25 Years of Research and Action

Resources for Addiction Professionals
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Page 14

Magnification of viruses (yellow) in the bloodstream being fought by the human immune system (blue).
Editor’s Note

This is the time of year where things get to slow down a little and we can all take a collective pause. We also tend to resolve to make changes, large and small in our lives for the upcoming year.

NAADAC will also be marking a milestone in 2007—in its 35th anniversary. This will definitely add an exciting dimension to this year’s conference in Nashville, Tenn.

The NAADAC News is a showcase for members of NAADAC to reach out to other addiction professionals inside and outside of NAADAC. Please consider contributing to one of our upcoming editions!

The deadlines and themes for 2007 are:
- **March 8th** for the April 2007 issue (theme: Diversity)
- **May 10th** for the June 2007 issue (theme: Professional Development/Education)
- **July 12th** for the August 2007 issue (theme: 35th Anniversary/Recovery Month)
- **September 13th** for the October 2007 issue (theme: Adolescents)
- **November 8th** for the December 2007 issue (theme: Older Adults)

We look forward to seeing you in the upcoming year!

Enjoy the issue.

Donovan Kuehn
NAADAC News Editor
Happy holidays! Now is the time many of us take stock of the year that has passed and look ahead to the upcoming year. I’m sure all of us have made a commitment to change a behavior or break a habit at some time. I think it appropriate to commit to a couple of resolutions for 2007.

When I first ran for the position of NAADAC President, my vision was simple: to help NAADAC continue and advance its current mission as the premier global organization of addiction-focused professionals through the expansion, increased coordination and support of our national affiliates and with the establishment of international affiliates.

Over the last few years, I am pleased to report that NAADAC has been successful in working cooperatively with its affiliates and moving our relationships forward. NAADAC has also been successful at building collaborative relationships with other groups. NAADAC has worked very closely with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Treatment (CSAT) and the National Institute on Drug Abuse (NIDA). NAADAC has also built partnerships with businesses focused on addiction prevention and treatment and with other organizations that serve addiction professionals. Most recently, I began working with Dr. Nancy Piotrowski, President-Elect of the American Psychological Association’s (APA) Division 50, in several collaborative ventures.

NAADAC has focused on strengthening its external relationships, and I want to ensure that we work on our most fundamental relationship: working with you, our members.

Substance misuse disorders and other addictive diseases require specific, holistic, coordinated skills from professionals, regardless of their education, training or background. I believe that each of us brings unique perceptions, ideas and wisdom to the whole, creating a mosaic with a strikingly beautiful picture that represents our entire organization. It is on these individual strengths and perspectives that truly great organizations are built.

I want our organization to harness that energy, and I believe that part of that process is engaging in a conversation. As a part of this conversation, NAADAC will be implementing a series of surveys to discover how NAADAC’s members feel on a myriad of subjects.

As US President Woodrow Wilson once stated, “Power consists in one’s capacity to link his will with the purpose of others, to lead by reason and a gift of cooperation.” The collective power of NAADAC rests in our 12,000 members. And I think harnessing that power will be an impressive feat.

I look forward to the challenges and opportunities of the upcoming year, and to hearing your ideas on how we can strengthen NAADAC and the addiction profession. And fill out our first survey (below). If you have any other thoughts, please feel free to contact me at morgillofreeman@aol.com.

MESSAGE FROM NAADAC’S PRESIDENT

Beginning the Conversation
Have Your Say and Contribute to NAADAC

Sharon Morgillo Freeman, PhD, APRN-CS, MAC

Please return this survey to NAADAC. Mail: NAADAC Survey, 901 N. Washington St., Ste. 600, Alexandria, VA 22314. Fax: 703.741.7698. If your additional comments cannot fit in the space provided, please attach a separate sheet with your comments or fill out the survey on-line at www.naadac.org.

1. Which should be the NAADAC Leadership’s main focus for 2007?
   a) State support
   b) International growth
   c) Improve communication with individual members
   d) All of the above
   e) Other: Please list

2. I am a member of a national association because I want:
   a) To have a strong national voice in Washington, DC
   b) To gain access to cutting edge information on clinical and professional issues
   c) To receive discounts on national certification, publications, events, etc.
   d) All of the above
   e) Other: Please list

3. I belong to (#) of professional national MEMBERSHIP organizations (such as NASW, APA, ANA, AMA, etc.). NOTE: This does NOT include certifying agencies, only MEMBERSHIP organizations.
   a) Only NAADAC
   b) 1 – 3 other professional national organizations. Please list:
   c) 4 – 6 other professional national organizations. Please list:
   d) 7 or more other professional national organizations. Please list:

4. Should NAADAC participate in international exchange programs?
   a) Yes, Comments
   b) No, Comments
   c) I don’t know enough about international exchange programs to answer this question.
   d) Other: please list

5. Please add any other thoughts or comments you may have on these or any other topics.
In March 2007, addiction services professionals from around the nation will converge on Capitol Hill to speak up on behalf of the 22 million Americans who suffer from addictive disorders. NAADAC, the Association for Addiction Professionals, will be hosting its 20th anniversary Advocacy Action Day to focus on legislative issues affecting addiction professionals. Advocacy efforts will include mentoring, outreach policy development and educational efforts with legislators.

“Advocacy Action Day is an excellent opportunity for addiction professionals from across the United States to come to Washington, DC, and meet with their national representatives. In a concerted effort, these professionals come together and learn about key issues facing the addiction treatment profession today,” said Gerard J. Schmidt, MA, LPC, MAC, chair of the NAADAC Public Policy Committee.

The sessions in Washington, DC, are geared to new and returning participants with an introduction to advocacy issues, tips on how to communicate effectively with lawmakers and mentoring sessions for those new to the legislative process.

NAADAC members, and NAADAC’s partners in addiction health services, plan to discuss the federal government’s workforce development agenda, parity for addiction and other health related insurance, adequate and consistent funding for addiction health services and strategies to ensure that addiction prevention, intervention and treatment are considered as a part of the nation’s agenda.

“For many treatment professionals this is their first encounter with their lawmakers. The excitement for most professionals is that they are at the heart of the legislative process, can see events unfold in front of them and become an active participant in the process,” said Schmidt.

NAADAC will be cooperating with a number of other organizations to reinforce the importance of the impact of addiction on communities and the nation. Tentative partners are Therapeutic Communities of America (TCA), Legal Action Center, Danya International, the American Society of Addiction Medicine (ASAM), Capitol Decisions, the Johnson Institute and the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD).

“Addiction Professionals have an exciting opportunity to make a difference this year,” said Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP. “The new congress provides new opportunities for legislation, funding and workforce development issues.”

“NAADAC’s 20th anniversary Advocacy Action Day is an immediate opportunity to address addiction focused issues with the new congress. NAADAC members can be there to influence and educate their congressional representatives,” added Moreno Tuohy.

