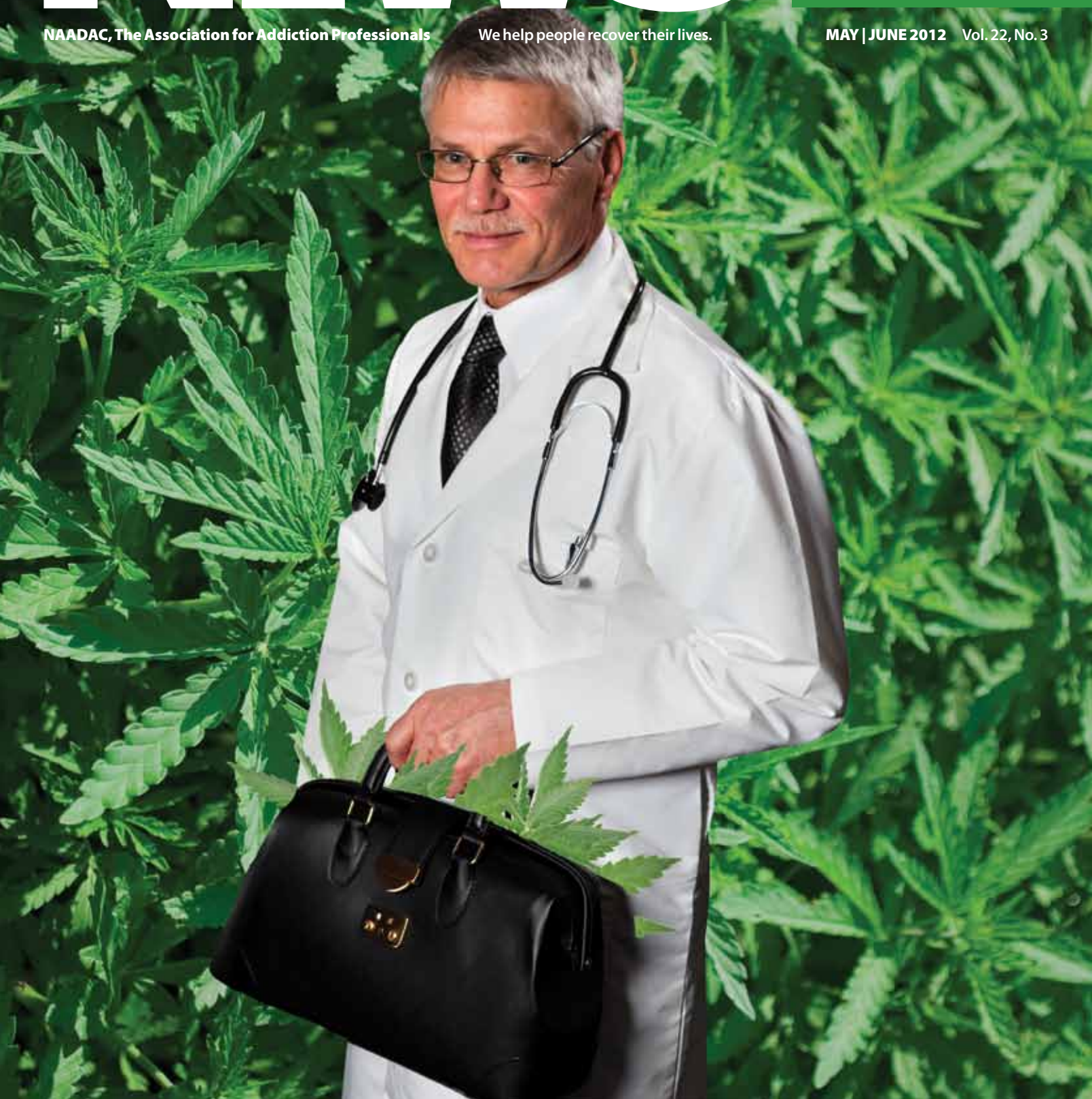
NAADAC NEWS

Point & Counterpoint: Medical Marijuana

NAADAC, The Association for Addiction Professionals We help people recover their lives. **MAY | JUNE 2012** Vol. 22, No. 3



Register by June 26 to take advantage of a $50 Early Bird discount.

Learn from the Best

- ***World Class Education at the NAADAC Conference***
- ***Over 25 units of Continuing Education available!***

NAADAC has recruited the experts in addiction prevention, treatment and recovery to deliver a unique educational experience. Among the thought leaders presenting at the Leading the Way Conference are:

2012 INDIANAPOLIS Indiana
Leading the Way
August 12-15
NAADAC
Annual Conference

JW Marriott Indianapolis Downtown

AUGUST 12

PLENARY SESSION – Shifting from Cognitive to Behavioral Approaches in CBT

9:30 – 10:30 am

Carlo DiClemente, PhD, is co-creator (with James Prochaska, PhD) of the Transtheoretical Model of Change, a model that identifies stages of change and other factors that predict treatment outcomes and allows many more people to enter treatment programs at earlier stages of readiness.

AUGUST 12

PLENARY SESSION – Removing Defects of Character: The Spiritual Journey

4:30 – 5:15 pm

C.C. Nuckols, PhD, is an internationally recognized expert in behavioral medicine and addictions treatment who focuses on translating emerging scientific research into information and techniques helpful to those who work in addiction prevention, treatment and recovery.

AUGUST 13

PLENARY SESSION – Chronic Pain and Addiction: A Challenging Co-occurring Disorder

8:30 – 10 am

Mel Pohl, MD, FASAM, is the Medical Director of Las Vegas Recovery Center (LVRC), a key player in developing the Chronic Pain Recovery Program at LVRC and author of *A Day without Pain.*

AUGUST 13

PLENARY SESSION – Healing the Addicted Brain: Cutting Edge Science and Brain Neurochemistry

4 – 5 pm

Harold Urschel, III, MD, is the founder/CEO of the Urschel Recovery Science Institute and Chief Medical Strategist and Co-founder of EnterHealth, an addiction disease management company based in Dallas. His innovative treatment program has been adopted by academic programs.

AUGUST 14

PLENARY SESSION – The Keys to Restoring Intimacy in Recovery

8:30 – 10 am

Rokelle Lerner is a psychotherapist and international lecturer and trainer. Shehas inspired audiences throughout the world with her ability to address difficult topics with insight, humor and astounding clarity and has appeared as a guest consultant on Oprah, Good Morning America, CBS Morning News and 20/20.

AUGUST 15

PLENARY SESSION – What is Needed for the Counseling Field? What is the Future of Clinical Supervision?

11 am – Noon

David Powell, PhD, has written books on clinical supervision that are considered the primary texts in the field and he served as chair of the SAMHSA Treatment Improvement Protocol (TIP 52) on clinical supervision. Constantly in demand, he has trained in 87 countries and all 50 US states.

For full conference information and registration, visit www.naadac.org/conferences

Editor's note

Changes are coming!

By Donovan Kuehn

An accepted truism of management texts and corporate leaders is that "the only constant is change." That adage could be applied to NAADAC right now.

This will be the last hard copy edition of the NAADAC News that we produce. In July we will be switching to an online format to better reach our members. Not to worry though, you will still be receiving a publication from us, it will just be in the form of a new NAADAC journal. We look forward to its launch this summer and the first copies will be distributed at the NAADAC conference in Indianapolis from August 12 to 15.

This issue includes an interesting debate on medical marijuana. Please read the article and take the survey to tell us what you think.

Thanks for reading,
Donovan

DEPARTMENTS

FEATURES

NAADAC NEWS

NAADAC NEWS is published bi-monthly by NAADAC, the Association for Addiction Professionals.
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For further information about NAADAC membership, publications, catalog and services, write: NAADAC, 1001 N. Fairfax Street, Suite 201, Alexandria, VA 22314; phone 800.548.0497; fax 800.377.1136 or visit www.naadac.org.

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Advertising: Media kit requests and advertising questions should be made to Donovan Kuehn, 1001 N. Fairfax Street, Suite 201, Alexandria, VA 22314; phone 800.548.0497; fax 800.377.1136 or email dkuehn@naadac.org.

