State of New Hampshire

County of Strafford

Drug Treatment Court Policies and Procedures

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CRIMINAL JUSTICE/DTC STEERING COMMITTEE

The Strafford County Criminal Justice Committee was originally formed in 2001 to study the County juvenile and criminal justice systems, identify deficiencies, and formulate policy, plans and programs for change when opportunities present themselves. In addition, its mission is to communicate and present planning, financial, operational, managerial, and programmatic recommendations to the agencies represented on the (Committee). The (Committee) is committed to providing the coordinated leadership necessary to establish cohesive public policies which are based on research, evaluation and monitoring of policy decisions and program implementations. The (Committee) is committed to innovative corrections programs for adult and juvenile offenders. Through a coordinated planning effort the (Committee) reviews, evaluates and makes policy recommendations on vital criminal justice system issues.

The Criminal Justice Team is comprised of heads of the criminal justice agencies in the county, who have the authority to set policy within their agencies and the county.

One of the earlier tasks of the Criminal Justice Committee was to examine the feasibility and potential benefits of a Drug Treatment Court (DTC) program in Strafford County. After thorough research, the committee recommended that the County assemble a Drug Treatment Court Planning Team and go forward with plans to develop and secure funding for a Drug Treatment Court in Strafford County.

The Drug Treatment Court Planning Team was required to assemble a steering committee for the Drug Treatment Court Planning Initiative. As the Mission of the Strafford County Criminal Justice Committee includes programmatic recommendations, and the membership would be almost identical to the requirements of the Drug Treatment Court Steering Committee, the Criminal Justice Committee agreed to act as steering committee for Drug Treatment Court.

Members of the Strafford County Criminal Justice/Drug Treatment Court Steering Committee include: Richard Allen, Chief Probation/Parole Officer; David Bennett, Criminal Justice Consultant; Representative Roger Berube, N.H. House of Representatives; Captain Sid Bird, Director Strafford County Community Corrections; Raymond F. Bower, County Administrator; Frank Callahan, Chairman Strafford County Delegation; Alfred T. Catalfo, III, Defense Attorney; Commissioner Ronald E. Chagnon, Strafford County Commissioners; Honorable Judge Robert Cullinane, Dover District Court; Warren Dowaliby, Superintendent, Strafford County House of Corrections; Chief David Dubois, Rochester Police Department; Kelly Dumont, Community Corrections Program; Chief William W. Fenniman, Jr., Dover Police Department; James Feischer, M.D.; Randy Hawkes, Managing Attorney, N.H. Public Defender's Office; Wayne Estes, Strafford County Sheriff; Victoria Heyl, Programs Coordinator, Strafford County Department of Corrections; Julie Howard, Clerk, Strafford County Superior Court; Representative Nancy K. Johnson, N.H. House of Representatives; Representative William Knowles, N.H. House of Representatives; Emanual Krasner, Defense Attorney; Dennis Liebert, Criminal Justice Consultant; Cubbi Lirette, Grants & Training Manager, DV Project Coordinator, Strafford County Attorney's Office; Commissioner George Maglaras, Chairman, Strafford County Commissioners; Carrie McGowan, Director, Strafford County Academy Program; Honorable Judge Bruce E. Mohl, Strafford County Superior Court; Chief Charles Reynolds; Janice K. Rundles, Strafford County Attorney; Commissioner Cal Schroeder, Strafford County Commissioners; Pamela Haggarty, Director, A Safe Place.

DRUG TREATMENT COURT PLANNING TEAM

The Strafford County Drug Treatment Court Planning Team was formed in May, 2003 to participate in a detailed series of trainings provided by the National Drug Court Institute and sponsored by the United States Department of Justice. The goal of the Strafford County Planning Team is to participate in the training series and (1) become familiar with the basic concepts of adult Drug Treatment Court, including knowledge on building the components of a Drug Treatment Court; (2) to develop the skills necessary for the paradigm shift from standard case processing to Drug Treatment Court case processing; (3) to build the Drug Treatment Court program with an emphasis on cultural competency, while integrating the court and treatment, and (4) to initiate a Drug Treatment Court program in Strafford County that will ultimately improve public safety by reducing drug-related crime.

The Adult D.C.P.I. (Drug Court Planning Initiative) program requires the Planning Team to consist of a judge, a coordinator, a prosecutor, a defense attorney, treatment representative, and an expert in Management Information Systems. Up to four additional team members may participate in the training program.

Members of the Strafford County Drug Treatment Court Planning Team include Bruce E. Mohl, Presiding Associate Justice; Cubbi Lirette, Drug Treatment Court Grant Writer Janice K. Rundles, Strafford County Attorney; Randy Hawkes, Managing Attorney, N.H. Public Defender's Office; Meredith Hamel, Hamel Substance Abuse Treatment Services; Susan Ashley, Assistant Clerk of Superior Court (MIS expert); Richard Allen, Chief of Probation/Parole; George Maglaras, Chairman, Strafford County Commissioners; Carrie McGowan, Director, Strafford County Academy Program and Sgt. Jeffrey Mutter, Dover Police Department.

Members of the Planning team will meet regularly during the training period to develop the structure, policies and procedures of the Drug Treatment Court. The Planning Team will also meet with the Drug Treatment Court's Steering Committee (The Strafford County Criminal Justice Council) periodically to help facilitate the process of Drug Treatment Court development, and, the Planning Team will also meet with New Hampshire Public Policy, the Drug Treatment Court's private evaluator, to assist in the development of the Drug Treatment Court's evaluation process.

MISSION STATEMENT

Enhance public safety and improve the quality of life in our community by ensuring access to effective substance abuse treatment that holds offenders accountable and controls societal costs.

GOALS AND OBJECTIVES

The SCDTC has identified the following program goals and objectives. Participant information will be tracked to measure each specific objective.

GOAL 1: To provide early screening, assessment and intervention to offenders within the SCDTC's target population.

Objectives: (A) Provide early substance abuse screening to all referred offenders.

(B) Provide participants with drug court intervention within 14days.

GOAL 2: To provide effective court supervision.

Objectives: (A) 100% of participants will receive intensive court supervision including hearings, case tracking, incentives for compliance and progressive sanctions for failures.

(B) 85% of participants receiving program services will reduce frequency of alcohol and drug use as measured by urinalysis testing results.

(C) 75% of participants will complete the program successfully.

GOAL 3: To provide an integrated program of substance abuse treatment, education, and rehabilitation services.

Objectives: (A) 100% of participants accepted will receive substance abuse treatment.

(B) 90% of participants who complete the program will be employed, full-time students, or otherwise engaged in meaningful activity upon SCDTC graduation.

(C) 50% of graduates with less than a high school degree will earn a GED.

(D) 100% of the participants who complete the program will participate in substance abuse education classes.

(E) 100% of participants will complete required community service.

GOAL 4: To promote public safety by reducing recidivism.

Objectives: (A): No more than 10% of the participants who graduate from the program will be re-arrested within six months post graduation.

(B) No more than 15% of the participants who graduate from the program will be re-arrested within one year post graduation.

DRUG TREATMENT COURT STRUCTURE/MODEL

The Strafford County Drug Treatment Court will be a post-plea Drug Treatment Court, subject to an order vacating the conviction upon successful completion of the program (pocket-plea.) The Strafford County Drug Treatment Court anticipates an operating case load of approximately 60 DTC clients and will consist of the following individuals whose participation will not require independent funding:

Supervisory Justice, Strafford County Superior Court
Designated Public Defender
Designated County Attorney
Designated Probation Officer
Designated Strafford County Community Corrections Staff
Support Staff as needed from each agency

In addition, it is anticipated that a fully funded Strafford County Drug Treatment Court will include the following additional staffing:

Drug Treatment Court Coordinator
2 Drug Treatment Court Case Managers
Project Evaluation by the New Hampshire Center for Public Policy
Clerical Staffing

The Drug Treatment Court Treatment Team shall consist of the Drug Treatment Court Coordinator, two case managers, and the designated representatives set forth above, together with representatives of treatment providers.

For each DTC client entering Drug Treatment Court, the Strafford County Drug Treatment Court Treatment Team will develop an individual treatment plan unique to the needs of each client, to be completed in three phases over the one year term in Drug Treatment Court. Each DTC client will be required to participate in all phases of treatment and will be held accountable to standardized expectations for each phase. Failure to comply with the individual components of the treatment plan will result in the imposition of sanctions to be determined by the court at review hearings.

In Phase I, the Drug Treatment Court Team and the DTC clients will meet with the Judge on a weekly basis to review each client's progress based on input from team members. The Drug Treatment Court team will meet with the Judge prior to every Drug Treatment Court session to review cases of DTC clients who are scheduled to appear for Phase I, II or III reviews. For Phases II and III, the frequency of each DTC client's appearances before the court will be determined on an individual basis, but not less frequently than one appearance per month.

The Strafford County Drug Treatment Court will develop partnership agreements with treatment providers in Strafford County such that the drug treatment needs set forth in the individual treatment plans of the DTC clients entering Drug Treatment Court will be met. Defendants will be required to pay for their treatment, according to each individual's financial ability. The Strafford County Drug Treatment Court Team will aggressively pursue grant funding for drug treatment for Drug Treatment Court participants, particularly those defendants who lack the ability to contribute to the cost of their treatment, even on a sliding scale.

It is not anticipated that defendants in the Strafford County Drug Treatment Court will participate in long-term residential drug treatment, although individuals whose drug treatment requires long-term residential care may well enter Drug Treatment Court following such residential treatment.

The Drug Treatment Court Treatment Team will periodically meet with its Project Evaluator, the NH Center for Public Policy, to review progress toward the project's stated goals.

TARGET POPULATION

The target population of the Strafford County Drug Treatment Court program shall be individuals who are diagnosed substance-abuse dependant that have committed non-violent drug and drug-related property crimes and/or substance abuse-related violations of probation. Program participants must also be residents of Strafford County with the cognitive/physical ability to participate in Drug Treatment Court.

Potential participants with serious medical conditions outside the resources of the Drug Treatment Court Program or mental health issues that are not stabilized shall not be eligible for Drug Treatment Court.

ELIGIBILITY CRITERIA

Offender Characteristics:

Qualifiers	Disqualifiers
Strafford County Residents	Convicted Violent Offenders
Diagnosed as Substance abuse-dependent	Non-residents
Available Transportation	Serious Medical issues outside of the resources of the Drug Treatment Court
Cognitive/physical ability to participate in Drug Treatment Court Program	
Dual Diagnosis, with stabilization	Dual Diagnosis, without medical management

Offense Characteristics:

Qualifiers	Disqualifiers
Non-violent crimes	Misdemeanor DWIs
Drug & Drug-related Property Crimes	Aggravated DWIs, with 3rd party injury
Substance abuse-related VOPS (probation/parole)	Violent Crimes
	Drug Profiteers

DISQUALIFICATION CRITERIA

OFFENDER CHARACTERISTICS THAT MERIT DISQUALIFICATION:

