

# D&A News

A PUBLICATION OF THE LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION

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## Recovery Houses are an Important Tool in Maintaining Sobriety



Recovery houses have been around for many years, but they have recently become more popular. Local treatment providers say that there are positive reasons for this change. Rebecca Hahn, Clinical Director for Gatehouse for Women, shares, “I think recovery houses are becoming more popular as professionals are recognizing just how important a positive living environment is to early recovery efforts of individuals. The group setting enhances recovery for those who need more time engaged in a recovery-oriented environment.”

Denise Holden, CEO and Founder of The RASE Project adds, “A Recovery House offers a safe, stable environment where individuals new to the recovery process can begin to get their lives together, learn new ways of coping, and develop a network of positive social supports. Going home to a safe, drug-free place at the end of the day makes it so much easier to do the right thing. Recovery Houses give their residents the opportunity to take on life one day at a time, while learning new habits and making new friends until they are ready to live on their own.”

Unfortunately, dwindling resources for addiction treatment has also been a factor. As Denise elabo-

Halfway House	Recovery House
<ul style="list-style-type: none"><li>✓ Therapeutic Drug and Alcohol Treatment facility with 24 hour professional care. Goals: maintain sobriety, establish solid employment, and find permanent housing in the community.</li><li>✓ Licensed and regulated by the Pennsylvania Department of Drug and Alcohol Programs.</li><li>✓ Staffed by counseling professionals who offer group and individual therapy and resource coordination. Residents also receive education in the areas of budgeting, vocational readiness, and other life skills.</li><li>✓ Eligible for insurance/third party payment.</li></ul>	<ul style="list-style-type: none"><li>✓ Sober-living environment that supports and encourages recovery from addiction. Not a treatment level of care. Involvement in 12 Step programs and outside support services is usually encouraged.</li><li>✓ Not state-licensed. No oversight is required by any government entity.</li><li>✓ Staffed by a house manager (often volunteer). Simply a place where a group of recovering individuals live together communally to give each other support and share the rent.</li><li>✓ Self-supporting. Funded by resident's rent payments.</li></ul>

rates, “People used to be able to stay in treatment for an indefinite period of time. While there, they were afforded time to gain stability in the recovery process, plan for their aftercare, establish a strong network of other recovering individuals for support, and even get jobs to save money for rent payments before leaving the treatment

setting. This is no longer the case. Due to funding cuts and private insurance barriers, treatment stays have become shorter and shorter with barely enough time for an addict to begin to think clearly.”

Rebecca agrees, “I think funding cuts in the human services have also affected the rising number of recovery houses because it’s seen as a less expensive, alternative option to pay for outpatient services while the resident can gain employment and pay their own rent in a recovery house.”

A recovery house is ideal for someone who has received ad-

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## FROM THE EXECUTIVE DIRECTOR



*Rick Kastner*

Perhaps it is time for the state of Pennsylvania to create standards or credentials for recovery houses. For the health and safety of our recovering clients, along with the safety of the communities in which these recovery houses are located, I believe we should have statewide standards and monitoring of this valuable resource.

Since recovery houses are not licensed in PA, and there are no Pennsylvania certification standards for recovery houses, the Lancaster County D&A Commission does not fund people in recovery houses. We are hesitant to place increasingly scarce taxpayer dollars in a service that has no required standards. And since our office is down to 8 employees, we do not have the people power to create our own standards and monitor the houses. The combination of cuts to our state and federal allocations and lack of oversight makes it impossible to fund recovery house services at this time.

Our D&A staff members make referrals to recovery houses that we believe are organized, clean, safe, and have a strong recovery theme. We are also most comfortable with recovery houses that are owned and operated by licensed D&A non-profit agencies, since there is accountability with these programs. But we cannot fund people in a recovery house, like we do when people are placed in a licensed halfway house or D&A rehab.

Although our staff members are aware of many well run recovery houses in Pennsylvania, there are a few that have become poorly run flop houses. So buyer beware!

A handwritten signature in cursive that reads "Rick Kastner".

## D&A NEWS

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## Lancaster SCA Welcomes Five New Board Members

The Lancaster Single County Authority (SCA) Advisory Board welcomed five new members at their July 2013 meeting. Members are appointed by the Lancaster County Commissioners to serve a volunteer three year term.