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Change of Address: Notify NAADAC three weeks in advance of any address change. Change of addresses 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 Street, Suite 201, Alexandria, VA 22314; phone 800.548.0497; fax 800.377.1136 or send an email to dcroy@naadac.org.

Early Bird Rate Ends June 26, 2012

Education You Need
Connections You Can Cultivate
At a Price You Can Afford

2012 INDIANAPOLIS Indiana
Leading the Way
August 12-15
NAADAC Annual Conference

JW Marriott Indianapolis Downtown

Education You Need

The NAADAC Leading the Way conference will provide a well-balanced educational experience focusing on the needs of addiction-focused professionals.

Innovative sessions and cutting edge presenters will provide education you need to get ahead in your job and provide the hours you need for your certification or license.

You can pick a track or attend the sessions that are the best fit for you. Educational tracks at the Leading the Way Conference include:

- Clinical Supervision
- Clinical Techniques
- Co-occurring Disorders / Dual Diagnosis
- Cultural Competence / Special Populations
- Educational and Professional Development
- Ethics
- Prevention
- Trauma and Addiction

Earn Over 25 Continuing Education Credits

Leading the Way will include keynote speakers, daily plenary sessions and breakout seminars. August 11 will feature several all-day, pre-conference seminars. The conference will also feature an Awards Lunch which will honor outstanding addiction-focused professionals from around the nation and an evening event for the NAADAC Political Action Committee (admission by donation). Also included will be optional evening events, to allow you to earn more education credits or to enjoy your time in Indianapolis.

Plenary Speakers

Leading the Way will be featuring six plenary speakers who need no introduction. They have helped shape the profession by contributing to the cutting edge of research and clinical practices. Between the six experts, they have authored over 300 books and articles.

Leading the Way will also feature over 40 workshops where professionals can gain hand-on experience. Meet our speakers, and get ready for an unmatched experience.

AUGUST 12, 2012

PLENARY SESSION – Shifting from Cognitive to Behavioral Approaches in CBT
9:30 – 10:30 am
Carlo DiClemente, PhD

PLENARY SESSION – Removing Defects of Character: The Spiritual Journey
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C.C. Nuckols, PhD

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8:30 – 10 am
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AUGUST 15, 2012

PLENARY SESSION – What is Needed for the Counseling Field? What is the Future of Clinical Supervision?
11 am – Noon
David Powell, PhD

Conference Highlights / What You Need to Know

Explore Indianapolis!

In the center of the action, bring your family for one last summer vacation.

Indianapolis hosted the 2012 Super Bowl and is an amazing center of sporting and cultural life. The conference site is blocks from three museums, Victory Field, the NCAA Hall of Fame, White River State Park, Lucas Oil Stadium, the Indianapolis Zoo and the heart of downtown. The city also boasts the Indianapolis Motor Speedway and a Children's Museum. It's a great spot for one last family vacation before the kids head back to school. For more information on attractions and events in Indy, check out the Indianapolis Convention and Visitor's Association website at www.visitindy.com.

Nearest Airport

Fly into the Indianapolis International Airport (Airport Code: IND). Airlines that serve the airport include Air Canada, Air Tran, American, Delta, Frontier, Southwest, United and US Airways. Getting downtown is easy; a taxi fare is $25 or take the IndyGo Green Line Airport Express for $7 each way.

Airfare Discounts

To help reduce costs, NAADAC has negotiated discounts with two national airlines.

Flying on American Airlines

NAADAC has partnered with American Airlines to provide our attendees with a 5% discount off ANY published airfare on www.aa.com for the Leading the Way conference in Indianapolis. The valid travel dates for this discount are August 7 to 18, 2012. Apply this discount by going to www.aa.com to book your flight. Place the code **1682BM** in the promotion code box and your discount will be calculated automatically. This special discount is valid off any applicable published fares listed for American Airlines, American Eagle and American Connection.

Flying on United Airlines

Earn a 2–10% discount (depending on the type of ticket) when coming to Leading the Way in Indianapolis on United Airlines between August 8 and 18, 2012. Book online at www.united.com and enter **ZMP4123342** in the Offer Code box when searching for your flights.

If booking through a travel professional or United Meetings at 1.800.521.4041, please give them the following information:

Agreement Code: 123342 Z Code: ZMP4

Outside of the United States, please call your local United Airlines Reservation Office.

Ready to be Seen

The Leading the Way conference is the perfect place to highlight your business.

For more information on exhibiting or sponsorships, the conference schedule and continuing education, please visit www.naadac.org/conferences or call 1.800.548.0497.

Where You'll be Staying

The JW Marriott Indianapolis opened in 2011 and hosted Madonna when she performed at the 2012 Super Bowl. The hotel received the 2012 AAA Four Diamond Lodgings award and made the U.S. News and World Report's list of Best Hotels in Indianapolis. The hotel has been applauded for having great facilities, from the pool to the gym to the comfy rooms and the hotel staff has been praised for their friendliness and helpfulness.

If people back at the office need you, the hotel includes a full service business center and free Internet is included with your room reservation.

Book Your Stay Now!

Join us in Indianapolis at the:
JW Marriott Indianapolis Downtown
10 S West Street
Indianapolis, Indiana 46204

Hotel reservations: You may book online by visiting www.naadac.org/conferences or calling 1. 877.303.0104.

Please mention **NAADAC** to receive the special rate of $134 per night (plus applicable taxes).

Questions about room rates? Contact dkuehn@naadac.org.

All rooms must be booked by July 20, 2012 to receive the conference rate.

Scholarships

Scholarships are available. All scholarship applications must be received 60 days before the first day of the conference (June 12, 2012). Download a scholarship form by visiting www.naadac.org/education.

Partners

Part of what makes this conference unique is the depth and breadth of partnerships that NAADAC has developed. NAADAC is proud to have joined with 14 national and local partners, including the:

Indiana Family & Social Services Administration – Division of Mental Health and Addiction

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

IAAP The Indiana Association for Addiction Professionals

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

NALGAP: The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies.

TPAS TREATMENT PROFESSIONALS IN ALUMNI SERVICES

FACES & VOICES OF RECOVERY

INCASE International Coalition for Addiction Studies Education

NACoA National Association for Children of Alcoholics

NAPAFASA National Asian Pacific American Families Against Substance Abuse

NARR National Association of Recovery Residences

SAAS STATE ASSOCIATIONS OF ADDICTION SERVICES

NASAC NATIONAL ADDICTION STUDIES ACCREDITATION COMMISSION

Pre-conference

SATURDAY, AUGUST 11, 2012

Seeking Safety
PRESENTED BY LISA NAJAVITS
The Seeking Safety treatment for PTSD and substance abuse is comprised of 25 topics, approximately evenly divided among cognitive, behavioral, and interpersonal domains. Each addresses a "safe coping skill" designed to help the patient attain safety from both disorders. The topics are designed to be written in simple language, to be as emotionally compelling as possible, to provide a respectful tone that honors patients' courage in fighting the disorders, and to teach new ways of coping that convey the idea that, no matter what happens, they can learn to cope in safe ways without substances and other destructive behavior.

Guide to Screening, Brief Intervention and Treatment (SBIRT)
PRESENTED BY TRACY L. MCPHERSON, PHD, AND GERARD J. SCHMIDT, MA
Substance use is associated with physical and emotional health problems, alcohol-related traffic crashes, alcohol- and drug-impaired driving, accidents, and violence. Addiction professionals can identify and intervene early before substance use results in adverse consequences or they become alcohol or drug dependent. SBI uses a brief, valid, scientific, screening (five minutes or less) to identify whether substance use places an individual at risk for negative consequences. Depending on the results from the screening questions, the addiction professional may provide health education, simple advice, motivational counseling, help with an action plan or a referral for treatment. This training brings together the tools that you need to screen clients for substance use. In addition, you will be shown how to deliver effective brief interventions, when to make appropriate referrals for clients at risk for substance dependence, provide successful case management in collaboration with other medical professionals and effectively follow-up to support lasting behavioral change.

NAADAC Board of Directors Meeting
The NAADAC Board of Directors is the leadership body of the association that helps set the direction and priorities for the organization on behalf of its members. This session is open to all NAADAC members. The agenda will include an Approval of Minutes, reports from the Association's President, Executive Director, Treasurer, a financial review and goal setting for the Association.