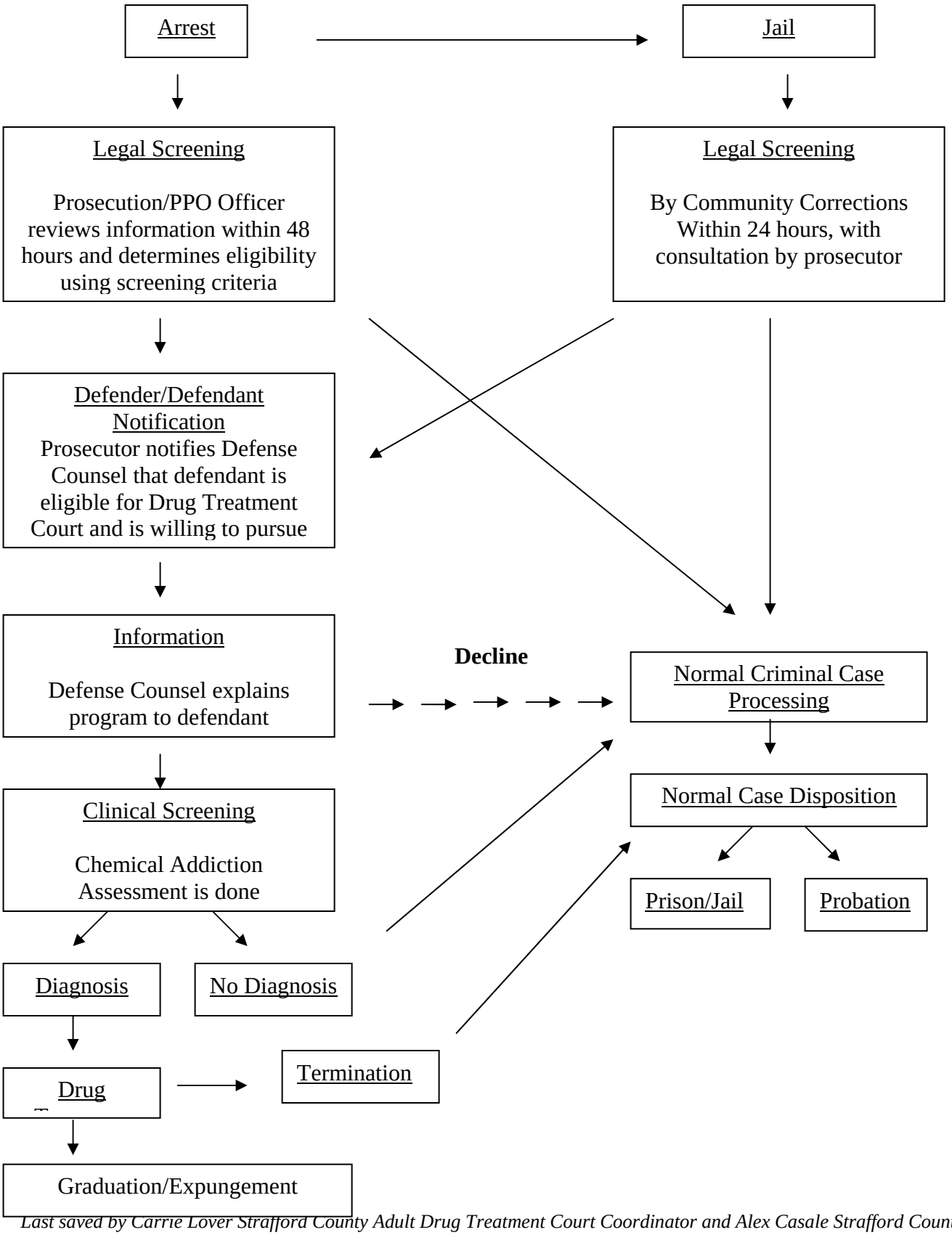
1. Offenders who are not residents of Strafford County
2. Offenders who have a conviction of a violent crime.
3. Offenders afflicted with serious medical issues outside of the resources of the Drug Treatment Court.
4. Offenders afflicted with mental illness or dual diagnosis, without medical stabilization

OFFENSE CHARACTERISTICS THAT MERIT DISQUALIFICATION:

1. Convictions or charges of misdemeanor DWIs.
2. Convictions or charges of Aggravated DWIs, with 3rd party injury.
3. Convictions or charges of violent crimes.
4. Convictions or charges of drug profiteering.

ENTRY PROCESS DESIGN

Arrest – Admission – Treatment as soon as possible.



DRUG TREATMENT COURT PHASES

Drug Treatment Court Program Phases - Guidelines

INITIAL ASSESSMENT PHASE (within 14 days of assignment of counsel):

- Referral to Drug Treatment Court Program.
- Meet eligibility criteria established by Drug Treatment Court Team.
- Complete full substance-abuse evaluation.
- Appear before judge to hear formal charges against prospective participant and make determination of acceptance into Drug Treatment Court program.
- Assessment of financial ability to pay Drug Treatment Court Fees

PHASE I : *a minimum of 2 months in duration*:

- Complete in-depth assessment of individual to identify areas requiring intervention (i.e. substance abuse pattern, substance of choice, medical and psychological history, home/relationship environment, employment and/or education).
- Develop individual substance abuse treatment program with treatment provider.
- Develop individual program plan (life skills, educational, medical, psychological, etc.).
- Meet with case manager twice each week.
- Attend all scheduled treatment and individual program plan sessions.
- Attend AA or NA meetings at least twice each week.
- Make formal court appearance in front of Judge and Drug Treatment Court Team once per week.
- Submit to random urinalysis a minimum of twice per week.

PHASE II: *approximately 4 - 6 months in duration*:

- Continuation of individual substance abuse treatment program.
- Continuation of individual program plan, and identify long term goals for recovery.
- Meet with case manager twice each week.
- Make formal court appearance before Judge and Drug Treatment Court Team, at least once per month.
- Attend AA or NA meetings at least once per week.
- Submit to random urinalysis a minimum of twice per week.
- Be gainfully employed or in educational training program, and meeting any court ordered financial obligations as indicated in individual program plan.

PHASE III: *approximately 4 -6 months in duration*:

- Continuation of individual substance abuse treatment plan.
- Continuation of individual program plan, and continue work on long-term goals.
- Meet with case manager once per week
- Attend AA or NA meetings as prescribed by treatment provider.
- Submit to random urinalysis a minimum of once per week.

- Continue to be gainfully employed or in educational training program, and meeting any court ordered financial obligations as indicated within individual program plan
- Make formal court appearance before Judge and Drug Treatment Court Team, at least once per month.
- Payment in full of all treatment costs and completion of community service requirement as prerequisite to vacating conviction and annulment of criminal record.

*Curfew 10:00 pm at all phases of Drug Court. Special permission for curfew extensions at the discresion of the P/PO.

REFERRAL/INITIAL ASSESSMENT PHASE

Referrals into the Drug Treatment Court Program may come from numerous branches of the criminal justice system. Referrals can be made by the County Attorney, the Public Defender, the Superior Court or District Court judges, private defense counsel, Community Corrections, the arresting agency, or District Court (local) prosecutors. Once a referral has been made the following steps will be followed:

Step 1: All referrals will be presented to the Drug Treatment Court Coordinator. The Coordinator will be responsible for having the prospective participant complete and submit the formal application.

Step 2: The Coordinator will request that the County Attorney's Office complete a background check and legal screening on the applicant. If the applicant is found eligible, the Coordinator will assign a case manager who will have the participant sign a Release of Information form. The Case manager will then conduct personal evaluation and make sure that substance abuse evaluation is completed. Coordinator will notify applicant to appear in court on the next consecutively scheduled Drug Treatment Court date.

Step 3: Drug Treatment Court team will review application and jointly make determination of acceptance or denial of participant, based on accumulated information and consensus among the team members. However, the County Attorney's Office can veto admittance of any prospective participant. If accepted, the Drug Treatment Court participant will fill out and sign a Drug Treatment Court Contract and any and all required information release forms.

IF APPLICATION IS ACCEPTED:

Judge will call applicant to the bench and advise defendant of charges pending against him/her and the possible sentence for the offense. Judge will then ask participant to reaffirm desire to voluntarily participate in the Drug Treatment Court Program, and inform participant of the provisions of the trial waiver form. Participant will be advised of initial Drug Treatment Court Program fee and Judge will formally accept participant into the Program. Judge will record acceptance date into individual Drug Treatment Court file.

IF APPLICATION IS DENIED:

In the event that the defendant requesting admission is not represented by the Public Defender's Office, the Coordinator will inform the defendant, and private counsel, if applicable, of the Drug Treatment Court Team's decision to deny application. Defendant will continue with normal court proceedings through the District or Superior Court.

PHASE I

Once a participant has been accepted into the Drug Treatment Court Program he/she is required to begin fulfilling the obligations set forth in the Program Phase Guidelines. After successful completion of each Phase, the participant will be allowed to pass into the next Phase, until he/she has met all the requirements for successful completion of and termination from the Drug Treatment Court Program.

Step 1: In Phase I, participant will immediately begin treatment for substance abuse through the designated treatment facility, as well as participating in any required educational components of substance abuse treatment. The participant will attend all scheduled treatment appointments and the treatment provider will report back to the participant's case manager weekly, giving a brief synopsis of the participant's progress. The treatment provider has the authority to administer random urine analysis to all participants. Results of any such tests shall be included in the synopsis of the participant's progress. During Phase I the participant will also be required to meet with his/her case manager two times each week. The case manager has the authority and shall administer random urine analysis to participants a minimum of twice weekly. The case manager will prepare a brief synopsis, based on contact with the participant and the synopsis of the treatment provider, and present the information to the Drug Treatment Court Team during the regularly scheduled pre-court meeting. Participant is also required to attend at least two outside Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings each week during Phase I.

Step 2: The Drug Treatment Court Team will meet during regularly scheduled weekly meetings to discuss the progress of each individual participant. Discussion for each participant will address the issue of whether or not the participant has met the requirements, in a timely manner, as outlined in the Program Phase Guidelines. Decision will be made, based upon prior knowledge of the participant, as to the action (sanction or incentive) to be applied to each individual participant.

Step 3: The Drug Treatment Court Team will be present in the courtroom while the Judge calls each participant to the bench. The Judge will address the progress, findings and order any sanctions or incentives that the Drug Treatment Court Team deemed necessary, which may include advancement into Phase II, or implementation of sanctions to be administered. The Judge will make final decisions and notations of same into each participant's Drug Treatment Court file.

PHASE II:

Step 1: Participants will have successfully met all requirements of Phase I. In Phase II, participant will begin working to formulate long-term recovery and life goals.

Step 2: Participant will continue to make regularly scheduled court appearances, however, the number of required appearances may be reduced by decision of the Drug Treatment Court Team based on participant's progress. Participant will appear in front of the Judge at least twice during each month of Phase II. Participants will continue to meet with treatment provider as outlined in treatment plan and will continue to meet with case manager twice per week. The treatment provider and/or case manager will continue to administer random urine analysis a minimum of twice per week. The participant will continue to attend AA or NA meetings at least once per week, or as required by treatment provider.

Step 3: The participant will now be required to seek employment or enroll in an educational training program. The participants will be required to provide proof that he/she has met 95% attendance while engaged in employment or schooling program. The Drug Treatment Court Team, may, however, waive this requirement if they feel that the participant is otherwise responsibly engaged. The participant will also be required to make arrangements to meet any court-ordered financial obligations, in addition to paying Drug Treatment Court fees.

PHASE III:

Step 1: Participants will have successfully met all requirements of Phase II. In Phase III, participant is expected to complete strategies for long-term recovery and substance free life goals.

Step 2: Participant will continue to attend substance abuse treatment as outlined in his/her individual treatment plan. Participant will continue to meet with case manager not less than once per week until successful graduation or termination of the Drug Treatment Court Program. The required contacts will be determined by the Drug Treatment Court Team, based on the participant's progress and attitude. Participant will make no less than one formal appearance before the Judge per month in Phase III. Sanctions and incentives will still be applied to the participant at the discretion of the Drug Treatment Court Team. Required attendance at AA or NA meetings shall be determined by the treatment provider and/or the Drug Treatment Court Team. Participant is subject to random urine analysis.

Step 3: Participant will be gainfully employed or enrolled in an educational training program, and maintain proof of a 95% attendance rate (unless this requirements was waived by the Drug Treatment Court Team during Phase I.) Participant will continue to meet (or make arrangements to meet) any court-ordered financial obligations.

Step 4: Participant will have paid in full, all fees associated with the Drug Treatment Court Program.

Step 5: Participant will have successfully completed all requirements for graduation from Drug Treatment Court Program.

Step 6: Participant will apply to have conviction vacated and record annulled, upon showing of completion of all Program requirements.

TERMINATION CRITERIA

Drug Treatment Court participants can be subject to termination from Drug Treatment Court if they refuse substance abuse treatment or are not amenable to treatment.

Drug Treatment Court participants can be subject to termination if they commit a violent crime or other disqualifying offenses, including crimes that pose a risk to public safety.

