

## A pattern of despair

Social messaging, abuse make women harder to treat

BY SARA SOLOVITCH  
Public Access Journalism

When a man and a woman drink too much alcohol — by far the most widely abused substance in the country — they not only do it for different reasons, they also get different results.

Where men may use alcohol to feel “powerful,” women usually drink to fight feelings of hopelessness and anger.

Though women generally drink less than men, the risk of alcoholism kicks in a lot faster: Seven or more glasses a week is considered risky for a woman, compared to 14 or more for a man.

Alcoholism also carries greater risks to women. Heavy drinking increases the chances of a woman becoming a victim of violence and sexual assault. Most women who abuse alcohol and drugs — studies show as many as 80 percent to 90 percent — have a history of physical or sexual abuse.

Women are more likely than men to develop liver inflammation and to die from cirrhosis. They are more vulnerable to alcohol-induced brain damage and cardiovascular disease. And heavy drinking appears to increase the risk of breast cancer, as well as cancers of the digestive tract.

The stigma for using drugs and alcohol also is greater, and it's often one of the biggest obstacles to a woman seeking treatment. She fears — rightly — that she will lose custody of her children if she admits to having a substance abuse problem. Or she's so busy being the caregiver that she puts off asking for help, often for so long that she develops serious ailments.

“It's a vicious cycle: You get abused, which makes you end up drinking. You drink, so you end up getting abused.”

— Marsha Nadell Penrose,  
The Next Step, Albany, N.Y.

The numbers, fairly consistent since the 1990s, say it all: Of the 15.1 million people who abuse alcohol, 4.6 million are women, and only 25 percent of them are in traditional treatment, according to the National Institute on Alcohol Abuse and Alcoholism. Women also tend to go more nontraditional routes for help with addiction, looking to either their doctors, therapists or psychiatrists.

During the past decade, segregated treatment has become a key to success for women, providing a more nurturing environment that encourages patients, often childhood victims of physical and sexual abuse, to open up and talk about the traumas that led to their substance abuse.

“Eighty to 90 percent of the women in our treatment program, in all programs, have been significantly abused in their life,” says Marsha Nadell Penrose, executive director of The Next Step, a 14-bed intensive treatment center in Albany, N.Y. “It's a vicious cycle: You get abused, which makes you end up drinking. You drink, so you end up getting abused.”

But many programs fail to address that cycle. And few programs offer child care.

The Next Step, one of three women's programs in upstate New York, made a deliberate choice not to provide quarters for children, and Penrose thinks it's a double-edged sword.

“The women usually feel terribly guilty when they first get here because their children are in foster care,” she says. “I try to tell them to think of this as the only time they can focus just on themselves. I tell them, ‘You can't take care of your children unless you're OK.’”

Some studies, however, show that women-and-children programs are twice as successful as women-only programs.

The Mothers' and Toddlers' Program, a National Institutes of Health pilot project in New Haven, Conn., works on the premise that continued drug use actually

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Jackie Gordon, second from right, is a former heroin and crack addict who spent 18 months in a California prison. Now she's a case manager for SISTER (Sisters in Sober Treatment Empowered in Recovery), one of only a handful of comprehensive treatment programs for incarcerated women with addictions. She knows the challenges: “You go so far and then you go back to what is familiar.”

# Silent casualties

With drug-related arrests nearly doubling, women are suffering in the war on drugs

BY SARA SOLOVITCH  
Public Access Journalism

In San Francisco County Jail Number 8, the 21 orange-suited women in the SISTER program are getting a lesson in self-esteem from Jackie Gordon, a onetime heroin and crack addict who did 18 months in California State Prison and has been clean and sober for six years.

“What limits you?” she asks. “You go so far and then you go back to what is familiar.”

A light-skinned Hispanic woman named Carolyn raises her hand. “I don't know if you guys know it, but I'm on my way out of here. It's my fourth time going into a program and I always relapse.”

She takes a deep breath. “There's always an excuse: Someone tells me I can't smoke and I say, this program is not for me. People irritate me. I irritate myself. I'm scared because I can't keep doing this.”

“I'm lucky,” she adds. “I'm going into a good program, and I don't know what's going to pop up.”

