And that is what real democracy is all about. System and ensuring that national programs add "impossible" or "otherwise." For the first time in over a century, their voices to Capitol Hill to sit down with NAADAC’s members and leaders will bring their voices to Capitol Hill to sit down with lawmakers and talk about the issues that will help addiction professionals most: improving the professional development issues that face addiction services professionals, seeking equal treatment for addiction under the health care system and ensuring that national programs continue to receive adequate funding. What we need to remember is that we will be having discussions, not arguments or monologues. And that is what real democracy is all about. Enjoy the issue.

Donovan Kuehn
NAADAC News Editor

Editor’s Note

“Many forces of Government have been tried, and will be tried in this world of sin and woe. No one pretends that democracy is perfect or all-wise. Indeed, it has been said that democracy is the worst form of government except all those other forms that have been tried from time to time.”

Winston Churchill uttered these words in 1947 and they still hold relevance for us today. His words ring particularly true when thinking back to the elections of last year. Many people were frustrated with the direction of the government, and spoke out decisively. This wave of frustration was both cathartic and provides addiction professionals with a unique opportunity. For the first time in over a decade, there is new leadership at both levels of the House of Representatives and Senate. Not only that, but the new representatives, and those who were re-elected, recognize that there is a new passion for change. This is an incredibly fertile environment for addiction professionals to bring their message.

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Donovan Kuehn
NAADAC News Editor

NAADAC BOARD OF DIRECTORS

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February 2007, Volume 16, Number 6

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MESSAGE FROM NAADAC’S PRESIDENT

Catching the Ear of the Nation’s Lawmakers
Without Dedicated Addiction Professionals, Our Voices Will Not be Heard

Sharon Morgillo Freeman, PhD, APRN-CS, MAC

Last November, there was a shake-up in Washington, D.C., that was delivered by voters throughout the nation. While the pundits in Washington pored through the election returns to see who won and lost, the real winners may be members of the addiction profession.

Addiction professionals can help change the thinking on Capitol Hill and help the nation’s lawmakers understand addiction issues and our important role. One simple example is the letter I received from Mark Souder (R-IN). Representative Souder represents the 3rd Congressional District, where I live.

My support for the Paul Wellstone Mental Health Equitable Treatment Act (or the Wellstone Act, to keep it simple) motivated me to write to Rep. Souder. The Wellstone Act is the result of a decade-long collaboration between the late Senator Paul Wellstone (D-MN) and Senator Pete Domenici (R-NM). Despite differing political views, the two senators shared the common experience of watching close family members struggle with mental illness.

A less comprehensive version of the Wellstone Act was passed in 1996, but a version that extends its benefit is being kept alive by Rep. Patrick Kennedy (D-RI), who continues to present the legislation with each new sitting of Congress.

While the legislation hasn’t passed yet, my participation in the political process has produced results. My communication with my representative has begun the process of education, and brings us closer to correcting an unfair practice. Now imagine if my letter were followed by five, ten or fifteen more. Or 12,000 letters, from all over the nation. Believe me, there is strength in numbers.

We need your voice, your commitment and your personal connection to your own state’s national legislators this March, during NAADAC’s Advocacy Action Day, March 4 to 6, 2007, in Washington, D.C., to help educate them in the following issues:

1) Workforce Development – The addiction profession is experiencing a shortage of addiction focused counselors and other treatment professionals to work in the public and private funded treatment settings, as well as school based, criminal justice, drug court and other ancillary service settings. This shortage is not just an issue of the aging of the profession; it is due in large part to a lack of knowledge in universities and colleges that there are opportunities to work in the addiction profession. This is further compounded by the substandard livable wages of these treatment providers, as well as the lack of tuition and loan forgiveness programs. The good news is that some states are implementing tuition and loan forgiveness programs and NAADAC will have a template available at its Advocacy Action Day events for participants to review.

President, continued on page 4

November 15, 2006

Thank you for contacting me to express your support for mental health parity. As a member of the House Education and the Workforce Committee, I appreciate hearing from you.

As you know, the Paul Wellstone Mental Health Equitable Treatment Act was introduced by Congressman Patrick Kennedy of Rhode Island on March 17, 2005. This bill would prohibit certain employee group health plans or related insurances providing both medical-surgical and mental health benefits from imposing mental health treatment limitations or financial requirements. [This bill] would not require a group health plan to provide any mental health benefits, prevent the medical management of mental health benefits or require the provision of specific mental health services, except to the extent that failure to provide such services would result in a disparity between the coverage of mental health and medical-surgical benefits.

Mental health services are an important lifeline to many individuals and families. But we must also be very careful not to price health care—through mandatory coverage—beyond the reach of individuals and employers. Mandated coverage of specific conditions or treatments is of no value to someone who isn’t insured because the insurance is too expensive.

[This bill] has been referred for further consideration to the Education and the Workforce Committee and the Energy and Commerce Committee. Should this legislation come to the House floor for a vote, I will keep your thoughts in mind when considering this bill.

Thank you for keeping in touch with me. If I may be of assistance in the future, please do not hesitate to contact me again.

I also encourage you to visit my website, which may be found at www.souder.house.gov.

Sincerely,
Mark Souder
Honor Excellence Through NAADAC’s Awards
Award Nominations Accepted Until April 30

Barbara Fox, Chair, NAADAC Awards Subcommittee

Over 2,000 years ago, philosopher, writer and former slave Publilius Syrus, said, “A good reputation is more valuable than money.” NAADAC believes Syrus’ words stand the test of time.

NAADAC established its national awards to identify and honor the outstanding work of addiction professionals and organizations that treat addiction. This provides a unique opportunity to inform others about the professionalism and expertise exhibited by addiction professionals throughout the U.S. and the world.

NAADAC has recognized the best practices of addiction professionals since 1979, when it established the Alcoholism and Drug Abuse Counselor of the Year Award (since re-named the Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year Award). The first winners, the Counselors of the U.S. Navy alcoholism and drug abuse program, came to prominence after the U.S. Department of Defense revised its policies to encourage voluntary identification and enrollment of those with addictions in treatment programs. The Navy’s program was the first non-punitive military rehabilitation programs developed with a focus on treatment. The program treated addiction as a disease and ensured that those who volunteered for treatment could not be discharged under other than honorable conditions.

