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NAADAC NEWS



The Association for Addiction Professionals • We help people recover their lives.

Vol. 15, No. 4, October 2005

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Editor's Note

The power of the events that took place in the late summer off of the Gulf Coast started small and ended up with a huge impact. Something as mundane as cold and warm air meeting in the middle of the ocean eventually drowned a city and displaced hundreds of thousands of people.

While the official response left a lot to be desired, the heartfelt response of ordinary people, from within the U.S. and throughout the world, was decisive. And NAADAC members were at the forefront. As you read this issue of the *NAADAC News* there are addiction professionals on the ground in the Gulf Coast. They are working in challenging situations, having left their quotidian lives for far more trying circumstances.

The power of our actions says more about our society than any official policy document or statement of principle. The generosity of our citizens, and NAADAC members in particular, are making a strong statement indeed.

Donovan Kuehn

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NAADAC/IC&RC Merger Discussions are Proceeding

It's Important We Get It Right the First Time

By Mary R. Woods, RNC, LADC, MSHS, NAADAC President

"No pessimist ever discovered the secret of the stars or sailed to an uncharted land, or opened a new doorway for the human spirit."

—Helen Keller

As you've read in my column in the past year, you'll know that NAADAC has been in merger discussions with the International Certification and Reciprocity Consortium (IC&RC) for most of 2005. The discussions began with a desire to consolidate both of our organizations' credentials and bring unity to the addiction profession. The latest step in those discussions recently took place.



Jeff in his presentation and to answer questions raised by the IC&RC Board of Directors regarding the merger. We have come a long way in a short time and wanted to ensure that we weren't getting too far ahead of people's expectations. Many points for consideration were brought up to be added to our next negotiation's agenda. The meeting was positive and we had a chance to answer the questions of the IC&RC leadership and meet people face-to-face. I think our gesture of goodwill and cooperation was truly appreciated by the directors at the meeting.

move forward for the benefit of the addiction profession. We recognize this process is not simply about merging credentials, but that it has an impact on people's livelihoods. We are committed to sharing as much information about our discussions as is possible.

The next IC&RC Board of Director's meeting is planned for April 2006, after NAADAC's Leadership Summit in March 2006, and our hope is that by that time we will be ready for both organizations to vote on unification of the two organizations. To reassure our members and to avoid any confusion, both NAADAC and IC&RC have posted a frequently asked questions section about the implications of the merger on our websites (www.naadac.org and www.icrcaoda.org). I strongly suggest that each NAADAC Affiliate review these at your next Board of Directors meeting and forward any questions or concerns to Cynthia, Certification Board Chair Bill Cote or myself. Our websites contain the most up-to-date information on the merger.

NAADAC and IC&RC are not rushing this process. The structure of each certifying board will stay the same until the Boards of Directors of both organizations vote to accept any changes. Certification will continue to be administered by existing local credentialing organizations and both NAADAC and IC&RC will maintain the same standards and testing procedures. No changes will be implemented without a thorough discussion by the leadership of both organizations, and information will continue to be circulated by NAADAC and IC&RC.

I am committed to ensuring this process benefits our membership and the addiction profession as a whole. I know we have your support as we move forward with these changes.

"NAADAC and IC&RC are not rushing this process. The structure of each certifying board will stay the same until the Boards of Directors of both organizations vote to accept any changes."

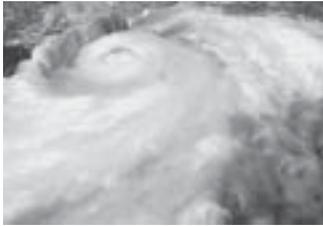
I traveled to Houston, Texas, with NAADAC Acting Executive Director, Cynthia Moreno Tuohy to meet with the IC&RC Board of Directors. The IC&RC board had moved up their fall meeting to assess the progress of the merger between our organizations and to deal with other business before them.

Jeff Wilbe, the current IC&RC President, made a presentation to the IC&RC Board of Directors concerning the merger process and reviewed the progress that we've made so far. Cynthia and I were there to support

"We recognize this process is not simply about merging credentials, but that it has an impact on people's livelihoods."

While we have come a long way, there is still much to do. There are still some questions on both sides that need to be answered. But there was a general feeling that things need to

Help With Hurricane Katrina



Since Hurricane Katrina rolled in on August 29th, 2005, thousands of people have been displaced and left wondering, “what happens now?” Many of those affected will need help in dealing with the aftermath of the hurricane, whether it’s addiction counseling, post traumatic stress disorder, suicide prevention or mental health treatment.

There are many ways to help. NAADAC has a list of resources you can access on the NAADAC website (www.naadac.org) that you can use to assist the hurricane survivors.

NAADAC Needs Addictions Counselors to Travel to the Gulf Coast

NAADAC, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and Westover Consulting, Inc. is organizing a delegation of addiction professionals to help with the Hurricane Katrina crisis.

Hurricane Katrina, which has devastated communities throughout Louisiana, Mississippi and Alabama, has also destroyed the infrastructure that was in place in those states. As we move from crisis management to management and rebuilding, critical services—including addiction counseling—need to be provided.

NAADAC is offering an opportunity for credentialed addiction counselors from all over the nation to travel to the Gulf Coast and take part in the rebuilding process.

Time is of the essence and NAADAC is accepting applications from those with a desire to help. There are four criteria:

1. You need to be a credentialed addiction professional with at least an NCAC II or MAC (or equivalent).
2. You must have liability insurance.
3. You must be able to travel to the Gulf Coast region on a very short timeline.
4. You must be willing to operate in conditions that face first responders.

If you meet these four criteria, you can request an application form from NAADAC. Please call 800/548-0497 ext. 107 and speak to Shirley Beckett Mikell or e-mail sbeckett@naadac.org. Please put “Katrina Counseling” in the subject line.

A Message From Mary Woods on Hurricane Katrina

We all recognize that these have been trying times for the Gulf Coast region. We have all seen the devastation and its aftermath and our thoughts and prayers go out to all of you. But while things may look grim at present, the human spirit is irrepressible and New Orleans and its residents will go through their own personal recovery, in whatever form that takes.

While we can’t all go to the Gulf Coast to help, we can assist those affected in other ways. NAADAC has compiled a list of resources you can use to take action and help the Hurricane survivors.

Sincerely,

Mary R. Woods, RNC, LADC, MSHS

NAADAC President

One Counselor’s Story

By Rita Carr

*Addiction Counselor with
Hope Unlimited Ministry*

September 14, 2005

I began my work with people in New Orleans in 2003. My church organized a trip for myself and several other women to travel to New Orleans to provide support for the homeless and without hope.

I was preparing to return to New Orleans when the disaster of Hurricane Katrina unfolded. This time the families from down south came to us as they were evacuated from the flooded city.

I have been providing various services for some of these families who are now living in Chattanooga, Tennessee, and I look forward to helping many more. In working with these families I have had the wonderful support of my church and community which has provided new clothing, food and various other donations.