**Colleen Anderson** is a Commonwealth employee who has worked in the criminal justice system at the county and state level for over 5 years. She is a Lancaster county native who loves to spend time volunteering, outdoors, and with her one year old daughter.

**Eric Bobst** is a Lititz-based financial advisor with Wells Fargo. He enjoys the beach and volunteering; and is active in many Lancaster and Lititz civic organizations, including Lancaster Roadrunners Club, Millcreek Sportsman Association, and the ARC of Lancaster County.

**Ken Marzinko** retired last summer after 26 years as a social worker with the School District of Lancaster. Prior to that, he had been a case worker for Lancaster County Children and Youth Agency. He lives in Lancaster with his wife of 34 years.

**Dr. Ken Ralph**, a psychologist, came to Lancaster in 1975 to accept a position with the Lancaster County Office of Mental Health and Mental Retardation. He left county employment in 1990 to begin a private psychological practice and start J&K Seminars, a business that provides continuing education for mental health professionals. He was a member of the SCA board from 1998 – 2003. He is currently the chairperson of the Lancaster Lebanon Psychological Association and is the Clinical Director of the Lancaster County Critical Incident Stress Management Program.

**Tammy N. Tedesco**, a lifelong Pennsylvanian, originally from Crawford County, has been a resident of Lancaster County since 2006. She has worked primarily in the non-profit world, specializing in college athletics, specifically college wrestling. She enjoys event planning and working with social media platforms. Tammy also enjoys volunteering within the community and looks forward to serving on the board, where she hopes to help make a difference through the programs that are implemented during this term.

## Kelly Spece Returns to the D&A Commission

The Drug and Alcohol Commission was happy to welcome Kelly Spece back to the staff after a 14 year absence.



*Kelly Spece, Secretary*

Says Kelly, “It is great to return to a staff that has remained, for the most part, unchanged from my earlier employment. I enjoy the wide variety of duties and helping to guide clients that call for assistance.”

In her position as secretary, Kelly performs clerical and administrative duties for the whole office, serving the administrative, fiscal, case management, and prevention units. She also acts as receptionist, guiding visitors and assisting persons seeking help.

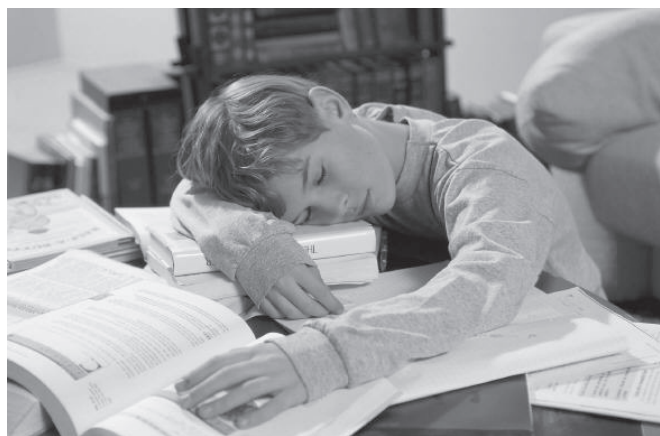
Prior to her return, Kelly was employed by the Commonwealth of PA. She has one son and four step-children, a dog named Longfellow and an African Sun Conure. In her spare time, Kelly likes baking and reading her Kindle. She and her husband, Earl, enjoy exploring Lancaster County on their Harley trike.

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# “Study Drugs” Don’t Make the Grade



Stimulant medications such as Ritalin, Adderall, Concerta, and Vyvanse have helped many children with Attention Deficit Hyperactivity Disorder (ADHD) to learn better and behave better in school. They are safe and effective medications when taken as prescribed by the child’s physician.

Unfortunately, these medicines are sometimes used improperly. When they fall into the hands of students seeking energy for an all-night study session or an easy way to improve grades, they can be unhealthy or even dangerous.

