Ensuring Disability Isn’t a Barrier to Treatment

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Editor’s Note

The holiday season is upon us and I’d like to give thanks for several things that happened during 2005. I’m thankful that NAADAC will have Cynthia Moreno Tuohy on staff as a part-time Executive Director. While working at half speed for Cynthia beats everyone else at full speed, Cynthia’s decision to join NAADAC on a permanent full-time basis strengthens our association.

Thanks to Valerie Kremer, who served as NAADAC’s Public Relations intern for most of the year, and as the NAADAC News guest editor in August. She made a valuable contribution and we are sorry to see her go. I wish her the best in her new opportunities.

I’d like to give thanks to Alysia Lajune and Monika Gerhart who have joined NAADAC as our new State Liaison and Special Projects Associate (read more on page 19). They round out our national staff and will help shape the association.

And wanted to thank you for sticking with us. NAADAC has managed to accomplish a lot in 2005, but there is a lot more that still needs to be done in the years ahead. NAADAC has big plans for 2006, as laid out by William Costa, MD, PhD, NCAD, NCADI-INT, and the NAADAC Board of Directors.

Happy holiday season to you and your loved ones and all the best for 2006!

Donovan Kuehn
Editor, NAADAC News
“Before anything else, preparation is the key to success.”
—Alexander Graham Bell (1847–1922)

As the NAADAC Executive Committee gears up for our planning session in early December, I’m excited about the prospects for NAADAC in 2006.

I recently led a delegation of addiction professionals to meet and learn about treatment in Russia. The trip was organized by People to People, a voluntary effort of private citizens promoting international understanding through direct people-to-people contacts.

The most striking thing about our fellow Russian addiction professionals is the passion they have for their work and how similar we are in terms of beliefs, values and treatment modalities. Our hands-on experiences and education was incredibly energizing for me as an addiction professional. I’d like to bring that energy and passion to NAADAC’s activities in the year ahead—and we’ve got many things planned for 2006.

2006 Annual Conference in Burbank, CA
NAADAC is pleased to be partnering with the California Association of Alcoholism and Drug Abuse Counselors (CAADAC) on our 2006 Annual Conference. Following the successful model of our 2005 conference held in cooperation with the Texas Association of Addiction Professionals (TAAP), we look forward to creating an educational and exciting experience for NAADAC members and their families. Keep your eyes peeled for more information—a call for proposals will be issued in early 2006.

Advocacy Action Day
The NAADAC Advocacy Action Day will be held on March 23, 2006, in Washington, DC. The Advocacy Action Day will focus on legislative issues affecting the addiction professional. NAADAC plans to discuss the federal government’s workforce development agenda and other issues such as parity, changes to the Medicaid program and methamphetamines.

For more information, visit www.naadac.org or call 1-800-548-0497, ext. 122 and speak to Andrew Kessler.

NAADAC Summit on Workforce Development
The Workforce Development Summit will be the second NAADAC conference of its kind to address the way addiction professionals can take leadership roles to benefit their careers, gain opportunities and better help the clients they serve. The Summit will be held on March 24 and 25, 2006 in Washington, DC. Seminars and workshops at the Summit will focus on Workforce Development, initiatives to help with recruitment and retention and other issues facing addiction professionals in the workplace and in their careers.

The Center for Substance Abuse Treatment (CSAT), the nation’s Addiction Technology Transfer Centers (ATTCs), the National Association of Addiction Treatment Providers (NAATP), and the National Association of State Alcohol/Drug Abuse Directors (NASADAD) are co-sponsoring the Workforce Development Summit with NAADAC.

Campral Seminars
NAADAC, in partnership with Forest Laboratories, is pleased to introduce as a part of the NAADAC Life-Long Learning Series: “Strengthening the Will to Say No” Medication Management for Addiction Professionals—Campral Series. Sponsored by Forest Laboratories, NAADAC will be hosting Campral training seminars in 14 cities across the country in 2006. Campral is a pharmaceutical developed by Forest Laboratories and can help clients stay alcohol free. Campral is intended to be used in combination with counseling clients once they have stopped drinking (see article pg. 9).

These are only a few of the issues facing us in the upcoming year. The IC&RC merger discussions, NAADAC elections for new officers, proposals for the 2007 NAADAC conference, Recovery Month and Addiction Counselors Day are also on the agenda for 2006.

2006 will be full of opportunities and excitement. I invite you to join us!
NAADAC’s 2006 Workforce Development Summit and Advocacy Action Day

Tackling the issues of retention, recruitment and rewards

By Donovan Kuehn, NAADAC Director of Outreach & Marketing and Monika Gerhart, Special Projects Associate

The NAADAC Advocacy Action Day (March 23) and Workforce Development Summit (March 24–25) will be held in Washington, DC, in March 2006. The Advocacy Action Day and Summit on Workforce Development will first present a day of fantastic opportunities to interact with the nation’s legislators, followed by two days of workshops to help shape the future of the addiction profession.

Advocacy Action Day will focus on member mobilization to lobby legislators, and Workforce Development Summit topics will include strategies for recruitment, retention and rewards for the addiction treatment and prevention workforce.

The Center for Substance Abuse Treatment (CSAT) is co-sponsoring the Workforce Development Summit. The nation’s Addiction Technology Transfer Centers (ATTCs) will also be a part of the discussions.

NAADAC’s Advocacy Action Day will focus on legislative issues affecting the addiction professional. NAADAC plans to discuss the federal government’s workforce development agenda and other issues such as parity, the “Second Chance Act”—which helps those who are barred from social services due to past drug charges—changes to the Medicaid program and methamphetamines.

The Workforce Development Summit will be the second NAADAC conference of its kind to address the way addiction professionals can take leadership roles to benefit their careers, gain opportunities and better help the clients they serve. Seminars and workshops will focus on Workforce Development initiatives to help with recruitment and retention, and other issues facing addiction professionals in the workplace and in their careers.

“Workforce Development has been repeatedly raised by NAADAC’s 11,000 members as one of the most pressing issues facing the addiction profession. NAADAC recognizes the diligent work of CSAT on these matters and also recognizes the tremendous work the Addiction Transfer Technology Centers have done on workforce development. Bringing these organizations together to deal with these critical issues will help move the issue of Workforce Development forward on the agenda of the addiction profession and with the nation’s decision-makers,” said Cynthia Moreno Tuohy, NAADAC’s Executive Director.

For more information on these events, please visit the NAADAC website at www.naadac.org or call Donovan Kuehn at 1-800-548-0497, ext. 125.
NAADAC CONFERENCES & TRAINING

Survey Says…

Valerie A. Kremer, Public Relations Intern

At the suggestion of the NAADAC Conference Review Committee, NAADAC initiated a survey of its members to get general feedback on its conferences. Surveys were included in the June edition of the NAADAC News, posted on the NAADAC website and a link to the survey was e-mailed to NAADAC members. The results included some surprises.

Getting to Conferences

According to the survey results, 38 percent of respondents said the most convenient time to attend a conference was during the week. 36 percent preferred conferences in a weekday/weekend combination and 26 percent felt conferences should take place on weekends.

Survey respondents were then asked to choose the factors most important to them in choosing to attend a conference. The most important factor in choosing to attend a conference was price, according to the survey results. Travel distance, location and local activities came in second, third and fourth, respectively. Convenient access to an airport and hotel amenities (such as e-mail access, gym or other accommodations) were the least important factors in deciding to attend a conference.

The survey found that over 40 percent prefer NAADAC conferences be held in the fall. The next preferences were spring (32 percent), summer (18 percent) and winter, with just 10 percent.