Conference Schedule

SUNDAY, AUGUST 12, 2012

Fun Run/Walk (7 to 8 am)
Join us every morning for exercise and networking with other professionals. You choose your pace and enjoy the White River State Park's green spaces, trails, trees, waterways and recreational attractions.

Conference Kick Off and Exhibit Hall Opening (8 to 9:15 am)
Join with other conference participants and representatives of the nation's leading treatment centers, government agencies, businesses and educational institutions as the Leading the Way conference begins.

OPENING PLENARY SESSION – Shifting from Cognitive to Behavioral Approaches in CBT
9:30 – 10:30 am
CARLO DICLEMENTE, PHD

August 12 Morning Breakout Sessions
(11 am – 12:30 pm)

Discover Untapped Power Hiding in Plain Sight: Making Youth the Focus of Prevention
JIM CAMPAIN, LCSW
It is time to redesign prevention efforts for students by making them more youth-centric. This new design empowers students to move from the back seat to the driver's seat where they can steer initiatives that will more successfully resonate with their peers and truly make a difference.

Providing Services to Lesbian, Gay, Bisexual, Transgender, Intersex and Orientation Questioning Clients
PHIL MCCABE, CSW, CAS, CDVC, DRCC, AND MICHAEL SHELTON
For LGBT individuals, treatment must include a focus on the effects of stigma, homophobia and heterosexism in order to be beneficial to the patient. Not only does treatment need to be inclusive of the core issues affecting LGBT clients, it also needs to maintain a LGBT affirming understanding of the life skills necessary to develop and maintain a drug free existence. This course will provide participants with relevant information and skills to provide services to LGBT Individuals based on the Center for Substance Abuse Treatment Providers Guide.

Substance Abuse, Language Access and Cultural Competency
HIROKO MURAKAMI, MA, MSW
This session will provide an overview of the Asian American, Native Hawaiian and Pacific Islander populations and substance use in the community. Issues in treating AANHPIs, including diversity in the AANHPI community, language access and the law and cultural competence will be discussed.

Alumni Services as Recovery Support: Sharing Ideas and Resources
SHERRI LAYTON, LCDC, CCS, AND MATT FEEHERY
Alumni programs, one type of Recovery Support Service, are valuable elements in the continuum of care. Through facilitated discussions participants will share ideas and challenges in development, implementation and management of alumni services. Several models of successful programs, along with staff roles and volunteer utilization, will be discussed.

Why Organizations Matter: Accrediting Organizations and Programs Providing Peer Recovery Support Services
TOM HILL, DIRECTOR OF PROGRAMS, FACES & VOICES OF RECOVERY
As peer recovery support services to initiate and sustain recovery are being introduced across the nation, a range of issues has surfaced. Faces & Voices of Recovery, working with key stakeholders, is developing a system to accredit organizations and programs that provide peer services. Accreditation will provide a national oversight of a variety of peer services and supports, addressing critical issues including quality assurance of programs and services; training and supervision of peer workers; design, implementation and management of peer programs; and recovery values and culture in organizational settings.

Academic Accreditation Update
DONALD P. OSBORN, PHD (C)

NAADAC Membership Update (12:45 – 1:15 pm)
Find out the latest developments from NAADAC, the Association for Addiction Professionals. As a "thank you" for your participation in the meeting, you'll get a $10 lunch voucher.

Lunch (1:15 – 2:15 pm)
Lunch on your own.

August 12 Afternoon Breakout Sessions (2:30 – 4 pm)

Epidemics in Our Youth Culture: Bullying, Violence, HIV/AIDS & Suicide. Public Health Prevention Resources for At Risk Youth
PHIL MCCABE, CSW, CAS, CDVC, DRCC
While we continue our efforts on universal access to prevention, treatment care and support we need also to recognize the compounded issues many youth are currently facing. Youth encounter HIV/AIDS, bullying, suicide and youth violence at alarming rates. Preventing youth violence is a vital part of promoting the health and safety of youth and communities. A one-size-fits-all approach will not work in every instance. This seminar will review national campaigns and resources that have been developed to respond to the current crisis.

Problem Gambling: The Hidden Addiction
HIROKO MURAKAMI, MA, MSW
This session will offer critical information about problem and pathological gambling that all AOD counselors should know including: definition of problem and pathological gambling, impacts of gambling, vulnerable populations, co-morbidity, similarities and differences between gambling addiction and substance abuse, and resources. Case vignettes will be presented for discussion.

The Impact of Trauma on Adolescent Development and Behavior: Implications for Substance Abuse
NAWAL ABOUL-HOSN, PHD, LMHC, CAP, AND MARILYN P. CARD, MS
This presentation proposes the intimate relationship between trauma and substance abuse in adolescents. In this presentation we will venture the road connecting these disorders as their pathways appear to cross continually: trauma increases the risk of substance abuse, and substance abuse increases the possibility that adolescents will experience trauma. This presentation will conclude by demonstrating the need of integrating interventions when dealing with co-occurring diagnoses of trauma and substance abuse. Although it is unclear how many adolescents who abuse drugs and alcohol have experienced trauma, numerous studies have documented a correlation between trauma exposure and substance abuse in adolescents.

Going Beyond Cultural Competence to Champion Anti-Racism
TED TESSIER, MA, LMFT, LADC, CPP
Learning to recognize our biases and barriers is an important component of cultural competency. It is not enough to just learn about other cultures. It is more important to learn to be receptive to what culture means to the individual. Make the leap from cultural competence to championing anti-racism.

Marijuana: What the Internet Won't Tell You
ALLAN BARGER, MSW
Cannabis-using clients frequently believe marijuana is harmless, locking them into ongoing use. This session reports on research-supported risks linked to marijuana with thoughts on how those in both prevention and treatment settings can help clients and systems reinterpret their own beliefs and experiences to reduce use.

Screening, Brief Intervention and Referral to Treatment: A Paradigm Shift
JON AGLEY PHD, MPH, AND RUTH GASSMAN, PHD
This session will begin with a small group activity that will blend back into a whole-group discussion of the results. Questions from the audience will be invited. If time permits, video clips of best-practice SBIRT interviews will be shown.

PLENARY SESSION – Removing Defects of Character: The Spiritual Journey
4:30 – 5:15 pm
C.C. NUCKOLS, PHD

New Professionals Reception (5 – 6 pm)
Come meet others new to the profession, share some of your thoughts and stories and connect with more established professionals who can provide some guidance and advice.

Movie Night
(hosted by the National Association for Children of Alcoholics)
Join us in watching films and videos dealing with the critical issues of prevention, treatment and recovery from addiction.

MONDAY, AUGUST 13, 2012

Fun Run/Walk (7 – 8 am)
Join us every morning for exercise and networking with other professionals. You choose your pace and enjoy the White River State Park's green spaces, trails, trees, waterways and recreational attractions.

Regional Caucuses (7:30 – 8:30 am)
Find out what's happening in your region and get involved!

PLENARY SESSION – Chronic Pain and Addiction: A Challenging Co-occurring Disorder
8:30 – 10 am
MEL POHL, MD, FASAM

August 13 Morning Breakout Sessions (10:30 am – Noon)

Education and the Law
JOHN KORKOW, PHD, CCDC III, SAP
This workshop is designed so the educator can take appropriate ethical and legal steps when working with students, colleagues and administration. Recent court decisions have altered the legal landscape in which we unknowingly exist as educators. We will discuss the complex and altering legal landscape when working within higher education.

Writing and Recovery for Life (part one)
CARLYN C. MADDOX, MA
This powerful hands-on workshop focuses on writing as an expressive art and therapeutic tool. Participants will learn valuable writing techniques and deepening exercises that focus on healing from trauma, addiction and illness. Participants will learn how to approach writing as a self-care tool with themselves and with clients.

Using Technology for Workforce Development
MARY A. LAY, MPH, DESIREE GOETZE, MPH, DONGGIL SONG, MS, JUNGHUN LEE, MS, AND KAITLYN SALB, BS
In this session, we will discuss the process of soliciting and developing a menu of web-based trainings. The session will look at how to develop the training, the software needed to produce professional looking results and how to track the participants in the trainings. A panel from the Indiana Prevention Resource Center (Indiana's Addiction Technical Assistance Center) will lead this session.