Researchers have only recently added ADHD medicines to the list of substances they include in their surveys of youth drug abuse, so no long term data are available to tell if their abuse is increasing. However an interesting study by the University of Michigan’s C.S. Mott Children’s Hospital indicates that parents may be underestimating their danger. The National Poll on Children’s Health surveyed parents of children age 13 to 17. Among parents of children who were *not* prescribed ADHD medications, 1 percent said their teens had used these drugs for study purposes. About 4 percent said they didn’t know if their teen had abused these drugs, and 95 percent said their teens had never abused the drugs. But the 2012 Monitoring the Future Survey, which measures drug abuse among teens, shows that 12% of high school seniors and 10% of sophomores reported having used Adderall, Ritalin, or another stimulant or amphetamine without a prescription at least once. Only 27% of parents report that they have ever discussed the subject of abusing “study drugs” with their child.

**For more information on the dangers of abusing ADHD medicines, see the fact sheet on page 7 or visit [www.compassmark.org](http://www.compassmark.org).**

It is easy to understand this disparity. Most parents are aware of the potential dangers of alcohol, tobacco, and marijuana and they are vigilant about watching for signs of experimentation and abuse. But abuse of ADHD medicines is less well known and many parents are unaware of it. In addition, the behavioral consequences are very unlikely to cause concern in the early stages. After all, how many parents have frantically contacted their child’s guidance counselor because their son or daughter was studying too hard and getting good grades?

Some parents are very aware of the issue and they have an opposite perspective on it. They request ADHD medicines for their healthy teens in order to help them get better grades or score higher on important tests like the SAT and ACT college placement tests. This is called pediatric neuroenhancement, trying to increase a child’s abilities through medication. These parents argue that the drugs have been proven safe and that it is no different than an adult drinking coffee before going into the office.

But the American Academy of Neurology disagrees. They published a position paper in their journal in March 2013 recommending that physicians refuse parents’ requests for pediatric neuroenhancement drugs. They cite the risk of side effects, dependency, and the questionable ethics of administering medical treatment to healthy individuals. In addition, research does not support the theory that these drugs can make students smarter, or help them achieve higher grades. A study of 4000 children in Quebec, Canada showed that students who took Ritalin over a period of 11 years actually had lower grades and more risk of anxiety and depression.

## **For Parents and Teachers: Questions for Discussion with Students**

- 1. Tests like the SAT and ACT are designed to measure a student’s aptitude for success in college. If you abuse drugs like Ritalin and Adderall to score better on these tests, will you need to continue to use them to keep up the level of performance in college?**
- 2. NCAA rules do not allow student athletes to use anabolic steroids and other performance enhancing drugs in intercollegiate sports. They consider it cheating. Isn’t abusing ADHD drugs to score better on a test the same thing?**

# The Dreaded Blue Star Tattoo: Spotting Drug Hoaxes and Urban Legends

Hoaxes and urban legends have been a problem in the substance abuse prevention field for a long time. Prior to the 1990s, most of these were passed along via photocopied fliers at parent-teacher meetings or school sports events. But the computer age has provided many new methods of sharing information quickly, and this has allowed some of these old legends to flourish and grow. Emails, texts, and social media have revived some of the long lost urban legends about drugs including:

**The Blue Star Tattoo:** Drug dealers are giving lick and stick tattoos containing LSD to unsuspecting school children on playgrounds. When the child tries to lick the colorful tattoo and apply it, he or she is instantly “hooked.”

**AIDS Needles:** Drug addicts who have AIDS are trying to get back at society by leaving hypodermic needles with their blood in phone booths, ATMs, and movie theater seats in major cities. Unsuspecting users get pricked and are instantly infected.

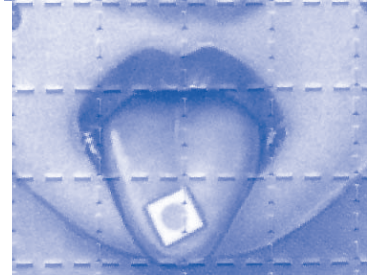
**The “New” Drug:** There’s a “new” drug on the streets called Strawberry (or Locker Room or Nancy, etc.). It is ten times stronger than heroin and users become addicted after the very first use. It’s all over the local high school and emergency room doctors and police are helpless to do anything about it.

