

**NORTHWEST ARKANSAS PSYCHOLOGICAL GROUP**

*ALCOHOL AND DRUG PROGRAM*

**CLIENT HANDBOOK**

**Problem Drinking Program**

Our problem drinking program is a short-term program designed specifically for less acute problem drinkers. These are individuals who have a less severe alcohol problem, but who are nonetheless experiencing difficulties related to their drinking. The program allows the individual to choose either abstinence or moderation as their goal. Research has shown that individuals who are less severely involved with alcohol can successfully learn to control their drinking.

**What is a problem drinker?**

A problem drinker is an individual whose drinking has become hazardous and/or harmful. It is drinking that impairs the individual's ability to meet his/her needs. Only a small percentage of drinkers are alcoholics. The other drinkers (it is estimated by various agencies/individuals to be from 75-95% of all drinkers) can make up what is termed problem drinkers.

Although many in the alcohol treatment field insist that abstinence is the only acceptable goal for anyone having alcohol problems, there are reasons to consider moderation as a goal with less severe problem drinkers:

1. Most people with alcohol problems will initially attempt to become moderate drinkers on their own. Learning skills to do so may improve their chances of success.
2. Many people who initially become moderate drinkers later shift to abstinence.
3. Problem drinkers are more likely to pursue treatment if they are not forced to pursue a goal of abstinence.

The treatment program consists of an initial evaluation and five to ten individual therapy sessions. After the initial assessment, including interview, tests, and surveys, the therapist will make recommendations for or against admissions to the program. The program is based on the Cognitive Behavioral approach to treatment which focuses on individual responsibility and choice.

If we cannot be of help, we will insure the individual has alternatives for help.

*Services of the program:*

Assessment/evaluation

Individual, group, and family counseling

Education

Referrals

Case management

Crisis intervention

Orientation to the program's operations, procedures, and available community resources

Interdisciplinary treatment services

### **What is Alcohol?**

All alcoholic beverages contain exactly the same kind of alcohol: ethyl alcohol, or ethanol. Like its chemical cousins, methyl (such as sterno) and isopropyl (rubbing) alcohol, is an organic compound containing carbon, hydrogen, and oxygen. Chemically it is a hydrocarbon with one hydrogen atom replaced by a hydroxyl (OR) group. The human body can metabolize ethanol relatively well, but is less capable of handling other forms of alcohol which, therefore, have a much more toxic effect when consumed.

Ethanol has been known and used as a drug for thousands of years. It is produced naturally by the interaction of yeast and sugar. In fact, small amounts of ethanol are produced naturally within the human body. Alcoholic beverages are manufactured by three different but related processes. The natural sugars in fruit juices, for example, ferment when brought into contact with yeast, and ethanol is produced until the alcohol content of the beverage reaches about 12%. At this time the yeast is killed by the alcohol and the fermentation process stops. That is why wines produced by fermentation average an alcohol content of about 12%. The process of brewing by which beer is made is similar to fermentation but is carried out at a higher temperature. "Spirits", beverages with alcohol concentration, are manufactured by the process of distillation in which the fermented beverages are boiled. Because alcohol boils at a lower temperature than water, it can be collected as steam and separated from the rest of the beverage. These distilled spirits are combined with other ingredients, called congeners, to yield the many varieties of "hard liquor" such as whiskey, vodka, gin, rum, and tequila.

### **How Does Alcohol Work?**

#### **Absorption**

When taken in through the mouth, alcohol flows through the esophagus and into the stomach and intestine, where it is absorbed directly into the bloodstream. No digestion is required: alcohol passes right through the walls of stomach and intestine into the bloodstream. From there it circulates to every part of the body that contains water, which is just about everywhere.

