Editor's Note

Looking Back on 35 Years

As the NAADAC News editor, I’m pleased that this issue commemorates NAADAC’s 35th anniversary. NAADAC, the Association for Addiction Professionals, is one of the oldest addiction focused professional associations in the United States with over 11,000 members and affiliates throughout the US and the world. While the association is strong, there were questions about whether NAADAC, and the addiction services profession, would flourish.

This issue looks back at some of the challenges faced by the association and the professionals who make up its membership. The story of NAADAC is intriguing, and is essentially tied to the quality of care provided throughout the nation.

The ability of NAADAC to survive and thrive for 35 years is a testament to those who have worked hard to focus on the best interests of the association. Without their foundation and investment, NAADAC may not have survived for 35 years.

I hope you enjoy this issue, and remember, the next chapter is already being written.

Donovan Kuehn
NAADAC News Editor
35 Years of Accomplishments
The Legacy of NAADAC's Founders is an Association and History That Lives On
Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP

Fate is a funny thing. I had the privilege of getting involved with NAADAC back in the early 1980’s when I was new to the profession. Seeing clients, managing groups and filling out state mandated paperwork filled my days, while I worked in a windowless office on furniture that had seen better days, to say the least. But I loved it. It was my passion and still is.

NAADAC, the professional association that had been formed a decade earlier, provided me with so many opportunities: education, credentials and the chance to get involved in a state and national network. To think that I was able to go from a new professional to the presidency of a national association still leaves me awestruck.

The recollections from my presidency are myriad: NAADAC building its membership to over 17,000 members; jumping from an airplane to raise money for counselor scholarships; NAADAC and the International Credentialing and Reciprocity Consortium (IC&RC) discussing the possibility of working together on a scope of practice; amazing NAADAC conferences in Minneapolis and Orlando; dedicated involvement from the association’s committee chairs who worked hard and put out some great information. An Executive Committee working well together and creating new ideas to help NAADAC grow, including strategic thinking groups and focus groups. A reserve account of over $600,000; great NAADAC staff; networking with government officials and creating a higher profile in the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP). And through it all, we had a great time and I felt honored to serve.

NAADAC Loses a Leader
While this is a year of celebration for NAADAC, it also marks a sad passing. Former NAADAC President (1992–1994) Larry G. Osmonson, CAP, CTRT, LISAC, succumbed to an illness and passed away this summer. His passing touched me personally, because he was not only a colleague, but he was my predecessor as NAADAC President.

Larry G. Osmonson was an addiction services professional for over thirty years. After maintaining self-recovery through twelve step self-help groups, he began his career in addictions counseling in Florida. Osmonson was co-founder of Southwest Florida Alcoholism Services and served as the first President of that facility. He was also instrumental in founding the first association of alcoholism and drug abuse counselors in Florida in the early 1970s.

Osmonson worked at treatment facilities in Florida, Louisiana, Montana and Arizona and served on the NAADAC board of directors as Southwest Regional Vice-President, Legislative Chairman, President-Elect and President. He also served on the advisory board of the Joint Commission on Accreditation of Health Care Facilities (JACHO), was co-author and Group Leader for the Criteria Manual for Intensive Outpatient Treatment for the Department of Health and Human Services’ Center for Substance Abuse Prevention. He attended the University of South Florida and Jackson State University accreditation programs on Drug and Alcoholism Counseling, Moreno Institute of Psychodrama, Gestalt Institute and training in Reality Therapy and graduated with an MA in Theology and a BA in Psychiatry.

In 1997, The Counselor magazine commemorated the 25th anniversary of NAADAC. Osmonson wrote about his thoughts on the association achieving this milestone:

The development of national certification and a Code of Ethics have been NAADAC’s greatest accomplishments. Prior to the establishment of our Code of Ethics, other health care practitioners did not see NAADAC as a professional organization. The Code helped bring us credibility as a serious profession committed to having a positive impact on patient outcomes. The national certification gave our counselors a basis to use what they have studied and trained so hard for. It was also the basis for us to be recognized on the federal and state levels. We have gone from being helpers to leaders. We have proven that as a profession, we can do what we said all along that we could do. We have demonstrated that treatment works.

The celebration of NAADAC’s 35 years of existence is well deserved and heartfelt. I know that without leaders like Mel Schulstad, Marcia Lawton and Larry Osmonson, we wouldn’t be where we are today. We all owe our founders and leaders a sincere debt of gratitude for their dedication and commitment to this rewarding profession.

New Century and New Opportunity

Donovan Kuehn, NAADAC News Editor

After the turn of the century, the nation saw the rise and fall of the temperance movements, the prohibition of drugs and alcohol (and the subsequent reversal of alcohol controls) and the beginning of Alcoholics Anonymous’ fellowship based approach for those suffering from addiction.

As addiction began to be perceived as a disease instead of a character flaw, the insurance industry began to provide reimbursements for the treatment of alcoholism. This funding provided the impetus for an expansion of independent and public medical treatment programs. More and more, U.S. government policies began to shape the nation’s views of addiction.

Senator Harold Hughes, a recovering alcoholic who was committed to helping those suffering from addiction, chaired a Senate Sub-committee on Alcoholism and Narcotics. Hughes was one of the first public figures to refer to addiction as a disease, and emphasized the need for treatment of addiction and stated that “treatment is virtually nonexistent because addiction is not recognized as an illness.”

In his time in the Senate, Hughes spearheaded two key pieces of legislation: the 1970 Comprehensive Act which recognized alcohol abuse and alcoholism as major public health problems and created the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and legislation passed in 1974 that created the National Institute on Drug Abuse.

