources more effectively and thus increasing public safety by attempting to decrease drunk driving,” remarks Bean, who has seen these programs grow exponentially in Wisconsin since 2006, supported with funds from the state, the counties and the drivers themselves. This innovative approach also helps offenders in the program find a meaningful path to recovery, reducing the economic and human costs for everyone involved.



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Treating Professionals With Substance Use Disorders

By Lindsey Getz, *Social Work Today*, Vol. 12, No. 6, Pg. 14

Treatment requires dedicated therapeutic settings and providers trained to encourage patients to relinquish their caregiving roles and receive help themselves.

When it comes to substance use and abuse, members of the helping professions, such as social workers, psychologists, doctors, and nurses, are at as great a risk—if not greater—than the rest of the population. With high-stress jobs and burnout always a possibility, some may turn to drugs or alcohol to keep going or to relax. But when addiction takes hold, there is no easy escape, and professionals battling the disease may have even greater obstacles to hurdle.

The Social Work Dictionary defines an impaired social worker as “one who is unable to function adequately as a professional social worker and provide competent care to clients as a result of a physical or mental disorder or personal problems, or the ability or desire to adhere to the code of ethics of the profession. These problems most commonly include alcoholism, substance abuse, mental illness, burnout, stress, and relationship problems.”

Throughout his career, Frederic G. Reamer, PhD, a prominent ethicist and professor of social work at Rhode Island College, has worked with numerous professionals he would consider impaired but, on average, says this is a small percentage of the social work population. “The good news is that we’re getting much better at addressing these issues,” he says. “The incidence hasn’t increased, but the awareness of impairment risks has. There is a greater willingness to acknowledge and address these issues.”

Substance Use and Abuse

A focus on professionals with substance use disorders reveals that there are some specific challenges for this population. For one, research suggests that professionals such as social workers may be reluctant to seek help for addiction. In fact, a study published in *Social Work* found that social workers do not frequently seek help, even when they are high-risk alcohol and drug users (Siebert, 2005).

Those in the treatment field surmise that professionals’ reluctance to seek treatment may be linked to their personal beliefs about who they are and what they should be capable of doing. Helping professionals may struggle with a greater sense of guilt and shame than the rest of the addicted population. “They feel they should be able to control their drug or alcohol

use,” says Tina Black, LCSW, clinical services director at Talbott Recovery in the Atlanta area. “There’s a lot of self-judgment, and people in those positions can struggle with a greater degree of shame because of their role as caregivers.”

“There is an internal voice among professionals that tells them ‘I’m competent. I’m successful. Therefore, because I have an issue with a substance, it must mean I’m a failure,’” adds Dean Fitch, LMFT, LCDC, director of counseling services for

Starlite Recovery Center in Center Point, TX. “Often these individuals are so high functioning and assume they can handle themselves—or are too ashamed to admit they can’t—that it gets really bad before they get help.”

Reamer points out that the literature, as well as his own experience, points to the fact that impairment taking the form of substance abuse is typically a subset of a broader class of issues. “I have had cases where a practitioner is struggling,

and the struggle is from multiple sources—marital issues, an issue with a child, or stress at the workplace,” he says. “It’s not unusual for the substance use and abuse to be just one facet of a number of sources that are causing impairment. These problems don’t occur in isolation, so it’s important that any treatment module is addressing the entire problem.”

Tackling Treatment

There are several approaches when it comes to the best treatment protocol for professionals with substance use disorders. Many lean toward a 30-, 60-, or 90-day residential program, and some state licensing boards require that.

Chris McCoy, LMSW, CAC-II, a recovery specialist with the Recovering Professional Program in Cayce, South Carolina, works with several licensing boards to meet their specific



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requirements and says they can vary greatly based on the profession. Many of the patients at the Recovering Professional Program did not voluntarily refer themselves to the program. McCoy says the program's emphasis is on total abstinence and learning chemical free coping skills.