The more rapidly the alcohol is absorbed, the higher the level in the bloodstream and the greater its effects. Drinking on an empty stomach results in almost immediate absorption and rapid intoxication, whereas the presence of food in the stomach slows down alcohol's passage into the bloodstream. Much of the alcohol still gets through eventually (although some is metabolized in the stomach or eliminated in waste products), but the absorption process is slowed by food and thus intoxication is less. Other factors also affect absorption rate. Emotional states, for example, can change the wall and cause alcohol to be absorbed more rapidly. Carbon dioxide also speeds alcohol through the stomach wall, which is why carbonated alcohol beverages have a more immediate effect

### **Going Up: Intoxication**

Most of the effects of alcohol which people experience during intoxication are due to ethanol's direct effect on the brain. No specific receptor for ethanol has been identified within the brain, although some of alcohol's effects are mediated through the benzodiazepine receptors, and ethanol affects the activity of neurotransmitters such as dopamine. Some of ethanol's effects appear to be produced by its direct action on the nerve cells themselves, probably altering the nerve cell wall and thus the neuron's capacity to transmit information. In short, ethanol puts your brain to sleep from the outside in. The higher the amount of alcohol in the bloodstream, (called blood alcohol concentration or BAC), the greater the effects on the brain, other body organs, and behavior. Measuring BAC, then, can give a rough estimate of the likely effects of intoxication. A person's BAC can be measured accurately from blood, urine, saliva, and breath samples.

How do BAC levels relate to behavioral effects? This is a very complicated question, in part because of the phenomenon of tolerance, which will be discussed later. It is possible, however, to estimate the behavioral effects that will occur in a typical human drinker at various BAC levels. In examining the list that follows, recognize that these effects are subject to individual variation. The BAC is influenced by many factors. Most important are the amount of alcohol consumed and the length of time taken to drink it. Four drinks consumed in half an hour will produce a much higher level of intoxication than the same number of drinks spread out over four hours. Body weight is also important. The larger the person, the less he or she will be affected by a fixed dose of alcohol because the drug is distributed over a larger body mass, resulting in a lower concentration of ethanol.

### **CHARACTERISTIC EFFECTS OF VARIOUS BAC LEVELS**

<b><u>BAC Level</u></b>	<b><u>Expected Behavioral Effects</u></b>
.02-.04	Relaxation, mild euphoria, changes in social behavior
.055	Any positive change occurs below this limit
.06-.08	Judgment is altered, likely to take risks and actions not taken when sober; driving abilities clearly impaired: fine motor control impaired. information processing altered, mood tends to shift from positive to negative, fantasies and motivations change, some disruption of restraint ("loss of control") for other behaviors such as eating, smoking, gambling, and drugs, etc. Legally intoxicated in AR.
.10	Reaction time slowed, color perception and visual acuity decreased memory impairment, driving at this BAC increases the risk of a fatal crash by 10 times.
.12	Vomiting may occur unless tolerance is established
.15	Balance impaired, slurring of speech, risk of fatal crash increases 25 times in drivers at this BAC.

- .20 Major memory impairment-"blackout" normally occurs in this range (complete memory loss), especially if BAC rises rapidly; memory does not transfer from short-term to long-term storage (can occur as low as .08)
- .30 Double vision may occur; most drinkers become unconscious or fall asleep at this level, and are difficult to awaken.
- .45 Lethal dose for 50% of adults. Death occurs due to alcohol poisoning.

Women also tend to become more intoxicated than men who drink the same amount. One obvious reason is that women tend to be smaller. Even with the same body weight, women tend to reach higher BACs than men. It was once believed that this was due to the differences in the proportion of fat cells. Research in the 1990's, however, indicates that men have higher levels of stomach enzymes that metabolize alcohol. This means that in men, a larger proportion of the ethanol is broken down in the stomach before reaching the bloodstream. In addition, the degree of intoxication reached by a woman varies substantially over the phases of the menstrual cycle, with the highest BAC levels reached during the premenstrual phase.

