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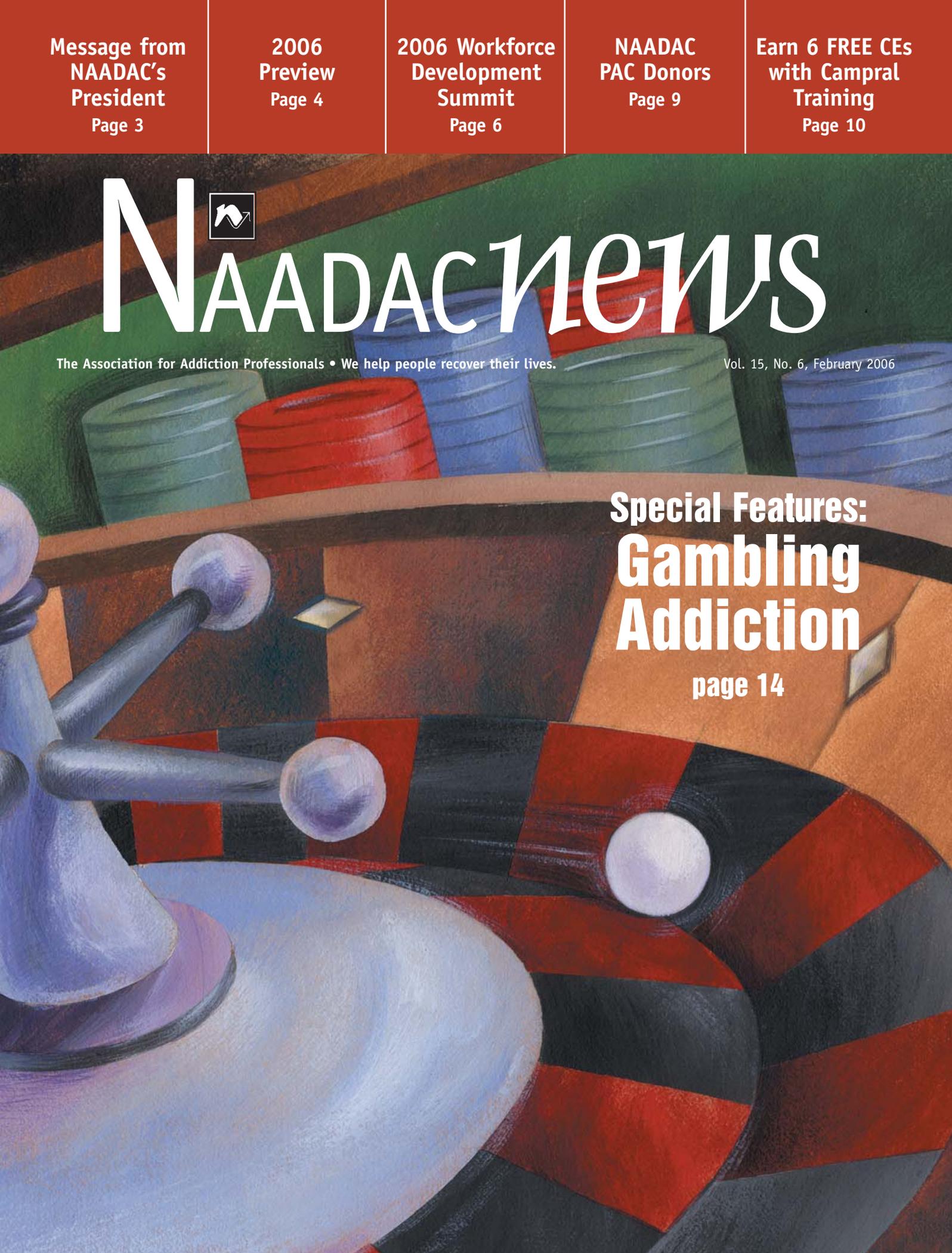
NAADAC NEWS

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

Vol. 15, No. 6, February 2006

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Editor's Note

"Leadership and learning are indispensable to each other." These words were meant to be delivered in the speech John F. Kennedy prepared for Dallas on the day of his assassination, November 22, 1963. While the words were never spoken, they resonate with me.

Every two years, NAADAC's members get to put their stamp on the organization they are a part of: nominations open for positions on the NAADAC Executive Committee and NAADAC's members vote for their preferred candidates. This may seem like a simple act, but it has incredible implications.

Under the leadership of the current Executive Committee, some impressive moves have been made: the initiation of discussions with IC&RC, a reassessment of NAADAC's finances to put them on a solid footing and the hiring of a new Executive Director. I think NAADAC, and the addiction profession as a whole, has benefited from all of these actions.

So what are the next initiatives that NAADAC will undertake? And who will lead them? Those decisions are in your hands.

One last thing, don't forget the discount that is automatically credited to all members who make an on-line purchase at the NAADAC bookstore until March 1, 2006. This is the perfect time to prepare for your next credentialing exam, stock up on NAADAC's exclusive independent study courses, or buy any of the numerous titles featured in the Reader's Corner section of the NAADAC News. The only exception is the DOT/SAP product. If you have any questions, call 800/548-0497 and ask for the certification department.

Thanks for reading and we hope to see you in March at the Workforce Development Summit and Advocacy Action Day (see page 6)!

Donovan Kuehn
Editor, NAADAC News

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(updated 1/05/06)

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Addiction is a Disease, and Addiction Professionals are Part of the Cure

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

“The physician of the future will give no medication, but will educate his patients in the care of the human frame, in diet, and in the cause and prevention of disease.”

—Thomas Edison

What is the future of the addiction profession? Those of us at NAADAC are committed to providing opportunities to NAADAC's members and to other addiction professionals to build their careers, strengthen their knowledge and share their experiences. But rarely do we have the chance to cast our thoughts forward to the possibilities that our profession can grasp.

One of the first steps our profession needs to take is removing the stigma and discrimination that addiction currently faces. We all know of people who need to take their medications daily. If people suffering from an affliction don't take their medication, their body will have a negative reaction, shutting down core body functions, interfere with normal brain activity, and eventually have tragic consequences for the client. Why does society feel pity if a person suffers from heart disease or diabetes but not if a person is dealing with their addiction? Addiction is a brain disease and needs to be treated as such.

Part of the solution is “medicalizing” addiction. When addiction is presented in terms of human frailties or weaknesses, it plays into the hands of those who judge the behaviors or characters of others. But by presenting the dispassionate evidence showing that a client's behavior is a physical, rather than a moral issue, it allows us to move ahead and deal with the addiction.

The addiction profession also needs to secure its spot as a distinct profession and build for the future. Part of the strength of the addiction profession is it has built upon the generations that have come before it: people who have experienced addiction firsthand, worked through their recovery and embarked on the path



of mentoring and sharing their knowledge with others. While other professions have set minimum standards of practice, usually masters degrees, the addiction profession is made up of people who have a very special knowledge, the knowledge of human behavior and patterns that comprise it. Those working with substance abuse span the gamut of educational and life experiences.

We need to ensure that we begin to work with other professions, and share our knowledge. Generally, we don't have close contact with those who have medical backgrounds. For example, a potential client may visit a doctor complaining about liver disease. The doctor may treat the physical symptoms, but miss the underlying issues related to alcohol abuse. Making that next step of connecting with doctors and our clients will help addiction professionals deal with our clients larger health issues and work toward positive resolutions.

But what would this look like?

West Virginia may hold a clue to what a positive model may look like. West Virginia recently consolidated its health services for improved service delivery in rural areas. This led to the development of integrated health clinics/centers

where people can attend to all of their health care needs in one location. When a client arrives for one reason, they can easily be referred to another professional to resolve other health issues.

Under this model doctors can refer their clients to dentists, pediatricians, and other specialists. Why can't addiction professionals and other behavioral health specialists be included into that matrix? Doctors are seen as authority figures by their clients and by using that authority, in consultation with addiction professionals, we can all work to create a continuum of care.

This model depends on the redefinition of the role that addiction professionals play in assessing and treating clients. We need to integrate behavioral health clinicians into the process to do client assessments and we need to strengthen our relationships with primary care providers to build these relationships. Ultimately, addiction professionals need to promote ourselves and the unique skills we offer.

Organizations like the American Psychological Association, the American Nurses Association, the National Association of Social Workers and Licensed Professional Counselors recognize the specialized expertise that addiction professionals have to offer. Our profession needs to strengthen its ties with the American Medical Association (AMA) and work on explaining our role and expertise.