To see the full agenda for the NAADAC Advocacy Action Day, please visit www.naadac.org.

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**20th Anniversary Advocacy Action Day**

*20 Years of Advocating for the Addiction Profession*

**March 4–6, 2007**

Doubletree Crystal City • 300 Army Navy Drive • Arlington, VA

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**Conference Schedule**

**MARCH 4, 2007**

- Noon–6:00pm Registration
- 4:00pm–5:30pm Advocacy 101
- 5:30pm–8:30pm Exhibit Hall Grand Opening
- 6:00pm–8:00pm PAC Reception and Auction

**MARCH 5, 2007**

- 8:00am–9:00am Continental Breakfast
- 8:00am–7:00pm Exhibit Hall Open
- 9:00am–Noon Mentoring Sessions and Speakers
- Noon–1:00pm Lunch sponsored by The Danya Institute
- 1:00pm–4:00pm Policy Briefing
- 7:00pm–9:00pm Legislative Awards Dinner

**MARCH 6, 2007**

- 7:30am–Noon Exhibit Hall Open
- 7:30am–9:00am Continental Breakfast
- 9:00am–2:00pm Visits on Capitol Hill
- 2:00pm–6:00pm Debriefing Session

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**Registration Fees**

Fee includes two continental breakfasts, dinner and light refreshments at the debriefing session.

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**Hotel Reservations**

Reservations should be made at the Doubletree Crystal City, 300 Army Navy Drive, Arlington, VA. For reservations, call the hotel at 703.416.4100 or toll-free 866.999.8439. Rooms must be booked by February 9, 2007 to receive the special room rate of $189 (plus applicable taxes). Please mention NAADAC when making your booking.
2007 Advocacy Action Day Registration Form
March 4-6, 2007 • DoubleTree Crystal City, 300 Army Navy Drive, Arlington VA 22202

☐ YES, I want to attend the sessions at the rate checked below!

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This is my first NAADAC event. ☐ Yes ☐ No
For non-NAADAC members to receive the member rate for the conference, join NAADAC by calling 1.800.548.0497.

PLEASE PRINT CLEARLY

☐ Ms. ☐ Mr. ☐ Dr. ☐ NAADAC Member ID #_______________

Name __________________________________________________________________________________________
Home or Work Address __________________________________________________________________________
City ________________________________________  State _______________________  Zip _________________
Work Phone_________________________________  Home Phone ______________________________________
Cell Phone ______________________________________  Fax ___________________________________________
Email________________________________________________

PAYMENT INFORMATION

☐ Check made payable to NAADAC and enclosed (return by mail only).

☐ Visa ☐ MasterCard ☐ American Express

Account #________________________________________
Exp. Date _________________________________________
Signature _________________________________________

Please return to NAADAC by:

Mail:
NAADAC Advocacy Action Day
901 N. Washington Street, Suite 600
Alexandria, VA 22314

Fax:
703.741.7698 or 1.800.377.1136

E-mail:
naadac@naadac.org

For more information, call 1.800.548.0497 or visit www.naadac.org
Professionals Gather at 2006 National Conference
2007 Conference Planned for Nashville, Tenn.

Donovan Kuehn, NAADAC News Editor

Over 500 counselors, educators and addiction related health professionals met in Burbank, Calif., to learn, study and celebrate at the 2007 NAADAC annual conference.

The 2007 conference, a collaboration between NAADAC, the Association for Addiction Professionals, the California Association of Alcoholism & Drug Abuse Counselors (CAADAC) and the National Association of Lesbian and Gay Addiction Professionals (NALGAP), recognized the diverse impact of addiction on our society and communities and featured eight separate information tracks, including tracks on methamphetamine, tobacco, advocacy and clinical issues.

NAADAC was pleased to have its partners in government and industry joining us throughout these sessions. Honored guests like H. Westley Clark from the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Bertha K. Madras from the Office of National Drug Control Policy (OND-CP), Lucinda Minor from the National Institute on Drug Abuse (NIDA), Kathy Jett from the California Department of Alcohol and Drug Programs (ADP), Carlo C. DiClemente from the University of Maryland, Robert R. Perkinson from the Keystone Treatment Center, Willie Wolf, C.C. Nuckols, actor Malcolm Gets, Henry Lozano from the President’s Advisory Commission on Drug-Free Communities and so many others who made this an unforgettable experience.

NAADAC was also pleased and proud to host the Presidents’ Dinner, Dance and Awards Ceremony which honored the best from around the nation.

Featured in the next few pages are highlights from the 2007 proceedings.
Save the Date!

NAADAC 35th Anniversary Annual Conference

in cooperation with the
Tennessee Association of Alcohol and Drug Addiction Counselors (TAADAC)
and National Association of Lesbian and Gay Addiction Professionals (NALGAP)

September 5–8, 2007 • Nashville, TN

Presentation proposals are currently being accepted.

For full details on the conference, please visit www.naadac.org or www.taadac.org.

(clockwise from above) Sharon Morgillo Freeman (left) and Mary Woods get in the Disney spirit. Wanda McMichael (left), Shirley Beckett Mikell and James Holder III at the Awards Dinner. Peter Czabafy, Julio Landero, David Harris, David Cunningham and Bud Sugg share a light moment. Awards dinner celebrants. Henry Lozano from the President’s Advisory Commission on Drug-Free Communities.
Free Resources for Addiction Professionals
Information on HIV/AIDS and other topics, available through SAMHSA

Misti A. Storie, MS, Education and Training Consultant

In order for addiction professionals to provide the most up-to-date, research-based services to alcohol or other drug dependent patients, they need access to scientifically sound information and resources. The Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment (CSAT) provides a myriad of reference manuals, commonly referred to as TIPs (Treatment Improvement Protocols), that instruct addiction professionals on the best practice guidelines for numerous topics ranging from adolescents and drug courts to brief interventions and methadone treatment.

Manuals in the TIP Series are developed by the combined experience, knowledge, and research of experts in the addiction profession across the United States. Any one of the Treatment Improvement Protocols will advance an addiction professional’s knowledge base and greatly expand the level of treatment and addiction services available to patients.

TIP 37: Substance Abuse Treatment for Persons with HIV/AIDS, in particular, is an invaluable resource for addiction professionals, due to the high correlation between HIV/AIDS and alcohol and/or drug dependence. Addiction professionals have the opportunity to educate at-risk populations of the dangers and realities of HIV/AIDS, as well as help reduce risky behaviors among patients already infected in an effort to reduce the spread of HIV/AIDS. Many significant changes in understanding and treatment advancements have occurred in recent years, and it is imperative that addiction professionals remain abreast of this topic. TIP 37 includes a detailed overview of HIV/AIDS, changes in epidemiology since 1995, how to integrate medical treatment with mental health and substance abuse treatment, risk assessment and prevention, legal and ethical issues, and specific counseling concerns and techniques for this population. In addition, TIP 37 includes screening instruments for HIV/AIDS to facilitate early detection, as well as case studies and supplemental resources. The HIV/AIDS epidemic is still as prominent as it ever has been, and addiction professionals have an important role in combating its impact. TIP 37: Substance Abuse Treatment for Persons with HIV/AIDS will prove helpful in this effort.