A few minutes later, a guard gives Carolyn a nod. Clutching a crumpled brown paper bag, she strides up the aisle, throws her arms around Gordon and rushes out to freedom, and the unknown.

SISTER (Sisters in Sober Treatment Empowered in Recovery) is one of only a dozen or so comprehensive treatment programs nationwide for incarcerated women dependent on drugs and alcohol. Though there are hundreds of programs for male offenders, including an entire prison — the Sheridan Correctional Center in Illinois — dedicated entirely to drug treatment for men, resources for women are scarce.

America's 25-year war on drugs has taken



Susan McConnell, Jane Brooks and Briton Contreras, left to right, participate in a SISTER session. “We're seeing cycles and generations of women who are addicted and in our jails,” says SISTER program manager Elyse Graham.

an exorbitant toll, both human and economic. Drug arrests have tripled since 1980; as a result, the number of jailed drug offenders in 2000 equaled the total number of inmates in U.S. prisons and jails 25 years ago, according to The Sentencing Project, a research and advocacy group.

By most estimates, women have paid the highest price. Between 1977 and 2001, figures from the Women's Prison Association show a 592 percent increase in the number of women jailed, from 12,279 to 85,031. According to the WPA, the growth “corresponds directly to the mandatory minimum sentencing laws in effect since the early 1970s. Since more women are convicted for nonviolent, drug-related crimes than for any other, these sentencing policies have had a particularly profound effect on women.”

Though men still far outnumber women in

arrests for drug-related crimes, women now represent the fastest-growing prison population nationwide for drug offenses. In 1996, the number of female state and federal inmates in jail for drug crimes grew at nearly double the rate of males. In New York state, whose Rockefeller Drug Laws are among the harshest sentencing laws in the country, nearly half of all women in prisons are serving time for drug-related offenses.

“It's increased dramatically. All the studies show it,” says Elyse Graham, program manager of SISTER, a collaborative project of the San Francisco Sheriff's Department and Walden House, the largest therapeutic drug community on the West Coast. “We're seeing cycles and generations of women who are addicted and in our jails. We see mothers and

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## ‘I couldn't count on myself, my emotions’

BY SARA SOLOVITCH  
Public Access Journalism

At 28, Holly is a cute blond who most people would never guess was once a serious drug addict. But until last year, when it came to drugs and alcohol, Holly was an omnivore. She did everything that came her way; as a result of her drug use, she has hepatitis C.

For the first time in her life, Holly is on track. Last September, she graduated from Fayette County Drug Court in Lexington, Ky., as well as from a women's aftercare program. Holly was willing to tell her story in her own words, but requested that her full name not be used, citing the stigma of substance abuse.



I was raised in an alcoholic home. My dad was very abusive to my mother growing up. I remember him one time pulling her hair out and me, being waist-high to him, hitting him as hard as I could. I was full of anxiety as a child. I didn't like to have friends come over because I couldn't count on myself. I couldn't count on my own emotions.

After my dad left the house, I was molested, sexually abused and raped — all by a friend of the family. I ran

away from home with an older guy when I was 14, and he had his way with me for a week.

I started smoking marijuana when I was 12 years old. I'm 28 now. It escalated to drinking, tripping on acid and taking speed by the time I was 14. I had my first job when I was 16, and that's when I started doing painkillers. Then cocaine — I went from snorting to smoking to shooting, heroin, ecstasy. I did whatever was available.

I was a blackout drinker, anything to numb out. It helped temporarily. But when I came back off the high, the pain would be there and it would be even more intense. It got to the point where I was crying even when I was getting high, because I knew it

would barely numb me.

I overdosed several times. I had seizures, my lungs collapsed, my kidneys failed. But I kept doing it. I was 16 when my first child was born. I was in an abusive relationship with her father. I smoked marijuana the whole time I was pregnant with her. I quit drinking when I was pregnant with her — not that smoking marijuana is OK. But she wasn't born addicted.

My second child was born a week after I turned 18. I had started doing pills and my drinking really picked up after I had him. The kids lived with me for a short period of time, until my mother suggested that she

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## Pattern: Many programs fail to address cycle of abuse and addiction

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“hijacks” the maternal drive pathway that emanates from the brain. Over the past two years, it’s shown promise in resetting the pleasure-reward effect from drugs like cocaine and heroin by intensifying the relationship between mothers and their young children.