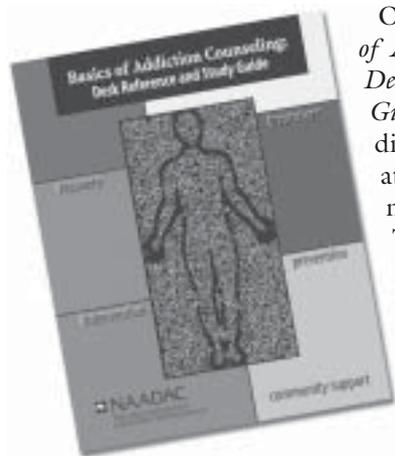
Many of these families are struggling with the trauma of Katrina and the sense of helplessness from not knowing if they will be able to return to New Orleans. I have been able to listen, pray and counsel with these families as many of them seek to make sense out of the pain they have endured.

I have been blessed and honored to serve these families as they seek to build their lives one day at a time.



The New *Basics of Addiction Counseling* is Ready to Order

By Misti Storie, Education and Training Coordinator



Over the years, the *Basics of Addiction Counseling: Desk Reference and Study Guide* has aided many addiction professionals in attaining their state and national credentials. The *Basics of Addiction Counseling* is not only as a study guide, but also serves a quick reference tool counselors and other health professionals

can use in situations that arise during their careers. NAADAC, the Association for Addiction Professionals has completely revised and updated this manual to ensure it remains current and relevant.

The *Basics of Addiction Counseling* now includes five modules: Pharmacology of Psychoactive Chemical Use, Abuse, and Dependence; Counseling Practices and Skills; Theoretical Base of Counseling; Special Considerations for Counseling; and Professional Issues. Each module has been updated to reflect current concerns and research. The new design is easier to read and this version of the *Basics of Addiction Counseling* is catered specifically to varied learning styles. New charts, graphs, illustrations and sidebars have been added to assist with visual retention and recall. In addition, a comprehensive index and full glossary has been added for quick reference. Either as a study guide, daily resource or both, this *Basics of Addiction Counseling* is a must for every addiction professional. To order your copy, please mail or fax the completed order form, call NAADAC at 703/741-7686, or visit the NAADAC website at www.naadac.org.

Member Price: \$120.00

Non-Member Price: \$80.00

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Order Form

YES!!! I want to order the newly revised *Basics of Addiction Counseling: Desk Reference and Study Guide!*

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I am a current member of NAADAC and my membership number is: _____.

I am not currently a member of NAADAC.

NAADAC strives to provide our members with the best resources available to help our counselors combat addiction. If you have a product that has been remarkably helpful to your practice, please contact us at 800/548-0497 or via email at mstorie@naadac.org so we can extend this resource to your peers.

Addiction Counselors Day Celebrated Throughout the Nation

By Donovan Kuehn, NAADAC News Editor



Nevada

Larry Ashley from the University of Nevada, Las Vegas informed NAADAC that, on behalf of the Student Organization of Addiction Professionals and addiction professionals throughout the state, the Governor of Nevada, Kenny C. Guinn, proclaimed September 20, 2005 Addictions Counselor Day in Nevada. Ashley read the proclamation at the conference for the State of Nevada Association for Addiction Professionals (SNAAP) in September 2005.

District of Columbia

Anthony Williams, Mayor of the District of Columbia, joined with NAADAC, the Central East Addiction Transfer Technology Center (ATTC) and the Professional Alcoholism and Drug Abuse Counselors Association of the District Columbia, to proclaim September 20, 2005, Addictions Counselor Day in Washington, D.C.

The Mayor's Proclamation was read on September 20th in the Mayor's Press Conference Room in the D.C. government's John A. Wilson Building.

Cynthia Moreno Tuohy, Acting Executive Director of NAADAC, stressed the importance of Counselors Day. "From the streets of D.C. to the hurricane ravaged communities of the Gulf Coast, addiction counselors save the lives of adults, children and families across America. In a nation where 60 percent of families are affected by alcohol and drug issues, there is hope. Helping individuals regain their emotional, physical and financial recovery positively affects their loved ones and the whole community."

Wisconsin

Wolfgang Wallschlaeger, President of the Wisconsin Association of Alcohol & Drug Abuse Counselors (WAADAC) told NAADAC that as a result of their lobbying Jim Doyle, the Governor of Wisconsin, declared September 20th Addiction Counselors Day in Wisconsin.

Other events were planned, but details were unavailable as the NAADAC News went to press. It is never too late to start preparing for next year. Contact Donovan Kuehn at dkuehn@naadac.org or 800/548-0497 ext. 125 to share some ideas.



(top) Larry Ricks, President of the Professional Alcoholism and Drug Abuse Counselors Association of the District Columbia. (middle) Nataki MacMurray, Senior Policy Analyst from the White House Office of National Drug Control Policy (ONDCP), Cynthia Moreno Tuohy, and Robert Johnson, Sr., Deputy Director for Substance Abuse Services, Addiction Prevention & Recovery Administration (APRA). DC APRA recognized eight counselors with "Outstanding Counselor" awards. (below) Sample of National Addiction Counselors Day proclamations.



NAADAC Opens Its Doors to Celebrate National Counselors Day

By Donovan Kuehn, NAADAC News Editor

Celebrating National Addiction Counselors Day, NAADAC hosted an Open House on September 20, 2005 at its national office in Alexandria, Virginia. NAADAC is the largest organization for addiction-focused health care professionals and is committed to the professional development of individuals who treat and prevent addiction.

"It was a pleasure to welcome everyone to visit us on Counselors Day to celebrate the powerful work that addiction counselors do. As each life is recovered, that helps the whole family and eventually translates into the recovery of a community," said Cynthia Moreno Tuohy, Acting Executive Director of NAADAC.

"We work hard for each of the 11,000 members of NAADAC and the 15,000 persons who have NAADAC credentials. It is nice to open our doors and celebrate with addiction professionals, meet them face-to-face and show them what it is we do day in and day out," stated NAADAC Director of Education & Certification Shirley Beckett Mikell, NCAC II.

National Addiction Counselors' Day has been held annually in the United States since 2000, but this was the first Open House held by NAADAC.



Jerry Moe, Patricia Snyder and Jay Davidson are recognized at the America Honors Recovery awards hosted by the Johnson Institute. Turn to page 13 for more information.

Recovery Rocks!

South Florida RecoveryFest 2005 is a Big Hit

By Donovan Kuehn, Director of Outreach and Marketing

NAADAC was proud to support The South Florida RecoveryFest 2005 "A Weekend Celebration of Addiction Recovery" presented by the Watershed treatment center (www.thewatershed.com) at the end of September. The South Florida RecoveryFest 2005 brought together national, state and local groups and individuals to learn, to advocate and to celebrate recovery in South Florida.

The festivities began with the renowned Recovery Ambassadors Workshop to South Florida presented by the Johnson Institute (www.johnsoninstitute.org). Over the next three years, the Johnson Institute aims to teach 3,000 Americans who are in recovery to become powerful advocates for recovery initiatives.

But the weekend wasn't all work. A part of the weekend's festivities included the South Florida RecoveryFest 2005 Billfish Derby in a scramble to see who could catch the largest billfish. There was also the Celebrity Golf Classic at The Boca Raton Hotel & Resort's Championship Country Club Course.

The main event began on Sunday afternoon. RecoveryFest 2005: A Concert Celebration for Addiction Recovery was held at the Mizner Amphitheater in Boca Raton. Bands featured included alternative rockers **Tone**, blues band the **Juke Joint Jokers**, latino music with **The Rosco Martinez Band**, classic rock with **Eddie Money** and an amazing retro vibe with **KC and The Sunshine Band**.