JourneyDance™ and Therapeutic Movement: Implications for the Healing of Trauma-Addiction Interaction in a Holistic Manner
JAMIE MARICH, PHD, LPCC-S, LICDC
Dance, catharsis, psychodrama and spiritual practices like yoga are all modalities that can promote trauma processing and addiction recovery. JourneyDance is a practice that incorporates all three elements, and offers a powerful adjunct to what traditional psychotherapy can provide. In this workshop, participants will experience the JourneyDance practice for themselves and discuss how this integrative approach can not only help their clients, but also assist in their self-care as professionals.

Navigating the Dual-relationship: Ethical Decision-making for Counseling and Supervision Dilemmas (part one)
ADRIANNE TROGDEN, LAC, LPC-S
This workshop will provide guidelines for professional boundaries and dual-relationships between clients and counselors as well as supervisors and supervisees based on the NAADAC's Code of Ethics, 12 Core Functions and other relevant literature. Common ethical dilemmas and a framework for ethical decision-making will be presented along with helpful tips for avoiding ethical pitfalls.

Certification: What you Need to Know to Advance Your Career
JAMES HOLDER AND KATHRYN BENSON

Medication Assisted Treatment (part one)
GERARD J. SCHMIDT, MA, AND MISTI STORIE, MA

Awards Lunch (Noon – 1:45 pm)
Join us as we celebrate the best of the profession! NAADAC will recognize professionals from around the nation as it presents the NAADAC awards for outstanding contributions to the profession.

August 13 Afternoon Breakout Sessions (2 to 3:30 pm)

Teaching Techniques and Methods in Addiction Studies
VICKI MICHELS, PHD, AND MARGARET SMITH, EDD
This facilitated workshop offers participants the opportunity to discuss techniques and methods in their work as scholars of teaching addictions. Participants are encouraged to present undergraduate and graduate level specific assignments, projects, and interactive classroom activities for discussion. Please bring handouts and copies of assignments to workshop.

Writing and Recovery for Life (part two)
CARLYN C. MADDOX, MA
This powerful hands-on workshop focuses on writing as an expressive art and therapeutic tool. Participants will learn valuable writing techniques and deepening exercises that focus on healing from trauma, addiction and illness. Participants will learn how to approach writing as a self-care tool with themselves and with clients.

Problem Gambling 101
MARY A. LAY, MPH, AND DESIREE GOETZE, MPH
Problem Gambling effects between 1-3% of the adult population. Many of those who have issues with gambling also can have problems with alcohol and other drugs. In this session we will discuss what is problem gambling, the consequences and how clinicians can identify problem gamblers. Participants will learn about tools and resources that Indiana uses to address this issue.

Culturally Sensitive Group Facilitation and CBT
ROLAND WILLIAMS, MA, LADAC, NCAC II, CADC II, ACRPS, SAP
Group therapy is one of the most utilized modalities of treatment in use today. Our client population has become increasingly more diverse, and CBT is one of the most effective methods of moving an addicted client through behavioral change and awareness This interactive clinical workshop will provide participants with a greater understanding and exposure of specific clinical techniques for facilitating culturally sensitive group therapy using CBT techniques. We will integrate culturally specific counseling strategies into the group facilitation process, and use CBT techniques to create more positive outcomes. This training addresses many of the challenges working with a culturally diverse group population in group therapy.

Substance Abuse in the Homeless Population
SARA OSBORN, MS
This session will discuss how homelessness has become a nation-wide problem—not just a big city issue—along with nationwide statistics on homelessness. Ms. Osborn will explore how current mental health/substance abuse providers are attempting to engage the population, and the importance of wrap around services to serve this challenging and rewarding population.

Navigating the Dual-relationship: Ethical Decision-making for Counseling and Supervision Dilemmas (part two)
ADRIANNE TROGDEN, LAC, LPC-S
This workshop will provide guidelines for professional boundaries and dual-relationships between clients and counselors as well as supervisors and supervisees based on the NAADAC's Code of Ethics, 12 Core Functions and other relevant literature. Common ethical dilemmas and a framework for ethical decision-making will be presented along with helpful tips for avoiding ethical pitfalls.

Medication Assisted Treatment (part two)
GERARD J. SCHMIDT, MA, AND MISTI STORIE, MA

PLENARY SESSION – Healing the Addicted Brain: Cutting Edge Science and Brain Neurochemistry
4 – 5 pm
HAROLD URSCHEL, III, MD

NAADAC Political Action Committee Reception (5:30 – 7:30 pm)
Come support the largest and oldest Political Action Committee dedicated to the education and working for the interests of addiction-focused professionals. Suggested donation: $35.

TUESDAY, AUGUST 14, 2012

Fun Run/Walk (7 – 8 am)
Join us every morning for exercise and networking with other professionals. You choose your pace and enjoy the White River State Park's green spaces, trails, trees, waterways and recreational attractions.

Regional Caucuses (7:30 – 8:30 am)
Find out what's happening in your region and get involved!

PLENARY SESSION – The Keys to Restoring Intimacy in Recovery
8:30 – 10 am
ROKELLE LERNER

August 14 Morning Breakout Sessions (10:30 am to Noon)

Revving the Engines for Recruitment
A PANEL DISCUSSION LED BY DIANE SEVENING, EDD, CCDC III
PANELISTS: LARRY ASHLEY, EDS, LCADC, LMSW, LPC CPGC, GREGORY J. BENNETT, MA, LAT, AND DEL WORLEY, MC LPC, LISAC
Start your engines for learning about innovative approaches to recruiting student membership, addiction professional workforce development, and future leadership in the addiction profession. Educators and addiction professionals will discuss their experiences and successes.

Advocacy and the Addiction Professional
Christopher Campbell, MA, and Gerard J. Schmidt, MA
More than most areas of health care, addiction treatment is intertwined with government policy. This session will discuss practical strategies and tips for becoming an effective advocate for your clients and your profession. Participants will learn tools to influence government policy towards addiction that can be used this November and beyond!

Recovery-Oriented Care and the Indiana Access to Recovery Project
April Schmid, MPA
This presentation will explain the concept of a recovery-oriented system and the important role that each person, provider and system plays in a client's recovery. As the substance use disorder field moves to embrace long-term recovery as its fundamental goal for clients being served, it is critical for each service organization to understand where they fit in this new model and how they can be most effective in supporting the development of a recovery-oriented system in their community.

Cultures of Treatment
Robert R. Perkinson, PhD, LMFT, NPGC, SDCDC-III
Treatment for addiction has developed from four cultures: psychology, psychiatry, social work and addiction counseling. These cultures have their own language and believe that they offer the best treatment available. These cultures rarely talk to each other and when they do they don't understand each other. Front line counselors need to use all of the treatments that work. This means understanding becoming a part of and using all four of these cultural treatments in therapy. I will present three new 2012 books that combine the best that treatment has to offer including cognitive-behavioral therapy, motivational enhancement, medication, skills training and 12-step facilitation.

Cultural Issues in Addiction Treatment (part one)
Robert Richards, MA, CADC III, NCAC II
This workshop was developed to help the addiction professional understand how recognizing and addressing cultural identity and background are critical to the individuals treatment and recovery. Participants will gain a clearer understanding of these issues, how to adequately identify, respect and address them, starting with an adequate cultural assessment.

Ethics and Confidentiality for the Addiction Professional
Shirley Beckett Mikell, NCAC II, CAC II, SAP
This workshop will address national ethics standards for addiction professionals as well as review those governing allied professionals. Discussions of self-disclosure, scopes of practice, confidentiality regulations, mandatory reporting and many other adjunct issues will be addressed. Cases will also be discussed that have relevance to current addiction profession practice.

Prevention and Treatment: A Partnership for Effectiveness
Virginia L. Johnson, CSAPC, and Mary Jane McGill, MAC, LCAS, CCS, CSACII, LPC-S
Collaborating across the continuum of prevention, treatment and recovery is vital to increase effectiveness and address the numerous factors that influence addition. This session will discuss the role of prevention, the positive outcomes of working together, identify barriers that have limited collaboration and examine ways to overcome these barriers.