Thoughtful Suggestions

The comments from respondents were very insightful and provided NAADAC some great ideas for planning its conference next year in Burbank, California, (in association with CAADAC – the California Association for Alcoholism and Drug Abuse Counselors). Some of the suggestions included: allowing students to attend at a reduced rate (already NAADAC policy), having presenters from outside the “NAADAC box,” increasing science-based presentations and discussing the effects of JCAHO (Joint Commission on Accreditation of Healthcare Organizations), NCQA (National Committee for Quality Assurance) and CARF (Commission on Accreditation of Rehabilitation Facilities) on the addiction profession. Some concerns were the availability of mid-range cost hotels, since many attendees pay out of pocket, and the cost/benefits of sending a member to the conference.

“Having the directors of the various national agencies is helpful, impressive, informative and very significant for me in terms of bringing the leaders face to face with the front-line counselors and managers—as in DC and in Texas,” said one respondent. “I believe this helps empower counselors in their work by being able to see and hear the leaders of the nation’s top agencies that deal with drug and alcohol abuse and treatment.”

Room for Improvement

Many respondents suggested NAADAC focus on getting high caliber speakers and the most prominent names in research. One suggested using NAADAC President-Elect Sharon Morgillo Freeman, PhD, MSN, MAC. Some felt it would be beneficial to choose a conference location with numerous nearby activities. Another suggestion was “using evidence-based practices as the premise for all trainings” and focusing “on the latest evidence-based diagnostic and treatment strategies for popular drugs of choice.”

CEs (Continuing Education credits) were another concern. The survey suggested that NAADAC should provide CE credits for multiple mental health professionals, for example social workers, registered nurses and others. Some suggested that pricing for the next event should be carefully examined. In particular, one person felt NAADAC should look at lower conference fees to facilitate the attendance of lower income individuals.

There was even a suggestion of radically shifting the focus of NAADAC conferences. One person felt that “the move toward having more regional conferences has been a very good idea, to help bring NAADAC to the local areas that typically have tons of counselors that otherwise would not be able to take the time off from work, and/or afford a trip to a national conference, especially in some of the bigger, more expensive airports.”

Thank you to all who responded to the survey. Your suggestions and opinions will help NAADAC and conference attendees get the most out of their experience.
It has been long understood that addiction has biological psychological and sociological antecedents. Historically the people who have been trusted to help with physiological consequences of addictive disorders have been our medical doctors. According to a recent issue of the *Addiction Professional* magazine, the representation of these addiction professionals in NAADAC has been meager at best.

This year NAADAC had an opportunity to help inform neuroscientists about the work NAADAC and addiction professionals do. NAADAC exhibited at this year’s Society for Neuroscience conference in Washington, DC, to show the benefits of NAADAC membership. The Society for Neuroscience is a non-profit membership organization of scientists and physicians who study the brain and nervous system. The society has over 38,000 members worldwide and last year over 26,000 members attended its annual conference.

The medical doctors, neuroscientists and researchers attending this conference are the people who have helped the addiction profession gain insight into the physiology and molecular biology of intoxication, tolerance, dependence, cravings and withdrawal. These are also the people who will be instrumental in the development of the next generation of pharmacological adjuncts to the recovery process for addictive disorders. Imagine an immunization for drugs of abuse like cocaine and nicotine. This may not be as far fetched as it may seem.

Neuroscientists are currently working on drug specific antibodies. It is only right that NAADAC reach out to all of the disciplines that are helping to improve the efficacy of treatment for addictive disorders. I am a behavioral neuroscientist by training and joining NAADAC many years ago just seemed to make sense. To help broaden the understanding and appeal of the addiction profession we need neuroscientists, and other addiction professionals, to join.

**Science Meets Practice**

There were thousands of presentations and poster sessions at the 2005 Neuroscience Conference, including a presentation by Mark Fratzke, whose abstract is included below.

**Psychiatric and Substance Disorder Comorbidity.**

**Correspondence Between Psychiatric and Substance Diagnoses**

*Mark C. Fratzke,* DOH-AMHD-Central Oahu Community Mental Health Center, Pearl City, HI, USA

Forty-one to 65 percent of people with a substance abuse disorder also have at least one mental health disorder (US DHHS, 1999).

Present data suggest that a patient’s psychiatric diagnoses may in part be predictive of a propensity to have a substance abuse or dependence diagnoses. This dual diagnosis may be detrimental to the effectiveness of both substance abuse and mental health therapy and possibly contribute to a poor prognosis. This study of the relationship between psychiatric and substance diagnoses illustrate some of the patterns of comorbidities seen in our community mental health systems.

In this study, we compare the diagnoses of 604 volunteer patients enrolled in community mental health clinics in Hawaii. All of these individuals had met the criteria for at least one DSM-IV psychiatric diagnosis and all had been administered the CAGEAID and MIDAS assessments to help identify co-occurring mental health and substance abuse problems. Logistic regression exemplified a meaningful correspondence between a patient’s diagnosis and substance use disorders. This relationship was most evident in people with the diagnoses of schizophrenia, schizoaffective, depressive and bipolar disorders and the use of alcohol, cannabis, cocaine, inhalants and methamphetamine.

Results of the CAGEAID and MIDAS assessments both suggested evidence of a substance disorder. Substance abuse and mental health providers well recognize that individuals’ co-occurring disorders present complicated, chronic, interrelated conditions that require solutions that are personalized to the specific set of symptoms. The use of the CAGEAID and MIDAS may help ensure that people with co-occurring disorders are detected so that they may receive needed services.
Tool helps clients QuitSmart

A few years ago, NAADAC changed its name to NAADAC, the Association for Addiction Professionals, to include addictions other than alcohol and drugs—addictions such as tobacco and gambling. Soon after, NAADAC launched its Tobacco Addiction Specialist (TAS) endorsement.

NAADAC is continuing this effort by broadening its products line to include the Quit Smart Stop Smoking Kit. This program was developed by Dr. Robert Shipley, Director of Duke University Medical Center Stop Smoking Program, and is a unique, self-administered program to people quit smoking. Since nicotine dependence is common with other addictions, this product is ideal for any addiction treatment center or private practice, either as self-help or as a part of individual or group therapy.

The Quit Smart Stop Smoking Kit contains the Stop Smoking Guide, Better Quit® Cigarette Replacement and Hypnosis CD/Tape. The Quit Smart Stop Smoking Guide provides the reader with brand-switching methods to gradually wean off nicotine and coping skills training to combat those cravings. The Better Quit Cigarette Substitute looks, feels and pulls like a real cigarette while the new ex-smoker learns how to cope without the crutch of a cigarette. The Hypnosis CD/Tape helps the smoker’s unconscious mind align with his or her conscious decision to stop smoking.

Together, this kit provides the ex-smoker with all the necessary tools to stop smoking and remain smoke-free forever. The Quit Smart Stop Smoking Kit is also available in Spanish. You may place your individual or bulk orders for the Kit directly from Quit Smart by visiting www.quitsmart.com or by calling 1-888-737-6278.

Member Discounted Price: $24.95
(enter discount code “NAADAC22”)
Regular Price: $31.99

A 12 Step Alternative

Everyone has heard of Alcoholics Anonymous and other 12-step programs that support millions of people each year with addiction. These self-help programs are wonderful supplements to treatment and continuing care, but they are not the only effective programs available for victims of addiction. Melanie Solomon’s book, AA – Not the Only Way: Your One Stop Resource Guide to 12-Step Alternatives, compares and contrasts several different self-help programs so the client can better choose which program best suites his or her needs.


In addition to these resources, Solomon also provides the reader with contact information for licensed professionals and treatment facilities across the country for many of these approaches. This book is ideal for any addiction professional’s waiting room, treatment process, or as an integral part of the client’s continuing care plan.

AA – Not the Only Way: Your One Stop Resource Guide to 12-Step Alternatives can be purchased through the NAADAC Bookstore, which is accessible through our website www.naadac.org or by calling our office at 800-548-0497.

Member and Nonmember Prices:
1–4 books: $12.95 each
5–9 books: $10.95 each
10 or more books: $9.95 each

Need resources to help you prepare for exams or to help serve your clients better?

