Editor’s Note

Writing this edition in the middle of the winter, it is sometimes hard to remember that spring is just around the corner. And with spring comes the possibility of growth and opportunity. That’s how I think we should look at NAADAC’s advocacy efforts — an opportunity for growth.

Candidates for the Presidency have been traversing the nation, and drawing interest from people who have been disengaged from the political process. Members of NAADAC and NAATP (the National Association for Addiction Treatment Providers) also have the opportunity to reach out and connect with the nation’s lawmakers. Never before have we been so close to implementing parity, and almost daily it seems that more evidence is discovered reinforcing NAADAC’s view that addiction is a brain disease.

But opportunities, like anything else, must be grasped and utilized. Without NAADAC and NAATP advocates taking their voices to the nation’s capital, the legislators lose their opportunity to learn from the most knowledgeable sources on addiction policy.

To find out how you can make a difference, please look at the articles on pages 8, 10 and 16, or read more about the Advocacy in Action Conference on pages 6 and 7.

2008 will be an exciting year. Let’s make some history!

Donovan Kuehn
NAADAC News Editor
MESSAGE FROM NAADAC’S PRESIDENT

Spread the Hope!
NAADAC is Committed to Making Our Voices Heard

Patricia Greer, BA, LCDC, AAC, NAADAC President

On a recent call with our new joint government relations committee, I was privileged to hear the thoughts of many experienced professionals from around the country who are serving on the committee. Co-chaired by Jerry Schmidt and Ken Ramsey, they have a list of multiple concerns, but I’ll list their selections for attention from the federal perspective:

Primary Federal Issues
• Insurance parity for addiction
• Workforce development initiatives (including loan forgiveness, scholarships, Health Professionals Substance Abuse Education Act, etc.)
• Veterans’ access to addiction treatment
• SAMHSA Reauthorization (clarifying “behavioral health” language, strengthening SAMHSA, etc.)
• Appropriations (funding) for the Substance Abuse Prevention and Treatment Block Grant, National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, etc.
• Second Chance Act and other prisoner reentry initiatives
• Medicare/Medicaid coverage of addiction treatment
• Combating stigma and raising the profile of recovery through media engagement, etc.

Secondary Federal Issues
• Alcohol tax (oppose current efforts to cut it)
• Online prescription drug abuse, methamphetamine, and other “emerging” drugs
• Ensuring addiction professionals and treatment providers can access the prescription drugs needed for effective treatment (buprenorphine, methadone, etc.)
• Tobacco regulation (under the Food and Drug Administration) and labeling
• Population-specific addiction-focused legislation (Homeless Access to Recovery Through Treatment Act, AIDS-focused legislation, etc.)
• Emergency response-related bills (reactions to Hurricane Katrina, etc.)
• Higher Education Act drug penalty that stigmatizes those in recovery
• Anti-drug marketing campaigns (oversight, effectiveness, messaging, etc.)
• Crack vs. powder cocaine sentencing disparities

If just reading the list makes you wonder just how big the army is that is going to carry all of these concerns forward, let me assure you that it isn’t big enough!

We need you to sign up and adopt the role of advocate. Advocacy is the means for bringing attention to the issues that are directly relevant to you as a practicing addictions professional to your elected representatives.

You may already have gone to your city council, county commissioners court, state elected representatives, congressperson, or senator on behalf of one aspect of services or another, but we are gearing up to develop the sophistication necessary to have a comprehensive strategy for alerting every elected official that treatment works, and that the people who should be delivering the services are all the trained chemical dependency counselors working in our country today.

By joining with NAATP (National Association of Addiction Treatment Providers), NAADAC is committing every possible resource to making our voices heard by the decision makers who allocate the dollars for treatment, research, and prevention. If you think that the list missed an item, please alert our Government Relations Liaison, Daniel Guarnera (dguarnera@naadac.org). The committee may add your identified issue into our work.

At a time when our nation is besieged by many substance abuse related events that are on the news each day, we carry the hope for restoring health and recovery to each family battered by addiction, and treatment to those who need it. However, without funding, without access to treatment, we will fail in our mission to provide for those who need help. It is our ethical obligation to speak out for those who need the help that is out there, and to ask for even more help — more prevention, more community based treatment, more halfway facilities, more research and more hope!

I encourage you to hop on the advocacy band wagon this March in Washington, D.C., and bring your unique message home to our nation’s capitol. March 9–11, 2008. Go to www.naadac.org for registration and hotel and travel information. I hope to see you there!
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 2008, NAADAC members will be voting on three officers of the Executive Committee, as well as four Regional Vice Presidents. All positions are for two-year terms.

Following are the positions open for election.

**President-Elect**
*Represents all NAADAC members.*

The President-Elect becomes the President of NAADAC after serving his or her term and performs the President’s duties if the President is absent or disabled.

**Candidates**
1. Must be a current member in good standing of NAADAC (Active Membership).
2. Must have been actively engaged in the addiction profession for the past two years.
3. Must have two years of Board of Directors experience on either the NAADAC Board of Directors or a NAADAC Affiliate Board, chaired a NAADAC committee, or served as a Commissioner on the NAADAC Certification Commission.

**Secretary**
*Represents all NAADAC members.*

The Secretary is responsible for keeping and preserving the oversight of meeting records in the books of the Association, and distribution of true minutes of the proceedings.

**Candidates**
1. Must be a current member in good standing of NAADAC (Active Membership).
2. Must have been actively engaged in the addiction profession for the past two years.
3. Must have two years of Board of Directors experience on either the NAADAC Board of Directors or a NAADAC Affiliated board, chaired a NAADAC committee, or served as a Commissioner on the NAADAC Certification Commission.