Professionals Join Together

As the national government recognized the disease of addiction, demand for qualified and professional addiction services personnel, addiction counselors increased. These professionals came together to establish the National Association of Alcoholism Counselors and Trainers (NAACT) in 1972. The organization dropped “Trainers” from its title in 1974 at its conference in Topeka, Kan., re-naming the organization the National Association of Alcoholism Counselors (NAAC).

As NAAC grew, it recognized the need to become more formal in its structure and adopt stricter professional guidelines. In 1977, in Kansas City, Mo., 93 delegates from 27 states joined to re-establish the organization. NAAC was formally recognized and re-founded with a set of bylaws, a code of ethics, a new Executive Board and 6,000 members. At this meeting, Mel Schulstad, a former Air Force officer, NAAC Vice-President and President of the Virginia Association of Alcoholism Counselors (VAAC), was elected as the first President of the formally re-founded organization.

Striving for Professional Standards

One of the pressing issues for the new organization was establishing professional standards. In the premiere issue of the organization’s publication, The Quarterly, an article by Thomas Brinson focused on national certification. Brinson stated that the primary objective of NAAC was to “establish a mechanism for the national certification of qualified alcoholism counselors” and “establish minimum national standards for the certification of qualified alcoholism counselors.”

NIAAA set the agenda for establishing national standards by releasing the study Proposed National Standards for Alcoholism Counselors. In response to this report, NAAC joined with five other organizations to form the National Commission for the Credentialing of Alcoholism Counselors (NCCAC) with the sole focus of establishing professional standards. Unfortunately, the process de-railed in 1979 under NIAAA Director John R. DeLuca, who cancelled the national standards initiative. The repercussions of this decision are apparent today as the nation lacks a single set of national standards.

While failing to achieve national standards, NAAC looked forward to its future by moving its national offices from Michigan to Virginia. This relocation put the association closer to the nation’s capital and laid the foundation for an influential role for addiction services professionals.

While facing a few disappointments, the 1970’s were a positive decade for NAAC as it was founded and grew as an organization. While the association’s goal of establishing national standards went unfulfilled, the association and the profession became stronger.

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3 Hughes, 1979, p. 119.
5 Hughes, 1979, p. 290.
7 The Quarterly, September 1977, p. 2.
8 The Quarterly, September 1977, p. 3.
9 The Counselor, June 1979, p. 1
NAAC Code of Ethics, adopted in 1977

- Orientation in all efforts toward the primary goal of recovery for the client and the family.
- Respect for the confidentiality of all records, materials and communications concerning clients.
- Respect for the client by maintaining an objective, non-possessive, professional relationship at all times.
- No discrimination among clients or professionals on the basis of race, color, creed, age, sex or sexual orientation.
- Respect for the rights and views of other alcoholism workers and other professions.
- Respect for the institutional policies and cooperation with management functions; initiative toward improving institutional policies and management functions.
- Evidence of a genuine interest in helping persons with alcohol problems and dedication to helping them help themselves as much as possible.
- Willingness to assess one’s own personal and vocational strengths and limitations, biases and effectiveness. Ability and willingness to recognize when it is to the client’s best interest to refer or release him to another individual or program.
- Willingness to take personal responsibility for continued professional growth through further education or training.
- Total commitment to providing the highest quality of care through both personal effort and the utilization of any other health professionals or services which may assist the client in his or her recovery plan.


The issues we struggled with during NAADAC’s formation:

- Will competency standards be used instead of the traditional academic degrees to measure capability? The answer was a serious attempt to develop competencies but as with other professions also attempting to do so, it was discovered that competencies were too expensive and subjective to evaluate and thus that avenue was basically discarded.
- Should the standards be established nationally or at a state level? I was amazed in San Diego how serious a problem this was for many people and the decision came to be that state rights won out.
- Does someone have to be in recovery to help another alcoholic? Because so many people in the field had come out of AA which was the most helpful avenue at the time, there was the difficulty of anonymity and a mistaken idea that only someone in recovery could be an alcoholism counselor. It has taken a long time for this to be overcome.
- Is alcoholism a matter of will power or a disease? Even in the mid ’70s this was a matter of debate and the stigma of alcoholism proved to be a very difficult problem to overcome.

Marcia Lawton
NAADAC Co-Founder

Mel Schulstad, one of NAADAC’s founders, speaking at the 2006 Annual Conference in Burbank, Calif. (photo: Ghia Larkins)

The biggest issues [of the time] were getting recognized as a new profession and defining what the boundaries of that new profession were going to be. It may not seem a big step now, but it was then!

Mel Schulstad, CCDC, NCAC II (Ret.)
President 1977—1979

The Association for Addiction Professionals
www.naadac.org

1968 Senator Harold Hughes is elected to represent Iowa in the U.S. Senate. Sen. Hughes was a key national advocate for people in recovery from addiction and research.
The 1980’s were an important time for the association as it moved from setting down foundations to broadening its scope.

In 1980, the National Association for Alcoholism Counselors (NAAC) conducted the first survey of addiction services professionals, helping to set a baseline for future research. Their findings, that the average annual salary of all professionals was just over $12,000, is one of the most significant components of the research. The comprehensive study also assessed education levels and years that professionals worked in the vocation.

In another significant move, NAAC began informal discussions on incorporating drug abuse counselors in the organization. The NAAC Board of Directors passed a resolution asking member associations to “communicate, dialogue and negotiate towards the end of integrating the alcoholism counselor and the drug abuse counselor into one effective national organization fully representing the interests of both constituencies.”