Over 80 groups, individuals and organizations have received recognition from NAADAC in the 27 years since it began its awards program. Very select company considering that NAADAC has 12,000 members.

Do you know someone who deserves accolades for their work, professionalism and dedication? If you do, please consider nominating him or her for one of NAADAC’s six awards.

Nominations for the 2007 awards must be received by the NAADAC Awards Committee no later than April 30, 2007. To make a submission, or for additional information, please contact Donovan Kuehn, NAADAC Director of Outreach and Marketing, at 800.548.0497, ext. 125, or by e-mail at dkuehn@naadac.org.

For full descriptions of NAADAC’s awards, visit www.naadac.org and click on “Recognition & Awards.”

**NAADAC Awards**

NAADAC has six awards to recognize excellence in the addiction profession. They include:

**Mel Schulstad Professional of the Year**
Presented for outstanding and sustained contributions to the advancement of the addiction profession.

**William F. "Bill" Callahan Award**
Presented for sustained and meritorious service at the national level to the profession of addiction counseling.

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

**NAADAC Organizational Achievement Award**
Presented to organizations that have demonstrated a strong commitment to the addiction profession and particularly strong support for the individual addiction professional.

**Medical Professional of the Year**
Presented to a medical professional who has made an outstanding contribution to the addiction profession.

**Lifetime Honorary Membership Award**
This award recognizes an individual or entity who has established outstanding service through a lifetime of consistent contributions to the advancement of the addiction profession and its professionals.

2) **Funding** – The Substance Abuse Prevention and Treatment block grant funds 85 percent of addiction treatment in America, but only ten percent of those who need treatment have access to it. And the trend nationally is more and more treatment spaces are being shifted to the criminal justice and child protection systems, leaving major gaps for others with addictive disorders. Increased and targeted addiction treatment funding for criminal justice and child protection systems is important, in combination strengthening the current frail public prevention and treatment infrastructure.

3) **Parity** – Addiction services have been discriminated against and not treated the same as other health services. A strong, united voice from across the country from those working in, and being served by, the addiction services profession is needed to make the development and passage of parity legislation a reality.

NAADAC is pleased to be partnering with the National Association of State Alcohol/Drug Abuse Directors (NASADAD), Therapeutic Communities of America (TCA), the National Association of Addiction Treatment Providers (NAATP), the Johnson Institute, the American Society for Addiction Medicine (ASAM) and the Danya Institute to help unite our voices.

For more information on how to get involved, please visit www.naadac.org or turn to page 6 for more information.

By working together, we can make a difference!
Every two years, members of NAADAC, the Association for Addiction Professionals, have the opportunity to select the officers who will determine the direction of the association. In April of 2007, NAADAC members will select four Regional Vice Presidents. All positions are for two-year terms.

2007 Open Positions

Mid-Central Regional Vice President
Represents Illinois, Indiana, Kentucky, Michigan, Ohio & Wisconsin

North Central Regional Vice President
Represents Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, & South Dakota

Southeast Regional Vice President
Represents Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina & Tennessee

Southwest Regional Vice President
Represents Arizona, California, Colorado, Hawaii, New Mexico, Nevada & Utah

Nominees for the position of Regional Vice President must represent a state wherein an Affiliated State Association is in place and may only be nominated for a region in which they reside. Candidates can serve two consecutive terms.

Only members in good standing who have been actively engaged in work in addiction counseling or as an addiction professional for at least two years immediately prior to nomination shall be eligible for an elective office with NAADAC.

The Auditor counts ballots and notifies a NAADAC designated staff person and the Chair of the Nomination and Elections Committee who has received the most votes for each office. The Chair of the Nomination and Elections Committee must notify all candidates of the results by the deadline below. Election results are destroyed after 30 days of notification of all candidates. Any candidate challenging the results of an election must notify the Chair of the NAADAC Nominations and Elections Committee within 30 days of notice.

This is an exciting opportunity to get involved in the NAADAC election process and have your voice heard as a national leader. NAADAC’s members are key to the promotion and improvement of the addiction profession.

Nomination Timeline

1. Candidates seeking office must complete an official nomination form and submit it to the NAADAC Nominations and Elections Committee postmarked on or before March 1, 2007.

2. The Nominations and Elections Committee will review each candidate’s application to see if it meets the specified qualifications outlined in the official nomination packet and then prepare the slate of candidates by March 22, 2007.

3. Candidates will be notified by the Chair of the Nominations and Elections Committee by April 23, 2007, of the acceptance or rejection of their application.

4. A slate of candidates who meet the specific qualifications of the office they are seeking will be featured in the April 2007 issue of the NAADAC News.

Election Timeline

April 1, 2007 – Ballots will be mailed to all NAADAC members in good standing

April 30, 2007 – Ballots must be postmarked by this date to be valid.

May 21, 2007 – The NAADAC President and all candidates will be notified of the election results by the Nominations and Elections Committee Chair.

Appeals to the Nominations and Elections Committee by candidates must be made by June 1, 2007.

Nominations must be post-marked on or before March 1, 2007 to:

NAADAC Nominations and Elections Committee
901 N. Washington Street, Suite 600
Alexandria, VA 22314-1535
2007 Marks Important Milestone, and Opportunity to Shape the Nation’s Agenda

Moyers and Lozano Headline NAADAC’s Advocacy Efforts

Donovan Kuehn, NAADAC News Editor

William Cope Moyers, one of America’s most prominent advocates for addiction services, and Henry Lozano, who has served Presidents Bill Clinton and George W. Bush on the President’s Advisory Commission on Drug-Free Communities, will cap off NAADAC’s 2007 Advocacy Action Day. From March 4–6, addiction services professionals from around the nation will converge on Capitol Hill to speak up on behalf of the 80,000 addiction professionals throughout the U.S. and the 22 million Americans who suffer from addictive disorders.

This year, Advocacy Action Day will commemorate the 20th anniversary of NAADAC’s public policy efforts. Participants will focus on legislative issues affecting addiction professionals and will have the opportunity to get involved in mentoring, outreach policy development and educational efforts with legislators.

This year’s special guest, William Cope Moyers, is vice president of public affairs for the Hazelden Foundation, based in Minnesota. Before joining Hazelden in 1996, Moyers was an award-winning journalist for 15 years. He has worked at CNN, Newsday and various other newspapers around the country. He’s written a new memoir, Broken: My Story of Addiction and Redemption, about his addiction to alcohol and crack cocaine and his recovery.