**Campaigning Guidelines**

Information on candidates will appear in the April issue of the *NAADAC News* and the NAADAC website, www.naadac.org. There should be no other campaign activities by the candidates. Any written materials, except materials produced and distributed by NAADAC, are prohibited. This includes self-initiated articles for publication in state or local or professional publications or editorial comments submitted in any of those publications as well. All ballots are sent directly to an independent auditor.

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 ballots are destroyed after 30 days after all candidates are notified of the election results. Any candidate challenging the results of an election must notify the Chair of the NAADAC Nominations and Elections Committee within 30 days of the balloting.

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.
Treasurer
Represents all NAADAC members.

The Treasurer shall report on the finances of the association and shall develop and review the fiscal policies, review of the annual budget and serve as Chair of the Finance Committee.

Candidates
1. Current member in good standing of NAADAC.
2. Must have been actively engaged in the addiction profession for the past two years.
3. Must have two years of Board of Directors experience on either the NAADAC Board of Directors or a NAADAC Affiliated Board, and chaired a NAADAC committee, or served as a commissioner on the NAADAC Certification Commission.

Regional Vice Presidents
Regional Vice President terms run for two years.

Mid-Atlantic Regional Vice President
Represents New Jersey, Delaware, Pennsylvania, Virginia, the District of Columbia, Maryland & West Virginia.

Mid-South Regional Vice President
Represents Arkansas, Louisiana, Oklahoma & Texas.

Northeast Regional Vice President
Represents Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island & Vermont.

Northwest Regional Vice President

Regional Vice Presidents provide regional identity and facilitate communication between states and NAADAC.

Candidates
1. Must be a current member in good standing of NAADAC.
2. Live in the region represented.
3. Have two years of experience on either the NAADAC Board or a NAADAC Affiliate (State/Chapter/International Association) Board.
4. Must have been actively engaged in the profession of addiction for the past two years.

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

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 Committee seeks nominations from the membership. All nominations must be submitted no later than February 15, 2008.

For more information on NAADAC’s elections, to find job descriptions for the NAADAC executive positions or to download a nomination form, please visit www.naadac.org. For more specific information, please call 800.548.0497, ext. 125 or e-mail dkuehn@naadac.org. Please put “NAADAC Elections” in the subject line.

Nomination Timeline
1. Candidates seeking office must complete an official nomination form and submit it to the NAADAC Nominations and Elections Committee on or before February 15, 2008. It is the responsibility of the candidate to ensure that his or her nomination has been received.
2. Candidates will be notified by the Chair of the Nominations and Elections Committee of the acceptance or rejection of their application.
3. A slate of candidates who meet the specific qualifications of the office they are seeking will be featured in the April 2008 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.
If you do not receive a ballot packet by April 7, 2008, please contact Donovan Kuehn at 800.548.0497, ext 125 or dkuehn@naadac.org.
This spring, addiction professionals will leave their group therapy sessions and paperwork behind for a new client: the nation’s lawmakers.

NAADAC, the Association for Addiction Professionals, the nation’s largest association for addiction service professionals, is joining with the National Association for Treatment Providers (NAATP) to co-host the 21st annual Advocacy in Action Conference. The conference, running from March 9–11, 2008, in Washington, D.C., will provide the opportunity to meet face-to-face with the nation’s lawmakers and help re-shape how they view addiction.

The Advocacy in Action Conference is designed to educate addiction professionals about current public policy issues in Washington, D.C., and bring their day-to-day experiences and stories to decision-makers at all levels of government.

Advocacy in Action will feature briefings on current addiction policy initiatives from leaders in the profession. Prior to meeting with lawmakers, participants will receive training on advocacy strategies to promote effective prevention, treatment and recovery policies and become active advocates back home and year-round. All attendees will put their new skill set into practice by meeting with their members of Congress.

This is expected to be NAADAC’s most ambitious advocacy conference ever. Continuing education credits will be offered for the first time as well as an opportunity to be briefed by officials from the White House Office on National Drug Control Policy (ONDCP), the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Addiction (NIAAA).

“You can’t overstate the importance of NAADAC members coming to Washington to meet with their congressional officials in person,” said Gerard Schmidt, chairperson of the NAADAC Public Policy Committee. “Advocacy in Action is not only a great training experience, but it’s a central part of our mission to build strong relationships with members of Congress and educate them about addiction.”

“This has been such a busy year legislatively,” added NAADAC Executive Director Cynthia Moreno Tuohy. “The effort made by NAADAC members around insurance parity, the Second Chance Act on prisoner reentry and other important legislation demonstrates what a strong voice we can have when we work together. The Advocacy in Action conference is so important to addiction professionals because it gives us the tools to ensure we are heard and understood by decision-makers in government.”

To see an overview of the schedule or to register, please visit www.naadac.org and click on “Upcoming Events” or visit www.naatp.org. If you have any questions, please contact Daniel Guarnera at 800.548.0497 ext. 129 or dguarnera@naadac.org.

### Conference Schedule at-a-Glance

#### MARCH 9, 2008

<table>
<thead>
<tr>
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<th>Event</th>
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<tbody>
<tr>
<td>Noon - 8 pm</td>
<td>Registration</td>
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<td>Public Policy and Political Action</td>
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<td>Committee Lunch Meeting</td>
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<tr>
<td>1 to 2 pm</td>
<td>Advocacy 101: Advocating for Client Welfare</td>
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<tr>
<td>1 to 2 pm</td>
<td>Advocacy 201: Advocating for Client Welfare</td>
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<td>2 – 3:15 pm</td>
<td>Current Policy Impacting the Addiction Profession</td>
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<td>3:15 pm – 3:45 pm</td>
<td>Coffee Break</td>
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<tr>
<td>3:45 pm – 5:00 pm</td>
<td>Current Policy Impacting the Addiction Profession (continued)</td>
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<td>6 - 8 pm</td>
<td>PAC Reception and Auction</td>
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#### MARCH 10, 2008