For additional TIP titles available from SAMHSA’s National Clearinghouse for Alcohol and Drug Information (NCADI), see page 9.

AIDS Quilt in Washington, DC, June 2006
Other TIPs in the Series

TIP 1: State Methadone Treatment Guidelines
TIP 2: Pregnant, Substance-Using Women
TIP 3: Screening and Assessment of Alcohol- and Other Drug-Abusing Adolescents
TIP 4: Guidelines for the Treatment of Alcohol- and Other Drug-Abusing Adolescents
TIP 5: Improving Treatment for Drug-Exposed Infants
TIP 6: Screening for Infectious Diseases Among Substance Abusers
TIP 7: Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System
TIP 8: Intensive Outpatient Treatment for Alcohol and Other Drug Abuse
TIP 9: Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse
TIP 10: Assessment and Treatment of Cocaine-Abusing Methadone-Maintained Patients
TIP 11: Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases
TIP 12: Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System
TIP 13: The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorder
TIP 14: Developing State Outcomes Monitoring Systems for Alcohol and Other Drug Abuse Treatment
TIP 15: Treatment for HIV-Infected Alcohol and Other Drug Abusers
TIP 16: Alcohol and Other Drug Screening of Hospitalized Trauma Patients
TIP 17: Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System
TIP 18: The Tuberculosis Epidemic: Legal and Ethical Issues for Alcohol and Drug Abuse Treatment Providers
TIP 19: Detoxification from Alcohol and Other Drugs
TIP 20: Matching Treatment to Patients’ Needs in Opioid Substitution Therapy
TIP 21: Combining Alcohol and Other Drug Abuse Treatment with Diversion for Juveniles in the Justice System
TIP 22: LAAM in the Treatment of Opiate Addiction
TIP 23: Treatment Drug Courts: Integrating Substance Abuse Treatment with Legal Case Processing
TIP 24: A Guide to Substance Abuse Services for Primary Care Clinicians
TIP 25: Substance Abuse Treatment and Domestic Violence
TIP 26: Substance Abuse Among Older Adults
TIP 27: Comprehensive Care Management for Substance Abuse Treatment
TIP 28: Naltrexone and Alcoholism Treatment
TIP 29: Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities
TIP 30: Continuity of Offender Treatment for Substance Use Disorders from Institution to Community
TIP 31: Screening and Assessing Adolescents for Substance Use Disorder
TIP 32: Treatment of Adolescents with Substance Use Disorders
TIP 33: Treatment for Stimulant Use Disorders
TIP 34: Brief Interventions and Brief Therapies for Substance Abuse
TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment
TIP 36: Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues
TIP 37: Substance Abuse Treatment for Persons with HIV/AIDS
TIP 38: Integrating Substance Abuse Treatment and Vocational Services

Each manual within the TIP Series is provided by CSAT to the public free of charge and can be ordered by contacting NCADI at 800.729.6686 or http://ncadi.samhsa.gov.

AIDS Quilt in front of the White House, Washington, DC, June 2006

Activist at End AIDS rally in Chicago.
Twenty-five years ago, the first cases of the Human Immunodeficiency Virus (HIV) came to light in the United States. Two diseases, pneumocystis carinii pneumonia (PCP), a common infection in people with HIV and Kaposi’s sarcoma, a cancerous tumor of the connective tissue often associated with AIDS (Acquired Immune Deficiency Syndrome), began to be diagnosed in men in San Francisco and New York City, a precursor of the AIDS crisis to follow.

Since then, AIDS has become a pandemic whose focus is shifting in the US from men who have sex with men (MSM) to heterosexual transmission, with females becoming the most frequently diagnosed new cases in many parts of the country. This mirrors the progression of the pandemic in Africa, where it has always been a disease of heterosexual transmission.

Why is this happening?

There are several reasons. First and foremost is the misconception that HIV, the virus that causes AIDS, remains the domain of men who have sex with men. Heterosexual couples falsely believe they are not at risk.

Secondly, substance abuse plays a significant role. Remember the TV commercials from several years ago: “Get high, get stupid, get AIDS”? Guess what? That’s still happening to our clients. Also, the age-old practice of trading (usually unprotected) sex for drugs (or the money to get them) plays a big role.

Lastly, there remains resistance to condom use among many ethnic groups in the US and elsewhere in the world.

If there is a positive side to all this, it is that AIDS has become a chronic, manageable condition instead of a terminal one with a six month life expectancy.

New Medication Developments

The ongoing development of new medications, collectively known as HAART (Highly Active Antiretroviral Therapy) has changed the face of HIV/AIDS in the US and in many parts of the world.

Science is making the treatment process easier, with several antiretroviral medications having only once-a-day dosing, and with combination medications some regimens require only two pills per day. We’ve come a long way from the six to ten pills every six hours we had just a decade ago. There is now even a tablet that combines three medications into one pill so a person literally has to take only one pill per day.

Most antiretroviral medications have worked by interfering with chemical activity during HIV’s reproductive/reassembly process. The latest, most recent research focuses on CCR5 receptors, which are receptor sites on the surface of the virus itself. These drugs actually prevent HIV from binding to CD4 receptors, HIV’s primary target. The other most promising area of research is a class of medicines known as integrase inhibitors. These medicines prevent HIV from splicing its transcribed DNA into the host cell’s DNA.

The year 2006 saw the release of two new medications, and it is hoped that a CCR5 fusion inhibitor and an integrase inhibitor will be released in 2007.

Of course, for these medications to be effective, they must be taken on a regular schedule, with greater than 95 percent adherence. Less than this causes development of resistance to the medications, meaning rapidly dwindling treatment options.

What You Can Do

That is where substance abuse professionals can dramatically expand their role. By helping addicts achieve sobriety, we help them become cognitively able to remember to take their medications and they develop the self-esteem to want to live and be healthy. Additionally, addictions professionals can help reinforce their...
Addictions professionals can help reinforce their clients’ need to remain in medical care and practice ongoing relapse prevention.

Finally, clinicians who are knowledgeable about HIV can help their clients understand that HIV is now a manageable condition, not a death sentence, and can even provide a support system where all others may have disappeared.

Treatment for various types of Hepatitis is also promising. Current treatment for Hepatitis C, a common infection among addicts worldwide, is pairing pegylated interferon (PEGylation is combining it with a molecule of another substance so that it has a longer active life in the body) and ribavirin, an antiviral medication.

