Obama or McCain: What Can We Expect?
Editor’s Note

With this edition of NAADAC News we celebrate the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 into law as part of the Emergency Economic Stabilization Act (HR 1424). Many addiction professionals, friends and family have fought a long time for parity and to you we say thank you for all of your dedication and hard work! This is truly a historic victory.

I hope that all of you had the opportunity to participate in some of the wonderful National Alcohol & Drug Recovery Month events that happened across the country in September. NAADAC sponsored over 40 events this year and we hope to keep the momentum going for next year. If you had an event, please send me photos to use it to continue to promote Recovery Month. We may also feature your photos in next year’s Recovery Month edition of NAADAC News.

In this issue you will find a lot of information about the election and politics. We are also featuring a guest column: “THE UN-COMFORT about the election and politics. We are also featuring a guest column: “THE UN-COMFORT 3008,” since this is a new column for NAADAC News, I especially welcome your feedback on it.

Anne Luna

NAADAC News Editor

anne@naadac.org

CONTENTS

In the News Page 11

Why I Refer My Clients to Al-Anon Page 12

New Organizational Members Page 14

Help Wanted! Page 19

Upcoming Events Page 20

NAADAC BOARD OF DIRECTORS

SOUTHEAST

Rannie Childress, MD, NCAC II, SAP, Alabama
Tim Sled, CAP, NCAC II, Florida
Barry D. Hayes, NEAC I, CAR II, CCS, CAP, CRCE, Georgia
Vernard James, LCIC, CAP, MAC, CPS, ICADC, Mississippi
Wrenn Riverbank, North Carolina
Valbona Bartell, South Carolina
Dennis Riddle, MA, LADAC, Tennessee

PAST PRESIDENTS

Robert Dorris (1972–1977)
Mel Schulstad, CCDC, NEAC II (1977–1979)
Jack Hamilton (1979–1983)
Tom Clasby, MS, LADC (1983–1986)
Donovan Kuehn, Melvin (1986–1988)
Mark C. Fratzke, MA, MAC, CSAC, SAP, Hawaii
William J. “Jim” Earley, New Mexico
Larry Ashley, EdS, LADC, PEG, Nevada
Gloria Bogan, LEAP, Utah

NAADAC STANDING COMMITTEE CHAIRS

Bylaws Committee Chair
Barbara S. Gall, LADC

Clinical Education Committee Chair
Bruce Lorenc, NCAC II

Diversity Committee Chair
Anne Hatcher, EdD, GCADC II

Finance Committee Chair
Robert C. Richards, MA, NCAC II, CADC II

Governmental Relations Co-Chairs
David Cunningham, LADAC, NCAC II, OSAP

Membership Committee Chair
Robert Taggart, NCAC II and Jeffrey P. Wedge, LADC

NAADAC AD HOC COMMITTEE CHAIRS

Awards Sub-Committee Chair
Barbara Fox, LADC, CAC

Adolescent Specialty Committee Chair
Christopher Bowers, MDAC, NCAC, DAC

International Committee Chair
James A. Holder III, MA, LADC, LPC, SAP

Leadership Action Committee Chair
Roger A. Curtis, LAC, NCAC II

Political Action Committee Chair
Joseph Deegan, MOS, MAC

Student Committee Chair
Diane Sweeney, EdS, GCADC II

National Addiction Studies & Standards Collaborative Committee Chair
Donald P. Osborne, MS, MA, MAC, NEAC, NCAC II, LISW, LCWS

HALGAP, The Association for Lesbian, Gay, Bisexual, Transgender Addiction Professionals and their Allies

Joseph M. Amico, MDAC, LIDAC, LSW

NAADAC CERTIFICATION COMMITTEE

Nominations & Elections Co-Chairs
Michael Townsend, MSW, CSW, NCAC II, MAC, CEAP, SAP

Robert C. Richards, MA, NCAC II, CADC III

Edward Olsen, LCSW, CASAC

Clifford Valdez, MDAC, NCAC II, SAP

Jim Maloney, MA, LADC, NCAC II, SAP

Kevin Quinn, MBA, LADC, NCAC II

Ernesto Randolfi, PhD (public member)

James Martin, MSW, CSW, NCAC II, SAP

Karen Starr, MSN, APRN, BC, MAC

Patricia M. Green, LCDC, AAMFT

Anthony Camacho, MA, MAC, SADC, SAP

Philip Alston, MA, LCAC, SAP

Paula Shaffer, LADC, NCAC II, SAP

Scott Pelletier, LAC, NCAC II, SAP

Kathryn B. Benson, LADC, NCAC II, SAP


Michael Townsend, MSW, CSW, NCAC II, MAC, CEAP, SAP

Edward Olsen, LCSW, CASAC

Clifford Valdez, MDAC, NCAC II, SAP

Jim Maloney, MA, LADC, NCAC II, SAP

Kevin Quinn, MBA, LADC, NCAC II

Ernesto Randolfi, PhD (public member)

Karen Starr, MSN, APRN, BC, MAC

Patricia M. Green, LCDC, AAMFT

Anthony Camacho, MA, MAC, SADC, SAP

Philip Alston, MA, LCAC, SAP

Paula Shaffer, LADC, NCAC II, SAP

Scott Pelletier, LAC, NCAC II, SAP

Kathryn B. Benson, LADC, NCAC II, SAP


Sharon Morgilla Freeman, PhD, APN-CS, MAC (2006–2007)

NAADAC NEWS is published by NAADAC, the Association for Addiction Professionals. 800.548.0497 or visit www.naadac.org for more information. NAADAC News’ readership exceeds 15,000.

Editorial Policy: Letters, comments and articles are welcome. Send submissions to the Editor, NAADAC News. The publisher reserves the right to refuse publication and/or edit submissions to the Editor, NAADAC News. The publisher reserves the right to refuse publication and/or edit submissions to the Editor, NAADAC News. The publisher reserves the right to refuse publication and/or edit submissions to the Editor, NAADAC News. The publisher reserves the right to refuse publication and/or edit submissions to the Editor, NAADAC News.

Copyright © 2008 NAADAC, the Association for Addiction Professionals

November/December 2008, Volume 18, Number 4

Change of Address: Notify NAADAC three weeks in advance of any address change. Change of Address may take up to six weeks, so please notify us as soon as possible.

Send your old and new addresses to NAADAC, 1001 N. Fairfax St., Ste. 201, Alexandria, VA 22314; phone 800.548.0497; fax 800.377.1136 or email anne@naadac.org.

Materials used in this newsletter may be reprinted, provided the source (“Reprinted from NAADAC News” October/November 2008) is provided. For non-NAADAC material, obtain permission from the copyright owner.

For further information about NAADAC membership, publications, catalog and services, write: NAADAC, 1001 N. Fairfax St., Ste. 201, Alexandria, VA 22314; phone 800.548.0497; fax 800.377.1136 or visit www.naadac.org.

Subscription Information: The annual subscription rate is $30. Individual copies are $6, free to NAADAC members.

Editor: Anne Luna

Layout: Design Solutions Plus/Elise Smith

Contributors to this Issue: Bob Curley, Donna Cory, Daniel Guarnera, Suzanne Kemen, June Mohn, Robert Wilson and Anne Luna.


Materials in this newsletter may be reprinted, provided the source (“Reprinted from NAADAC News” October/November 2008) is provided. For non-NAADAC material, obtain permission from the copyright owner.

For further information about NAADAC membership, publications, catalog and services, write: NAADAC, 1001 N. Fairfax St., Ste. 201, Alexandria, VA 22314; phone 800.548.0497; fax 800.377.1136 or email anne@naadac.org.
Mel Schulstad, the first President of NAADAC, was at the NAADAC 2008 Annual Conference this year to present the Mel Schulstad Professional of the Year award, an honor created in his name. Schulstad celebrated his 90th birthday this year. While the occasion of his visit was a happy one, he also passed along some sad news, this would be the last time he would travel to a NAADAC conference. Below are his remarks to the conference attendees.

— Donovan Kuehn

August 30, 2008
2008 NAADAC Conference Presidents Dinner
Overland Park, Kan.

Thank you Cynthia [Moreno Tuohy] for that warm welcome.

I consider it an honor to have been invited to these annual get-together occasions and I consider it an honor to be able to speak to you in particular who are working so hard in this field.

I want to say at the start of my remarks three things to all of you who are gathered here — three things —

I respect you,
I honor you,
And I love you.

You might say, why is that?

Because you have had the courage to take on this new, wonderful, and unique profession, the profession of giving counseling, healing, recovery, and new life to addicts and alcoholics who come to you for help. You perform miracles.

I have learned and I believe that you will find that you are most effective in healing your patients when you give them of your love!

