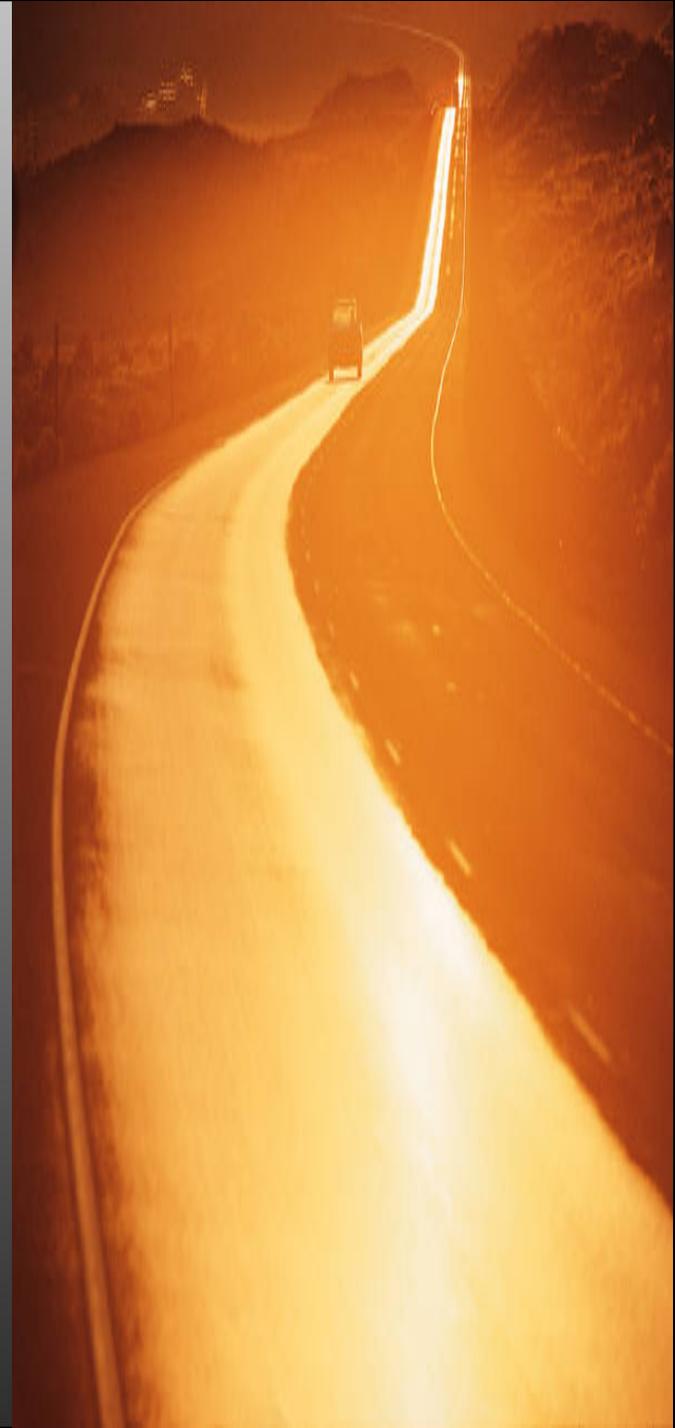


Accessing Substance Abuse Treatment Services

A Guide to Substance Abuse Treatment Services in
the District of Columbia



Restoring Health, Restoring Hope



The Addiction Prevention and Recovery Administration (“APRA”) facilitates substance abuse prevention, treatment and recovery support services for District residents and families coping with the disease of addiction.

Through its network of outpatient, intensive outpatient and residential treatment providers, APRA offers a comprehensive continuum of substance abuse treatment services.

Do You or Someone You Know Need Help?



APRA assesses and refers individuals seeking substance abuse treatment services at the following intake locations:

- APRA Assessment and Referral Center, 1300 First Street NE
- District of Columbia Superior Court, Family Court, Family Treatment Court, East of the River Community Court, Traffic and Misdemeanor Court, 500 Indiana Avenue, NW

Who Is Eligible for APRA Services?



An individual is eligible to receive APRA supported substance abuse treatment services if he or she is:

- A resident of the District of Columbia;
- Without private medical insurance, or whose private medical insurance plan does not cover substance abuse treatment services; and
- Determined to have an Axis I diagnosis of substance use disorder.

Establishing District Residency



District residency must be established through the following:

- A valid motor vehicle operator's permit or non-driver's identification card issued by the District;
- A voter registration card with an address in the District;
- A copy of a lease or a rent receipt for real property located in the District;
- A utility bill for real property located in the District; or
- A copy of the most current federal income tax return or Earned Income Credit (EIC) form.

Detoxification Services

What is Detoxification?

A set of medical and psychosocial interventions that manages acute intoxication and withdrawal, and minimizes the physical harm caused by the abuse of substances.