Punctuating the evening were "recovery minutes" from people throughout the community who shared their personal stories. These included minutes from **Chris Crosby**, CEO of the Watershed, **Mary Woods**, NAADAC President, Dennis Miller, concert organizer and **Cynthia Moreno Tuohy**, NAADAC's Acting Executive Director.

Scenes from RecoveryFest 2005.



Families and Significant Others: The Silent Majority in Addiction Treatment and Recovery

Jan Ligon, PhD, LCSW

It has been estimated that for every person who experiences a problem with addiction, there are at least two other people who are affected by that person. These include spouses, children, parents, siblings, partners, friends, co-workers and many others who have a connection to the addicted person. Most of our efforts in the treatment of addiction target the person who has the problem, which is understandable, given the consequences to both the addicted person and society when people abuse substances.

“If someone close to an addicted person is supportive of treatment and recovery, there is a better chance that an intervention will be more effective.”

While it is becoming more common for people to be open and public about their problems with addiction, their treatment, and their recovery, this is not the case with families and significant others. For example, rarely do we see media coverage about the effects of substance abuse on family members or about services that are available to them. This silence about families and addiction leads to isolation and futile attempts to “help” their loved one. They

feel the stigma of addiction as well as a sense of failure. Families are literally the silent majority of addiction. There are a number of compelling reasons to consider enhancing our efforts with significant others.

First, research indicates that if someone close to an addicted person is supportive of treatment and recovery, there is a better chance that an intervention will be more effective. If for no other reason, this should be sufficient evidence for us to involve significant others in our work. Second, the sheer number of other people who are affected by addiction suggests that there are many who need and deserve more attention than is currently offered. Third, healthy family members can be supportive allies at a time when resources are scarce and precious.

Many addiction professionals would agree that our work is becoming more complex as the use of illicit drugs and related crime has grown, the population of drug-related incarcerations has increased, and the service delivery system has continued to change. For example, programs that are linked to or based in the criminal justice system have been implemented nationally at a rapid pace. However, this also makes the problem even more complex for families and significant others as their loved one faces not only the need to address an addiction problem, but a criminal issue as well. Where families were routinely encouraged to seek help through community support groups, this is no longer sufficient. Families need more.

Addiction professionals can be helpful to families and significant others in a number of ways:

- Include families and significant others as a core component of treatment programs.
- Provide families with prepared packets of helpful information, such as free brochures that are available through the “Family and Friends” link on the SAMHSA website (<http://store.health.org/catalog/audiences.aspx>).
- Encourage their engagement and participation, assuring them that they are not alone in their struggles with having a substance abuser in their lives.
- Reach out to significant others by offering a treatment program orientation, groups for families and friends, family and couples treatment sessions, and social activities where appropriate.
- Go online and obtain free resources that can be useful to addiction professionals including TIP #39 (*Substance Abuse Treatment and Family Therapy*) from CSAT (<http://www.treatment.org/Externals/tips.html>).
- Download free “Six Skills” tools for families and significant others or contact the author for a free starter kit of materials that families can use immediately (<http://www2.gsu.edu/~wwwssw/faculty/sixstepsligon.htm>).
- Assume that significant others have done the best that they know to do; avoid using terms that label or pathologize families.
- Help families learn new ways of dealing with the substance abuser in their family by setting small goals to make concrete changes.

Addiction professionals face constant change in the field including shifts in the nature and use of substances, challenges related to funding and delivery of treatment services, the need to implement new treatment approaches, and the ongoing struggle of recruiting and retaining addiction professionals. While an appeal to improve our efforts with families adds yet another challenge to service providers, it is important to reinforce that families can be viable resources. In many cases, it is possible for one significant other to make a considerable difference in the outcome of addiction treatment.



Jan Ligon, PhD, LCSW is Associate Professor of Social Work at Georgia State University in Atlanta. For a free “Six Skills for Families” kit or to share your thoughts on this topic, please e-mail the author (jligon@gsu.edu).

A Slip of the Tongue

NAADAC Works to Recognize Puerto Rico's Cultural Differences

By Valerie A. Kremer, Public Relations Intern

NAADAC's Acting Executive Director, Cynthia Moreno Tuohy, NCAC II, CCDC III, attended an annual conference in San Juan co-sponsored by the Puerto Rico Addiction Technology Transfer Center (ATTC) and the Puerto Rico Certification Commission. The meeting focused on cooperation to strengthen the certification process for Puerto Rican addiction professionals.

The Puerto Rico Certification Commission uses NAADAC testing products in Spanish and there were discussions about the style and perspective of the languages in the tests. Spanish is a nuanced language and it can vary dramatically depending on the cultural background of the speaker. The ATTC and the Certification Commission used a focus group to garner feedback from those who had written the test.

tural and linguistic background, there are some adjustments that need to be made in Puerto Rico. I'm please we've been able to work on this in a cooperative and constructive way," said Moreno Tuohy.

Members of the focus groups and the Puerto Rico Certification Commission generated promising solutions. Specifically, they recommended re-writing and re-translating test questions in Puerto Rican Spanish; a focus on in-depth training in psychopharmacology and counseling theory and methods; revising questions on the National Certified Addiction Counselor (NCAC) I and II examinations to meet the cultural sensi-

tivity of Puerto Ricans; and translating the new *Basics of Addiction Counseling Study Guide* into Puerto Rican Spanish. Members of the Puerto Rico ATTC volunteered their efforts to work with NAADAC on the translation of these materials.

Moreno Tuohy also spoke to the Certification Commission on the importance of establishing a membership organization and what that could signify for local addiction professionals. The Certification Commission has begun assessing how to start a membership organization and was planning to move forward in late September 2005.

*"We take great care
to be respectful
and accepting of
cultural and
linguistic
backgrounds."*

– Cynthia Moreno Tuohy

The issue of cultural sensitivity became a main topic during focus group sessions. For example, one question on the test, asked how counselors would respond if a client arrived late to an appointment. In the United States, and some other nations, this would be unacceptable behavior, but would not be a barrier to treatment in Puerto Rico. The test did not allow for a different cultural response. Other concerns raised were the style of Spanish used in the test and a lack of test preparation.

"While we take great care to be respectful and accepting of everyone's cul-



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What Happened in Recovery Month

By *Donovan Kuehn, NAADAC News Editor*

September was Recovery Month; a time to promote the benefits to society of addiction prevention, intervention and treatment, laud the contributions of treatment providers and promote the message that recovery from alcohol and drug use disorders in all its forms is possible. Here are some of the things people did in September.

Georgia

Dallas Bennett, MA, CACII, CCS, the Program Director of the Treatment Center of Valdosta told NAADAC of their activities. The Mayor of Valdosta, Georgia issued a proclamation recognizing the important work of addiction counselors and the state senator for the region, **Tim Golden** attended a workshop and presented the counselor of the year award to a counselor at the Center.

“Getting people off drugs, particularly in the workplace...is a win-win for society at large,” said Golden. **Pamela Marfell**, a counselor at the Treatment Center of Valdosta, had a simple message for those thinking about getting help: “Treatment Works.”

Capitol Hill

NAADAC worked with its congressional allies to have them take public stand in support of the events throughout September. Representative **Chris Van Hollen** from Maryland spoke out and had a message included in the Congressional Record (see box, pg. 11)—the official proceedings of the House of Representatives. NAADAC expected Representative Van Hollen to be joined by Representative **Patrick Kennedy**, Senator **Joe Biden** and Senator **Arlen Specter**.