There is very real and magical healing power in the act of giving love when given by one human being to another. You know that deep down in your heart.

You and I share a common understanding — which is that we all share the belief that people are all pretty much alike especially at birth.

At that time we all were given a physical body, a brain with a mind, and a soul. What is the soul, we ask?

The soul is the essence of life in every human being because it contains the spark of divine spirituality, which is implanted at birth in every human being.

Please remember that.

And I believe that the soul is the basic element in every human being, including especially the addict and the alcoholic. The soul has the greatest need for nurture, for healing, for renewal and recovery.

We know that addicts and alcoholics despise themselves. This spite and this disgust for the life they are leading and living tears at the roots of the mind and the body and that soul. And you reach them where they need help the most by giving them your empathic understanding, your compassion, and your God-given love.

Pretty corny stuff, huh?

Schulstad, cont. on page 4
The greatest gift you can give, I repeat, is your compassion, your understanding, and your love. It is my hope that you leave here with an understanding, perhaps even a new understanding, that the belief that you already have within you — and you already have within you the power which they need the most — your own God-given love.

In order to do this you must first come to forgive yourself, respect yourself, and honor yourself as I do. And yes, come to love yourself. Then and only then I believe will you be prepared to give away with God’s healing grace the ability for your patients to learn to love themselves. And there is the secret, and in that way they will find a new life. A new life which they can and will enjoy as long as they continue to give their love to others.

This is the real deep down secret of sobriety and recovery.

Take it home with you.

I expect that this well may be my last attendance at a NAADAC conference at least on an official basis. I may sneak in the back door when you’re not looking. But at my age flying across country and all that entails is not the fun it used to be 36 years ago when we first gathered in a hotel someplace, all 27 of us, to decide what to do next. So I bid you with a warm heart a fond farewell and I repeat as my farewell message to you a message I began with — I respect you, I honor you, and from the bottom of my heart I tell you I love you. Thank you.

— Mel Schulstad

Mel Schulstad is a decorated retired U.S. Air Force Colonel and served as the first President of National Association of Alcohol and Drug Abuse Counselors (NAADAC). He brought professionalism to the addiction services profession through his vision, dedication, passion and inexhaustible energy as he co-founded what is today the largest professional association for addiction counselors. He has continued to mentor many struggling with chemical addiction as well as those in leadership positions.
Over one hundred million Americans will soon receive better insurance coverage for addiction and mental health treatment as a result of the “parity” legislation which has finally been passed and signed into law. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 was included in the $700 billion economic rescue package that was signed into law on Friday, October 3, 2008. For the first time, federal law requires mental illness, addiction, and physical conditions all receive equal insurance coverage.

“This is a huge victory for addiction professionals,” said Cynthia Moreno Tuohy, NAADAC Executive Director. “After a decade of pushing Congress to end discrimination against people in need of treatment, we’ve finally got a national parity law on the books. What a great victory for civil rights and patients’ rights. This success could not have been possible without all treatment and recovery advocates coming together to send e-mails, make calls, and visit their members of Congress. It shows that together, we can make a difference!”

How it started

The parity law is the result of over 12 years of dedicated advocacy by addiction professionals and other mental health and addiction treatment and recovery advocates. On Capitol Hill, the crusade for mental health parity was started in the mid-1990s by Senators Pete V. Domenici (R-N.M.), who has a daughter with schizophrenia, and Paul Wellstone, (D-Minn.), who had a brother with severe mental illness. Senator Wellstone died in a plane crash in 2002. Betty Ford, Rosalynn Carter, and Tipper Gore have also been long-time advocates for comprehensive parity legislation.

Immediately after a partial parity law was passed in 1996 (it only covered annual and lifetime spending caps for mental illness), parity champions began pushing to broaden and strengthen the law. Opposition from insurers and business groups stymied any real progress, however, until Senate leaders decided to try a radical new tack — in 2004, they invited insurance and business groups to come to the negotiating table to draft a mutually acceptable parity proposal. The resulting compromise legislation was passed unanimously by the Senate in September 2007 with the endorsement of insurance and business groups, including the National Retail Federation and U.S. Chamber of Commerce.

In the House of Representatives, Reps. Patrick J. Kennedy and Jim Ramstad took the lead. Rep. Kennedy has received treatment for depression and, by his own account, became “the public face of alcoholism and addiction” after a car crash on Capitol Hill in 2006. Mr. Ramstad’s dedication to the addiction treatment and recovery traces to a day in 1981 when he woke up after an alcoholic blackout in a jail cell in South Dakota. Together, Reps. Kennedy and Ramstad founded the Addiction Treatment and Recovery Caucus in Congress. Rep. Kennedy won the NAADAC President’s Award in during the 2007 Advocacy in Action conference, and Rep. Ramstad won the same award in 2008.

The House, without soliciting business and insurance groups’ direct input, drafted a slightly more consumer-friendly parity bill and passed it in March 2008. Both chambers must pass identical legislation before it can be signed into law, and so negotiators from the House and Senate began to draft a compromise bill. A consensus was reached when sponsors of the House bill agreed to drop a provision requiring insurers to cover every condition listed in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders IV. In return, the Senate agreed to require parity for out-of-network benefits and added several provisions to increase insurance plans’ transparency.

Despite the widespread support for parity from both chambers of Congress, mental health and addiction treatment advocates, and insurance companies, parity’s future was in doubt because of a broader stalemate between the House and Senate over how to handle new spending proposals. Parity was estimated...
to cost just under $4 billion over 10 years, and the House demanded that all new spending be offset with spending cuts elsewhere, the Senate believed that position was too inflexible.

When the near-collapse of the nation’s financial sector led Congress to pass the $700 billion Emergency Economic Stabilization Act, however, they included parity in the bill. The Senate passed the bill on October 1 by a 74–25 vote, and the House followed suit on October 3, voting 262–170 in favor.

Parity succeeds
In addition to the support of business and insurance groups cited earlier, parity succeeded this year for several reasons:

• Our scientific knowledge of the physiology of mental illness and addiction has increased remarkably in recent years, reinforcing the biological factors at work and the fact that mental illness and addiction can be effectively treated. As Dr. Steven E. Hyman, a former director of the National Institute of Mental Health, said, one cannot legitimate insurance discrimination when an overwhelming body of scientific evidence shows that “mental illnesses represent real diseases of the brain.”

• Specialized behavioral health care management companies have made mental health and addiction treatment seem more affordable to employers and insurers. Under the new law, these companies will be able to continue managing benefits, however, plan participants may request their plan’s medical necessity criteria if they are denied coverage.

• Productivity in the workplace increases after workers are treated for substance use disorders or mental illnesses. Treatment can reduce the number of lost work days.

• Studies of states with parity — as well as the federal employee health benefits program, which implemented parity in 2000 — have shown them to be cost-effective.

• Parity’s congressional champions were completely committed to passing a bill this year. Reps. Kennedy and Ramstad lay the groundwork in early 2007 by attending over a dozen field hearings across the country to raise awareness about the need for parity. The fact that Rep. Ramstad and Sen. Domenici both announced their retirement added extra urgency on for their colleagues.

About the bill
The bill applies to self-insured (ERISA) plans, as well as those sold in state insurance markets (including Medicaid). The law says that both financial and treatment limitations for addiction and mental health must not be lower than coverage for medical/surgical conditions under the plan. Unequal copays, co-insurance rates, deductibles, and lifetime or annual caps on treatment are not permitted. For most plans, parity will go into effect on January 1, 2010.

The bill does not mandate that health insurance plans cover mental health or addiction treatment, but if mental health or addiction coverage is included in a plan, it must be equivalent to those applied to other health conditions. Plans covering fewer than 50 employees are exempt.

An estimated 80 percent of people seeking chemical dependency treatment are employed. Most have private employer-based health insurance. Yet of people who received treatment in 2007, only 35 percent reported using private insurance as even a partial source of payment. Over half paid for their care out-of-pocket (data from the 2007 National Survey on Drug Use and Health).

Although many states require some degree of parity, their comprehensiveness and scope varies enormously. The recently passed law protects state laws that are stronger, and it sets a “floor” for plans sold in states that are not. Earlier state parity laws have provided important data on the way that parity works in practice. For example, studies show that health insurance costs do not significantly increase (the Congressional Budget Office estimates that the law will increase insurance premiums by about two-tenths of one percent on average).

The new law follows just three months after Congress did away with discriminatory co-payments for mental health treatment under Medicare, the program for people who are disabled or over age 65. Medicare beneficiaries pay 50 percent for out-patient mental health services but only 20 percent of the government-approved amount for most doctors’ services. The Medicare reform will gradually reduce the co-payment for mental health care to 20 percent over six years. Addiction
treatment is not covered the same way under Medicare and will not be affected by the new law.