Medically supervised detoxification may prevent potentially life-threatening complications that might appear if the patient were left untreated.

Detoxification does not constitute substance abuse treatment, but is part of a continuum of care for substance-related disorders.

Who's Eligible for Detoxification?



Referral to detoxification services is determined by the following factors:

- **Diagnosis** of an Axis I substance use disorder;
- **Drug** of abuse; and
- **Date** of last use, and quantity of substance used.

Individuals who are chemically dependent on alcohol and opioids may require medical and psychosocial interventions to manage acute intoxication and withdrawal.

Substance Use in the District

- Nearly 10% or 60,000 of District residents report regular use of illicit drugs.
- Approximately 7% or 40,000 of those reporting regular use need treatment for alcohol or drug dependence.
- Marijuana is the most widely abused drug in the District, followed by crack/cocaine and heroin.
- According to the 2007 National Household Survey, the District has the highest rate (5.1%) of past year cocaine use among residents aged 12 and older.

Marijuana Use in the District



Marijuana is the most commonly used illicit drug in the District of Columbia.

- Short-term Effects: Memory and learning problems, distorted perception, difficulty thinking and solving problems.
- Withdrawal: Minor, and similar to withdrawal from tobacco use and may include irritability, sleep problems, and weight loss.
- Duration: 3 to 7 days
- Detoxification Indicated? No
- Appropriate Treatment: Outpatient Behavioral Therapy (Cognitive Behavioral Therapy, Motivational Enhancement Therapy)

Crack and Cocaine Use in the District



Crack/cocaine is the second most widely used illicit drug in the District of Columbia.

- Short-Term Effects: hyperactivity, paranoia, elevated blood pressure, elevated heart rate, elevated body temperature, and decreased appetite.
- Withdrawal: Occurs within hours of last use. Moderate to minor withdrawal symptoms may include sleeplessness or restless sleep, increased appetite, depression, paranoia and decreased energy.
- Duration: 3 to 4 days
- Detoxification Indicated? No
- Appropriate Treatment: Cognitive Behavioral Therapy, Motivational Enhancement Therapy, in a level of care determined by clinical assessment.

Heroin Use in the District



Heroin is the third most widely used illicit drug in the District of Columbia.

- Short-Term Effects: Drowsiness, “nodding”, euphoria, giddiness.
- Withdrawal: Occurs within 24 hours of last use. Symptoms may include nausea, vomiting, diarrhea, abdominal cramps, bone and muscle pain, goose bumps, runny nose.
- Duration: 4 to 7 days
- Detoxification Indicated? Yes, if individual is experiencing or may be at risk of manifesting withdrawal symptoms.
- Appropriate Treatment: Opioid replacement therapy, Cognitive Behavioral Therapy, Motivational Enhancement Therapy, in a level of care determined by clinical assessment.

Alcohol Use in the District



Alcohol abuse in the District is uniquely challenging due to its legal status and wide availability.

- Short-Term Effects: Mood and behavioral changes, reduced coordination, speech impairment, impairment of memory and thinking, and sleepiness.
- Withdrawal: Occurs 24-48 hours after blood alcohol level drops. Symptoms may include elevated blood pressure, elevated heart rate, elevated body temperature, nausea, vomiting, diarrhea, seizures, delirium, and death.
- Duration: 5 to 7 days
- Detoxification Indicated? Yes, if individual is chemically dependent on alcohol, experiencing or at risk of manifesting withdrawal symptoms.
- Appropriate Treatment: Medication Assisted Therapy, Cognitive Behavioral Therapy, Motivational Enhancement Therapy, in a level of care determined by clinical assessment.

PCP Use in the District



Less than 2% of District residents report regular use of Phencyclidine ("PCP"). Any use of PCP is dangerous.

- Short-Term Effects: Agitation, hallucinations, delusions, violence and other psychotic behaviors.
- Withdrawal: Symptoms may include depression, drug craving, increased appetite and excessive sleep.
- Detoxification Indicated? No. Acutely intoxicated individuals should be referred to the Comprehensive Psychiatric Emergency Program (CPEP) for behavioral management in a controlled environment with limited stimuli and close supervision.
- Appropriate Treatment: Cognitive Behavioral Therapy, Motivational Enhancement Therapy, in a level of care determined by clinical assessment.

No Wrong Door



APRA is committed to providing access to quality substance abuse treatment and recovery support services to all District residents coping with the disease of addiction.

Level of care placements for adults seeking substance abuse treatment services are determined through administration of the Addiction Severity Index (ASI) and application of American Society for Addiction Medicine (ASAM) Patient Placement Criteria.

Level of care placements for youths seeking substance abuse treatment services are determined through administration of the Global Appraisal of Individual Needs (GAIN) and application of American Society for Addiction Medicine (ASAM) Patient Placement Criteria.

Questions



Additional information regarding APRA services and its network of substance abuse treatment and recovery support providers may be found at:

www.doh.dc.gov/apra