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<tr>
<td>8 – 8:30 am</td>
<td>Continental Breakfast</td>
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<tr>
<td>8:30 – 10:00 am</td>
<td>Everyday Advocacy</td>
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<tr>
<td>10 – 11 am</td>
<td>Travel to Capitol Hill</td>
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<tr>
<td>11 am – 1 pm</td>
<td>Capitol Hill Briefing and Lunch</td>
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<tr>
<td>1 pm – 5 pm</td>
<td>Optional Activities</td>
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<td>Legislative Awards Dinner</td>
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#### MARCH 11, 2008

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<tr>
<td>7:30 am – 9 am</td>
<td>Continental Breakfast</td>
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<tr>
<td>9 am – 5 pm</td>
<td>Meetings With Legislators on Capitol Hill</td>
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<tr>
<td>2 – 6 pm</td>
<td>Debriefing Session</td>
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# 2008 Advocacy in Action Conference Registration Form

**March 9–11, 2008 • DoubleTree Crystal City, 300 Army Navy Drive, Arlington VA 22202**

[www.doubletreecrystalcityhotel.com • 866.999.8439](http://www.doubletreecrystalcityhotel.com)

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

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<th>Regular Price (After January 26)</th>
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<tr>
<td>Students</td>
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<td>NAADAC &amp; NAATP Members</td>
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<tr>
<td>Non-Members</td>
<td>☐ $200</td>
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This is my first advocacy event.  ☐ Yes  ☐ No

For non-members to receive the member rate for the conference, join NAADAC by calling 800.548.0497 or visit [www.naadac.org](http://www.naadac.org) or to join NAATP by calling 717.392.8480 or visiting [www.naatp.org](http://www.naatp.org).

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**PLEASE PRINT CLEARLY**

☐ Ms.  ☐ Mr.  ☐ Dr. NAADAC/NAATP Member #_______________ (if applicable)

Name ________________________________________________________________________________________________

Home or Work Address _________________________________________________________________________________

City _____________________________________________________  State_____________  Zip _________________

Work Phone __________________________________ Home Phone ________________________________________________

Cell Phone ___________________________________________  Fax ___________________________________________

Email _______________________________________________

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**CONFERENCE FEES**

☐ Conference Fee (see fee schedule above)

☐ Ticket for the NAADAC Political Action Committee (PAC) reception on March 9, 2008.  $35 suggested donation. Corporate checks or credit cards cannot be used to pay for PAC tickets.

☐ Guest Dinner Ticket for Legislative Awards Dinner on March 10, 2008.  $50 per guest.  Dinner is included in your conference registration fee.

☐ TOTAL AMOUNT ENCLOSED

☐ Please send me additional information about membership.

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**PAYMENT INFORMATION**

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

☐ Visa  ☐ MasterCard  ☐ American Express

Name as it appears on credit card (please print clearly):

______________________________________________________________________________________________

Account # ____________________________________________________________

Exp. Date ____________________________________________________________

Signature ____________________________________________________________

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Conference Refund Policy:

A partial refund of 75% of registration cost is refundable with written cancellation received 30 days before the conference. Thereafter, 50% of conference fees are refundable.
Advocacy 101 – Meeting With Elected Officials
Face-to-Face Communication With Legislators can Make a Significant Impact

Anne Luna, JD, MA, Special Projects Associate

You don’t need to be a professional lobbyist to influence how addiction policy and legislation is created. All you need is personal experience, factual information and knowledge of who the key decision-makers are and what is most likely to influence them.

As an addiction professional, you have valuable information that elected officials and policymakers need to do their jobs. Your first-hand experience is important feedback for officials who rarely get the chance to personally see how policy affects individuals, programs and communities. For this reason, communicating with your elected officials about the addiction profession benefits both of you.

Who Represents You?
To find out who represents you locally in your city, county, or State Legislature, or in the U.S. Congress:
- Call your city or county elections office (often referred to as the Registrar of Voters). Give them your home address, and they will be able to tell you.
- Contact your Secretary of State by phone or via the Internet. This will allow you to determine the state and federal elected officials who represent you.

• For the U.S. Capitol Switchboard, call 202.224.3121 and an operator will connect you directly to your member of Congress’ office in Washington.

As an addiction professional you have valuable information that elected officials and policymakers need to do their jobs. Your first-hand experience is important feedback for officials who rarely get the chance to personally see how policy affects individuals, programs and communities. For this reason, communicating with your elected officials about the addiction profession benefits both of you.

Taking Our Issues to City Hall, the State Capital or Washington, D.C.

The key to effective lobbying is to maintain a balance of optimism — that you can make a difference in policy and legislative issues — and down-to-earth realism. You can join NAADAC’s e-mail Legislative Alert Network (e-LAN) to receive information about which policy issues are currently under debate. Using this information and your own experiences to speak with authority, you can be a very persuasive messenger.

Meeting With Elected Officials and Their Staff

Having a personal meeting with legislators or their staff, either by yourself or as a part of a small group, is one of the most effective advocacy tools. Meetings allow you to put a face to your issue. Arranging an appointment is usually as simple as calling, though you may be asked to make your request in writing and you may need to wait a few weeks.

If you plan to be in your state capital or Washington, D.C., call ahead. Your representatives’ offices will usually try to accommodate your schedule and are generally eager to meet with you. It is often easier to secure a meeting with a legislator if you have multiple participants as this minimizes the number of meetings the legislator has to hold on an issue.
Unless you know the elected official, you are most likely to speak with a staff person and not the member directly. Do not feel as though you have been put off. In fact, you may ask to speak with the legislative aide who handles health or addiction issues. This person serves as the eyes and ears of the lawmaker and is the person the member relies upon to learn how an issue affects their district.