Regional Caucuses (12:15 – 1:15 pm)
Find out what's happening in your region and get involved!

August 14 Afternoon Breakout Sessions (2 to 3:30 pm)

So You Want to Teach College
Lisa K. Ray, MS
As academic education is becoming a more standardized approach to counselor preparation, clinicians are frequently the first people who are asked to become involved: as internship supervisors, then adjunct faculty and then, possibly, full-time faculty. Unless one knows the academic culture and hierarchy, clinicians can sabotage their own goals. This workshop will help those interested in teaching college, how to go about doing so.

The Emerging Spectrum of Clinical to Non-clinical Recovery Residences
Jason Howell, MBA
For many individuals, recovery residences are a vital component in the spectrum of clinical to nonclinical residential services supporting sustainable, long-term recovery from drug and alcohol issues. As the Recovery Oriented System of Care (ROSC) movement shifts the industry from an acute care focus to a chronic care approach, recovery support services (RSS), such as recovery residences, will play a much larger role in the future of addiction treatment and prevention. This presentation explores national housing standards, statewide trends and the integration of recovery residences into the treatment continuum to gain greater recovery outcomes.

Children Can Recover Too! Programs and Tools for Helping the Children of Your Clients
Sis Wenger
This workshop will address strategies to insure that the children of your clients also receive the help they need while you are supporting the parent with addiction and/or mental health problems. Among the strategies and materials to be introduced is Celebrating Families!™—an evidence-based family skill building curriculum currently implemented in over 70 sites across the country. It is a whole family recovery support program that has demonstrated outstanding results in preventing recidivism and relapse. When children also begin to heal, breaking the cycle in the family is strengthened.

Cultural Issues in Addiction Treatment (part two)
Robert Richards, MA, CADC III, NCAC II
This workshop was developed to help the addiction professional understand how recognizing and addressing cultural identity and background are critical to the individuals treatment and recovery. Participants will gain a clearer understanding of these issues, how to adequately identify, respect and address them, starting with an adequate cultural assessment.

New Drugs of the 21st Century
Randall Webber, MPH, CADC
This presentation will familiarize the participants with drugs that have recently emerging as substances of abuse in the United States. These substances
include Herbal Incense (synthetic cannabinoids), bath salts (methcathinone derivatives), kratom and salvia. Since new drugs are emerging so rapidly, the presentation will also cover substances that have appeared on the street between February and August of 2012. This presentation will also address urban myths that may be likely to mislead the workshop participants.

Improving Decision-making Regarding Prevention and Treatment Needs: An Overview of Indiana's State Epidemiology and Outcomes Workgroup
Eric R. Wright, PhD
Indiana's State Epidemiological and Outcomes Workgroup (SEOW) was established in 2006 as part of a state-wide effort to integrate data-driven decision-making into the substance abuse prevention and treatment policymaking process. The SEOW annual reviews data from multiple sources to monitor substance use and abuse across the state and makes data-driven recommendations for policy action. In this session, Dr. Wright, Chair of the Indiana SEOW, will provide an overview of the SEOW, how it works, key findings and recommendations, as well as a summary of the major challenges of using data to shape substance abuse prevention and treatment policy.

Recovery to Practice
Cynthia Moreno Tuohy and Shirley Beckett Mikell, NCAC II, CAC II, SAP

Afternoon Session – Rally for Recovery
(3:30 – 5 pm)
Indiana Legislature
Come with us as we Rally for Recovery on the steps of the Indiana Legislature. We will hear from local legislators who sponsored the state's licensure legislation, will be joined by invited speakers H. Westley Clark from the Center for Substance Abuse Treatment and Representatives John Sullivan (R-OK) and Tim Ryan (D-OH), the co-chairs of the Addiction Treatment and Recovery Caucus of the House of Representatives.

WEDNESDAY, AUGUST 15, 2012

Fun Run/Walk (7 – 8 am)
Join us every morning for exercise and networking with other professionals. You choose your pace and enjoy the White River State Park's green spaces, trails, trees, waterways and recreational attractions.

The Clergy Education and Training Project (8:30 am – 3 pm)
Sponsored by the National Association for Children of Alcoholics
Alcohol and drug problems interfere with the capacity of addicted individuals and their family members to develop and sustain a meaningful spiritual life. Clergy and other pastoral ministers have a wide array of opportunities to address these problems and lead hurting families to recovery support and healing. This is day-long training for clergy, other pastoral ministers and those who work in congregations will focus on core competencies, curriculum development, development of free materials for distribution through congregations for educational efforts and partnerships with federal agencies.

August 15 Morning Breakout Sessions
(8:30 – 10:30 am)

What is so Important About Clinical Supervision?
David Powell, PhD
"With all the pressures on us today, I would love to provide better supervision to staff. But who has the time to do so?" Although clinical supervision is viewed as an essential part of our delivery of services and is often praised by management, there remains a patchwork quilt of supervision services provided in the field. Given all of the constraints on management and staff today, why should supervision be integrated into our programs and how can we find the time for it? This session provides the foundation of why supervision is essential, what is good supervision and how to go about establishing a clinical supervision system for your organization.

Licensure: The Experience of Three States and The Future
Kirk Bowden, PhD
This workshop is specifically designed for individuals in state leadership positions in the addiction counseling profession, as well as state political and regulatory staff. Using the experience of three states (AZ, ND and NJ) as examples, participants will learn the political and professional factors leading to differing models of licensure bodies for Addiction Counselors. The discussion will bring out the experience of other states and models.

Trauma, PTSD and Addiction: A Growing Concern
Ronald Lee Cobb, DMin, MA, MDiv, CISD, LCAC
Persons dealing with trauma have a life time of work ahead. A trauma history is similar to having a substance abuse history. A healthy approach to recovery from trauma and to substance abuse issues is to face the issues squarely, have group support, gain the ability to listen to others as well as to share your own story, and if needed, to be open to individual therapy.

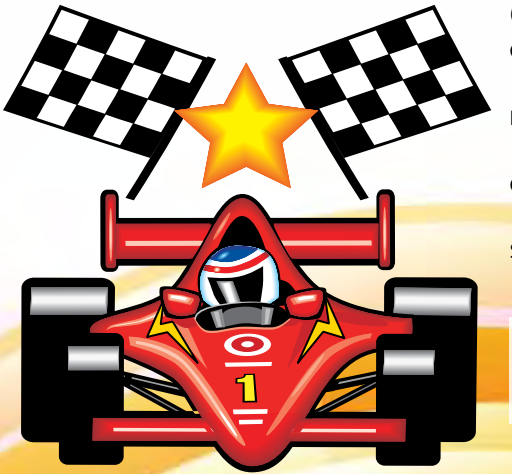
Unholy Trinity
Larry Ashley, EdS, LCADC, CPGC
The Unholy Trinity, which consists of behavioral addictions including, eating disorders, problem gambling and sexual addiction, will be explored and discussed. History, etiology, symptoms, diagnostics, assessments, interventions and treatment will be covered to increase awareness and to enable professionals to effectively and successfully treat the aforementioned addictions.

Bipolar, Borderline and Substance Abuse: Treating the Most Difficult Cases
Debra Meehl, DD, MSW
This session will be an interactive presentation on using Dialectical Behavior Therapy, and the latest scientific research on SPECT imaging and medication for substance abuse using case examples, open questioning and interactive demonstrations. Case examples will be used to demonstrate the effectiveness of DBT in treating mood and personality disorder with co-occurring substance abuse.

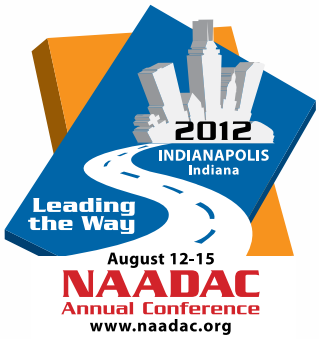
Smoking Cessation: How I Stopped a Four Pack a day Habit
Michael Yeager, BA
"Stopping smoking is easy for me" or "Stopping smoking is hard for me" are stories people tell themselves that produce results consistent with the story. This seminar will inform participants how to help clients to direct their mind to change their behavior.