If we're going to talk the talk, then we need to walk the walk. Addiction professionals need to use current evidence based practices, information and methodologies.

We have a long way to go in our quest for equality of treatment and stature in dealing with the other professionals we work with. But our goal is an attainable one.

This, and other issues facing the addiction profession will be discussed at the NAADAC Workforce Development Summit. See page 6 for more details.

Workforce Issues, Education and Unification on the Agenda

2006 is an important year for addiction professionals

By Donovan Kuehn, NAADAC News Editor

A new year is always fraught with promise and potential. There are many big issues facing NAADAC and the addiction profession in the upcoming year. Here's our prediction of the important issues of 2006.

Discussions between NAADAC and the IC&RC will have a huge impact on the addiction profession

Resolution of IC&RC Discussions

It may seem like cheating to choose the same issue as the top item for 2005 (see box) and 2006 but the discussions between NAADAC and the International Certification and Reciprocity Consortium (IC&RC) will have a huge

impact on the addiction profession. A resolution to these discussions is anticipated by the spring of 2006. Details at www.naadac.org.

Workforce Development

The numbers tell the story. According to the NAADAC Practitioner Services Network Study (2003), the majority of NAADAC's members are between the ages of 35 to 64, with the largest group consisting of people between the ages of 45 to 54.

Workforce development issues, including recruitment, retention and rewards, are high on the agenda for the addiction profession in 2006. Without a focus on retaining those currently in the profession, tapping into their energy and expertise, and recruiting new people to take the place of the current generation as they move on, the addiction profession will disappear.

NAADAC has begun several initiatives including the Workforce Development

Summit scheduled for March 24–25, 2006 and a recruitment video developed in partnership with the nation's Addiction Transfer Technology Centers (ATTCs) and Institute for Research, Education and Training in Addictions (IRETA).

Lifelong Learning Series

NAADAC has initiated its Lifelong Learning series for its members. An outgrowth of the Co-Occurring conferences hosted in January and March of 2005, NAADAC has committed to providing educational opportunities for its members. In the first education series of the year, NAADAC is providing a series of free seminars in 15 cities entitled "Strengthening the Will to Say No" *Medication Management for Addiction Professionals – Campral Series*. Further seminars are anticipated for 2006. More details at www.naadac.org.

California and NAADAC Partner on National Conference

NAADAC will be partnering with the nation's largest association, CAADAC (the California Association for Alcohol and Drug Abuse Counselors) for its September 28–October 1, 2006 conference in Burbank, CA. This conference will provide the opportunity to tap into the knowledge of clinicians on the west coast as many world-renowned experts in the alcohol and drug treatment profession hail from California. And who knows, maybe you can even squeeze in an audition or two while you're in California...

NAADAC's New Leaders

What role will you play in this story? NAADAC will be electing new leaders to its national Executive Committee in April (see page 11) and you can be a part of it. With so many important issues facing the addiction profession, NAADAC needs your thoughts, ideas and energy. For more information on NAADAC's elections visit www.naadac.org.

Three Biggest Issues of 2005

1. NAADAC/IC&RC Discussions

In April 2005, the National Certification Commission (NCC) of NAADAC, The Association for Addiction Professionals the International Certification and Reciprocity Consortium (IC&RC) began discussions on a proposal to unify their independent credentials for addiction counselors into one national credential. Discussions are still underway. (More details at www.naadac.org)

2. Addiction Professionals Respond to Hurricane Katrina

Everyone knows about the horrific events that transpired in the Gulf Coast region in 2005, but not everyone knows how members of NAADAC stepped up to the plate. Over 200 NAADAC members offered their services in response to a call for volunteers issued by NAADAC in September 2005. Out of the 200, 120 met NAADAC's health and availability criteria are many are still helping in the Gulf Coast.

3. Counselors' Day Gets a Permanent Home and New Name

Counselors' Day, the day in September chosen to honor the work done by clinicians throughout the nation, was made permanent by the NAADAC Executive Committee. The name of the event was changed to include all of those serving clients with addictions. Addiction Professionals Day will be proudly proclaimed on September 20, 2006 and on September 20th in all subsequent years.

NAADAC Prepares Legislative Focus for the New Year

Gerard J. Schmidt, NAADAC Clinical Affairs Consultant and Chair of the Public Policy Committee



Even as we prepare for Congress to return from the holidays and the impending votes on both sides for a budget bill that could drastically affect all of us, NAADAC is developing its strategy for next year's budget package. In preparing for this, NAADAC has begun the process of outlining its key budget points for the 2007 budget.

As frontline professionals, we face the challenges set before us with a shrinking work force. The recent release of the draft of the Institute of Medicine's Report *Improving the Quality of Health Care for Mental and Substance-Use Conditions*, further states that behavioral health, including substance abuse treatment, must expand and enhance its efforts at addressing the ever-growing problems facing the profession. This emphasis is supported by the need to expand and develop both addiction treatment specialties as well as a new generation of addiction professionals. The report points out some glaring deficits in the work force and suggests changes that could be implemented as well as strategies to achieve that end.

In addition to this, NAADAC envisions priorities around some of the following key issues:

- HIV/AIDS initiatives particularly related to I.V. drug users
- Criminal justice re-entry programs and services
- Methamphetamine campaign on awareness and treatment
- Continued services related to the Gulf Coast hurricanes and other natural disasters
- Parity for substance abuse treatment
- The implementation of programs and services within higher education that help build the addiction workforce
- Continued emphasis on equality in treatment provision by faith-based treatment providers
- Grassroots efforts to connect directly with front line staff and quickly address the changes needed to influence and enhance their jobs

NAADAC plans to improve its ability to work more directly with individual states in addressing both national and local legislation. By mid-year, we plan to provide ongoing daily updates critical to the profession from a national perspective. The Public Policy Committee is working diligently to stay abreast of the latest trends in treatment issues and educate and involve members in the national discussion. Each state affiliate needs to designate an individual within their organization to act as

their government liaison. This person can be that critical link to both national and state related legislative issues facing the addiction profession. This will enable quicker turn around and response when action is needed on proposed legislation on Capitol Hill or within their own state legislature.

Finally, I encourage you to get involved because your voice and actions make a difference. Sometime during this year, proposals out of your state legislature will have a direct impact on how you provide services or perhaps how you will not be able to provide services. Your voice is important and needed. To that end, please consider joining the members of NAADAC for the 2006 Advocacy Action Day to be held on March 23, 2006 in Washington, DC. This will provide education and the opportunity to visit your Federal representatives, which is critical in keeping the message alive. The Summit on Workforce Development follows this event on March 24–25, 2006 and will be held at the Holiday Inn on the Hill (see page 6 for more details).

Please plan on trying to attend one or both of these events—your voice is needed and counts! If you have any questions, please feel free to contact me at 304/296-1731/4193 or at gschmidt@valleyhealthcare.org or visit NAADAC's website at www.naadac.org.



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NAADAC's Advocacy Action Day and Workforce Development Summit

Your Guide to All of the Action

Andrew Kessler, Director of Government Relations

On March 23, 2006, NAADAC will host its 19th annual Advocacy Action day. For over 10 hours, NAADAC members will have the opportunity to meet with lawmakers on Capitol Hill to discuss the important policy issues which impact addiction professionals.

This year, there are several topics that need to be addressed by our membership. Workforce development, the growing epidemic of methamphetamine addiction and substance abuse treatment parity are all issues of the highest priority for our membership. The NAADAC staff requests that you notify us of your attendance as far in advance as possible. This will give us time to schedule meetings for you with congressional offices.

On March 22, NAADAC will kick off Advocacy Action Day with two workshops, beginning at 3:30 p.m. The



first will address the basics of advocacy and the next session will be a briefing designed to educate members on the issues we will bring to Capitol Hill.

Thursday, March 23, will begin with a breakfast on the Hill. Several members of Congress have been invited, and we hope our attendance will be

strong. From there, the advocacy begins—our members will spend the rest of the day on the Hill, alerting congressional offices as to the needs and concerns of the addiction counselor profession, including such issues as:

Parity

Addiction is a disease, and should be treated as such by managed care. Those seeking treatment for addiction to alcohol, tobacco, or illegal substances should receive the same coverage as those who receive care for other disorders.

Workforce Development

The addiction counseling workforce is in strong need of Congressional support. The federal government can take the lead in recruiting and attracting young professionals to the field, through programs such as loan forgiveness.

Methamphetamines

An epidemic of proportions never seen before by the counseling communities is descending fast. Many members of Congress are aware of the problem, but we need their support and commitment if we are to stand a fighting chance against this dangerous and destructive drug.