After its passage, Rep. Patrick Kennedy thanked addiction and mental health advocates “and the individuals who wrote letters and made calls, for their unyielding support and grassroots efforts to build support [for the parity bill] among their individual House and Senate members.”

“This was a team effort which worked to build support for mental-health parity legislation over the long haul, and all the hard work paid off today,” he said.

Parity advocates hope that the bill will have long-term effects. The ability to access addiction treatment in the same way as other health care can help reduce stigma against treatment, for example. Parity will also allow consumers to be more confident about their level of coverage, thus encouraging them to seek treatment. Lack of insurance coverage/ inability to pay was the number one reason cited for not receiving care by people who knew they needed treatment and were ready to stop using drugs and alcohol, according to the 2007 National Survey on Drug Use and Health.

Parity will help ensure that our health system recognizes substance use disorders as diseases and treats them fairly. However, parity will only be effective if the public is educated about their new coverage, taught that treatment is the most effective way to overcome mental illness or addiction, and shown how to identify mental illness and substance use disorders in themselves and their family members. As advocates, our work is just beginning.

Daniel Guarnera serves as Government Relations Liaison for both NAADAC and the National Association of Addiction Treatment Providers (NAATP). He is responsible for ensuring that the concerns of addiction professionals are heard and addressed by policymakers in Washington, D.C.

For more information on the parity legislation, visit www.naadac.org or contact Daniel at 800.548.0497, ext 129 or daniel@naadac.org.

SECAD Conference Bigger and Better in 2009
New Tracks, Partners Aim for an Unforgettable Experience

Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP

On February 9–11, 2009, after more than 33 years, SECAD will reinvent itself, and in doing so will change the way the addiction profession educates, instructs and informs those in our industry preventing, intervening, and treating addictive disorders.

For the first time SECAD will turn, not to one, but to the two most highly regarded addiction associations in the world, NAATP (The National Association of Addiction Treatment Providers) and NAADAC, the Association of Addiction Professionals, to develop a conference agenda that will work to educate and inspire counselors, trainers, medical professionals, and managers. Together, these two associations will use their vast experience, knowledge, and industry connections to develop sessions and workshops that will educate and inspire. Keynote presentations and panel discussions will highlight and debate key treatment strategies and the impact of new laws that will impact patient rights, insurance, and continuation of treatment.

SECAD 2009 will include a full range of educational opportunities including:

- General session keynote presentation from industry experts
- Panel discussions with recognized industry leaders from treatment, insurance, and government
- Pre-conference workshops to provide small setting highly interactive learning
- Pre-conference ethics lectures for counselors and clinicians needing as many as six continuing education credits
- Knowledge Track Sessions — allowing you to pick from three topic areas each educational hour

This conference is being developed to maximize education time while still providing networking and exhibitor time. By combining all of the educational opportunities attendees can receive credit for up to 20 CEU hours as well as an additional six Ethics continuing education credit hours.

SECAD will be held from February 9–11 at the Sheraton Atlanta Hotel, in Atlanta, Ga. For more information, please visit www.SECAD09.com.

2009 SECAD will be bigger and better than ever before. Improvements in the conference content include:

- An expanded agenda with added tracks that continue to attract treatment professionals, but also include a stronger medical focus that will attract doctors and hospital administrators, as well as a stronger “train the trainer” track.
- A broader geographic reach expanding beyond the Southeast region, resulting in more diverse contacts for sponsors and exhibitors that will include a much larger demographic of trainers, doctors, and hospital administrators, in addition to addiction professionals.
- A partnership with the NAATP and NAADAC to ensure greater consistency of content and a higher level of speakers.

FEES

Early Registration $ 360
(Register before November 19th)

Conference Registration Fee $ 400
(Registration after November 19th)

Ethics Pre-Conference Workshop $ 150
(6 CEUs; separate registration required)

Pre-Conference Workshop $ 150
(6.25 CEUs; separate registration required)
Obama and McCain: Where They Stand on Addiction Issues

Bob Curley, News Editor for Join Together Online

Based on their records, neither John McCain or Barack Obama can really be considered a leader in the drug-policy arena. Still, both appear to have a broader and more nuanced understanding of addiction issues than their White House predecessor, and William Cope Moyers, vice president of external affairs at Hazelden, says that he has “never been more hopeful that addiction treatment will begin to get the attention it deserves, because we at least have two candidates who are aware of the issue.”

“I feel guardedly hopeful that both candidates recognize that alcohol and other drugs should be an integral part of their platforms,” said Moyers.

Up to this point, we’ve heard far more about the candidates’ personal histories involving alcohol, tobacco and other drugs than how either John McCain or Barack Obama would approach treatment and prevention from a policy perspective.

Much has been made, for example, about Obama’s admission that he used cocaine and marijuana in his youth: Billy Shaheen, co-chair of Hillary Clinton’s New Hampshire campaign, was forced to step down in December 2007 after saying that Obama’s admissions would be a liability in the general election. “The Republicans are not going to give up without a fight... and one of the things they’re certainly going to jump on is his drug use,” said Shaheen in an interview with the Washington Post.

McCain has admitted to heavy drinking (but no illicit-drug use) as a youth, and both he and Obama are former smokers. McCain has long been a thorn in the side of the tobacco industry. However, he also has routinely recused himself from votes on matters pertaining to the alcohol industry because his wife, Cindy, heads a large Anheuser-Busch distributor in Arizona — a luxury he won’t have if elected president.

Like many Americans, McCain has a family history of addiction: his father was an alcoholic, and Cindy struggled with an addiction to prescription drugs in the 1990s, including illegally obtaining painkillers from a charity where she worked and filling prescriptions in the names of staff members. That led to a DEA investigation but no criminal charges, with Mrs. McCain diverted into a treatment program instead.

Tom Coderre, national field director for Faces and Voices of Recovery, praised both Obama and McCain for their support of addiction parity legislation and noted that Obama also supported the Second Chance Act of 2007, which provided greater support for offenders reentering society.

“Some advocates have been cautious about McCain’s connections with the alcohol industry,” said Coderre, “but we also know that Cindy McCain is in recovery from addiction, so it’s an interesting dynamic there.”

As a one-term senator, Obama has compiled relatively little legislative history on addiction issues but has made a number of public statements on aspects of drug policy, and his cornerstone campaign document, the Blueprint for Change, includes a number of positions and statements related to alcohol, tobacco and other drug use. McCain’s campaign documents go into less detail on his positions related to addiction issues, but his voting record is longer.

Moyers predicted that regardless of who becomes president this fall, healthcare reform will be coming in 2009 and that it is “imperative that the president and Congress include addiction and treatment in whatever reform ultimately evolves.”

“There will be a lot of issues on the table; let’s just hope that not just addiction but treatment and recovery will be on the agenda,” he added.

Obama: Blueprint for America

Obama’s Blueprint for America spells out the Democratic nominee’s approach to a broad range of issues, including a pledge to sign a universal healthcare plan by the end of his first term as president. “The benefit package will be similar to that offered through Federal Employees Health Benefits Program (FEHBP), the plan members of Congress have,” the Blueprint states. “The plan will cover all essential medical services, including preventive, maternity and mental-health care.” (The FEHBP requires parity coverage of addictive diseases, although this is not explicitly mentioned in Obama’s document.)

Obama cites the need to spend more money on disease prevention. However, the candidate also plans to reinstate pay-as-you-go (PayGo) rules in Congress, meaning any new spending would have to be offset but program cuts or funded with new tax revenues.

Obama’s plan for supporting rural communities includes a pledge to combat methamphetamine. “Obama has a long record of fighting the meth epidemic,” according to the Blueprint. “As President he will continue the fight to rid our communities of meth and offer support to help addicts heal.”

Expansion of drug courts, meanwhile, shows up as a priority in Obama’s civil-rights agenda. “Obama will give first-time, nonviolent offenders a chance to serve their sentence, where appropriate, in the type of drug rehabilitation programs that have proven to work better than a prison term in changing bad behavior,” the Blueprint states.

In his platform on civil rights, Obama cites the need to address sentencing and other disparities that disproportionately impact African-Americans and Hispanics. “Disparities
in drug sentencing laws, like the differential treatment of crack as opposed to powder cocaine, are unfair,” the candidate states.

Among Obama’s military priorities is a pledge to improve mental-health treatment for troops and veterans suffering from combat-related psychological injuries. “Veterans are coming home with record levels of combat stress, but we are not adequately providing for them,” according to the Obama Blueprint.

