NAADAC and its partners are calling for workshop proposals that offer unique educational experiences for addiction focused-professionals. We are seeking current and relevant information addressing:

- Addiction education
- Adolescent treatment strategies
- Brain neurochemistry and recent advances
- Clinical supervision
- Cognitive behavioral therapy
- Co-occurring disorders
- Comparative effectiveness of addiction treatments
- Pain and addiction
- Prevention
- Cross-cultural treatment strategies
- Families: history, therapy, courts, recovery
- Marijuana and designer drugs
- Medication Assisted Treatment and Recovery
- School-based services
- Spirituality and recovery
- Post-traumatic stress disorder and addiction
- Psychopharmacology related to addiction
- Recovery oriented practice
- Relapse prevention
- Trauma and addiction
- Veterans and addiction
- Comparative effectiveness of addiction treatments

How will presenters be selected?
The Conference Committee will accept presenter applications until the close of business on December 14, 2012. Applications will be selected according to the following criteria:

- All sections of the application are complete.
- Presentation description is clearly written.
- Learning objectives are clearly stated.
- Session structure and organization are clearly defined.
- Presenters have sufficient experience and knowledge of the subject matter.

Scoring Criteria
Each presentation will be ranked out of ten points: three points for topic relevance; three points for a compelling description and use of evidence-based practices; three points for unique approach to or delivery of the subject matter and one point for being a current NAADAC member.

How Will I Know if I’ve Been Selected?
The Program Committee will contact chosen presenters by e-mail by February 1, 2013. It is expressly understood that the presentation may be scheduled at any time on any of the conference dates at the discretion of the conference organizers. Please state if you have a day preference and your request will be considered if possible.

Ready to apply? Visit www.naadac.org/conferences

Proposals are due by close of business on December 14, 2012
Notes from the NAADAC Conference: Leading the Way
Lively Discussion, Education and Challenges for the Profession
By Scott J. Watson, MA, LCAC, SAP

NAADAC’s 2012 Annual Conference Leading the Way was held in Indianapolis, Ind. where several hundred attendees were treated to a wealth of useful clinical information as well as a hefty dose of “Hoosier Hospitality.” Looking back, it is clear that several issues and topics are front and center for those of us that are active in the field of addictions treatment and education. Attendees were challenged to consider the role of Ethics, Advocacy and the place of Medication-Assisted Therapies (MAT).

Ethics as Cornerstone
The cornerstone of any professional organization, education program or clinical practice is a Code of Ethics that provides protection for the client, practitioner and general public. NAADAC presenters reviewed the difficulty of working within a voluntary association while also dealing with individual state licensure and ethics panels. The NAADAC Code of Ethics served as a launching pad for several discussions and breakout sessions throughout the week. On the heels of an agreed-to Code of Ethics, there were requisite discussions about clinical supervision, reporting, investigating and adjudication of possible violations. Participants openly discussed the need for ease of reporting, thorough investigation and efficient resolution of any ethics cases. Mistakes are made, but education and greater awareness can help professionals avoid some errors.

It was great to be a part of lively discussions that centered on the practice of ethics. This includes making therapy a safe place to recovery without the pitfalls that come with dual relationships, burnout and the more obvious or overt ethics violations. Attendees were given opportunities to ask questions and explore the current status of ethics in our practice.

Role of Medicine in Recovery
Perhaps no issue in the treatment of addiction stirs stronger emotions and opinions than the role of medication in the treatment of addiction. Conference attendees heard and were challenged by a variety of research and clinical practice designed to inform our individual practices. For those who come out of a 12-step tradition or are in recovery, some information suggested a dramatic change in thinking. For others, the information provided an adaptation in a field that is rapidly growing and changing as research and technology advances. This much is sure, medication assisted therapy seems to be here to stay. While it may not be part of every clinical practice or recovery without the pitfalls that come with dual relationships, burnout and the more obvious or overt ethics violations. Attendees were given opportunities to ask questions and explore the current status of ethics in our practice.

Participants at the NAADAC Political Action Committee reception.
every theoretical orientation, the money involved and efficacy within some treatment populations makes MAT hard to ignore.