Henry C. Lozano served for ten years on the board for Californians for Drug-Free Youth, Inc., and later became the Executive Director of the association in 1996 and assumed the post of President and Chief Executive Officer in 1998. In November 1998, Mr. Lozano was appointed by President Bill Clinton to serve as a Commissioner to the President’s Advisory Commission on Drug-Free Communities and was appointed by President George W. Bush to serve as the Co-Chair of the President’s Advisory Commission on Drug-Free Communities with Hope Taft, the First Lady of Ohio. Mr. Lozano was also appointed by Governor Arnold Schwarzenegger to serve Kathryn P. Jett, Director of California State Department of Alcohol and Drug Programs, as a member of the Director’s Prevention Advisory Council.

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

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

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

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

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

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

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


To see the full agenda for NAADAC’s Advocacy Action Day, please visit www.naadac.org.
2007 Advocacy Action Day Registration Form
March 4-6, 2007 • DoubleTree Crystal City, 300 Army Navy Drive, Arlington VA 22202

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

Regular Price
(After January 26)

- Students ☐ $100
- NAADAC Members ☐ $150
- Non-Members ☐ $200

This is my first NAADAC event. ☐ Yes ☐ No

For non-NAADAC members to receive the member rate for the conference, join NAADAC by calling 800.548.0497.

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703.741.7698 or 1.800.377.1136

E-mail:
naadac@naadac.org

For more information, call 1.800.548.0497 or visit www.naadac.org
Nation’s Legislators Talk About Parity
New Legislative Session May Lead to First Comprehensive Parity Program

Daniel Guarnera, NAADAC Government Relations Liaison

The 110th Congress has dozens of freshmen congressmen and new Democratic leadership, but it is two Capitol Hill veterans who have brought national attention to one of the most important policy issues for addiction professionals—parity.

Representatives Patrick J. Kennedy (D-RI) and Jim Ramstad (R-MN) are preparing to introduce legislation that would enact parity in health insurance coverage for mental health and addiction treatment. The Paul Wellstone Mental Health and Addiction Equity, named after the late senator from Minnesota, would prohibit health insurance companies from setting one coverage scheme for the treatment of physical illness and another for mental health and addiction. Group plans that cover more than 50 percent of the employees, the vast majority of which are expected employer-provided insurance members of congress, and is the largest employer-provided insurance program in the country (there are about 250 plans within the program). The FEHB adopted a parity provision in 2001 as the result of advocacy from the mental health and addiction treatment community. A 2004 Department of Health and Human Services report found that the introduction of parity did not cause any rise in the cost of deductibles, coinsurance, or any other measure.

“The Campaign to Insure Mental Health and Addiction Equity.” The Campaign includes a series of informal hearings across the country at which the congressmen will collect testimony from people adversely affected by insurance discrimination. The first hearing was held in Providence, R.I., on January 16 and the second a week later in Minneapolis. Both were well attended and hailed by the congressmen as resounding successes. There are expected to be at least 12 more forums, including ones in Maryland, California, New Jersey and Washington State. Mental Health America and the National Alliance for the Mentally Ill (NAMI) are helping coordinate the forums.

Rep. Kennedy hopes that the panels will help Americans think about mental health and addiction the same way they traditionally think about illness and disease. “Americans with these physiological diseases of the brain pay their premiums like everyone else and their insurance should be there when they need it, like it is for everyone else. … We pay enormously, as individuals and as a society, the costs of leaving these diseases untreated” said Rep. Kennedy.

The parity bill was based on the Federal Employees Health Benefits (FEHB) program, which covers eight million federal employees, including members of congress, and is the largest employer-provided insurance program in the country (there are about 250 plans within the program). The FEHB adopted a parity provision in 2001 as the result of advocacy from the mental health and addiction treatment community. A 2004 Department of Health and Human Services report found that the introduction of parity did not cause any rise in the cost of deductibles, coinsurance, or any other measure.

Only four states—Connecticut, Maryland, Minnesota and Vermont—have “comprehensive” parity statutes that prescribe special inpatient day limits and differential cost sharing for mental health treatment.

Despite the evidence from the FEHB program and states with parity laws, a recent National Mental Health Association survey indicated that most Americans would support parity laws even if it meant a $1-per-month increase in premiums. A National Health America/NAMI poll found support for addiction parity at 74 percent, 15 points lower than the percentage supporting mental health parity.

Reps. Kennedy and Ramstad expect the panels to culminate with congressional hearings. The new Democratic leadership has promised to allow the parity bill to come up for a vote in the House of Representatives. It remains to be seen whether the Senate’s companion bill will include equally strong parity provisions. If the Senate passes a substantially different measure, a compromise will have to be reached by members from each chamber in a conference committee. President Bush has previously indicated that he would be willing to sign a parity bill into law.

It is not yet known how quickly the House and Senate bills will move through the law-making process. But, as Rep. Ramstad says, “The American people should not be forced to wait any longer for Congress to knock down the barriers to treatment for mental health and chemical addiction.”

Daniel Guarnera is NAADAC’s Government Relations Liaison and has worked for a variety of organizations, including the N.J. Institute for Social Justice, Newark Now (a community development non-profit organization) and the European Parliament in Brussels.
SPECIAL FEATURE: ADVOCATING FOR THE PROFESSION

Partnerships Work With Local Officials
Advocacy in Your State Can Make a Big Impact

Roger Curtiss, NAADAC Past President

Three of us here in Great Falls, Mont. (Judy Kolar, Marlene O’Connell and myself—all NAADAC members) were invited to make a presentation to area Senate and House members, city and county commissioners and drug court judges concerning issues that we thought important for the upcoming legislative session.

We wanted to use this opportunity to provide information to lawmakers on treatment issues like Proposition 36 in California (see Ed. note) and how Montana can use that data and outcomes when addressing our system and how dollars are used for treatment.

Peter Formaz, current president of the Montana Association of Alcoholism & Drug Abuse Counselors (MAA-DAC), is doing fantastic outreach for our upcoming conference in Helena in the spring. We will be bringing in Ron Perkinson from South Dakota and our Governor, Brian Schweitzer. Things are on the move in Montana!