While the treatment can be debilitating and can precipitate depression, it has an astonishing 29 percent cure rate for HIV Type 1 HIV—the most prevalent type in the US. Ongoing research yields the promise of even more effective treatments in the future.

The prognosis for patients co-infected with HIV and Hepatitis C is much better if the Hepatitis C is treated. Several of the antiretroviral drugs used to treat HIV are also effective against Hepatitis B, another infection that has a high coincidence with HIV and addicts.

**Conclusion**

Addictions treatment modalities that have proved to be particularly effective with this population, especially in the clinical setting where one has only a short period of time with each patient. Employing client-centered, non-confrontational modalities to keep the client engaged and “coming back for more” is the key to long term success and rewarding outcomes.

While we haven’t found a cure yet for HIV/AIDS, the research and study of the disease has made amazing strides over the last two decades. Addiction professionals are playing a critical role in this process.

*Dr. Rynes is the HIV/AIDS Program Director for LRADAC, The Behavioral Health Center of the Midlands, in Columbia, SC, and Treatment Consultant for the University of South Carolina School of Medicine Specialty Clinics.*

**HIV/AIDS Quiz**

Check your knowledge on HIV/AIDS

1. In 2004, the Center for Disease Control (CDC) estimated that 13 percent of all new cases of HIV/AIDS were people under 25.
   A. True
   B. False

2. HIV/AIDS is the leading cause of death for African American women aged 25–34 years.
   A. True
   B. False

3. How many people does the CDC estimate are living with HIV/AIDS in the United States?
   A. Between 100,000 and 250,000
   B. Between 500,000 and 750,000
   C. Between 1 million and 1.25 million
   D. Between 2 million and 2.25 million

4. Which states or territories reported the highest number of AIDS cases?
   A. California, New York and Texas
   B. California, New Jersey and Texas
   C. New York, Florida and Texas
   D. California, Florida and New York

5. How many people with AIDS have been estimated to have died in the United States since the first case was diagnosed?
   A. Over 5,000
   B. Over 10,000
   C. Over 15,000
   D. Over 20,000

6. When was the first case of HIV/AIDS cited by the CDC?
   A. 1975
   B. 1981
   C. 1987
   D. 1991

For more information on HIV/AIDS, please visit [www.cdc.gov/hiv/pubs/facts.htm](http://www.cdc.gov/hiv/pubs/facts.htm).

Answers: 1 A, 2 A, 3 C, 4 D, 5 C, 6 B
On the 25th anniversary of the first diagnosis of the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in the United States, great progress has been made in testing and treating HIV/AIDS. But Hepatitis C, another blood borne illness causing an estimated 10,000 deaths a year, will be treated differently than HIV/AIDS if the US government follows one of its health agency’s recommendations.

A new report from the National Center for HIV/AIDS and the Centers for Disease Control (CDC) has urged changes in the approach taken for HIV/AIDS screening. The report, Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, suggests increasing consensual HIV screening of patients; annual HIV screenings for people at high risk; including HIV screening in routine prenatal tests; HIV screening unless the patient declines and repeated HIV screenings for pregnant women in areas with elevated HIV infection.

A Spreading Epidemic

The motivation for these changes has arisen from the facts surrounding HIV/AIDS. HIV/AIDS is one of the leading causes of illness and death in the US. As of December 2004, over 1 million people were living with HIV/AIDS, and over 525,000 had died from the disease or its complications. Since 1994, the annual number of HIV/AIDS cases among blacks, members of other racial/ethnic minority populations, and those exposed through heterosexual contact has increased.

The reaction to the HIV/AIDS pandemic has been powerful. With significant funding from the national and state governments, health professionals have been mobilized into action. Figures from the CDC estimate that approximately 40 percent of all adults in the United States have been tested for HIV, with 16 to 22 million people tested annually.

However, the CDC also estimates that of the million people in the United States living with HIV, 25 percent (approximately 250,000) are unaware of their infection and may unwittingly be transmitting HIV.

In 2003, the CDC began to pursue two key strategies to deal with the problem: making HIV testing a routine part of medical care on a voluntary basis and reducing mother-child transmission of HIV through universal testing of all pregnant women. The CDC backed up this initiative with $153 million in funding for research, demonstration projects and program evaluation.

While the CDC has adopted aggressive new policies to promote HIV/AIDS testing, another component of the Department of Health and Human Services, the US Preventive Services Task Force (USPSTF), has come to opposite conclusions in relation to the Hepatitis C Virus (HCV).

It’s in the Blood

HCV, a viral infection that is found in the blood and causes liver disease, is spread by contact with the blood of an infected person. People infected with HCV mainly come in contact with the virus through injected drugs, blood or blood products, mothers infecting their infants or sexual contact with a person infected with HCV.

The most common method of infection is through intravenous drug use, with research indicating that HCV infection is widespread in populations of experienced drug injectors, with rates in many areas of the United States exceeding 80 percent.

The impact of HCV can be devastating, with the CDC estimating that of every 100 persons infected with HCV, 55–85 of those infected might develop long-term infection; 70 might develop chronic liver disease; up to 20 might develop cirrhosis (a chronic liver infection). The CDC estimates that Hepatitis C is a leading indication for liver transplants, a procedure with an average cost of about $250,000 for immediate hospital and
doctor expenses. The impact of HCV on individuals and the community is not in dispute.

A Surprising Switch
In light of these facts, the recommendations of the USPSTF against routine screening for HCV infection in adults is perhaps surprising.

The USPSTF was convened to evaluate clinical research in order to assess the merits of preventive measures, including screening tests, counseling and preventive medication. The Task Force meets every few years to assess public health issues.

In preparing its recommendations, the Task Force found evidence that screening with available tests can detect HCV infection in the general population. However, it found “insufficient evidence” to decide that the benefits of routine screening would not be worth the expense, since the prevalence of HCV infection is low in the general population, and that screening for HCV generally doesn’t lead to improved long-term health outcomes.

Even for high risk groups, such as intravenous drug users, the Task Force found no evidence that screening for HCV infection in adults at high risk would lead to improved long-term health outcomes. This is in direct contrast to the CDC findings which encourage routine screening of those with HIV/AIDS. The CDC encourages testing because one of the causes of the spread of the disease is the high rates of those who are unaware of their HIV positive status.

Community Reaction
Advocates for those who live with the consequences of HCV are displeased with the recommendations. The American Liver Foundation, in a statement posted on their website, says the report does a disservice to those with the disease. “[B]y failing to support the importance of testing those at risk for Hepatitis C, the USPSTF trivializes a serious public health problem, for which substantial scientific evidence and FDA-approved tools and therapies demonstrate that diagnosis and treatment are beneficial.”