Before your meeting begins, take a few minutes to prepare what you want to say. If you are meeting as part of a group, make sure to identify a leader to begin the meeting. Members’ schedules are very tight and meetings are often quite short so it is critical to be on time. Always start by introducing yourself and thanking the person for their time (provide a business card, if available). Mention if you are a resident or work in their district. Legislators are more likely to give credence to constituents than to non-constituent advocates. Then, explain why you are there and what it is you want them to do (e.g. sponsor a bill, send a letter, vote for more funding).

Remember that you’ve requested the meeting, so it’s up to you to keep to the agenda, despite distractions. In order to make sure that all of your key points are made during the time you have, it is extremely important that all participants stay on message. Remember that your personal story is the most compelling advocacy tool that you have. You are the expert. If you are asked a question you don’t know the answer to, be honest and tell them you don’t know. Tell them you will get the information and contact them within the next few days.

Always try to bring written information to your meeting to leave with the legislator or staff person. The importance of bringing paper to your meeting is twofold: you’ve left something that the staff member can refer to when you are gone, and you will have something to refer to in your meeting. For you convenience, you may request copies or download the NAADAC Guide for Legislators on the NAADAC website.

Before ending your meeting, be sure to make your request. Ask the member to commit to voting for or against a bill, to introduce legislation or to take a leadership role on your issue in some other way. Whether or not you receive a commitment, remember to follow-up by phone or in a letter as the issue or legislation continues to make its way through the process. Always end the meeting with a thank you, if not for their support, for taking the time to meet with you and hear your views.

Immediately after the meeting take a couple of minutes to debrief. Review notes, comments, and necessary follow-up information. If the legislator requested extra information make certain you follow up. Make sure to send a thank you letter to the legislator within one week of the meeting.

Please also report back to NAADAC about your meeting. Let us know if you need further information or if anything came up that we should be aware of when meeting with this legislator’s office in the future.

NAADAC fact sheets and position statements are available under the advocacy portion of the website.

While you may not have the experience or the bankroll of a professional lobbyist, you have just as important a role in influencing how addiction policy and legislation is created. Meeting with decision-makers can help shift ideas and perceptions, and improve the profession and community. You can make a difference!

Anne Luna joined NAADAC staff in August 2007 and serves as Special Projects Coordinator. Her key role is to facilitate internal and external communication and development through marketing, research and advocacy. Before joining NAADAC, Luna worked as the Director of Operations at the Woodhull Freedom Foundation. She has worked in communications; researching and crafting policy; lobbying; developing educational materials, literature and other resources; as well as organizing large and small scale conferences. Luna moved to Washington, D.C., for a Fellowship at the National Congress of American Indians and has interned at the White House Office of Political Affairs and the Department of Interior. She was a Research Assistant at the Southwest Center for Law and Policy and Teaching Assistant at the University of Arizona.
2008 Elections Offer Special Opportunity for Recovery Advocates
Addiction and Recovery are Ready to Take a Place on the National Stage

Daniel S. Guarnera, NAADAC/NAATP Government Relations Liaison

Treatment and recovery support have never been high-priority issues during presidential campaigns. This has hindered the attempts of treatment and recovery advocates to promote much-needed reforms — with no campaign promises or statements on the record, it is difficult to create political pressure for change. With the next presidential election looming in November, there is reason to believe that 2008 will be different. Treatment and recovery advocates in Washington, D.C., and around the country are taking unprecedented steps to ensure that their key issues become — and remain — top policy priorities.

“Some politicians want to ignore the disease of addiction, but meanwhile the problem isn’t going anywhere,” said Cynthia Moreno Tuohy, Executive Director of NAADAC, the Association for Addiction Professionals. The statistics support her claim.

In 2006, 23.6 million Americans over age 12 needed treatment for illicit drug or alcohol addiction (9.6% of the population), a number that has not changed in five years. Well over half of all American adults (63%) say they have been directly impacted by addiction, according to a 2004 national survey, and no demographic is untouched. The economic losses associated with addiction are estimated to be up to $500 billion every year. “Simply put, addiction in America is too big to ignore forever,” added Moreno Tuohy.

Current Efforts

In the past, this data alone has not led to strong political willingness to improve addiction services. The stigma against addiction is longstanding and ingrained in much public policy. Nevertheless, new scientific studies continually deepen our understanding of the physiology of addiction, and researchers from the National Institute of Drug Abuse (NIDA) regularly make educational presentations on Capitol Hill. Lawmakers are gradually starting to address the issue of stigma. For example, the clinical term “substance use disorders” is increasingly used in federal legislation in place of “substance abuse.” In 2007, Congress even considered a bill (S.1011) to change the name of the NIDA to the “National Institute on Diseases of Addiction.”

The anti-stigma campaign has extended far beyond the nation’s capital. The 2007 award-winning HBO series Addiction educated the public about addiction science and the realities of treatment and recovery. It was accompanied by a 30-city campaign to raise awareness about addiction and recovery, organized by Faces and Voices of Recovery (FAVOR), Join Together and Community Anti-Drug Coalitions of America. Other programming, such as the Hallmark Channel’s Finding Hope in Recovery: Families Living with Addiction, has also helped promote a recovery-oriented view of addiction to the general public.

Beyond recent efforts by researchers and the media to reduce stigma, the treatment and recovery community is also becoming increasingly well-organized and thus better-positioned to advocate for reform. In 2007, nearly all addiction-focused organizations banded together to support the Paul Wellstone Mental Health and Addiction Equity Act (HR 1424), which requires insurance companies to provide equal coverage for addiction and mental health treatment that exists for other medical care. (The “parity” bill has not yet passed.)