By including children in treatment, “you’re tapping into the woman’s last thing to go — her desire to be a good mother,” says Norma Radol Raiff, executive director of Sojourner House in Pittsburgh, one of only two residential treatment programs for women in western Pennsylvania. Like most women’s programs, it offers child care, therapy and classes on child development, healthy parenting, domestic violence, educational tutoring and remediation. Residents get guidance on planning menus, with trips to the grocery store to help them make healthy decisions.



■ For a list of women’s residential programs updated annually by the federal government, go to the Center for Substance Abuse Treatment Locator Service at <http://dasis3.samhsa.gov/> or call (800) 662-HELP (4357).  
■ RESOURCE GUIDE, page 16

Today, treatment also may include medication for depression or other mental illness, a direct outcome of new acknowledgement of alcoholism as a disease that creates a host of other issues for both sexes.

The fact that women get an early start with

drinking and drugs also shapes treatment strategy. This year, three federal surveys found that binge drinking among girls is growing at a faster rate than boys. A February report from the White House Office of National Drug Control Policy revealed that in 2004, 1.5 million girls started using alcohol, 173,000 more than the number of boys who started drinking. Girls also outpaced boys in using marijuana at younger ages. The report cited stress, such as peer pressure and the trials of being an adolescent in a fast-paced society, as causes, as well as eating disorders, other illegal drug use, prescription drug misuse and low self-esteem.

Girls also find warped messages in advertising and popular culture. Three-quarters of the college coeds surveyed in an American Medical Association report released in early 2006 said they “use alcohol as an excuse to engage in outrageous behavior” on spring break. An over-

whelming majority — 84 percent — thought images of partying college girls contributed to that behavior; even more agreed these images contributed to men’s dangerous behaviors toward women.

“These survey results are extremely disturbing,” said AMA president J. Edward Hill, “because it brings up an entirely new set of issues, including increased risk of sexually transmitted diseases, blackouts and violence.”

This younger clientele also translates into a different level of care.

“A lot of them are kids who never grew up and now, frequently, they have babies themselves,” Penrose says. “They haven’t gone through their adolescent years and come through the other side. They need more support. They’re much more emotionally fragile. And it takes longer to get through the treatment process.”

# Fighting disenfranchisement

BY SARA SOLOVITCH  
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As a longtime crack addict from Lexington, Ky., George Moorman was one more black male being churned through America’s criminal justice system until one day in 1997, when he came before a drug court judge for stealing a camcorder.

“He decided to put me in the drug court program — he told me I was too intelligent to go to the penitentiary,” recalls Moorman, who, at 54, just earned a doctorate in educational psychology from the University of Kentucky. “I’d already made the decision to change. But saying you’re going to make a change doesn’t mean you’re going to do it. You have to have the support.”

Finding that support is difficult under the mass of statistics that has piled up in the 26 years since America declared a war on drugs. Increasingly harsher sentencing mandates have stacked the numbers against African American men, resulting in prisons becoming the largest treatment centers in the country.

Today, African Americans comprise 62 percent of imprisoned drug offenders, though they are only 13 percent of the national population. One out of every 115 black males enters prison each year on a felony drug crime, compared with one of every 1,150 white men, according to the Bureau of Justice Statistics. And black youths are admitted to state correction facilities for drug offenses at 48 times the rate of white youths, according to a report by the Building Blocks for Youth Initiative.

“There’s an attitude of hopelessness and despair that many blacks have as a result of unemployment,” says Arthur L. Burnett Sr., executive director of the National African American Drug Policy Coalition. “The only way we can cope with it is by starting with youngsters in the third grade, and that’s what we’re doing.”

The NAADPC, an umbrella group of 23 professional organizations, is spearheading an educational response with a 10-year goal to reduce the number of black inmates and double the number of black professionals. Among its key plans: an internship program to identify gifted eighth-graders in specific subject areas and pair them with black mentors in law, medicine, engineering and other fields.