The final decision to terminate a Drug Treatment Court participant from DC will be at the discretion of the DC Judge, base on input from the DC Treatment team.

SANCTIONS AND INCENTIVES

Sanctions will be imposed by the Drug Treatment Court Judge, upon the recommendation of the Drug Treatment Court Team, when a participant violates any of the Drug Treatment Court rules. Sanctions are imposed as immediately as possible, are sufficiently intensive to disrupt the negative behavior and ***may be*** **individualized to the client and the behavior**. The following list of sanctions will be used as a guideline for the Drug Treatment Court Team and Judge. Final decision and implementation of sanctions will be at the discretion of the Drug Treatment Court Judge.

Participants in the Drug Treatment Court Program will be informed of the nature and consequences of the Drug Treatment Court Sanctions via the Participant Handbook. Clients will also be advised that imposition of sanctions will result in other "natural" consequences such as extended time to complete a Phase or the total program; loss of wages due to loss of work; and/or other family, job, or financial hardship.

Drug Court Sanctions & Incentives

Sanctions:

Behavior:	**Sanction:**
Positive/Diluted/Missed/Inability to Produce a Urine Sample	
*1st Positive Drug Test (within 30 days of clean baseline)	*1 day in Work Program
*2nd Positive Drug Test (within 30 days of clean baseline)	*2 days in Work Program
*3rd Positive Drug Test (within 30 days of clean baseline)	*3 days in Work Program
*1st Positive Drug Test (if clean first 30 days)	*1 day in HOC
*2nd Positive Drug Test (if clean first 30 days)	*2 days in HOC
*3rd Positive Drug Test (if clean first 30 days)	*1 week in HOC
Missed Judges Session	
*Any missed Judge Session	*Immediate arrest and held at HOC until next available DC session
Unemployment/Schooling	
*No "approved" job or education enrollment	*1 day in Work Program for first week.
*No "approved" job or education enrollment	*2 days in Work Program for second week.
*No "approved" job or education enrollment	*3 days in Work Program for third week.
*No "approved" job or education enrollment in Phase I of Drug Court Program	*Do not progress to Phase II of Drug Court Program
Missed IOP Groups	

*First missed IOP Group	*1 day in Work Program
*Second missed IOP Group	*2 days in Work Program
*Third missed IOP Group	*3 days in Work Program

No AA Slip

*Missing AA Slip	*AA Process paper for Judge

Incentives:

Behavior:	**Incentive:**
Phase Progression	
*Progression between Phases of Drug Court Program	*Applause/Recognition
Negative Urine Screens	
*1 week of negative urine screens	*Gold star on Judges chart
*Decrease of Drug Court fees	*Colored star on Judges Chart
*Obtain employment	*Fishbowl treat and applause
Positive weekly Program compliance	
*1 week of positive Program compliance	*Choose reward from Fish bowl
	*Leave early from court
	*Called first in court

TREATMENT PROTOCOL

Southeastern New Hampshire Services
Intensive Outpatient Program

The Intensive Outpatient Program (IOP) is a substance abuse treatment program separated into four progressive levels. The minimum duration of the program is ten and a half months, although many clients will participate for a longer period of time in order to meet treatment goals effectively – potentially a full year or more. For clients referred as a part of the Strafford County Drug Treatment Court Program, there is an expectation that clinical requirements and criteria will need to be met in order to graduate and progress through the levels. All four levels need to have been completed in order to complete the treatment program.

Level 1:

Level 1 involves a six-week (minimum duration), intensive psychotherapeutic and psycho-educational group treatment process as well as weekly individual therapy sessions with a therapist/case manager. The program meets four days a week, Monday through Thursday, from 4:30pm to 7:30pm.

Admissions are accepted on a rolling basis so that clients may enter at the beginning of any week, once they have been screened and accepted into the program. The content of the psycho-educational material is repeated on six-week cycles so that clients entering at any week will eventually be exposed to all relevant material after six weeks of attendance.

Psycho-educational material is presented via a combination of didactic lecture, experiential exercises, videos, and written assignments. Themes that are explored in *Level 1* include the following:

- introduction to the first three steps of the AA/NA 12-step program for recovery;
- effective use of AA/NA meetings and sponsorship;
- exploring motivation, treatment readiness, and the process of change;
- coping with Post-Acute Withdrawal Syndrome;
- recognizing signs and symptoms of the progression of addiction;
- understanding medical aspects of addiction;
- enabling, codependence, and boundary issues in recovery;
- identifying, understanding, and challenging specific psychological defenses;
- recognizing and managing psychological defenses, triggers, and set-ups for relapse;
- recognizing and anticipating the rewards of a life of sobriety.

Active participation in groups and individual therapy, completion of a variety of written assignments, presentation of addiction and recovery oriented collage assignments, and strong commitment to use of AA/NA is required in order to progress to *Level 2*, including attendance at a minimum of three meetings per week. Clients are required to verify attendance at meetings. The minimum length of participation in *Level 1* is six weeks; however, clients may need to extend participation in *Level 1* or cycle through *Level 1* more than one time if all expectations have not been met, consistent with individualized treatment plans.

Level 2:

Clients graduating to *Level 2* are required to attend the IOP program only three days per week; however, there is still an expectation that clients maintain a strong commitment to participation in AA/NA, and they need to establish a relationship with at least a temporary sponsor. *Level 2* lasts for a minimum of eight weeks. Psycho-educational material shifts to a highly structured relapse

prevention module that emphasizes strategies to help build upon clients' growing commitment to abstinence. A significant focus is upon clients preventively and proactively identifying strategies that will build upon the material introduced in *Level 1*. Themes that are explored in Level 2 include the following:

- creating a balanced, structured recovery plan
- managing and understanding emotions in early recovery
- managing anger in early recovery
- exploring various stress management techniques
- comparing and contrasting communication styles
- understanding challenges faced by family members and significant others during early recovery
- recognizing the elements of the addict's "spiral of denial"

The frequency and intensity of psychotherapy sessions decrease in Level 2. Clients attend group therapy sessions three nights a week, instead of four. Individual sessions with the client's therapist/case manager shift from weekly to every other week.

Clients are expected to present a "Step One" assignment to their peers. The Step One assignment is designed to help clients to recognize ways in which addiction and abuse of substances have disempowered them, created negative consequences, and led them to feel increasingly less able to manage their lives.

Level 3:

The frequency and intensity of psychotherapy sessions decreases again in Level 3. Clients graduating to *Level 3* are required to attend the IOP program only two days per week; however, there is still an expectation that clients maintain a strong commitment to participation in AA/NA, and they need to be strongly focused upon building their AA/NA support system, increasingly their level of activity in AA/NA, and be working toward identification of a long-term sponsor and home group. Individual sessions with the client's therapist/case manager shift from every other week to every three weeks. *Level 3* lasts for a minimum of twelve weeks. Psycho-educational material builds upon *Level 2* relapse prevention material. Themes that are explored in Level 3 include the following:

- recognizing and preventing "dry drunk syndrome" and "BUDDing"
- life in recovery beyond "The Pink Cloud Syndrome"
- maintaining humility in recovery
- exploring resentments and forgiveness in recovery
- HIV, AIDS, Hepatitis, and other STDs
- intimate relationships and healthy boundaries in early recovery
- developing a safety plan and "crisis card" for relapse prevention

A Step Two assignment is required in *Level 3* so that clients develop a strong sense of the way in which they need to identify a relationship with some power greater than themselves, in order to attain/maintain long-term, quality sobriety. Presentation to peers is again required.

As in *Levels 1 and 2*, active participation in groups, completion of a variety of written assignments, and strong commitment to use of AA/NA is required in order to progress from Level 2 to Level 3. Individualized treatment goals are factored into the decision to transition to *Level 4*.

Also in *Level 3*, a session is devoted to each member of the client's peer group providing direct, written and verbal feedback to the client in a peer evaluation process. This process is designed to encourage the peer group's honest confrontation of the client's cognitive, emotional, and behavioral patterns that appear to be counterproductive to recovery efforts. The client's goals in *Level 4* will be oriented in part to addressing and resolving these areas in need of improvement.

Level 4:

In *Level 4*, the client's involvement in psychotherapy changes again. *Level 4* lasts for a minimum of twenty two weeks. Clients attend only the meditation and group therapy portions of the program for the first 90 minutes, 2 nights of the week. There is no requirement to attend the psycho-educational portion of the program, although clients are invited to do so if they are interested in hearing lecture topics presented again. Individual therapy sessions with their therapist/case manager decrease from every three weeks to once a month.

Ongoing commitment to AA/NA meeting attendance, identification of a home group, and strong connection with a sponsor is expected. Active participation in meetings is expected, and clients may be encouraged to speak in meetings about their own stories and commitment to sobriety.

Clients in this phase are expected to take on a mentoring and peer leadership role to help orient newer clients and lead by example.

A Step 3 presentation is required in *Level 4*. This project is designed to help clients to commit to developing their relationship with their "higher power", so that they come closer to relinquishing the desire to make life decisions entirely on their own.

Clients in *Level 4* are also asked to prepare a report on a recovery related topic agreed upon with their individual therapist/case manager. They are then given the opportunity to teach this material to their peers.

Once all assignments have been satisfactorily completed and an aftercare plan is firmly in place, clients are ready to graduate from the program. Clients at this stage are expected to prepare a project to be presented in court on the day of their graduation to honor the work that they have done and the progress that they have achieved with the help of the Drug Court Program.

*If at any point during the Drug Court Participants' enrollment, the participant is not fulfilling their treatment obligations the Drug Court Team or any member thereof, may if indicated, recommend that the participant obtain a Psychiatric Assessment and/or individual counseling at Community Partners at which time the Drug Court Team will discuss the temporary suspension of such participant during said time.

Strafford County Drug Treatment Court: Fee Schedule

I, _____ agree to
Print Name

adhere to the Strafford County Drug Treatment Court Fee Schedule as noted below.

1. I acknowledge and agree to pay a beginning-baseline fee of $30.00 per week to the Strafford County Drug Treatment Court.

2. I acknowledge that for **each drug test** that tests positive for drugs and/or alcohol, that my fee will be increased by $10.00 per positive test to a maximum of $60.00 per week.

3. I acknowledge and agree that for **each month** that I test negative for drugs and alcohol, that my fee will be decreased by $5.00 per month.

4. I acknowledge and agree that I am responsible to pay these fees **at the times that I appear for my Judges sessions.** These payments are to be paid to the Administrative Assistant in cash or money order; payable to Strafford County.

5. I acknowledge and agree that I am responsible to communicate with my Case Manager regarding any questions that I have about my fee balance.

6. I acknowledge and agree that it is my responsibility to make sure that I get a receipt from the person that I make payment to for my payments.

7. I acknowledge and agree that I may be sanctioned for untimely or unpaid balances, or may not progress to the next Phase of Drug Court if my balance exceeds $100.00.

_____ _____
Participant Signature Date

SUPERVISION PROTOCOL

In order to be admitted into the Drug Treatment Court, the participant must be sentenced to Probation. By monitoring the participants through the Case Manager and the P/PO, the Drug Treatment Court is able to detect those individuals who are starting to fail their required programs or are engaging in criminal conduct. Because of the strict reporting requirements, those who miss work or counseling sessions are quickly detected.

The primary role of the Case Manager will be to work in conjunction with the Probation Officer and treatment provider to meet the identified needs of the participant. The Case Manger will be responsible for all aspects of the participant's treatment from intake to discharge planning and will advise the other members of the Drug Treatment Court team regarding the therapeutic needs of the client. The Case Manager will make referrals for psychological or psychiatric intervention. The Case Manager assesses the participant in the areas of education, vocation, health, dental, psychological and/or substance abuse. The Case Manager is to complete a thorough Bio/Psycho/Social Assessment of the participant, to identify particular areas requiring intervention (i.e. substance of choice, medical history, home/relationship environment, employment and/or education). The Case Manager will also work with the participant to develop the Life Skills curriculum to reflect the needs of the participant that have been identified through the assessment process.