**Advocacy Matters**

The term advocacy is a broad one in both definition and practice. This was clear as attendees were challenged to advocate in a variety of ways. As clinicians we were encouraged to always be an advocate for our clients and patients. As professionals we were encouraged to remember that we can have a role in shaping both policy and law.

The 2012 conference featured a Rally for Recovery at the Indiana State Capitol. Several hundred gathered there to hear national and local speakers discuss various issues of recovery including access, efficacy and affordability. NAADAC also hosted a reception for the NAADAC Political Action Committee (PAC) which is the political action committee responsible for being our voice on legislative and policy issues. The message throughout the week was clear, we are advocates (whether we want to be or not) because we are the face of the addiction counseling profession.

**Final Thoughts**

Finally this week marked the end of the Don P. Osborn’s NAADAC Presidency. The commitment of Dr. Osborn, the NAADAC officers and staff to the profession and its membership should provide encouragement to a field that will continue to change and face challenges in the years ahead.

Scott J. Watson is the founder of Heartland Intervention, LLC. A frequent speaker, Watson is a Licensed Clinical Addictions Counselor who specializes in intervention, assessment and the treatment of shame in recovery. He can be reached online at www.heartlandintervention.com or via e-mail at scottwatson@heartlandintervention.com.
A pioneer in developing Massachusetts’ recovery high schools, an advocate who works with the young and disenfranchised and a major league baseball player were among those honored at the NAADAC 2012 annual conference.

NAADAC has recognized the best practices of addiction professionals since 1979, when it established the Alcoholism and Drug Abuse Counselor of the Year Award (since re-named the Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year Award). The first winners, the Counselors of the U.S. Navy alcoholism and drug abuse program, came to prominence after the U.S. Department of Defense revised its policies to encourage voluntary identification and enrollment of those with addictions in treatment programs. This simple change helped ensure that thousands of people in need of treatment were able to receive help.

In a profession that has many powerful contributors, this year’s winners stand out for their accomplishments.

**Mel Schulstad Professional of the Year**
The Mel Schulstad Professional of the Year award was created in November 1979 and is named after the first President of NAADAC. The award recognizes an individual who has made outstanding and sustained contributions to the advancement of the addiction counseling profession.

**William J. Cosgriff, PhD,** (below, left) spent most of his professional career working for the Springfield Public Schools as a teacher, counselor/social worker, psychologist and administrator. He initiated the first Student Assistance Program in Massachusetts in 1980 and later was the driving force behind the establishment of the Springfield Recovery High School and served as its first Director. For the past 25 years, Dr. Cosgriff has been an adjunct faculty member at several colleges in the greater Springfield area, teaching classes in educational and adolescent psychology, as well as substance abuse prevention, intervention and treatment. Dr. Cosgriff is also a person in long-term recovery from substance abuse, having been clean and sober since 1975.

**Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year**
This award is presented to a counselor who has made an outstanding contribution to the profession of addiction counseling.

The **Rev. Carol Bolstad, MATS, LADC I,** (below, center) the 2012 recipient of the Lora Roe Counselor of the Year Award, has been in the social service sector since 1998 when she began working with incarcerated men and women who were HIV positive. She has a deep commitment to working with those who are striving towards recovery, working with the street homeless, the mentally ill and, prior to her social service experience, she worked with college students in residential life who were just beginning to show signs of substance use disorders. Throughout all of this experience the majority of the individuals she has worked with have been living with substance use disorders. Rev. Bolstad was ordained as a priest in the independent catholic movement and the International Council of Community Churches in 2009. Since that time she founded Southeastern Open Door Mission, Inc. She does street and recovery ministry, continuing her commitment to working with the disenfranchised and dually diagnosed.

**Helene Cross, MS,** (below, right) has served as the President and CEO of Fairbanks for 11 years and has provided leadership for capital improvement and building projects exceeding $12 million — all funded by grants and donations. Under her leadership, program revenue has tripled and all debt was eliminated. Cross has selflessly given of her time and talent to make hope and recovery a reality for thousands of individuals and families. Today, Fairbanks is a

**NAADAC President’s Awards**
The NAADAC President presents this award to an individual, institution or corporation in recognition of a long and continued commitment to the Association and in appreciation for support of the addiction profession.