### **Coming Down: Detoxification**

How does the BAC return to normal once a person has become intoxicated? This process is known as detoxification, the removal of a toxin from the body. The human body possesses a specific enzyme, alcohol dehydrogenase, that is capable of metabolizing (breaking down) ethanol. We lack such efficient enzymes for methyl mid isopropyl alcohol, and so these other kinds of alcohol stay in the bloodstream for a long period of time, and can cause brain damage, blindness, or death.

Roughly 10% of the ethanol that a person consumes can be eliminated by the stomach metabolism or waste products. Smell the breath of someone who has been drinking alcohol, and you can tell that some alcohol is eliminated through respiration, escaping from the rich blood supply in the walls of the lungs. Some is eliminated through sweating and other body wastes. The remainder must be removed from the bloodstream by the body's "oil filter", the liver. Alcohol dehydrogenase turns alcohol into acetaldehyde, itself a very toxic substance that is a chemical cousin of formaldehyde. In moderate doses, acetaldehyde causes reddening of the face and skin, dizziness or fainting, headache, nausea, rapid heartbeat and breathing. Larger doses can be fatal. Fortunately the body can also break down acetaldehyde via the enzyme aldehyde dehydrogenase turning it into acetic acid which eventually becomes carbon dioxide and water. Thus the full metabolism process turns alcohol into club soda.

Through normal metabolism, the average person's body is able to decrease BAC by .015-.017 per hour. For a 160 pound male, that is roughly the equivalent of one half ounce of ethanol per hour. The following drinks contain one half ounce of ethanol, and thus are equivalent in their effects:

10 ounces of beer (5% ethanol)  
4 ounces of table wine (12% ethanol)  
2.5 ounces of fortified wine (20% ethanol)  
1 ounce of 100 proof liquor (50% ethanol)

### **Tolerance**

Drug tolerance has to do with how affected a person is by a given dose. An individual with a high tolerance shows less effect from a fixed amount than does a person with a low tolerance. Tolerance develops over time, and as a person's tolerance increases, he or she seems less affected by the same amount of alcohol, requiring larger amounts to show the behavioral and subjective effects previously experienced with fewer drinks. In everyday language, a high tolerance for alcohol is referred to as "being able to hold your liquor."

Contrary to popular belief, however, tolerance is not a sign that the person can drink safely. Quite the contrary. Tolerance does not mean that the person is unharmed by alcohol. Rather it means that the person simply does *not feel* or *show* the damage being done. He or she may reach dangerous and damaging levels of intoxication, but may not experience the warning signs that cause normal drinkers to stop drinking.

Although, a person's baseline tolerance for alcohol is about 90% determined by heredity, one's tolerance level is also heavily influenced by drinking history. The development of tolerance is a gradual process. Research has demonstrated that taking one drink, then allowing the BAC to return to zero, decreases the effect of the next drink on behavior. This phenomenon of acute tolerance occurs every time a person drinks. Over time a person's level of chronic tolerance also changes. One who drinks three drinks every day begins to show fewer behavioral effects from those drinks. A heavy drinker who stops drinking for a period of weeks or months, on the other hand, may be surprised at how affected he or she is when drinking is resumed, because tolerance drops during abstinence.

How does tolerance occur? The exact mechanisms are not yet well understood. To some extent, heavy drinkers develop an ability to metabolize alcohol more rapidly, resulting in lower BAC levels than would normally occur. This metabolic tolerance seems to occur because the body brings into use at least two back-up systems for breaking down alcohol, beyond the usual enzymatic route. A catalase system and a microsomal ethanol oxidizing system has been identified. These, and possibly other metabolic routes, normally are not required to break down alcohol, but can be activated when the body is repeatedly intoxicated. For this reason, heavy drinkers may be able to rid themselves of BAC levels more rapidly than less accustomed drinkers.

But tolerance is not that simple. It is also clear that heavy drinkers are able to reach higher BAC levels without showing or feeling the usual effects. Heavy drinkers become able to drink past .12 without vomiting, or past .30 without passing out. Arrests have been made at BAC levels in excess of .60, amounts that would be fatal for most people. Some have survived BAC levels in the range of .80.