HIV

Addiction and the HIV/AIDS pandemic are inseparable. Not only do I.V. drug users face the risk of contracting the virus, but those who abuse alcohol and drugs suffer impaired judgment, which can lead to unprotected sex and the transmission of HIV.

At the conclusion of the day, NAADAC staff will host

2006 NAADAC SUMMIT



an informal "debriefing" session, which will give our members the chance to share their experiences of the day with the staff and each other.

Strengthening the Addiction Profession

The next two days (March 24 & 25) will be dedicated to the NAADAC Workforce Development Summit. A variety of speakers, representing the federal government, NAADAC membership, and the private sector will present their views on the challenges and opportunities facing the future of addiction professionals. Among the topics planned for discussion are mentoring, the implementation of evidence based practices, strategies for entry level professionals, career advancement opportunities and a special roundtable discussion on building a progressive Workforce Development agenda that serves the needs of the addiction profession. The summit will also be the setting for the world premier of the NAADAC workforce development video.

March 24th is also the day of the semi-annual NAADAC PAC fundraiser. It will take place at the Holiday Inn on the Hill at 6:30 p.m.

For more information, please visit the NAADAC website at www.naadac.org, or contact Andrew Kessler at 703/741-7686, ext. 122, or akessler@naadac.org.

WORKFORCE DEVELOPMENT SUMMIT & ADVOCACY ACTION DAY
March 22–25, 2006 • Washington, DC

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 Book your hotel room now by calling the hotel at **202-638-1616**. Ask for the NAADAC Summit & Advocacy Action Day special room rate of \$189 (plus applicable taxes). **Book before February 26, 2006 for the special Summit rate.**

MARCH 21, TUESDAY

Evening Pre-Conference Entertainment Activity

MARCH 22, WEDNESDAY

Morning–2:00pm Morning Entertainment Activity

Noon–6:00pm Registration Open

3:30–6:00pm **Advocacy Action Day Welcome, Legislative Issues Briefing & Role Play**

6:00–7:00pm **Optional Advocacy Q&A Session: Come Discuss the Issues and Ask Questions**

MARCH 23, THURSDAY: ADVOCACY ACTION DAY

7:00–8:15am Capitol Hill Breakfast Registration Open

8:00–10:00am **Capitol Hill Breakfast**

10:00am–4:00pm **Capitol Hill Visits**

1:00–6:30pm Workforce Development Summit Registration Open at Holiday Inn on the Hill

4:00–6:00pm **Capitol Hill Debriefing Session**

MARCH 24, FRIDAY: WORKFORCE DEVELOPMENT SUMMIT
Sponsored by SAMHSA/CSAT

7:30am–7:00pm Registration Open

8:30–9:30am **Opening Plenary: Work Force Development in the Field of Addiction**
 H. Westley Clark, MD, JD, MPH, CAS, FASAM, Director, Center for Substance Abuse Treatment, SAMHSA

9:30–10:30am **Opening Plenary: Report on Workforce Development; the Annapolis Coalition**

11:00–12:15pm **Plenary Session Bench to Bedside: Evidence Based Practice**

12:15–1:30pm Lunch (on your own)

1:30–2:30pm Workshop Sessions (2)
1. Succession and Transition Planning, ASAE
2. Workforce Development Survey Update

2:30–3:30pm Workshop Sessions (2)
1. The IOM Report on Workforce Development
2. Ohio Workforce Development Project & E-Based Prevention and Treatment

3:30–4:00pm Coffee Break

4:00–5:00pm Workshop Sessions (2)
1. Students, Educators, and the Addiction Profession
2. Entry Level Professionals

5:00–6:00pm Workshop Sessions (2)
1. Mentoring & Career Ladder
2. Infusion of Evidence Based Practices

6:30–8:00pm **Political Action Committee Reception & Auction**

MARCH 25, SATURDAY

7:30am–1:00pm Registration Open

7:30–8:30am Continental Breakfast

8:30–9:30am **Plenary Session: Workforce Development**

9:00–9:30am Richard Kopanda, MA, Acting Director, Center for Substance Abuse Prevention, Substance Abuse & Mental Health Services Administration

8:30–9:00am Lewis Gallant, PhD, Executive Director, National Association of State Alcohol/Drug Abuse Directors (NASADAD)

9:30–9:45am Coffee Break

MARCH 25, SATURDAY (cont.)

9:45–11:30am **Plenary Panel Presentation on Workforce Development**

11:30am–noon Break

noon–1:30pm **NAADAC Luncheon & Forum**

1:30–2:15pm **Clinical Supervision**

Tom Durham, PhD, Director, Danya International & Jody Biscoe, Co-Director, Louisiana Addiction Technology Transfer Center

2:15–3:30pm **Closing Plenary Round Table Discussion: Strategy Building & Focus Groups: Strategies, Where Do We Go From Here?**

3:30–4:00pm **Closing Plenary Continued**

Wrap Up: Develop an Organizational, Local, or State Plan for Workforce Development

REGISTRATION FORM

WORKFORCE DEVELOPMENT SUMMIT & ADVOCACY ACTION DAY
March 22–25, 2006 • Washington, DC

Yes, I want to attend the sessions checked below!

WORKFORCE DEVELOPMENT Events Only (15 CEUs)

\$150 NAADAC member \$250 non-member \$100 student

ADVOCACY DAY Events Only (4.5 Business CE)

\$75 NAADAC member \$125 non-member \$50 student

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Higher Education Opportunities Open for Thousands of Students

Congress Scales Back Barriers to Financial Aid for Those with Drug Convictions

Christopher Mulligan, Campaign Director of the Coalition for Higher Education Act Reform

In 1998, Congress passed provisions in the Higher Education Act (HEA) that delay or deny student financial aid to people with drug convictions. The Higher Education Act, which originally passed into law as a rider to the 1998 reauthorization of the Higher Education Act (HEA), will finally be scaled back this year. After years of attempts to repeal the punitive



Doors may open for 175,000 students

portions of the law outright, advocates are cautiously excited about restoring educational opportunities to some, but not all, of the students affected by this policy.

According to Department of Education statistics, the HEA drug conviction provision has delayed or denied federal assistance for higher education to more than 175,000 students since a question about drug convictions was added to the Free Application for Federal Student Assistance (FAFSA) in 2000. This number only includes potential students who were actually rejected for aid, and not the many others who rightly or wrongly assumed they were ineligible and did not even bother to apply.

Immediately after the drug conviction provision took effect, many criminal justice, addiction recovery, education and civil rights organizations began efforts to restore financial aid opportunities. To date, more than 250 organizations from around the country, including NAADAC, the Association for Addiction Professionals, have called on Congress to repeal the ban.

Though the ban was intended to deter college students from making

poor choices with drugs and to save scarce financial aid resources for those without drug convictions, critics decry the policy as discriminatory and counterproductive. The government's own *Monitoring the Future* study indicates that one in four high school seniors report using illicit drugs in the previous month, even though they were putting their financial aid at risk. Clearly, the law has failed as a deterrent. Since the ban applies to financial aid, it primarily affects low and middle-income families. Being that persons of color not only rely on federal financial assistance in higher numbers, but also are disproportionately impacted by our nation's drug laws, the law may be viewed as having racially discriminatory consequences.

Recovery and addiction experts contend that education is one of the best means in which to overcome problems of drug abuse. Denying educational opportunities to people trying to fight an addiction pits federal programs against one another. Drug treatment and higher education should not be mutually exclusive goals. There are also implications for long term success for recovery.

Former offenders who have had the opportunity to take advantage of educational opportunities are much less likely to re-offend. People convicted of drug offenses should similarly be given the chance to get their lives back on track through education. According to the Department of Justice, those who do not obtain a degree after high school are 12 times more likely to

commit crimes and be incarcerated than those who do graduate.

After years of federal inaction, Congress finally scaled back the drug provision this past session when both houses passed budget reconciliation legislation. Once the President signs the legislation into law, the new regulations will deny eligibility to students only if they were in college and already receiving financial aid at the time of their drug conviction. Unfortunately, it is not known whether this legislation will result in a change to the "drug question," on the FAFSA form, which currently deters many students from even applying for aid. Even more unclear is the amount of time it will take the Department of Education to implement these changes. Assuming these changes become law before the next school year, thousands of students with past drug convictions will be given a second chance to succeed.

Christopher Mulligan is the Campaign Director of the Coalition for Higher Education Act Reform. For more information, please visit www.RaiseYourVoice.com.