**Helene Cross, MS,** (below, right) has served as the President and CEO of Fairbanks for 11 years and has provided leadership for capital improvement and building projects exceeding $12 million — all funded by grants and donations. Under her leadership, program revenue has tripled and all debt was eliminated. Cross has selflessly given of her time and talent to make hope and recovery a reality for thousands of individuals and families. Today, Fairbanks is a

**AWARDS, continued on page b**
nationally recognized addiction treatment and recovery center. She is a member of the Greater Indianapolis Progress Committee and received the Annual Achievement Award from the American College of Addiction Treatment Administrators this year.

Joshua Holt “Josh” Hamilton (above, left) has played in Major League Baseball since 2007 and is a member of the Texas Rangers (2008–present). He is a five-time All-Star and won the American League Most Valuable Player in 2010. Hamilton’s struggles with drugs and alcohol are well documented. He was spurred into recovery after being confronted by his grandmother, Mary Holt. Hamilton’s teammates — mindful of his past struggles — have chosen to celebrate major events with ginger ale instead of champagne.

John McAndrew (above, right) is a singer/songwriter and piano player from St. Paul, Minn., who currently lives in Nashville, Tenn. His music has been heard around the world. Recent appearances include numerous NAADAC conferences, the 50th Anniversary of NATO at the Vice President’s Residence in Washington, D.C., the Betty Ford 25th Anniversary Alumni Banquet and the National Town Hall Meeting with Colin Powell. McAndrew performed his composition, Like We Were Made of Gold at the closing ceremonies of the 2000 International AA Convention. While touring, he speaks and performs for recovery audiences across the country, working regularly with Cumberland Heights in Nashville, the Betty Ford Center in California, Hazelden in Center City, Minnesota and Cirque Lodge in Sundance, Utah.

“Our professionals help save lives every day. The recipients of these awards exemplify the qualities held in highest regard by the addiction profession and the community,” said NAADAC Executive Director, Cynthia Moreno Tuohy.

NAADAC, the Association for Addiction Professionals, sponsors several annual and regular awards to honor the work of addiction professionals, organizations and public figures. All award nominations must be received by April 30 for consideration by the NAADAC Awards Committee, with the exception of the John Avery Staff Award. More details at www.naadac.org/about/recognition-and-awards.
Letters to the Editor

Medical Marijuana: Readers Respond

To the Editor;

I may have missed the “point.”

I do not know Edward Pane, but I do know that his rebuttal of the NAADAC position on medical Cannabis was very poorly reasoned. For example, the Endorsements and Positive Position Statements for Medical Cannabis at the beginning of the article were all from groups treating people who are “…terminally ill or those with debilitating symptoms.” Not one endorsement came from any group who treats people with addictions. I imagine that is because those of us who treat addictions have seen first-hand the debilitating effects of marijuana use on individuals, families, and society, and would never endorse something so destructive.

In giving a Brief History of Medical Cannabis, Mr. Pane makes broad, unsubstantiated statements about the “medical” use of marijuana. He states, “Cannabis was a common herb used for the treatment of a variety of disorders.” How common and what disorders? I must deduce that this statement was designed to be deliberately vague, because if I was trying to prove a point, I would cite specific details, such as the recent NIDA report showing that 376,467 people were treated in hospital emergency rooms in 2009 for medical crises specifically related to smoking marijuana. Mr. Pane also cited a circa 1621 report by a clergyman who claimed cannabis was a treatment for depression. What evidence did the pastor produce to verify his “findings”? Did he conduct rigid clinical trials? Or, are we supposed to simply take his word for it because he was a man of God? I fail to see the logic in this citation.