When educators and human service professionals repeat these unfounded rumors, they not only spread misinformation, but they damage their credibility with teens and parents. Here are some ways to spot a hoax:



👉 Hoaxes are often written in the first person and tell stories of someone the author “knows” personally. Sometimes they cite a seemingly credible source, such as a police department or hospital, but they are not issued directly by that organization. This should be a tip-off right away. Real public health and safety warnings are always issued directly by the law enforcement or

medical authority to mainstream news agencies. They are never distributed secondhand on social media.



👉 The language in hoaxes and urban legends is inflammatory and meant to scare people. It often includes a lot of exclamation points and focuses on how people have been killed or harmed. These emails also often contain misspellings and poor grammar.



👉 Many false stories can be debunked by asking questions of basic logic. Why would someone want to get elementary school children hooked on drugs? They don’t have any money and are not likely to become future customers of the drug dealer. If “many people” had been infected by hypodermic needles, wouldn’t we have heard about it on the news? Wouldn’t the perpetrators have been caught immediately via the bank’s security camera?

All that being said, electronic media does present good ways of informing people about matters of health and safety. Here are ways of making sure you are receiving and passing along true and correct information.

- ✓ Check out suspicious items before passing them along or re-posting them. Several websites specialize in de-bunking hoaxes. Visit [www.snopes.com](http://www.snopes.com), or [www.truthorfiction.com](http://www.truthorfiction.com). You can also try typing the title of the rumor into Google or another search engine and see if a search produces any results that indicate a rumor. If a source, such as a police department or hospital is cited, try contacting them.
- ✓ For accurate information visit the website or social media pages of legitimate information sources. In Lancaster County, check out Compass Mark’s webpage at <https://www.facebook.com/#!/CompassMark>.

## Recovery Houses continued from page 1

dictions treatment and is stable in outpatient aftercare, but who desires a supportive place to live.

However because they are not government-licensed, it is important to research a recovery house thoroughly. Denise Holden warns that there are places that hold themselves out to be recovery houses, but lack the rules and structure to make themselves safe and drug-free. She recommends checking with local organizations, such as county human service agencies, treatment providers and SCAs in order to find a quality recovery house.

The following is a partial list of recovery houses in Lancaster County. The D&A Commission does not specifically endorse or recommend any particular house or program.

A New Life for Females (women)  
150-152 Church Ave.  
Columbia, PA 17512  
Contact: Christopher Dreisbach  
(717) 940-2240  
[www.anewlifelanc.com](http://www.anewlifelanc.com)

A New Life East (men)  
640 E. Chestnut St.  
Lancaster, PA 17602  
Contact: Christopher Dreisbach  
(717) 940-2240  
[www.anewlifelanc.com](http://www.anewlifelanc.com)

A New Life 2 (men)  
561 S. Lime St.  
Lancaster, PA 17602  
Contact: Christopher Dreisbach  
(717) 940-2240  
[www.anewlifelanc.com](http://www.anewlifelanc.com)

A New Life Dauphin (men)  
549 Dauphin St.  
Lancaster, PA 17603  
Contact: Christopher Dreisbach  
(717) 940-2240  
[www.anewlifelanc.com](http://www.anewlifelanc.com)

Nuestra Vida (men)  
229 Hazel St.  
Lancaster, PA 17602  
Contact: Jacqueline Fisher  
(717) 431-0256  
[www.sacapa.org](http://www.sacapa.org)

Recovery Environments, Inc. (women)  
830 Marietta Ave.  
Lancaster, PA 17603  
Contact: Robin Skiles  
(717) 626-9524  
[www.gatehouse.org](http://www.gatehouse.org)

Stepping Ahead Transitional Living Homes (women)  
905 E. King St.  
Lancaster, PA 17602  
Contact: Kendra Westmoreland  
(717) 390-9918  
<http://steppingaheadhomes.org>

Stepping Ahead Transitional Living Homes (men)  
1640 Lincoln Highway East  
Lancaster, PA 17602  
Contact: Kendra Westmoreland  
(717) 390-9918  
<http://steppingaheadhomes.org>

Recovery Environments Inc. (men)  
324 North Lane  
Lititz, PA 17543  
Contact: Robin Skiles  
(717) 626-9524  
[www.gatehouse.org](http://www.gatehouse.org)

A New Life River (men)  
2121 River Road  
Washington Boro, PA 17582  
Contact: Christopher Dreisbach  
(717) 940-2240  
[www.anewlifelanc.com](http://www.anewlifelanc.com)

A New Life Water Street House (men)  
1984 Water Street  
Washington Boro, PA 17582  
Contact: Christopher Dreisbach  
(717) 940-2240  
[www.anewlifelanc.com](http://www.anewlifelanc.com)



The D&A Commission would like to express sincere thanks to the staff and residents of Manos House Drug and Alcohol Rehabilitation Services, Inc. for their assistance in preparing the *D&A News* for mailing.