(EDITOR’S NOTE: The Substance Abuse and Crime Prevention Act, also known as Proposition 36, was passed by 61 percent of California voters on November 7, 2000. This vote permanently changed state law to allow first- and second-time nonviolent, simple drug possession offenders the opportunity to receive substance abuse treatment instead of incarceration. Proposition 36 went into effect on July 1, 2001, with $120 million for treatment services allocated annually for five years. By July 2006, when initial funding for the program ran out, over 150,000 people benefited from Proposition 36 treatment and California taxpayers saved about $1.3 billion. After the program funding ended, Governor Schwarzenegger reduced funding levels.)

Mr. Schmidt Goes to Washington
A Veteran Advocate Talks About His First Experiences on Capitol Hill

Gerry Schmidt, NAADAC Public Policy Chair

My first experiences in coming to Washington and walking the hallowed halls were ones I will never quite forget. I have always had a keen interest in history and have been fascinated by the legislative process. So when I had the chance to come to Washington, D.C. and be an active participant in the process I was thrilled, enamored and somewhat intimidated, at least at first.

It is when you first see “someone” you had only seen on television or in the news and then you are walking past them and their staff in the halls, that it really brings the entire process to life. And it did that for me. Actually, what it did was “humanize” the entire process for me. While I was initially in awe of the personalities and the buildings, I quickly came to realize that I was as much a part of the process as my representatives and senators were and that I had an equal responsibility to be there and share my thoughts, ideas, positions and beliefs with them regarding legislation that daily effected the individuals I treated.

Each time I return to Washington, DC and participate in the advocacy process or just take time to stop and visit with my state representatives, I find the entire process exhilarating and rewarding. Each voice makes a difference and they do want to know what we think and what our thoughts and feelings are on positions and pieces of legislation. We make the issue more human and put “a face on it.”

What is most important in the entire process is to stay actively connected and in touch. Write, call, fax and send e-mails to them on issues. During the past year, I have found CapWiz to be the easiest way to do this and takes little time and maximizes the entire effort.

To find out more about CapWiz, visit www.naadac.org and click on “advocacy.”
**Think Locally, Act Globally**  
Actions and Policies in Your State Can Have a National Impact

*David Harris, BA, CDP, NCAC II, CCDC II*

March 2005, was my first Advocacy Action event. I was nervous about what to do. Thank goodness for the training we received before we went “on the Hill” to visit the Senators and Representatives from Washington State. I was treated politely by all offices that I visited (Senators Maria Cantwell and Patty Murray and my Representative in the 30th District, Adam Smith).

When I returned in March 2006, I was much more savvy to what was happening and wanted to contribute more than I had the first year. I did. I took literature to all three of the same offices I had visited in 2005. Since I was more comfortable, the rapport was much smoother. This time around, I was struck by the seemingly insurmountable amount of issues that government officials are dealing with. I acquired tremendous respect for what is happening in Washington, D.C., and for the people doing the work there.

Back in our home state, our local NAADAC affiliate, the Chemical Dependency Professionals of Washington State (CDPWS), has been working actively to address that impact on our state’s counselors.

One of these issues is the access to work in the addiction profession. Criminal background checks are slow for people who want to join the profession and it is extremely difficult for those with legal records involving any felony (whether violent or not) to be approved for practice. (Nationally, the Second Chance Act, will address this criteria, so we want to support this legislation).

Another issue is the shift in continuing education unit standards. Washington State’s certification matched NAADAC’s standards, until the certification process was taken over by the State. At first, this change was welcomed by addiction professionals in Washington. We hoped the process would lead to us becoming registered counselors, and the ultimately certified counselors, which would have created an increase in credibility for us. However, it has not worked out that way. CDPWS has been encouraging the State Division of Alcohol and Substance Abuse (DASA) to take a greater role in this area as they have the familiarity and expertise to deal with the issue facing addiction professionals.

CDPWS has also been working actively to establish more stringent standards for counselors. We are concerned that current rules place undue responsibility and pressure on new and intern counselors in issues for which they are not trained, nor experienced enough, to tackle.

On the national scene, the consistent issue since I have been going to Washington, D.C., is parity. That is, we want insurance companies to treat the disease of chemical dependency the same as other diseases. You wouldn’t take someone with their fourth bout with pancreatitis, and tell them that their insurance won’t pay for their treatment because they have had too many episodes. Nor would we stop in the middle of surgery because that person has hit an insurance financial cap. It is time for insurance prejudice to be changed.

These changes will simply not happen without voices working for change. We can thank people such as Patrick Kennedy for standing up and speaking out. But we can’t just leave it to the public officials. We need more people involved. People like you and me.

In Washington State, there is a great revival of getting people-to-people meetings together at regional CDPWS meetings and the creation of positive energy. I am excited, honored, and more and more respectful of all of the people working to effect change in the chemical dependency profession. I get frustrated at times with the slow pace that changes seem to occur, but I know that the more I learn, the more I am reluctant to do any impulsive decision-making. All work for change is challenging, but I am committed to working to effect change in our state and nationally.

I am optimistically looking forward to meeting people who want to be involved. I am hopeful that many, many towns and cities across our state will host events during national recovery month in September. This is grassroots advocacy and advocacy must start with you and me as we do our daily work.

Now it is almost that time again and I am really looking forward to the trip to Washington, D.C. I am confident that March 4–6, 2007, will be a meaningful time for me as we try to change the conversation with our government officials.

*David Harris is the President of the Chemical Dependency Professionals of Washington State (CDPWS). If you are interested in getting involved with CDPWS’s movement or have comments on this article, contact David at 253.740.4067 (cell) or davelouh@comcast.net.*
Spotlight on Recovery
A Non-Profit Association Speaks Out on Discrimination

Beth W. Farley, Project Coordinator, Spotlight on Recovery, Stigma Reduction Project

Spotlight on Recovery is a grassroots organization in Washington State, founded in King County (Seattle and its suburbs) in 2002. Spotlight is dedicated to giving a strong voice and an open, positive face to people in recovery from substance addiction, free from the fear of discrimination and stigma. We would like to add our voice to the issues put forth by Dave Harris (see article, pg. 10) from the Chemical Dependency Professionals of Washington State (CDPWS) in our state.

All individuals seeking to become counselors in Washington State must apply for a Registered Counselor (RC) credential, through the State’s Department of Health (DOH). Students seeking to become Chemical Dependency Counselors (CDP) must have their RC certificate before they can begin their 2000 internship hours required for their CDP degree.