In describing How Did We Get Here, Mr. Pane reiterates well-known evidence regarding the racism that fueled anti-marijuana legislation. We are all aware and are appalled by much of the vitriol spewed during early anti-drug efforts that was blatantly racist. However, this does not change the fact that marijuana is an addictive and dangerous drug. Nor does it change the fact that marijuana in the studies cited by Mr. Pane in this section showing its relative “safety” (compared to Heroin and Opium) was natural, containing between 1 to 3 percent THC, while the average marijuana available today contains 13 percent or higher THC values! Today’s pot is simply more potent and more toxic. Frankly, I find Mr. Pane’s suggestion that our “…refusal to revisit the issue…” is a “tacit endorsement of the racism…” that led to marijuana being made illegal to be offensive. Mr. Pane stated that government interference “…is the reason physicians do not have access to the drug”, and in his conclusion, “The sad reality is that the government has managed to keep marijuana out of the hands of physicians.” True. But the happy reality is that any physician holding a valid medical license has access to all the THC their patients may “need” in pill form called Marinol. Additionally, Britain’s GW Pharmaceuticals developed a cannabis mouth spray to avoid the lung damage caused by smoking marijuana. No one needs to smoke marijuana to get the benefits of THC if, in fact, there are any. Mr. Pane conveniently omitted these facts, as do most proponents of legalized marijuana.

I have no problem with legitimate doctors prescribing legitimate drugs distributed through legitimate pharmacies for legitimate medical prob-
To the Editor of the NAADAC News,

In response to the Point/Counterpoint articles in your May/June issue I have several comments to make.

It is true that cannabis, as well as other substances, have been used for thousands of years in human history. This includes not just cannabis, but also opiated tinctures, infusions and hallucinogenic agents. The vast majority of applications, however, were for medicinal or spiritual reasons and not regularly used. It is only more recently that a third order has arrived: recreational use.

Under this new system, use is volitional and reflective of an existential decision. The desire to reach a feeling state dictated the use pattern. This use which is independent of historical dictates can lead to regularized intake which begets the metabolic and neurological adaptations which culminate in what has recently been referred to as the "high-jacked brain." Recreational use is the single best way to induce dependence since it represents an unlimited use regimen. The legal system certainly is not accurately reflective of science. The addiction potential of marijuana is at seventh order (Erickson 1990), well below that of alcohol. In my opinion, either marijuana use should be legalized or cigarette and alcohol use should be criminalized to reflect this data.

However, a second issue transcends this existential decision and segues into a societal one. This was revealed to me by a client whose abstinence was reinforced by the "Straight Edge" movement. When asked to explain more, she went on to describe a sub-cultural element derived from punk rock and "Rage against the Machine" type music supporting a philosophical and political take on substance use.

In this outlook, users of alcohol have subscribed to "The Man's" program which needs a slave class that will perform labor that "The Man" doesn't want to engage in. Work that pays minimum wage and is mind less is offered; in return, "The Man" provides a palliative which is alcohol. In this scheme, a mind altering experience is provided for under $5 for a 6-dose pack. This provides mild euphoria for a few hours at the end of the day and more on the weekends if you can afford it. From this perspective, regular people have to settle for a pharmaceutical vacation while "The Man" is going to Hawaii.

Followers of the "Straight Edge" perspective believe that this system is supplemented by a secondary program offered by the drug cartels to supply a product line that provides a more powerful experience. Here marijuana, cocaine, heroin and, more recently, methamphetamine exist. These substances certainly can be viewed as more attractive pharmaceutical agents compared to the archaic molecule ethyl alcohol. A dedicated customer base is necessary and probably assured by the strong addiction profile of most of these substances.

Straight Edgers feel that if you have signed up for either program, you’re stupid. If you come to one of their parties and are under the influence, they will physically confront you for your ignorance and throw you out on the street. It reminds me of the "Matrix" movie series where the protagonists enter a computer program generated life. What appears to be USB cable is inserted into the base of the skull in order to experience certain states. In the end, we are fully capable through some effort to achieve these states without inserting any cables or pharmaceutically manipulating ourselves.

In summary, it appears to me that legalization of marijuana will occur due to a practical issue; we have run out of money to put people in jail. The over-arching issue however is our societal appetite to use substances to enhance our existential states. The substance abuse treatment profession needs to embrace the realities of why people use and offer healthful alternatives such as better jobs and meaningful lives. This will diminish our need to escape reality.

Alexander Zubenko, LCPC

Reference
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NN11/12
Enabling Whitney Houston to Death
As Celebrities Publicly Battle Their Addictions, Do We Simply Watch the Downward Cycle?