### **Effects on Behavior**

In part because of tolerance phenomena, and in part because of the absence of sufficient research, it is difficult to specify the precise behavioral effects of particular BAC levels. There are, however, very clear effects of intoxication on behavior, with the magnitude of effect increasing with amount and BAC. The following section will summarize some of the known effects on ethanol on behavior.

### **Expectancies**

It is important to distinguish between the actual effects of the drug ethanol and the changes that people expect to experience when drinking. Studies by Sandra Brown and her colleagues have identified six common types of changes that American college students expect to occur when they drink:

1. That it changes your thinking so that you experience things as more positive and interesting, and generally feel more optimistic.
2. That it enhances social and physical pleasures.
3. That it increases sexual enjoyment and performance.
4. That it makes you feel more powerful and act more aggressively
5. That it makes you more socially assertive-less shy, more courageous, more sociable, more expressive.
6. That it reduces tension, and helps you relax.

These expectations are not the same in all cultures or subcultures. In some countries, people expect alcohol to make you more lethargic, sleepy, and passive. In others, people believe that drinking gives you increased energy. Until the 1970's, research on the behavioral impact of alcohol failed to take into account the effects of such expectancies. If, for example, a person drinks alcohol and then becomes more aggressive, is this because of a chemical effect of the drug on the nervous system, or because the person expected to behave more aggressively? One way to sort out these influences is through the use of the balanced placebo effect, a research strategy in which subjects are given beverages to drink and then their behavior is tested. Some of the subjects get drinks containing alcohol, and others receive alcohol-free drinks. Within each of these two conditions, some are told that they are receiving alcohol, and some are told that they are receiving an alcohol-free drink. The tastes of the drinks are carefully controlled so that it is difficult to detect whether or not alcohol is present. There are, then, four groups:

1. People drinking alcohol and knowing it
2. People drinking no alcohol and knowing it.
3. People who think they are drinking alcohol but in fact are not (the placebo group)
4. People drinking alcohol without knowing it (the balanced placebo group)

Research of this kind has shown that many of the effects once thought to result from alcohol-particularly the pleasant effects that people desire when they drink-are, in fact, the result of psychological expectancies rather than the drug. People in the placebo group have been found to become less anxious, more sexually aroused, more sociable, more aggressive, and to find things funnier and to "lose control" after receiving drinks they believed to contain alcohol. Such effects are rarely observed in the balanced placebo group, where people receive alcohol without realizing it. In some cases, the actual effects of alcohol are opposite to those expected by most drinkers. The true drug effect of ethanol on sexual arousal, for example, is a depressant effect, reducing arousal.

**Reflexes and Reaction Time**

Reflexes are more or less automatic reaction of the body to changes in the environment: a tap below the kneecap yields a forward jerk of the leg, a bright light in the eye causes the pupil to contract. Research indicates that intoxication causes a slowing of reflexes, most likely because alcohol as a depressant drug slows the transmission of nerve impulses in general. Reaction time increases: it takes longer for the person to react to change.

Reaction times slow markedly at BAC levels around .08. Certain kinds of reaction times tasks, such as those in which a person must divide attention between two stimuli or pay attention to multiple stimuli (an ability critical in driving) are affected at even lower BAC levels. These are effects of ethanol as a drug, and do not seem to be affected much by expectancies.

**Muscle Movement**

Moderate BAC levels have been found in some studies to facilitate muscular output, perhaps by suppressing fatigue effects. At higher BAC levels, however (in excess of .10), coordination of movement is impaired. The more complex the coordination required by a task, the lower the BAC level that disrupts it, and the more the task is impaired as BAC level increases. Complex or fine motor coordination tasks are impaired at BAC levels as low as .04-.05.

**Sensation**

Increasing BAC levels also affect the sensitivity of human senses. Visual acuity is impaired, and at higher levels of intoxication the disruption of muscle control in the eyes can result in fuzzy or-double vision. The pupils are slower to adjust to light intensity, as in night driving with oncoming lights. The field of vision narrows by as much as 20%, causing a "tunnel vision" in which the person fails to detect stimuli in the peripheral visual field. Intoxication also impairs red-green color vision.