We feel that the RC requirements, particularly for the criminal background check are excessive and stigmatizing for several reasons. Firstly, the individual who must answer ‘yes’ to any legal charges or convictions in the past must submit all court documents, including requirements and outcomes, in addition to any and all treatment programs attended with discharge documentation and professional summaries. Secondly, this applies to all infractions in a person’s adult life, no matter how much time has gone by. Thirdly, the process is exceedingly slow, up to seven or eight months. And fourthly, the applicant is required to reimburse the DOH for the cost of the check and review, an amount that can cost several hundred dollars.

In our State, no other profession has to face similar barriers. People who have experienced chemical dependency but who are in stable recovery should not be unfairly discouraged from seeking to improve their lives through education, and the chemical dependency professional field is in desperate need of additional qualified members. We support the need for background checks of any and all people who will be working with vulnerable clients. However, we agree with the CDPWS that the administration of this process would be better suited to the Department of Alcohol and Substance Abuse (DASA) and that the Registered Counselor application process must be kept reasonable and fair.

Addiction professionals need to maintain high standards, but also need to reduce fear and challenge misconceptions about addiction, treatment and recovery.

Beth W. Farley is the Project Coordinator for the Spotlight on Recovery Stigma Reduction Project. She can be contacted at 206.725.9696 or spotlightonrecovery@adhl.org. Visit http://spotlightonrecovery.adhl.org for more information.
Blueprint for Change
Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment

David Rosenbloom, Director, Join Together

As health professionals, you can use your own state data, stories and expertise to educate and engage your state leaders.”

Court Professionals (NADCP), State Associations of Addiction Services (SAAS), and the National Council of State Legislators (NCSL). Upcoming presentations include the American Public Health Association and the Community Anti-drug Coalitions of America (CADCA) annual conferences.

To date, we have distributed more than 5,000 copies of Blueprint for the States. The report has clearly hit a chord, but the hard work of implementation has just begun. The panelists are committed to following through and want to hammer away at the status quo, and they need your help getting the message across to state leaders.

This fall, 11 new governors were elected. Now is the time for you to deliver the report and recommendations to your state leaders—your governor, state legislators and chief judges—and ask them how they intend to implement a statewide strategy that incorporates the recommendations laid out by our bipartisan panel. Urge your governor to create, or strengthen, a state-wide advisory group and integrate state agencies’ goals to focus on patient and family centered care instead of agency driven services.

As health professionals, you can use your own state data, stories and expertise to educate and engage your state leaders. You may want to focus on one key recommendation. For example, improving and retaining the prevention and treatment workforce. Remind the governor that she or he has the power to call for improving state colleges’ and universities’ curricula, licensing and educational resources. As your [NAADAC’s] Executive Director said in her testimony to the panel, “Workforce development is one of the greatest challenges staring down the field of addiction recovery today. To ensure the furtherance of this profession, we must take several steps to recruit, retain and reward our current and future workforce.” Tell decision makers that it is not acceptable that turnover rates in many substance use treatment programs rival the fast-food industry, averaging 50 to 60 percent a year.

The panelists and I urge you to become even more engaged than you have been before in addressing your state policy issues. Join the Blueprint campaign. Use the Blueprint report as a tool to help make your state leaders see that it is an economic and social imperative to provide leadership on drug and alcohol prevention and treatment.

David Rosenbloom has taught for more than 30 years, with an emphasis on developing new techniques to improve the effectiveness of teaching. He has conducted and published research in both political science and substance abuse, four national surveys on community anti-drug organizations and strategies and numerous articles on substance abuse policy. He is the Director of Join Together, a program of the School of Public Health, which helps communities fight substance abuse and gun violence. For eight years, he was Commissioner of Health and Hospitals for the City of Boston.

Resources
To find out which policies your state has adopted and to take action, visit www.jointogether.org/keyissues. Visit www.jointogether.org/blueprint to download or order a copy of the report or the summary.
NAADAC Creates New Membership Categories
New Program Allows Entry-level Professionals Opportunity to Join

Donovan Kuehn, NAADAC News Editor

Effective March 1, 2007, NAADAC will add two new membership opportunities for addiction professionals who are working towards qualification, certification or licensure, but would still like to be an active member of NAADAC. Both categories are available to new members only or members who have lapsed for 12 months or more.

“The purpose of this change is to create more opportunities for entry-level addiction professionals to get involved with NAADAC,” said Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP, NAADAC Executive Director.

“Just as there is no wrong door to treatment,” she added, “there is no wrong way to get involved with NAADAC.”

Both categories offer membership at a discounted rate, but vary depending on membership benefits. Benefits include:

**Full Associate Membership**
- Subscription to NAADAC News
- Membership certificate, card and lapel pin
- Voting Privileges

**Partial Associate Membership**
- Subscription to NAADAC News
- Membership certificate, card and lapel pin

“The registered student and registered recovery worker programs offered by the California Association of Alcoholism & Drug Abuse Counselors (CAADAC) helped NAADAC develop this program. There are a large number of addiction professionals who are new to this career path and are no longer in college or university programs,” added NAADAC Affiliate Relations Manager, Diana Kamp.

“This program will help those who are trainees or interns get involved in their professional association.”

For more information on the new membership categories and dues for your state, visit www.naadac.org.

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**JOB OPPORTUNITIES**
Selections from the NAADAC Career Classifieds. For full details visit www.naadac.org

**Utah: Chemical Dependency Counselor**
Heritage Schools Inc., Provo, Utah

Heritage Schools, Inc. is a 170-bed residential treatment center for adolescents’ ages 12-18. Heritage is located in Provo, Utah, on a 20-acre campus near Provo Canyon and the Wasatch Mountains. Recognized as one of the top adolescent treatment centers in the nation, Heritage is JCAHO accredited. We are seeking a Full Time Chemical Dependency Counselor.

Responsibilities include conducting CD groups with youth and parents, performing CD assessments, and facilitating step study programs. Must have at least 21 years of age. Must have LSAC or Associate Addiction Counselor certification. Experience with youth preferred. Excellent communication skills required. Monday-Friday days. Salary DOE.