After a lengthy, and at times tumultuous discussion, NAAC became NAADAC in 1982, adding “drug abuse” to the association’s name. Tom Claunch, the President of NAADAC at the time, wrote “We will in no way abandon our heritage or lessen our focus on alcoholism if we seek to better serve those whom we exist to serve. A profession must be prepared to change as its body of knowledge evolves.”

Embracing Advocacy

After resolving to incorporate other addictions professionals, NAADAC began to shape the nation’s opinions on addiction. In 1984, Harold E. Hughes, the former Iowa Governor and Senator, addressed the NAADAC conference. He told delegates of the desperation he faced in the depths of his disease—which led him to the brink of suicide. He contrasted his experiences with the professional care available at the time. “In this extremely brief period of total human history much has been done,” he said.

He encouraged the delegates to embrace the political process. Senator Hughes proclaimed that, “you have a constituency—60 million Americans are affected by alcoholism and that constituency can win any election in this nation.”

Building on Sen. Hughes’ address, NAADAC hosted its first legislative conference, in 1986 billed as the NAADAC Education and Research Institute (NERI). The conference included a White House briefing with First Lady Nancy Reagan, a Congressional briefing and a reception on Capitol Hill. The Legislative conference was renamed in subsequent years and the NERI later evolved into NAADAC’s educational arm, known as the NAADAC Education and Research Foundation (NERF), a nonprofit educational organization. The dedicated group at the first meeting also established the NAADAC Legislative Committee and the NAADAC Legislative Network which still shape the association’s public policy agenda and share information with NAADAC’s membership.

In addition to reaching out to the nation’s policymakers, the 104 NERI participants developed NAADAC’s first position paper. The paper addressed issues including treatment, prevention, education, research, credentialing, insurance and taxation. In its final statement, the paper declared that NAADAC believes “citizens have the right to clinically sound, cost effective prevention, intervention and treatment.”

Senator Harold Hughes and his critical role is still remembered in the Senator Harold Hughes Advocate of the Year award, which is presented to NAADAC members who have made an outstanding contribution in legislative work.

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i The Counselor, November-December 1979, p. 2.
ii The Counselor, October 1982, p. 3.
v The Counselor, January/February 1986, p.5.
Addiction Services Professionals, Then and Now

In the August 1980 edition of The Counselor, the National Association of Alcoholism Counselors (NAAC)—the precursor to NAADAC—commissioned its first National Counselors Survey. The results, then and now.

Average salary

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<th>Year</th>
<th>All Counselors</th>
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Highest level of education

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<th>High School Diploma or equivalent</th>
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<td>2006</td>
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<td>Bachelor's Degree 19.4%</td>
<td>High School Diploma or equivalent 8.7%</td>
<td>Doctoral Degree 8.3%</td>
<td>Associate Degree 6.7%</td>
<td>Other 2.8%</td>
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Number of years working in profession

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<td>1980</td>
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<td>33%</td>
<td>19%</td>
<td>11%</td>
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<td>7–10 years 10.5%</td>
<td>4–6 years 9.4%</td>
<td>0–3 years 8.4%</td>
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Sources: The Counselor, Volume II, Number 1, August 1980, 2006 Salary Survey, produced by the National Association for Addiction Treatment Providers (NAATP), member demographic information from NAADAC, the Association for Addiction Professionals, 2006.

What I remember about my presidency was the exciting times as we came out of the shadow of being seen as para-professionals and were proud to be professionally equal to other health care workers. The biggest issues we faced were recognition, and believe it or not, the establishment of a single credential. We were also developing a code of ethics and attempting to have more legislative influence.

Franklin D. Lisnow, MEd, CAC, MAC
President 1986–1988

Throughout my time with NAADAC, it has shown remarkable resiliency in changing its focus with the times and providing leadership for the frontline counselor and for treatment services our members provide.

Congratulations to the Board on achieving 35 years of service and leadership!

Paul Lubben
President 1988–1990

Anne Glenn, Senator and former astronaut John Glenn, (D-Oh.) and Cynthia Moreno Tuohy at the NAADAC Public Policy Conference in 1987.
NAADAC Modernizes and Diversifies
The Association Begins Planning for the Future

Donovan Kuehn, NAADAC News Editor

As NAADAC moved into the 1990’s, it focused on establishing or fortifying itself as a professional organization. In June 1990, it formed the NAADAC National Certification Commission to focus on the education and credentialing needs of the association. The commission was founded to act independently on behalf of the NAADAC in all matters related to the national credentialing of individual counselors.

The 1990’s also injected some diversity into NAADAC’s leadership as the first woman to serve as NAADAC President, Kay Mattingly-Langlois, MA, NCAC II, MAC, served from 1990 to 1992. This marked a change as the majority of NAADAC’s members were female, but never before had a woman served in NAADAC’s highest office.

On June 11, 1992, NAADAC commemorated the hard work that addiction services professionals do on a daily basis by holding the first National Alcoholism and Drug Abuse Counselors Day. The day, now called Addiction Professionals’ Day, is celebrated every year on September 20.1

NAADAC revised its Code of Ethics in 1995, clarifying addiction services professionals’ roles in terms of competence, legal and moral standards, inter-professional relationships and societal obligations. The 1995 revision laid down the core standards and expectations that are still in place today.

What I remember most about my time as president elect, president and past president, is the issue of certification. We recognized that the variety of standards and acronyms for addiction professional reflected the variety of needs and preferences of the various states and at the same time was a major weakness of our profession. NAADAC’s efforts to lead the effort toward a uniform credential and to work with other organizations in doing so was our highest priority and led to the decision for NAADAC to offer its own credential through the Certification Commission in 1990. Although it was a major step and took significant resources to do so, it was the best decision for the profession and the clients we serve, in my opinion.