“We’re saying, let’s go back to the ideas of Booker T. Washington,” says Burnett, the first African American magistrate, now retired, from the U.S. Magistrate in Washington, D.C. “Don’t let’s wait for government handouts. Let the black community come together in a spirit of self-reliance.”

Other groups are looking and listening more closely to create or fix programs to chip away at the numbers.

In Santa Cruz, Calif., a review of court records showed that minority juveniles were significantly more likely than white offenders to miss their early morning court hearings. Interviewers found most of the black and Hispanic youths were traveling to the courthouse from Watsonville, a 45-minute drive from the south. In response, a new courtroom was opened there and the failure-to-show rate dropped.

In northeast Philadelphia, The Bridge, a residential treatment and continuing care program, embraces the participation of families, churches and schools to “resocialize” African-American teenagers who’ve been thrown out of other juvenile justice

## Drug courts, treatment programs chip away at number of imprisoned black males



With the foresight of one judge and the support of a strong drug court program, the cycle of addiction has stopped for former crack addict George Moorman, of Lexington, Ky., who just earned a doctorate from the University of Kentucky.

programs.

“One of the biggest things we look for is trauma,” explains director Angelo Adson, adding that 80 percent of the youths have experienced some significant form of it.

“As a result, most of them have some kind of post-traumatic stress disorder,” he says. “Yet the majority are diagnosed with conduct disorder — and it’s exacerbated when they go into a juvenile justice facility,” where they typically spend 200 or more days before being referred for treatment. For their white peers, referral comes in a mere 40 days.

Says Adson, “That disparity speaks volumes about how kids are evaluated.”

Hundreds of studies have seized on explanations for the disparity in treatment. But most start in the courtroom, with the simple judicial distinction between crack cocaine and powder cocaine. The two drugs contain the same active ingredient; the only chemical difference is that crack is mixed with baking soda and then heated. It is sold in smaller, cheaper quantities and widely regarded as a “black” drug.

The biggest difference is what happens when dealers come before a judge. A five-gram sale of crack automatically means a minimum five-year sentence, but a dealer in powder cocaine has to sell 100 times that amount — or 500 grams — to get the same sentence.

The results? In 1986, before the enactment of federal mandatory minimum sentencing for crack cocaine offenses, the average federal drug sentence for African Americans was 11 percent higher than that of whites. Just four years later, that number was 49 percent higher.

“It’s so much easier to arrest a crack dealer on the street rather than someone in a business suit who’s selling pot and cocaine,” says Kurt Schmoke, former Baltimore mayor and current dean of Howard University’s Law School, who is leading a legislative effort to untie judges’ hands and allow them to sentence drug offenders on a case-by-case basis.

Widening the gap is the creation of drug-free zones — typically 1,000-foot perimeters around schools, public housing complexes, parks and playgrounds, in which the penalties for drug offenses are significantly harsher. Whole inner-city neighborhoods may qualify as drug-free zones. In Newark, N.J., for example, drug-free zone laws cover three-quarters of the city and require judges to lay down mandatory minimum sen-

tencing terms.

The ramifications reach far beyond prison. A federal drug conviction prevents an offender from obtaining future education loans and work-study grants, and bans parents from receiving food stamps and welfare benefits. It has disenfranchised 1.4 million African-American men from permanently voting — a rate seven times the national average.

“It has so many debilitating consequences that it is counterproductive to the goal of trying to rid us of a drug problem,” Schmoke says. “Rather than being punished for that one act, it’s an ongoing handicap that prevents you from being rehabilitated. And it’s driven mostly by politics rather than science.”

Recent research suggests that uneven incarceration rates may even help explain disproportionately high rates of AIDS in the black community. According to the latest statistics from 2004, black men and women accounted for 20,965 AIDS cases, compared with 12,013 for whites and 8,672 for Hispanics.

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“We’re looking at a three-headed monster: addiction, AIDS and crime. You have to have a good public policy to go after AIDS and addiction. Otherwise you’re just churning the same people out over and over again.”

— Kurt Schmoke,  
Howard University Law School

monster: addiction, AIDS and crime,” Schmoke says. “You have to have a good public health policy to go after AIDS and addiction. Otherwise, you’re just churning the same people out over and over again.”