By Maxim W. Furek, MA, CADC, ICADC

With stunning, glamorous looks and a voice that could soar with angels, she rose to fame. For a period of time she was America’s sweetheart, an individual planted firmly on solid ground with solid faith and values. Whitney Houston’s life was a fairytale come true. The international superstar won 22 American Music Awards, 30 Billboard Music Awards, and was a six-time Grammy winner. She sold more than 55 million records in the United States alone and made tens of millions of dollars with hits such as “I Wanna Dance With Somebody” and “How Will I Know?” She was the one who gave us that “searing, stunning” rendition of “I Will Always Love You.”

But that is not the way she will be remembered.

Around 2000, things began to come apart. Rumors of drug abuse and erratic behavior were heard and the awards began to dwindle. African-American critics called her “Whitey Houston,” saying that she wasn’t “black enough.” The media reported her having a bisexual relationship with assistant, Robyn Crawford (Browne, 2012). Houston would eventually enter several rehabs yet continued to abuse drugs. She was fired prior to a scheduled Oscar performance in 2000 as the public watched her continued fall.

In 2001, a sick looking Whitney Houston approached the stage. She was thin and boney, weighing perhaps 97 pounds on a 5’7” frame. It was at the VH1 tribute concert for Michael Jackson. Her voice was strained and raspy, not the sweet, upbeat kid’s voice that nearly everyone fell in love with. She appeared “gaunt, unwell, anorexic” and “rumors spread that she had died the next day” (MSN.com, 2012). Supermarket tabloids exploited the star’s despair. WHITNEY’S DYING! IS SHE NEAR DEATH? They screamed, not out of concern and altruism, but to incite the masses longing for more carnage. “I’m not sick. I’ve always been a thin girl,” Whitney retorted. She laughed at the charges. “Anorexia? No way,” she snapped.

During the infamous 2002 interview with Diane Sawyer, Whitney Houston faced the TV cameras to talk about her new album, Just Whitney, but Sawyer wasn’t interested. Reiterating a tabloid headline, Sawyer rolled out the charges that Houston was in rehab for crack cocaine, that her habit cost her $730,000, and that she spent seven months living in her pajamas in a drug-induced state. Houston responded by asking to see the receipts. “I’m not addicted,” she said. “I have a bad habit.” It was a sad moment when a seemingly addled and impaired Houston responded to Sawyer’s tough, probing questions. Houston denied that she was addicted to crack: “First of all, let’s get one thing straight. Crack is cheap. I make too much money for me to ever smoke crack. Let’s get that straight, OK? I don’t do crack. I don’t do that. Crack is wack” (Crugnale, 2012).

Steeped in denial and grandiosity, Houston spoke the distorted language of the addict. At that moment, the world saw her for what she was — a drug addicted individual attempting to convince us otherwise. Things got worse. In 2007, her marriage to singer Bobby Brown ended. She staged scattered performances, some fair, some so bad that she had audiences walking out on her. She was called a “train wreck” and paralleled the sad misadventures of other members of an unfortunate group including Billie Holiday, Janis Joplin, Anna Nicole Smith and Amy Winehouse.

The website Famous and Celebrity Drug Addicts were very much aware of the singer’s continuing fall from grace. They observed, “one of the most visible signs of Whitney Houston’s rampant drug use has been the deterioration of her once gorgeous appearance. She now looks haggard, tired and old. Another factor that one can point to as evidence of the ravaging effects of drug use on her is from her voice.”

“A YouTube video from a 2009 concert showed Whitney Houston singing one of her trademark songs and struggling to reach some of the more attainable notes. To those in the audience, and witnesses on YouTube, who have a sense of musical integrity were most likely cringing from the horror of that moment.”

But then, on February 11, 2012, the eve of the Grammy Awards, the not-so-unexpected tragedy struck. Houston was found submerged in the bathtub of her Beverly Hilton Hotel suite and paramedics unsuccessfully tried to resuscitate her. Houston died from drowning, but coroner’s officials said that heart disease and chronic cocaine use were contributing factors. The release of autopsy findings ended weeks of speculation about what killed the singer. Her drowning death was ruled as “accidental.”

