

## ***Adult Integrated Treatment Court PARTICIPANT CONTRACT***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### ***Program Rules***

I understand that I must follow AITC rules which are summarized as follows:

1. Abstain from the use of prohibited drugs and alcohol.
2. Submit to all drug screens as ordered by my probation officer, treatment provider, or the Court and comply with the AITC Monitoring Contract.
3. Inform my health care providers of my substance abuse history so that they can make informed decisions regarding the use of prescription medications and comply with the AITC Prescription Drug Policy, including signing information releases allowing information exchange between my AITC treatment team and my health care providers.
4. Attend court dates, treatment sessions, and probation meetings as scheduled.
5. Refrain from association with those using or possessing illegal substances.
6. Inform my probation officer and treatment provider of any changes in my address or phone number immediately.
7. Comply with any other conditions as outlined in the terms and conditions of probation as well as those outlined in the AITC Participant Handbook.
8. Secure safe and sober housing, and will not move from an approved residence without permission from my Probation Officer. A sober house means one free from substances that may put my sobriety at risk, including, but not limited to, alcohol, medical marijuana, or prescription drugs.

### ***Confidentiality, Honesty and Support of Program Goals***

AITC requires teamwork and open communication. Treatment, probation and the judge communicate regularly about my progress. I understand that information I disclose about my drug or alcohol use, falsification of my monitoring results, or any other program rule violations will be shared among team members if I do not choose to inform all team members on my own.

I understand that AITC requires that I will be honest with my probation officer, treatment provider and the AITC judge. If I continue to lie or minimize the extent of my addiction, I will not benefit from this program and face sanction or termination.

The AITC team values my complete honesty. If I admit to relapse prior to being caught, I can expect that I may receive a lesser sanction than if I am dishonest.

All AITC participants are here because they have addictions to drugs and/or alcohol. I will not engage in conduct that puts the sobriety of other AITC participants at risk. I will not undermine the program by conduct such as notifying other participants of home visits, or assisting other participants in practices aimed at falsifying UA's or other monitoring tools. I will support

behaviors and interactions that are consistent with a lifestyle of recovery, and remove myself from and immediately report situations that are wrong or questionable.

### ***Drug and Alcohol Monitoring and Prescription Drug Use***

I have reviewed and signed the AITC contract regarding monitoring of my sobriety and the AITC prescription drug policy.

### ***Program Phases***

I understand that there are five phases to the AITC program. While the program can be completed in as few as 15 months, successful completion typically takes an average of 18 – 20 months. Each phase must be successfully completed before I can advance to the next phase.

Decisions about whether I advance to the next phase will be made by the AITC judge in consultation with other team members. Each phase is also described in the AITC Participant Handbook.

To make sure that I understand the expectations in each new phase, I will review and sign a summary of the each phase's requirements upon promotion in court.

### ***Termination from the AITC***

I may be terminated from the program for a variety of reasons, including:

- Committing a new crime that has been identified as a disqualifying offense
- Violating one or more terms and conditions of probation
- Frequent or ongoing use of prohibited substances, including but not limited to illegal drugs, “designer” drugs, alcohol, or prescription drugs
- Noncompliance with treatment
- Absconding from the program
- Failing to progress in treatment within a reasonable time.

### ***Voluntary Withdrawal***

The AITC is a voluntary program. If I am in compliance with AITC program rules, I may withdraw from the program at any time. By withdrawing from AITC, I will remain on probation, and must comply with all of the terms and conditions of my probation sentence. I understand that this may require me to complete the same treatment and monitoring requirements as AITC.

### ***Graduation Criteria***

I will be eligible for graduation, if I meet the following criteria:

1. I have completed all required treatment and progressed through the phases within a reasonable period of time;
2. I have completed all of the terms and conditions of probation;
3. I am mentally and emotionally stable;
4. I am able to support and maintain myself financially through legal means;

5. I have attained at least 90 days of continuous sobriety, and have developed a long-term sobriety plan that has been approved by the Court;
6. I have maintained a stable living situation that is supportive of my sobriety;
7. I have developed a support system that can help me maintain sobriety and assist me with any problems that may arise;
8. I have paid all costs not waived by the Court in full, or at the discretion of the Court have signed a financial responsibility contract with the Collections Investigator.