(inset) **Donovan Kuehn (l)** with **Joel Hernandez**. **Hernandez took the Raytheon Corporation all the way to the Supreme Court in challenging Raytheon’s discriminatory practices against people in recovery.** (below) **Members from Faces and Voices of Recovery made themselves heard on Capitol Hill.**



Hawaii

Mark Fratzke shared information about the Hawaiian Recovery Walk which took place at the end of September. It was an opportunity to support the people—your family, friends, neighbors and co-workers who are fighting alcohol and other drug addictions. The Walk started and finished at Kaka’ako Makai Gateway Park, and was a family friendly atmosphere with refreshments and picnics. The event was organized by the Aloha United Way, the Coalition for a Drug Free Hawaii, Hina Mauka and the Committee on Continuing the Recovery.

District of Columbia

Faces and Voices of Recovery (FAVOR) was in the District of Columbia for the 2005 Rising! Recovery in Action Summit. This was the second national gathering of people in recovery, their family members, friends and allies. The Summit included speakers, roundtable discussions, group strategizing sessions and Capitol Hill meetings and a luncheon.

On the first day of the Summit, recovery activist **Bill White** spoke. White is the past chair of Recovery Communities United, a board member of the Recovery Alliance and Wellbriety for Prisons and author of *Slaying the Dragon* (available at www.naadac.org).

White was concerned that addiction was moving from being viewed as a medical issue to one that was becoming stigmatized and criminalized; attuned to the need for leadership development and succession and how unity was critical for success.

“We must remain committed to the critical issues of recovery and keep our eyes on the prize,” proclaimed White. “Which group was critical to the success of the civil rights movement? Was it the NAACP? CORE? SNCC? Was it any of the other organizations involved in that struggle? The answer was: it was all of them.”

There was a roundtable discussion on “The State of Addiction Recovery” which featured **Nora Volkow** for NIDA, **Ivette Torres** from the Center of Substance Abuse Treatment and **Allan Rivlin**, a pollster with Peter D. Hart Associates. That was followed by another roundtable discussion on “State Level Recovery Advocacy Campaigns: Building a National Movement.” This panel featured Kentuckian **Michael Barry** from People Advocating for People; **Wendell Howell** from the Addictions Coalition of Delaware and **Phillip Valentine** from the Connecticut Community for Addiction Recovery (CCAR). All of the panelists encouraged people to start small, build on their successes and remain focused on what they needed to accomplish.

A Grand Slam for Recovery! Nationals vs. Marlins

By Shawna Barnum, NAADAC Office Manager & Conference Coordinator



Shawna Barnum, Cynthia Moreno Tuohy, James McClain, Nationals Mascot "Screech," Lisa Mojer Torres and Johnny Allem during an on-field celebration.

Addiction Professionals celebrated Recovery Month with the Nationals on September 7, 2005, at RFK Stadium in Washington, D.C. The recovery month effort aims to promote the benefits of alcohol and drug treatment, applaud the contributions of treatment providers and promote the message that recovery from alcohol and drug addiction is possible.

NAADAC, the Johnson Institute, Central East ATTC, and Faces and Voices of Recovery co-sponsored this event, bringing 200 addiction professionals to the baseball game. The addiction professionals attending were drug and alcohol counselors from various places in the Washington D.C. area including treatment centers, private practice, hospitals, clinics and the criminal justice system.

"It was amazing to see so many people, from so many walks of life, come together with one goal: to celebrate recovery," said Donovan Kuehn, NAADAC's Director of Outreach and Marketing.

Invited to participate in an on-field Recovery Month Salute was Cynthia Moreno Tuohy, NAADAC Acting Executive Director; Johnny Allem, Johnson Institute Director; Lisa Mojer Torres, at large representative for Faces and Voices for Recovery; Shawna Barnum, NAADAC Office Manager & Conference Coordinator and James McClain, Director, Oxford House, Inc. They were greeted on the field by Screech the Owl, the Nationals' mascot who danced the bump with NAADAC's director, Cynthia Moreno Tuohy. She chanted, "Bump up Recovery" as she danced with Screech.

Colette Cartier, NAADC Certification and Education Assistant, commented, "Hearing the support and enthusiasm from the addiction professionals in the stands was the most exciting element of the game."

Addiction professionals were easy to spot in the stadium because they were donned in bright green recovery month t-shirts given out by the event sponsors. Even though, the home team was defeated by the Florida Marlins, the recovery month event was still a great success.



Excerpt From the Congressional Record

[wais.access.gpo.gov]

Tuesday, September 13, 2005

Hon. Chris Van Hollen, Maryland in
the House of Representatives

National Addiction Recovery Month

Mr. Van Hollen: Mr. Speaker, as we celebrate National Addiction Recovery Month this September, I would be honored to have Congress join me in celebrating those who commit their time and effort to addiction recovery.

Last year, over 19 million Americans used illicit drugs. Fifty-five million had engaged in binge drinking, and over 16 million are considered heavy drinkers. These numbers are more than just statistics. If you take the time to examine them, they are in fact quite staggering. Imagine if the entire populations of New York and Los Angeles combined were all illicit drug users. Imagine if the entire population of Florida were heavy drinkers. That's how prevalent the problem is. The impact is felt not only by individuals and their families, but by society as well. Addiction costs our society and economy billions of dollars each year, in health care costs, property damage, and lost productivity. It also costs lives, and causes immense amounts of grief and pain. Each one of those millions of Americans has a story, and we should ensure that each one of them has the chance to tell their story to an addiction counselor, in hopes that they will receive the necessary treatment and care. Addiction is a disease, as serious and as deadly as many others. Alcohol and drug addiction are very serious, and very destructive. No one is immune from addiction, as it afflicts people of all ages, all races, all classes and all professions.

Adolescent Drug Use Declines According to Survey

Over 21 Million Americans Want—But Can't Get—Treatment

By Valerie A. Kremer, Public Relations Intern and Donovan Kuehn, NAADAC News Editor

Findings from the 2004 National Survey on Drug Use and Health (NSDUH) were released at the annual National Alcohol and Drug Addiction Recovery Month press conference in September. Health and Human Services Secretary Mike Leavitt, released the results and announced a nine percent decline in drug use among American youth between the ages of 12 and 17 from 2002 to 2004. The decline in illicit drug use among youth was welcomed by parents and those working in prevention.

The National Survey on Drug Use and Health is an annual survey of close to 70,000 people. The survey collects information from residents of households, residents of non-institutionalized group quarters and civilians living on military bases.

The survey findings, released by HHS' Substance Abuse and Mental Health Services Administration (SAMHSA), show that 19.1 million Americans used at least one illicit drug in the past month. Particularly striking was a decline in current use of marijuana among boys ages 12–17, from 9.1 percent in 2002 down to 8.1 percent in 2004. But marijuana use by girls in that age group remained at about seven percent. For the 18–25 year old category—the age range with the highest illicit drug use rates—there were declines in current marijuana use and use of hallucinogens.

“The news today is an indication that our partnerships and the work of prevention professionals, schools, parents, teachers, law enforcement, religious leaders, and local community anti-drug coalitions are paying off,” said SAMHSA Administrator Charles Curie. “Yet our work is far from over. We must continue our efforts to support people in their struggle with substance abuse and

mental illness to help ensure they have the opportunity for recovery.”