Bruce R. Bacon, MD, President of the American Association for the Study of Liver Diseases (AASLD), also spoke up on the issue. “[T]o say that such screening should be stopped would be a terrible mistake with grave consequences over the next two decades.”

Discussions on the differing approaches of testing for HIV/AIDS and HCV screening continue. Whether screening is continued or scaled back will shape how we look back on these diseases in another 25 years.

For a copy of the CDC report, Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Setting, contact the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed), 1600 Clifton Road, NE, MS D-21, Atlanta, GA 30333, phone: 404.639.0900, fax: 404.639.0897, or e-mail: brbranson@cdc.gov.

The recommendations of the USPSTF are available at their Web site (www.preventiveservices.ahrq.gov) and through the National Guideline Clearinghouse™ (www.guideline.gov). To order, contact the Clearinghouse at 1-800.358.9295 or e-mail abrqpubs@ahrq.gov.

Hepatitis C Quiz
Check your knowledge on Hepatitis C

1. How many deaths are annually linked to Hepatitis C?
   A. 4,000 to 6,000
   B. 6,000 to 8,000
   C. 8,000 to 10,000
   D. 10,000 to 12,000

2. How many million Americans are estimated to have Hepatitis C?
   A. 1 million
   B. 2 million
   C. 3 million
   D. 4 million

3. Which age group has the highest rates of Hepatitis C infection?
   A. Under 19 years old
   B. 20 – 39 years old
   C. 40 – 49 years old
   D. Over 50 years old

4. Sharing contaminated needles is the most common route of Hepatitis C infection.
   A. True
   B. False

5. Which is a common symptom of Hepatitis C?
   A. Lack of appetite
   B. Jaundice
   C. Abdominal pain
   D. All of the above

6. Vaccines can prevent which forms of Hepatitis?
   A. Hepatitis A & B
   B. Hepatitis A & C
   C. Hepatitis B & C
   D. Hepatitis A, B & C

For more information on Hepatitis C, please visit www.cdc.gov/hepatitis.

Answers: 1 C, 2 D, 3 B, 4 A, 5 D, 6 A
AIDS Epidemic Generates a National Response
Addiction Professionals are an Important Link in Providing Prevention and Treatment

Chris Taylor, Viral Hepatitis Program Manager, National Alliance of State and Territorial AIDS Directors (NASTAD)

Cases of HIV/AIDS have been found in every corner of the United States and throughout the world. Domestically, state leaders are working together to face and remedy this disease.

AIDS directors in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands and the US Pacific Islands are represented by National Alliance of State and Territorial AIDS Directors (NASTAD), with a national office in Washington, DC. Programs administered by NASTAD members serve every population affected by and infected with HIV/AIDS. As such, NASTAD members offer considerable expertise in identifying community needs and responding to the challenges of the HIV/AIDS epidemic nationwide and throughout the world.

The NASTAD represents the nation’s chief state health agency staff who have programmatic responsibility for administering HIV/AIDS and viral hepatitis healthcare,

NASTAD’s four major programs include HIV Prevention and Surveillance, Care and Treatment, Global Technical Assistance and Government Relations/Public Policy. Additionally, NASTAD’s Viral Hepatitis and Communities of Color programs coordinate services and technical assistance across the prevention, care and treatment and public policy programs.

State and territorial AIDS directors and their staff are responsible for implementing comprehensive prevention and care programs for persons living with HIV and viral hepatitis. The development and implementation of these programs would not be possible without the collaboration and input of affected communities and the professionals who serve the needs of these communities. Chemical dependency continues to be a contributing risk for HIV and viral hepatitis infection and addiction professionals are an important link in providing prevention and treatment for individuals at risk.

State HIV and viral hepatitis programs welcome the opportunity to work collaboratively with organizations committed to meeting the prevention and treatment needs of chemically dependent individuals. For more information on HIV and viral hepatitis programs in your state, visit the NASTAD website at www.nastad.org.

NASTAD has also produced publications highlighting the importance of HIV and viral hepatitis prevention and care for individuals with chemical dependency. All resources can be found on the NASTAD website, including:

- Viral Hepatitis and Injection Drug Users
- Viral Hepatitis and HIV/AIDS Integration: A Resource Guide for HIV/AIDS Programs
- NASTAD Hepatitis Bulletin – April 2005
- NASTAD Hepatitis Bulletin – May 2006
- Viral Hepatitis Prevention: Unmet Needs for the States
- HIV/AIDS: African American Perspectives and Recommendations for State and Local AIDS Directors and Health Departments
- Crisis Among Gay Men: Crystal Methamphetamine Use Linked to Rising HIV and STD Rates

For more information on NASTAD and on resources you can access in your state, please contact nastad@nastad.org, visit www.nastad.org or call 202.434.8090.
Arizona, California & New Mexico

The Pacific Southwest Addiction Technology Transfer Center (PSATTC) is offering an intensive leadership training program to rising leaders in the addiction profession. Trainees are paired with professional mentors to enhance the learning experience and provide assistance and accountability for achieving training goals.

This six-month long experience takes commitment on the part of the Institute candidate and the agency in which the candidate is employed. The Institute incorporates a four-phase design that will lay a foundation in developing leadership and management skills:

- **Phase 1: Assessment**
- **Phase 2: Training Experiences**
- **Phase 3: Experiential Learning**
- **Phase 4: Recognition**

Candidates for the program are nominated by their agency director or another supervisor within their treatment agency. Nominations are screened and selected for the program through a committee process. The PSATTC will select a total of 15 candidates from Arizona, California and New Mexico.

The Immersion Training for the Institute will be held on March 5–9, 2007 at the Sheraton Hotel in Pasadena, Calif. For more information or a nomination packet, please call the Pacific Southwest Addiction Technology Transfer Center at 310.267.5398 or visit www.psattc.org.

Colorado

President Jean Armour, RN, CAC III, of the Society of Addiction Counselors of Colorado (SACC) is sad to report the passing of Jo Wright.

Jo Wright first became interested in the treatment of alcoholism in the early 1950s when it was believed that alcoholism was a sin and a moral failing instead of a medical issue. Other than jail or mental confinement there were no programs or treatment facilities for the alcoholic.

Ms. Wright was one of the innovators who began to change the perception of alcoholism in Colorado. Thanks to the efforts of a coalition of health care leaders, ministers, and community leaders, including Wright, the Colorado State Legislature established and funded the Colorado Commission on Alcoholism in 1956 to educate professionals and the public about the disease of alcoholism.

Wright traveled the state in her work with the Commission, and eventually went to the Yale School of Alcohol Studies and then returned to Colorado to work at the Ft. Logan Mental Health facility. Between 1962 and 1982, Wright helped guide the Alcoholism Program as it grew and averaged over 1,000 patients per year.