It is also the duty of the Case Manager to attend court as necessary in order to provide the court with information regarding the status of the participants' supervision. This process is achieved by submitting progress reports to the court on the date that the particular participant is scheduled to appear. Included in these reports are updated information concerning relevant treatment progress/concerns, urine tests and court ordered financial obligations etc. The Case Manager will meet with the participants at a minimum of two times per week in the Case Mangers office or as directed otherwise.

DRUG TESTING PROTOCOL

A. Introduction: The drug testing protocols will support the Drug Treatment Court Goal of providing intensive court supervision with tracking of client treatment progress and failures, and Output Measures. Individual client drug testing will accord with approved protocols, and all testing will be reportable to the DTC database. Any program or protocol changes must be agreed upon by the DTC program evaluator and be reportable to the DTC database.

B. **Policy:** See Strafford County Drug Testing Policy and Procedure Manual below.

C. **Immediate Testing Results Reporting:** Strafford County has purchased on-site substance abuse testing equipment, which allows for instant drug testing results, allowing for immediate sanctioning and incentive protocols.

D. **Procedures:** See Strafford County Drug Testing Policy and Procedure Manual below.

CURFEW: (Participant Copy)

Definitions:

Approved Residence: *A residence that is agreed upon by your Probation Officer and reported to your Case Manger.*

Curfew: *Off the streets and at an approved residence.*

- Curfews are set for approved residences at 10:00 pm in Phase 1of Drug Court. However, a curfew can be reinstated as a sanction at any Phase in Drug Court. If you receive a visit from your Probation Officer after 10:00 and you are not at the approved residence, you will be sanctioned accordingly.
- Exceptions to this rule are for employment only (which needs to be confirmed and approved by your Case Manager: Monday-Friday 8:00am-4:00pm). Telephone calls to Case Managers' cell phones after office hours for curfew extensions, or residence approval are not permitted. For all other exceptions, the participant must ask the Drug Court Team in advance for special permission to be out after curfew.

Random Breathalyzer/Drug Tests

A Color Coded system has been developed for random breathalyzer/drug tests.

Each of you has been assigned a specific color (see attached page). It is your responsibility to call your Case Managers'office phone number (provided on attached page) at 7:30pm nightly for appropriate reporting instructions based on your specific color.

For example: If there is a message on your Case Managers phone that states "Today is Tuesday January 23rd. For all participants with the color red, please report to the Dover Police Department at 9:00pm for a random breathalyzer/drug test." This means if your color is red you need to report accordingly. If you are green or blue then the message does not apply to you. If there is no message with reporting instructions, this means that there is no scheduled test for anyone.

If you fail to show up for your random breathalyzer/drug test, this will count as a positive test and your Drug Court fees will increase and you will be sanctioned accordingly.

Strafford County

Drug Testing

Policy & Procedure Manual

INDEX

1) Viva-E

Stafford County uses the Viva-E drug-testing machine. This system uses Emit (Enzyme Multiplied Immunoassay Technique) tests, which are testing products for the analysis of drugs of abuse in urine (d.a.u) to determine whether a sample is positive or negative. These tests use antibodies to detect the presence of drugs in a person's urine. The antibodies in each assay only react to the drug that is being tested. When testing a drug that happens to be present in the urine, the test mixture produces changes in the light absorbing properties through chemical reactions. The Viva-E measures changes in the amount of light the sample absorbs; which is affected by the amount of drug present in the sample. The more drugs that are present in the system, the greater the response. The lower an assay's cutoff, the longer a drug will be detected. However, by using the lower cutoff, there is the chance of passive inhalation issues occurring which can result in false positives.

The sample response is compared to the response of a calibrator, which contains a known quantity of the drug in question. This quantity of drug therefore becomes the "cutoff". If the response of the sample to the light absorptions is greater than the calibrator, the sample is positive. All Emit assays and all other urine testing technologies use cutoff levels. Drug testing cannot test for intoxication. This means that the level of drug detected in the urine sample at the time of collection cannot be used to determine impairment, just a positive urine test.

Dade Behring Inc.

*For the purposes of this manual, the word "client" is used to identify any individual that is required to undergo drug testing.

2) Interpretation of Drug Testing Results

2A) Negative Results/None detected

If a clients' test comes back negative, that individual may be abstinent from drugs. However, there are many other reasons a test can come back negative. In negative or non-detected results the test results indicate that no drug is present in the client's sample. If the result is below the cutoff, meaning it reads as a negative result; it does not mean there is no drug in the sample. **What this indicates is that no drug or breakdown product (metabolites), tested for was detected in the sample**. Again, this does not mean there is no drug present.

How this can be interpreted is that the client is not using a drug that can be detected by the test. The Viva-E system can test for up to twelve different drugs. The type of drug tested for depends on what reagents are calibrated in the system. A second reason for a negative result is the client not using enough drugs to be detected, or the drug use is too infrequent. A third reason could be that the collection was done too long after drug use or that the test being run was not sensitive enough. Finally, a negative result could mean that the sample could have been tampered with. The easiest way to determine if the client is truly negative is to look at his or her performance in all other contexts of their life. For example, if the client was kicked out of therapy and has a poor attitude, but tests negative, chances are they are just slipping under the radar and random drug tests should increase.

2B) Positive Results

When a client comes back positive, this indicates that the drug(s) or breakdown products (metabolites) tested for were detected in the sample. If the sample comes back positive, it can be assumed that the drug detected in the sample is above the cutoff level. The greatest chance of a positive result occurs not only when the machine detects a positive result, but also when the team receives confirmation from a client about usage.

2C) Cutoff Levels

There are a few different cutoff levels that can be used per drug depending on the desired sensitivity. There are advantages and disadvantages to both the high and the low cutoffs. The Opiate 300ng/ml is low enough that a poppy seed bagel will test positive in one's system for 1-2 days. This low cutoff level benefits and opens up the window in which painkillers and Heroin can be detected, but could produce a false positive for poppy seed bagels. On the other hand the Opiate 2000ng/ml is relatively high and closes the window at which Heroin and painkillers will test positive. Strafford County uses the following substance levels (based on recommendations from Dade Behring Inc.) to determine a positive drug test:

Amphetamines	500ng/ml
Barbiturates	200ng/ml
Benzodiazepines	200ng/ml
Cannabinoids	50ng/ml
Cocaine	150ng/ml
LSD	.5ng/ml
Methadone	150ng/ml
Opiates	300ng/ml
Phencyclidine (PCP)	25ng/ml
Creatinine	20 mg/dl

2D) Levels

All of the tests that are run are qualitative. The screening and monitoring of drug tests are designed to determine whether there are drugs in the system or absence of drugs, not their concentration. In the past, drug-testing results have been used to determine the level of drug in the system based on the absorption rate. These results do no more than tell us a POSITIVE or NEGATIVE. Drug testing cannot determine scientifically the amount of drug and/or whether the amount has tapered out of the body over time.

There are many factors that determine the concentration of any given sample. In other words, concentration or levels associated with urine drug testing are USELESS. Unfortunately, many factors can affect how a sample is interpreted. Some examples are the time of day a sample was collected, level of food or liquid intake, levels of physical activity, muscle mass, age, and metabolism. When identical twins are introduced to the same mg of a drug and a urine sample is collected from both twins twelve hours later, one twin has 638ng/ml while the other has 3172ng/ml. This example is used to illustrate the difficulties of determining the levels of drugs in a person's system. Paul L. Cary explained in his 2002 article titled "The Marijuana Detection Window: Determining the length of time Cannabinoids will remain detectable in urine following smoking," that; expected values are used as a qualitative assay, the amount of drugs and metabolites detected by the assay in any given specimen cannot be estimated. The assay results distinguish between positive and negative specimens only.

3) Drug Detection Window

3A) Defining the Detection Window

The detection window is defined as the length of time in days following the last substance usage that urine samples will continue to produce positive test results. This detection window will not determine how long drugs will remain in a client's system. The biggest factor that influences this window is the dose of drug because the more drugs taken the longer the window is open. The way the client administers the drug, frequency and duration of use and testing sensitivity also affect the length of time that a positive drug test can be determined.

3B) Drug Detection Times

The detection time not only is affected by the four factors above, but each drug has its own detection window. The drug detection windows are as follows:

Alcohol	12 Hours
Amphetamines	2 Days

Barbiturates	1 Day (short acting) 2-3 Weeks (long acting)
Benzodiazepines	3 Days
Cannabinoids	1-2 Days (acute users) 10 Days (chronic users) 20 Days in small percentage of chronic users
Cocaine	4 Days
LSD	2-5 Days
Methadone	3 Days
Opiates	2 Days
Phencyclidine (PCP)	14 Days (acute users) 30 Days (chronic users)

3C) Cannabinoid Detection in Urine

Previous studies have reported Cannabinoids take as long as 30+ days to be removed from an individual's system. This study produced inadequate results because the experiment was performed on chronic users who were unable to abstain from fully using the drug throughout the entire study. This testing method is no longer used today due to poor specificity and the low cutoff used by the testers. Today, new methods for testing how long Cannabinoids stay in one's system exist. These new studies use two retention times to produce results, which have a much smaller window of detection. The cutoffs for the newest Cannabinoid studies are as follows:

50ng/ml: 1-3 days for single / occasional use
50ng/ml: 10 days for chronic use

The scientific baseline of Marijuana use for Strafford County is ten days after use. Despite this cutoff, there are a small percentage of client's who will produce residuals up to twenty days after

stopping the use of the drug. Strafford County must establish an "actual" baseline of two negative drug tests when applied to marijuana, starting two weeks from an initial positive test. If a client's urine test is still testing positive for Marijuana after two weeks, they will then do a repeat test after one more week. Using this measurement for detecting Marijuana in the system, a client should not have Marijuana in his/her system on the 21st day when measuring 50ng/ml unless there has been reuse of the drug.

4) Specimen Tampering

4A) Dilution

A dilution is the most common way for a client to alter his or her sample. Diluting a sample is cheap, easy, and has no side effects. When a sample is diluted, it has a low Creatinine level. Creatinine is a non-enzymatic dehydration created in the skeletal muscle. The body creates Creatinine at a relatively constant rate throughout the day. Creatinine levels in the body are used to determine the "strength" or "potency" of a sample. A urine sample that has been "watered down" or "diluted" produces low Creatinine levels. A urine sample with less than 20 mg/dL is considered diluted, but does not tell the actual level of drugs in the sample. The Creatinine level in a person will vary throughout the day, depending on how much fluid is ingested. The way to avoid a dilution is to limit the level of fluid intake prior to drug testing. An intake of two quarts of fluid will sometimes produce a dilution if tested within an hour and four quarts of fluid will always produce a dilution within one hour. *There are two forms of dilution, pre-collection and post-collection.*

Pre-collection dilution is when a client ingests a high volume of fluids prior to urine analysis. This large fluid intake may be in conjunction with other products such as golden seal, clean n clear, etc. These products have no scientific evidence of affecting drug levels, but usually instruct the individual to drink high volumes of water with the pill/powder prior to drug testing.

Post-collection dilution is a procedure that the client would perform after the urine sample has been released into its proper container. The client would then simply add other liquid(s) to his/her own sample to dilute; such as water, clean urine, or other fluids. This dilution type can easily be avoided by having someone observe the urine testing.

4B) Adulteration

Any adulteration to a urine sample has to occur post-collection. Any adulteration that is attempted pre-collection is worked out though the kidneys and does not see its way into the urine. Some examples of different substances an individual can add during post-collection are vinegar,

bleach, ammonia, lemon juice, and Drano. These substances are known as low-tech adulterations. These substances are all able to change the ph of the urine and can alter the results. There are also high-tech adulterants on the market that do affect urine samples. Examples of theses are Urinaid, Klear & Whizzies, Urine Luck, etc. All of these affect the sample outcome by producing false negatives. Once again, the use of adulterants can be avoided by having someone observe the urine testing.

4C) Specimen Substitution

Substitution of a urine sample is replacing a client's sample with someone's sample that is clean. *This swapping of samples is called a biological substitution.* There is also non-biological substitution, most commonly Mountain Dew or water with food coloring. Again, supervised urine analysis or a test of Creatinine levels can help avoid false negative drug tests. Any non-biological substitution will have a 0 mg/dL of Creatinine.