An area of concern is the increasing non-medical use of prescription medications among young adults. From 2002 to 2004 there was an increase in the non-medical use of narcotic pain relievers in the 18–25 age range. Hydrocodone and oxycodone products were increasingly being used among young adults ages 18 to 25.

“The 2004 National Survey on Drug Use and Health provides us with hard data that targeted strategies to reduce the use of certain dangerous substances by our youth has begun to pay off. We need to be careful not to become complacent because we have a few measures of success. While our youth are decreasing the use of certain categories of substances, they are rapidly increasing the use of others such as prescription painkillers. In fact, this is the most rapidly growing category, and most misunderstood category of misused substance that we face in this decade,” said NAADAC President-Elect, Dr. Sharon Morgillo Freeman.

Other key features of the report were:

Prevention Measures

In 2004, over 60 percent of youth aged 12 to 17 reported they had spoken at least once in the past year with a parent about the dangers of drug, tobacco or alcohol use. Youth who reported such conversations, had lower rates of alcohol, cigarette and illicit drug use than youth who did not report such conversations. Drug, alcohol and cigarette use was uniformly lower among youth who reported that their parents always or sometimes engaged in monitoring behaviors such as checking and helping with homework or limiting time spent out on school nights.

(Decline, continued on page 13)

Current Trends in Drug Use, According to the 2004 Household Survey

Marijuana

- 56.8 percent of users used only marijuana, 19.7 percent used marijuana and some other drug and 23.6 percent used only a drug other than marijuana. An estimated 8.2 million people were current users of illicit drugs other than marijuana in 2004.

Prescription Drug Use

- Most of the people using drugs other than marijuana used psychotherapeutic drugs non medically (six million people). There were an estimated 4.4 million current users of narcotic pain relievers, 1.6 million users of tranquilizers, 1.2 million used stimulants and 0.3 million used sedatives.

New Users

- First time drug users in 2004 used non-medical use of pain relievers (2.4 million new users), followed by marijuana (2.1 million new users), non-medical use of tranquilizers (1.2 million new users) and cocaine (1.0 million new users).

Methamphetamine

- Use of methamphetamine remained unchanged from 2002 to 2004. 1.4 million people used methamphetamine in the past year. The rates of use declined among young people ages 12 to 17.

Alcohol

- More than 55 million people participated in binge drinking at least once in the month prior to the 2004 survey. (Binge drinking is defined as five or more drinks on the same occasion) Heavy drinking was reported by 6.9 percent of the population (16.7 million people).

- In 2004, about 10.8 million underage people aged 12–20 reported drinking alcohol in the past month. Nearly 7.4 million were binge drinkers and 2.4 million were heavy drinkers.

Tobacco

- Rates of tobacco use declined from 30.4 percent to 29.2 percent between 2002 and 2004. Among youth ages 12 to 17, an estimated 3.6 million used tobacco per past month in 2004.

NAADAC Members Recognized by the Johnson Institute

By Valerie A. Kremer, Public Relations Intern and Donovan Kuehn, NAADAC News Editor

The Johnson Institute honored three members of NAADAC for their contribution to the addiction profession at the Second Annual America Honors Recovery luncheon in Washington, D.C. The Johnson Institute has pioneered intervention, treatment and recovery strategies for more than 40 years.

Held as part of National Recovery Month, the Johnson Institute's America Honors Recovery luncheon recognizes pioneers and innovators in recovery who see the power and possibility of recovery from the disease of addiction. "The Johnson Institute is pleased to honor such a distinguished group of leaders who are helping make recovery from alcohol and other drug addiction a reality for millions of people every day," said Johnny Allem, president and CEO of the Johnson Institute.

NAADAC members, **Jay Davidson**, **Jerry Moe** and **Pat Snyder** were among eight honorees chosen by the Johnson Institute. Each was chosen for using their own recovery as a springboard to make major contributions for the recovery of others. Many of the contributions are systemic, changing the climate in America for prevention, intervention, treatment and recovery from alcohol and other drug addiction.

Jay Davidson, President and CEO of The Healing Place in Louisville, Kentucky, is recognized for his dedication

to the addiction profession through his transformation of The Healing Place from a emergency overnight homeless shelter to a full-continuum social and medical outreach for homeless men and women.

Jerry Moe, MA, MAC, CET II, is an internationally known author, lecturer and trainer on issues for young children from addicted families. He is also the National Director of Children's Programs at the Betty Ford Center in Rancho Mirage, California, Dallas/Ft. Worth, Texas, and Denver, Colorado. The Johnson Institute honors him for his dedication to the addiction profession and to helping children from addicted families for 27 years.

Pat Snyder, President and CEO of Mary Frances Corporation, in Tarboro, North Carolina, has been a pioneer in the addiction profession for over 35 years. She is the founder of the Norfolk Naval Alcohol Rehabilitation Center's Family Program. The Johnson Institute honors her for her significant contribution to the addiction profession.

"It is a pleasure to see so many NAADAC members recognized for their excellent work and contributions to the community. This shows that NAADAC members are at the forefront of helping families recover their lives and making a positive impact on those who need help," said NAADAC Acting Executive Director Cynthia Moreno Tuohy.

A major goal of the America Honors Recovery celebration is to change the outlook for positive experiences with addiction disease for upcoming generations. A key premise of the Johnson Institute's activities is better awareness and more appropriate responses to addiction disease begin with broad recognition of the fact of recovery. Society's willingness to honor the people and families who have survived their addiction experience is a major key in changing the climate for future generations.

(Decline, continued from page 12)

Millions Untreated

SAMHSA estimated that 23.5 million people needed treatment for a problem with alcohol or drug use. Only an estimated 2.3 million of these people received treatment leaving 21.1 million people requiring treatment but not receiving it.

Co-occurring Substance Use and Mental Illness

Adults who used drugs in the past year were twice as likely to have a mental illness than non-users. Those with mental illnesses also used tobacco at a higher rate with 40.8 percent of them smoking, compared to a smoking rate of 24.5 percent among adults without mental illness. Almost half (47.5 percent) of adults with both serious psychological distress and a substance use disorder received no treatment for either problem. Only 274,000 of adults received treatment for both co-occurring disorders while another 41.4 percent received treatment only for mental health problems and five percent received treatment only for their drug use.

The National Survey on Drug Use and Health is available on the web at www.oas.samhsa.gov. Electronic versions of Recovery Month materials are available at www.recoverymonth.gov.

2005 America Honors Recovery Honorees

Jay Davidson, The Healing Place, Louisville, Kentucky

Mark Helijas, Upper Valley Substance Abuse Foundation, White River Junction, Vermont

James McClain, Oxford House, Inc., Clinton, Maryland

Tom McHale, Greater Flint Project Vox, Grand Blanc, Michigan

Jerry Moe, Betty Ford Children's Program, Rancho Mirage, California

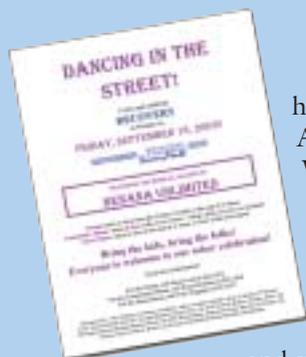
Stacia Murphy, National Council on Alcoholism and Drug Dependence, New York, New York

Elizabeth Scott, The Sober Kitchen, Westfield, New Jersey

Patricia Snyder, Mary Frances Center, Rocky Mount, North Carolina

State Updates

By Donovan Kuehn, Director of Outreach and Marketing and Valerie Kremer, Public Relations Intern



Alaska

Traci Wiggins reports that in honor of National Alcohol and Drug Addiction Recovery Month, the Wellness In Nenana Coalition sponsored “Dancing in the Street” on September 16, 2005. The festivities began with a parade featuring tricycles, bikes, floats, the City of Nenana Fire Truck, people, pets,

and even a cow. The parade was followed by a community dinner and a sober Street Dance serenaded by the band, Nenana Unlimited.