Visit www.naadac.org to find the latest materials at the NAADAC bookstore.
Albany’s First Luncheon a Success

By Ferd Haverly, AAPNY Secretary

October 20th featured a fantastic turnout for the first Capital Region Addiction Professional Luncheon. Over 50 addiction professionals shared food, fun and fellowship.

This luncheon marked the beginning of the second year of professional gatherings sponsored by the Capital Region chapter of the Association for Addiction Professionals of New York (AAPNY). AAPNY is the state affiliate of NAADAC, the Association for Addiction Professionals. The purpose of these gatherings is “To strengthen and advance the addiction profession in the Capital Region” by providing an opportunity to “support each others work; learn about and discuss issues facing the profession; and get involved in AAPNY.”

AAPNY President Frank Naccarato gave an inspiring presentation outlining his organizational goals for the year. Frank also spoke of strengthening AAPNY’s relationship with the Alcoholism & Substance Abuse Providers of New York State (ASAP), the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the Institute for Professional Development in the Addictions (IPDA).

There were a number of speakers including Mary Delory, clinical director of Hudson Mohawk Recovery Center, who spoke about services provided by her agency and recognized seven Hudson Mohawk clinicians; Capital Region AAPNY President Deb Hendron, who spoke movingly of her personal connection with addiction professionals in the New Orleans area and AAPNY and NAADAC’s help in providing assistance and support for hurricane victims; regional representative Joel Bergman, Capital Region AAPNY Treasurer Mona Stewart; Bob Killar, from OASAS, who announced he has been appointed OASAS’s liaison to AAPNY; Michelle Cleary, new Executive Director of the International Professional Development Association (IPDA); and Nancy Jones from ASAP.

The positive work and feeling of community would not have been possible without the Albany Citizen’s Council on Alcoholism (ACCA) and Julia Fesko hosting this event.

If you are in the Albany area, please attend the next luncheon! It will be held from 12:00 to 1:30 p.m. on Thursday, December 15 at ACCA, in Albany, NY.

For more information on the next meeting, or for help and ideas on starting your own luncheon, please contact Ferd Haverly at capitalregionaapny@nycap.rr.com.

Certification: Keep Up-to-Date!

By Valerie A. Kremer, Public Relations Intern

NAADAC’s Certification department works hard to keep its certificants up-to-date with the status of their certifications, testing, education and information of new certification opportunities. In the next few months, there will be a number of benchmarks for those holding a NAADAC national certification.

Substance Abuse Professionals: Individuals who obtained the Substance Abuse Professional (SAP) qualification in 2003 must re-qualify in March 2006 as re-qualification is required every three years. SAPs are required to obtain 12 hours of specific SAP Department of Transportation (DOT) regulation training. Important information about re-qualification will be distributed in January 2006. (Note: the SAP is a qualification, not a credential.)

Certification Renewals: If your National Certified Addiction Counselor, Level I (NCAC I), National Certified Addiction Counselor, Level II (NCAC II) or Master Addiction Counselor (MAC) certification lapsed in 2004, NAADAC will be contacting you about reinstating your credential, if you choose.

Adolescent Endorsement: NAADAC is working on an endorsement for adolescent counselors, for those already working with adolescent clients. An endorsement is an add-on for existing credentials; it recognizes the specific skills or knowledge for people who already hold a certification. This endorsement would be attractive to those who already hold an NCAC I, NCAC II or MAC credential, those who work in adolescent counseling, and those who would like to work with this population.

Many people, who initially get certified, become certified to work with adults. Working with adolescents, which is a very special population, develops skills that may not be acquired immediately after certification. This endorsement will facilitate recognition of these specific skills and knowledge to effectively work with this population. Fourteen NAADAC and NCC members are currently developing the NAADAC adolescent endorsement.

Certification Survey: NAADAC has developed a survey of its credentials to better serve and understand the needs of our credential holders. These surveys will be mailed to current credential holders along with NAADAC’s credential renewal forms and also to former credential holders. The online survey is available at www.naadac.org or www.hostedsurvey.com/takesurvey.asp?c=NAADAC15366. To receive a paper or electronic copy of the survey, please contact Colette Cartier at 800-548-0497, ext. 101 or ccartier@naadac.org.

To keep up-to-date on all of NAADAC’s certification issues, visit www.naadac.org and click on “certification.”

Certified for Success
www.naadac.org
Ed Olsen, LCSW, CASAC, SAP, has been elected as NAADAC’s new Northeast Regional Vice President (RVP). Olsen brings 25 years of experience in the chemical dependency treatment profession. As the current chairperson for the NAADAC Ethics Committee, and former president of the Association for Addiction Professionals of New York (AAPNY), Olsen has been a strong advocate for chemical dependency treatment on the community, state and legislative levels. The Northeast region includes seven states: Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island and New York.

“I want to thank my predecessor, Tom Durham, for the fine work he’s done for the Northeast region,” Olsen said. “I am honored to be the new Northeast Regional Vice President. I look forward to developing more partnerships and coalitions so that we may speak in one voice to advocate for chemical dependency treatment.”

NAADAC Introduces Life-Long Learning Series

Free Seminars on Campral Available in 14 cities in 2006

By Valerie A. Kremer, Public Relations Intern

NAADAC, in partnership with Forest Laboratories, is pleased to introduce as a part of the NAADAC Life-Long Learning Series: “Strengthening the Will to Say No” Medication Management for Addiction Professionals – Campral Series. Sponsored by Forest Laboratories, NAADAC will be hosting Campral training seminars in 14 cities across the nation in 2006. Now is your chance to enhance your clinical practice and gain continuing education credits at no charge.

Campral is a pharmaceutical developed by Forest Laboratories, and can help clients stay alcohol free. Campral is intended to be used in combination with counseling with clients once they have stopped drinking. FDA approved and used for more than a decade in Europe, Campral is for people who are alcohol dependent and have decided to stop drinking entirely.

Campral is not intended to cause illness if the person drinks alcohol nor is it meant to block the “high” associated with drinking alcohol. Instead, it focuses on reducing symptoms of distress once the patient has become alcohol free. In studies conducted by Forest Laboratories, by reducing the symptoms (anxiety, sweating, difficulty sleeping) which often lead people to drink again, patients on Campral are three times more likely to stay alcohol free than people taking placebo tablets.

Campral is most effective when taken in addition to psychosocial support, such as a self-help group, individual or family therapy, or regular meetings with a healthcare provider or counselor. Campral can be taken with medications commonly used in this patient population, including antidepressants, anxiolytics, hypnotics, sedatives and non-opiod analgesics.

“Strengthening the Will to Say No” Medication Management for Addiction Professionals – Campral Series introduces addiction professionals to the use and efficacy of Campral. Seminars will consist of workshops and a curriculum designed to challenge addiction professionals to apply the knowledge of Campral to their existing skills as clinicians. As a reference guide, addiction professionals will be able to use the seminar's curriculum in his or her clinical practice. Similarly, a practitioner not familiar with Campral will be able to use reference tools to educate himself or herself on Campral’s use and effectiveness.

For more information on Campral, go to www.campral.com. Keep up-to-date-on how you can register for one of the free Campral trainings by visiting www.naadac.org or contacting Donovan Kuehn at 800-548-0497, ext. 125.

Olsen Elected Northeast Region RVP

By Valerie A. Kremer, Public Relations Intern

Olsen has been a driving force behind AAPNY, who began its work on state licensure for addiction professionals. Through its public policy committee, of which Olsen was the chairperson, AAPNY became a strong and vocal advocate in New York for parity legislation called “Timothy’s Law,” a bill that would require health insurers throughout the state to provide coverage for mental health and chemical dependency that is equal to coverage for other illnesses. In 2000, Olsen was elected vice president of AAPNY and president in 2003.

Olsen succeeds Tom Durham, PhD, LADC, CCS, for the Northeast RVP position. Durham, who stepped down from his position due to relocation, is Project Director at Danya International. Durham was a driving force for NAADAC in the Northeast region and held the position since 2004.