5) Conclusion

5A) Procedures

When performing a Urine Analysis the tester should follow the following procedure(s). A) Refers to House of Corrections procedure. B) Refers to Drug Court, Academy, and Community Corrections procedure.

1A.) Fill out chain of custody and have client initial or sign if sample is to be transported.
1B) Enter client information/ sample number/ drugs testing on Request Sample screen on the Viva-E.
2.) Put on latex or vinyl gloves
3.) Proceed into bathroom with client.
4.) Have client wash hands with water only (as soap could adulterate the sample.)
5.) Have client open plastic bag containing plastic cup.
6.) Observe to ensure unadulterated sample.
7.) Have client place lid on cup and hand cup to observer.
8.) Follow client with sample to observe cup placement in storage unit
9.) Have client observe urine placement into Viva-E.

10.) Place sample into test tube and place into sample rotor slot indicated on the sample-handling screen.

11.) Start measurement

5B) Policy

Since levels cannot give an accurate description of the amount of drug in urine, we can only look at the drug detection window to view re-use. If a sample tests positive and the number of days in the detection window expires, but once again the client tests positive, it's accurate to assume there is re-use. With the drug Cannabis, after two weeks most clients should produce a clean urine, but there are a small number of client's that will still have some residual tests. Cannabis should be out of the system by the 21-day mark in all clients. However, it's recommended that the clients be tested on a weekly or biweekly basis. To be as accurate as possible, we should collect two negative samples before determining that the client is clean. In theory, this should be our baseline for testing clients.

The Drug Court's policy for determining positive drug use is that one diluted urine counts as a positive test. The Academy policy states that two dilutions count as a positive test. If any client produces a diluted urine, we should assume they are trying to mask their test by flushing their system. Creatinine tests should be run on every urine sample because dilution is the easiest way to mask drug use. Random urine testing is the most effective way for catching clients who are trying to dilute their urine, because it gives them less time to tamper with their sample. Direct observation is the most effective way to prevent adulteration and substitution and should be conducted as the primary way of collecting samples. When observing urine testing, only a female can observe a female client and only a male can observe a male client.

If a client tries to tamper with his or her urine test, they have to stop immediately and repeat the process. If the client tampers with the urine test a second time, the client is asked to leave immediately, and the test is considered to be positive. If a client could not follow the drug testing procedure, we can assume they were attempting to adulterate or substitute the sample. Clients may claim they cannot urinate in front of other people; we can assume they are trying to substitute their sample with another's or that they are adding an adulterant when the sample is in the cup.

Syva Emit immunoassays are the most reliable and commonly used tests. These tests are scientifically documented as screening tests for drugs of abuse. The client's that we perform drug tests on have the right to *Due Process* in the criminal justice system. For these Emit assay's to be admissible as evidence in jail disciplinary hearings, courts recognize that Emit tests are run twice on the same sample. This is known as *Double Emit Testing.* The Strafford County House of Corrections should run a sample and if a drug tests positive in that sample, it should then be re-tested from the original sample cup (not the test tube in the Viva-E that already tested positive); but only for the positive drug. If the original sample comes back negative, there is no need to run a Double Emit Test. If there is no second test, the sample should be frozen in storage, incase the client attempts to contest the results. The test can be thawed and re-tested. Drugs in frozen urine will not breakdown causing a negative result over time. Running duplicate Emit tests on same samples for Probation/Parole has been litigated but is an open issue. Community Corrections at this time does not need to run Double Emit Tests, but it is to their discretion as to freeze urine samples. Whatever procedure is agreed upon, this should be consistent. Within the Drug Court and Academy Programs, clients are unable to contest positive results and therefore, urine will not be kept frozen.

In conclusion, there are many different components involved when testing a client for drugs. The drug testing machine is a tool that produces concrete results, but it's the job of the person taking the sample (the tester) to observe if there are other things being done by the client that may be affecting their results. The above information can instruct individuals on how to perform drug tests in the most efficient and effective manner that will produce the most accurate results.

Cannabinoid Issues: Passive Inhalation, Excretion Patterns, and Retention Times.
San Jose, CA: Syva Company from Dade Behring Inc., 1991.

Interpreting Urine Cannabinoid Results: Renewed vs. Residual? Newark, DE:
Syva Company from Dade Behring Inc., 2002.

Preventing and Detecting Adulteration: A Guide for Drugs –of-Abuse Test Programs.
San Jose, CA: Syva Company from Dade Behring Inc., 1996.

Lecture: Cary, Paul. Advanced Drug Detection Issues: March 17, 2006 in
Philadelphia, PA.

Medications that create a false positive

Anti-Psychotics	Tests Positive for	System Positive On
Chlorpromazine	Methamphetamine	V-E
Clozaril		
Geodon		
Haldol	LSD	V-E
Lamictal	PCP	RC
Lidone		
Loxitane		
Moban		
Navane	LSD	V-E
Orap		
Permitil/Prolixin		
Risperadol		
Serentil		
Seroquel		
Stelazine		
Thorazine	Methamphetamine	V-E
Taractan		
Trilafon		
Vesprin		
Zyprexa		
Anti-Anxiety		
Alprazolam	Benzodiazepine	V-E/RC
Ativan	Benzodiazepine	V-E/RC
Azene	Benzodiazepine	RC
Benzodiazepines	Benzodiazepine	
Centrax	Benzodiazepine	V-E/RC
Clorazepate	Benzodiazepine	RC
Dalmane	Benzodiazepine	V-E
Klonopin	Benzodiazepine	V-E/RC
Librium	Benzodiazepine	V-E/RC

Lorazepam	Benzodiazepine	V-E/RC
Paxipam	Benzodiazepine	V-E
Restoril	Benzodiazepine	V-E/RC
Serax	Benzodiazepine	V-E/RC
Tranxene	Benzodiazepine	RC
Xanax	Benzodiazepine	V-E/RC

Beta Blockers

Atenolol		
Inderal	Methamphetamine/Amphetamine	V-E
Propranolo	Methamphetamine/Amphetamine	V-E
Tenormin		

Azaspirones

Buspar		

MOAI's

Eldepryl		
Isocarboxazid		
Marplan		
Nardil		
Parnate	Methamphetamine/Amphetamine	V-E
Phenelzine		
Selegiline Hydrochloride		
Tranylcypromine Sulfate	Methamphetamine/Amphetamine	V-E

SSRI's

Bupropion	LSD	V-E
Celexa		
Citalopram HBr		
Desryl		
Effexor/Venlafaxine	PCP	RC
Escitalopram Oxalate		
Fluoxetine / Fluoxetine Hydrochloride	Amphetamine	V-E
Fluvoxamine Maleate		
Lexapro		
Luvox/ Faverin		
Nefazodone Hydrochloride		
Paxil/ 4 Paroxetine HCI	LSD	V-E
Prozac	Amphetamine / LSD	V-E
Sertraline HCL	Methamphetamine/ Benzodiazepine	RC
Serzone		
Trazodone HCL		
Welbutrin	LSD	V-E
Welbutrin SR	LSD	V-E
Welbutrin XL	LSD	V-E
Zoloft	Methamphetamine/ Benzodiazepine	RC

Tricyclic Antidepressants

Adapin	LSD	V-E
Amitriptyline / Amitriptyline Hydrochloride	LSD	V-E
Anafranil		
Clomipramine / Clomipramine Hydrochloride	LSD	V-E
Desipramine		
Doxepin / Doxepin Hydrochloride	LSD	V-E
Elavil	LSD	V-E

Imipramine		
Janimine		
Ludiomil		
Maprotiline		
Nortriptyline		
Pamelor		
Pertofrane		
Sinequan	LSD	V-E
Surmontil		
Tofranil		
Trimipramine		
Vivactil		

Anticonvulsants

Depakote		
Gabapentin		
Neurontin		
Valproic acid		

Sedative/Hypnotics

Ambien/Zolpidem		
Exzoniclone		
Lunesta		
Rozerem		
Sonata		
Starnoc		
Zaleplon		

ADD/ADHD

Adderall	Methamphetamine/Amphetamine	RC
Dexedrine	Methamphetamine/Amphetamine	RC
Strattera		

Strafford County Drug Cross-Reactivity List	**Abbreviation**
The Following Compounds are relative to the Viva-E	V-E
Emit' II Plus Amphetamine/Methamphetamine Assay 500ng Cutoff	
Emit' II Plus Barbiturate Assay, 200 ng	
Emit' II Plus Benzodiazepine Assay, 200 ng Cutoff	
Emit' II Plus Cannabinoid Assay 50 ng Cutoff	
Emit' II Plus Cocaine Metabolite Assay, 150 ng Cutoff	
Emit' II Plus LSD Assay 0.5 ng Cut off	
Emit' II Plus Methadone Assay, 150 ng Cutoff	
Emit' II Plus Opiate Assay 300ng Cutoff	
Emit' II Plus Phencyclidine Assay 25ng Cutoff	
Quick Test USA, Inc: **Oralert** Oral Fluid Drug Screen Device	OL

Amphetamine 50 ng/ml Cutoff

Methamphetamine 50 ng/ml Cutoff

Cocaine 20 ng/ml Cutoff

Opiates 40 ng/ml Cutoff

Marijuana (THC) 100 ng/ml Cutoff

Phencyclidine (PCP) 10 ng/ml Cutoff

Quick Test USA, Inc: The One Step Buprenorphine Test Strip BP

Buprenorphine 10 ng/ml Cutoff

Quick Test USA, Inc: The One Step Phencyclidine (PCP) Test Strip PC

Phencyclidine 25 ng/ml Cut off

One Step Multi-Drug Screen Test Card (RediCup) RC

Methamphetamine 1,000 ng/ml Cutoff

Cocaine 300 ng/ml Cutoff

Marijuana (THC) 50 ng/ml Cutoff

Opiate 300 ng/ml Cutoff

Phencyclidine (PCP) 25 ng/ml Cutoff

Clia Waived Multi-Drug, Multi-Line Screen Test Card CW

Amphetamine 1,000 ng/ml Cutoff

Methamphetamine 1,000 ng/ml Cutoff

Marijuana (THC) 50 ng/ml Cutoff

Opiate 2,000 ng/ml Cutoff

Cocaine 300 ng/ml Cutoff

Non-narcotics which do not test positive but are not approved by SENHS

Flexural
Soma
Tramadol (Ultram)

The symbol ~~ stands for the abbreviation alpha
The word delta stands for the symbol delta which is a triangle