The state government eventually took the model that Wright pioneered and replicated it in smaller centers throughout the jurisdiction. In recognition of her hard work and numerous contributions, Arapahoe House, a Colorado treatment center, opened a unit named The Wright Center, in her honor.

Jo Wright’s contributions strengthened the addiction profession throughout Colorado.

New Hampshire

Peter DalPra, LADC, LCS, informed us that the New Hampshire Alcohol and Drug Abuse Counselors Association (NHADACA) has selected a new President, Patricia Ristaino-Dutton. DalPra, who has served as the President of the NHADACA for the past two years, will continue to serve on the board as Past-President.

Pennsylvania

The Northeast Addiction Technology Transfer Center (NeATTC) released the publication “Taking Action to Build a Stronger Addictions Workforce.” The report is an overview of NeATTC’s Workforce Development Summit held in Philadelphia in October 2005 where leaders from the NeATTC’s member states (New York, New Jersey and Pennsylvania) shared updates on their workforce development programs, discussed challenges to implementation, and discussed new directions for workforce development. Outcomes of strategies when available, and next steps that the region and its member states are considering as possible options were presented by summit participants.

The NeATTC compiled this report to offer models for workforce development programs across the country. The “Taking Action to Build a Stronger Addictions Workforce” report is available online and downloadable free of charge at www.neattc.org. Bound copies can be ordered at $10 per copy which includes shipping and handling. Quantity discounts are available. For additional information, call 412.391.4449.

Washington, DC

Six pioneers using innovative techniques to help conquer alcohol and other drug addiction and support recovery were honored at the third annual America Honors Recovery luncheon sponsored by the Johnson Institute. The Johnson Institute has pioneered intervention, treatment and recovery strategies for more than 40 years and se-

Around the Nation, continued on page 16
lected individuals who have been affected or afflicted by alcohol and other drug addiction, have overcome that circumstance, and have given back to their communities so that future generations may know the power and possibility of recovery.

The 2006 honorees are:

**Rev. Dr. Lottie Jones Hood**, a pioneer advocate and organizer of recovery in Detroit, Mich., she served as President and CEO of the National Council for Alcoholism and Drug Dependence – Greater Detroit Area for 20 years. Among her many achievements is the 2003 establishment of the Underground Railroad Museum in Detroit.

**Mary Jane Hanley**, matriarch of a family that has dedicated itself to expanding opportunities for recovery, Hanley saw and practiced the need to “go public” with her recovery story in order to help others. Her courage in 1983 led to founding the Hanley Hazelden Center in West Palm Beach, Florida.

**Lisa Mojer-Torres** served as the first chair of the Faces and Voices of Recovery, Inc., Board of Directors.

**Peter Hayden** is co-founder of Turning Point, Inc., a non-profit treatment and social service agency in Minneapolis. Hayden is chair of the National Black Alcoholism and Addictions Council and was awarded the Martin Luther King Legends Award presented by General Mills and the Minneapolis Chapter of the United Negro College Fund.

**Tom Hill**, an activist in the recovery and gay rights movement emerged in leadership as project director for Speak Out!, a recovery community services project of the Lesbian, Gay, Bisexual, Transgender (LGBT) Center in New York in 1999. He currently is Technical Assistance Manager for the entire Recovery Community Services Program.

**Phillip Valentine**, is currently the Executive Director of the Connecticut Community for Addiction Recovery (CCAR). His vision for a Recovery Walk has grown to an annual Hartford event drawing more than 15,000 people and is used as a national model.

Full details on the 2006 winners, and the application process, are available at www.johnsoninstitute.org.

### Other Items of Interest

**Free Resources**

*Silent Treatment: Addiction in America,* a national, multi-media public education initiative exploring addiction issues is available for individuals or organizations wanting bulk orders. For more information on the series or to place an order, free of charge, visit www.silenttreatment.info/reprints.htm or call toll free 866.585.1009.

**Alcohol Education Project Grants**

**Mark Fratzke, MA, MAC, CSAC, CSAPA,** president of the Hawaii association (HAADAC) announced that the National Institutes of Health (NIH) is taking grant applications for Alcohol Education Project Grants (R25). For more information on grant eligibility, visit www.grants.gov/search/search.do?mode=VIEW&oppId=11123.

**Educational Opportunities**

**Founder’s Trust** offers college scholarships are available for students in recovery. The organization has awarded academic scholarships and grants since 1997 to fulfill its mission of providing resources to help youth, adults, families and communities affected by crime, substance abuse and other social and behavioral problems. Young adults who are committed to recovery and bettering their lives are the primary focus of the Founder’s Trust scholarship program.

The Advanced Education through Achievement Program (AEAP) was established in 1999 to award higher education scholarships to young adults who have successfully completed a treatment program, who are drug and crime-free, who demonstrate adherence to the principles of honesty, integrity and personal responsibility and who have the ambition and potential to succeed in a college environment. In addition, Founder’s Trust pairs guidance counselors with AEAP scholarship students through the Teen Education Support Team, or TEST, program—the newest component of support provided by Founder’s Trust. For more information, visit www.founderstrust.org.

**New Resources Available for Faith Leaders**

The **National Association for Children of Alcoholics** (www.nacoa.org) is introducing a new resource for pastoral counselors. The toolkit, entitled *Spiritual Caregiving to Help Addicted Persons and Families: Pastoral Counselor’s Curriculum for the Education of Faith Leaders,* has just been printed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The curriculum was developed by **Rev. Christopher C. Bowers, MDiv, CSAC,** writer-compiler of Studies in the Twelve Core Competencies) and is based on material authored by **Rev. C. Roy Woodruff, PhD, LPC, Diplomate,** former Executive Director of the American Association of Pastoral Counselors. The toolkit is part of NACoA’s Clergy Education and Training Project® and **Linda Kaplan** (former NAADAC Executive Director, now with NACoA) did the editing on the final draft. With this curriculum, pastoral counselors are provided with a program of four study modules to use for training faith leaders who function in a wide variety of religious-spiritual settings.
Chris Bowers, former president of VAADAC, is also the writer-compiler of Studies in the Twelve Core Competencies, a self-guided study for clergy assisting families with addiction, available at www.counselorandclergy.com. This short course covers each needed competency area with awareness-building material, guidance for ministry to families with addiction, issues for further study and homework, and has a large resource list with websites about children, adolescents and college students.

Earn $85 by Completing an On-line Study
Jessecae Marsh, a graduate student at Yale University, is conducting a study that investigates mental health clinicians’ reasoning about mental disorders for her dissertation. The purpose of the study is to investigate how mental health clinicians reason about mental disorders. The study is conducted completely on-line and takes approximately 1.5 hours to complete. Participants will be asked to read short narratives on a computer and then make judgments about what they have read. Participants will be compensated at a rate of $85 an hour for their time. Marsh is actively recruiting full-time clinicians who have been licensed for at least 10 years as one of the following: psychologists, licensed clinical social workers or psychiatrists.