Olsen has been a strong advocate for chemical dependency treatment.
2006 NAADAC Annual Conference in California
Your Conference Wishes Have Come True
By Valerie A. Kremer, Public Relations Intern

NAADAC is joining forces with the California Association of Alcoholism and Drug Abuse Counselors (CAADAC) to present NAADAC’s annual conference in conjunction with CAADAC’s annual meeting. The conference will take place from September 28 to October 1, 2006 at the Hilton Burbank Airport and Convention Center in Burbank, California.

The 2006 annual conference will feature over 40 workshops with topics including addiction treatment, scientific research, family issues, adolescents, geriatric issues and cultural diversity, to name a few. Top names in the addiction profession will educate, train and provide insight into their specialized areas. Many world-renowned experts in the alcohol and drug treatment profession hail from California, making the location a great resource for the conference.

“This year is the first time that we asked affiliates to bid on hosting NAADAC’s annual meeting and we are very pleased to be going to Burbank in 2006. We look forward to learning from the many professionals that will be presenting at the conference and we are happy to be working with some old friends. California is a culturally diverse and rich state that has many opportunities for professional growth and development. We hope to make many new friends over the course of this next year as we plan the conference,” said NAADAC President Mary Woods.

Whether shopping on Rodeo Drive, golfing or relaxing by the beach, you will not be at a loss for things to do at the conference. There are hundreds of activities available in the area. Needless to say, addiction professionals and their guests can easily turn this trip into a vacation. The Burbank airport is conveniently located across the street from the hotel, and Los Angeles (LAX) and John Wayne–Orange County (SNA) airports are nearby.

This joint conference aims to create a positive experience for both NAADAC and CAADAC. Both organizations have had successful events in the past, providing attendees with superb educational experiences and much enjoyed entertainment.

CAADAC and California bring a myriad of advantages to NAADAC. CAADAC is NAADAC’s largest state affiliate, with over 1,600 members. Also, the joint conference increases the potential for increased publicity and public education since it is in the Los Angeles area, one of the largest media markets in the nation.

“California is excited about partnering with NAADAC for its 2006 Conference. Bringing together the expansive treatment resources of California and NAADAC will assure that this will be the Conference to attend in 2006,” said CAADAC President Warren Daniels.

NAADAC’s participation and its network of nationally recognized speakers will also be beneficial to the conference.

“As this will be my final year as President, I can think of no better place to celebrate the wonderful opportunities that NAADAC has provided me. We are looking forward to the fellowship and world renown California hospitality!” said NAADAC President, Mary Woods.

Mark your calendars (September 28 to October 1, 2006) for this event. Keep up-to-date at www.naadac.org, or www.caadac.org.

Top 10 Attractions in Burbank/LA Area
1. Disneyland (www.disneyland.com)
2. NBC Studio Tours (www.seeing-stars.com/StudioToursNBCtour.shtml)
3. Warner Brothers Studios (www.laavenue.com/warnerbros.htm)
5. Universal Studios (www.universalstudios.com)
6. Santa Monica Pier & Aquarium (www.experiencela.com/MA_Santamonica1.htm)
7. Rodeo Drive (www.seeing-stars.com/ShopRodeoDrive.shtml)
8. LA Zoo (www.lazoo.org)
9. Six Flags California (www.sixflags.com)
10. Los Angeles County Fair (September/October) (www.fairplex.com/fp/)

Warren Daniels, CAADAC President, Cynthia Moreno Tuohy, NAADAC Executive Director, Bradley T. Smith, Program Coordinator, Loyola Marymount University.
California Celebrates 25 Years of Serving Counselors

By Shawna Barnum, Office Manager and Conference Coordinator

In October 2005, the California Association of Alcoholism & Drug Abuse Counselors (CAADAC), hosted its Annual Conference, “Celebrating Professional Diversity,” in Sacramento, California. Addiction counselors from throughout California came to network with fellow counselors, recognize contributions to the addiction profession by individual counselors, learn the latest information and trends in addiction counseling and support the CAADAC Political Action Committee (PAC).

Special guest Kathryn Jett, Director for California Department of Alcohol and Drug Programs, opened the President’s Luncheon with a motivating and informative address. Awards presented during the luncheon included the Hall of Fame Award, James Fulton Award, George C. Cobbs, Jr. Award and the Joseph A. Giannantonio Award, an award recognizing the work of outstanding educators.

Conference attendees were able to make new contacts in the CAADAC exhibit hall where such organizations as The Hazelden Foundation, Crossroads Centre Antigua, Alternatives, Inc., The Meadows and Orion Healthcare were represented.

Speakers at the CAADAC conference included Roland Williams, a nationally recognized speaker on cross-cultural counseling, Dr. Claudia Black, a renowned lecturer and author on family systems and addictive disorders, and Willie Wolf, an enrolled member of the Cheyenne River Sioux tribe. Conference attendees were captivated by Roland Williams’ informative and comedic opening general session entitled, “The Diversity and Culture of Recovery.” Dr. Claudia Black presented on working with addictive family systems, including family violence, multi-addictive processes and affective disorders. Willie Wolf presented, “The Native American Circle of Recovery: Mending the Sacred Hoop.”

The CAADAC PAC, which began only one year ago and is growing quickly, held its first annual reception. Christopher Kennedy Lawford entertained the PAC guests with tales from his childhood and his personal journey through addiction. Lawford promoted his new book, “Symptoms of Withdrawal: A Memoir of Snapshots and Redemption” and hosted a book signing after his presentation. Guests were able to have their copies of the book signed and to speak with Lawford personally.

NAADAC Acting Executive Director, Cynthia Moreno Tuohy, was privileged to attend the event along with Shawna Barnum, NAADAC’s Office Manager and Conference Coordinator. Moreno Tuohy was invited to address the CAADAC membership during the President’s Luncheon. Her presentation focused on the merger discussions between NAADAC and the International Certification & Reciprocity Consortium (IC&RC).

NAADAC was welcomed by CAADAC’s leadership including President Warren Daniels; Executive Director, Rick Sautter; and President-Elect, Bob Tyler. The conference was a huge success due to the extraordinary efforts of the CAADAC staff including Board Liaison and Conference Planner, Danalee Lavelle.

(clockwise from above) NAADAC President Mary Woods, Christopher Kennedy Lawford, NAADAC Executive Director Cynthia Moreno Tuohy and State Rep. Aaron Peña.

Participants at the 2005 Presidents’ Dinner in Corpus Christi, Texas.

Tim Sinnott, from Antigua Crossroads, Mary Woods, NAADAC President, Warren Daniels, California Association for Alcohol and Drug Abuse Counselors (CAADAC) President, Christopher Lawford Kennedy and Robert Taylor from CAADAC.
Ensuring Disability Isn’t a Barrier to Treatment
How One Small County Successfully Worked With a Hearing Impaired Client
By Volney Dunavan CADC-II, DUI Program Coordinator, Mariposa County DUI Program

A relative of a 45 year-old hearing-impaired male contacted the Driving Under the Influence (DUI) Program of Mariposa County, California. The client had received his first DUI in the State of California. This was a first in Mariposa County: how would this client receive treatment?

California’s DUI program applies to people convicted of a first DUI offense. Offenders must complete a state-licensed three-month, 30-hour alcohol and drug education and counseling program, mandated by both the local court of and the California Department of Motor Vehicles (DMV).

From the beginning, the challenges of dealing with a disabled client were apparent. Our client needed substantial interpretive assistance from his relative to complete his intake documentation. Our program felt it was inappropriate to bring the client into the program until we had services arranged for him, including an American Sign Language interpreter.