Drugs of Abuse Categorized by Compound (Trade Name)			
Compound	Generic Name	Positive for	System positive on
6-Acetylmorphine		Opiate	V-E
Allobarbital	Allobarbitone	Barbiturate	V-E/RC
Alphenal		Barbiturate	V-E/RC
Alprazolam	Xanax	Benzodiazepine	V-E/RC
Ambroxol		LSD	V-E
7-Aminoclonazepam		Benzodiazepine	V-E
7-Aminoflunitrazepam		Benzodiazepine	V-E
Amitriptyline	Elavil	LSD	V-E
Amobarbital	Amytal/ Tuinal	Barbiturate	V-E/RC

d-Amphetamine		LSD, Amphetamine/Methamphetamine	V-E/OL/CW/RC
d,IAmphetamine		Amphetamine/Methamphetamine	V-E/OL/CW/RC
I-Amphetamine		Amphetamine/Methamphetamine	V-E/OL/CW/RC
Aprobarbital		Barbiturate	V-E/RC
Barbital		Barbiturate	V-E/RC
Benzoylecgonine		Cocaine	V-E/OL/CW/RC
Benzphetamine	Didrex	Amphetamine/Methamphetamine	V-E
Bilirubin		Opiate	OL
Bromazepam	Lectopam	Benzodiazepine	V-E/RC
Buprenorphine	Subutex/Temgesic/Suboxone	Buprenorphine	RC/BP
Buprenorphine 3-D-glucuronide		Buprenorphine	BP
Bupropion	Wellbutrin/Zyban	LSD, Amphetamine/Methamphetamine	V-E
Butabarbital	Butisol/Soneryl	Barbiturate	V-E/RC
Butalbital	Allylbarb/ Fioricet/ Fiorinal	Barbiturate	V-E/RC
Butethal		Barbiturate	RC
Butobarbital		Barbiturate	V-E
Cannabinol		Cannabinoid (THC)	OL/CW/RC
9-Carboxy-11-nor-delta9-THC-Glucuronide		Cannabinoid (THC)	V-E
4-Chloramphetamine		Amphetamine/Methamphetamine	V-E
Chlorazepate	Tranxene	Benzodiazepine	RC
Chlordiazepoxide	Librium	Benzodiazepine	V-E/RC
Chloroquine	Aralen	Amphetamine/Methamphetamine	V-E
Chlorpromazine	Thorazine	LSD, Amphetamine/Methamphetamine	V-E
Ciprofloxacin		Opiate	V-E
Clobazam	Frisium	Benzodiazepine	V-E/RC
Clomipramine		LSD	V-E
Clonazepam	Klonopin/Clonopin/Rivotril	Benzodiazepine	V-E/RC
Clorazepate		Benzodiazepine	V-E
Clotiazepam		Benzodiazepine	V-E
Cocaine	Coacine	Cocaine	V-E/OL/CW/RC
Cocaethylene		Cocaine	OL/CW/RC
Codeine	Tylex/Solpadol/migraleve/Kapake	Opiate	V-E/OL/CW/RC
Codeine Phosphate	galcodine/pediatricBP/CodineLinctus/CodafenContinus		RC
Cyclobenzaprine	Flexeril	LSD	V-E
Cyclopentobarbital		Barbiturate	V-E
Delorazepam	Briantum	Benzodiazepine	RC
Demoxepam		Benzodiazepine	V-E
N-Desalkylflurazepam		Benzodiazepine	V-E
N-Desmethyldiazepam	Nordiazepam	Benzodiazepine	V-E
Dexamphetamine Sulphate	Adderall/AdderallXR/Dexedrine	Amphetamine/Methamphetamine	RC
Dextromethorphan	Romilar	Phencyclidine (PCP)	V-E
Dextrophan		Phencyclidine (PCP)	V-E
Dextropropoxyphene	Darvon/Darvocet/Co-proximal	Propoxyphene	RC
Diacetylmorphine	Heroin	Opiate	OL
Diazepam	Valium/Valclair/Stesolid/Diazemuls	Benzodiazepine	V-E/RC
Dicyclomine		LSD	V-E
N,N-Diethyl-1-phenylcyclohexylamine	PCDE	Phencyclidine (PCP)	V-E
8-B-11-Dihydroxy-delta9-THC		Cannabinoid (THC)	V-E
Dihydrocodeine	DHCContinus/Paramol/Remedeine/RemedeineForte		V-E/RC
Diphenhydramine	Benadryl	LSD	V-E
Dothiepin		LSD	V-E
Doxepin	Adapin/Sinequan	LSD	V-E
Doxylamin	Nyquil	Methadone	RC
Ecgonine		Cocaine	V-E/OL/CW/RC
Ecgonine Methyl Ester		Cocaine	V-E/OL/RC
Efavirenz	Sustiva	Cannabinoid (THC)	RC

d,I-Ephedrine		LSD	V-E
I-Ephedrine		Amphetamine/Methamphetamine	V-E
(1R,2S) - (-) Ephedrine		Amphetamine/Methamphetamine	OL
Ergonovine		LSD	V-E
Estazolam	ProSom	Benzodiazepine	V-E/RC
Ethyl Alcohol	alcohol/hand sanitizer/mouthwash	Alcohol	BrethTest
5-Ethyl-5-(4-hydroxyphenyl)BarbituricAcid		Barbiturate	V-E
Ethylmorphine		Opiate	OL/CW/RC
Fenfluramine	Ponderax	LSD,Amphetamine/Methamphetamine	V-E/OL
Fentanyl		LSD	V-E
Flunitrazepam	Rohypnol	Benzodiazepine	V-E/RC
Fluoxetine	Prozac	LSD	V-E
Flurazepam	Dalmane	LSD, Benzodiazepine	V-E
Halazepam	Paxipam	Benzodiazepine	V-E
Haloperidol	Haldol	LSD	V-E
Hydrocodone	Dicodid/Lorcet/Loratab/Vicodin	Opiate	V-E/OL/CW/RC
Hydromorphone	Dilaudid/Hydrostat	Opiate	V-E/OL/CW/RC
1-(4-N-Hydroxypiperidino)phencyclohexane		Phencyclidine (PCP)	V-E
~~Hydroxyalprazolam		Benzodiazepine	V-E
~~Hydroxyalprazolam glucuronide		Benzodiazepine	V-E
p-Hydroxyamphetamine		Amphetamine/Methamphetamine	OL/RC
11-Hydroxy-delta8-THC		Cannabinoid (THC)	V-E
11-Hydroxy-delta9-THC		Cannabinoid (THC)	V-E
8-B-11-Hydroxy-delta9-THC		Cannabinoid (THC)	V-E
1-N-Hydroxyethylflurazepam		Benzodiazepine	V-E
~~Hydroxyltriazolam		Benzodiazepine	V-E
p-Hydroxymethamphetamine		Amphetamine/Methamphetamine	OL/CW
p-Hydroxymnorephedrine		Amphetamine/Methamphetamine	RC
4-Hydroxyphencyclidine		Phencyclidine (PCP)	PC/CW/RC
Ketazolam		Benzodiazepine	V-E
Koalin & Morphine Mixture	Diocalm/Entersan/Opazimes	Opiate	RC
Lamotrigine	Lamitcal	Phencyclidine (PCP)	RC
Levallorphan		Opiate	V-E
Levophanol		Opiate	CW
Levorphanol	Levo-Dromoran	Opiate	V-E/OL/RC
Lorazepam	Ativan	Benzodiazepine	V-E/RC
Lorazepam glucuronide		Benzodiazepine	V-E
Lormetazepam	Noctamide	Benzodiazepine	V-E/RC
Lysergol		LSD	V-E
Maprotiline		LSD	V-E
Medazepam	Nobrium/Nobritol/Medacepan/Lerisum/Anxitol		V-E/RC
Meperidine	Demerol	Opiate,PCP	V-E
Mephentermine		LSD,Amphetamine/Methamphetamine	V-E/CW
Mesoridazine		Phencyclidine (PCP)	V-E
Methadone	Methadone/Dolophine	LSD, Methadone	V-E
Methadone Hydrochloride	Dolophine/Methadose/Physetone	Methadone	RC
d-Methamphetamine	Methamprex/methedrine/Desoxyn	LSD,Amphetamine/Methamphetamine	V-E/OL/CW/RC
d,I-Methamphetamine HCL	Vick's Inhaler	Amphetamine/Methamphetamine	V-E/RC
d,I-Methamphetamine	Vick's Inhaler	Amphetamine/Methamphetamine	V-E
I-Methamphetamine		Amphetamine/Methamphetamine	V-E/CW/RC
Methoxyphenamine		Amphetamine/Methamphetamine	V-E/OL
Methylenedioxyamphetamine	MDA/Love Drug	Amphetamine/Methamphetamine	V-E/OL/CW/RC
3,4-Methlenedioxyamphetamine	MDA/Love Drug	Amphetamine/Methamphetamine	V-E/OL/CW/RC
(+) 3,4-Methylenedioxyamphetamine	MDA/Love Drug	Amphetamine/Methamphetamine	V-E/OL/CW/RC
Methylenedioxyethlamphetamine	EVE	Amphetamine/Methamphetamine	V-E/CW/RC
Methylenedioxymethamphetamine	MDMA/Ecstasy/XTC/Adam/E	LSD,Amphetamine/Methamphetamine	V-E/OL/CW/RC
3,4-Methylenedioxymethamphetamine	MDMA/Ecstasy/XTC/Adam/E	Amphetamine/Methamphetamine	V-E/OL/CW/RC
Methysergide		LSD	V-E

Metoclopramide		LSD	V-E
Midazolam	Versed	Benzodiazepine	V-E
6-Monoacetyimorphine (6-MAM)		Opiate	OL/CW/RC
Morphine	Astramorph/Cyclimorph/Duramorph/Morcap		V-E/OL/CW/RC
Morphine	/MorphineSulfate/MSContin/Oramorph/Roxamol/Severedol		V-E/OL/CW/RC
Morphine-3-Glucuronide		Opiate	V-E
Morphine-3-B-D-Glucuronide		Opiate	V-E/OL/CW/RC
Nalorphine		Opiate	V-E/OL
Naloxone	Narcan	Opiate	V-E
Nefazodone		LSD	V-E
Nicotine		LSD	V-E
Nitrazepam	Mogadon/Somnite	Benzodiazepine	V-E/RC
No known trade names	Allobarbital	Barbiturate	RC
No known trade names	Alphenol	Barbiturate	RC
No known trade names	Aprobarbital	Barbiturate	RC
No known trade names	Barbital	Barbiturate	RC
No known trade names	Butethal	Barbiturate	RC
No known trade names	Ethylmorphine	Opiate	RC
Norbuprenorphine		Buprenorphine	BP
Norbuprenorphine 3-D-glucuronide		Buprenorphine	BP
Norchlordiazepoxide		Benzodiazepine	V-E
Norcodeine		Opiate	OL/CW/RC
11-nor-delta9-THC-9-carboxylic Acid		Cannabinoid (THC)	V-E
11-nor-delta8-THC-9 COOH		Cannabinoid (THC)	CW/RC
11-nor-delta9-THC-9 COOH		Cannabinoid (THC)	OL/CW/RC
d,I-Norephedrine		Amphetamine/Methamphetamine	RC
Norfluoxetine		LSD	V-E
Normorphine		Opiate	OL/RC
Normorphone		Opiate	CW
Norpseudoephedrine		Amphetamine/Methamphetamine	V-E
Nortriptyline	Aventyl	LSD	V-E
Norverapamil		LSD	V-E
Oxazepam	Serax/Ox-pam	Benzodiazepine	V-E/RC
Oxazepam glucuronide		Benzodiazepine	V-E
2-oxo-3-hydroxy-LSD		LSD	V-E
Oxycodone	Percodan	Opiate	V-E/OL/CW/RC
Oxymorphone			V-E/OL/CW/RC
ParacetamolAcetaminophenCodeinePreparations	Tylenol3/Co-codamol/Codafen	Opiate	RC
ParacetamolAcetaminophenCodeinePreparations	Kapake/Remedine/Solpadol/Tylex	Opiate	RC
Paroxetine	Paxil	LSD	V-E
Pentobarbital	Nembutal	Barbiturate	V-E/RC
Perphenazine		LSD	V-E
Phencyclidine		LSD,Phencyclidine (PCP)	V-E/OL/PC/CW/RC
Phenmetrazine	Preludin	Amphetamine/Methamphetamine	V-E
Phenobarbital	Luminal/Donnatal	Barbiturate	V-E/RC
Phenobarbitone	Luminal/Donnatal	Barbiturate	RC
Phentermine	Adipex	Amphetamine/Methamphetamine	V-E/CW
1-(1-Phenylcyclohexyl)morpholine	PCM	Phencyclidine (PCP)	V-E
1-(1-Phenylcyclohexyl)pyrrolidine	PCPY	Phencyclidine (PCP)	V-E
I-Phenylephrine		Amphetamine/Methamphetamine	OL
B-Phenylethylamine		Amphetamine/Methamphetamine	OL/RC
4-Phenyl-4-piperidinocyclohezanol		Phencyclidine (PCP)	V-E
Phenylpropanolamine	PPA	Amphetamine/Methamphetamine	V-E/RC
Phenytoin	Dilantin/Epanutin/Epitard	Barbiturate	RC
Pholcodine	Galenphol/StrongBP/Pavacol-D/Thebacon		RC
Poppy Seeds	Poppy Seeds	Opiate	V-E/RC/CW/OL
Prazepam	Centrax/Demetrin	Benzodiazepine	V-E/RC