CLOSING PLENARY SESSION – What is Needed for the Counseling Field? What is the Future of Clinical Supervision?
11 am – Noon
David Powell, PhD

Stop and Register Now



Registration Form



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POINT

A response to the NAADAC position on medical Cannabis

Addiction professionals need to understand the roots of criminalization

By Edward A. Pane, LSW, MSW, MBA, CAC Dipomate

What do you think about medical marijuana? Take the survey at www.esurveycreator.com/live.php?code=dcde749

There is in fact compelling scientific evidence for the use of cannabis which I hope this rebuttal will make clearer. It is critical at the outset to note this article is about medical use, not recreational. The two are routinely combined; even in the title of the article about NAADAC's position statement on medical marijuana, "Medical Marijuana is a Bad Prescription: NAADAC Speaks Out Against Legalized Pot" (Kuehn, Donovan, 2011) published in the October/November 2011 NAADAC News. The first words are "Medical Marijuana" and the words after the colon refer to "Legalized Pot." They are not the same thing.

Endorsements and Positive Position Statements for Medical Cannabis

It may seem out of sequence to begin an article with endorsements for a position. Those usually come at the end after a lengthy buildup. However, in this case I believe it best to start there and then work backwards to discover how America ended up where it is regarding this important issue.

- *American Nurses Association:* "The American Nurses Association (ANA) recognizes that patients should have safe access to therapeutic marijuana/cannabis. Cannabis or marijuana has been used medicinally for centuries. It has been shown to be effective in treating a wide range of symptoms and conditions." (Association, 2011)
- *American College of Physicians:* "ACP strongly supports exemption from federal criminal prosecution; civil liability; or professional sanctioning, such as loss of licensure or credentialing, for physicians who prescribe or dispense medical marijuana in accordance with state law. Similarly, ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws." (Taylor, 2008)
- *The American Academy of Cannabis Medicine:* (physician's group) "The AACM recognizes that the active ingredients of the cannabis plant are useful in treating a variety of illnesses. The AACM bases our assessment on the thousands of scientific studies which have clearly demonstrated the medical utility of cannabis and cannabinoids. These scientific studies have been done both here and abroad, and they affirm the medical benefits of cannabis." (AACM, 2010)
- *AIDS Action Council:* "AIDS Action supports patients who use medical cannabis for their symptoms and the state laws that allow them to do so." (Council, 2007)
- *American Medical Association via Council on Science and the Public Health:* "Results of short term controlled trials indicate that smoked cannabis reduces neuropathic pain, improves appetite and caloric intake especially in patients with reduced muscle mass, and may relieve spasticity and pain in patients with multiple sclerosis." (AMA, 2010)

(The list of endorsing medical organizations is extensive and I'm still in the "A's", so I'm going to fast forward.)

- *National Nurses Society on Addictions:* "The National Nurses Society on Addictions urges the federal government to remove marijuana from the Schedule I category immediately, and make it available for physicians to prescribe." (Addictions, 1995)
- *National Academy of Sciences - US Institute of Medicine:* "Scientific data indicate the potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation. … For certain patients, such as the terminally ill or those with debilitating symptoms, the long-term risks [associated with smoking] are not of great concern. … [Therefore,] clinical trials of marijuana for medical purposes should be conducted. … There are patients with debilitating symptoms for whom smoked marijuana might provide relief. … Except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications." "There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs." (Joy, Janet E; Watsons, Stanley J; Benson, John A., 1999)

The following group of faith-based communities organized under the Interfaith Drug Policy Initiative have also endorsed medical use of cannabis: The United Methodist Church, Presbyterian Church (USA), United Church of Christ, Progressive National Baptist Convention, Episcopal Church, Billy Graham Ministries, United Universalist Association, Union for Reform Judaism, National Council of Churches, Evangelical Lutheran Church in America, Progressive Jewish Alliance and the Society of Friends. (Interfaith Drug Policy Initiative, 2010)

Not exactly the crowd you might have expected.

A Brief History of Medical Cannabis

The evidence for medical use of cannabis dates back more than 5,000 years to writings in ancient China where compounds and tinctures were made from the plant. Writings from India dated to 1,000 BCE discuss the use of Bhang, a cannabis drink, as an anesthetic and antiemetic. Cannabis was a common herb used for the treatment of a variety of disorders.

Jump forward several millennia. The book, *Anatomy of Melancholy* published by English clergyman Robert Burton in 1621, claimed cannabis as a treatment for depression (Burton, 2001). In 1839, William O'Shaughnessy, MD, working in the service of the British in India wrote the first modern English medical article on cannabis. Several more followed and were well received. (Aldrich, 2001) Tinctures made from the cannabis plant were common throughout the 19th century and were recommended in particular for pain and migraine.

As the 19th century waned, overall use of plant-based herbal remedies declined in favor of more dose-controlled pharmaceutical com-

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COUNTERPOINT

Legalization is clear, simple and wrong

Our current problem is not with marijuana laws, but marijuana use

By Allan Barger, MSW

What do you think about medical marijuana? Take the survey at www.esurveycreator.com/live.php?code=dcde749

The journalist H.L. Mencken once observed, "For every complex problem there is an answer that is clear, simple and wrong."

Several clear, simple arguments for legalizing marijuana have gained traction with the public. Marijuana proponents assert it is less harmful than alcohol and, since alcohol is legal, it it is hypocritical to market alcohol while marijuana remains illegal. They argue marijuana is already widely available, so legalization will have no impact on use or problems. Moreover, they predict legalization will unburden enforcement, court and penal systems while creating new tax revenues, providing a productive fix for the budget woes faced in many states. This argument for legalization is attractive, but is legalization the right answer? As one who has spent the past 15 years following the published cannabis research, I am dubious.

Half of winning a debate is getting to frame the context. Those advocating marijuana legalization frame it as a fairness issue by comparing marijuana to alcohol. This can be stated as, "You drink your glass of wine, why can't I smoke my weed?" This is a false analogy equating alcohol in any amount to using in marijuana, but the two are not equivalent.

Most adults are not impaired on a standard drink consumed in an hour with a meal,[1,2] and this type of drinking can be readily observed in many restaurants. The majority of drinkers in the United States consume alcohol in small quantities for most of their adult life with negligible negative effects.[3] A more accurate analogy compares marijuana use to drinking for a high. A person may have a cold beer after mowing the lawn to enjoy the taste and cool off with no intention to get even tipsy; but the purpose of using marijuana is to get buzzed or high. There is no other reason to use it. Occasions of use are actually bouts of impairment. This distinguishes it from typical alcohol use and, from a public health perspective, is problematic. To frame the debate as marijuana versus alcohol ignores the actual question that must be asked: Is marijuana harmful to those using it?

Legalization proponents argue marijuana causes fewer problems than alcohol, but this is partly because far fewer people use it. The latest figures from SAMHSA's National Survey on Drug Use and Health (NSDUH) show 4.6 million marijuana users were daily or near daily users, using 300 or more days in the past year while those binge drinking alcohol at least once in just the past 30 days is a rate 12 times higher at 58.6 million people.[4] Proponents note marijuana use has not greatly increased in states with medical marijuana laws, but overt legalization communicates social approval of casual use.

Many individuals won't break the law to use a substance or lie to a physician to get a prescription so current availability is not a good proxy measure of what happens with increased social acceptance. With legalization, use rates are likely to shoot up, especially in our advertising-driven society where billions in corporate profits can be made by promoting its use. This is supported in a study of California legalization effects done by the Rand Drug Policy Research Center in 2010. Their studies suggest use rates would likely increase by 25 percent among adults, with more new initiates, more regular users, and people using for longer periods of time.[5,6] With this rise in use comes increased financial and human costs. They would not speculate on what might happen among youth consumption except to say it would likely rise.

No one aware of alcohol's links to high-speed driving, fights, assaults and suicide, believes it is harmless and marijuana's effects are not so dramatic, but marijuana is not benign. Comparing it to alcohol masks marijuana-specific problems. Marijuana users report it helps them to focus attention, but this is really a loss of ability to rapidly shift attention among multiple things. This diminished ability to shift attention is a problem when driving.