**Lancaster County Drug and Alcohol Commission**  
**150 N. Queen St.**  
**Lancaster, PA 17603**  
**(717) 299-8023**

## Fact Sheet: Abuse of ADHD Medicines

ADHD medicines are being used more and more each year. One in 25 children takes a prescribed ADHD medicine and nearly 1/3 of all ADHD patients are adults. About \$2.7 billion is spent on ADHD medicines each year in the US.

Most ADHD medicines are stimulant drugs. They help patients with ADHD concentrate, control impulses, and focus on tasks. They do NOT increase cognitive abilities or help with social or emotional problems. Unfortunately, some high school and college students try to improve their grades or increase their energy by taking other people's medicine.

Stimulants have many potential side effects. These include:

- Restlessness
- Nervousness
- Irritability/mood swings
- Loss of appetite
- Headache
- Stomach upset
- Dizziness
- Rapid heartbeat
- Tics

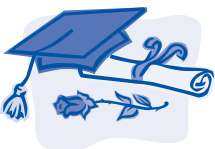
Stimulant ADHD medicines are dangerous for people with certain health problems. They are not recommended for patients with:

- Heart problems
- High blood pressure
- Thyroid problems
- Glaucoma
- Anxiety

Because of the potential health risks, ADHD medicines should **never** be shared with others. Parents and school staff should be on the lookout for diversion of prescription medicine to others, via sharing, selling, or theft. Distributing controlled substances without a prescription is illegal and can have serious consequences.

Taking someone else's ADHD medicine will not help you improve your grades or get better test scores. Instead, get plenty of sleep, exercise, and eat a healthy diet. Participate in class and form study groups with your friends. If you are having trouble, ask for help from parents or teachers.

**For more information on how to help someone who may be abusing ADHD medicines — or for healthy ways to improve your academic performance, visit Compass Mark at [www.compassmark.org](http://www.compassmark.org).**



Or call (717) 299-2831



LANCASTER COUNTY  
DRUG AND ALCOHOL COMMISSION  
150 N. QUEEN ST.  
LANCASTER, PA 17603

## UPCOMING MEETINGS AND EVENTS

### LOOKING FOR OUR OFFICE?

We are located at 150 N. Queen St.,  
Lancaster, on the fourth floor.

For the most updated and  
comprehensive list of local D&A trainings  
and events, please visit  
[www.compassmark.org](http://www.compassmark.org).

Don't forget to check out the  
interactive calendar! It helps you search for  
the workshops and events that interest you!

### Treatment Service Provider Meetings

Meetings will be held: December 10, 2013; April 8, 2014.  
Meetings are generally held at 3:00 PM at 150 N. Queen  
St. in the 5th floor conference room. Call (717) 299-8023  
to confirm details.

For more information about events, contact the  
D&A Commission at (717) 299-8023.

The D&A Commission will be closed for the  
following County holidays:

November 11, 28, 29;  
December 25, 2013; January 1, 20;  
February 17; April 18, 2014.

### Single County Authority (SCA) Meetings

Meetings will be held November 18, 2013; January  
27; March 24; April 28; May 19; July 28; Sept.  
22; and Nov. 17, 2014.

Meetings are generally held at 6:00 PM  
at 150 N. Queen St., Lancaster.

To confirm meeting times and locations, call  
(717) 299-8023.

For emergency and weather-related closings  
and delays of Lancaster County offices,  
please tune in to local radio stations or watch  
WGAL-TV8. Emergency closings are also an-  
nounced on the Lancaster County website at  
[www.co.lancaster.pa.us](http://www.co.lancaster.pa.us).