An Open Letter to NAADAC's 2005 Political Action Committee Donors

"I ask you to give to the PAC not from the top of your purse, but to donate to this worthwhile cause from the bottom of your hearts."

—Immediate Past President and former
PAC Co-Chair Roger A. Curtiss

Thank you for contributing to NAADAC's Political Action Committee. The NAADAC PAC is the only national Political Action Committee in the country dedicated exclusively to advancing the goals of addiction professionals. Only NAADAC members can be solicited to contribute to this fund for political action, making your contribution so critical. Thanks to your support of NAADAC PAC, our voice is being heard loud and clear by national leaders.

In 2006, our PAC will need to be more vital than ever. With an abundance of new members in the House and Senate, more training and education efforts will need to

be undertaken. The time and resources needed to accomplish this are directly supported by the NAADAC PAC.

If you would like to contribute to the PAC, you can do so by following one of the options below:

- 1) Go to our website at www.naadac.org and click on the "Advocacy" section. On the front page of this section, you will see directions on how to donate online.
- 2) Mail a check made payable to NAADAC PAC to our national office: NAADAC, 901 N. Washington Street, Suite 600 Alexandria, VA 22314. Please be sure and put ATTENTION: PAC Manager.

(Please note that PAC contributions are not tax deductible and must be from a personal, not a corporate, account.)

If you have any questions about contributing to our political action fund, please contact me at 800/548-0497, ext. 122 or via email at akessler@naadac.org.

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Free Seminars are Coming to a City Near You!

NAADAC Life-Long Learning Series

Donovan Kuehn, NAADAC Director of Outreach and Marketing

NAADAC, in partnership with Forest Laboratories, is pleased to introduce the first installment in the NAADAC Life-Long Learning Series: “*Strengthening the Will to Say No*” Medication Management for Addiction Professionals – Campral Series. NAADAC will be hosting Campral training seminars in 15 cities across the nation during 2006. Now is your chance to enhance your clinical practice and gain continuing education credits at no charge.

NAADAC’s Life-Long Learning Series has evolved from NAADAC’s long history of providing quality education courses led by counselors and other addiction-related health professionals who are trained and experienced in both pharmacology and clinical application of therapies. These seminars are aimed at NAADAC’s 11,000 members, consisting of doctors, nurses, psychologists, social workers, counselors, prevention specialists and those who work in various clinical settings.

Campral is a pharmaceutical designed to help clients stay alcohol free, and is intended for people who are alcohol dependent who have decided to stop drinking entirely and are prepared to participate in counseling. Campral has been approved by the Federal Drug Administration and has been used for more than a decade in Europe.

The Special Role of Counselors

Counselors are in a unique position to work with others in the addiction related health care profession. As the people who know clients best, counselors can assess treatment plans and help determine if medications are appropriate for their clients.

This distinct seminar on medication management is specifically designed for the addiction treatment professional. The education and training program will consist of dynamic workshops, which both challenge the participant to apply the knowledge to their existing skills as clinicians, while engaging addiction professionals in case studies and peer discussion.

Participants will be provided with a comprehensive reference guide and will be able to use this curriculum in their clinical practice. Following in the tradition of NAADAC’s previous educational seminars, the handbook will also contain chapters regarding the relationship between physicians, counselors and clients and an appendix that will contain elaborate assessment worksheets.

Please visit www.naadac.org for more details or to download a registration form. For more information call 800/548-0497, ext. 125 or e-mail naadac@naadac.org and put “Campral Seminars” in the subject line.

NAADAC Life-Long Learning Series: “*Strengthening the Will to Say No*” Medication Management for Addiction Professionals – Campral Series Six Continuing Education (CE) Hours at No Cost • Seating is Limited – please register early

February 25, 2006

Four Points Sheraton, 9750 Airport Blvd.,
Los Angeles, CA 90045

(Held in conjunction with the American Society of Addiction Medicine (ASAM), the California Association for Alcoholism and Drug Abuse Counselors (CAADAC) and the Pacific Southwest Addiction Technology Transfer Center)

March 10 2006

Morehouse College School of Medicine,
720 Westview Dr. SW, NCPC Auditorium,
Atlanta, GA 30314, (404) 681-2800

(Held in conjunction with the Georgia Addiction Counselors Association (GACA) and the Southeast Addiction Technology Transfer Center)

March 23, 2006

Marriot Orlando Lake Mary, 1501 International
Pkwy., Lake Mary, FL 32746

(Held in conjunction with the American Society of Addiction Medicine (ASAM) and Florida NAADAC)

April 7, 2006

Franciscan Renewal Center, 5802 E. Lincoln Dr.,
Scottsdale, AZ 85253

(Held in conjunction with the Arizona Association of Alcoholism & Drug Abuse Counselors and the Pacific Southwest Addiction Technology Transfer Center. A second training session focusing on Prevention will be held on April 8, 2006. Fees for the additional day apply.)

April 13, 2006

University of Nevada, Las Vegas, 4505 Maryland
Pkwy., Las Vegas, NV 89154

(Held in conjunction with the State of Nevada Association for Addiction Professionals (SNAAP))

April 14, 2006

Providence Hospital, 1160 Varnum St. NE,
Dixon Rm., Washington, DC

(Held in conjunction with the Professional Alcoholism & Drug Abuse Counselors of the District of Columbia (PADACA) and the Central East Addiction Technology Transfer Center. A second training session focusing on Relapse Prevention will be held on April 15, 2006. Sliding scale fees of \$35 to \$75 will apply for the additional day.)

April 14, 2006

Location TBA, Dallas, TX

(Held in conjunction with the Texas Association for Addiction Professionals (TAAP) and the Gulf Coast Addiction Technology Transfer Center)

April 21, 2006

Holiday Inn–Portland Airport, 8439 NE Columbia
Blvd., Portland, OR 97220

(Held in conjunction with the Association of Alcohol & Drug Abuse Counselors of Oregon (AADACO) and the Northwest Frontier Addiction Technology Transfer Center. An additional training session focusing on Medication, Advocacy and Recovery will be held on April 20, 2006. Fees are \$50 for NAADAC members and \$75 for non-NAADAC members. 5.5 CE credits.)

April 28, 2006

Location TBA, San Francisco, CA

(Held in conjunction with the California Association for Alcoholism and Drug Abuse Counselors (CAADAC) and the Pacific Southwest Addiction Technology Transfer Center)

May 5, 2006

Our Lady of the Resurrection Medical Center,
5645 W. Addison St., Chicago, IL 60634

(Held in conjunction with the Illinois Association of Addiction Professionals (IAAP) and the Great Lakes Addiction Technology Transfer Center)

May 15, 2006

Location TBA, Seattle, WA

(Held in conjunction with the Chemical Dependency Professionals of Washington State (CDPWS) and the Northwest Frontier Addiction Technology Transfer Center. An additional training session on Conflict Resolution will be held on May 16, 2006. Fees for the additional day apply.)

May 19, 2006

Location TBA, Spokane, WA

(Held in conjunction with the Chemical Dependency Professionals of Washington State (CDPWS) and the Northwest Frontier Addiction Technology Transfer Center. An additional training session on Conflict Resolution will be held on May 20, 2006. Fees for the additional day apply.)

June 16, 2006

Pioneer Campus of Penn Valley, 2700 E 18th
St., Kansas City, MO

(Held in conjunction with the Kansas Association for Addiction Professionals (KAAP) and the Mid-America Addiction Technology Transfer Center)

June 21, 2006

Omni Corpus Christi Hotel, 900 N. Shoreline
Blvd., Corpus Christi, TX 78401

(Held in conjunction with the Texas Association for Addiction Professionals (TAAP) and the Gulf Coast Addiction Technology Transfer Center)

June 30, 2006

Location TBA, New York, NY 10011

(Held in conjunction with the Association for Addiction Professionals of New York (AAPNY))

Visit www.naadac.org
for more details and
to register.





Reader's Corner

One half to two-thirds of all patients who suffer from psychoactive chemical dependency also have another diagnosable mental disorder. Of all psychiatric patients with a mental disorder, one-third of them also have a psychoactive chemical dependency problem. Clients who have

This ... is an extremely comprehensive curriculum that teaches addiction professionals the essentials of dual diagnosis treatment

co-occurring disorders of psychoactive chemical dependency and mental disturbance are exceptionally harder to treat because one disorder is usually exacerbated by the other. Further, it is difficult for addiction professionals to appropriately treat a co-occurring patient because often they have not had adequate training to do so.