**Perception and Judgment**

Not only are sensory inputs changed, but the ways in which people process sensory information are altered. Social situations that would seem neutral or harmless when sober may be perceived as threatening, challenging, or hostile. The accuracy of judgment decreases, and people are more likely to say and do inappropriate things. These are fairly early effects of drinking, occurring at relatively low BAC levels (.05-.08). This is one of the more dangerous characteristics of ethanol, because one cannot perceive when perception is altered, and one cannot judge when judgment is impaired. The result may be dangerous risk-taking with injurious or tragic results of "accidents" because the person misjudged or misperceived.

**Driving Behavior**

It is well known that intoxicated persons are highly overrepresented among drivers involved in crashes, particularly fatal crashes. Given the range of sensory and behavioral impairment described above, it should not be surprising that driving behavior is impaired by even low amounts of alcohol. Consider the effects of alcohol: slowed reaction time, decreased visual acuity, impairment of attention and concentration, increased emotional lability and risk-taking, impaired muscle coordination, slowed reflexes, distorted



perception and judgment. All of these increase the probability of careless and dangerous driving behavior. Yet the impairment of judgment and perception may leave the drinker with the impression that he or she is capable of driving safely, even better than sober. Clearly the only safe BAC level behind the wheel is ZERO.

New information from recent research has indicated that alcohol impairs more than the motor skills. Recent research has confirmed that the cognitive effects of drinking last longer than the impairment of motor skills. It has indicated that drinkers "cognitive abilities" are impaired on both the rising and falling of their BAC. Whereas, the motor skills are impaired on the rising BAC, but tend to return to normal as the BAC falls. In other words, you may feel okay enough to drive since your motor skills are returning to normal or baseline after you stop drinking. However, since your thinking, judgment remains impaired longer after you have stopped drinking, you remain at risk for serious consequences if you make the decision to drive.

### **DWI (Driving While Intoxicated)**

DWIs are caused by a combination of three things: lack of information, poor judgment, and a destructive relationship with alcohol. Lack of information is a critical issue with a significant number of drinkers. They have little or no idea of what their pattern of drinking is, how their pattern compares with recommended standards, the risks they are taking with their drinking, and the fundamental effects of alcohol. Poor judgment usually results from complacency. Individuals have established a pattern of drinking without assessing the effect of their drinking on their life. They rely on past experience as a basis for present decisions. Since they have had no major problems with their drinking in the past, they assume they will not have any in the present or future. A destructive relationship with alcohol is any consumption pattern that impairs a person's ability to meet their needs.

It is fortunate that the majority of individuals who are arrested for DWI are not alcoholics, but they do meet the criteria for problem drinking. As a problem drinker most individuals have a choice of how to deal with their drinking. They can reduce the risks/problems associated with their drinking by: stopping drinking completely or moderating the frequency, amount, location of their drinking. Each drinker needs to evaluate his/her drinking in terms of their life goals.

### **How do you know if your drinking is a problem?**

You would think the natural next question would be "How much do you drink?" But it isn't. Some individuals drink like there no tomorrow and will be very little, if any the worse for it. Some individuals rarely drink and have major problems. Most people, who drink, no matter how regularly, never have any problems with it. Even if you drink daily, it does not necessarily spread and take over your life. So it is not how much or how frequently you drink that causes problems, but your beliefs, expectations about your drinking and what happens when you drink.

You have a problem with your drinking when it interferes directly or indirectly with achieving your goals or meeting your needs. You can make drinking a problem when you give it some special power to enable you to cope better, to feel good, or to help you reduce emotional distress. It's a problem when you believe you need it for those or other purposes.

Drinking is learned behavior. It is usually developed over a period of time. Any behavior practiced over a period of time can become a habit. Habits are repetitive patterns of behavior that can become almost automatic. Examples are driving a car, brushing your teeth, and walking.