The Blueprint also includes a pledge to reduce recidivism by providing more support for ex-offenders to fight crime and poverty. “Obama will work to ensure that ex-offenders have access to job training, substance abuse and mental health counseling, and employment opportunities,” the document says. “Obama will also create a prison-to-work incentive program and reduce barriers to employment.”

I’ll Engage Parents, Obama Tells PDFA

In December 2007, the Partnership for a Drug-Free America (PDFA), asked candidates, “If you become President, how will you bolster efforts to reduce alcohol and drug abuse in communities throughout America?” and, “A recent national survey found a significant decline in the number of parents talking to children about the risks of drugs and alcohol. If you become President, how will you encourage parents to engage with their kids on this health issue?”

McCain did not respond to the PDFA questions, but Obama did, citing the need for international cooperation on drug enforcement, expansion of drug courts, strengthening enforcement efforts aimed at methamphetamine, and supporting after-school programs.

“I will promote healthy communities and work to strengthen our public-health and prevention systems,” said Obama. “I will promote healthy environments, which would include restricted advertising for tobacco and alcohol to children and wellness and educational campaigns. I will increase funding to expand community based preventive interventions to help Americans make better choices to improve their health.”

Obama called parents “our first line of defense against alcohol and drug abuse,” but said parents need more resources and information. “My health care plan includes strengthening our public health and prevention infrastructures so that parents get the information they need about substance abuse, and guidance on how to talk about it,” he said. “And my poverty plan calls for the creation of ‘Promise Neighborhoods’ in our cities that will support similar public-health initiatives.”

“Some parents are just not taking the time to engage with their kids on [the drug] issue,” said Obama. “We need to tell parents to turn off the television, put away the video games, and spend some time providing the guidance our children so badly need and desire. Parents need to strike up a conversation with their kids and warn them against the perils of drug use ... I’ve been quite open about my struggles as a young man growing up without a father in the home. I had to learn very early on to figure out what was important and what wasn’t, and exercise my own judgment and in some ways to raise myself. Along the way, I made mistakes. And so I recognize the importance of parents talking to their children and actively engaging them on this issue, and will promote these values as president.”

In other public statements, Obama said he would consider harm-reduc-
tion strategies like needle-exchange programs to fight the spread of HIV/AIDS and would support medical use of marijuana under certain conditions.

“I think it is important that we are targeting HIV/AIDS resources into the communities where we’re seeing the highest growth rates,” Obama told Politico in a Feb. 11, 2008 interview. “That means education and prevention, particularly with young people. It means that we have to look at drastic measures, potentially like needle exchange in order to insure that drug users are not transmitting the disease to each other. And we’ve got to expand on treatment programs.”

When it comes to medical marijuana, Obama told a reporter in March, “I have more of a practical view than anything else. My attitude is that if it’s an issue of doctors prescribing medical marijuana as a treatment for glaucoma or as a cancer treatment, I think that should be appropriate because there really is no difference between that and a doctor prescribing morphine or anything else. I think there are legitimate concerns in not wanting to allow people to grow their own or start setting up mom and pop shops because at that point it becomes fairly difficult to regulate.”

On the other hand, Obama stated in a September 2007 Democratic primary debate that he was opposed to lowering the legal drinking age from 21 to 18.

**McCain’s Interest in Addiction Mostly Indirect**

John McCain’s finest moments on addiction policy during the past decade were related to his early — and impassioned — campaign to regulate the tobacco industry, tax tobacco products more heavily, and limit tobacco advertising. McCain also signed on to the current legislation to give the U.S. Food and Drug Administration the power to regulate tobacco products, but lost points with advocates when he opposed a child-health bill that would have been funded by an increase in the federal tobacco tax.

His current campaign documents, however, mention only a pledge to make smoking-cessation products more available. “Most smokers would love to quit but find it hard to do so,” according to the healthcare position statement on McCain’s campaign website. “Working with business and insurance companies to promote availability, we can improve lives and reduce chronic disease through smoking cessation programs.”

McCain’s healthcare priorities include paying more attention to chronic diseases, although addiction is not explicitly included. “Chronic conditions account for three-quarters of the nation’s annual health care bill,” the statement notes. “By emphasizing prevention, early intervention, healthy habits, new treatment models, new public health infrastructure and the use of information technology, we can reduce health care costs. We should dedicate more federal research to caring and curing chronic disease.”

Addiction issues only get direct attention in McCain’s military priorities, where he tackles the special health needs of veterans and the transition to civilian life. “He supported efforts to provide veterans with treatment for tobacco-related illnesses and substance-abuse problems, and he sponsored legislation to cover mental-health care in military retiree health plans,” the McCain website says. “He has supported numerous bills to help homeless veterans by providing them with counseling, independent living training, and residential treatment programs so that they can address and overcome those ailments that plague many homeless veterans, such as post-traumatic stress disorder and substance abuse.”

McCain has also pledged to impose a one-year freeze on discretionary spending growth and to submit a balanced budget to Congress. He also says he will eliminate government programs that don’t perform; under the Bush administration, a number of key addiction-related programs were identified as nonperforming.

Ontheissues.org, which compiles information on candidates positions on various issues, cited a Project Vote Smart profile from 1998 that said McCain supported stricter penalties for drug crimes, including mandatory sentences for selling drugs and capital punishment for international drug traffickers. He also supported expansion of federal drug education and treatment programs, and said that alcohol should be included in such programs along with illicit drugs.

In 1999, McCain introduced legislation that would prohibit the use of federal funds for methadone maintenance programs unless they worked toward eliminating addiction and featured mandatory drug testing. He also sponsored legislation to establish drug-testing standards for professional sports leagues in 2005.

McCain has opposed marijuana legalization, including for medical purposes. “Every medical expert I know of, including the AMA [American Medical Association], says that there are much more effective and much better treatments for pain than medical marijuana,” McCain said in a September 2007 town-hall meeting in New Hampshire. “I still would not support medical marijuana because I don’t think that the preponderance of medical opinion in America agrees with [the] assertion that it’s the most effective way of treating pain.”

*This article is reprinted from Join Together Online June 6, 2008. You may find the article at: www.jointogether.org/news/features/2008/obama-and-mccain-where-they.html*
Three in Four Likely Voters Believe the U.S. War on Drugs is Failing
Beliefs Span Political Beliefs, Presidential Choice

According to a new nationwide poll released by Zogby International on October 2nd, 76 percent of likely U.S. voters believe the war on drugs is failing. This bleak perspective on the drug war’s likelihood of success spans the political spectrum and includes a great majority of Democrats (86%), Independents (81%) and most Republicans (61%). There is also a conviction that the anti-drug effort is failing by 89 percent of those who intend to vote for Barack Obama for president, as well as 61 percent of John McCain supporters.

When asked about the single best plan to reduce drug trafficking and illicit drug use, 27 percent of respondents believed legalizing some drugs would be the best approach — this broke down to 34 percent of Obama backers and 20 percent of McCain supporters.

One in four of those polled (25%) believe that border interdiction is the best strategy to battle drugs. While 39 percent of McCain supporters thought this was a good tactic, only 12 percent of Obama’s proponents agree.

All-around, 19 percent of respondents said reducing demand through treatment and education should be the primary focus of the war on drugs. Preventing the production of narcotics in countries of origin was the top choice of 13 percent of those polled.

The nationwide poll, conducted Sept. 23–25, queried 4,752 likely voters and has a margin of error of plus or minus 1.5 percentage points.

"Reducing drug trafficking is a demand issue" stated Cynthia Moreno Tuohy, Executive Director of NAADAC. “It’s an internal decision not to use drugs not an external process. Alternatives for people, especially people who do not have economic or social capital, community education and awareness have been shown to be more effective than interdiction. Alcohol and drug abuse and addiction is a brain disease that is passed down from one generation to the next. People can not control genetics either. Interdiction or legalization of drugs will never be the most effective answers for these very reasons.”

Addiction Counselor Contests State Senate Seat
Therapist Promises to Listen to Constituents

In Indiana, addiction counselor Mike Cesnik was elected unanimously by caucus-goers to challenge the incumbent R. Michael Young for the Indiana Senate District 35 seat. Cesnik is a former teacher and retired therapist who holds a MS from Butler University and a MAT from the University of Notre Dame. His three main issues are civil rights, education and the environment.

Since he is a therapist, Cesnik also promises to be a good listener to his constituents. Cesnik is a retired addiction counselor who works at Cornerstone Mental Health Center with clients about ten hours a week. He has also served as a therapist at Meadows Hospital, a caseworker at Big Brothers Incorporated, Indianapolis, and was a Director at Catholic Social Services.