With the foresight of one judge and the support of a strong drug court program, the cycle has stopped for George Moorman, who vowed that he would redress every arrest and negative mark on his record with something positive.

“When I came to drug court, they were so strict, they gave me so much to do, that I couldn’t think of doing anything else. I decided to trust them with my life, basically. They said, ‘Go to a meeting.’ I went to a meeting. They said, ‘Call in every day, three days a week.’ I called.”

Something clicked. “I realized I was 44 years old, short, black and handsome — and I hadn’t done anything that mattered to me, my family, or society. ... And right now I am in my house looking at my walls and they’re filled with certificates, outstanding achievement awards, dean’s awards, degrees and awards for community service.

“It’s like some unfinished business,” he says. “You have to clean up before you can move forward. I brought drugs into my community. By me using drugs I caused someone else to use drugs. I gloried in it. I sanctioned it. I had to go back and clean up what I’d messed up.”

## Casualties: Few recovery programs for women

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their daughters, sisters, cousins, and maybe now their children who are in foster care. The cycle is continuing and that's pretty disheartening."

"Women have become the silent casualty of the war on drugs," says Malika Saada Saar, executive director of The Rebecca Project for Human Rights, a national advocacy organization that works with low-income families on issues of substance abuse, criminal justice and the child welfare system.

In fact, 70 percent of women in jails and 65 percent of women in state prisons are mothers of minor children, according to the National Institute of Corrections. Not surprisingly, 80 percent of children in the foster care system are the offspring of incarcerated parents.

When the National Center on Addiction and Substance Abuse at Columbia University analyzed the costs of alcohol and drug abuse in a 2001 report, it concluded that the 50 states spent an incredible \$81.3 billion in 1998 alone. Of every dollar spent on substance abuse, it found that 96 cents went to "shovel up the wreckage" brought on by addiction and substance abuse, while only four cents went to prevention and treatment.

Today, with addiction now widely accepted as a public health problem — among the nation's top 10 — experts question the value of imprisoning a chronically ill woman at a cost of \$30,000 a year and placing her children in foster care for another \$30,000.

"We are approaching a chronic illness as an acute model," says Michael Flaherty, executive director of the Institute for Research, Education and Training in Addictions at the University of Pittsburgh. "As if it were a cold."

Approaching addiction as a chronic illness like diabetes or hypertension upends the whole dialogue in the professional community about the relapse of drug abusers. Instead of seeing addiction as a moral failure, it becomes a disorder that requires continuing care.

"What we're trying to do is change the approach entirely," Flaherty says. "All the science says that if you don't give someone at least a 90-day continuum of care, it's an economic and clinical waste. That's why the relapse rates are so high."

When, in 2001, the federal Center for Substance Abuse Treatment evaluated 50 residential treatment programs designed specifically for substance-abusing women who were pregnant or the mothers of infants or young children, the results were better than anyone had anticipated. The study showed an 84 percent reduction in the risk of low birth-weight babies and a 67 percent reduction for infant mortality.

Even more telling, 60 percent of participants reported being alcohol- and drug-free during the six months following discharge, and only 7 percent of participants were arrested for alcohol- or drug-related offenses.

The longer a woman stayed in treatment, the better her chances of recovery. There, the statistics also spoke volumes: 68 percent of those in treatment longer than three months remained clean and sober, compared to 48 percent of those who left within the first three months. And only 9 percent of those with longer stays were arrested, compared to 20 percent of those who left earlier.

Long-term care is cheaper, too. A California study found it costs seven times more to imprison and take children away from a drug-abusing mother than it does to break her of her addiction with long-term residential treatment.

Yet those programs are a rarity. In Washington, D.C., where thousands of women — and men — are addicted to crack cocaine, only one such program exists, the Community Action Group's Family Treatment Program, with 14 beds.