Procaine	Novocain	Opiate	CW/RC
Procaine	Novocain	Amphetamine/Methamphetamine	OL/RC/RC
Prochlorperazine		LSD	V-E
Promethazine		LSD	V-E
d-Propoxyphene		LSD	V-E
Propranolol	Inderal	Amphetamine/Methamphetamine	V-E
Pseudoephedrine	Sudafed	Amphetamine/Methamphetamine	V-E
d,I-Pseudoephedrine		Amphetamine/Methamphetamine	V-E
Quinacrine	Atabrine	Amphetamine/Methamphetamine	V-E
Ranitidine	Pylorid/Zantac	Amphetamine/Methamphetamine	RC
Secobarbital	Seconal	Barbiturate	V-E/RC
Sertraline	Zoloft	LSD,Benzodiazepine	V-E/RC
Talbutal		Barbiturate	V-E
Temazepam	Restoril	Benzodiazepine	V-E/RC
Temazepam glucuronide		Benzodiazepine	V-E
Tetrahydrozoline		Phencyclidine (PCP)	OL
Tetrazepam	Myolastan	Benzodiazepine	V-E
Delta8 -THC		Cannabinoid (THC)	OL/CW/RC
Delta9 -THC		Cannabinoid (THC)	OL/CW/RC
Thebaine		Opiate	OL/CW/RC
1-[1-(2-Thienyl)-cyclohexyl]morpholine	TCM	Phencyclidine (PCP)	V-E
1-[1-(2-Thienyl)-cyclohexyl]piperidine	TCP	Phencyclidine (PCP)	V-E
1-[1-(2-Thienyl)-cyclohexyl]pyrrolidine	TCPY	Phencyclidine (PCP)	V-E
Thiopental	Pentothal	Barbiturate	V-E
Thioridazine	Mellaril	LSD	V-E
Thiothixene	NAVANE	LSD	V-E
Tranylcypromine	Parnate	Amphetamine/Methamphetamine	V-E
Trazodone		LSD	V-E
Triazolam	Halcion	Benzodiazepine	V-E/RC
Trifluoperazine		LSD	V-E
Tryptamine		Amphetamine/Methamphetamine	OL
Tyramine		Amphetamine/Methamphetamine	V-E/RC
Venlafaxine	Effexor/EffexorXL	Phencyclidine (PCP)	RC
Verapamil	Calan, Isoptin	LSD	V-E

Drugs of abuse categorize by Street Name (Generic Name)			
Generic Name	Compound Name	Positive for	System positive on
Adam	Methylenedioxymethamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
Adapin	Doxepin	LSD	V-E
Adderall	Dexamphetamine Sulphate	Amphetamine/Methamphetamine	RC
Adderall XR	Dexamphetamine Sulphate	Amphetamine/Methamphetamine	RC
Adipex	Phentermine	Amphetamine/Methamphetamine	V-E/CW
Alcohol	Ethyl Alcohol	Alcohol	BRETH
Allobarbital		Barbiturate	V-E/RC
Allobarbitone	Allobarbital	Barbiturate	V-E/RC
Allylbarb	Butalbital	Barbiturate	V-E/RC
Alphenol		Barbiturate	RC
Amytal	Amobarbital	Barbiturate	V-E/RC
Anxitol	Medazepam	Benzodiazepine	V-E/RC
Aprobarbital		Barbiturate	V-E/RC
Aralen	Chloroquine	Amphetamine/Methamphetamine	V-E
Astramorph	Morphine	Opiate	V-E/OL/CW/RC
Atabrine	Quinacrine	Amphetamine/Methamphetamine	V-E
Ativan	Lorazepam	Benzodiazepine	V-E/RC

Aventyl	Nortriptyline	LSD	V-E
Barbital		Barbiturate	V-E/RC
Benadryl	Diphenhydramine	LSD	V-E
Briantum	Delorazepam	Benzodiazepine	RC
Butethal		Barbiturate	RC
Butisol	Butabarbital	Barbiturate	V-E/RC
DHCC Continus	Dihydrocodeine	Opiate	V-E/RC
Calan	Verapamil	LSD	V-E
Centrax	Prazepam	Benzodiazepine	V-E/RC
Clonopin	Clonazepam	Benzodiazepine	V-E/RC
Cocaine	Cocaine	Cocaine	V-E/OL/CW/RC
Codafen	Paracetamol (Acetaminophen)Codeine Preparations		RC
Codafen Continus	Codeine Phosphate	Opiate	RC
Codine Linctus	Codeine Phosphate	Opiate	RC
Co-codamol	Paracetamol (Acetaminophen)Codeine Preparations		RC
Co-proximal	Dextropropoxyphene	Propoxyphene	RC
Cyclimorph	Morphine	Opiate	V-E/OL/CW/RC
Dalmane	Flurazepam	Benzodiazepine	V-E
Darvocet	Dextropropoxyphene	Propoxyphene	RC
Darvon	Dextropropoxyphene	Propoxyphene	RC
Demerol	Meperidine	Opiate,PCP	V-E
Demetrin	Prazepam	Benzodiazepine	V-E/RC
Desoxyn	d-Methamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
Dexedrine	Dexamphetamine Sulphate	Amphetamine/Methamphetamine	RC
Diazemuls	Diazepam	Benzodiazepine	V-E/RC
Dicodid	Hydrocodone	Opiate	V-E/OL/CW/RC
Dilantin	Phenytoin	Barbiturate	RC
Dilaudid	Hydromorphone	Opiate	V-E/OL/CW/RC
Diocalm	Koalin & Morphine Mixture	Opiate	RC
Dolophine	Methadone Hydrochloride,Methadone	Methadone, LSD	V-E(lsd)/RC
Donnatal	Phenobarbital/ Phenobarbitone	Barbiturate	V-E/RC
Duramorph	Morphine	Opiate	V-E/OL/CW/RC
E	Methylenedioxymethamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
Ecstasy	Methylenedioxymethamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
Effexor	Venlafaxine	Phencyclidine (PCP)	RC
Effexor XL	Venlafaxine	Phencyclidine (PCP)	RC
Elavil	Amitriptyline	LSD	V-E
Entersan	Koalin & Morphine Mixture	Opiate	RC
Epanutin	Phenytoin	Barbiturate	RC
Epitard	Phenytoin	Barbiturate	RC
Ethylmorphine		Opiate	OL/CW/RC
EVE	Methylenedioxyethlamphetamine	Amphetamine/Methamphetamine	V-E/CW/RC
Fioricet	Butalbital	Barbiturate	V-E/RC
Fiorinal	Butalbital	Barbiturate	V-E/RC
Flexeril	Cyclobenzaprine	LSD	V-E
Frisium	Clobazam	Benzodiazepine	V-E/RC
Galcodine	Codeine Phosphate	Opiate	RC
Galenphol	Pholcodine	Opiate	RC
Halcion	Triazolam	Benzodiazepine	V-E/RC
Haldol	Haloperidol	LSD	V-E
Hand Sanitizer	Ethyl Alcohol	Alcohol	Breth Test
Heroin	Diacetylmorphine	Opiate	OL
Hydrostat	Hydromorphone	Opiate	V-E/OL/CW/RC
Inderal	Propranolol	Amphetamine/Methamphetamine	V-E
Isoptin	Verapamil	LSD	V-E
Kapake	Codeine	Opiate	V-E/OL/CW/RC
Kapake	Paracetamol (Acetaminophen)Codeine Preparations		RC
Klonopin	Clonazepam	Benzodiazepine	V-E/RC

Lamitcal	Lamotrigine	Phencyclidine (PCP)	RC
Lectopam	Bromazepam	Benzodiazepine	V-E/RC
Lerisum	Medazepam	Benzodiazepine	V-E/RC
Levo-Dromoran	Levorphanol	Opiate	V-E/OL/RC
Librium	Chlordiazepoxide	Benzodiazepine	V-E/RC
Loratab	Hydrocodone	Opiate	V-E/OL/CW/RC
Lorcet	Hydrocodone	Opiate	V-E/OL/CW/RC
Luminal	Phenobarbital/ Phenobarbitone	Barbiturate	V-E/RC
MDA / Love Drug	Methylenedioxyamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
MDA / Love Drug	3, 4-Methlenedioxyamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
MDA / Love Drug	(+) 3,4-Methylenedioxyamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
MDMA	Methylenedioxymethamphetamine	LSD,Amphetamine/Methamphetamine	V-E/OL/CW/RC
Medacepan	Medazepam	Benzodiazepine	V-E/RC
Mellaril	Thioridazine	LSD	V-E
Methadone	Methadone	Methadone	V-E
Methadose	Methadone Hydrochloride	Methadone	RC
Methamprex	d-Methamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
Methedrine	d-Methamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
Migraleve	Codeine	Opiate	V-E/OL/CW/RC
Mogadon	Nitrazepam	Benzodiazepine	V-E/RC
Morcap	Morphine	Opiate	V-E/OL/CW/RC
Morphine Sulfate	Morphine	Opiate	V-E/OL/CW/RC
Mouthwash	Ethyl Alcohol	Alcohol	Breth Test
MS Contin	Morphine	Opiate	V-E/OL/CW/RC
Myolastan	Tetrazepam	Benzodiazepine	V-E
Narcan	Naloxone	Opiate	V-E
NAVANE	Thiothixene	LSD	V-E
Nembutal	Pentobarbital	Barbiturate	V-E/RC
Nobritol	Medazepam	Benzodiazepine	V-E/RC
Nobrium	Medazepam	Benzodiazepine	V-E/RC
Noctamide	Lormetazepam	Benzodiazepine	V-E/RC
Nordiazepam	N-Desmethyldiazepam	Benzodiazepine	V-E
Novocain	Procaine	Opiate	OL/CW/RC
Nyquil	Doxylamin	Methadone	RC
Opazimes	Koalin & Morphine Mixture	Opiate	RC
Oramorph	Morphine	Opiate	V-E/OL/CW/RC
Ox-pam	Oxazepam	Benzodiazepine	V-E/RC
Paramol	Dihydrocodeine	Opiate	V-E/RC
Parnate	Tranylcypromine	Amphetamine/Methamphetamine	V-E
Pavacol-D	Pholcodine	Opiate	RC
Paxil	Paroxetine	LSD	V-E
Paxipam	Halazepam	Benzodiazepine	V-E
PCDE	N,N-Diethyl-1-phenylcyclohexylamine	Phencyclidine (PCP)	V-E
PCM	1-(1-Phenylcyclohexyl)mortholine	Phencyclidine (PCP)	V-E
PCPY	1-(1-Phenylcyclohexyl)pyrrolidine	Phencyclidine (PCP)	V-E
Pediatric BP	Codeine Phosphate	Opiate	RC
Pentothal	Thiopental	Barbiturate	V-E
Percodan	Oxycodone	Opiate	V-E/OL/CW/RC
Physetone	Methadone Hydrochloride	Methadone	RC
Ponderax	Fenfluramine	Amphetamine/Methamphetamine	V-E/OL
Poppy Seeds	Poppy Seeds	Opiate	V-E/RC/CW/OL
PPA	Phenylpropanolamine	Amphetamine/Methamphetamine	V-E/RC
Preludin	Phenmetrazine	Amphetamine/Methamphetamine	V-E
ProSom	Estazolam	Benzodiazepine	V-E/RC
Prozac	Fluoxetine	LSD	V-E
Pylorid	Ranitidine	Amphetamine/Methamphetamine	RC
Remedeine	Dihydrocodeine	Opiate	V-E/RC
Remedine	Paracetamol (Acetaminophen)Codeine Preparations		RC