Email resume to jobs@heritagertc.org or call Karly at 801-226-4615 for more information. Visit our website www.heritagertc.org to find out more about Heritage Schools Inc., 5600 N Heritage School Dr., Provo, UT 84604 (02/06/07)

**New Jersey: Director of Women’s Services**
Little Hill-Alina Lodge, Residential Addiction Treatment Center, Blairstown, NJ

New senior management and leadership position at Alina Lodge to oversee the clinical/administrative services of our women's program, including the new 45 bed Women’s Center and the 14 bed Haley House and continuing care for some of our discharged female patients. This is a hands-on management/supervisory position overseeing and delivering long-term 10 to 14 months residential rehabilitation services.

Our patients come from throughout the country for treatment of alcoholism and drug addiction, most with a background of chronic relapse. Many are treatment resistant, often with co-existing disorders or other addictive illness. The candidate needs successful background in managing residential addiction rehabilitation for women, dual diagnosis experience and excellent leadership/supervisory skills. Masters level education and personal recovery experience preferred. Send resume to Jeannette Greenemeier, Little Hill-Alina Lodge, Box G, Blairstown, NJ 07825, fax 908-362-7569 or e-mail jeannetteg@alinalodge.org (02/02/07)

**Indiana: Chemical Dependency Counselor**
Saint John’s Health System, Anderson, IN

Saint John’s Health System’s is nationally recognized for quality, technology and progress. This is just one more example of our commitment to excellence – a commitment extended to our workforce as well as our patients.

If caring is your calling, put your skills to work at one of America’s best hospitals. We have an immediate opening for a:

Chemical Dependency Counselor, Full-Time, Days

Responsibilities include: Provides counseling to individuals, groups and families; Develops individual treatment plans; Conducts discharge planning; Completes Alcohol/Drug related assessments; Maintains appropriate documentation of all clinical services provided to patients; Maintains professional educational requirements.

Qualifications include: Master’s degree in Social Work, Psychology or Counseling; One year of recent experience in alcohol and drug abuse direct patient care; Certification (or eligibility within one year of hire) from Indiana Counselors Association on Alcohol and Drug Abuse.

If you are dedicated to quality, teamwork, and our mission of healthcare excellence, contact: Sandy Keesling, Manager, Employment & Recruiting, Human Resources, Saint John’s Health System, 2015 Jackson Street, Anderson, IN 46016; Phone: 765-646-8195; Fax: 765-646-8503; E-mail: smkeesli@sjhsnet.com. EOE (1/24/07)
Addiction professionals can now access a new NAADAC Learning Series at low or no cost. The new series, Pharmacotherapy: Integrating New Tools into Practice, will be offered in seminars in 17 cities throughout the U.S. and online. The online course can be found at www.naadac.org/recoverytools.

The seminars, featuring prominent instructors from diverse educational and experiential backgrounds, offer six hours of continuing education for $20. To ensure that cost is not a barrier, those signing up for the courses can apply for a scholarship to cover the registration fee.

The goal of NAADAC’s Life-Long Learning Series Pharmacotherapy: Integrating New Tools into Practice 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.

Alcohol abuse and dependence affects millions of Americans each year. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that alcohol abuse affects 9.7 million people and alcohol dependence touches 7.9 million people. In the addiction profession, biopsychosocial treatment traditionally has been the mainstay of alcohol and drug treatment programs, but more and more, there has been a growth in the availability of medications that may be able to supplement traditional treatment.

This educational program will discuss the four facets of alcohol dependence and addiction (biological, psychological, social and spiritual), will discuss addiction as a disease and the scientific evidence to support this claim, will compare of FDA-approved pharmacotherapies for alcohol dependence, focus on overcoming treatment obstacles, apply strategies to match patients to the most appropriate therapy and plans to motivate patients in treatment.

“This is a unique opportunity to offer high caliber seminars on evidence based practices and on an issue that has a significant impact on addiction services professionals.”
SPACE IS LIMITED—REGISTER EARLY!
Pharmacotherapy: Integrating New Tools into Practice
Six (6) Continuing Education Hours
All sessions are $20 unless otherwise listed.
Scholarships are available. Visit www.naadac.org for a copy of the scholarship application.

2007 Seminar Schedule

☐ I will attend the session in (LIST CITY) __________

CALIFORNIA
June 6 | Long Beach
November 3 | Oakland

FLORIDA
June 28 | Orlando
Registration is included if you have registered for the Florida NAADAC conference. If not, cost is $20. Visit www.naadac.org/fl for conference information.

GEORGIA
March 26 | Macon
March 27 | Tifton
March 28 | Metro Atlanta
May 7 | Marietta
May 8 | Metro Atlanta

ILLINOIS
March 26 | Itasca
Registration is included if you have registered for the IAODAPCA conference. If not, cost is $20. Visit www.iaodapca.org for conference information.

MARYLAND
March 9 | Baltimore

MASSACHUSETTS
September 6 | Hyannis
Registration is included if you have registered for the Cape Cod Symposium. If not, cost is $20. Visit www.ccsad.com for conference information.

MISSOURI
July 20 | Kansas City

NEW YORK
November 16 | Albany

Pennsylvania
April 10 | Wyomissing
Registration is included if you have registered for the Mid-Atlantic Regional conference. If not, cost is $20. Visit www.naadac.org for conference information.

TEXAS
June 20 | San Antonio
Registration is included if you have registered for the TAAP conference. If not, cost is $20. Visit www.taap.org for conference information.

September 23 | Houston
Registration is included if you have registered for the Spectrum conference. If not, cost is $20. Visit www.taap.org for conference information.

WASHINGTON
July 27 | Edmonds

REGISTRATION INFORMATION
Please return registration form to NAADAC no later than 10 days before seminar date.

MAIL
NAADAC
901 N. Washington St., Ste. 600
Alexandria, VA 22314

FAX
703.741.7698 or 800.377.1136

E-MAIL
dkamp@naadac.org

FOR MORE INFORMATION
Visit www.naadac.org or call 800.548.0497 ext. 102

Attendee Information

PLEASE PRINT CLEARLY

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

Name

☐ Home or ☐ Work Address

City State Zip

Work Phone Home Phone

Cell Phone Fax

Email

Payment Information

☐ Check made payable to NAADAC for the amount of $________

☐ Visa ☐ MasterCard ☐ AmEx for the amount of $________

Account Number Exp. Date

Signature
Around the Nation

Donovan Kuehn, NAADAC News Editor

Massachusetts

Senator Steven A. Tolman was honored on Friday, December 15, 2006 for his legislative leadership in helping to reduce the stigma regarding addiction, placing value on recovery and providing quality substance abuse care in Massachusetts. In addition, Representative Ruth Balser was honored for her legislative leadership, Lt. William Ostiguy of the Boston Fire Department received the award for Counselor of the Year, and a posthumous award was presented to the widow of Robert Pisani, Longmeado High School’s drug counselor.