"Many women say it's easier to wind up in prison than to get treatment," Saar says. "Treatment programs are turning women away because they have children. Or they're pregnant. And if they do go into a single adult program, they're often unsuccessful because their



CHUCK KENNEDY/MCT

**By the time Lorna Hogan, of Silver Spring, Md., had her fourth child, she'd been using crack cocaine for 13 years. With the help of a family treatment program, she got back on her feet, and she now works as associate director of the Rebecca Project's parent advocacy group, often telling her story to lawmakers on Capitol Hill.**

## For women only

The following agencies and providers offer women-specific programs for addiction treatment and recovery:

■ **GATEWAY FOUNDATION**, 55 East Jackson Blvd., Chicago, 60604, (312) 663-1130; [www.gatewayfoundation.org](http://www.gatewayfoundation.org): A treatment program with specific programs for women, with facilities in Texas, Illinois and Delaware.

■ **THE NEXT STEP**, 276 Sherman St., Albany, NY 12206, (518) 465-5249; [www.thenextstepalbany.org](http://www.thenextstepalbany.org): Provides residential treatment for women recovering from alcoholism and drug abuse.

■ **PROTOTYPES**, 5601 W. Slauson Ave., Suite 200, Culver City, CA 90230; (310) 641-7795; [www.prototypes.org](http://www.prototypes.org): Serves women and their children who are homeless, battered, addicted to drugs or alcohol and those living with or at-risk for contracting HIV/AIDS at its facilities in southern California.

■ **THE REBECCA PROJECT FOR HUMAN RIGHTS**, 1752 Columbia Road NW, Third Floor, Washington, D.C. 20009; (202) 265-3907; [www.rebeccaproject.org/index.php](http://www.rebeccaproject.org/index.php): Legal and advocacy organization that helps poor and low-income mothers recovering from substance abuse.

■ **SOUTHCENTRAL FOUNDATION: ALASKA WOMEN'S RECOVERY PROJECT**, 4130 San Ernesto Ave., Anchorage, AK 99508; (907) 729-5090; [www.southcentralfoundation.com](http://www.southcentralfoundation.com): Provides leadership training, mentoring and support for recovering women.

■ **WOMEN FOR SOBRIETY**, P.O. Box 618, Quakertown, PA 18951-0618; (215) 536-8026; [www.womenforsobriety.org](http://www.womenforsobriety.org): Designed specifically to help women alcoholics achieve sobriety by addressing the need to overcome depression and guilt through the "New Life" program.

children aren't with them. So they spiral down further and eventually wind up behind bars."

That's what happened to Lorna Hogan of Silver Spring, Md., two weeks after giving birth to her fourth child in 2001. By then, she'd had a 13-year run with crack cocaine, had been in and out of jail, and made several attempts to quit. Her latest effort had been met with outright rejection from a six-month program that wasn't equipped to deal with children.

Drug treatment programs were designed with men in mind. For years, many refused to even admit women and those that did typically used a confrontational approach that drove many women away.

As the study of female addiction has come of age, one of its main tenets is that women have a different relationship with alcohol and drugs than men. For women, substance abuse all too often is bound up in a history of domestic violence, childhood sexual abuse or physical and emotional trauma. Symptoms of post-traumatic stress disorder are widespread. And that understanding

plays a key role in the kinds of treatment that work — and don't work — with women.

"You take a female who has been traumatized and raped, and shame them for some infraction of the rules, they'll split," says Randy Muck, lead public health advisor for adolescent drug treatment at the federal Substance Abuse & Mental Health Services Administration.

Men are another big reason why women leave treatment.

"Relationships are the No. 1 issue that takes women out of treatment," Jackie Gordon tells the women of the SISTER project. "Right?"

A murmur of assent runs through the room.

"You get into a program, you feel good about who you are, you have a routine every day. And then the first time someone shows an interest in you, you get defocused."

In fact, many women not only choose relationships over treatment; they choose them over freedom. According to the National Advocates for Pregnant Women, women often incur long sentences because they

are unwilling or unable to give prosecutors evidence about a husband's or boyfriend's crimes and connections.

The loyalty they show isn't necessarily returned in kind. Incarceration puts a special stigma on a woman.

"You see it when you go to the D.C. Jail," Saar says. "There are always far more family members visiting the men than the women. There's an attitude that because they are mothers, they have done something terribly wrong. They're stigmatized."

The last time Hogan was released from jail, she discovered that her children had been dispersed to different group homes throughout the District of Columbia. She begged a social worker for help, admitting to almost everything she had ever done. Hogan was fortunate. The social worker referred her to a family treatment program for women at the Center for Mental Health in southeast Washington.