Remedeine Forte	Dihydrocodeine	Opiate	V-E/RC
Restoril	Temazepam	Benzodiazepine	V-E/RC
Rivotril	Clonazepam	Benzodiazepine	V-E/RC
Rohypnol	Flunitrazepam	Benzodiazepine	V-E/RC
Romilar	Dextromethorphan	Phencyclidine (PCP)	V-E
Roxamol	Morphine	Opiate	V-E/OL/CW/RC
Seconal	Secobarbital	Barbiturate	V-E/RC
Serax	Oxazepam	Benzodiazepine	V-E/RC
Severedol	Morphine	Opiate	V-E/OL/CW/RC
Sinequan	Doxepin	LSD	V-E
Solpadol	Codeine	Opiate	V-E/OL/CW/RC
Solpadol	Paracetamol (Acetaminophen)Codeine Preparations		RC
Somnite	Nitrazepam	Benzodiazepine	V-E/RC
Soneryl	Butabarbital	Barbiturate	V-E/RC
Stesolid	Diazepam	Benzodiazepine	V-E/RC
Strong BP	Pholcodine	Opiate	RC
Suboxone	Buprenorphine	Buprenorphine	RC/BP
Subutex	Buprenorphine	Buprenorphine	RC/BP
Sudafed	Pseudoephedrine	Amphetamine/Methamphetamine	V-E
Sustiva	Efavirenz	Cannabinoid (THC)	RC
TCM	1-[1-(2-Thienyl)-cyclohexyl]morpholine	Phencyclidine (PCP)	V-E
TCP	1-[1-(2-Thienyl)-cyclohexyl]piperidine	Phencyclidine (PCP)	V-E
TCPY	1-[1-(2-Thienyl)-cyclohexyl]pyrrolidine	Phencyclidine (PCP)	V-E
Temgesic	Buprenorphine	Buprenorphine	RC/BP
Thebacon	Pholcodine	Opiate	RC
Thorazine	Chlorpromazine	Amphetamine/Methamphetamine	V-E
Tranxene	Chlorazepate	Benzodiazepine	RC
Tuinal	Amobarbital	Barbiturate	V-E/RC
Tylenol 3	Paracetamol (Acetaminophen)Codeine Preparations		RC
Tylex	Codeine	Opiate	V-E/OL/CW/RC
Tylex	Paracetamol (Acetaminophen)Codeine Preparations		RC
Valclair	Diazepam	Benzodiazepine	V-E/RC
Valium	Diazepam	Benzodiazepine	V-E/RC
Versed	Midazolam	Benzodiazepine	V-E
Vick's Inhaler	d, I-Methamphetamine	Amphetamine/Methamphetamine	V-E/RC
Vicodin	Hydrocodone	Opiate	V-E/OL/CW/RC
Wellbutrin	Bupropion	LSD,Amphetamine/Methamphetemain	V-E
Xanax	Alprazolam	Benzodiazepine	V-E/RC
XTC	Methylenedioxymethamphetamine	Amphetamine/Methamphetamine	V-E/OL/CW/RC
Zantac	Ranitidine	Amphetamine/Methamphetamine	RC
Zoloft	Sertraline	Benzodiazepine	RC
Zyban	Bupropion	LSD,Amphetamine/Methamphetemain	V-E

EVALUATION DESIGN

The Strafford County Drug Treatment Court Planning Team has asked the NH Center for Public Policy Studies to design the evaluation of their Drug Treatment Court program, and to conduct the evaluation if the grant application is funded. This section describes the approach the Center will take if contracted to perform the study, and the measures it will use to determine program effectiveness. This document is not a formal proposal or contract.

The Center's goals for the evaluation are two-fold: to assess the impact of the drug-court program, and to guide managers in how to collect and use drug-court data to improve and evaluate the program. To accomplish these goals, the Center will identify and gather data on the comparison group, but will ensure that drug-court personnel are responsible for gathering and analyzing data on drug-court participants, with assistance from the Center. The Center will take a central role in the first year of the evaluation, and will decrease its involvement over the course of the evaluation, so that by year three drug-court managers will be able to independently evaluate their own success and report results to policy makers and founders on an ongoing basis. Although the Center will use a participatory approach to the evaluation, it will publish independent evaluation reports at least annually, including a final report on the program at the end of the evaluation.

Outcome measures--how does Drug Treatment Court affect recidivism and social functioning?

The Center will base its outcome evaluation on two core comparisons. First, the Center will compare recidivism of drug-court participants with two comparison groups: one comprised of defendants tried in Strafford County before the drug-court program began, and one comprised of defendants' tried in a neighboring county's traditional court over the same time period as the drug-court group. In measuring recidivism, the Center will monitor new charges filed against the drug-court and comparison groups, and will consider both the type and timing of subsequent charges. The Center intends to match the comparison group to drug-court participants based on age, race, gender, type of offense, and criminal history.

In addition, the Center will compare how well drug-court participants function before they enter the program, with how well they function 6 and 12 months after leaving the program. The evaluation will compare drug use, employment, and educational status, and will assess functioning in these areas using urinalysis results and self-reported data from questionnaires. The Center anticipates that probation personnel will administer the drug tests and questionnaires, and will report that data to drug-court personnel for inclusion in regular reports.

Process evaluation--is the Drug Treatment Court operating as intended?

The Center's evaluation will also address whether Strafford County succeeds in achieving its goals and objectives for implementation and operation of the program. The Center's process evaluation will identify system issues that affect implementation, and will analyze the referral and admissions process, treatment and court supervision received, and the use of sanctions and incentives. The Center will guide drug-court personnel in creating regular reports that summarize and quantify important aspects of these program operations, and will oversee analysis of that data.

The types of data that will be quantified in these reports include but are not limited to the following:

Referral and admission process

- Number/percent referred
- Number/percent screened
- Number/percent admitted
- Reasons for non-admission
- Time between arrest, appointment of counsel, screening, entering program, and beginning treatment

Program operations/treatment received

- Average time in program (till removal and till completion)
- Number of drug tests per week or month at different stages of the program
- Percent of tests that are positive at different stages of the program
- Average number of outpatient visits while in program (if applicable)
- Time in residential program while in Drug Treatment Court program (if applicable)
- Average number of Drug Treatment Court hearings at each stage of the program
- Retention rates
- Graduation rates

Sanctions/incentives

- Average days served in jail per participant as sanction while in Drug Treatment Court
- Percent of participants who serve time in jail as sanction during Drug Treatment Court
- Alternative sanctions applied and rewards received during program

Information about the Center

The New Hampshire Center for Public Policy Studies is one of the most trusted sources of independent, data-based information about a broad range of policy issues in New Hampshire. The Center has a unique ability to present sophisticated data-based analysis in terms that policy makers and public managers find meaningful and useful. The Center published an evaluation of New Hampshire's "Academy" alternative sentencing program in 2002, and is currently working with the Urban Institute of Washington, D.C. on a national evaluation of the Robert Wood Johnson Reclaiming Futures initiative, a program which seeks to improve alcohol and drug treatment for adolescents in New Hampshire's juvenile Drug Treatment Courts. The Center has also been selected to evaluate the effects of alcohol and drug treatment programs funded by the NH Governor's Commission on Alcohol and Drug Abuse Prevention and Recovery.

MEMORANDUM OF UNDERSTANDING

The State of New Hampshire Superior Court, having united in purpose with Strafford County, The Strafford County Attorney's Office, The New Hampshire Public Defender's Office, The NH Department of Corrections Office of Probation and Parole, and Southeastern New Hampshire Services and agree to collaborate in an effort to address substance abuse and drug related criminal activity in Strafford County.

In and effort to support a comprehensive program of services to meet the needs of qualified participants we, the team members, commit to the following:

DRUG TREATMENT COURT JUDGE: The State of New Hampshire Superior Court agrees to provide a Judge which will preside over the Drug Treatment Court. The Drug Treatment Court Judge is responsible for adhering to the Strafford County Court Policies and Procedures and all revisions, with special consideration being given to the promulgation of any community-based rules deemed necessary for the success of the Drug Treatment Court. As a member of the Strafford County Drug Treatment Court Team the assigned judge will preside over the court proceedings and monitor appropriate application of disciplines, sanctions and incentives while maintaining the integrity of the court.

STRAFFORD COUNTY COMMISSIONERS: The County of Strafford, through its Commissioners, agree to support the Strafford County Drug Treatment Court, and to the extent feasible, will encourage county officials and employees, such as the county attorney and the Strafford County Community

Corrections Department, to assist the Drug Treatment Court in providing services to participants.

DRUG TREATMENT COURT COORDINATOR: As a member of the Strafford County Drug Treatment Court Team the assigned coordinator will be responsible for grant writing, maintaining individual files on participants, compiling statistical data, preparation and management of Drug Treatment Court dockets, soliciting community support through education and linkages in an effort to enhance services available to the participant.

COUNTY ATTORNEY: As a member of the Strafford County Drug Treatment Court Team the assigned Assistant County Attorney will review all potential participants for eligibility, actively participate in staffing of cases, and interact in a non-adversarial manner to address revocations, pleas and application of sanctions and incentives as they apply to the participant.

PUBLIC DEFENDER: As a member of the Strafford County Drug Treatment Court Team the assigned Assistant Public Defender will actively participate as defense counsel by advocating for the participant during staffing and court proceedings in a non-adversarial manner, assist with the negotiation of plea agreements, completion of necessary documents to facilitate the treatment process for the participant.

DEPARTMENT OF CORRECTIONS – OFFICE OF PROBATION AND PAROLE: As a member of the Strafford County Drug Treatment Court Team the assigned Probation Officer will be responsible for implementing the appropriate supervision level based on established measures, provide community linkages

and referrals to appropriate agencies, monitor accountability of social activities and home environment of the participant.

Approval

By our signatures we, the undersigned have read and agreed with this Memorandum of Understanding. In creating this partnership and uniting around a single goal of addressing an underlying problem affecting our community, we are pledged to enhance communication between the courts, law enforcement and treatment programs. Through this linkage of services, we expect greater participation and effectiveness in addressing drug offenders involved in the criminal justice system.

We further agree to disseminate information to our respective agencies with regard to changes in state law that apply specifically to Drug Treatment Court participants, to assist in the education of peer professionals on the program and to assist in the development of community linkages which enhance the effectiveness of the program.

_____	_____
Date	**Administrative Office of the Courts**
_____	_____
Date	Bruce E. Mohl, Associate Justice, N.H. Superior Court
_____	_____
Date	George Maglaras, Chairman, Strafford County Commissioner
_____	_____
Date	Carrie McGowan, Drug Treatment Court Coordinator
_____	_____
Date	Janice K. Rundles, Strafford County Attorney
_____	_____
Date	Randy Hawkes, Managing Attorney, N.H. Public Defender's Office, Strafford County
_____	_____
Date	Richard Allen, Chief Strafford County. Probation/Parole, New Hampshire Department of Corrections

ETHICS AND CONFIDENTIALITY STATEMENT

Case-Related Information:

Drug Treatment Court employees and all permanent and temporary members of the Drug Treatment Court Team shall regard all case-related materials and information as confidential, and such information cannot be released to anyone without proper authority in accordance with The Health Insurance Portability and Accountability Act (HIPAA) and 42 USC 290dd-2; 42CFR, Part 2.

The operation of the Strafford County Drug Treatment Court, as it related to the release of client information, shall be bound by the current federal and state laws on the subject. The legal citations of the federal law are 45 CFR, Parts 160 and 164; 42 USC (United State Code) 290dd-2; and the associated regulations, 42CFR (Code of Federal Regulations) Part 2.

All Drug Treatment Court personnel and representatives are required to be familiar with the federal confidentiality regulations regarding alcohol and drug abuse prevention and treatment confidentiality and the associated criminal and civil liability.

Release of Information to Agencies and Agency Personnel:

Information gained through Drug Treatment Court operations and all other case-related information may be disclosed to authorized agencies and their authorized personnel only in accordance with statutory provisions of Federal and New Hampshire law and established Drug Treatment Court Procedures. Other release of information is prohibited. Drug Treatment Court participants will be asked to sign a release of information form that authorizes release of information to the court.

Release of Information to News Media:

Only the Drug Treatment Court Judge or individuals so designated by the Drug Treatment Court Judge may release information concerning activities of the Drug Treatment Court to representatives of the news media and then only in accordance with Federal and State confidentiality regulations. All requests from the news media for such information shall be referred to the Drug Treatment Court Judge and/or the Drug Treatment Court Judge's designee.