Rhonda McKillip's *The Basics: A Curriculum for Co-Occurring Psychiatric and Substance Disorders, 2nd edition* bridges any gap between substance and psychiatric disorder treatment. This two volume, 1,200-page set is an extremely comprehensive curriculum that teaches addiction professionals the essentials of dual diagnosis treatment. The curriculum is strategically divided into eight subjects:

- the link between psychiatric and substance disorders, an integrated approach
- psychiatric disorders within a co-occurring diagnosis
- substance disorders within a co-occurring diagnosis

Two disorders, two volume set, too good to pass up...

Misti A. Storie, Education and Training Consultant

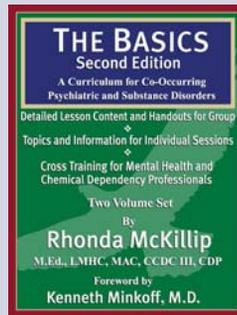
- the physiological effects of psychiatric and substance disorders on physical health
- coping with stress and emotions with healthy alternatives to alcohol and other drug abuse
- the foundations of the recovery process
- the process of recovery
- coping with crisis, preventing relapse and maintaining recovery

Each subject begins with "Prepare, Present and Practice" segments, which is McKillip's original presentation approach, and outlines the subjects goals, objectives and methods. In addition, *The Basics: A Curriculum for Co-Occurring Psychiatric and Substance Disorders, 2nd edition* includes six useful appendices for further study and is packed full of detailed lesson content, handouts, interactive exercises and invaluable tutorials.

This manual is recommended for any mental health and chemical dependency professionals, service providers who work with dually diagnosed patients, and professionals

interested in cross training in the area of co-occurring psychiatric and substance disorders. *The Basics: A Curriculum for Co-Occurring Psychiatric and Substance Disorders, 2nd edition* can be purchased from NAADAC by calling 800/548-0497 or visiting www.naadac.org.

Regular Price: \$100



Leaders Wanted!

Submit your Nominations for NAADAC's Leadership until March 10, 2006

Donovan Kuehn, Director of Outreach and Marketing

There are many ways to contribute to the addiction profession, and one of the most exciting ways is by helping to represent the 11,000 NAADAC members who live throughout the US and around the world.

Elections for representatives to NAADAC's Executive Committee will take place in April 2006. Nominations are being accepted for the positions of President-Elect, Secretary, Treasurer and four Regional Vice Presidents representing the **Mid-Atlantic** region (New Jersey, Delaware, Pennsylvania, Virginia, District of Columbia, Maryland, West Virginia), the **Mid-South** region (Arkansas, Louisiana, Oklahoma, Texas), the **Northeast** region (Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont) and the **Northwest** region (Alaska, Idaho, Oregon, Montana, Washington, Wyoming).

All positions on the NAADAC Executive Committee serve two-year terms.

For more information on NAADAC's elections, to find job descriptions for the NAADAC executive positions or to download a nomination form, visit www.naadac.org. For more specific information, please call 800/548-0497, ext. 125 or e-mail dkuehn@naadac.org. Put "NAADAC Elections" in the subject line.

KEY DATES FOR THE NAADAC ELECTIONS

Nominations for NAADAC officers open: January 6, 2006
 Nominations for NAADAC officers close: March 10, 2006
 Voting for NAADAC officers begins: April 1, 2006
 Voting for NAADAC officers ends: April 30, 2006

If you do not receive a ballot packet by April 5th, 2006, please contact Donovan Kuehn at 1-800-548-0497, ext 125 or dkuehn@naadac.org.

State Updates

Alysia Lajune, State Liaison and Donovan Kuehn, Director of Outreach and Marketing

Delaware

DAAP, the Delaware Association for Addiction Professionals, hold its 21st Annual Conference from February 24–25, 2006 in Claymont, DE. The theme is “Something for Everyone” and will feature seminars on adolescents, ethics, the psychology of addiction, methamphetamine and therapy with difficult clients. For more information, call Arnold Huff at 302/576-3827, George Benson at 302/999-9812 or e-mail daadacinc@yahoo.com.

Massachusetts

The Massachusetts Association of Alcohol and Drug Abuse Counselors (MAADAC) held their 10th Annual Holiday Breakfast and Annual Meeting on December 8, 2005. Speakers included **Michael Botticelli**, Assistant Commissioner for Substance Abuse Services, and Massachusetts State Representative **Martin J. Walsh**, a leading proponent for addiction legislation. The

MAADAC Counselor of the Year Award was given to **Thomas Thelin**, Coordinator of the Day Treatment Program at the Adcare Outpatient Hospital of Worcester. Awards for Outstanding Service went to **Diane Kurtz** and **Diane Teta** who started a grassroots parent support network that has spread throughout the state of Massachusetts. **Susan O'Connor** received the Presidents Award for over 25 years of service and contribution in juvenile justice substance abuse programs. MAADAC used the event to recruit new addiction professionals and over 15 people have joined MAADAC and NAADAC since attending the event.

New Hampshire

In November 2005, the New Hampshire Alcoholism and Drug Abuse Counselors Association (NHAADAC) hosted its annual meeting, followed by a special keynote address on the topic *Methamphetamine in New Hampshire*. The

keynote speaker was Senior Special Agent **Lisa Remick**, a 21-year veteran of the Drug Enforcement Administration. Remick, who has been assigned to the Boston Field Division and the Los Angeles Field Division, is currently the Demand Reduction Coordinator for Maine, New Hampshire and Vermont. In this position she educates the public about the dangers of drugs and tries to prevent young people from using them. Special Agent Remick is a member of numerous anti-drug coalitions and state incentive grant advisory boards for Maine and New Hampshire. Also in attendance was NAADAC President **Mary Woods**, who joined the NHAADAC leaders in honoring outstanding addictions professionals in New Hampshire. Board of Directors elections were held during the NHAADAC business meeting preceding the keynote presentation.

South Carolina

The South Carolina Association of Alcohol and Drug Abuse Counselors (SCAADAC) announced that its fall conference will be held from November 5–7, 2006 at the North Charleston Embassy Suites and Convention Center. For more information, visit their website at www.scaadac.org or call 803/779-0343.

Texas

The Fort Worth Chapter of the Texas Association of Addiction Professionals (TAAP) announced they will be hosting their 19th Annual Spring Conference March 30–April 1, 2006 in Fort Worth. The conference's theme is “The Journey” and will feature the keynote speakers **Lenae White**, from the Southwestern Medical School and **Shane Koch**, Associate Professor with the Rehabilitation Institute at Southern Illinois University. Over 20 Continuing Education credits will be offered at the conference. For more information, please contact Robert Miles at robertmiles@sbcglobal.net or call 817/265-4122.



Mary Woods, NAADAC President, New Hampshire State Rep. Kathy Taylor, NHAADAC Past President Jacqui Abikoff, and NHAADAC President Peter DalPra at the New Hampshire fall meeting.

Intervention: An Entertaining Resource

Wendy King-Graham, CAC(P)

A few months ago, I was mindlessly flipping through the channels on a Sunday evening when a show preview caught my eye. The show was called *Intervention*, and it was being shown on the A&E Channel.

Intervention is an hour-long show about how devastating addiction can be in an individual's life. I honestly thought to myself, "Well...this is the work I do every day so why would I want to see even more heartache in my free time?" Nonetheless, I watched the first episode and have been recording it ever since.

The show chronicles the lives of individuals and their family members around addiction. The show shares snippets of information about how much the featured individual has lost as a result of their AOD use and the consequences that many of the featured addicts refuse to see. Towards the end, the featured individuals go through an "ambush" intervention, and are offered the opportunity to get help. The intervention piece is not shown nearly enough during the show, and much of the time of the show is spent in showing the costs of use for the featured individuals.

Why would you watch?

Why would professionals in the AOD field want to watch this when we do this kind of work every day? I can only answer that from a young professional's standpoint. Before I began working in the field of addiction, I had the same small view of "addicts" that is perpetuated by an ill-informed media. When I went to work for my local alcohol and drug commission, I was told that I needed to be certified as an addictions counselor by the end of my first three years of employment. Beyond my formal education and indirect experience with addictions, I was overwhelmed, to say the very least, about the steep learning curve that lay before me. In addition to reading everything about

AOD, I was still missing the "nuts and bolts" about the different drugs of abuse. I had heard of someone "hitting the crack pipe" but honestly, if you had placed one before me, I wouldn't know what it looked like or how one used it.

Enter *Intervention*, this television show based on the reality of what it's like to be an individual addicted to substances or activities.