The website famousandcelebritydrugaddicts.com identified Benadryl (Diphenhydramine) were contributory to the death. Marijuana, Xanax (Alprazolam), Flexeril (Cyclobenzaprine) and Benadryl (Diphenhydramine) were identified but did not contribute to the death” (Oldenburg, 2012).
There was also some discussion about the form of cocaine that Houston was abusing. Crack cocaine is a dangerous central nervous system stimulant. The drug can cause heart attack, stroke, seizures or sudden death. Crack differs from powdered cocaine — a neutralized hydrochloride salt. Crack, processed from powdered cocaine, is the “freebase” form of the substance (NIDA, 2010). The process produces a rock crystal that, when smoked, creates intense feelings of euphoria. Although smoked crack enters the bloodstream rapidly, the high lasts only five to ten minutes and is followed by intense cravings. Whitney Houston demonstrated classic symptoms of cocaine addiction: malnutrition (caused by cocaine’s tendency to decrease appetite), problems with swallowing, hoarseness, irritability and irrational behaviors. Ultimately it was cocaine and Houston’s maladaptive lifestyle that caused both heart damage and death by overdose.

Although many mourned the loss of the lovely singer and appropriately expressed their love and sadness, others, reflecting anger and intolerance, castigated Houston’s memory with vitriol and suspicion.

Crime reporter Nancy Grace charged that Houston had been murdered. “I’d like to know who was around her, who, if anyone gave her drugs, following alcohol and drugs, and who let her slip, or pushed her, underneath that water?” Grace said on CNN, “Apparently no signs of force or trauma to the body. Who let Whitney Houston go under her water?” (Garcia, 2012). Houston’s family echoed the same inflammatory charge. Whitney had been killed! Interviewed on CNN’s Dr. Drew Pinsky show, Leolah Brown, Bobby Brown’s sister, accused Ray J, Houston’s boyfriend, of being responsible for her death by providing the singer with cocaine. Pinsky “immediately noted that he could not verify the accuracy” of Brown’s accusation.

In his article titled “It’s sad when celebrity deaths are hot topics,” Detroit Free Press columnist Mitch Albom observed that, like Pavlovian dogs, talk shows recruited “self-help authors or performers with drug experience, not because they cared about Whitney Houston, but because she was a hot topic” (Albom, 2012). Political commentator Bill O’Reilly was eager to provide “expert opinion” regarding the celebrity: “Whitney Houston killed herself … You don’t spend $100 million on (drugs) not wanting to kill yourself. So why aren’t we telling the truth to young people in America?” (O’Reilly, 2012).

Houston’s death took on political overtones. Calling Houston “a daughter of New Jersey” and a “cultural icon,” New Jersey Gov. Chris Christie ordered U.S. and state flags flown at half-staff on all state government buildings. That tribute met with immediate Internet outrage from those demanding even more blood. The pervasive argument asked: “Why should a deceased drug addict be recognized instead of the military’s men and women who gave the ultimate sacrifice?” But Christie questioned the logic that implied that “because of her history of substance abuse that somehow she’s forfeited the good things that she did in her life” (Garcia, 2012).

The GOP presidential campaign used the superstar’s death as another polarizing soundbite. During a CNN interview earlier this year, Republican presidential candidate Rick Santorum contended that celebrities such as Houston are “the royalty of America,” setting a poor example by their drug use.

Clearly there was more to this story than social privilege and poor role modeling. Houston was an individual grappling with her own personal struggles. Underneath all of the glamor, glitz and acclaim, she was just like us — another human being searching for acceptance.

At Houston’s funeral, held at the New Hope Baptist Church in Newark, New Jersey, Kevin Costner, her co-star in The Bodyguard, said that the singer, despite her beauty and success, was insecure and yearned for approval. “It’s a tree we could all hang from — the unexplainable burden that comes with fame. Call it doubt. Call it fear. I’ve had mine, and I know the famous in the room have had theirs” (Moody, 2012).

Newday Opinion writer Anne Michaud summarized the issue without hesitation, observing that “what doesn’t kill women — or men — in abusive relationships, can cripple them for life. Think of Whitney Houston, recently dead of an assumed drug overdose, who became hooked on drugs during an allegedly abusive 15-year marriage. Abuse, drugs, self-loathing — they can be a toxic mix” (Michaud, 2012).