Cesnik currently serves as the Secretary of the Decatur Township Democratic Club, is a leader of the Bible Study Group and a member of the Building Committee for St. Ann Catholic Church, and a member of the St. Vincent de Paul Society. He was a Clinical Member of the American Association of Maritak Family Therapists from 1993–2006.

Senate District 35 includes all of Decatur Township, parts of Wayne and Center Townships, and runs into Johnson and Morgan Counties. Cesnik lives in Decatur Township with his wife Jackie and is a native of Haughville on the Westside of Indianapolis. He is a proud grandparent with five grown children.

NAADAC Presents Two NEW Lifelong Learning Series

New Horizons: Integrating Motivational Styles Strategies and Skills with Pharmacotherapy

and

New Innovations in Opioid Treatment: Buprenorphine

Earn up to 6 Continuing Education Credits

Visit www.naadac.org/learn for more details.
Why I Refer My Clients to Al-Anon
Clients Meet With Success Through Programs

Suzanne Kerner

Al-Anon provides a simple and effective solution for the complex problems that clients present to me on a daily basis. As a licensed counselor and employee assistance professional, I hear about problems with relationships, communication, finances, parenting, the workplace, stress management, depression, conflict, and primary health-care. Almost half of the clients presenting these problems in my daily practice are family members of an alcoholic. Rarely do people identify alcoholism in their loved one during the early and middle stages. Left undiagnosed, it presents serious problems with consequences for the individual, family, and workplace. Clients depend on professionals to name the disease, provide education about it, and link the nonalcoholic to resources for ongoing recovery and support.

There isn’t a laboratory test to determine the effects of alcoholism on the nonalcoholic. Therefore, I ask several questions in my initial assessment. If I receive a negative response to my first question, “Is someone’s drinking causing problems for you?” I ask other questions throughout the interview:
• How would you describe your parents as individuals and their relationship as a couple?
• Tell me about your social life. Where do you go? What do you do?
• How do you and your spouse/significant other talk about your problems?
• When there were/are problems, was/is drinking involved?
Questions such as these elicit information that often needs translation or clarification — so I listen for any unspoken drinking problem that might be present. Drinking is a cultural norm at all levels of society. Ignorance of alcoholism abounds. For families and friends of alcoholics, denial has often meant survival. One can grow up, leave home, divorce, or have an adult child living far away, and still feel effects from the shadows of this illness. Unhealthy patterns tend to repeat themselves in behavior and decision-making. Not many people would knowingly volunteer to be “taken hostage,” yet the disease of alcoholism does exactly that and holds them all silently.

Depending on my clients’ responses to my questions, I often recommend Al-Anon. No one I have referred has been happy to try his or her first Al-Anon meeting, but those who continue to attend always amaze me. I see miraculous changes occur when clients commit themselves to this 12-Step program. Some clients who appear to have histrionic episodes or features of borderline personality disorder settle into more reasonable and consistent behavior. They learn to think, act, and stop reacting to the alcoholic’s chaos. Rigid, compulsive controllers soften after they identify with others, form a common bond, and work Al-Anon’s Twelve Steps. I have seen what appeared to be major depression begin to lift when clients find hope, learn they do not have to feel guilt or shame, and discover ways to empower themselves to improve the quality of their lives. Of course, there are times when another diagnosis exists and needs appropriate treatment. I am convinced that referrals to Al-Anon are a necessary component in the treatment of many who do not know they are affected by someone else’s drinking.

I can’t forget the young professional woman relating her gratitude for Al-Anon, stating her family life was happier and healthier even though her spouse had not yet found sobriety. Not long before, she had sought professional help because her spouse had become a stranger. Their relationship was highly conflicted and financial problems loomed. She was incensed when I suggested that there was a problem of alcoholism. She thought only men under the bridge or sleeping in the doorway were alcoholics — but she accepted my referral to Al-Anon and went because it was free. The education and support she received enabled her to change her behavior to a proactive stance. She found herself better able to function at work and home. She actually began enjoying life, her children, and even her spouse. She hoped her spouse would find help, but she was certain her life and that of her children had been changed for the better. The attitude in their house had become loving and respectful.

Eventually her spouse became abstinent and joined Alcoholics Anonymous. Their children became involved with Alateen. The family situation has been stable and happy for many years now. The children are now adults with children of their own. They maintain love in their homes through Al-Anon’s legacy of recovery.

Other Al-Anon success stories I have seen involve those whose severe circumstances have forced them to separate, divorce, or detach themselves from the alcoholics in their life. They include:
• The middle-aged woman living in abominable circumstances who removed herself from the situation and became radiant, secure, and free of her past. She could not have done this without Al-Anon’s support.

Al-Anon, cont. on page 15
**Milestones**

Now the largest addiction focused membership organization in the United States, NAADAC, the Association for Addiction Professionals, has a proud and long history of serving addiction counselors, educators and other addiction-focused health care professionals. Over the past 35 years, NAADAC’s membership has grown to support over 10,000 addiction services professionals in 46 states, offering trainings, building partnerships and serving as policy advocates. Milestones for NAADAC and the addictions professional include the development of professional standards; the evolution of solid, core ethics; the expansion of prevention, treatment and recovery support funding; development and participation in legislation and policy and the growth of a profession and association that incorporates best practices familiar to all professional organizations.

**NAADAC’s Next Step**

NAADAC has taken the next step — in August of 2007 we moved from an older leased building to a new purchased commercial facility with ample square footage. This new headquarters more clearly reflects NAADAC’s present image and mission as a recognized and dynamic national and international organization.

NAADAC’s *Taking the Next Step!* building campaign is part of the organization’s plan to expand its outreach and services by providing a new home and a permanent resource for its members and the growing addiction services community — both nationally and internationally. More than just bricks and mortar, this new building will help guarantee the organization’s long term financial strength and form a foundation for more growth, services and advocacy in the future for its members and partners.

“Addictions Counseling has now matured and taken a recognized position as a profession. Part of the maturing is leaving a legacy to the next generation who will carry the profession of addictions counseling. It is to this effort that we have not just purchased a *building*, but leave a legacy for them to *build* from and upon” said Don Osborne, President-Elect of NAADAC. “This new home is a representation of our commitment to the profession and the place that our professionals hold in the world.”

**Preparing for the Future**

In 2007, NAADAC purchased a new home which has advantageous tax laws for non-profit associations.

Our permanent headquarters on the Potomac River waterfront in Alexandria, Va. has 9,385 square feet on the second floor of a six-storied, condo commercial building.

NAADAC will be able to offer office space for collaborative and future business associates with a goal of bringing greater unity and cooperation to the addiction field.

NAADAC welcomes members and associates to trainings and educational sessions in the new facility.

**NAADAC’s Leadership Team**

To secure its new national headquarters, NAADAC seeks to raise a half million dollars over the next two years. To accomplish this goal we need your financial investment, creative energies and personal support of NAADAC’s members, leaders and staff. Two long time supporters serve as co-chairs of NAADAC’s building campaign: Mel Schulstad, the first president of NAADAC and Tom Van Wagner of Van Wagner Insurance. A national team of addiction professionals have also agreed to serve on the leadership team to provide ongoing support to NAADAC’s campaign.

Recovery from addiction has always been about partnerships. No one recovers alone – families, friends, addiction and mental health professionals, community groups, educators, lawmakers, and private companies must work collaboratively to address this growing societal problem that destroys not just individual lives and relationships, but also devastates communities socially and economically.

Individual members have kicked off the campaign and NAADAC knows it cannot meet its campaign goal without your support. Only by working together — one step at a time — can NAADAC achieve its mission to “lead, unify and empower addiction-focused professionals through education, advocacy, knowledge, standards of practice, ethics, professional development and research” (Mission Endowment, cont. on page 14)
Endowment, from page 13

Statement, 1998). Together, we can — and will — make a difference!
Your gift will help NAADAC, the Association for Addiction Professionals to support its new national headquarters which serve as its permanent home. The new national headquarters will help NAADAC achieve its vision of being the “premiere global organization of addiction/focused professionals who enhance the health and recovery of individuals, families, and communities” (NAADAC Vision Statement 1998).

Questions?
For more information about the campaign, and corporate or foundation giving, please contact Cynthia Moreno Tuohy, NAADAC’s Executive Director, at 800.548.0497, ext 119 or e-mail cmoreno@naadac.org

New Organizational Members Join NAADAC
Welcome Members from California, Georgia, New Zealand, Utah, Vermont, and West Virginia

Donna Croy, NAADAC Director of Member Services

NAADAC would like to welcome six new Organizational members:

California
Intervention Treatment – Visit their website at www.interventiontreatment.com or contact William Donovan, Co-Founder at 28202 Cabot Road, Suite 205, Laguna Niguel, CA 92677, phone: 949.267.4102 or email: bj@interventiontreatment.com.