To resolve these challenges, we worked with the Department of Alcohol and Drug Program’s (ADP) resource (www.adp.cahwnet.gov), the California Association of Addiction Recovery Resources (CAARR) (www.caarr.org), the California Alcohol & Drug Program Administrators Council (CADPAC) and several other state and federal agencies to put together a program that would meet the ADP requirements and provide the client with meaningful services.

Soon we established a communication plan with the help of a local sign language interpreter and Captioned Media Programs. Captioned Media is a program that provides people who are deaf or hard of hearing with equal access to communication and learning through the use of captioned media (www.cfv.org). However, there was a key component missing: funding.

We applied and eventually received approval for funding from the Supervisors of Mariposa County. The entire process to enroll the client took about 90 days. At the request of the client’s relative, we also sent a letter to the DMV asking that they waive late enrollment penalties and fees, explaining that the delay had not been the fault of the client.

As part of the intake, a counselor did a rudimentary reading test that indicated the client had a mid-fifth grade level of reading and comprehension. During the course of treatment, the counselor determined that the client’s speaking vocabulary was more sophisticated. In our assessment, there were indications that the client believed he “has had” an alcohol problem but that he stopped drinking because he did not like the turmoil or the effects that resulted from his use. Our assessment revealed that the client was appropriate for our agency.

With the help of the Captioned Media Program, which is funded through the U.S. Department of Education and administered by the National Association of the Deaf, we were able to borrow at no cost, several captioned videos. These videos included “The Quietest Room,” “AIDS: Stopping the Spread of HIV,” “Fast Forward: an Alcoholic’s Story,” “Shatter,” “The Truth About Drinking,” “Without Warning: the Dangers of Binge Drinking and Alcohol Poisoning,” “Substance Abuse in the Elderly,” “Echoes,” and “The Best Years of Your Life.” The total running time of these videos is about three and a half hours. Our hearing impaired client also watched about 1.5 hours of the video “I Can” and “A Choice for Life” which were loaned to us through the Disability Access Project of CAARR. The counselor assigned to our client screened most of the videos before they were viewed (see video descriptions, pg. 13)

Our client viewed several videos at a time, jotting down his thoughts, feelings and questions. A meeting with the counselor and interpreter followed his video session where his questions were answered and his thoughts and feelings were validated. This was a very efficient and effective way for the client to obtain information above and beyond what was taught within his structured individual meeting. The client was particularly impressed by “The Truth about Drinking,” which is a captioned version of the same video our counselors show their clients’ final education class.

Consistently throughout the course of his visits, it became apparent that our client had a great deal of anger and resentment—emotions that were shared freely and appropriately exhibited.

The original funding request of the County Supervisors had been structured with the thought that collateral services might be needed for our client. We had questioned if there might be a co-occurring disorder, for example. As funding was available, the client was asked if he would like to have some anger management meetings with our counselor who specializes in that training. He was very excited about this opportunity and planned to start the classes following the completion of his DUI Program.

It was hard to specifically assign the time spent on each requirement of the DUI program, because, from the very beginning, the client was excited about having someone to communicate with about alcohol and alcoholism. His questions and education were interspersed within all components of his treatment.

Our hearing impaired client was provided with information about three on-going captioned Alcoholics Anonymous meetings, although they were located in a city almost an hour and a half drive from our community. Our client indicated he would attend when he got his license back after the completion of his DUI program. The self-help requirement of the program (six hours in Mariposa County) was fulfilled with written reports on two captioned movies he had seen, borrowed through our local library.

(Disability, continued on page 13)
Video Descriptions

Captioned videos used in conjunction with treatment for the deaf.

The Quietest Room (17 min.) Viewers follow a young man’s journey from a bar where he has too many drinks, to a fatal driving accident. Finally, he ends up in the quietest room in town, the morgue. The narrator, Martin Sheen, speaks as though the driver were still alive. It shows a grim consequence of drinking and driving.

AIDS: Stopping the Spread of HIV (14 min.) Sexually active people need to be knowledgeable about AIDS and HIV. This video reviews how a person contracts HIV, what AIDS does to the body, how to practice safer sex, which activities increase risk, when to be tested for HIV, and the importance of planning ahead. NOTE: Uses specific terminology.

Fast Forward: an Alcoholic’s Story (32 min.) Alex has a bright future as a top athlete and has plans for college. Unfortunately, he also likes to drink beer. When Alex is shown the consequences alcohol will have on his life as it shatters his hopes and dreams, Alex re-evaluates his situation and begins anew.

Shatter (16 min.) Binge drinking and its resulting at-risk behaviors are prevalent problems for today’s teens. Two teens are in love, but both are out-of-control drinkers. They are warned of the risks, neither pays attention. At a weekend party, their lives unravel.

The Truth About Drinking (36 min.) A group of teens who drink see firsthand the realities of potential consequences of alcohol use: how it affects coordination, vision and reaction time; how organs suffer damage and time in a rehab center. A sobering look at the consequences alcohol will have on his life.

Without Warning: the Dangers of Binge Drinking and Alcohol Poisoning (17 min.) Binge drinking and alcohol poisoning account for over 4,000 fatalities annually—more than by drug overdoses. Parents of teenaged victims share their stories and urge education awareness. Lists the symptoms of alcohol poisoning and stresses what a person needs to know, to do, and not to do, in order to save a life.

Substance Abuse in the Elderly (28 min.) This program profiles older Americans who are at risk for problems related to drinking alcohol and prescription drug misuse. As the body ages, tolerance to alcohol decreases while many people often have multiple prescriptions for medications that can cause problems when combined. Shows some innovative programs created for the elderly.

Echoes (27 min.) Dramatic portrayal of one woman’s severe consequences for causing a deadly accident while under the influence of alcohol. Released from jail after six-and-a-half years, she tries to reunite with her young daughter.

The Best Years of Your Life (21 min.) A hard-hitting video that educates high school and college aged young people about the real dangers of “binge drinking.” It includes interviews with the friends and parents of college students killed in binge drinking incidents, as well as graphic images of injuries and car wreckage.

In the June 2005 NAADAC News article “Challenges and Opportunities: What You Need to Know about Suicidal Clients,” Paul Quinnett discussed the connection between suicide and substance abuse. As all addiction professionals know, suicide is a very real and plausible threat to clients battling substance abuse dependency.

Research in this area has borne out that those with addiction issues are at elevated risk for suicide. Dr. I. Rossow from the National Institute for Alcohol and Drug Research in Norway, wrote of these effects in the journal Addition. Of 1,608 drug addicts admitted to treatment over the past three decades, the average annual mortality rate of those admitted was 2.3 percent, but that 14.7 percent of those who died committed suicide. Rossow also found that the incidence of suicide was significantly higher among drug addicts than in the total population, and that suicide deaths were higher for women and younger age groups. In line with those findings, C.P. Miles, writing in the Journal of Nervous and Mental Disorders, estimates that 10 to 15 percent of those suffering from alcoholism or opiate addiction commit suicide.

These findings show how critical it is for all addiction professionals to know how to counsel or refer suicidal clients. Now, NAADAC is here to help. To address this issue, NAADAC has partnered with Eastern Washington University and the QPR Institute to offer NAADAC members effective suicide prevention training.

The one-hour online course, QPR (Question, Persuade, and Refer) Gatekeeper Suicide Prevention, provides addiction professionals with the tools necessary to identify suicidal patients and help them receive the services they so desperately need. In addition to suicide training and resources, registration also includes on-demand access to QPR Online 24-hours a day, seven days a week. QPR On-line also provides for real time assistance or booster sessions for a period of three years, information on depression, a web-based free depression screening and Paul Quinnett’s book, Suicide: the Forever Decision.

Over 250,000 professionals have already received this QPR training and saved countless clients as a result. For a limited time, NAADAC members can receive the QPR training for the exclusive member price of $19.95 (a 33% discount). To register, please visit www.ewu.edu/qpr/gatekeeper.html and enter “NAADAC” as the Promotion Code. If you prefer to order by phone, contact QPR directly at 800-331-9959.