Florida

David McVinney, Florida NAADAC’s President for most of the last four years, has passed the reins on to John “Bud” Sugg. Sugg has been Florida NAADAC’s Education and Training organizer, arranging conferences and seminars around Florida. He also coordinated the Co-occurring Disorders Workshop with NAADAC in January 2005.

South Carolina

Marie Queen, administrator for the South Carolina Association of Alcohol and Drug Abuse Counselors (SCAADAC), announced their 2005 Fall Conference and Second Annual Best Practices in Addiction Treatment Symposium will be held November 6–8. The conference, held in conjunction with the Southeast Addiction Technology Transfer Center (SATTC), the Southern Consortium Node on the NIDA Clinical Trials Network and the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS), will be held in North Charleston and will offer up to 14 CEUs. For more conference information, visit www.scaadac.org or call 803/779-0343.

(bottom) Cynthia Moreno Tuohy spoke at the Kansas Association for Addiction Professionals (KAAP) strategic planning conference in August. She helped facilitate discussions on restructuring the association to better reflect the needs of its members.

Texas

Keith Liles reports that in response to Hurricane Katrina a call was put out for therapists to work with hurricane victims. Unfortunately, unless people were an LPC or social worker, there was little they could do. There were also requests for help with administering and coordinating AA meetings. The Houston chapter of the Texas Association for Addiction Professionals (TAAP) planned to donate a percentage of the proceeds from the Spectrum conference to the New Orleans Council on Alcohol and Drugs. The Houston chapter did the same with the New York Council after 9/11.

Names in the News



(above) Long-time Florida NAADAC President David McVinney (l) hands over the Presidency to John “Bud” Sugg at their state conference. (left) NAADAC member Maryann Frangules was featured in the Boston Globe speaking out for treatment options for families. (below) Thurston Smith, former NAADAC Southeast Regional Vice President, is running for city council in Charleston, SC. The election will be held on November 1, 2005.



Drinking Reinforces Smoking—Counselor Tackles Issue

By Valerie A. Kremer, Public Relations Intern

A recent study done by researchers at the University of Chicago and the Center for Nicotine and Smoking Cessation Research at Duke University Medical Center found that the more test subjects drank, the more they craved cigarettes. The study involved 16 nonalcoholic heavy social drinkers who were light smokers (defined as smoking less than 10 cigarettes per day). Researchers found that people who are trying to quit smoking should abstain from alcohol use. Many treatment centers feel clients should stay away from smoking cigarettes to sustain sobriety.

“Smoking-urge ratings were higher after consuming four versus two alcohol drinks, and increases were not observed after consuming a placebo beverage,” said study co-author Andrea King of the University of Chicago. “In other words, the greater the alcohol consumption, the greater the urge to smoke. These findings were observed in a nonsmoking environment, which may indicate that alcohol directly produced these effects and they were not due to direct smoking cues triggering cigarette craving.”

King said the study cast some doubt on the theory that drinkers crave nicotine to offset the sedative effects of alcohol. “We showed that the desire to smoke sharply increased within a half hour after drinking, which is when alcohol’s stimulant-like, as opposed to sedative-like, effects are usually observed,” she said.

“It also appears that smoking urges may increase rapidly after a person engages in binge drinking, that is, consuming four or more drinks relatively quickly. These urges remained elevated even when BACs (blood alcohol content levels) were declining, so a person may be at increased risk for wanting to smoke for hours after drinking alcohol,” added King.

Although the University of Chicago study used subjects who were

nonalcoholic heavy social drinkers, the craving for cigarettes was still heightened by alcohol use. Therefore, for clients who *are* alcoholic drinkers, the correlation between alcohol use and increase in cigarette cravings is more evident.

Tony Klein’s (CASAC, NCAC II), workshop “Addressing Tobacco in the Treatment of Other Addictions,” at the NAADAC/AAPNY conference in Rochester, New York, earlier this year emphasized the significance of smoke-free treatment centers and the implications smoking has on clients trying to stay sober. Klein is a tobacco treatment specialist at the Unity Health System Department of Psychiatry and Behavioral Health.

Klein pointed to the findings of a 1993 study by Orleans and Hutchinson: “Many alcohol-dependent patients spontaneously noted that it would be easier and better for them not to smoke after achieving alcohol

sobriety—since drinking and smoking were so strongly linked for them.” This conclusion parallels the University of Chicago study.

Klein feels that smoking in treatment centers has negative treatment implications. He notes through a 1996 study by Gorski, “Relapse rates are significantly higher among recovering people who smoke.” Likewise, “Non tobacco users maintain longer periods of sobriety after inpatient treatment for alcohol/drug dependence than tobacco users” (Stuyt, 1997). A study by Shiffman & Balabenis, 1996, adds, “Alcoholics who quit smoking are more likely to succeed in alcoholism treatment.” Therefore, it is important to keep clients smoke-free in treatment centers to increase their chance of long-term sobriety.

For more information on how to make treatment centers smoke-free, contact tklein@unityhealth.org.

Easy Approaches for Integration into Treatment Programs

Before treatment centers make the effort to become smoke-free, there are easy approaches that can be integrated into the treatment program:

- Identify tobacco users in the clinical chart and include nicotine dependence in Axis I diagnosis
- Use “alcohol, tobacco, and other drugs” in all written materials when discussing substance use disorders and include tobacco dependence in co-occurring disorders
- Change the label on “smoking breaks” to “fresh air breaks”
- Provide educational materials for patients and family members about tobacco use and treatment options
- Ban smoking in most visible places (not at the front door)
- Ban sales of cigarettes and tobacco paraphernalia
- Do not smoke with patients or give the appearance of smoking (i.e. smelling of smoke, carrying tobacco on person, discussing “smoke breaks” in front of patients)
- Do not use cigarettes to reward positive behaviors or withhold them as a punitive measure
- Limit hours and places for smoking
- Encourage development of Nicotine Anonymous meetings at local sites

Coalition Fights Law Barring Aid to Students with Drug Convictions

By Bob Curley, *Join Together Online News Editor*

A coalition of 240 health, education, criminal-justice and student groups is working to repeal a federal law that stops students with drug convictions on their records from receiving federal education aid.

During the summer, a U.S. House of Representatives committee voted down an attempt to end the drug provision in the Higher Education Act (HEA). But the House version of the HEA reauthorization bill does include a measure sponsored by Rep. Mark Souder (R-Ind.) that applies the drug penalty only to drug offenders who are currently in school, rather than retroactively to students with any lifetime drug conviction on their record.