Georgia
New Horizons Community Service Board – Visit their website at www.newhorizonscsb.org or contact Sherman Whitfield, Clinical Director, P.O. Box 5378, Columbus, GA 31906-0328, phone: 706.596.5515 or email: swhitfield@newhorizonscsb.org.

New Zealand
Serenity Clinic – Visit their website at www.serenitynz.com or contact Mr. Murdoch, 31 Lincoln Road, Henderson, West Auckland, New Zealand, phone: 64.21.886327 or email: murdoch@serenitynz.com.

Utah
Ark of Little Cottonwood – Visit their website at www.thearkoflittlecottonwood.com or contact Gloria Boberg, Executive Director, 2919 Granite Hollow, Sandy, UT 84092, phone: 801.301.9700 or email: nanaboberg@aol.com.

Vermont
Phoenix Houses of New England, Vermont – Visit their website at www.phoenixhouse.org or contact Richard Turner, Senior Program Director, 99 Ricks Road, Plymouth, VT 05056, phone: 802.672.2500 email: rturner@phoenixhouse.org.

West Virginia

For information about how your organization can become a NAADAC Organization member, please visit www.naadac.org and click on “Membership.”

Levels of Giving
All donations are tax deductible through the NAADAC Education and Research Foundation (NERF). NERF is a registered 501(c)3 non-profit organization. There are several levels of giving to choose from:

<table>
<thead>
<tr>
<th>DONOR LEVEL</th>
<th>GIFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor ($35)</td>
<td>NAADAC Capital Campaign Pin</td>
</tr>
<tr>
<td>Sponsor ($50)</td>
<td>NAADAC Endowment Brick</td>
</tr>
<tr>
<td>Patron ($75)</td>
<td>NAADAC Polo Shirt</td>
</tr>
<tr>
<td>Director’s Club ($100)</td>
<td>NAADAC Endowment Coffee Mug</td>
</tr>
<tr>
<td>Executive’s Club ($200)</td>
<td>NAADAC Briefcase</td>
</tr>
<tr>
<td>President’s Club ($500)</td>
<td>NAADAC Pocket Watch</td>
</tr>
</tbody>
</table>
I love this quote by Gandalf the Gray from the book *Lord of the Rings* by J. R. R. Tolkien, “When we despair we cease to choose well. We give in to short cuts.” It’s so true and we all know that we have been guilty of it at some point in our lives.

It reminds me of the dot com bubble that burst in March of 2000 and caused the stock market to crash. I remember those heady days of “irrational exuberance” as Federal Reserve chairman, Alan Greenspan referred to it. It seemed like everyone was worried they were going to miss out on the digital revolution. They were motivated by the dreams of easy money. It was all about taking a short cut.

Several internet start up businesses approached me to help them promote their new internet ventures in exchange for stock options. I looked at a couple of cobbled together companies that were little more than a guy with a website and the hopes of mining some venture capital. The idea was to generate web page hits with a clever name or gimmick, sell a ton of stock at the Initial Public Offering, then retire a millionaire. I decided to stick with those willing to pay in cash.

After the burst, I read about a repo man in Silicon Valley who repossessed the expensive cars of former internet millionaires. He reported that he frequently found dozens of losing lottery tickets in the cars — evidence that the former car owners were acting out of despair and looking for short cuts back to the elusive wealth that had slipped from their grasp.

Beverly Sills, the famous opera soprano, once said, “There are no shortcuts to any place worth going.” But, too often when times are good we pile on the responsibilities. Later on when we encounter adversity, we look backwards instead of forward. We attempt to go back to where we enjoyed success in the past even when it is counter-productive to our current goal.

In my seminars on innovation I conduct a fun exercise that demonstrates how we frequently feel we must go backwards before we can go forward. A volunteer from the audience is selected and sent out of the room. The audience chooses a simple behavior they want the volunteer to do (like jumping up and down on their left foot). What makes it fun is that the volunteer must guess the behavior. The audience can only help by saying the word, “yes” when the volunteer does anything that comes close to the desired behavior. They are not allowed to say, “no” or give any other hints.

Once the volunteer performs the desired behavior, the audience rewards him or her with a round of applause. I ask for a second volunteer, but this time we change the rules after the person leaves the room. When the desired behavior is reached, the audience goes silent, says nothing, and gives no applause. Since the volunteer is no longer getting feedback in the form of “yes” he or she will go back and repeat behaviors that did elicit a “yes.” The audience, however, remains silent.

As we watch the volunteer, we can see despair forming on his or her face. The volunteer will then go further backward to find a previous behavior that generated success. Eventually the volunteer quits going backwards and starts initiating brand new behaviors in the hopes of regaining another, “yes.” It is after several new behaviors are performed that the audience is signaled to applaud and reward the volunteer for his or her efforts. The purpose of the exercise is to force the volunteer to backtrack to the point that they realize success can only be found by moving forward.

In life, the trick is to stay focused even when our luck seems to be changing. We may have to slow down or make changes in our methods, but the goal must remain the same. Henry David Thoreau observed, “We rarely hit where we do not aim.” In other words, if you’re moving backward you are moving away from your goal... and it’s hard to hit a target when you’re facing the wrong direction.

Robert Evans Wilson, Jr. is a motivational speaker and humorist. He works with companies that want to be more competitive and with people who want to think like innovators. For more information on Robert’s programs, please visit www.jumpstartyourmeeting.com.

---

**Al-Anon, from page 12**

- The parents who tried every intervention possible and then allowed their teenaged son to feel the natural consequences of his drinking behavior
- The 30-something client who has decided not to return to the family of origin for more horrific holidays
- The middle-aged executive who finally got the courage to intervene in his wife’s drinking
- The grandparents raising their grandchild due to parental drinking
- The teenager learning he is not to blame for his parents’ drinking and that he can succeed in school and life

All of those clients have learned through Al-Anon to accept their powerlessness over the disease of alcoholism, detach themselves from the harmful effects of problem drinking, and use the love they have found in the program. Young or old, rich or poor, male or female, of all beliefs or disbeliefs — each member can find a common bond that crosses cultural barriers, educational levels, and vocations. Al-Anon makes a difference. The price is right. Client outcomes improve dramatically. Understanding can pass to succeeding generations. As a professional, I name the hidden illness, refer clients to Al-Anon, and coach them to commit to a healthy Al-Anon group and get a Sponsor. With the help of Al-Anon, they do the rest and become their best.

Suzanne Kerner serves as the Director of the Southern New Hampshire Employee Assistance Program in Nashua, N.H.
NAADAC Launches New Learning Series
Details for These and Other Opportunities at www.naadac.org/learn

Donovan Kuehn, Director of Operations and Outreach

NAADAC has launched two new Lifelong Learning series:
New Horizons: Integrating Motivational Styles Strategies and Skills with Pharmacotherapy and New Innovations in Opioid Treatment: Buprenorphine. The two seminar series will be hosted throughout the nation in 2008 and 2009 and participants will earn six continuing education credits.

A few details about the educational opportunities:

This learning series will educate participants on motivational approaches to help alcohol dependent clients make positive behavior change in their lives. Seminars will discuss how addiction counselors and other helping professionals can utilize a motivational style in addiction treatment and integrate appropriate motivational strategies to help alcohol dependent clients move through the Stages of Change.

Seminar Objectives
1. Discuss the integration of motivational styles, strategies and skills into counseling alcohol dependent clients.
2. Recognize the differences between the four FDA-approved pharmacotherapies for alcohol dependence.
3. Review the Stages of Change model and how to utilize motivational approaches at each Stage.
4. Apply knowledge presented during the educational seminar in group exercises and role plays.
5. Discuss methods to overcome treatment obstacles and matching clients to the most appropriate therapy.
6. Translate information presented during the educational seminar to clients, families and colleagues.

Training Sites
The kickoff session has already been held in Anchorage, Alaska, with subsequent seminars to be held in Denver, Detroit, Tulsa, Okla., San Antonio, Tex., Las Vegas, Cincinnati, Boston and Overland Park, Kan. Please visit www.naadac.org/learn for full seminar details.

New Innovations in Opioid Treatment: Buprenorphine

The goal of this learning series is to bring together addiction professionals to discuss medication-assisted treatment and to present unbiased information that can be used to assess the best possible treatment for patients.

This educational program will discuss the four facets of opioid dependence and addiction (biological, psychological, social and spiritual), addiction as a disease and the scientific evidence to support this claim. This seminar will also address the three FDA-approved medications for opioid dependence, applying strategies to match patients to the most appropriate therapy, methods of motivating patients in opioid dependence treatment and building cooperative relationships between addiction professionals and prescribers.