Inside Edition correspondent Jim Moret agreed. Speaking on The Doctors TV program Moret said, “The problem with celebrities is that they’re surrounded by enablers… if she’s drinking, as it appears she was, night after night, and often in the morning, and she’s being taken to the different clubs. Why, so these people can get comp’d on their bottle service and be seen with a celebrity. That’s the problem. I’ve talked with people who have treated celebrities, who pay doctors $50,000 a month, on retainer, to get whatever they want whenever they want, and that is a huge problem. Prescription drugs are a big issue but add celebrity and alcohol to the mix and it’s lethal” (The Doctors, 2012). Moret’s position reflects an adage long heard in the rooms of Alcoholics Anonymous, that “every addict has at least ten enablers surrounding them.” In this case, among the enablers were those who were able to benefit directly from Houston’s celebrity status, both financially and socially.

Maria Puente explained the disparity between rich and poor: “What actors, singers, athletes, even CEOs have that regular people might not have is more access to drugs, more time to indulge, more money to pay for the addiction, and often a horde of enabling hangers-on who are financially dependent on them and thus more motivated to supply substances for them” (Puente, 2012).

Addiction impacts on the rich and poor equally, yet the pathway to sobriety is somewhat different for celebrity addicts. They are stalked and scrutinized and examined 24-hours-a-day by relentless paparazzi and media. In a sense they have made a pact with the devil, trading...
A Painful Remedy
Prescription Drug Abuse has No Easy Solutions

By Paul Entes, MA, CASAC-T

Research has provided powerful medications that can be used for pain management, but more and more, these medications are having undesirable impacts on the community.

Oxycodone is an opioid analgesic medication synthesized from opium-derived thebaine. It was developed in 1916 in Germany as one of several new semi-synthetic opioids in an attempt to improve on the existing opioids: morphine, diacetylmorphine (heroin), and codeine. Since 1995, Purdue Pharma has been producing and marketing Oxycodone in the United States. Oxycodone is a time-released pain medication that contains oxycodone.

Opioid medications have been shown to help patients who are managing moderate to severe chronic pain. However, prescription painkillers are considered a major contributor to the total number of drug deaths. In 2007, for example, nearly 28,000 Americans died from unintentional drug poisoning, and of these, nearly 12,000 (40%) involved prescription pain relievers.

Another unintended consequence of the prescription medication has been the robberies of pharmacies by Oxycodone abusers all throughout the nation, sometimes resulting in the injuries and deaths of pharmacists, employees and customers.

One particularly horrific incident happened in June 2011 in Medford, N.Y., a town in Long Island, Suffolk County, 60 miles east of New York City. According to Associated Press reporter Frank Eltman, David Laffer, 33, robbed Haven Drugs of a large quantity of OxyContin pills at gunpoint. During the pharmacy robbery, Laffer shot and killed the pharmacist, another employee and two customers.

Fortunately most pharmacy robberies have not injured pharmacy staff or customers, but the number of pharmacy robberies in the states of New York, Florida and California have all been on the increase since 2006, according to NBC News correspondent Chris Hawley’s report, “An Epidemic: Pharmacy Robberies Sweeping the U.S.”

Another crime on the up rise in the U.S. is pharmacists and physicians selling or prescribing Oxycodone in violation of State Health Department and Drug Enforcement Administration (DEA) regulations. Reported by Marisa Taylor of ABC News, more than 200 physicians have been arrested or convicted in connection with patients’ prescription drug overdoses since 2003, according to the DEA.

Ms. Taylor also reported that on March 1, 2012, California Osteopathic Physician Dr. Hsiu-Ying “Lisa” Tseng of Rowland Heights, Calif., was arrested and charged with the murder of three patients she prescribed Oxycodone to; all died from overdoses.

In Chris Hawley’s report, the U.S. Department of Health and Human Services revealed data that prescription painkillers, like Oxycodone, are the second most-abused drug after Marijuana, with 7 million Americans using them illegally.

Pain management physicians believe that Oxycodone has a place in medical treatment. Andrew Kolodny, President of Physicians for Responsible Opioid Prescribing, spoke with reporter Chris Hawley, and informed him that he and other physicians prescribe Oxycodone for pain management. While some patients do become addicted, most patients don’t resort to criminal acts.