This was not an inexpensive project for our county. It took the commitment of our staff and the support of Mariposa County’s Board of Supervisors. In addition to the normal agency overhead, a certified interpreter was contracted at the going rate of $50 per hour.

Serving this client was part of our legal and ethical mandate to provide the very best of services to all of the residents of Mariposa County. Without our commitment to universal access for all clients, we would not be fulfilling our commitment to our community.

Mariposa County, located in central California, is the home of Yosemite National Park. With a land area of 1,451 square miles, the 2004 estimated population was 18,003. Mrs. Dunavan is a CADC-II and SAP. She has served as the Executive Director of a 60+ bed residential women’s facility, has worked with small, rural DUI programs in both Mariposa and Madera Counties and has served on the CAADAC board as Vice President and Secretary.
Bill before Congress Would Help Identify Addictions
96% of doctors making an initial diagnosis do not believe that treatment works
By Daniel Guarnera, Government Relations Intern

Following the flurry of activity in the NAADAC Government Relations Department surrounding Addiction and Recovery Month—including a letter from President Bush recognizing Addiction Counselors’ Day and a Congressional Resolution recognizing Recovery Month from Florida Rep. Katherine Harris—attention now returns to building support for government policies that will promote the addiction treatment field. Perhaps the most important of these proposals is the Health Professionals Substance Abuse Education Act.

First introduced in 2002 by Senator Joe Biden (D-DE)—the bill (S. 538) is designed to increase the range and number of health care workers with the necessary training to identify addictive disorders in patients. If properly implemented, general practitioners would be better able to treat patients’ symptoms and refer them sooner to an addiction professional, who can address the underlying addiction. In defending his bill, Senator Biden refers to study findings that only one percent of doctors presented with a classic profile of alcoholism in an elderly woman correctly identified the disease. Eighty-two percent of generalist doctors misdiagnosed it as depression, the medication for which can often be dangerous when taken with alcohol.

“Every family doctor does not need to be an addiction specialist,” Biden said, “but they do need to be able to recognize the signs of addiction, and they need to know what help is available.”

The bill presents further statistics that reveal that less than one in five doctors describe themselves as confident to diagnose alcoholism, and only 17 percent feel qualified to identify illegal drug use. Shockingly, the bill cites that over 96 percent of doctors in a position to make an initial diagnosis do not believe that addiction treatment works.

The bill tries to combat these serious deficiencies in two main ways: first, it provides educational resources and training to current generalist health professionals, and, secondly, it encourages medical schools and centers (most of which contain little, if any, mandatory addictions training) to offer more education on addiction issues.

Specifically, the Health Professionals Substance Abuse Education Act would offer grants to organizations to train health professionals to: 1) recognize addictive disorders in their patients and their patients’ families; 2) intervene, treat or refer for treatment those persons with addictive disorders; 3) identify and assist children of addicted parents; 4) serve as advocates for community-based substance abuse prevention programs; and 5) address non-therapeutic use of prescription medicine.

Nine million dollars would be authorized to complete these goals. If the bill were passed, the actual amount of money appropriated would have to be negotiated as part of the federal budget, but it could not exceed the authorization amount.

The bill also aims to address deficiencies in the educational system surrounding addiction. It would encourage community colleges to offer academic credit for classes through Addiction Transfer Technology Centers (ATTCs), establish a faculty fellowship program for substance abuse specialists and promote interdisciplinary curriculum development through model “centers of excellence” at select medical schools. Twelve million dollars would be authorized for the pursuit of these goals.

Representative Patrick Kennedy (D-RI), co-chair of the Addiction, Treatment and Recovery Caucus, has introduced an identical copy of the bill in the House of Representatives (H.R. 1789). It has attracted 10 co-sponsors to date. Both the House and Senate bills have been referred to the respective committees responsible for health policy. Discussion and votes in these committees are critical to the passage of these bills. If the committee passes the legislation, then it will go to the floor of the House and Senate for a full vote.

If passed, the Health Professionals Substance Abuse Education Act would provide much needed resources to help make addictive disorders better understood by the healthcare community as a whole while encouraging closer collaboration and cooperation between generalist healthcare workers and their colleagues in the addictions field.
Addiction Services Face Huge Cuts

By Andrew Kessler, NAADAC Director of Government Relations

The fall brings a flurry of activity to Capitol Hill, as lawmakers scramble to tie up the session’s agenda before the holiday recess. In a good year, the holiday recess begins before Thanksgiving. In a bad year, the session extends well into December. The bills demanding the highest attentions during this time usually revolve around budgeting and other legislation deemed high priority by the leadership.

As this goes to press, Congress had yet to pass a complete federal budget for Fiscal Year 2006, and until it does, spending for many federal programs will continue at Fiscal Year 2005 levels. This impacts funding for the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, The Substance Abuse and Mental Health Services Administration, the Office of National Drug Control Policy, and the list goes on. Also having an impact on domestic spending levels are government hurricane relief efforts and the war in Iraq.

NAADAC is particularly concerned with legislation regarding the re-authorization of the Higher Education Act. In its current form, the Act places severe restrictions on federal financial aid for students who have drug convictions on their records. This policy is the result of a change made in 1998 by Rep. Mark Souder (R-IN). The law applies to all convictions on a student’s record, including those in the past. NAADAC is working with several other groups in the Coalition for Higher Education Act Reform, in an attempt to reform these restrictions.

“The while the intent of the Drug Provision is to reduce drug abuse and addiction, a recent report from the government shows that the policy has no impact on drug use,” said Scarlett Swerdlow, Executive Director of Students for Sensible Drug Policy. “Why are we denying aid to those students who need it most—students who are trying to turn their lives around after a mistake with drugs?” The report Swerdlow refers to was a publication of the Government Accountability Office, Drug Offenders: Various factors may limit the impact of the federal laws that provide denial of selected benefits.

Following up on its efforts to assist victims of the recent hurricanes, especially those in need of addiction counseling, NAADAC offered its full support for H.R. 4213, introduced by Rep. Bobby Scott (D-VA.) This legislation intends to relieve one of the many hardships inflicted on millions of Americans by the recent spate of hurricanes in the Gulf Coast region. Under current federal regulations, people with drug convictions on their records face possible suspension or revocation of certain social services provided by the federal government, such as TANF (Temporary Assistance for Needy Families), food stamps or government housing. Federal student loans can also be denied to drug offenders.

“The bill does not affirm or support acts of crime, (but) it should not be labeled or stigmatized,” said Sheila Jackson Lee (D-TX), one of the bill’s original co-sponsors. “These are individuals who have lost everything and to a great extent are victims.” Rep. Scott’s legislation will temporarily narrow these roadblocks on government assistance to former drug offenders living in the Gulf Coast region, as they are in dire need of the government’s help and care.

The Second Chance Act has received a great amount of support in both chambers of Congress, and from both sides of the aisle. If enacted into law, the act would create new programs for those recently released from prison, including substance abuse treatment and education. It would also provide for substance abuse treatment for those still incarcerated. The House version of the bill has well over 30 co-sponsors, while the Senate version has 11.

In 2006, NAADAC will continue to work on these issues, as well as legislation concerning methamphetamines, the education of health professionals in substance abuse treatment, and mental health and substance abuse parity legislation. Please continue to check the advocacy section of our website for updates at www.naadac.org.

What You Can Do

Most bills are never agreed upon in their committees and therefore never come to a vote on the House or Senate floor. Intensive lobbying and educational efforts are needed to attract the attention needed to move a bill out of committee.

Take Action...

If you want to help improve the quality of care for addiction, there are several ways to take action:

- Call or write your Congressional member and tell them to support H.R. 1789, the Health Professionals Substance Abuse Education Act. You can find contact information at www.house.gov
- Call or write your Senator and tell them to support S. 538, the Health Professionals Substance Abuse Education Act. You can find contact information for your Senator at www.senate.gov
- You can follow the progress of the legislation on either of the aforementioned websites, or on http://thomas.loc.gov/
- Tell your colleagues to get involved. Try to contact 10 people about this issue, and have them each contact 10 more.