Seminar Objectives
Explore common misperceptions and biases regarding medication-assisted treatments for opioid dependence.
1. Learn the psychopharmacology of opioid dependence.
2. Recognize the differences between the three FDA-approved medication-assisted treatments for opioid dependence.
3. Identify at which stage of treatment medication-assisted treatment for opioid dependence is effective.
4. Discuss the clinical aspects of medication management in the treatment setting, including: client selection, adherence issues, treatment planning and ongoing assessment.
5. Review and discuss case studies and strategies for ensuring successful client outcomes.
6. Discuss methods to overcome treatment obstacles and matching patients to the most appropriate therapy.
7. Translate information presented during the educational seminar to clients, families and colleagues.

Training Sites
The kickoff session has already been held in Overland Park, Kan., with subsequent sessions being held in Nashville, Houston, Chicago, Corpus Christi, Tex., San Francisco, Boston, Vancouver, Wash., Philadelphia, Atlanta, Orlando, New York City and Washington, D.C. Please visit www.naadac.org/learn for full seminar details.
Thanks to All of Our Exhibitors, Sponsors and Advertisers

Platinum Sponsor

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

NIDA
NATIONAL INSTITUTE
ON DRUG ABUSE

Forest Laboratories, Inc.

Gold Sponsor

Kansas Department
of Social &
Rehabilitation
Services

Addiction
Recovery Center

Substance Abuse Center of Kansas

Gold Institute
LGBT MENTAL HEALTH & CHEMICAL DEPENDENCY CARE

Silver Sponsor

ADDICTION
& Behavioral Healthcare

Heartland Regional Alcohol & Drug Assessment Center

Alternatives

Bronze Sponsor

The Vandergrift Group

Valle fastest
ASSOCIATION

International University for Graduate Studies

Copper Sponsor

English Mountain Recovery

Danya International, Inc.

Diamond Sponsor

 Associates for Human Potential
“For more than 30 years, NAADAC has been the leading advocate for 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

### 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, if applicable.

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

- **NOTE**: 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, if applicable.

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

  (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**

- **NOTE**: From whom and where did you hear about NAADAC

### FEE COMPUTATION

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

- Donation to the NAADAC Education and Research Foundation
  
  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-focused profession. Donations to the NERF are tax deductible.

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

  The NAADAC PAC is the only national Political Action Committee dedicated exclusively to advancing addiction treatment, prevention and research. Choose your level of commitment and receive a pin and mention in the NAADAC News.

  - President’s Club $300  **NAADAC Advocate $50**  **$_____ Other**
  - Champion $200  **$_____ Other**
  - Leadership Circle $100

**Donation to the NAADAC Endowment**

The NAADAC Endowment is focused on special initiatives supporting addiction professionals including education, scholarships and supporting the NAADAC Building Fund. Donations to the NAADAC Endowment are tax-deductible through the NAADAC Education and Research Foundation (NERF), a registered 501(c)(3) non-profit organization.

- **$200**  **$100**  **$50**  **$25**  **$_____ Other**

**TOTAL AMOUNT ENCLOSED**

**PAYMENT INFORMATION**

- **CHECK**

  (payable to NAADAC)

  - **$_____**

- **CREDIT CARD**

  - **VISA**
  - **MASTERCARD**
  - **AMERICAN EXPRESS**

### MAIL YOUR APPLICATION WITH CHECK TO:

NAADAC

1001 N. Fairfax Street, Suite 201

Alexandria, VA 22314

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

800.377.1136 or 703.741.7698

**ACCOUNT NUMBER**  **EXP. DATE**  **SIGNATURE**

**Total Membership Fees by State:**

<table>
<thead>
<tr>
<th>State</th>
<th>Professional</th>
<th>Associate</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>$110</td>
<td>$89</td>
<td>$57.50</td>
</tr>
<tr>
<td>Alaska</td>
<td>$120</td>
<td>$99</td>
<td>$57.50</td>
</tr>
<tr>
<td>Arizona</td>
<td>$120</td>
<td>$99</td>
<td>$47.50</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$85</td>
<td>$64</td>
<td>$42.50</td>
</tr>
<tr>
<td>California</td>
<td>$85</td>
<td>$64</td>
<td>$42.50</td>
</tr>
<tr>
<td>Colorado</td>
<td>$135</td>
<td>$114</td>
<td>$57.50</td>
</tr>
<tr>
<td>Connecticut</td>
<td>$135</td>
<td>$114</td>
<td>$57.50</td>
</tr>
<tr>
<td>Delaware</td>
<td>$95</td>
<td>$74</td>
<td>$50.00</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>$135</td>
<td>$114</td>
<td>$57.50</td>
</tr>
<tr>
<td>Florida</td>
<td>$135</td>
<td>$114</td>
<td>$57.50</td>
</tr>
<tr>
<td>Georgia</td>
<td>$145</td>
<td>$124</td>
<td>$62.50</td>
</tr>
<tr>
<td>Hawaii</td>
<td>$105</td>
<td>$84</td>
<td>$42.50</td>
</tr>
<tr>
<td>Idaho</td>
<td>$110</td>
<td>$89</td>
<td>$42.50</td>
</tr>
<tr>
<td>Illinois</td>
<td>$115</td>
<td>$94</td>
<td>$47.50</td>
</tr>
<tr>
<td>Indiana</td>
<td>$135</td>
<td>$114</td>
<td>$67.50</td>
</tr>
<tr>
<td>Iowa</td>
<td>$115</td>
<td>$94</td>
<td>$47.50</td>
</tr>
<tr>
<td>Kansas</td>
<td>$180</td>
<td>$159</td>
<td>$90.00</td>
</tr>
<tr>
<td>Kentucky</td>
<td>$110</td>
<td>$89</td>
<td>$47.50</td>
</tr>
<tr>
<td>Louisiana</td>
<td>$85</td>
<td>$64</td>
<td>$42.50</td>
</tr>
</tbody>
</table>

**State:**

- **Maine** $115  **Maryland** $125  **Massachusetts** $130  **Michigan** $140  **Minnesota** $115  **Mississippi** $135  **Missouri** $105  **Montana** $115  **Nebraska** $117  **Nevada** $115  **New Hampshire** $115  **New Jersey** $135  **New Mexico** $115  **New York** $145  **North Carolina** $120  **North Dakota** $115  **Ohio** $120  **Oklahoma** $105  **Oregon** $120

**State Professional Associate *Student**

- **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**

- **N/A**

**Proof of status MUST accompany application**

- Italics indicate non-affiliate states. NAADAC dues are subject to change without notice. 10/08

**NOTE:** NAADAC dues are subject to change without notice.
Help Wanted! Selections from the NAADAC Online Career Classifieds

For help in finding or placing employment notices, please visit www.naadac.org and click on “Employment.”

California Counselor (Part Time to Full Time)
A. Lujan Recovery Programs Inc. is a private company that provides substance abuse/dependency treatment for adults at all levels of care. Seeks qualified, clinically savvy, experienced in CD treatment, counselors. Position entails: providing group facilitation daily, working with adult individuals on treatment planning, assisting individual case needs, medication monitoring, participation in treatment team milieu as well as external collaterals, completion of treatment plans/interventions/case notes and facilitation of educational lectures/groups.

Qualifications include: experience in case management/social work, strong skills and experience in chemical dependency treatment as well as skills and experience working with some mental health populations, ability to multi-task, strong team player, a desire to work with this population, NCACA/CAADAC/CAADTE or RAS certified, a thorough understanding of recovery principles and the 12 steps of AA/NA. Spanish speaking/bilingual a strong plus due to our demographic.

A. Lujan Recovery Programs is a progressive organization that believes in a “holistic” approach to chemical dependency treatment, which includes a healthy staff atmosphere. Our philosophy and commitment to ongoing state of the art trainings keep us in the forefront of treatment. You can view our program, philosophy and services offered at www.alujanrecovery.com. Send resume/cover letter via e-mail to: rayala@alujanx.com.

• Compensation: TBD
• Principals only. Recruiters please don’t contact this job poster.
• Please do not contact job poster about other services, products or commercial interests.

Antigua Medical & Wellness Services Supervisor
Crossroads Centre is a rehabilitation facility that provides treatment care for persons who suffer with addictions. Our facility is located at Willoughby Bay, St. Phillips, Antigua.

We are seeking to employ a fulltime Medical/Wellness Specialist who will be responsible for providing monitoring and management of the nursing, medical and wellness care services of the organization. The applicant must be:

• Experienced in managing a nursing dept. with responsibilities for the development of policies, procedures and fiscal management.
• Skilled in providing direct supervision to a nursing service and working with physicians.
• Familiar with holistic forms of medical care, stress management and relaxation techniques
• Experienced in working with a wellness team that includes yoga, massage, acupuncture and fitness instructors.