Advocacy groups like Students for Sensible Drug Policy (SSDP) view the Souder measure as a step in the right direction, but plan to continue to push for full repeal of the HEA drug provision. "We certainly welcome the change that will reinstate money to some students, but tens of thousands will be left behind," said Tom Angell, communications director for SSDP. "It still doesn't make sense to yank students out of school in an attempt to reduce drug abuse."

Repeal Resoundingly Rejected

The House Committee on Education and the Workforce voted 29-18 against an amendment to the HEA proposed by Reps. Danny Davis (D-Ill.), Robert Andrews (D-NJ), and Dennis Kucinich (D-Ohio) that would have deleted language in the law—written by Souder back in 1998 and in effect since 2000—that calls for "a student who is convicted of any offense under any Federal or State law involving the possession or sale of a controlled substance for conduct that occurred during a period of enrollment for which the student was receiving any grant, loan, or work assistance under this title shall, upon the order of the court imposing such conviction, not be eligible to receive any grant, loan, or work assistance" from the federal government.

The House vote was the first in either chamber of Congress on a proposal for full repeal of the drug provision; Souder's amending language was attached to multiple pieces of legislation last year, but failed to pass.

Souder has said that the U.S. Department of Education has misinterpreted the 1998 legislation, stating that the "provision was clearly meant to apply only to students convicted of drug crimes while receiving financial aid, not to applicants who may have had drug convictions in years past." The House has adopted language proposed by the Indiana Republican to clarify the intent of the law. But Souder actively worked against the repeal initiative, and ultimately all 26 of his GOP committee colleagues (and two committee Democrats) chose Souder's revision over that proposed by Davis, Andrews, and Kucinich.

Seeking Support in Senate

But the fight over the student-aid provision is far from over, said Angell. The Senate Committee on Health, Education,

Labor and Pensions has yet to mark up its version of the HEA reauthorization bill, and although no sponsors have yet been lined up to introduce or support a repeal amendment, Angell said advocates "think we have a much better chance" of getting the Senate to delete the drug-penalty language from the HEA. If that happened, the Senate and House would then have to work out the differences in their bills during conference committee meetings.

Souder and other repeal opponents argue that the HEA drug provisions provide a deterrent to student drug use, denies federal aid to those who spend money on drugs while in school, and provides student drug users an incentive to get treatment in order to have their federal aid restored. But Angell counters that the bottom line for aid should remain whether students maintain the grade-point average required to qualify for federal assistance. "Drug use should be irrelevant to whether they get financial aid," he said.

The coalition supporting repeal also includes Join Together, Faces and Voices for Recovery (FAVOR), and the Legal Action Center. FAVOR campaign coordinator Patricia Taylor, whose group sent out an action alert urging members to contact their Representatives in support of repealing the HEA drug provision, said FAVOR views the financial-aid issue as part of a broader campaign to fight policies that discriminate against people with addictions.

"This is a perfect example of the kinds of barriers that people in recovery face in getting on with their lives," she said. Taylor added that even having the drug question on the Free Application for Federal Student Aid (FAFSA) form "presents a real barrier" to people in recovery, who may be reluctant to apply for aid because of their past drug history, regardless of the intent of the Souder law.

NAADAC's Director of Government Relations, Andrew Kessler spoke in favor of changing the government's policy. "Drug addiction is a disease, and we believe it is unfair for Congress to penalize those who suffer from it. If someone commits to receiving an education, they should not be punished for something that has occurred in their past. Education should be encouraged by Congress, not taken away because of the stigma that surrounds drug addiction."

Congress' own Advisory Committee on Student Financial Assistance also recommended that the question about past drug convictions be deleted from the student aid applications. "These questions add complexity to the form and can deter some students from applying for financial aid."

There are currently two pieces of legislation before the Senate and House of Representatives to that intend to address this question.

For more on this issue please visit Join Together Online at www.jointogether.org. Reproduced by permission of Join Together.

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CCA's Director of Addictions Treatment and Behavior Management

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For more information, visit www.correctionscorp.com or contact Dr. Donald W. Murray, Director, at 10 Burton Hills Boulevard, Nashville, TN, 37215, by phone at 615/263-3115, fax at 615/263-3140 or e-mail at don.murray@correctionscorp.com.



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“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

NAADAC NEW MEMBER APPLICATION

PLEASE PRINT CLEARLY.

MEMBER INFORMATION Ms. Mr. Dr.

NAME _____

HOME or WORK ADDRESS (preferred address for all association mailings)

CITY/STATE/ZIP _____

*E-MAIL (E-mail address is required to receive NAADAC's bi-monthly newsletter, NAADAC News.)
 YES! Sign me up for the e-LAN (e-mail Legislative Alert Network; an e-mail address is required.)

WORK PHONE _____

HOME PHONE _____

FAX _____

NAADAC RECRUITER'S NAME AND MEMBER # (not required for membership)

MAIL YOUR APPLICATION WITH CHECK TO:

NAADAC
 901 N. Washington Street, Suite 600
 Alexandria, VA 22314-1535

FAX YOUR APPLICATION WITH CREDIT CARD INFORMATION TO:

800/377-1136 or 703/741-7698

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- or part-time internship. Members who meet the above criteria can be eligible for student membership for four years.

MEMBERSHIP CATEGORY RATE (see rates below) \$ _____

NAADAC PAC CONTRIBUTION** (optional)

\$50 \$100 \$200 \$300 Other \$ _____ \$ _____

Total Amount Enclosed \$ _____

***If you are paying NAADAC dues by company check, you must enclose a SEPARATE PERSONAL check, made payable to NAADAC PAC. Contributions to the NAADAC PAC are optional and are not tax-deductible.*

PAYMENT INFORMATION

- Check (payable to NAADAC) VISA MasterCard American Express

CREDIT CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____

- Please send me more information.

DUES RATES		Student (Proof of status MUST accompany application)	DUES RATES		Student (Proof of status MUST accompany application)	DUES RATES		Student (Proof of status MUST accompany application)
	Full			Full			Full	
Alabama:	\$110	\$57.50	Maine:	\$115	\$50	Oregon:	\$120	\$67.50
Alaska:	\$120	\$67.50	Maryland:	\$125	\$62.50	Pennsylvania:	\$110	\$57.50
Arizona:	\$120	\$47.50	Massachusetts:	\$130	\$54.50	Rhode Island:	\$125	\$57.50
*Arkansas:	\$85	\$42.50	Michigan:	\$140	\$60.50	South Carolina:	\$120	\$52.50
California:	\$210	\$67.50	*Minnesota:	\$85	\$42.50	South Dakota:	\$110	\$52.50
Colorado:	\$135	\$57.50	Mississippi:	\$130	\$65	Tennessee:	\$105	\$42.50
Connecticut:	\$135	\$57.50	Missouri:	\$98	\$40	Texas:	\$145	\$62.50
Delaware:	\$85	\$50	Montana:	\$115	\$47.50	Utah:	\$130	\$57.50
District of Columbia:	\$135	\$57.50	Nebraska:	\$117	\$54.50	Vermont:	\$135	\$62.50
Florida:	\$135	\$57.50	Nevada (Las Vegas Chapter):	\$110	\$57.50	Virginia:	\$135	\$52.50
Georgia:	\$145	\$62.50	Nevada (Northern Chapter):	\$120	\$52.50	Washington:	\$125	\$42.50
Hawaii:	\$105	\$42.50	New Hampshire:	\$115	\$47.50	West Virginia:	\$120	\$50
Idaho:	\$110	\$42.50	New Jersey:	\$135	\$52.50	Wisconsin:	\$125	\$42.50
Illinois:	\$115	\$47.50	New Mexico:	\$115	\$47.50	*Wyoming:	\$85	\$42.50
Indiana:	\$135	\$67.50	New York:	\$145	\$62.50	Other:	\$85	Not available
Iowa:	\$115	\$47.50	North Carolina:	\$120	\$49.50			
Kansas:	\$110	\$57.50	North Dakota:	\$115	\$52.50			
Kentucky:	\$110	\$47.50	Ohio:	\$120	\$57.50			
*Louisiana:	\$85	\$42.50	*Oklahoma:	\$85	\$42.50			

*State affiliate membership not available in Arkansas, Louisiana, Minnesota, Oklahoma and Wyoming.