At Minnesota-based Hazelden, a national non-profit substance abuse treatment agency, they treat oxycodone and other opioid-abusing patients with an injection of Vivitrol, a 30-day opioid antagonist that blocks the brain receptors related to opioids.

I spoke by telephone with Psychiatrist and Hazelden Medical Director Marvin Seppala, MD, in May 2012. He reported that they prefer Vivitrol over Suboxone, as Suboxone has to be taken daily, and with their outpatients, the Vivitrol works for 30-days and outpatients can forget to take their daily Suboxone.

Dr. Seppala stated that some of their opioid-abusing patients just receive individual and group therapy, and 12-step groups without Vivitrol. He also reported that prescription opioid deaths in the U.S. are now the leading accidental death, now passing car accident deaths. The estimated number of emergency department visits linked to non-medical use of prescription pain relievers nearly doubled between 2004 and 2009.

In May 2012, this author visited Hazelden’s New York City location and spoke with Clinical Psychologist and Executive Director Dr. Barbara Kistenmacher, PhD. She reported that of their patients formerly dependent on opiates, including around 20 percent formerly dependent on Oxycodone.

The patients at Tribeca 12’s residence, for the most part, just receive psychotherapy and assistance from Recovery Coaches. As this residential facility for college-involved “emerging adults” (18–29 year olds) just opened in December 2011, Hazelden’s Minnesota headquarters will track the patients after they graduate and separate from treatment in the near future to ascertain their level of sobriety and recovery outside of treatment.

Hazelden, unlike New York City’s long-standing substance abuse treatment agencies such as Phoenix House, does not accept government health insurance, so their patients tend to come from upper middle-class and upper-class families.

According to reporter Chris Hawley, pharmaceutical companies are working to develop a more powerful and purer version of Oxycodone. One example is the company Zogenix of San Diego, Calif., which has created the drug Zohydro, which was submitted in May 2012 to the FDA for consideration of approval.
anonymity for stardom and fame. They are not allowed to get clean and sober behind closed and private doors.

As we attempt to make sense of this tragedy we are left with scores of unanswered questions. Was it Whitney’s fault and can we rightfully assign responsibility to one in the throes of addiction? Given her treatment history, was the treatment community at fault in any way, and, if so, where was the sacerdosanct continuity of care, the proverbial safety net?

Whitney was the goose that laid the golden egg, and her salivating followers, greedy hands outstretched, knew it. But where were Whitney’s true friends? Where were those who should have confronted, intervened and supported her recovery? She was surrounded by hordes of sycophantic enablers, none of whom had her best interests at heart. Whitney Houston died of her own hand, yes, but she also died at the hands of those who worshipped her, used her, and then ultimately abandoned her.

Unfortunately that is how she will be remembered.

Maxim W. Furek, MA, CADC, ICADC, is Director of Garden Walk Recovery, and a researcher of new drug trends. His book, The Death Proclamation of Generation X: A Self Fulfilling Prophecy of Goth, Grunge and Heroin, is being utilized at Penn State University as “recommended reading” for several courses. His rich background includes aspects of psychology, addictions, mental health and music journalism. Maxim’s eclectic areas of interest embrace recovery themes, the Modern Day Primitive Movement, and sociocultural aspects of the drug culture. His forthcoming book, Celebrity Blood Voyeurism, is a work-in-progress. He can be reached at jangle@epix.net.

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With serious and sometimes fatal addiction and criminal justice consequences stemming from current Oxycodone abuse, there is warranted concern for a possible arrival on the market of a stronger Oxycodone-type drug.

It is apparent the Food and Drug Administration, Health and Human Services, and the Drug Enforcement Administration need to meet and discuss the value of Oxycodone being on the market for pain-sufferers, while also focusing on the negative addiction and criminal justice events occurring as a result of Oxycodone abuse.

Paul Entes, MA, CASAC-T, is a substance abuse case manager for St John’s Riverside Hospital in Yonkers, NY, and on the Adjunct Faculty of Mercy College, New York. He can be contacted at paulentes@optonline.net.

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