From watching this show, I was able to get a better understanding of what a person looks like when they stay up for hours after a meth binge. Sure, people come into my office drunk more often than I would like, but if someone has been rolling on X or up on meth all night, I had no idea what the symptoms would look like before watching this show. From watching this program, I was able to understand the ways clients are incredibly resilient in the face of addiction in spite of the obstacles they face.

Entertaining resource

What I found most helpful was watching how a person uses specific substances and what they look like when they are "crashing" and while they are under the influence. It's a great primer for someone who is new to the profession, such as myself. It's also a great resource for someone who will be sitting for the certification exam in the near future. It is not the panacea for a quick study in AOD, hence the title, "an entertaining resource."

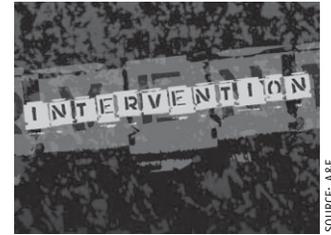
Beyond this show being a resource for young professionals in the field,

it's also a great way to educate people about addiction. I watch the stories of the former

White House intern turned crack addict, and think, "Yes, this disease does not discriminate." I watch the story of the young man who is a methamphetamine and sex addict and think, "I need to do more to address safe sex and HIV testing in my group." I watch this show and I pull for the clients. I want them to get help when they go through the intervention and I want them to stay clean on the other side of treatment. And when they relapse, which so many of them do, I am sad because I realize how much the statistics are against the people that we work with.

And on Sunday evenings, when I'm getting ready for another grueling week, this show refreshes me because it reminds me why I got into this line of work in the first place.

Wendy K. Graham is a young professional who has worked in the fields of mental health and addictions for the last three years. In addition to maintaining a private practice, she also works at the Addiction Recovery Center of Richland Springs at Palmetto Health in Columbia, SC. She enjoys rescuing kittens and battling dragons when she's not watching the A&E Series, Intervention. This article originally appeared in the Summer 2005 edition of the SCAADAC News (www.scaadac.org).



SOURCE: A&E



Certified for Success

www.naadac.org

Facing Gambling Addiction: A Personal Story

Gambling for "entertainment" can quickly become something more insidious

Sandy Yakim



Daughter, Erin, (l) and Sandy Yakim in the Dominican Republic.

Most people come to gambling for one reason: entertainment. And those of us who have developed an addiction may have started just that way. But, for different reasons, the entertainment goes awry and becomes a distraction: a method to hide and become numb to the challenges of everyday life.

I had a great childhood. I grew up in Morgantown, WV and after my family moved on, I stayed to teach and raise my daughter, Erin. Being a West Virginia teacher, I have always had to watch my finances and work extra jobs to get my daughter through college and have a little extra money.

I had never gambled until I took a trip to visit my aunt and uncle four years ago. They live in Reno and part of their entertainment is to go to the Peppermill Casino and gamble. Over the next few years, I would visit Atlantic City on the way to my sister's home in Cape Cod and stopped once at Foxwood, a resort/casino in Connecticut, to check it out.

In the midst of these years, my step-dad died of cancer and my father died suddenly. My mom suffered from a broken leg, a blocked artery and surgery to repair her gall bladder and perforated hernia. To distract myself from the demands of school and tending to my mother, I walked into one of the little casinos in my hometown. It

wasn't hard, video poker machines began appearing in 2000 and can now be found in 99 local establishments.

I started gambling. I would just play for an hour, limiting the amount of money I spent to \$20 or \$40. Then in the spring of 2004, I started gambling during the week, as well as on the weekends. My big fall came with the onset of summer 2004. I started out by visiting some of the local places each day.

I started playing for fun, a chance to relax, to visit with new people who had similar interests. We discussed wins and losses, family, travel, our health. Everything! It was so much fun. But soon I was out of control.

I started gambling everyday. I would have breakfast, get dressed and the excitement in my heart would begin. Would I win today? Could this be the day?

Even now as I think about it, I get excited. I am one of those folks who didn't win much. I won \$300 once and \$900 on another day. I even filled out a deposit slip, planning to bank that money, but I just returned to the gambling establishments and lost it.

I went through my savings, sold coins and jewelry, took out a small loan to pay off my credit cards but gambled

(Personal Story, continued on page 17)

Gambling Addiction: A Clinician's View

Gerard J. Schmidt, MA, LPC, MAC, Chief Operations Officer,
Valley HealthCare System

What is interesting about problem gamblers is they are somewhat similar to those addicted persons that come into our agency initially seeking other services. They may report having problems with sleeping, eating or depression, when in reality it is related to their pattern of alcohol use. Also, they may present family or work related problems and never see their use of alcohol, or other drugs, as the contributing factor. These are individuals who have already in some cases lost jobs, family, savings and other social status and even be involved with multiple legal problems.

That is why the individual that does come in for an addiction assessment needs to be assessed for potential gambling problems as well. In fact, all clients should at some level be screened with the easy two question problem gambling screen. I believe this would give us the in road to identifying these problems even earlier before they spiral down and have significant problems. In the case where an addicted individual comes into our system we should be screening these automatically because the related incidence of gambling problems is extremely high. Also, this will allow us to comprehensively assess these intervals and include all potential problem areas when designing a treatment plan for their recovery.

Chances are,
one of the clients
you'll see today has
a gambling problem.

You can't smell it on their breath or see it in their eyes, but one in 10 primary care patients may have a gambling problem.* Three simple questions can help reveal this hidden addiction. Ask your adult patients:

- Do you gamble?
- Have you ever lied about how much you gamble?
- Have you ever felt the need to bet more and more money?

Problem gambling could present as headaches, stomachaches, anxiety, depression or sleep disturbances. Catch the underlying problem and utilize local resources. A referral to gambling treatment can make all the difference. For complete diagnostic criteria and a more comprehensive screening tool, log on to www.npgaw.org or call the National Council on Problem Gambling HelpLine, 1-800-522-4700 for additional information and help making a referral.



*Paternitek R, AX, and Fleming, M.J. 1999. Prevalence of gambling disorders in a primary care setting. Archives of Family Medicine 8(5):515-520.

US Troops Face Gambling Addiction

Those serving in the military, and their families, lack treatment options

Donovan Kuehn, NAADAC News Editor

US troops face many hardships overseas. Equipment malfunctions, hostile environments and situations, loneliness and separation from loved ones. Among these challenges, there is one many people don't expect: gambling addiction.

The four branches of the armed services operate over 4,000 slot machines located in nine facilities overseas. According to the New York Times (October 19, 2005), about \$2 billion flows through military-owned slot machines at officers' clubs, activities centers and bowling alleys on overseas bases each year.

More than 90 percent of the money wagered is returned to some of the players as winnings, but the remainder is kept by the military as revenue for its 'morale, welfare and recreation' activities. This is about the same ratio as casinos in Las Vegas.

Gambling and the Military

Slot machines have been on some military bases since the 1930s. The machines were banned from domestic military bases in 1951, but enjoyed a resurgence in the 1960s. They were removed from Army and Air Force bases in 1972, after more than a dozen people were court-martialed for skimming cash from slot machines in Southeast Asia during the Vietnam War.

Fifteen hundred machines remained on Navy and Marine Corps bases overseas after the scandal, and in 1980, the Army and Air Force began restoring machines at many overseas bases. According to the military, approximately 4,150 modern video slot machines exist on military bases in nine countries today.

Slot machines are "a very profitable operation," said Peter Isaacs, to the New York Times. Isaacs serves as the chief operating officer of the Army's Community and Family Support Center, which runs the largest slot machine program. "But we do not operate them strictly to extract profit. Our soldiers have told us they want access to the same games and gambling opportunities available to the civilians they are defending."

According to Isaacs, the military is "very passive in our advertising, and we have low maximum jackpots. We don't want to encourage people to blow the rent money chasing a \$1 million payout."

However, Thurston Smith, Substance Abuse Program Coordinator for the Veterans Health Administration, in Charleston, SC, emphasized that those serving overseas are still vulnerable. "With a significant number of military personnel deployed overseas and elsewhere, coupled with the lack of familiar resources and social support systems, it is not surprising that many service men and women might find themselves 'hooked' on gambling."

Affects on Military Personnel

The military's best guess about the number of its service members who are vulnerable to gambling addiction comes from the Pentagon's *Survey of Health Related Behaviors Among Military Personnel*. The 2002 publication of this survey, which is conducted every two to three years, indicated that about 1.2 percent of all service members, or about 17,500 people, had reported five or more behaviors identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (see page 16). Exhibiting five or more of these characteristics is an indication of probable pathological gambling, according to the American Psychological Association. This rate roughly matches the incidence in the civilian population.