By signing below, I acknowledge that I have read, or have had explained to me, the contents of this contract, the AITC Monitoring Contract and the AITC Prescription Drug Policy. I also acknowledge that I have received a copy of the AITC Handbook and have read it in full.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation Officer

\_\_\_\_\_  
Date

## ***AITC CONTRACT FOR MONITORING OF SOBRIETY***

1. I am responsible for the cost of monitoring.
2. I will be tested for the presence of drugs in my system on a random basis according to procedures established by the AITC team.
3. I understand that it is my responsibility to report to the assigned location at the time given for the drug test.
4. I understand that if I am late for a test or miss a test it will be treated the same as if I submitted a positive test for drugs/alcohol and that I am subject to sanction. If I miss a test, I will immediately notify my probation officer.
5. I understand that if I fail to produce a urine specimen or if the sample provided is not of sufficient quantity it will be treated the same as if it were positive test for drugs/alcohol and that I am subject to sanction.
6. I have been informed that my urine samples will be tested for creatinine, and that samples with creatinine levels below 20 (“dilute”) or over 400 will be considered invalid and subject to sanction.
7. I have been informed that ingestion of excessive amounts of fluids can result in a diluted urine sample.
8. I understand that substituting or altering my specimen or trying in any way to modify my bodily fluids for the purposes of changing the drug testing results will be treated as if it were a positive test for drugs/alcohol and am subject to sanction.
9. I understand that I shall refrain from using any product that may alter my urine sample, including, but not limited to: herbal remedies, over the counter medications, over the counter diet aids, muscle building supplements (including creatine), flushing agents, teas, etc.
10. I understand that helping another AITC participant alter their specimen in any way or helping them to modify their body fluids, or by providing other fluids, for the purpose of changing their drug test will result in sanctioning and may be grounds for immediate termination from the AITC program.
11. I understand that it is my responsibility to refrain from any and all poppy seed consumption during the AITC program. Testing positive for opiate use may subject me to sanctioning even though this result may be caused by poppy seed consumption.
12. I understand that all tampers or positive alerts of the SCRAM Unit are subject to sanction.
13. I understand that it is my responsibility to provide my own clean urine, breath, saliva or other samples at the time and place required in the manner required.
14. I understand that I may not possess or consume any “designer” drugs such as “Spice”, “bath salts,” etc., whether purchased legally or illegally. All “designer” drugs are strictly prohibited, and their possession or use is subject to sanction.

## ***Incidental Alcohol Exposure***

Recent advances in alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. Because these tests are sensitive, it is possible that exposure to alcohol sources can result in detectable levels of alcohol or its breakdown products. In order to preserve the integrity of monitoring, it has become necessary for us to advise program participants regarding the use of products containing alcohol.

It is your responsibility to limit your exposure to the products and substances detailed below that may contain ethyl alcohol. It is your responsibility to read product labels and to inspect these products before you use them. ***Use of the products detailed below will NOT be allowed as an excuse for a positive test result.*** These include, but are not limited to, the following:

1. Cough syrup and other liquid medications: Information on the composition of over-the-counter products and prescription medications should be available from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.
2. Non-alcoholic beer and wine: While considered non-alcoholic, these products typically contain a residual amount of alcohol that may result in a positive test if consumed.
3. Food and other ingestible products: Many other consumable products contain ethyl alcohol in amounts sufficient to result in a positive test. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts could result in a positive screen for alcohol or its breakdown products. Also, foods cooked with wine must be avoided. Finally, read carefully the labels on any liquid herbal or homeopathic remedies before taking them.
4. Mouthwash and breath strips: Most mouthwashes and other breath-cleansing products contain ethyl alcohol. Non-alcohol mouthwashes are readily available and are an acceptable alternative.
5. Hand sanitizers: Hand sanitizers and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. While it's unlikely that limited use of these products will result in a positive test for alcohol, excessive, unnecessary or repeated use of these products could result in a positive urine test.
6. Hygiene products: Aftershaves, colognes, hair sprays, mousse, astringents, insecticides, and some body washes contain ethyl alcohol. Again, excessive, unnecessary or repeated use of these products could affect test results.
7. Solvents and lacquers. Many solvents, lacquers and surface preparation products used in industry, construction, and the home contain ethyl alcohol. Both excessive inhalation of vapors and topical exposure to such products can potentially cause a positive test result for alcohol.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation Officer

\_\_\_\_\_  
Date

***AITC PRESCRIPTION DRUG POLICY***

1. I understand that the use of any controlled or prescription drug may delay my advancement in or completion of the program whether or not that drug was validly prescribed.
2. I understand that I must disclose to any doctor or prescriber who intends to prescribe medication to me that I am a participant in the Boulder County Integrated Treatment Court where abstinence from substance use is my goal. I also understand that I will be required to sign a release of information so that the AITC team can communicate with the prescribing doctor.
3. I will not use prescription drugs without a valid prescription and disclosure to the AITC Team BEFORE taking medication except in the case of an emergency where disclosure may take place the next work day after taking the medication.
4. I understand that I am required to use one doctor and one pharmacy unless otherwise approved by the AITC team.
5. I will not be in possession of another person's prescription medication.
6. I will not possess a medical marijuana certificate while in the program.

NOTE: In an effort to ensure full disclosure, participants are required to provide their health care provider with the ITC Doctor's Notice when attending medical or dental appointments, provided by the probation officer. This form contains the probation officer's contact information and requires the doctor's signature.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation Officer

\_\_\_\_\_  
Date