Dues subject to change without notice. 10/05

\$6 of your membership dues have been allocated to the magazine and this amount is non-deductible. NAADAC estimates that 8% of dues payment is not deductible as a business expense because of NAADAC's lobbying activities on behalf of members. Dual membership required in NAADAC and state affiliate. You will receive services upon receipt of application and payment; please allow 4-6 weeks for initial receipt of publications. Membership in NAADAC is not 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.

NN10/05

JOIN ONLINE AT WWW.NAADAC.ORG

NAADAC Adds New Staff at National Office

By Donovan Kuehn, NAADAC News Editor

NAADAC is pleased to announce the addition of Andrew Kessler as its new Director of Government Relations and Michelle Hill as NAADAC's new Administrative Assistant.



Andrew Kessler brings with him several years of experience in health and public health policy. He has worked for other non-profit organizations in the Washington, D.C. area, including the American Psychological Society and Physicians for Social Responsibility.

Kessler's resume includes time as a staff assistant for Senator Joe Lieberman and clerkships for the National Labor Relations Board and the Center to Prevent Handgun Violence Legal Action Project.

"NAADAC will be well-served by Andrew's energy, experience in healthcare policy and passion for the addiction profession," said NAADAC's Acting Executive Director Cynthia Moreno Tuohy. "He will help NAADAC continue to be the organization government turns to when they want to work with addiction professionals."

"Coming to NAADAC gives me the chance to work on an issue of critical importance, one that affects millions of people. Having worked on addiction issues in the past, I know first hand how challenging, and how critical, our agenda is. Policymakers are aware of the problem of addiction, but so few recognize it as a disease. I see our mission as one of education, promoting awareness and securing recognition and support for addiction professionals," said Kessler.



Michelle Hill was born and raised in Washington, D.C. and is pleased to be joining NAADAC's staff.

"Having grown up in D.C., I've seen many people whose lives have been overwhelmed by drugs and alcohol. Alcoholism has affected my life and I'm happy to be working for an organization that helps people deal with their problems," said Hill.

Hill has previously worked for NAFSA, the Association of International Educators, a group that organizes exchange of students and scholars to and from the United States. She most recently worked for the Transportation Security Administration (TSA). The TSA, was created in response to the terrorist attacks of September 11, 2001 as part of the Aviation and Transportation Security Act signed into law by President George W. Bush. Hill was hired by the TSA to initiate and organize the TSA's records system and her work has been used as a model by federal government offices in Washington, D.C.

NAADAC is pleased to welcome both Kessler and Hill.

NAADAC Recognizes Distinguished Service

By Donovan Kuehn, NAADAC News Editor

This summer, Donna Croy passed a big milestone: 20 years of service at NAADAC. As Director of Membership Services, Croy is responsible for reviewing member applications and issuing member packets to new and renewing members. She also maintains all member files and updates data records. She is responsible for "direct billing" for all state affiliate organizations and ensures national and state records are accurately kept. Croy also compiles membership data into monthly summaries which enables NAADAC to consistently assess membership growth.

On top of the major daily task of managing telephone communications with NAADAC's members, Croy has also assumed the duty of keeping NAADAC's historical documents and preparing materials for its archives. Apart from her regular duties, Croy trains all new staff in use of technical equipment and use of the NAADAC database system. Her years of experience and her long history with NAADAC lend a strong sense of stability to the organization.

"Donna's attention to detail, dedication and commitment are rare commodities in a world of instant gratification. It has been a pleasure to work with her for the last 10 years and I hope she remains a part of the NAADAC family well into the future," said Jeff Crouse, NAADAC's Director of Finance.

In July 2005, the NAADAC Board of Directors recognized Croy's dedicated service. NAADAC President Mary Woods was please to honor Croy with a letter recognizing her service and with a token of appreciation for her hard work and dedication to the addiction profession and to NAADAC.

"I would like to thank NAADAC's Board of Directors for their recognition and appreciation. My contribution seems small in comparison to the work being carried out by NAADAC members," said Croy.



"I would like to thank NAADAC's Board of Directors for their recognition and appreciation. My contribution seems small in comparison to the work being carried out by NAADAC members."

Donna Croy, NAADAC's Director of Membership Services

- October 2-8, 2005** **Mental Illness Awareness Week**
Sponsored by the National Alliance for the Mentally Ill.
More details at www.nami.org
- October 6-9, 2005** **NALGAP Regional Meeting**
Held in conjunction with CAADAC's 24th Annual Conference
Sacramento, California
More details at www.caadac.org/annualconference.htm or www.nalgap.org
- November 19, 2005** **NCAC I/NCAC II/MAC Exam**
More details at www.ptcny.com
- November 25, 2005** **National Flossing Day**
"Help Spread Peace of Mouth"
More details at www.flossing.org or armand@flossing.org
- November 30-December 1, 2005** **NALGAP Annual Conference Within a Conference**
Held in conjunction with SECAD 2005
Sheraton Atlanta Hotel, Atlanta, GA
More details at www.naatp.org/secad or www.nalgap.org
- December 1, 2005** **World AIDS Day**
"Stop AIDS. Keep the Promise"
More details at www.avert.org/worldaid.htm or www.un.org
- December 2-3, 2005** **NAADAC Executive Committee Fall Planning Meeting**
Held in conjunction with SECAD 2005
Sheraton Atlanta Hotel, Atlanta, GA
For more information on the planning meeting call 800-548/0497. For more details on SECAD visit www.naatp.org/conferences/annualconference06.php.
- January 24, 2006** **NCAC I/NCAC II/MAC Application Deadline for March 25 Exam**
More details at www.ptcny.com
- March 23, 2006** **NAADAC Advocacy in Action Day**
Washington, DC
For more information call 800/548-0497 or visit www.naadac.org for more details.
- March 24-25, 2006** **NAADAC Leadership Summit**
Washington, DC
For more information call 800/548-0497 or visit www.naadac.org for more details.
- March 25, 2006** **NCAC I/NCAC II/MAC Exam**
More details at www.ptcny.com
- May 30, 2005** **NCAC I/NCAC II/MAC Application Deadline for July 29 Exam**
More details at www.ptcny.com
- July 29, 2005** **NCAC I/NCAC II/MAC Exam**
More details at www.ptcny.com
- September 28-October 1, 2006** **NAADAC/CAADAC Annual Conference**
Burbank, California
For more information call 800/548-0497 or visit www.naadac.org or www.caadac.org for more details.

Have an event we should know about?
Contact 800-548-0497 or dkuehn@naadac.org.



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