The survey may even understate the problem, and not just because of the demographics of the military population (see page 16). Because the report relies on people to self-identify their problems, the number of people with gambling addiction may be higher. Major factors preventing people from seeking treatment are shame and secrecy, and this can be exacerbated in a military setting where rules governing client confidentiality may not apply.

The Scope of the Problem

PricewaterhouseCoopers, in preparing a report for the Pentagon on problem gambling, noted "a general lack of accessible treatment for gambling addiction." These concerns were echoed in a research paper written by a team of Navy and Marine Corps medical personnel last year, describing a gambling addiction program started in Okinawa in January 2003.

The paper, entitled *Review of the First Year of an Overseas Military Gambling Treatment Program*, was published in the August 2005 edition of the journal **Military Medicine**. "The fact that few treatment options exist for military personnel, their family members" and other personnel at overseas bases "is not disputed," reported the paper. "Prior to the start of the present program in Okinawa, no formal overseas treatment options for pathological gambling existed."

There were 35 participants in the Okinawa program averaging 33.2 years of age and 10.3 years of active duty. 25 participants were serving in active duty, seven were spouses of active duty members and three were Department of Defense (DoD) civilians. The average reported debt per person in the study was \$11,000 and average reported losses were \$24,000.

"Collateral Damage"

The Okinawa research showed that military personnel, as well as their families, are susceptible to gambling
(US Troops, continued on page 16)

(US Troops, continued from page 15)

addiction. The report stated that in "...environments in which women may feel lonely and alienated—which is frequent in overseas locations where family and established friends are not available and spouses are often deployed—there may be an increased risk of developing a gambling problem."

Another concern was the impact of limited confidentiality, which exists in military mental health treatment. "[M]any patients, particularly high-ranking active duty and general schedule employees had significant concerns about their confidentiality." Without confidentiality, many people with gambling addiction may never come forward.

Finding Solutions

This is a critical issue for the DoD, according to Smith. "Everyone who provides gambling opportunities has a

responsibility to develop policies and programs to address problem gambling issues."

Smith suggests the DoD implement "responsible gaming efforts directed toward reducing the negative impact of gambling among military personnel—and include these" programs within all US Armed Forces Morale, Welfare and Recreation departments; prepare DoD addiction professionals to treat problem gambling through advanced level training and education; and utilize some of the revenues generated from gambling to off-set costs for the implementation of new programs and policies.

"Without a strategy to ensure all military personnel and families get support, people will continue to suffer," said Smith.

DSM Definition of Problem Gambling

Pathological gambling appears as a diagnostic category in the fourth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (1994).

A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

1. Preoccupation with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
3. Has repeated unsuccessful efforts to control, cut back or stop gambling
4. Is restless or irritable when attempting to cut down or stop gambling
5. Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety or depression)
6. After losing money gambling, often returns another day to get even (chasing one's losses)
7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling
8. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
10. Relies on others to provide money to relieve a desperate financial situation caused by gambling

B. The gambling behavior is not better accounted for by a manic episode.

Gambling in the Military

- For the total Department of Defense (DoD), 6.3 percent of personnel had experienced at least one of the 10 gambling-related problems in their lifetime, 2.3 percent experienced at least three of these gambling-related problems, and 1.2 percent experienced five or more problems—the level constituting probable pathological gambling. The Marine Corps (7.9%) showed the highest rate of at least one gambling problem.
- The prevalence of individual gambling problems for the total DoD has not changed greatly since 1992. Increased preoccupation with gambling was most frequently reported in the 1992, 1998 and 2002 surveys.
- Gambling problems appear to be related to alcohol use. An estimated 11 percent of heavy drinkers had at least one problem associated with gambling in their lifetime, compared with 6.3 percent of military personnel overall, regardless of drinking level. Some 5.1 percent of heavy drinkers had five or more gambling problems.

Source: *Survey of Health Related Behaviors Among Military Personnel*, Department of Defense, 2002.

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

**Visit www.naadac.org to find the
latest materials at the NAADAC bookstore.**

NAADAC Initiates Member Helping Member Campaign

Donovan Kuehn, NAADAC News Editor

Americans were shocked by the images of devastation caused by Hurricane Katrina in the Gulf Coast. Those images spurred Americans to action like never before, and hundreds of NAADAC counselors traveled to assist those in the aftermath of the disaster.

However, this was not the first time such devastating events had affected people. Looking back, there have been a number of traumatic events affecting our nation, wildfires in Oklahoma and Texas, earthquakes on California, hurricanes in Florida and, of course, the September 11th attacks in New York.

NAADAC realizes that life is unpredictable, and counselors need support when the unpredictability turns into tragedy. As a result, NAADAC has established a **Members Helping Members Disaster Relief Fund**. Contributors can designate donations to assist fellow counselors affected specifically by Hurricanes Katrina and Rita or help lay the foundation of this Fund to be used for any future disasters. One thing is certain... there will be another tragedy, and our counselors will need us again. NAADAC is preparing to assist counselors regardless of the nature, timing or location of the crisis.

NAADAC has already identified many addiction counselors who have lost their homes, jobs and even families. Many of our colleagues have relocated to other cities with nothing more than their passion for counseling and a desire to rebuild their lives. NAADAC adopted the motto, "We help people recover their lives..." and it now holds new significance.

To donate to the **Members Helping Members Disaster Relief Fund**, please call 800/548-0497, ext. 125 or email naadac@naadac.org. Please put "Members Helping Members" in the subject line. Donations can be made by check or credit card.

(Personal Story, continued from page 14)

that money and began to take money out on my Discover Card. I took out so much money that Discover called me to find out if my card had been stolen. I told them it was me and proceeded to take out the limit on my card.

As the middle of August came, I realized the only money I had left was the money I put away for the two summer months that I didn't get paid. I started using it.

All the while, I was denying to my friends and family that I had a problem. I would put a smile on my face and laugh it off. I took one more loan and by the time the school year started I had 47 cents left in my pocket and one credit card that I had not touched.

Your mind goes numb. You don't think about how much you have spent and just try to ignore the mounting debt. It becomes a battle of wills: trying to ignore what is happening to you and assuring yourself that it will be fine and that you are still in control.

Finally, at my lowest point, my sister asked me if I was mad at her because I had not gone to visit. That the night I shared my secret. I spilled my guts and cried and cried. She encouraged me to get help.

I gambled one more day and then called the Gamblers Hotline. We spoke for what seemed like hours as he calmed me down, gave me information and, after much cajoling, got me to set an appointment with a counselor. That was the beginning of my recovery and the acceptance of my gambling addiction.

The next day, I met with my counselor for two hours. She asked questions, let me talk and cry, and I began to take a long, hard look at my addiction. We went through a series of questions that helped me identify the severity of my compulsive gambling and let me see how I had used the gambling to escape from my life's challenges. In

subsequent sessions, I continued to delve into my reasons for gambling and discussed money management. We met weekly for several months, as my confidence grew and I remained clean. I began to recover the joy in my life and the fog began to lift.

My sister and her fiancé called me every night. I will be forever grateful to them for their love and support.

There was one more part of my recovery and that was GA: Gamblers Anonymous. My counselor had encouraged me to attend meetings as another part of my recovery, but I kept putting it off. I finally went to my first meeting and realized the power of GA is support. While our circumstances and stories are very different we all share one trait: an inability to control our gambling.

I will always be grateful to the Gamblers Hotline and the supportive staff that works there. They provide a shoulder to cry on, but more importantly, they provide advice on how to get help.

I have been clean for over a year. I have money in my saving account. I can afford to do a little bit of shopping. Life is good, I am happy, I have found my joy once again.

Sandy Yakim, 55, has taught for 30 years in Morgantown, WV. Thanks to Mia Moran-Cooper, LSW, Executive Director, The Problem Gamblers Help Network of West Virginia.

National Problem Gambling Awareness Week March 6-12, 2006

Educate the public and health care professionals about the warning signs of problem gambling and raise awareness about the professional help.

Screening tools, resources and other information can be found at www.npgaw.org, by e-mailing ncpg@ncpgambling.org or by calling 202-547-9204.