Other Requirements include:
• Five years experience in the field of addiction services as a nurse.
• Current certification as a Registered Nurse with Certification in Addictions preferred.
• Computer skills in working with electronic medical records.

• Superb communication skills both verbal and written.
• Ability and willingness to work with a diverse team.
• Possession of a college degree; Master’s preferred
• Comprehensive benefits package and relocation fees included. Interested persons should submit an application, curriculum vitae/resume and their salary expectations to: The Human Resources Office, Crossroads Centre, P.O. Box 3592, St. John’s, Antigua, West Indies, fax 268.562.0035 or email hrddept@crossroadsantigua.org. No phone calls please. We thank you in advance for your interest: only those selected for interview will be contacted.

Antigua Admissions Coordinator
Crossroads Centre, Antigua is seeking a fulltime Admissions Coordinator. Crossroads Centre provides quality, affordable addiction treatment to an international client base. Crossroads is a private, non-profit, residential 12-step program, founded by Mr. Eric Clapton, located in Antigua, West Indies. We offer a unique holistic program that combines traditional and complementary therapies to provide a whole per-person approach to recovery. www.crossroadsantigua.org. This position is stationed in Antigua, West Indies. The successful candidate will:

• Have a Bachelor’s in counseling or nursing (minimum)
• Have an addiction counselor certification from a recognized certification board.
• Have a minimum of three years of direct admissions, counseling or nursing experience in a drug and alcohol treatment environment
• Have experience assessing, screening, diagnosing and evaluating individuals for alcoholism and chemical dependency as well as co-occurring disorders
• If recovering must have at least five years of continuous recovery and sobriety
• Exemplify and maintain high professional standards, including but not limited to excellent confidentiality and ethical standards
• Have superb communication and listening skills
• Be proficient with keyboard skills and computer use: Word, Excel, Internet skills. Experience working with an electronic medical record system a definite asset
• Have a keen desire to offer superb customer service
• Experience working and/or living in diverse cultures a definite asset

Job responsibilities include:

• Conducts client pre-admission screenings, evaluations and intake procedures.
• Responds to all telephone and email enquiries
• Responsible for facilitating the entire admission process – assessment, financial, reimbursement, professional consultations
• Prepares statistical and narrative reports as required
• Participates in community outreach
• Maintains relationships with professional referrals
We offer a competitive salary commensurate with experience and education/credentials. Comprehensive benefits package and relocation fees included. Applications can be sent in confidence to: Crossroads Centre Antigua Human Resources Dept., P.O. Box 3592, St. John’s, Antigua, West Indies, Attn: L. Noverly edwards-Anderson. Interested persons should submit an application, curriculum vitae/resume and their salary expectations to: the Human resources office, Crossroads Centre, Antigua, West Indies, fax 268.562.0035 or email hrddept@crossroadsantigua.org. No phone calls please. We thank you in advance for your interest: only those selected for interview will be contacted.

Posted October 15, 2008

Antigua Therapists and Assistant Clinical Director
Now Hiring Therapists and an Assistant Clinical Director for new inpatient substance abuse treatment center in Martin County, Fla. Starting salary range $40,000–$70,000 per year plus benefits based on qualifications. Contact Jason Ackner at 561.307.4943 for more information or send your resume to jta@completebuilingsolutionsinc.com. Posted October 15, 2008

Florida Licensed Chemical Dependency Counselor (LCDC)/Youth Counselor
A prominent Dallas-based nonprofit agency is looking for a talented counselor to work with at-risk youth. Are you interested in counseling and therapeutic approaches to youth services? Do you want to positively impact a young person’s life? Then you are the person we have been looking for!

The Counselor provides case management, assessment, service planning, advocacy and referral, short-term individual and family counseling, and community outreach for an intervention program for alcohol, drug, and tobacco substance abuse targeted to youth ages 10–17. Perform screening/intake and assessment of all youth and families entering the program, coordinate admission process into Promise House programs with case managers, work with program staff to provide necessary tests/screenings for assessments for each participant in the program, develop/facilitate groups, provide short-term individual/family counseling for youth and families dealing with substance abuse related issues, provide referrals to services within/outside of Promise House as necessary, represent the agency to the community in prevention/intervention educational programming. Advise for the youth’s emotional and educational needs, develop action-oriented treatment plans, and provide individual, family, and group-based learning opportunities. Work as a collaborative member of a large interdisciplinary team that includes case managers, therapists, educators, and program leadership. Develop close relationships with other community-based and service providers developing referral sources for adjunct services.

Position Requirements:
• Bachelor’s in a social service-related field required; advanced degree in related field highly desired. Licensed Chemical Dependency Counselor or Certified Prevention Specialist designation required.
• Minimum of 2 years’ experience working with youth and their families in a substance abuse prevention/intervention environment.
• Strong written and oral communication skills, able to work independently, often in non-traditional settings.
• Bi-lingual (Spanish/English – written and spoken) candidates are strongly encouraged to apply.
• Experienced user of MS-Office Suite and comfortable working with Web-based applications.
• Ability to use personal vehicle for business-related travel; must have a current Texas drivers license.

Promise House is an equal employment opportunity employer and a nonprofit 501(c)(3) organization. We offers competitive pay and a rich benefit package that includes 100% employer-paid health, dental, vision, LTD, life insurance, plus FSA and retirement. DID YOU KNOW? Promise House has an active, free internship program for LPC and LMFT candidates.

Interested applicants may apply online: www.promisehouse.org Click on ‘Employment Opportunities’ at the bottom left side of the page. Posted October 15, 2008
November 11, 2008
NAADAC Office Closed

November 12–14, 2008
Florida NAADAC 2008 Annual Conference
Hawthorn Suites West Palm, 301 Lamberton Dr., West Palm Beach, FL 33401
Earn up to 18 CEs!
Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.

November 13, 2008
VAADAC Board Meeting
Details on the agenda and location, contact Jennifer Johnson at 804.527.6222 or jjohnson@rhcc.com.

November 14, 2008
Turf Valley Resort and Conference Center. Contact NAADAC at 703.741.7686 or Marilyn Kuzsma at 410.285.9694 or markuzsma@comcast.net

November 26–27, 2008
NAADAC Office Closed (7:00PM)

December 5–12, 2008
NAADAC National Certification Commission
NCAC I, NCAC II And MAC Testing Period
The Professional Testing Company administers testing for the NAADAC National Certification Commission. Details on fees or to download an application form, http://www.ptcny.com/clients/NCC

December 5, 2008
MAADAC Annual Membership Meeting & Holiday Breakfast
Doubletree Westborough Hotel. Computer Dr., Westborough, MA. Starts at 8:30AM. Contact Linda Mullis at 413.330.9828 or cadacim@cox.net or visit www.maadac-ma.org

December 24–25, 2008
NAADAC Office Closed

Wednesday, December 31, 2008
NAADAC Office Closed

January 8, 2009
VAADAC Board Meeting
Details on the agenda and location, contact Jennifer Johnson at 804.527.6222 or jjohnson@rhcc.com.

January 15, 2009
NAADAC National Certification Commission
2009 testing application deadline for NCAC I, NCAC II and MAC.
Testing Dates: March 7–14
The Professional Testing Company administers testing for the NAADAC National Certification Commission. Details on fees or to download an application form, http://www.ptcny.com/clients/NCC

February 22, 2009
NAADAC National Certification Commission
Application Deadline For Adolescent Specialist Endorsement Examination
Examination Dates: April 11–25, 2009
The Professional Testing Company administers testing for the NAADAC National Certification Commission. Details on fees or to download an application form, http://www.ptcny.com/clients/NCC

March 7–14, 2009
NAADAC National Certification Commission
NCAC I, NCAC II And MAC Examination Period
The Professional Testing Company administers testing for the NAADAC National Certification Commission. Details on fees or to download an application form, http://www.ptcny.com/clients/NCC

March 8–10, 2009
Advocacy In Action Conference 2009
Washington, D.C.
Get involved and help shape the views of the nation’s lawmakers. The NAADAC/NAATP Advocacy in Action conference will focus on legislative issues affecting the addiction-focused professionals and treatment providers. Hotel: Doubletree Hotel Crystal City 300 Army Navy Dr., Arlington VA 22202, toll-free 866.999.8439 or 703.416.4100, $194. Room Rate Cut-off: Friday, February 6, 2009. Watch for a brochure coming to your inbox! Details at www.naadac.org, 800.548.0497.