Paul Lubben
President 1988–1990

Selections from the NAADAC 1995 Code of Ethics

Principle 3: Competence
The NAADAC member shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the member and of the profession as a whole. The NAADAC member shall recognize the need for ongoing education as a component of professional competency.

Principle 9: Client Relationships
It is the responsibility of the NAADAC member to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment.

The NAADAC member shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

Principle 12: Societal Obligations
The NAADAC member shall to the best of his/her ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

Source: NAADAC, the Association for Addiction Professionals.

NAADAC joined the internet age in 1996 when it launched the NAADAC Web site. The site, which was intended to provide information to current and prospective members, has become an important conduit of information as the public face of the association. In 2006, the NAADAC Web site averaged over 26,000 visits per month.

The 1990’s, continued on page 12

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www.naadac.org
Moving Forward Into a New Century
A New Name and a Renewed Focus on NAADAC Members

Donovan Kuehn, NAADAC News Editor

As NAADAC moved into the new millennium, a number of challenges faced the association. More and more professionals were focusing on a myriad of new issues, while the profession was maturing and confronting new needs for skilled people.

In 2001, NAADAC underwent a name change, adopting the name: NAADAC, the Association for Addiction Professionals. The new name was intended to reflect the increasing number of tobacco, gambling and other addiction professionals active in prevention, intervention, treatment and education.

A new trend in the addiction services profession began to be felt on in treatment centers and private practice. Ongoing reductions in funding and competition and blending with behavioral health and mental health, led to a new scarcity in skilled addiction professionals. NAADAC recognized this trend and began working on workforce development initiatives. Theses initiatives, focused on recruitment, retention and rewards, began with the Ohio Workforce Development Center.

The Center—a collaborative effort comprising NAADAC, the Ohio Association of Alcohol and Drug Abuse Counselors (OAADAC) and the Ohio Council for Behavioral Healthcare Providers—received congressional funding to focus on the education, recruitment, retention, training and advancement of addiction services professionals. This center was designed to be a cauldron of ideas and experimentation that would become a model for the nation.

NAADAC also recognized the need to support its current leadership and cultivate the next generation of leaders for the organization and the profession. As a part of this initiative, in March of 2005, NAADAC hosted its first national Leadership Conference in Washington, D.C. The focus of the two day training summit was to build the skills of NAADAC members and current and future leaders of NAADAC affiliates in current clinical issues, forming partnerships, shaping positive media coverage and managing volunteer organizations.

Recognizing the importance of the shift in demographics for the addiction services workforce and building on the lessons from the Ohio Workforce Development Center, NAADAC convened a Workforce Development Summit in March 2006 in Washington, D.C. The Summit was designed to help NAADAC members assess the challenges facing the addiction services profession and work towards planning for the future. Speakers discussed varied topics, including mentoring, implementation of evidence-based practices, needs of entry level professionals, career advancement opportunities and initiated a roundtable discussion on building a progressive Workforce Development agenda to serve the needs of the addiction profession.

The Summit also presented the world premiere of the Workforce Development Video, produced in partnership by NAADAC, the Northeast Addiction Technology Transfer Center (NEATTC), IRETA and the Central East Addiction Technology Transfer Center (CEATTC). The purpose of the video, Imagine Who You Could Save, was to promote career opportunities in the addiction profession while dispelling preconceived notions and/or stereotypes typically associated with the addiction services profession.

In addition to building for the future, NAADAC also began to provide educational seminars for its members to keep them up-to-date with current clinical and educational trends. In 2005, NAADAC cooperated with the American Mental Health Counselors Association (AMHCA) on hosting a series of seminars addressing co-occurring disorders. The series, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), brought together addiction services and mental health professionals.

In 2006, NAADAC partnered with Forest Laboratories on a national education series called Strengthening the Will to Say No – Medication Management for Addiction Professionals. The...
series, which went to 15 cities throughout the U.S., 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.

This year, NAADAC followed up with its 2007 Life-Long Learning Series Pharmacotherapy: Integrating New Tools into Practice. The focus of the current series, delivered in seminars in 17 cities and online, is to bring together addiction professionals from many backgrounds to discuss pharmacotherapy in a way that challenges ideas and perceptions, and to present unbiased information that can be used to assess the best possible treatment for patients.

Also in 2007, NAADAC has moved to establish a permanent home for the association. NAADAC has found a new home within a building close to the shores of the Potomac River, within view of the nation’s capital and at the heart of where the nation’s decision makers meet. This new headquarters will provide a permanent home for NAADAC’s members, staff, policy makers and other business partners to meet and discuss positive changes for NAADAC’s ever-widening community of professionals committed to addictions work and service.

Building for the Future

As NAADAC members take stock of its 35 years of leadership, they can truly be proud of the legacy they have inherited. NAADAC has moved from a small group of compatriots to an organization of national and international reach. The association has built on its successes, and the success of its members, and will use that foundation in building for the future.

NAADAC is in my blood. Why is that? Well, I have had the good fortune to see what the professional addiction counselor does, to help save lives. I observe daily the passion and the unchallenged empathy they have for their clients. I have believed from the very beginning that the addiction professional needs someone to speak for them: someone who has been in their shoes and works right alongside of them.

When you have the passion and desire to help and you do step up to the plate, others who believe and trust in you step up also and that’s exactly what happened. Many creative, intelligent and dedicated individuals made my job as President of NAADAC such a great experience for me.

I cannot begin to explain to you how honored I have felt in having had the privilege to represent every one of you. As NAADAC and its affiliates continue to grow and do important things for the addiction profession, I hope you take the opportunity and make the time to step up to the plate, because…believe me...it was worth every single minute.