At Talbott Recovery Campus, the residence provides a "lab-type" environment for patients to practice newly learned coping skills to manage challenging situations without using drugs and alcohol. It's some real-life experience in the safe haven of the facility confines. "Patients are in small groups all day long," Black says. "They usually range from 10 to 12 people. Addiction is a disease that involves mood altering, so many patients struggle learning to experience the normal range of emotions without drugs or alcohol. Being in a small group helps them work on that."

At the Methodist Richardson Medical Center's Impaired Professional Recovery Program in Dallas, a 30-session outpatient program is tailored to the patient. Bob Good, LCDC, says that in comparing the disease-specific and sobriety maintenance content of 30-, 60-, and 90-day residential programs, he believes that the 90 hours (three hours per day on three days per week) patients spend in his program is potentially more intense. It's a cognitive therapy-based program focusing on education-based skills training.

"We deal with a population that is highly educated and usually well into their careers," Good says. "Therefore, we do very little process therapy and really focus on cognitive restructuring. Those needing process therapy are secured an outpatient therapist, and those needing medication management are secured an outpatient addictionologist. A lot of people will say that they feel so comfortable in the program because it feels like they're back in school."

Fitch agrees that using a patient's higher level of intelligence in the treatment module can be a successful tool. "These are intelligent, high-functioning patients, and they often want to intellectualize their treatment and get more involved in understanding it," Fitch says. "Embracing that may help facilitate recovery for this population."

This higher level of understanding also can be used to help educate a patient on the disease of addiction. Even a large part of the medical community has a hard time grasping that addiction is a chronic progressive disease and not just an issue of morals or will. "We have physicians who do not realize that it is a chronic organic brain disease, so they don't understand why they can't stop," Good says. "Getting through the education is really an important step. Then comes acceptance and ultimately acknowledgement on the path to recovery."

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USDTL is Growing!

By Charles Plate, PhD, Laboratory Director, and Joseph Salerno, Scientific Copywriter, USDTL

The past several years have seen tremendous growth at USDTL (United States Drug Testing Laboratories, Inc.), with 20-25% increases in the number of samples tested annually. Good growth means cramped quarters, so USDTL's facilities are growing too. We have expanded our facilities in 2013 with the addition of 5000 square feet of lab space. New lab space means lots of changes internally for USDTL, where the number of new hires is expected to match the pace of our growth. Our new facilities now allow us to reconfigure our workflow and provide specific laboratories for each step in our process.

From sample accession and extraction to analysis and confirmation of positive results, each working group now has dedicated areas to accomplish their goals. Our instrumentation labs have been increased, and we now have twice the space for our analytical instruments. Utilization and maintenance of all of our instrumentation will be greatly facilitated.

There will now be a greatly expanded GC/MS and LC-MS/MS laboratory with a new auxiliary air conditioning unit to take care of the large amount of heat generated by our instruments. On January 2, 2013, USDTL announced to its clients that we were reducing the hair and fingernail positive result cutoffs for several drugs, including carboxy-THC in cannabinoid testing. The carboxy-THC cutoff was reduced 20-fold from 1 pg/ml to 0.05 pg/ml. At this very low cutoff environmental contamination of carboxy-THC in the laboratory can be a significant problem. The availability of new laboratory space allows us to solve this problem by setting aside dedicated space for running hair and nail carboxy-THC assays.

USDTL has continuously addressed the needs of its clients by adding new testing solutions to solve substance abuse monitoring needs. Now our facilities match our innovation, to make sure our customers never see a difference in our service.



Photo by Joseph Salerno



United States Drug Testing Laboratories, Inc.

Upcoming Events:

- May 18-21 – National Association of Addiction Treatment Providers – San Antonio, TX
- May 30 – June 2 – West Coast Symposium on Addictive Disorders – La Quinta, CA
- June 3-6 – New England Institute of Addiction Studies – Storrs-Mansfield, CT
- June 15-20 – College on Problems of Drug Dependence – San Diego, CA
- June 18-19 – National Association of State Alcohol / Drug Abuse Directors – Bethesda, MD
- June 18-21 – Association of Organ Procurement Organizations – Indianapolis, IN
- June 22-26 – Research Society on Alcoholism – Orlando, FL

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