Research finds those acutely under cannabis' influence lose capacity to rapidly attend to the multiple factors required in driving, can impair perception and slow response times.7,8 These effects impair driving and create an increased risk for both crashes and fatalities.9,10 Its lingering effects include memory problems, impaired executive brain functions of problem-solving, prioritizing, planning and persistence to task completion, and inflexible thinking, with persistence in erroneous problem-solving.11,12 Longitudinal studies found, compared to non-users, marijuana users have poorer life outcomes including an increased probability of using other illicit drugs, being depressed, spending more time unemployed, with lower income and more likely to be single or divorced.

With or without pre-existing psychopathology, the most powerful predictor of cannabis dependence at age 21 is the quantity and frequency of use at age 18.[13-16] Long-term heavy marijuana users show reduced brain hippocampus and amygdala volume with increased subthreshold psychotic symptoms. These can include flat emotional affect, delusions, anhedonia, being more asocial, or experiencing amotivation. Heavy users also exhibit a decreased capacity for verbal learning and more memory impairment. Cannabis also appears to act as an environmental risk factor for triggering schizophrenia in genetically predisposed individuals.[17-19] Legalization will likely increase these public health burdens due to increased use.

While legalization might decrease some social costs, particularly in the legal system, it is likely to increase other costs. Those favoring legalization often point out alcohol prohibition caused the rise of organized crime, but fail to note organized crime did not vanish when Prohibition ended. It simply moved to other "businesses." We may see reduced costs in police, court and detention systems for prosecuting mostly misdemeanor possession charges, and yes, taxes could create new revenue. However, as noted from studies already cited, these benefits are likely to be significantly offset by increased regulatory bureaucracy, black market sales, increased healthcare costs, more demand for treatment of cannabis dependence and greater losses in economic productivity. We are also likely to see some enforcement and

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NAADAC
THE ASSOCIATION FOR ADDICTION PROFESSIONALS
www.naadac.org
1001 N. Fairfax St., Ste. 201
Alexandria, VA 22314

NAADAC Position Statement on Medical Marijuana

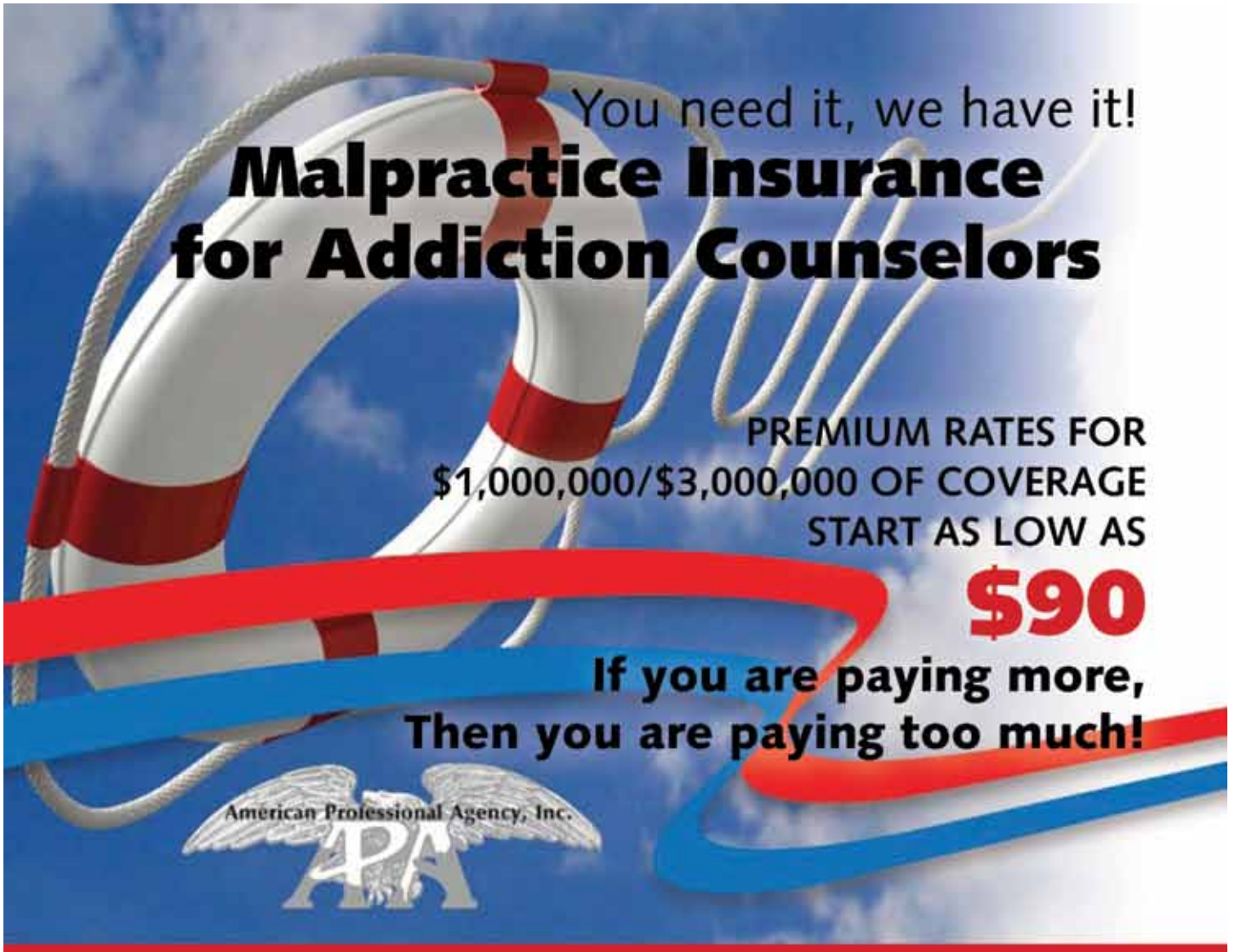
Summary

NAADAC, the Association for Addiction Professional ***does not*** *support the use of marijuana as medicine. Marijuana should be subject to the same research, consideration and study as any other potential medicine, under the standards of the U.S. Food and Drug Administration (FDA). Further, NAADAC does not support legislative or voter ballot initiatives to legalize marijuana for medical use.*

Background

- Marijuana is listed in Schedule I of the Controlled Substances Act (CSA), the most restrictive schedule. The Drug Enforcement Administration (DEA), which administers the CSA, continues to support that placement, and FDA concurred because marijuana met the three criteria for placement in Schedule I under 21 U.S.C. 812(b)(1) (e.g., marijuana has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision).
- Marijuana should be subject to the same research, consideration, and study as any other potential medicine. The U.S. Food and Drug Administration (FDA) is the sole Federal agency that approves drug products as safe and effective for intended indications. The Federal Food, Drug, and Cosmetic (FD&C) Act requires that new drugs be shown to be safe and effective for their intended use before being marketed in this country. FDA's drug approval process requires well-controlled clinical trials that provide the necessary scientific data upon which FDA makes its approval and labeling decisions. If a drug product is to be marketed, then disciplined, systematic, scientifically conducted trials are the best means to obtain data to ensure that drug is safe and effective when used as indicated. Efforts that seek to bypass the FDA drug approval process would not serve the interests of public health because they might expose patients to unsafe and ineffective drug products. FDA has not approved smoked marijuana for any condition or disease indication. ***NAADAC recognizes the supremacy of federal regulatory standards for drug approval and distribution. NAADAC recognizes that states can enact limitations that are more restrictive but rejects the concept that states could enact more permissive regulatory standards. NAADAC discourages state interference in the federal medication approval process.***
- There is currently sound evidence that smoked marijuana is harmful. A past evaluation by several Department of Health and Human Services (HHS) agencies, including the Food and Drug Administration (FDA), Substance Abuse and Men¬tal Health Services Administration (SAMHSA) and National Institute for Drug Abuse (NIDA), concluded that no sound scientific studies supported medical use of marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use. There are alternative FDA-approved medications (i.e., Oral THC) in existence for treatment of many of the proposed uses of smoked marijuana. ***NAADAC rejects smoking as a means of drug delivery since it is not safe.***
- A growing number of states have passed voter referenda (or legislative actions) making smoked marijuana available for a variety of medical conditions upon a doctor's recommendation. These measures are inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the FD&C Act. Further, voter or legislative initiative does not meet the scientific standards for approval of medicine. Voter and legislative passage of marijuana-as-medicine laws may actually inhibit good medicine because they shortcut the necessary step of researching the marijuana plant and the chemicals within that may have legitimate medical applications. ***NAADAC does not support legislative or voter ballot initiatives to legalize marijuana for medical use.***

Approved by the NAADAC Executive Committee: January 2011.