"She told me what I needed to do," Hogan says, "and that's exactly what I did."

For the next 18 months, she underwent routine drug testing; took parenting classes; and received individual therapy, domestic violence counseling, and training in jobs skills and life skills.

"But I think the thing that helped me most was hearing the accomplishments that the other women described in group meetings," Hogan recalls. "A lot of them had lost their kids and were getting them back. They were getting their own housing — not transitional housing, but real places to live. There were women going back to college, or maybe they had never finished high school and were getting their GED. It gave me encouragement."

Her story had a happy ending: she got her children back; she found a house, she got a job.

Today, as associate director of the Rebecca Project's parent advocacy group, Sacred Authority, she regularly goes to Capitol Hill to tell her story and advocate for comprehensive family therapy.

"I wanted to get my life together so bad, but when you don't have the right type of treatment, you feel hopeless," Hogan says. "That door was open for me. And I am so grateful."

Sara Solovitch is a freelance journalist and former Knight Ridder Newspapers reporter.

## Voices: Self-respect helps bring about a better life

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take them 'til I got "on my feet." Which was her way of saying I had a problem. But I wanted my freedom, I really did. I was young, I didn't have a husband anymore.

My mother had the kids for three or four years, and then, when I was 21, I had another child. By that last pregnancy, I couldn't stop using for anything: cocaine, heroin, Dilaudid, OxyContin, you name it.

Here I was doing all these drugs, but afraid that if I drank my baby would be born with alcohol fetal syndrome. So I didn't drink. I never had any prenatal care, but my daughter was OK. I think she had withdrawal symptoms but they didn't detect it in the hospital — maybe because I'd managed to straighten up that last month.

In 2003, I went into treatment at the Women's Health Center in Lexington and relapsed eight months later. Then in June 2004, the police came to arrest me (for a probation violation). Any other time, I would have given them a false name. That day, I told them, "I'm Holly, I've got warrants, please take me." I was miserable.

Jail was a better option than what I was doing. At least there I would sleep, I would eat, I would know I was safe. I started going to AA meetings while I was there (for two months), and then I asked to go to drug court. I had made up my mind. I knew that if I didn't make it work, I was going to die out there.

The judge ordered me to another women's residential facility — Chrysalis House. I completed the residential part in June 2005, and I'm finishing the aftercare part on the 22nd (of March). I will definitely stay grounded in AA. I've got a sponsor, I work the (12) steps with the community I'm in, and I love the 12-Step program. It's changed me.

I think the reason it worked this time, the main difference, was because Chrysalis House gave me parenting skills and job skills. I had never worked a full-time job. I had never been accountable like that. Some of the people in treatment with me were nurses or women who had gone to college. They hated those classes. But it was the best thing that happened to me.

**“I have a conscience today. I'm aware of who I am. I have self-respect.”**

When they told me I would have to work a 40-hour-a-week job, I broke down crying. I said I didn't know how to do that. They showed me that it took skills to survive out there. That it was a full-time job being an addict. And I could turn around those skills — like creativity, the constant hustle and energy we needed to come up with drugs — to help society. We're salesmen, basically.

But when I had to go on an interview — oh, my God! I had to dress up in a suit. And I was trying not to fidget because I had learned not to fidget.

Chrysalis House got me a temporary position that turned into a full-time job. I've been there a year now. I never worked anywhere for a year! It shows I'm capable of doing anything I turn my mind to. God has truly blessed me.

I'm a staff support administrator and I love what I do. I love the people I work with. Being accountable to society, getting up and going to work — I love it. The past month, I've even been getting up before the alarm clock goes off. And I'm not a morning person.

Another thing: I was diagnosed with depression when I was 12 years old. Chrysalis House made sure that that I saw a psychiatrist and got medicated. It turns out I was self-medicating for many years.

I have a conscience today. I'm aware of who I am. I have self-respect. I have all three of the kids occasionally. My youngest daughter — her aunt was awarded temporary custody, and at this point she's not comfortable spending the night with me, so I have to respect that. If it's meant for them to be in my life full time, it will happen.