Roger A. Curtiss, NCAC II, LAC
President 2002—2004

The biggest issues facing addiction professionals while I was president revolved around career development, standardization of education, national scope of practice, discrimination in healthcare and the workforce against people with substance use disorders and low pay.

I see NAADAC further developing its education and training component, partnering with other professional organizations to develop curriculum that expands our current scope of practice and makes us more marketable. I see us expanding our benefits to our members and providing technical assistance to other countries that want to develop national membership organizations.

It has been an honor and privilege to serve as NAADAC’s president, I have grown as a professional an as a person as a result. I want to thank you all for this opportunity.

Mary Woods, RNC, LADC, MSHS
President 2004–2006

The biggest issues facing addiction professionals during my presidency has been cohesiveness during this time of confusion over certification. Workforce development and parity in insurance reimbursement loom large as the major task overall for all addiction services professionals. These two issues must be resolved quickly for both our clients and our members.

NAADAC members will continue to grow professionally. We have seen a real movement toward involvement in the science and understanding of addiction as well as evidence based treatments. It is a very exciting time. As a result of this growth more and more professionals are looking toward membership organizations as a way to connect with colleagues and advocates as a way to network, stay current in the profession and to have a voice both locally and nationally.

Sharon Morgillo Freeman, PhD, APRN-CS, MAC
President 2006–2007
The 1990’s, continued from page 8

In 1998, NAADAC’s leadership moved to establish a mission and vision for the organization; setting concrete principles that would reflect the desires of the association.

NAADAC is the premier global organization of addiction focused professionals who enhance the health and recovery of individuals, families and communities.


When I ran for president, I spoke of NAADAC as AAA for addiction counselors. NAADAC members, like AAA members, had important, career-advancing benefits: maps (directional help), insurance, a magazine, discounts (certification, conferences, books) and even roadside assistance (answers to challenging questions) if members called our 800 number.

I do know we all have to change with the times. We have to support the ideas, direction and leaders that are coming into the addiction profession. They are the future, driven by fresh energy and passion. Letting go of the past, being present to the moment and serving the leaders of tomorrow will show us the way today.

Roxanne Kibben, MA
President 1996–1998

NAADAC’s Mission is to lead, unify, and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.

— NAADAC Mission Statement adopted 1998

With these moves, NAADAC matured as an association and laid down a foundation of professionalism that mirrored the efforts of other organizations.

I believe NAADAC’s future is going to come down to how we serve the counselor and the advantages provided by being a part of this organization. I have always believed in counselors and know what a tremendous impact they have on both patients and on our society in general. I believe counselors do God’s work, and it was an honor for me to serve them.

The opportunity to meet other professionals and leaders in addiction services was a tremendous help to me, and I value the unique chance to meet some of the very best people in our field. I hope others will see the opportunities offered by NAADAC and believe the future of NAADAC under Cynthia Moreno Tuohy’s leadership is in a strong position to focus us on the issues that face our counselors.

T. Mark Gallagher
President 1998–2000

NAADAC Education and Research Foundation (NERF)

The NAADAC Education and Research Foundation (NERF) is a registered 501 (c) 3, non-profit organization focusing promotion of on education and research for the addiction services profession. Donations to the NERF are tax deductible.

In 2006 there were 62 donors who gave a total of $4,919 to the NAADAC Education and Research Foundation.

Adams, Arthur W.  
Achterberg, Anita T.  
Apthorp, Robert  
Aso, Katsuro  
Becker, Margaret W.  
Beckett Mikell, Shirley A.  
Bilotti, Del C.  
Bredfeldt, Heide  
Brownlow, Mark R.  
Carr, Robert D.  
Clark-Crummie, Ann V.  
Clarkson, Jack W.  
Clements, Janelle C.  
Conway-Clough, Carol M.  
Corbett, Andrew M.  
Coyne, Robert J.  
Crouse, Jeff  
Crumbra, Dan  
Dille, James F.  
DuWors, George M.  
Faudree, Kerry D.  
Fecho, Stephen P.  
Ferrero-Manginelli, Rosemary  
Fox, Sandie W.  
Fratzke, Mark C.  
Gaidry, Elizabeth R.  
Gaidry, James W.  
Goldstein, James S.  
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Kennealley, Dona  
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Koch, Deloris L.  
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Ladenburger, Louie W.  
McHugh, Marilyn A.  
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Pearson, Barbara A.  
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Pottorff, Janet S.  
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Stosz, Margaret C.  
Sullivan, Maureen E.  
Tensing, John  
Wilkinson, Ronald E.  
Wallschlaeger, J. Wolfgang  
Zangerl-Salter, Laurel

The NAADAC Executive Board meeting, Fall 1998.
NAADAC Political Action Committee (PAC)

The NAADAC PAC is the only national Political Action Committee dedicated exclusively to advancing addiction treatment, prevention and research. It is used to support candidates for Congress who:

- Have a proven track record on substance abuse prevention and treatment
- Support safe and drug free schools
- Support Center for Substance Abuse Prevention (CSAP) funding
- Oppose so called charitable choice legislation
- Want to end discrimination in health insurance plans for addiction treatment

In 2006, there were 173 donors who gave a total of $11,558.09 to the NAADAC PAC.
NALGAP (National Association of Lesbian and Gay Addiction Professionals) celebrates NAADAC’s support of diversity and justice issues. It was just 10 years ago at the NAADAC Conference that the Co-Chair of the NAADAC Sub-Committee on Lesbian and Gay Concerns confronted the Substance Abuse and Mental Health Services Administration’s (SAMHSA) speaker on the floor of the conference on their lack of resources for GLBT (Gay Lesbian Bisexual and Transgender) issues. As a result of that forum, CSAT/SAMSHA produced A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals. Today, that publication is one of the 10 most requested SAMHSA publications!