“It bodes incredibly well for engaging policymakers, that so many different organizations were able to organize and work together around the Wellstone bill,” said Pat Taylor, Executive Director of Faces and Voices of Recovery.

The Whole Health Campaign

The parity issue also brought together national addiction and mental health groups as never before. Extending the collaboration started by parity, over 40 organizations have allied to promote a common agenda during the 2008 election. The result is the Whole Health Campaign. “It’s become painfully clear since the 1993 Clinton health care reform that unless mental health and substance abuse are there at the beginning of the discussion, we’ll be an afterthought,” said Dr. Eric Goplerud, Director of George Washington University’s Ensuring Solutions to Alcohol Problems program and a Whole Health Campaign propo-
ment. “The Campaign is designed to get our issues on the agenda.”

The Whole Health Campaign is reaching out to candidates, health policy advisors, and party delegates to promote the following three points:

1. Ensure equitable and adequate mental health and addiction treatment coverage in all public and private health care plans.
2. Support policies that promote individual and family recovery from mental illnesses and addiction as integral to overall health.
3. Commit to investing in prevention, early intervention and research on mental illnesses and addiction.

Whole Health Campaign members want both parties’ platforms to reflect its three points. Yet they realize that a long-term strategy is also needed. “No one believes that the goals of the Campaign will be addressed or resolved by getting the right words in a candidate’s mouth,” said Dr. Goplerud. “Even if it’s not through the Whole Health Campaign itself, addiction and mental health groups need to be in this for the long haul.” More information is available at www.wholehealthcampaign.org.

**Grassroots Activities**

As the Whole Health Campaign interacts directly with the campaigns, other groups are working to build networks of grassroots activists. To this end, Faces and Voices of Recovery launched its 2008 Recovery Voices Count initiative, which mobilizes people in recovery to become civically active. “We want to raise the visibility of the recovery community and gain recognition as a constituency of consequence,” said Ms. Taylor, FAVOR Executive Director. Recovery Voices Count encourages people in recovery to vote, circulate candidate pledges and get candidates on the record supporting pro-recovery policies. The toolkit — including buttons that say “I’m in Recovery and I Vote!” — is designed for use in local, state or federal elections and is available online.

One of the most ambitious elements of Recovery Voices Count was its December 2, 2007 candidate forum in the early-primary state of New Hampshire. Nine campaigns, seven Democrats and two Republicans, sent representatives, and all expressed their support for the recovery community. “We want to encourage people from all over the country to go out and ask these candidates questions about their support for recovery,” said Taylor. “New Hampshire was just the beginning.” FAVOR is also hosting a free online teleconference on advocacy, which is available at www.FacesAndVoicesOfRecovery.org.

Of course, the grassroots recovery community is not alone in its quest to bring addiction treatment and recovery to the fore of political debate. Notably, addiction-focused health professionals and treatment providers are actively engaging lawmakers to expand treatment services. On March 9–11, 2008, NAADAC, the Association for Addiction Professionals and the National Association of Addiction Treatment Providers (NAATP) will be co-hosting the 21st annual Advocacy in Action conference.

Advocacy in Action brings together addiction counselors, educators, treatment center administrators, and others with an interest in addiction policy for advocacy trainings and policy briefings from experts both in and out of government. Attendees then put their new skills into practice by visiting their members of Congress and educating them on key addiction legislation.

“It’s critical that we bring our message to decision-makers in Washington, D.C.,” said Ms. Moreno Tuohy, NAADAC Executive Director. “We’re the experts on what works and what doesn’t, and we need to educate our representatives.” This year, Advocacy in Action attendees will stress the importance of insurance parity, recovery support for ex-prisoners, veterans’ need for access to treatment and other current issues. More information is available at www.naadac.org or www.naatp.org.

**Conclusion**

Despite all of these positive trends, there is no question that treatment and recovery advocates still face an uphill battle as they seek recognition from politicians. Candidates face constant demands for their attention, campaigns endure more media scrutiny than ever before and stigma continues to prevent a fully rational discussion of addiction policy.

“There will always be new challenges,” says Ms. Moreno Tuohy, “But we know how important our message is: treatment works, people recover. The government needs to understand that and support it.” This year more than ever before, that message might finally be ready to take its place on the national stage.

Daniel S. Guarnera is Government Relations Liaison for NAADAC, the Association of Addiction Professionals and the National Association of Addiction Treatment Providers (NAATP). You can reach him at dguarnera@naadac.org or 703.741.7686 ext. 129.

See pages 6 and 7 for more information about the 2008 Advocacy in Action Conference.
Morality vs. Ethical Decision Making
Too Often Morality and Personal Moral Standards are Confused with Ethical Standards
Anne S. Hatcher, EdD, CAC III, NCAC II, NAADAC Ethics Committee Chair

When providing counseling to another, those working in the mental health disciplines have agreed that client’s interests and needs are primary. The role of the counselor is to provide a safe place where the client can disclose information related to the problem at hand, to discuss the information and to gain insight. Some types of counseling, such as addiction counseling, also involve directing or supporting behavioral change or education so the client is able to make an informed choice. One counselor/educator noted that counselors must become comfortable with being accountable to anyone over the age of two. In other words, questioning and evaluating their own actions and being open to the questions of others.

Ignorance of the standards of practice and the code of ethics is no excuse for poor choices. If one is a counselor, one is expected to know and practice accordingly. All too often morality and personal moral standards are confused with ethical standards.

Morality reflects the set of standards a group or person has adopted to determine what is right and wrong. On the basis of those standards, specific behaviors are labeled as good and others are labeled as bad. With age and experience the standards of morality are modified on the basis of experience, new information and changing beliefs. Thus one’s moral standards include cognitive, developmental and social experiences. (Freeman, 2000)

When a behavior is reported or observed, the person or group learning of the behavior typically thinks of what he/she would do in a similar situation and on that basis makes a judgment as to its correctness. Those without clearly defined standards, one might practice selective morality.