For more information or to discuss the study, contact Jessecae Marsh at jessecae.marsh@yale.edu or 203.887.5332.

Call For Presentations

New Organizational Members Join NAADAC
Donna Croy, NAADAC Director of Member Services

NAADAC is pleased to announce that the following three organizations have joined NAADAC as Organizational Members.

Spokane Coordinating Council on Alcoholism
The Spokane Coordinating Council on Alcoholism, which changed its name to SPARC, was founded in 1965 by a group of concerned citizens seeking to find a way to treat the homeless chronic alcoholic. SPARC began providing support and treatment services on the streets and at a storefront location in downtown Spokane. Today, the SPARC campus includes a multi-level continuum of care located within a five block residential neighborhood and in more than 12 separate facilities. SPARC’s services include residential treatment, outpatient treatment, homeless outreach and affordable housing.

For more information on SPARC, visit their website at www.sparcop.org or contact Mark R. Brownlow, Executive Director, P.O. Box 20159, Spokane, WA 99204, phone: 509.624.3251, fax: 509.624.4505, email: markg@sparcop.org

English Mountain Recovery
The English Mountain Recovery program helps clients re-discover self and develop a purpose for living. As a 12-step based adult residential recovery program, English Mountain Recovery provides holistic therapy focused on individual needs. English Mountain Recovery strives to provide support through the healing process for the individual and family. Located in the Smoky Mountains of East Tennessee, English Mountain Retreat is the ultimate serene environment.

For more information, visit www.englishmountainretreat.org, or contact David A. Cunningham, Clinical Outreach Director, English Mountain Recovery, 1096 Alpine Dr., Sevierville, TN 37876, phone: 865.661.2818, fax: 865.774.9997, email: dcunning529@aol.com.

Decision Point
The therapeutic mission of Decision Point is to provide a safe, confidential and nurturing environment in which the individual is supported in their efforts to gain and continue in their ongoing process of discovery and recovery. The specialists at Decision Point believe addiction affects mind, body and spirit. These issues are addressed with a professional focus on healing the mind, body and spirit and a focus on the underlying issues surrounding the addiction and compulsive behaviors through several unsurpassed and proven approaches.

For more information, visit www.decisionpointcenter.com or contact Decision Point, 315 Goodwin St., Prescott, AZ 86301, toll free: 877.338.6923, phone: 928.778.4600, e-mail: info@decisionpointcenter.com.

NAADAC Organizational Membership is available to organizations, corporations and agencies interested in supporting the addiction profession. Demonstrate your commitment to quality standards and leadership in the field of addiction treatment by joining NAADAC. NAADAC is the largest national organization dedicated to the legislative priorities, professional growth, and community visibility of individuals and organizations specializing in the treatment and prevention of addiction.

For more information, including features and benefits, go to www.naadac.org and click on Join NAADAC.
“Earning the title of ‘professional’ carries responsibilities as well as privileges. As a member of NAADAC, I have enjoyed both. The responsibilities include keeping current with issues about the profession through my national organization. Membership allows me to have a voice when decisions are made about my career, my profession and my legal and ethical responsibilities. NAADAC is the ONLY organization representing the addiction profession at the table in Washington, DC. Let it be your voice as well as mine. Join today.”
—Sharon Morgillo Freeman, PhD, APRN-CS, NAADAC President

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**NAADAC DUES RATES**

**MUST accompany 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.**

**Dual membership required in NAADAC and state affiliate.**

You will receive services upon receipt of application and... allow 4–6 weeks for initial receipt of publications. Membership in NAADAC is not refundable.

**Membership Information**

**PLEASE PRINT CLEARLY.**

**NAME**

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

**CITY/STATE/ZIP**

**FAX**

**NAADAC RECRUITER’S NAME AND MEMBER # (FAX) or E-MAIL**

**SIGNATURE**

**Total Amount Enclosed**

**PAYMENT INFORMATION**

**Student (Proof of status application)**

**Full Membership (Proof of status application)**

**NAADAC PAC CONTRIBUTION**

**$50**

**$100**

**$200**

**$500**

**$**

**Total Amount Enclosed**

**$**

**FAX YOUR APPLICATION WITH CREDIT CARD INFORMATION TO:**

**MAIL YOUR APPLICATION WITH CHECK TO:**

NAADAC
901 N. Washington Street, Suite 600
Alexandria, VA 22314-1315

FAX YOUR APPLICATION WITH CREDIT CARD INFORMATION TO:
800/377-1136 or 703/741-7698

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**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.

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**DUES RATES**

**Full (MUST accompany application)**

- Alabama: $110
- Alaska: $120
- Arizona: $120
- Arkansas: $85
- California: $210
- Colorado: $135
- Connecticut: $135
- Delaware: $95
- District of Columbia: $135
- Florida: $135
- Georgia: $145
- Hawaii: $105
- Idaho: $110
- Illinois: $145
- Indiana: $135
- Iowa: $115
- Kansas: $180
- Kentucky: $110
- Louisiana: $85

**Student (Proof of status application)**

- Maine: $115
- Maryland: $125
- Massachusetts: $130
- Michigan: $140
- Minnesota: $85
- Mississippi: $130
- Missouri: $98
- Montana: $115
- Nebraska: $117
- Nevada: $115
- New Hampshire: $115
- New Jersey: $135
- New Mexico: $115
- New York: $145
- North Carolina: $120
- North Dakota: $115
- Ohio: $120
- Oklahoma: $85
- Oregon: $120
- Pennsylvania: $110
- Rhode Island: $125
- South Carolina: $120
- South Dakota: $110
- Tennessee: $105
- Texas: $145
- Utah: $130
- Vermont: $135
- Virginia: $135
- Washington: $125
- West Virginia: $120
- Wisconsin: $125
- Wyoming: $85
- International: $100

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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.
Time Tells the Story
Partnership with HourPower Provides a Unique Opportunity for NAADAC Members

Misti A. Storie, MS, Education and Training Consultant

No other phrases have been more significant in the addiction profession than “Easy Does It,” “First Things First,” “One Day at a Time,” “Keep It Simple” or “Live and Let Live.” Now anyone in recovery or in need of extra support during the day can have it by wearing the NAADAC Wellness and Recovery Watch provided by HourPower® Watches. This two-toned polished stainless steel watch is available in men and women’s sizes, with the optional blue NAADAC “n” logo displayed on the front. The NAADAC Wellness and Recovery Watch offers precision timing and a hidden chamber that displays five interchangeable “Wisdom in Time” solid brass discs reminding the wearer to “Keep It Simple,” “Easy Does It,” “First Things First,” “One Day at a Time” or “Live and Let Live.” The interchangeable discs provide an immediate sense of support every time the watch is opened and continue to reinforce the basic principles of recovery.