At this year’s NAADAC/TAA-DAC/NALGAP Conference, CSAT/SAMHSA will premier the long-awaited training curriculum to accompany the guide.

During this past decade, NAADAC has served as the “virtual office” for NALGAP, providing a very important support for our small organization. This has led to a very unique and appreciated symbiotic relationship between our two national organizations.

So, not only congratulations, NAADAC, but a heartfelt thank you for your support and efforts on behalf of GLBT professionals and clients.

Joseph Amico, MDiv, CAS, LISAC


Representative Patrick Kennedy (D-RI) chats with John Avery, NAADAC’s former Director of Government Relations. Avery, who passed away in 2004, has a fellowship program endowment in his name.

William Cote (L), William Cope Moyers, Mary Woods and John Piertopaolo in New York.

2007 Journey Together Conference
September 5-8, • Nashville, TN

FEATURED SPEAKERS

Carlo C. DiClemente, PhD
Professor and Chair, Department of Psychology, University of Maryland, and co-creator of the Transtheoretical Model of Change.

H. Westley Clark, MD, JD, MPH, CAS, FASAM
Director, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). A leader of the national effort to provide effective and accessible treatment to all Americans with addictive disorders.

Nora D. Volkow, MD
Director of the National Institute on Drug Abuse (NIDA), an agency that finances more than 80% of the world’s research on addiction and how it impacts on people’s lives.

David J. Powell, PhD, LADC, CCS
President of the International Center for Health Concerns and a worldwide leader in the education and training of behavioral health professionals.

EARN OVER 20 CE CREDITS

Continuing Education credits can be earned in several tracks, including:
• Prevention/Adolescents
• Specialty Populations
• Corporate/Human Resources/Workplace
• Treatment Skills/Issues
• Criminal Justice
• Workforce Development

The conference will also include 12 hours of special training for Substance Abuse Professionals who need to qualify or re-qualify under U.S. Department of Transportation (DOT) regulations (additional costs for this track apply) and will offer special tracks for the National Association of Lesbian and Gay Addiction Professionals (NALGAP).

SCHOLARSHIPS

Scholarships are available. Please visit www.naadac.org to download the scholarship application form. Please click on “upcoming events.”

All scholarship applications must be received no later than July 5, 2007 to be considered.

HOTEL & TRAVEL INFORMATION

Nashville International Airport
Fly into Nashville (Airport Code: BNA) using one of the carriers that serve the airport: American, Continental, Delta, Frontier, Jetblue, Northwest, Midwest, Southwest, United and US Airways.

Hotel
Renaissance Nashville Hotel & Convention Center
611 Commerce St., Nashville, TN 37203 USA
For reservations, call 800.327.6618. Please mention Journey Together or NAADAC to receive the special rate of $139 per night (plus applicable taxes).

EXPLORE NASHVILLE & TENNESSEE!

The Journey Together conference will be offering special rates with local tours and unique opportunities to enjoy all that Nashville has to offer.

For more information, visit www.naadac.org or call 800.657.6910.

Don’t miss this exciting educational opportunity. Come earn your continuing education credits at the Journey Together conference, and bring the family to enjoy the sights and sounds of Nashville.

Co-hosted by NAADAC, the Association for Addiction Professionals, as it partners with the Tennessee Association of Alcoholism & Drug Abuse Counselors (TAADAC) and the National Association of Lesbian and Gay Addiction Professionals (NALGAP).
Welcome NAADAC Organizational Members
Two New Companies Join the Ranks of NAADAC’s Organizational Members

Donna Croy, Director of Membership Services

NAADAC is pleased to welcome two new Organizational members:

Blue Ridge Addiction Recovery Network

The Blue Ridge Addiction Recovery Network (“The BARN”, as we like to call it) is a new substance abuse treatment facility for professionals such as physicians, dentists, attorneys, pharmacists, nurses, psychologists and other individuals seeking recovery from addictive disease. We also treat those affected both by addiction and other co-morbid psychiatric conditions, such as depression, panic disorder, generalized anxiety disorder, post traumatic stress disorder, eating disorders, and obsessive compulsive disorder. These patients are commonly called “dual-diagnosis” patients, and are harder to treat than the addict who has no significant co-morbidity.

To request more information, contact David Mclemore, Administrative Director, 381 Deerfield Rd., Boone, NC 28607, phone: 828.263.8228, fax: 828.264.7799, email: david-mclemore@excite.com, web: www.barn-blue Ridgeaddictionrecoverynetwork.com.

MINACT, Inc. – Batesville Job Corps Center

MINACT, Inc. is a leading provider of vocational and educational training, career development and associated support services to young adults through Job Corps, a national residential training program funded by the U.S. Department of Labor. MINACT has contracts with the federal government to operate eight Job Corps Centers in six states. We employ 1,100+ staff and provides services to over 2,900 program participants.

MINACT recognizes that teamwork is critical to being successful. We believe that building the MINACT team that works together to achieve our mission of enabling our students, clients, and partners to be successful is a key to our success as a company.

The journey towards teamwork is important because it builds commitment and involvement that enable the company to meet and exceed customer expectations. Teamwork enhances the creation of a continuous improvement culture that generates quality services, job satisfaction, and customer satisfaction.

For more information, contact Sonya Walton, Manager of Human Resources, 821 Hwy. 51 S., Batesville, MS 38606, phone: 662.563.4656, fax: 662.563.4654, email: walton sonya@jobcorps.org, web: www.minact.com.
NAADAC supports the professional development of the addiction workforce and its members. An invitation has been extended for NAADAC members to participate in a doctoral research project conducted by Debra Davis, MA, a doctoral candidate in the School of Human Services at Capella University.