## Alcohol Abuse: How to Recognize Problem Drinking

### Are you drinking too much?

*Yes, if you are:*

- A woman who has more than seven drinks per week or more than three drinks per occasion
- A man who has more than 14 drinks per week or more than four drinks per occasion
- Older than 65 and have more than seven drinks per week or more than three drinks per occasion

{One Drink = one 12 oz bottle of beer (4.5 percent alcohol) or one 50 oz glass of wine (12.9 percent alcohol) or 1.50 oz 80 proof distilled spirits}

### Are you drinking heavily?

*Yes, if you are:*

- A woman who has more than three drinks every day or 21 drinks a week
- A man who has more than five drinks every day or 35 drinks a week

### Are you taking risks with alcohol?

*Yes, if you*

- Drink and drive, operate machinery or mix alcohol with medicine (over the counter or prescription)
- Don't tell your surgeon, physician or pharmacist that you are a regular drinker.
- Are pregnant or are trying to become pregnant and drink at all.
- Drink alcohol while you are responsible for small children

### Has your drinking become a habit?

*Yes, if you drink regularly to:*

- Relax, relieve anxiety or go to sleep
- Be more comfortable in social situations
- Avoid thinking about sad or unpleasant things
- Socialize with other regular drinkers

### Is alcohol taking over your life?

*Yes, if you:*

- Ever worry about having enough alcohol for an evening or weekend
- Hide alcohol or buy it at different stores so people will not know how much you are drinking
- Switch from one kind of drink to another hoping that this will keep you from drinking too much or getting drunk
- Drink more than you planned
- Avoid activities where drinking is not a part of the activity
- Find yourself looking forward to certain times, situations when you can drink.

### Has drinking alcohol become a problem for you?

*Yes, if you:*

- Can't stop drinking once you start
- Have tried to stop drinking for a week or so but only quit for a few days
- Fail to take care of your responsibilities at home or work because of your drinking
- Feel guilty about drinking
- Think you might have a problem
- Have hurt yourself or someone else as a result of your drinking
- Drink until you are drunk
- Are arrested for DWI or public drunkenness

- Feel that drinking is necessary for a good time
- Do things drunk that you would never do when you are sober

6% of women drink 17+ drinks per week.

*Recommended safe drinking levels:*

For men: A total of 14 drinks per week, no more than 4 per drinking episode, and no more than 3-4 drinking episodes per week.

For women: A total of 9 drinks per week, no more than 3 per drinking episode, and no more than 3-4 drinking episodes per week.

Over 65: A total of 6 drinks per week, no more than 2 per drinking episode, and no more than 3-4 drinking episodes per week.

The above recommended amounts will not work for everyone. Each individual needs to find out what works in their life be it moderation or abstinence.

### WHERE DOES YOUR DRINKING FIT IN?

*What is your drinking level?*

Question 1: On average, how many days a week do you drink? \_\_\_\_\_

Question 2: On average, when you do drink, how many drinks\* do you have per day? \_\_\_\_\_

Question 3: Weekly amount. Multiply #1 and #2 above to get your weekly consumption:

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

\*1 standard drink= 1.5 oz of 80-90 proof hard liquor, 5 oz of 12% wine or 12 oz of 4-5% beer

You can use the following tables to determine how much you drink compared to other Americans:

**MEN:**

29% of men do not drink  
 39% of men drink 1-6 drinks per week  
 13% of men drink 7-16 drinks per week  
 7% of men drink 17-24 drinks per week  
 5% of men drink 25-36 drinks per week  
 7% of men drink 37+ drinks per week

**WOMEN:**

41% of women do not drink  
 46% of women drink 1-6 drinks per week  
 7% of women drink 7-16 drinks per week

**ADMISSION:**

Treatment begins after assessment with recommendations, through mutual agreement between client and Program Director.