In the coming months, NAADAC will be making an effort to further involve its members in the public policy process. It is our goal to keep you more informed, and get you more involved, when it comes to legislation and policy that affect the addiction profession. Please stay informed by regularly checking our website (www.naadac.org), or by contacting Andrew Kessler, NAADAC Director of Government Relations, at akessler@naadac.org.
Counseling Files

What to Do When Counseling Those Affected by a Disaster

By Kevin Large, MA, LCSW, LMFT, MAC

As we’ve seen in recent months, unexpected events can strike at any time. Kevin Large has prepared an opinion piece for counselors in affected areas. —Editor

The best disaster plan is one that fits on one page. When we respond to a disaster, we tend to do what we do on a daily basis. So, the counseling skills you use on a daily basis will be the skills you will bring to your work with the victims of the disaster.

First and foremost, take care of yourself. Watch out for dangers if traveling or walking in an area affected by a disaster. The first rule of “first responders” is to “survey the scene.” You will most likely be working in an area that has been cleared or in a safe environment. But, in case you do travel or walk in an area that has been damaged or affected by the disaster, just remember to be cautious so that you, too, do not become a victim of the event.

Secondly, be prepared for the worst. How do you be prepared for the worst? You may have an idea of what you will be facing; you may have worked on disasters in the past; you may have experience in working with victims of trauma... It is just a wise idea to be prepared to face some difficult emotional issues. The fresh stories of those that have been affected by the disaster are apt to carry a certain degree of emotional pain, images of death and destruction and extensive expressions of loss. People affected by the disaster have lost their homes, their family members, their lifelong possessions, their community, their friends.

On a more existential level, they have lost the sense of safety. What was their home and their neighborhood has been “taken over” by the ravages of the disaster. Their world has been turned upside down. The degree of disorientation from losing all of what is familiar is devastating. Third, try to pace yourself. Take time to take a breather in between hearing stories of the effects of the disaster. Whether you are seeing clients in individual or family sessions, or working with groups, take time to debrief as necessary in order to process some of the content—emotional and descriptive—of what you are hearing. There will be debriefing when it is all over. Depending upon the level of stress in what you are hearing, and how you are coping with that, you may do fine. Or you may be surprised by a certain story that affects you. When hearing stories of loss, we are apt to be reminded of our own experiences—either in our own lives or in what we have heard from others. And, when dealing with grief and loss issues, this tends to register with us on an emotional level. It is okay, it is part of being human. Just know that we are apt to be greatly affected by the persons that we meet and the stories that we will hear.

Finally, when working with the victims of a disaster, it is most important for them to tell their story—over and over again. Depending upon the nature of your work with them, the client may be telling their story and trying to come to grips with what has happened. You, as the counselor, may be trying to impart some coping skills to help them deal with any number of experiences. Remember that their world has been turned upside down, and their reality has been so devastating that they are apt to repeat themselves and need to tell different aspects of their story.

Cynthia Moreno Tuohy Becomes NAADAC ED

Previously Acting Executive Director Fills Permanent Position

By Donovan Kuehn, NAADAC News Editor

NAADAC, the Association for Addiction Professionals, is pleased to announce that Cynthia Moreno Tuohy, NCAC II, CCDC III, is NAADAC’s new Executive Director. Moreno Tuohy, who previously served as NAADAC’s Acting Executive Director, has agreed to serve as the permanent Executive Director for the association. Moreno Tuohy has over 26 years experience working on substance abuse disorders, domestic violence/anger management and conflict resolution. She also served as the Director of Danya Institute and the Central East Addiction Technology Transfer Center (CEATTC).

“I have a passion for NAADAC and am committed to maintaining its strong vision. NAADAC will continue to work to improve the lives and livelihoods of addiction professionals and the clients, families and communities they serve,” Moreno Tuohy said.

Moreno Tuohy has been active in NAADAC for almost two decades. She has served as President and Treasurer of the NAADAC Executive Committee, as a Commissioner on the NAADAC National Certification Board and as Chair of NAADAC’s International and Legislative committees.

“Cynthia Moreno Tuohy continues to be an integral part of the identity and future goals of NAADAC. We are honored to have her take the permanent position as Executive Director of NAADAC,” said NAADAC President, Mary Woods, RNC, LADC, MSHS.

“I have been pleased in helping to shape the ambitious and positive agenda that NAADAC has planned for 2006, and for the future. I am pleased and proud to be a member of the international community of addiction professionals,” said Moreno Tuohy.

Moreno Tuohy’s full biography can be found at www.naadac.org.
National Summit Convenes on the Methamphetamine Epidemic
January Conference Brings Together Substance Abuse, Health Care and Law Enforcement Professionals

By Valerie A. Kremer, Public Relations Intern

NAADAC members will have the opportunity to expand their knowledge of methamphetamine addiction and treatment techniques this January at the 2006 National Summit on The Methamphetamine Epidemic. The Summit will take place from January 18–20 at The Excalibur hotel in Las Vegas, Nevada. The 2006 National Summit on The Methamphetamine Epidemic will provide an opportunity for law enforcement agencies, substance abuse professionals, health professionals, elected officials and others to address the spreading methamphetamine problem.

The popularity of methamphetamine (meth) has skyrocketed across the United States from rural towns to big cities. Law enforcement officials have discovered meth labs in all 50 states. According to federal estimates, more than 12 million Americans have tried methamphetamine and 1.5 million are regular users.

The conference will provide addiction-focused health care and substance abuse professionals the chance to hone their skills in treating meth-addicted clients. With an increasing number of meth addicts in the United States, clinicians need to develop the skills and expertise to provide those addicted to meth with current and effective treatment options.

The 2006 National Summit on the Methamphetamine Epidemic provides intriguing topics targeted towards social services. Topics included are: meth and medical concerns for children; myths regarding meth addiction treatment; meth and sexually transmitted diseases; and the facts and figures of meth addiction, in addition to a myriad of other seminars and plenary sessions.

The conference will also provide an opportunity for people in the community to connect with federal and state leaders in the battle against meth. The goal of the conference is to teach attendees to:

- Further meth prevention and interdiction efforts with best practices from across the country
- Develop community partnerships to combat the meth epidemic from the social service and law enforcement perspectives
- Discover new information from recent studies about meth addiction and recovery
- Utilize new information and tactics to ensure your comprehensive meth plan is fully funded
- Re-energize communities with proven successful tactics in the war on meth

The summit is hosted by the Performance Institute, a private, non-partisan think-tank improving government results through the principles of performance, competition, transparency and accountability.

For more information on the conference, please visit www.performance.org/methabuse

SMART Recovery Meets in Chicago

By Shari Allwood, SMART Recovery Central Office

SMART® Recovery, an international addiction self-help network, held its 11th Annual Training Conference in Chicago, October 21–23, 2005, with over 120 volunteers and professionals in attendance. Participants came from throughout the US and from as far away as Canada, Italy, the UK and Brazil. The event included a one-day Motivational Interviewing workshop, a one-and-a-half day new volunteer training, a reunion and training for repeat attendees and training for professionals on SMART Recovery Therapy (the professional services that facilitate an individual's attendance in SMART Recovery meetings).

SMART Recovery now provides approximately 300 support groups, mostly in the US, but also in Australia, Canada, Costa Rica, New Zealand, the UK, and Uzbekistan. SMART Recovery offers a science-based, self-empowering approach to recovery that can be used in addition to, or instead of, attendance in 12-step groups. It teaches a set of cognitive-behavioral and relapse prevention recovery “tools” and the SMART Recovery organization has committed itself to updating its scientifically-based program as scientific knowledge evolves.