The project, titled *The Ethics of Self-care: Burnout Among Substance Abuse Professionals,* will explore the relationship between clinical supervision, 12-step fellowship participation, level of education, number of years employed in the field of addiction treatment and burnout. Participation in the study is voluntary and there are no consequences for withdrawing at any time.

To participate, please visit www.addictionology.org, follow the directions to the survey questionnaire. Completing the survey takes approximately 10 to 15 minutes. All responses are confidential and de-identified to ensure anonymity and are maintained in a password protected secure database file.

For more information or for a report of the findings, you may contact Debra Davis at ddantzler2000@yahoo.com or 404.272.2770 or Dr. Curtis Brant at cbrant@capella.edu or 1.888.CAPELLA.
### NAADAC New Member Application

- **Yes**, I want to join my colleagues as a member of NAADAC. I understand that by joining I will also become a member of the NAADAC affiliate in my state or region.

- **Ms.**  **Mr.**  **Dr.**  **NAME**

- **Home or Work Address** (Provide your preferred address for all NAADAC mailings)

- **City**  **State/Province**  **ZIP/Postal Code**  **Country**

- **Work Phone**  **Home Phone**

- **Email** (required to receive NAADAC’s bi-monthly newsletter, NAADAC News.)

- **Fax**

- **Yes**, sign me up for the e-LAN (e-mail Legislative Alert Network; an e-mail address is required)

**Note:** From whom and where did you hear about NAADAC

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### Fee Computation

**Membership** (see below for your state’s fee)

- Donation to the NAADAC Education and Research Foundation (NERF) is a registered 501(c)(3) non-profit organization focusing on the promotion of education and research for the addiction services.

- Donation to the NAADAC Political Action Committee (PAC)**

- Donation to the NAADAC Building Campaign

**Payment Information**

- Check (payable to NAADAC) in the amount(s) of $________ enclosed.

**Account Number**  **Exp. Date**

**Signature**

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### Join Online at www.naadac.org

For more than 30 years, NAADAC has been the leading advocate for the addiction services professionals. Our association’s purpose is to help develop the skills and enhance the well being of professional alcoholism and drug abuse counselors.”

—Roger A. Curtiss, NCAC II, LAC, NAADAC President 2004–2006

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**Table of States and Fees**

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**State Professional Associate**

- $300 – President’s Alliance Member
- $375 – President’s Club
- $50 – NAADAC Advocate
- $200 – Executive Club
- $75 – Patron
- $50 – Sponsor
- $ _ _ _ _ _ Other

**State**

- 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

**Partial Associate**

- N/A

**Professional**

- N/A

**Full Associate**

- N/A

**State**

- Alaska: $120
- Arizona: $120
- Arkansas: $85
- California: $185
- Colorado: $135
- Connecticut: $135
- Delaware: $95
- Florida: $135
- Georgia: $145
- Hawaii: $105
- Idaho: $110
- Illinois: $115
- Indiana: $135
- Iowa: $115
- Kansas: $180
- Kentucky: $110

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**Note:** All of your membership dues have been allocated to the magazine and this amount is non-deductible. NAADAC estimates that 8% of dues payment is non-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.

—Roger A. Curtiss, NCAC II, LAC, NAADAC President 2004–2006

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**Email:** (Required to receive NAADAC's bi-monthly newsletter, NAADAC News)

**Work Phone**  **Home Phone**

**Email** (Required to receive NAADAC's bi-monthly newsletter, NAADAC News)

**Fax**

**Yes**, sign me up for the e-LAN (e-mail Legislative Alert Network; an e-mail address is required)

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**Note:** From whom and where did you hear about NAADAC

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**MAIL YOUR APPLICATION WITH CHECK TO:**
NAADAC
1001 N. Washington Street, Suite 201
Alexandria, VA 22314

**Fax Your Application With Credit Card Information To:**
800.377-1136 or 703.741-7698

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**Join Online at www.naadac.org**
As NAADAC celebrates its 35th year, it is natural to reflect on the history of addiction treatment and recovery services in America. Since the birth of this country, Americans have struggled with the disease of addiction and have worked to establish effective treatments to combat it. Given modern evidence-based practices, diverse treatment modalities and pharmacotherapies, it is sometimes difficult to remember the vast leaps and bounds the addiction profession has made over the years; treating alcoholism with whiskey and sherry cocktails, electroshock therapy and permanent placements at mental institutions were common place in the not so distant past.

The remarkable story of America’s personal and institutional responses to alcohol and other addictions is chronicled in William L. White’s book, Slaying the Dragon: The History of Addiction Treatment and Recovery in America. White, a Senior Research Consultant at Chestnut Health Systems/Lighthouse Institute and Past-Chair of the Board of Recovery Communities United, has a Master’s in Criminal Justice, Law and Society from American University.

His book outlines the full history of alcoholism and drug addiction in America and how addiction treatment services developed into the profession it is today. White describes the roots of American substance abuse, the effects of Prohibition, the birth of Alcoholics Anonymous, and the evolution of evidence-based practice and therapeutic approaches, among other topics. Often lacking from other compilations, Slaying the Dragon also includes historical events and perspectives of the Native American, black, female and adolescent addiction experience. In 1999, Slaying the Dragon received the McGovern Family Foundation Award for the best book on addiction recovery. This book is great for both novice and seasoned professionals to gain an historical perspective of the ever-evolving addiction profession.

Regular Price: $28.00
Member Discounted Price: $20.00

NAADAC strives to provide our members with the best available resources to help our counselors treat addiction. If you are the author of or know of a book or product that has been remarkably helpful to your practice, please contact us Misti Storie via email at mstorie@naadac.org so we can possibly extend this resource to your peers.