**CLIENT RIGHTS:**

There are fundamental rights for individuals receiving alcohol/drug services:

1. To the receipt of adequate and humane services, regardless of source of financial support.
2. To the receipt of services within the least restrictive environment possible.
3. To receive an assessment that is used to develop an individual comprehensive treatment plan.
4. To participate in the planning of his/her treatment plan and to treatment based on same.
5. To a periodic staff review of the client's treatment plan.
6. The right to access or amend their individual client record in accordance with the HIPPA laws.
7. To an adequate number of competent, qualified, and experienced professional clinical staff to implement and supervise the treatment plan.
8. To be informed of treatment alternatives or alternative modalities.
9. To be encouraged and assisted throughout treatment to understand and exercise his/her rights as a client and a citizen, including:
  - A) The right to report any cases of suspected abuse, neglect, or exploitation of clients being served in the program, in accordance with applicable state law and abuse reporting procedures.
  - B) The right to a grievance and appeal process.
  - C) The right to recommend changes in policies and services.
10. To be informed regarding the financial aspects of treatment, including the consequence of nonpayment of required fees.
11. To be informed of the extent to and limits of confidentiality, including the use of identifying information for central registry and/or program evaluation purposes.
12. To receive a copy of consent for a release of confidential information after the form is signed by the client.
13. To give informed consent prior to being involved in research projects.
14. To not be used for the solicitation of funds or other contributions by the program.
15. To communicate with family and significant others outside the program.
16. To have access to treatment regardless of serostatus, HIV related condition or AIDS.

**CLIENT RESPONSIBILITIES:**

- To participate fully in the treatment program.
- To communicate to program staff any concerns, questions, or information that in any way could jeopardize his/her treatment.
- To be honest with self and others.
- For any fees associated with outside medical costs.

**DISCHARGE FOR CAUSE:**

You will be discharged from the program under the following circumstances:

- Successful completion of the program
- Failure to follow treatment recommendations
- Failure to maintain appointments

**CLIENT GRIEVANCE PROCEDURE:**

NAPG's primary concern, in relation to our clients, is to ensure that all clients are treated fairly and equitably if there should be any problems.

If a client feels he/she has not been treated fairly, he/she can use the following steps to address their concerns.

1. Talk about your concerns with your therapist.
2. Request a meeting with the therapist and Program Director.
3. Make a complaint in writing and present it to the Program Director and the CEO of NAPG in the presence of the therapist.
4. After meeting with this group, if you are not satisfied, you will be given every assistance to get in contact with the appropriate outside agency in order to ensure resolution of your concern.

**CONFIDENTIALITY OF CLIENT RECORDS:**

The confidentiality of alcohol/drug client records maintained by this program is protected by federal laws and regulations. Generally, the program may not release any information regarding clients *unless*:

1. The client consents in writing.
2. The disclosure is allowed by court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
4. The client commits or threatens to commit a crime either at the program or against any person both in and outside of the program.

Violation of the federal laws and regulations is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal laws and regulations do not protect any information about suspected child abuse/neglect from being reported to the appropriate state and local authorities. (See 42 U.S.C. 290dd-22 for federal laws and 42 C.F.R. Part 2 for federal regulations.)

**RESOURCES:**

The following resource list is provided should you need information regarding TB, HIV/AIDS, or STDs. These agencies can provide up to date, confidential information and referral services.

Aids Outreach of Arkansas, Inc.  
(479) 521-1664

Aids Resource Center  
675 Huntsville Road  
Fayetteville, AR  
(479) 443-2437

RAIN of North Arkansas  
614 East Emma  
Springdale, AR  
(479) 751-6682

Planned Parenthood  
(479) 443-7791

Washington County HIV Clinic (must be HIV +)  
3270 Wimberly  
Fayetteville, AR  
(479) 521-5580

Washington County Health Department  
3270 Wimberly  
Fayetteville, AR  
(479) 521-8181

Arkansas Aids Hotline  
(800) 253-0002

National Aids Hotline  
(800) 342-AIDS