Ethical decisions involve making a choice between two or more rights. (Kidder, 1995) If the decision is based on a situation that is clearly defined by the NAADAC Code of Ethics, the resolution might be fairly simple. If the decision involves a situation that is not clearly addressed in the ethical standards, the action taken will be based on the values of the individuals(s) involved, society and the overall impact of the action. Resolution of an ethical dilemma places the counselor in a difficult situation; resolution is based on determining which side is the nearest right for the circumstance. It also involves thinking through the situation and the action chosen to determine that the counselor can provide good reasons for the choice. Citing standards from a code of ethics to support a choice is essential when supporting one’s action relating to an ethical dilemma.

When faced with the need to make a decision, a counselor might cringe when the right action means doing something that is uncomfortable or that deprives her/him of what is wanted. A code of ethics provides at least some rules for guidance, but temptation is everywhere. There are the gray areas in which a case can be made for the action taken because there are no clear answers. Some com-
When faced with the need to make a decision, a counselor might cringe when the right action means doing something that is uncomfortable or that deprives him/her of what is wanted.

Common rationale for decisions and actions include the following:

- Everybody does that sometimes
- People do worse things than that
- Nobody is perfect
- It will be better in the long run
- It is not such a big deal

The preceding information is designed to open a discussion of ethics for NAADAC members. A description of some situations that involved a member or members is included in this article. Some of the scenarios will be easily assessed and a decision made. The challenging ones are those which are not specifically addressed by the current NAADAC Code of Ethics. A question then arises about the need to write a standard addressing such a situation or the need to establish guidelines under Standards of Practice for addiction counselors. For the following dilemmas, rate the actions of the supervisors on a scale of 1 to 5 with 5 being strongly agree and 1 being strongly disagree and find the standard(s) from the NAADAC Code of Ethics that supports the rating. Discuss the scenarios with co-workers and compare ideas.

**Scenario 1**

J.T. has been in recovery for 15 years; his drug of choice was crack cocaine. He is currently employed as a youth counselor in a drug prevention program through the city recreation department. His stress level is high because his two children are now ages of 12 and 14 are challenging his decisions about their use of the Internet and the movies they are allowed to see. Last month, his wife decided to go back to college resulting in him being the parent at home while she is in class which added to his stress level. Four months ago, he was counseling a group of young men about drugs, one of them told him that he had just been given a rock. J.T. took it from him and put it in his desk. A week later when he was feeling overwhelmed with the pressures of the life changes, he found the crack in his desk and decided to use just once.

The next day, J.T. told his wife about using the crack and thought that her anger was inappropriate after just one slip given his 15 years of abstinence. After much thought he contacted an addiction counselor/licensed professional counselor and made an appointment. The counselor told him that informing his supervisor would be a good idea, but not mandatory. J.T. told his supervisor of his use the following week and also told him that he was in treatment and did not think that he would be tempted to use again. Sam, the supervisor immediately ordered J.T. to submit to random monitored urine tests, gave him a desk job that did not involve working with youth and informed the entire staff of J.T.’s relapse. Over the last three days, every staff member has told J.T. how disappointed she/he is in his behavior and that he will have to work hard to regain their trust.

**Scenario 2**

Sara is a recovering alcoholic with 25 years of sobriety. Recently she slipped on ice on the sidewalk in front of the treatment agency where she is a counselor. She experienced sharp pain in her lower back and right hip for which the doctor prescribed Ibuprofen and bed rest for a week. When she returned to work, she was still experiencing discomfort and walked somewhat hesitantly. One of the clients in her evening DUI group is a physician’s assistant. In the group, the PA offered to bring sample muscle relaxants for Sara because she looked so uncomfortable and was having difficulty getting up from her chair. Sara stated that she did not feel comfortable accepting the offer and that she was getting the medical treatment she needed. The next day, Sara reported what had happened to her supervisor and they discussed the offer; her supervisor agreed with the way the matter had been handled. Together they met with the group at its next session and discussed the reasons that Sara declined the offer.

Ethical dilemmas challenge us every day as addiction-focused professionals. If you have any thoughts please share them with me. I can be reached at hatchera@mscd.edu.

**References**


Belmont, CA. Pp 104-105.


Anne Hatcher, EdD, CAC III, NCAC II is Co-Director of the Center for Addiction Studies at Metropolitan State College of Denver. Since joining the full time faculty in 1988, she has designed courses and developed protocols at the local, state and national level. Dr. Hatcher chairs the NAADAC Ethics Committee and was a member of the NAADAC Certification Commission for six years.
Honor Best Practices in the Addiction Profession

NAADAC Award Nominations Accepted Until April 30

Barbara Fox, NAADAC Awards Subcommittee Chair

We are always more anxious to be distinguished for a talent which we do not possess, than to be praised for the fifteen which we do possess.

– Mark Twain

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 renamed 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 10,000 members.

Nominations Accepted

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.

Also, please consider forwarding the names of those who have been nominated for awards at the state level.

Nominations for the 2008 awards must be received by the NAADAC Awards Committee no later than April 30, 2008. 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, please visit www.naadac.org and click on “Recognition & Awards.”
Adopting Changes to Improve Outcomes Now: the ACTION Campaign

Small Changes can Yield Impressive Results

Kim Johnson, ACTION (Adopting Changes to Improve Outcomes Now) Campaign Director

Are you frustrated by the no-show or early drop-out rates at your agency?

Does it feel like you spend most of your time on paperwork?

What if you could solve those problems without spending money or adding more staff?