A conference highlight was the Internet Committee report, which described the brisk growth in on-line meetings and message board posts. SMART Recovery on-line meetings regularly draw 20 to 40 participants. The SMART Recovery message board, with dozens of specialized forums—including a number which cater to newcomers—has over 5,000 registered users. The SMART Recovery chat room has volunteers available 24 hours a day, seven days a week. In just seven years, SMART Recovery’s online activities have grown to be a major part of the organization.

SMART Recovery’s next annual conference is scheduled for Boston, MA in October 2006. For a list of SMART Recovery’s publications and resources, please visit www.smartrecovery.org. A copy of the quarterly SMART Recovery News & Views newsletter can be acquired by contacting the SMART Recovery Central Office, 7537 Mentor Ave., Ste. 306, Mentor, OH 44060. Copies can be requested by calling 440-951-5357 or 866-951-5357 or sending an e-mail to info@smartrecovery.org.
**MEMBERSHIP CATEGORIES**

- **Full Membership** is open to anyone engaged in the work of counseling or related fields who is interested in the addiction-focused profession. (Certification is not a requirement of membership in NAADAC.)

- **Student Membership** (proof of status must be submitted along with this application) is open to any new or renewing member who is a full-time (9 hours) student at a college or university, or a student who is involved in a full-time internship. Members who meet the above criteria can be eligible for student membership for four years.

**NAADAC Category Rates**

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**Membership Benefits**

- **Refundable**. From time to time, we share our members’ postal addresses with other companies who provide services that we feel are a benefit to the addiction professional. We carefully screen these companies and their offers to ensure that they are appropriate and useful for you.

“**For more than 30 years, NAADAC has been the leading advocate for the addiction professional. With your support as a member we can continue to uphold our association’s mission to developing leaders committed to the unification, regeneration, and growth of the addiction profession.”**

—Mary Woods, RNC, LADC, MSHS, President

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**Join NAADAC Today—Reap Benefits Tomorrow!**

**NAADAC NEW MEMBER APPLICATION**

**PLEASE PRINT CLEARLY.**

**MEMBER INFORMATION**

- **NAME**
  - Name
  - Home or Work Address (please print clearly)
  - City/State/Zip

**PAYMENT INFORMATION**

- **Total Amount Enclosed**

**SIGNATURE**

- Please send me more information.

**MEMBERSHIP CATEGORIES**

- Full Membership
- Student Membership

**NAADAC PAC CONTRIBUTION**

- $50
- $100
- $200
- $300
- Other $_____

**PAYMENT INFORMATION**

- Check (payable to NAADAC)
- VISA
- MasterCard
- American Express

**CREDIT CARD NUMBER**

**EXPIRE DATE**

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NAADAC New Member Application.

For more than 30 years, NAADAC has been the leading advocate for the addiction professional. With your support as a member, we can continue to uphold our association’s mission to developing leaders committed to the unification, regeneration, and growth of the addiction profession.” —Mary Woods, RNC, LADC, MSHS, President.
Two New Additions to NAADAC’s Staff

By Valerie Kremer, Public Relations Intern

Two new faces have joined the NAADAC staff: Alysia Lajune and Monika Gerhart. Their different experiences and backgrounds enhance the diversity and expertise of the NAADAC staff.

Alysia Lajune has joined NAADAC’s staff as its new State Liaison. Lajune will work to strengthen communications between NAADAC’s state affiliates and the national office. Lajune brings with her several years of experience from the City of Alexandria’s Department of Human Services, the US Chamber of Commerce and The Ohio State University. Hailing from Vicksburg, Mississippi, Lajune graduated from Denison University in Ohio with a BA in communications and is pursuing a Masters in community counseling.

“I hope to make a difference at NAADAC by changing the public’s perception of addiction as a disease,” said Lajune. “So many people have the wrong idea about addiction.”

Lajune welcomes the many opportunities at NAADAC and looks forward to working with NAADAC’s state affiliates.

“I look forward to seeing some positive changes and improved communication all around,” said Lajune.

Monika Gerhart has joined NAADAC’s staff as its new Special Projects Associate. She will be working to support NAADAC’s current initiatives, strengthen NAADAC’s partnerships and seek out funding for NAADAC’s new projects. Gerhart recently moved to the area from New Orleans, Louisiana. She brings with her a strong background in public health and social justice. Gerhart received a BA in German and political science from the University of Minnesota. She also recently completed a Masters degree in Latin American Studies/Public Policy from Tulane University in New Orleans.

Gerhart has conducted fieldwork in Mexico, Brazil, Cuba and South Africa on topics ranging from public health participation, participation and enhancement of “civil society” and democratization.

“I would like to put NAADAC on the agenda for a wider audience and increase the number of NAADAC’s advocates,” said Gerhart.

Executive Director Cynthia Moreno Tuohy was pleased to announce the addition to NAADAC’s staffing complement. “Alysia and Monika bring a unique blend of experiences and talents that complement our NAADAC team. We look forward to energy and passion they will bring to serving NAADAC’s members and the addiction profession as a whole.”

Alysia Lajune can be reached by e-mail at alajune@naadac.org or 800-548-0497, ext.102 and Monika Gerhart can be reached at mgerhart@naadac.org or 800-548-0497, ext.129.

To learn more about the NAADAC staff, please visit www.naadac.org and click the “Contact NAADAC” link.

AAPNY 30th Annual Conference and Membership Meeting

“Research and Technology entering the 21st Century”
Crowne Plaza Hotel
Albany, NY

Earn up to 18 Continuing Education hours

The Crowne Plaza will provide free shuttle service to and from Albany International Airport and the Albany/Rensselaer Amtrak Station, as well as free, on-site parking.

Visit www.aapnycounselor.org or call (877) 862-2769 for more information.

NAADAC 2006 Elections

Get involved in NAADAC’s leadership!

Elections for NAADAC’s officers and regional Vice Presidents will be take place in 2006. Positions open on the NAADAC Executive Committee are the President-Elect, Secretary and Treasurer.

There will also be elections for four Regional Vice Presidents for the Mid-Atlantic region (New Jersey, Delaware, Pennsylvania, Virginia, the District of Columbia, Maryland, West Virginia), the Mid-South region (Arkansas, Louisiana, Oklahoma, Texas), the Northeast region (Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont) and the Northwest region (Alaska, Idaho, Oregon, Montana, Washington, Wyoming).

All positions are for two-year terms.

For more information on the elections, and job descriptions for the NAADAC executive positions, please visit www.naadac.org.
### 2005–2006 UPCOMING EVENTS

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<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>November 30 –</td>
<td>SECAD 2005 “An International Conference for Alcohol and Drug Addiction Professionals”</td>
<td>Sheraton Atlanta Hotel, Atlanta, GA</td>
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<td>December 3, 2005</td>
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<td>November 30 –</td>
<td>NALGAP Annual Conference Within a Conference</td>
<td>Sheraton Atlanta Hotel, Atlanta, GA</td>
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<td>December 1, 2005</td>
<td>World AIDS Day “Stop AIDS. Keep the Promise”</td>
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<td>December 2 – 3, 2005</td>
<td>NAADAC Executive Committee Fall Planning Meeting</td>
<td>Sheraton Atlanta Hotel, Atlanta, GA</td>
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<td>NCAC I/NCAC II/MAC Application Deadline for March 25 Exam</td>
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<td>March 6 – 12, 2006</td>
<td>Fourth Annual Problem Gambling Awareness Week</td>
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<td>March 23, 2006</td>
<td>NAADAC Advocacy Action Day</td>
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<td>March 24 – 25, 2006</td>
<td>NAADAC Workforce Development Summit</td>
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<td>NCAC I/NCAC II/MAC Application Deadline for July 29 Exam</td>
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<tr>
<td>September 28 –</td>
<td>NAADAC/CAADAC Annual Conference</td>
<td>Burbank, California</td>
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Have an event we should know about? Contact 800-548-0497 or dkuehn@naadac.org.