Misti A. Storie, MS, is the Education and Training Consultant for NAADAC, the Association for Addiction Professionals, and holds a master’s degree in Justice, Law and Society from American University.

Selected historical treatments for alcohol dependence:1

1784 – Physicians regularly exercised the practice of bloodletting, inducing perspiration, vomiting and fright, ingesting mercury-laden calomel (which is poisonous) and blistering the skin.
1789 – The Keeley Institute used the “Double Chloride of Gold Remedies,” which is thought to include alcohol, atropine, strychnine and apomorphine
1889 – J.R. Black advocates substituting alcohol dependence for morphine dependence
1907 – Involuntary and voluntary sterilization laws for alcohol dependents began being passed in most states
1936 – Prefrontal lobotomies are performed
1938 – The serum from self-inflicted blisters on the abdomen injected into the patient’s arm
1939 – Amphetamines are used to alleviate hangover and decrease the overt signs of intoxication
1949 – Lithium is used to treat alcohol dependence
1950’s – Vitamin B-3 was used to treat patients with alcohol dependence
1950’s – First-generation tranquilizers are used to alleviate acute and post-acute withdrawal symptoms
1950’s – The inhalation of carbon dioxide to induce coma
1951 – Disulfiram (Antabuse) is approved by the Food and Drug Administration (FDA) as a treatment for alcohol dependence
1960’s – Benzodiazepines are used during detoxification
1994 – Naltrexone (ReVia/Depade) is FDA-approved
2004 – Acamprosate (Campral) is FDA-approved
2006 – Naltrexone for extended-release injectable suspension (Vivitrol) is FDA-approved

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>August 9–11, 2007</td>
<td>Arizona Association of Alcoholism &amp; Drug Abuse Counselors (AzAADAC)</td>
<td>The Evolution of Addiction and Treatment&lt;br&gt;Orange Tree Golf Resort (<a href="http://www.orangetreegolfresort.com">www.orangetreegolfresort.com</a>)&lt;br&gt;10601 N. 56th St., Scottsdale, AZ&lt;br&gt;Details at <a href="http://www.azaadac.org">www.azaadac.org</a> or contact <a href="mailto:azaadac@azaadac.org">azaadac@azaadac.org</a>.</td>
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<td>August 17, 2007</td>
<td>Nebraska NAADAC Workshop/Business Meeting</td>
<td>$10 NAADAC members; $15 non-members&lt;br&gt;The Antlers Center, 2501 South St., Lincoln, NE 68502&lt;br&gt;Details at <a href="http://www.naadac.org/ne">www.naadac.org/ne</a> or contact 402.4343965.</td>
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<td>September 1–30, 2007</td>
<td>Recovery Month</td>
<td>Join the celebration around the nation.  &lt;br&gt;Details at <a href="http://www.recoverymonth.gov">www.recoverymonth.gov</a>.</td>
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<td>September 5–8, 2007</td>
<td>NAADAC Annual Conference held in association with the Tennessee Association of Alcoholism &amp; Drug Abuse Counselors (TAADAC)</td>
<td>Nashville, TN&lt;br&gt;Details at <a href="http://www.naadac.org">www.naadac.org</a> or contact NAADAC at <a href="mailto:naadac@naadac.org">naadac@naadac.org</a> or 800.548.0497.</td>
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<td>September 6, 2007</td>
<td>Recovery Month Kickoff Luncheon</td>
<td>Celebrating 18 years of Recovery Month&lt;br&gt;Hart Senate Office Building, Room 902&lt;br&gt;Washington, D.C.&lt;br&gt;Details at <a href="http://www.naadac.org">www.naadac.org</a> or contact NAADAC at <a href="mailto:naadac@naadac.org">naadac@naadac.org</a> or 800.548.0497.</td>
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<td>September 6, 2007</td>
<td>NAADAC Life-Long Learning Series</td>
<td>Pharmacotherapy: Integrating New Tools into Practice&lt;br&gt;Earn 6 CE Credits for $20&lt;br&gt;Cape Cod Symposium on Addictive Disorders&lt;br&gt;Cape Cod, MA&lt;br&gt;Download the registration form at <a href="http://www.naadac.org">www.naadac.org</a> or call 800.548.0497.</td>
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<td>September 20, 2007</td>
<td>Addiction Professionals’ Day</td>
<td>Details at <a href="http://www.naadac.org">www.naadac.org</a> or contact NAADAC at <a href="mailto:naadac@naadac.org">naadac@naadac.org</a> or 800.548.0497.</td>
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<td>August 28–31, 2008</td>
<td></td>
<td>For details e-mail <a href="mailto:maca@socket.net">maca@socket.net</a> or call 573.642.3748.</td>
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<tr>
<td>October 5–7, 2007</td>
<td>Missouri Addiction Counselors Association (MACA) Fall 2007 Conference</td>
<td>Earn 6 CE Credits for $20&lt;br&gt;Inn at Grand Glaize, Lake of the Ozarks, MO&lt;br&gt;For details e-mail <a href="mailto:maca@socket.net">maca@socket.net</a> or call 573.642.3748.</td>
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<tr>
<td>August 28–31, 2008</td>
<td>NAADAC Annual Conference held in association with the Kansas Association of Addiction Professionals (KAAP)</td>
<td>Overland Park, KS&lt;br&gt;Details at <a href="http://www.naadac.org">www.naadac.org</a> or contact NAADAC at <a href="mailto:naadac@naadac.org">naadac@naadac.org</a> or 1-800-548-0497.</td>
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