There is not a more thoughtful gift for yourself or a loved one in recovery than the NAADAC Wellness and Recovery Watch. In addition, NAADAC membership allows for a 25 percent discount on any HourPower® Watch of your choice. For more information, ordering instructions, and a video demonstration of the NAADAC Wellness and Recovery Watch, please visit www.naadac.org and click on NAADAC Bookstore or visit www.hourpowerwatches.com/naadac-members.html.

Regular Price: $139.95
Member Discounted Price: $104.96

A Message from NAADAC’s Executive Director

December 1, 2006

Dear NAADAC Members,
In March of 2006, NAADAC, the Association for Addiction Professionals and HourPower® Watches agreed to collaborate on a joint venture to provide an official wellness and recovery timepiece. The benefits of utilizing this product during recovery will be immediate and long lasting.

The HourPower® Watch was developed by a clinical psychologist, Dr. Brenda Ellner, and her business partner, Paulette Nance, to support growth and change by utilizing a cognitive behavioral technique. Drawing on her experience as a therapist and professional coach Dr. Ellner realized that the HourPower® Watch could become a powerful therapeutic tool.

As Dr. Ellner tells it: “In the first 30 years of my practice, I used a notecard that was to be read throughout the day in order to anchor the intention for change. Clients would continually tell me that this simple technique gave them a wonderful feeling of energy and resolve. But, they kept asking for a better place to carry their message.”

“After many years of urging, I came up with the idea for the HourPower® timepiece. I reasoned that since a watch is an indispensable item of daily life, it was a natural place to begin. Our patented watch is high quality and handsome on the outside; yet it has a secret! It has a hidden compartment for viewing one’s message. These messages can be interchanged; therefore creating a kind of delivery system for whatever a person needs to read at that time. It is now possible to have a quiet space in a busy day—open the watch and it returns you to your central focus or to whatever provides meaning and commitment to you.”

We believe that the HourPower® Watch has the power of creating possibilities—connecting people with the tools involved in overcoming their addiction. Because of the unique role that NAADAC members play in working for the prevention, intervention, treatment and continuing care for clients, we are offering an exclusive package to encourage NAADAC members to utilize this recovery tool. We are offering a 25 percent discount for the official watch with a special NAADAC logo on the lift tab as well as any other HourPower® Watch. Included with the timepiece is a package of interchangeable brass discs with selected recovery slogans for placement in the hidden chamber.

I hope you take advantage of this offer and join all of us on the Board in our action plan to utilize the HourPower® Watch as a wellness and recovery tool for everyone.

Best Regards,

Cynthia Moreno Tuohy, NAADAC Executive Director

NAADAC is constantly searching for the best resources available to help educate professionals about the varying facets of addiction. If you have developed or used a product that has been remarkably helpful to your practice and the patients we serve, NAADAC would like to know about it. Please email mstorie@naadac.org with a brief description to initiate a review.
## 2007–2008 UPCOMING EVENTS

<table>
<thead>
<tr>
<th>YEAR 2007</th>
<th>YEAR 2008</th>
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<tr>
<td><strong>January 15</strong></td>
<td>June 21–23</td>
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| NCAC I/NCAC II/MAC Application Deadline for March 10–17, 2007 Examination Period | 33rd Annual TAAP State Conference  
*Culture and Credits…Education the Lone Star Way*  
Omni San Antonio Hotel  
San Antonio, Texas  
Details at www.taap.org. |
| **January 25–27** | July 15 |
| NOVA 2007 Conference | NCAC I/NCAC II/MAC Application Deadline for September 8–16, 2007 Examination Period |
| 25.5 Continuing Education Credits available | Details at www.ptcny.com. |
| Dallas, Texas | |
| **February 1–March 1** | September 5–8 |
| Nominations Open for NAADAC RVP Elections | NAADAC Annual Conference held in association with the Tennessee Association of Alcoholism & Drug Abuse Counselors (TAADAC)  
Nashville, TN |
| Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 1-800.548.0497. | Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 1-800.548.0497. |
| **March 4–6** | September 6–9 |
| NAADAC Public Policy Conference | NAADAC Lifelong Learning Series  
*Pharmacotherapy: Integrating New Tools into Practice*  
Earn 6 Continuing Education Credits for $20  
Cape Cod, MA |
| Doubletree Hotel Crystal City-National Airport Arlington, Virginia | Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 1-800.548.0497. |
| Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 1-800.548.0497. | |
| **March 9** | September 8–16 |
| NAADAC Lifelong Learning Series  
*Pharmacotherapy: Integrating New Tools into Practice*  
Earn 6 Continuing Education Credits for $20  
Baltimore, MD | NCAC I/NCAC II/MAC Exam  
The Professional Testing Corporation (PTC) provides NAADAC approved certification testing.  
| Download the registration form at www.naadac.org or call 1-800.548.0497. | |
| **March 10–17** | October 3–7 |
| NCAC I/NCAC II/MAC Exam | California Association of Alcoholism & Drug Abuse Counselors  
27th Annual Conference  
Sacramento, CA |
| The Professional Testing Corporation (PTC) provides NAADAC approved certification testing. | Details at www.caadac.org. |
| **March 26** | October 15 |
| *NAADAC Lifelong Learning Series  
Pharmacotherapy: Integrating New Tools into Practice*  
Earn 6 Continuing Education Credits for $20  
Chicago, IL | NCAC I/NCAC II/MAC Application Deadline for December 8–15, 2007 Examination Period |
| Download the registration form at www.naadac.org or call 1-800.548.0497. | Details at www.ptcny.com. |
| **April 1–30** | December 8–15 |
| Voting period for the 2007 NAADAC Elections | NCAC I/NCAC II/MAC Exam  
The Professional Testing Corporation (PTC) provides NAADAC approved certification testing.  
| Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 1-800.548.0497. | |
| **April 15** | November 16–20 |
| NCAC I/NCAC II/MAC Application Deadline for June 7–14, 2007 Examination Period | *NAADAC Lifelong Learning Series  
Pharmacotherapy: Integrating New Tools into Practice*  
Earn 6 Continuing Education Credits for $20  
Kona, HI |
| Details at www.ptcny.com. | Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 1-800.548.0497. |
| **June 7–14** | September 2008 |
| NCAC I/NCAC II/MAC Exam | NAADAC Annual Conference held in association with the Kansas Association of Addiction Professionals (KAAP)  
Overland Park, KS |
| The Professional Testing Corporation (PTC) provides NAADAC approved certification testing. | Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 1-800.548.0497. |

Have an event we should know about?  
Contact 1-800.548.0497, ext. 125 or e-mail dkuehn@naadac.org.