“The unique care provided by the members of the Massachusetts Association of Alcohol and Drug Counselors (MAADAC) allows for those seeking treatment to create their own second chance,” said Tolman at the MAADAC Annual Holiday Breakfast. “It’s a chance to reconnect with family and friends and experience the life they hoped but were denied as a result of their addiction.”

MAADAC is represented on the Massachusetts Coalition for Addiction Services and represents alcohol and drug clinicians who are continuously working to enhance the professional value of addiction treatment and provide quality care to those individuals and families in recovery.

Montana

Peter Formaz, President of the Montana Association of Alcoholism & Drug Abuse Counselors (MAADAC) announced that the next MAADAC conference will be held in Helena at the Wingate Inn from April 20–21, 2007. The theme will be “Adolescents and Addiction.” Main Speaker will be Dr. Robert Perkinson, Clinical Director of the Keystone Treatment Center in Canton, S.D. Also presenting will be Dr. Kathy Rappaport, Staff Psychiatrist and Certified Addictionologist at Shodair Children’s Hospital in Helena, Mont. Governor Schweitzer is scheduled to address the conference which will be held in conjunction with the Montana Council on Problem Gambling. Bob Richards, NAADAC Regional Vice President will address the meeting on “Building and Sustaining the Workforce.” For more information, call Peter Formaz at 406.495.0679 or send email to peteformaz@hotmail.com.

New Mexico

A free training in the Firestarter Medicine Wheel is being offered from February 27–March 1, 2007 in Albuquerque, N.M. This program was developed by White Bison, based upon Teachings of the Medicine Wheel, the Cycle of Life and the Four Laws of Change. This program is designed to help develop trust, autonomy and other healthy feelings and thought patterns that will help individuals grow emotionally, mentally, physically and spiritually.

The registration deadline is February 16th, 2007. For more information, contact www.whitebison.org/wellbriety_movement/fire_application.php

Stories Wanted From Addiction Professionals

The National Substance Abuse Index, an independent guide to addiction resources throughout the U.S., is developing resources for those considering becoming addiction professionals. The Index particularly would like to give its readers an understanding of what it’s like to work in the addiction profession by answering these questions:

- Why did you become an addiction professional?
- How has your career choice affected you and what keeps you going to work each day?

Articles selected will be published on National Substance Abuse Index under a Creative Commons license specifying that we will not alter or use the article for commercial purposes.

The author’s byline (name and title) and a brief bio will also be included with the article.

Submissions must be between 200 and 3,500 words in length; ideally 400–750 words. Submit articles using the form at http://nationalsubstanceabuseindex.org/naadacsubmit.htm.

For more information, call 303.316.8002, email Anita Edge at anita@nationalsubstanceabuseindex.org or visit http://nationalsubstanceabuseindex.org/aboutus.htm.

New SAMHSA Administrator

Terry Cline, Ph.D., was nominated by President George W. Bush on November 13, 2006 and confirmed by the U.S. Senate on December 9, 2006 as Administrator for the Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Cline leads the $3.3 billion agency responsible for improving the accountability, capacity and effectiveness of the nation’s substance abuse prevention, addictions treatment and mental health service delivery systems.

Throughout his career, Dr. Cline has worked to ensure individual and family needs are the driving force for the prevention, treatment and recovery support services delivered. He has championed the principle that mental health and freedom from substance abuse are fundamental to overall health and well-being and that mental and substance use disorders should be treated with the same urgency as any other health condition.

Prior to his appointment as SAMHSA Administrator, Dr. Cline served as Oklahoma’s Secretary of Health and as Oklahoma’s Commissioner of the Department of Mental Health and Substance Abuse Services. Dr. Cline built strong collab-
Adding New Tools for Addiction Professionals

Adolescent Endorsement and Certificate in Spiritual Care-giving Planned for Release

Shirley Beckett Mikell, NCAC II, CAC II, SAP

As addiction professionals know, treating addictions has become more and more complex. Cultural, gender and other diverse issues are factoring more and more into how addiction professionals relate to and help their clients.

In recognition of these shifts, the National Certification Commission of NAADAC has begun the process of establishing a new endorsement focused on adolescents and a new certificate geared toward spiritual caregivers who help those dealing with their addictions, and their families.

NCC Adolescent Endorsement
The purpose of the adolescent endorsement is to unify the competencies in the substance abuse clinical profession for adolescent counselors by providing recognition of this specialty area of treatment of adolescent substance use.

The requirements for the endorsement will include: five years of validated supervised experience working in the field of addictions, half of which must be with an adolescent population; evidence of 70 hours of training related to adolescent treatment and a current credential through approved certifying vehicle (such as a state certification, NAADAC, American Academy, IC&RC, or other related license)

To receive the endorsement, candidates will have to successfully pass a 100 item examination, specific to treatment of adolescents. Successful candidates will receive a certificate with the adolescent endorsement from NAADAC and will have to renew their endorsement every two years.

Certificate in Spiritual Care-giving
NAADAC, working together with the National Association for Children of Alcoholics (NACoA), has created this certificate program to enhance the ability of the clergy and faith leaders. This certificate is designed to provide basic knowledge about addiction, provide opportunities to learn about treatment and community recovery resources, enhance the ability to recognize alcoholism and drug addiction and provide support for children and families living with alcoholic and drug addicted parents.

The certificate would require a minimum of 27 contact hours to include a combination of: face-to-face or online training; on-site visits to a minimum of three local agencies (outpatient, detox, residential/inpatient, pastoral counseling center, etc.) to tour the sites and interview staff; development of a list of local resources; attendance at an Alcoholics Anonymous and an Al-Anon meeting and written assignment reflecting on the experiences and successful completion of a 35 question exam.

The NAADAC Certification Commission looks forward to the successful roll-out of these new products in 2007. Please visit the NAADAC website (www.naadac.org) for more details on the endorsement and certificate this spring.