The ACTION (Adopting Changes to Improve Outcomes Now) Campaign shows you how to make simple changes — practices tried and tested by your peers — that have reduced or eliminated waiting lists and no-shows, streamlined paperwork, and increased client engagement in treatment. Launched in October 2007, the ACTION Campaign aims to help agencies improve client access and retention through the use of a process improvement model developed by the Network for the Improvement of Addiction Treatment (NIATx).

Historically, we have assumed that no-shows and cancellations spring from client resistance to change. But over the past five years, several hundred agencies participating in the NIATx learning collaborative have operated under a different assumption: that poor service delivery and complex administrative procedures discourage people from seeking or continuing treatment. Their changed assumptions and practices have led to dramatic improvements in client access and retention.

For example, the Center for Drug Free Living in Orlando, Fla. reorganized its intake process so that people could be assessed within 24 hours of their first call. The agency’s waiting list for intake dropped from 28 days to none, and their no-show rate dropped from nearly 70 percent to less than 5 percent. Working with existing staff members and resources, the agency focused on getting people in more quickly. Acadia Hospital in Bangor, Me. made similar changes and in a two-year period transformed a $200,000 loss to a $200,000 profit for its IOP program.

Fayette Company in Peoria, Ill. took a different approach. This agency worked on creating a welcoming environment for women entering residential treatment, focusing more on their clients’ comfort and less on completing forms. Their early drop-out rate fell from 30 percent to 11 percent, resulting in an increase of 1055 bed days in six months and increased revenue of $166,000. The agency improved service delivery and increased revenue simply by understanding and involving the customer.

How can you get similar results? Join the ACTION Campaign (www.actionCampaign.org)! The ACTION Campaign introduces four specific changes that you can test to improve one of three areas: access to treatment, engagement in treatment, or transitions between levels of care. These changes have worked for many other programs, and they can work for yours too.

All of the Campaign materials are free to participants. You’ll have access to online ACTION Kits that describe promising practices; data collection tools; case studies; tutorial calls, and online learning communities.

You don’t have to run an agency to be able to make some of these changes. Individual practitioners within an agency or in private practice can try out the ACTION Kits’ promising practices.

At any point in time, 110,000 Americans have made the call and are waiting for an assessment. Another 42,000 have completed an assessment but risk continued substance abuse as they wait for treatment. The average time it takes to get into treatment is 32 days. Our window of opportunity is open for a brief critical moment. How many people can wait 32 days to begin treatment for a fatal disease? Is it any wonder that the average no-show rate is 50 percent?

The ACTION Campaign goals are simple. If 500 agencies make at least one of the recommended changes, then 55,000 more people will be able to obtain treatment, or stay in treatment long enough for it to have an impact. Every provider, from individuals to large multi-site agencies needs to rethink our business practices. The ACTION Campaign aspires to make it easy for us to do better for our clients.

Kim Johnson is the ACTION Campaign Director for NIATx, based at the University of Wisconsin–Madison. For more information please contact her at kimberly.johnson@chess.wisc.edu or 207.252.9950.
When We Use Our Voice to Register a Vote in an Election
Elections can Bring Together the Best of the Best

Kevin M. Large, MA, LCSW, LMFT, MAC, ICAC-II, SAP

Exercising our voices in support of a candidate or cause in an election is just as important of an ethical and moral obligation to our profession as being competent and ethical when we provide clinical care for our clients.

Through our process of nominating and electing officers for a national or state membership organization, we are influencing the future of the organization as we elect those that would lead that organization and, as such, represent the members of the organization and to further the mission of the organization.

In a similar way, as we seek to nominate and elect those leaders that would serve as officers for an organization, we need to ensure that the nominations and election processes are based in well-written policy and procedures and also covered in the organizational bylaws. These procedures serve as a guide for those involved in coordinating the Call for Nominations and the Election process.

The nominations process needs to be a fair and democratic process.

Importance of Bylaws

The Bylaws of our membership organizations — at the national and state level, and for any local chapters — need to have guidelines spelled out that specifically give guidance to how the process of the nominations process and election process to be conducted. In addition to what is contained in the Bylaws to give us overall guidance, it is prudent to have concise yet comprehensive policy and procedures that specifically document and instruct as to how the nominations and election processes are to be conducted.

The policy and procedures on Nominations and Elections should describe the process as to how these matters are to be conducted. This should include information pertaining to: the formation of a Nominations and Elections Committee; parameters for how to conduct the Call for Nominations; and parameters for how to conduct the Elections.

Under the section on how to conduct the Elections process, there should be instructions that specify: how the ballots are to be handled — to whom they are mailed; to whom they are to be returned to; who counts them; who reports the information and when and to whom.

In the event that there is a case of a complaint about either the Nominations and/or Elections process, there should be a description of the procedure to follow to process the complaint. The procedure should outline the following: the grounds for a call for invalidity of an election; how that complaint is to be registered; what person or body handles the complaint; if there is an appeals process; and who would handle a special election following a call for invalidity of an election or a request for another election.

While there are State Affiliates of NAADAC across the United States, when a person holds an elected office on the NAADAC Board of Directors, that person does not primarily represent their home state or region, but serves the mission of purpose of NAADAC first and foremost. In viewing a candidate’s commitment to the cause of NAADAC, it is prudent to look for someone with characteristics that would keep their focus and intentions on “what is good for NAADAC.” At times, there may be someone who is concerned about a particular point or issue, or a particular cause. That may be fine, in and of itself. What is desirable is to affirm someone that will act selflessly to promote the greater good of the organization, to hold to and stick to the mission statement, ideals, objectives, and broader intentions and reaches of the organization.

While we may not be all knowing and all seeing, we make our best determinations and make our best judgments in this process. While we are all human, I would hope that we would strive to see the best in our peers, and in our selves.