NAADAC

THE ASSOCIATION FOR ADDICTION PROFESSIONALS

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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	Full	Student (Proof of status MUST accompany application)	DUES RATES	Full	Student (Proof of status MUST accompany application)	DUES RATES	Full	Student (Proof of status MUST accompany application)
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:	\$110	\$57.50	Virginia:	\$135	\$52.50
Georgia:	\$145	\$62.50	Nevada (Las Vegas Chapter):	\$120	\$52.50	Washington:	\$125	\$42.50
Hawaii:	\$105	\$42.50	Nevada (Northern Chapter):	\$120	\$52.50	West Virginia:	\$120	\$50
Idaho:	\$110	\$42.50	New Hampshire:	\$115	\$47.50	Wisconsin:	\$125	\$42.50
Illinois:	\$115	\$47.50	New Jersey:	\$135	\$52.50	*Wyoming:	\$85	\$42.50
Indiana:	\$135	\$67.50	New Mexico:	\$115	\$47.50	Other:	\$85	Not available
Iowa:	\$115	\$47.50	New York:	\$145	\$62.50			
Kansas:	\$110	\$57.50	North Carolina:	\$120	\$49.50			
Kentucky:	\$110	\$47.50	North Dakota:	\$115	\$52.50			
*Louisiana:	\$85	\$42.50	Ohio:	\$120	\$57.50			
			*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. NN2/06

JOIN ONLINE AT WWW.NAADAC.ORG

Center Encourages Responsibility on Campuses

Donovan Kuehn, NAADAC News Editor

“I’m 21 and in my prime drinking years, and I intend to take full advantage of it!”

– College student, after a few drinks at a wedding, excerpted from a report by the Institute for Social Research and Department of Psychology, University of Michigan, Ann Arbor, Michigan

Society generally perceives and accepts that late adolescence and early adulthood is a time when drinking is common and accepted. The consequences of young adults drinking at college are often underestimated. However, reality contradicts these common misconceptions.

Research on underage drinking conducted by John Schulenberg, PhD and Jennifer Maggs, PhD (in *A Developmental Perspective on Alcohol Use and Heavy Drinking during Adolescence and the Transition to Young Adulthood*) indicates that heavy drinking, alcohol-related problems and associated risky and illegal behaviors peak during late adolescence and early adulthood (Baer, 1993; Johnston et al., 2001a,b), as do problems with substance use in general (Glantz et al., 1999; Johnston et al., 2001a,b). The “rite of passage” of college drinking can have significant, life-altering affects.

As students prepare to apply for higher education, they have to consider the schools that best meet their needs. For young adults who are in recovery, this adds one more

criteria to their choice in selecting a university or college.

Recovering students who decide to attend colleges with recovery programs must recognize that not all recovery programs are alike. Each program strives to provide a sober living environment in which the students can discover their potential, but programs vary from school to school. This adds evaluating each recovery program to the long list of application essays and academic requirements for potential students. Now there is a source of help for students in recovery.

The Center for College Alcohol Recovery (CFCAR) has developed materials to assist recovering students and their parents make an educated selection. CFCAR offers a catalogue of thought provoking questions that, when answered by school administrators and recovery program directors, will provide the information necessary for the recovering students and their parents to make a well-informed program choice. In addition, CFCAR provides a list of colleges that offer recovery programs along with the history and structure of each program. Current tuition, accommodation and other fees are also listed.

If you know a college-aged youth in recovery, or plan to attend or return to university yourself, the Center for College Alcohol Recovery may be able to help. For more information visit www.cfcar.org.

NAADAC Seeks Partner for 2007 National Conference

Applications for Site Selection Due by March 10, 2006

Donovan Kuehn, Director of Outreach and Marketing

NAADAC has begun the process of selecting a location for its 2007 Annual Conference. Do you think NAADAC’s Conference would be better in your backyard?

NAADAC is now accepting bids for the 2007 Annual Conference from affiliates and regions. All proposals are due back to NAADAC by **March 10, 2006**.

There are benefits for NAADAC and for affiliates or regions that co-host a conference, including:

- National exposure and increased visibility for affiliate or regional conferences

- Shared costs and revenues
- Increased attendance
- Nationally recognized speakers provided through NAADAC
- Media exposure
- Assistance with marketing and mailing to promote event
- Assistance in conference planning from NAADAC staff
- Potential to grow your exhibit hall

Proposals will deal with questions in a number of areas, such as logistics,

programs and meetings, promotion and marketing and revenue and cost sharing. All proposals will be judged and ranked on objective criteria.

Proposals will be considered for the 2007 conference and unsuccessful applicants will have the option of being considered for the 2008 NAADAC conference.

For a copy of the conference proposal form and scoring guide, or for other information, contact Donovan Kuehn at dkuehn@naadac.org (please put “Conference Proposal” in the subject line) or call 800/548-0497, ext 125.

2006 UPCOMING EVENTS

- January 6** **Nominations accepted for elected NAADAC Officer Positions**
Current NAADAC members are eligible for nomination. More details at www.naadac.org or contact Donovan Kuehn at 800/548-0497, ext. 125 or dkuehn@naadac.org.
- February 23–26** **International Critical Incident Stress Foundation, Inc.**
Regional Conference, Cleveland, Ohio
CEUs for addiction professionals will be available. More details at www.icisf.org/Training/calendarofcon.cfm or call 410/750-9600.
- March 2** **Center on Addiction and Substance Abuse (CASA) at Columbia University Conference**
Women Under the Influence: Substance Abuse and The American Woman
New York City, NY
CEUs for addiction professionals will be available. More details at www.casacolumbia.org or call 212/841-5277.
- March 10** **Nominations close for elected NAADAC Officer Positions**
Current NAADAC members are eligible for nomination. More details at www.naadac.org or contact Donovan Kuehn at 800/548-0497, ext. 125 or dkuehn@naadac.org.
- March 6–12** **Fourth Annual Problem Gambling Awareness Week**
Educate the public and health care professionals about the warning signs of problem gambling and raise awareness about the professional help. Screening tools, resources and other information can be found at www.npgaw.org.
- March 22–24** **Keeping it Real 2006 Conference**
Street Level Intervention Strategies for Addiction, HIV/AIDS and Hepatitis
Presented by Danya Institute/Central East ATTC.
Clayton Hall at the University of Delaware, Newark, DE
More details at www.ceattc.org or call 240/645-1145.
- March 23** **NAADAC Advocacy Action Day**
Washington, DC
The federal government's workforce development agenda and other issues such as parity, the "Second Chance Act"—which helps those who are barred from social services due to past drug charges—changes to the Medicaid program and methamphetamines will be discussed. More details at www.naadac.org or call 800/548-0497.
- March 24–25** **NAADAC Workforce Development Summit**
Washington, DC
Workforce Development Summit topics will include strategies for recruitment, retention and reward for the addiction treatment and prevention workforce. More details at www.naadac.org or call 800/548-0497.
- March 25** **NCAC I/NCAC II/MAC Exam**
The Professional Testing Corporation (PTC) provides NAADAC approved certification testing. More details at www.ptcny.com.
- April 1** **Voting begins for elected NAADAC Officer Positions**
Please contact the NAADAC office if you did not receive a ballot packet. More details at www.naadac.org or contact Donovan Kuehn at 800/548-0497, ext. 125 or dkuehn@naadac.org.
- April 6** **National Alcohol Screening Day**
Sites across the country alert their communities about alcohol's effect on health, reduced stigma and connect those with alcohol use problems with treatment. More details at www.nationalalcoholcreeningday.org
- April 30** **Voting ends for elected NAADAC Officer Positions**
Please contact the NAADAC office if you did not receive a ballot packet. More details at www.naadac.org or contact Donovan Kuehn at 800/548-0497, ext. 125 or dkuehn@naadac.org.
- May 30** **NCAC I/NCAC II/MAC Application Deadline for July 29 Exam**
The Professional Testing Corporation (PTC) provides NAADAC approved certification testing. More details at www.ptcny.com.
- July 29** **NCAC I/NCAC II/MAC Exam**
The Professional Testing Corporation (PTC) provides NAADAC approved certification testing. More details at www.ptcny.com.
- September 20** **National Addictions Professional Day**
Celebrate the invaluable work that addiction professionals do! Activities nationwide. More details at www.naadac.org or contact Donovan Kuehn at 800/548-0497, ext. 125 or dkuehn@naadac.org.
- September 28
October 1** **NAADAC/CAADAC Annual Conference**
Burbank, CA
NAADAC is joining with the California Association of Alcoholism and Drug Abuse Counselors (CAADAC) to present NAADAC's annual conference with CAADAC's Annual Meeting. More details at www.naadac.org or call 800/548-0497.

Have an event we should know about?
Contact 800/548-0497, ext. 125 or e-mail dkuehn@naadac.org.



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