Around the Nation, continued from page 16

orative relationships among the multiple constituency groups and government agencies that resulted in significant advances in transforming the State’s service delivery systems, including the creation of Oklahoma’s Integrated Services Initiative which creates a holistic approach to treatment needs, a wide expansion of drug courts throughout Oklahoma and the introduction of mental health courts, along with a statewide focus on recovery and recovery support services.

South Korea
NAADAC Executive Director Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP, went on a cultural trip to South Korea to lay the groundwork for starting a new international affiliate. This is initiation of a larger process that will create separate membership and certification organizations to service a burgeoning addiction profession.

The Black Alcoholism and Addictions Institute
The Black Alcoholism and Addictions Institute will be held in Washington, D.C. from May 25—29, 2007. The Institute focuses on skill building, professional development and spiritual renewal. It is open to anyone who works with people of African ancestry and is eager to improve his or her prevention and treatment knowledge and skills. For registration forms or additional information, please contact Mamie Gladden at 631.444.3142 or mamie.gladden@sunysb.edu.

National Alcohol Screening Day
The next National Alcohol Screening Day is planned for April 5th. The focus of the 2007 Screening Day will be how alcohol affects health and other aspects of well-being and how individuals with alcohol use problems can find treatment. For more information, visit www.screeningformentalhealth.org.

White House Internship Program
Addiction Professionals are everywhere; why not in the White House? The White House Internship Program offers an excellent opportunity to serve the President and explore public service. The program seeks exceptional candidates to apply for this highly competitive program. In addition to typical office duties, interns attend weekly lectures, tours, and complete an intern service project. Every candidate must be a U.S. citizen, enrolled in a college or university, and at least 18 years of age.

An application and additional information about the program can be found at http://www.whitehouse.gov/government/wh-intern.html. If you have questions, contact Karen Race at 202.456.5979 or intern_application@whitehouse.gov.
Join NAADAC Today—Reap Benefits Tomorrow!

NAADAC
THE ASSOCIATION FOR ADDICTION PROFESSIONALS
www.naadc.org
901 N. Washington Street, Suite 600
Alexandria, Virginia 22314-1535
800-548-0497 • 703-741-7686
Fax 800-377-1136 • 703-741-7698

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

Join NAADAC Today—Reap Benefits Tomorrow!

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-LAW (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 ☑ $500 ☑ 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 MEMBER NUMBER EXP DATE

SIGNATURE

☐ Please send me more information.

DUES RATES

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DUES RATES

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DUES RATES

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

Dues subject to change without notice. 12/06

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 $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 your 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. NN02/07

JOIN ONLINE AT WWW.NAADC.ORG
At its core, effective communication is one of the best ways to get your message across. This can be even more critical when trying to communicate with legislators and decision-makers at the local, state and national levels.

To assist you in your efforts to work with lawmakers and others who work on addiction policy, NAADAC has developed How to Advocate: A Call to Action. The booklet outlines critical areas in the legislative process, and how people can make a difference at each of those levels.

When navigating federal addiction policy, people often encounter a bewildering array of acronyms, such as SAMHSA (the Substance Abuse and Mental Health Services Administration), NIAAA (the National Institute of Alcohol and Alcoholism), NIDA (the National Institute of Drug Abuse), ONDCP (the Office of National Drug Control Policy) and numerous others. This guide helps sort through the alphabet soup of federal agencies and clearly and concisely spells out the responsibilities and duties of each organization.

How to Advocate: A Call to Action is broken down into three main areas: working with legislators and getting your message across, understanding the structure of congress and working with others who share your goals and values.

One of the most interesting portions of How to Advocate: A Call to Action, was the discussion of the Ohio Workforce Resource Center. The center was conceived as a way to address the difficulties of retaining, recruiting and providing adequate rewards for members of the addiction profession in Ohio.

The project began as a concept and quickly brought together NAADAC, the Ohio Association of Alcoholism and Drug Abuse Counselors (OAADAC) and the Ohio Council of Behavioral Healthcare Providers (OCBHP).

The Ohio advocacy efforts began with an analysis of the statistics. In Ohio, state programs were able to serve only 7.5 percent of the drug and alcohol dependent population. This gap led to the foundation of a workforce initiative, designed to recruit, train and retain substance abuse professionals and ensure that there were enough qualified counselors to address the growing problem of substance abuse and dependence. The project focused on finding novel solutions, including the utilization of new technologies and partnerships.

The strategies involved in taking the concept to reality, and the dedication demonstrated by all of the groups involved, show that anyone can make a difference in the legislative system, and in their communities.

With the latest estimates of 22 million people in need of addiction treatment, yet with only two million of them being able to access care, many more talented and dedicated advocates are needed all over the nation.

Therapeutic Communities of America (TCA) Seeks New Leader

Therapeutic Communities of America (TCA), a national non-profit membership association representing over 600 substance abuse and mental health non-profit treatment programs, is seeking an Executive Director for their Washington, D.C. office.

Reporting Relationship: This position reports to the President of the TCA Board of Directors.

Major Responsibilities: This individual is responsible for the operation of the association and for promoting its mission by developing and maintaining alliances through membership recruiting, fiscal management & development, public policy, communications, public relations, trainings and research activities.

Requirements: This position requires an advanced degree, and a minimum of 10 years experience in corporate leadership, preferably in government relations and/or association management. Understanding of substance abuse disorders and mental health disorders policy issues and the ability to work effectively with top-level government officials and association leaders is desirable. Qualified candidates should send resume with salary history to:

Sharon Johnson, Human Resources Director
106 W. Main St., Norristown, PA 19401
610.239.9600 ext. 211 (phone), 610.275.7022 (fax)
sjohnson@gaudenzia.org

How to Advocate: A Call to Action
Regular Price: $15
Member Discount Price: $5
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| February 1–March 1, 2007 | Nominations Open for NAADAC RVP Elections  
Nominations accepted for Regional Vice Presidents for the  
Mid-Central, North Central, Southeast & Southwest regions.  
Details at www.naadac.org or contact NAADAC at  
naadac@naadac.org or 800.548.0497. |  |  |
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Arlington, Virginia  
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| March 10–17, 2007 | NCAC I/NCAC II/MAC Exam  
The Professional Testing Corporation (PTC) provides  
NAADAC approved certification testing.  
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June 7–14, 2007 Examination Period  
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Download the registration form at www.naadac.org  
or call 800.548.0497. |