We seek to build the best organization that we are capable of achieving. By this process, we bring together the best of the best, balanced with representation from across the culture and the country, individuals with different talents, different experiences, and different points of view.

Through a synergistic blending of professional minds and hearts, we would hope to achieve an international counselors’ organization which has the best interests of each and every one of us at heart — for the substance abuse and addiction counselor, as well as for the individuals and families affected by substance abuse and addiction.

Kevin Large is a member of the NAADAC Political Action Committee (PAC), 2004 to the present; has been active in PAC fundraising, including a NAADAC PAC event at the state affiliate fall conference in Evansville, Ind., in October 2004 and served as the Conference Chairperson for the NAADAC Mid-Central Regional Conference, Merrillville, Ind., in June 2003 (co-hosted with the Indiana state affiliate).
Colonial Management Group, LP

WANTED:
Director of Outpatient Services

Colonial Management Group, LP, the largest provider of opioid replacement therapy seeks a talented administrator to both open new centers as well as develop new addiction treatment services in our existing centers.

This individual will need to accomplish goals set and work well under pressure. This position reports directly to the President/Chief Executive Officer.

Please forward your resume and salary history to:

Jamie Lovern
Director of Human Resources
Colonial Management Group, LP
14050 Town Loop Blvd. Ste. 204
Orlando, FL 32837
407-351-7772 fax
Jlovern99@earthlink.net
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

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**Proof of status MUST accompany application

NAADAC dues are subject to change. 6/07

### FEE COMPUTATION

Membership (see below for your state’s fee)

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

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

The NAADAC Political Action Committee (PAC) helps educate lawmakers to understand the priorities of addiction services professionals.

- $300 – President’s Alliance Member
- $200 – Champion
- $100 – Leader
- $50 – NAADAC Advocate

**If you are paying NAADAC dues by company check, you must enclose a SEPARATE PERSONAL check made payable to NAADAC PAC.

### TOTAL AMOUNT ENCLOSED

- $500 – President’s Club
- $200 – Executive Club
- $75 – Patron
- $50 – Sponsor

### PAYMENT INFORMATION

- Check (payable to NAADAC) in the amount(s) of $ ____________ enclosed.
- 6/07

Please charge $ _____ to my: ☐ Visa ☐ MasterCard ☐ American Express

### ACCOUNT NUMBER EXP. DATE

### SIGNATURE

### MAIL YOUR APPLICATION WITH CHECK TO:

NAADAC
1001 N. Washington Street, Suite 201
Alexandria, VA 22314

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

800.377.1136 or 703.741.7698

NAADAC estimates that 8% of dues payment is not deductible as a business expense because of NAADAC's lobbying activities on behalf of members. Dual membership required in NAADAC and state affiliate. You will receive services upon receipt of application and payment; please allow 4-6 weeks for initial receipt of publications. Membership in NAADAC is not refundable. From time to time, we share our members' postal addresses with other companies who provide services that we feel are a benefit to the addiction professional. We carefully screen these companies and their offers are ensured that they are appropriate and useful for you.

NAADAC is a 501(c)(3) organization; dues are deductible to the extent provided by law. Members are entitled to a copy of the NAADAC’s IRS determination of tax-exempt status. They are optional and are not tax deductible.

DONATIONS TO THE NAADAC EDUCATION AND RESEARCH FOUNDATION (NERF) ARE NOT DEDUCTIBLE AS BUSINESS EXPENSES BECAUSE OF NAADAC'S LOBBYING ACTIVITIES ON BEHALF OF MEMBERS.
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 Abuse 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.
February 15  Nominations Due for NAADAC 2008 Elections  Details at www.naadac.org or call 800.548.0497.


March 8–15  NCAC I/NCAC II/MAC Exam  The Professional Testing Corporation (PTC) provides NAADAC approved certification testing.  Details at www.ptcny.com/clients/NCC.

April 1–30  NAADAC 2008 Elections Period  If you have not received a ballot by April 7, 2008, please contact Donovan Kuehn at dkuehn@naadac.org.  Eligible voters will be NAADAC members in good standing as of February 1, 2008.  Details at www.naadac.org or call 800.548.0497.

April 10–12  Northwest Regional Conference and Montana AADAC Annual Conference  Join us in the spring for the first NW Regional Conference, The Veteran in Your Community.  Grant Creek Inn, Missoula, Mont.  Earn up to 18 Continuing Education credits and have fun in Big Sky Country.  General conference presenters to include: Larry Ashley, UNLV; Dr. Mary Harsh, PhD; Ron Hull, MD & Carl Shipp, MEd, LAC; Cynthia Moreno-Tuohy, Executive Director, NAADAC; Robert Richards, NAADAC NW VP; Patricia M. Greer, NAADAC President; Shelley Andrus, MSN and Col. Ireland, Montana National Guard.  Details from Peter Formaz at peteformaz@hotmail.com or visit www.naadac.org.

April 15  NCAC I/NCAC II/MAC Application Deadline for June 7–14, 2008 Examination Period  Details at www.ptcny.com/clients/NCC.

April 30  Submission Deadline for the NAADAC 2008 Awards  Details at www.naadac.org or call 800.548.0497.

June 7–14  NCAC I/NCAC II/MAC Exam  The Professional Testing Corporation (PTC) provides NAADAC approved certification testing.  Details at www.ptcny.com/clients/NCC.

July 15  NCAC I/NCAC II/MAC Application Deadline for September 6–13, 2008 Examination Period  Details at www.ptcny.com/clients/NCC.

August 28–31  NAADAC Annual Conference held in association with the Kansas Association of Addiction Professionals (KAAP)  Overland Park, KS  Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.

September 1–30  Recovery Month  Details at www.recoverymonth.gov.

September 20  Addiction Professionals Day  Join with others throughout the nation in recognizing the important role of addiction focused professionals  Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.

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