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FEATURE ARTICLE

Not your father's Buick

Effective prevention messages must resonate with today's youth

By Jim Campain

Not Your Father's Buick was a marketing ad a few years ago, created by General Motors. Its intent was to inspire younger buyers to consider purchasing their product on the premise that today's Buick was sleeker, sexier and hipper than the car they may remember their father, or more likely their grandfather, driving. Those involved in the work of school improvement, prevention and intervention may benefit from learning a few lessons from this approach. Today's students don't want and may not be responding to "our father's prevention programs."

Consider these questions:

* *Are today's students, who are exposed to and participate in state of the art HD action-oriented video games with multiple explosions, destruction, violence and mayhem at all levels, likely to be frightened or scared into making different decisions by viewing a wrecked car or staged accident scene?*
* *Are today's students assimilating yet another prevention-oriented curriculum delivered by an adult who they may or may not believe really understands their world?*
* *Are red ribbons, balloons and decorated classroom doors the strongest way we can message to today's students who daily are exposed to the most sophisticated forms of marketing technology in our history?*
* *Are today's students fully connected and engaged in their school experience and believe they can make a difference or do they feel disenfranchised, devalued and unimportant?*

I would contend that today's students are not moved by many of yesterday's efforts toward school improvement, prevention and intervention because they don't find them appealing; they question the credibility of the message and, at times, the messenger, and generally don't feel they resonate with their world.

The problem lies not in the intent of these efforts but in the design of the strategy. The intent of teachers, administrators, parents and the community to keep our youth safe and healthy with hopeful futures is as strong as ever. While forces in our culture and in the world have increased the challenges we face to achieve these goals, we hold fast to our commitment. When GMC launched their campaign it was not enough to simply have a catchy slogan, they had to demonstrate it. They had to take their good intentions of manufacturing a quality automobile and redesign it for today's consumer. They had to learn what the customer wanted, how to make it more comfortable and appealing to the eye as well as improve its efficiency and performance. They had to be more successful in reaching their goal. Likewise, we must look at our customers and consumers, those we wish to influence in healthy ways, and redesign the methods and strategies we use to reach them.

Today's youth are aware of their changing world and any number of local and global movements occurring daily, and they want to be part of the solution. Students talk with us about bond issues and mil levee elections that impact their schools. They are concerned about family matters, insecurities of the job market and risky choices being made by their friends. They verbalize frustration that their collective voice is not being heard on matters as personal to them as the climate and culture of their schools. They know they comprise 90 percent of the people on any given school campus. They realize they constitute a third of the stakeholder groups at school while parents and staff/administrators make up the remainder, and they know they are the only group under-represented at the decision-making table. They ask:

- "Why do we need to spend so much time preparing for standardized exams at the expense of what we need to study?"
- "What can we do to reduce all the drama at school and treat each other more respectfully?"
- "How can we keep our friends safe from drinking and driving?"
- "What about our litter problem…parking shortage…declining school spirit and disappearing traditions?"
- "How about cleaner bathrooms?"

These are the issues students would like to negotiate and plan for just as the staff negotiates for compensation, benefits and class size and the PTA/PTO plan fundraisers and annual pet projects. The intentions are good but the design is faulty when the "1/3, 90%" are left out of the equation of seeking solutions.

Researchers in the areas of influence and persuasion understand that the people who make up our social networks exert tremendous influence over us and others. They understand that the persuasion these influencers have is 24/7/365 and that school leaders and parents don't control the on-off switch. Other researchers in the fields of school connectedness and attachment and bonding provide overwhelming evidence that when young people feel safe, secure, valued and listened too, destructive behaviors and attitudes are mitigated and healthier behaviors result. If we are to become smart influencers ourselves, we will redesign our efforts to be more inclusive of this tremendous asset on our campuses and embrace it as a newfound source of energy. This reality can serve as our call to action. When a student body is organized, empowered and mobilized with an authentic voice and message, they can become a formidable influence capable of impacting individual lives and the school's culture of success.

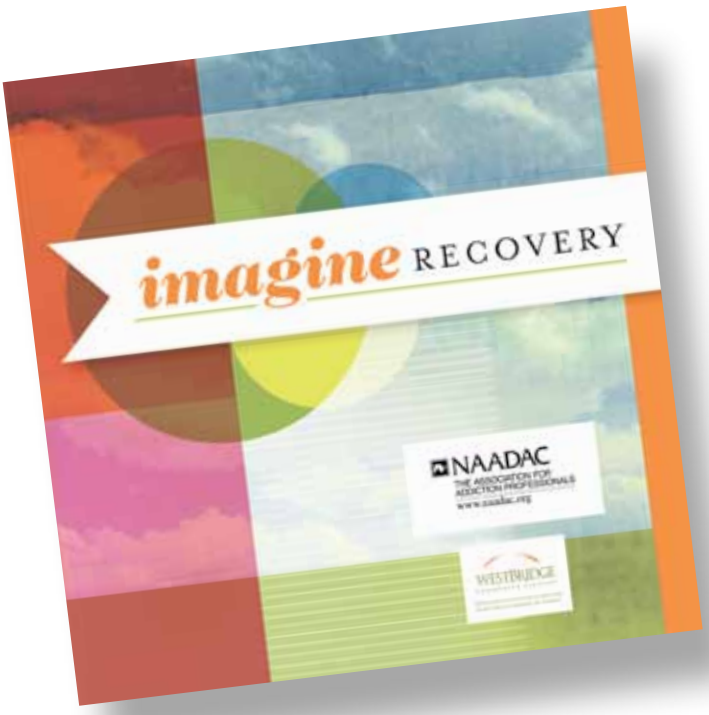
Our good intentions must remain but our design must change!

Jim Campain, LCSW, is the co-founder of The Concierge Approach™ (www.conciergeapproach.com) and the owner of Red Truck, LLC, a training, consulting and management firm. Jim served as Student Assistance Coordinator for the Poudre School District for 30 years where he led the District's mental health team, crisis response efforts and ATOD prevention programs. As a Licensed Clinical Social Worker, he maintained a private practice specializing in family and couple therapy as well as conducting child custody evaluations for family court.

Imagine Recovery blends music and message

Artists volunteer their time to help counselors in need

By Donovan Kuehn, NAADAC News Editor



A performer who has sold three millions albums has taken on a new challenge: helping addiction counselors in need.

Terry Kirkman, one of the founders of the Association, has joined with 11 other artists to release the *Imagine Recovery* CD.

The *Imagine Recovery* CD is a collaboration supported by NAADAC, the Association for Addiction Professionals, Westbridge Community Services and the artists themselves.

The motivation for this project was to support the professionals who help individuals achieve recovery. Throughout the United States, there are almost 80,000 professionals who work with clients, families and communities to restore hope to people who are suffering from addiction. These challenging economic times have also had an impact on addiction professionals with demand for their services increasing while budgets are being cut, programs are shutting down and professionals are losing their jobs.

This CD has two intended purposes: to share the personal and poignant stories of recovery, sometimes from the perspective of the artists themselves, and to provide support for the 6,000 addiction-focused professionals who have lost their jobs over the last few years.

Revenues from this project will be used to help counselors maintain their certification to practice, and remain a part of the professional community to help them get back on their feet as the economy improves.

This CD is a labor of love, faith and hope: love of music, faith that things will get better and the hope that our individual contributions can help people change for the better.

The CD features songs by the following artists:

- Wildflowers in the Grass by Sonia Lee
- Eke Out Something Beautiful by Bill Burnett and the BackBoners
- Opting for the Yorn by the Denny Seiwell Trio
- Balm in Gilead by Nneena Freelon
- I Love You All by John McAndrew
- Salina Fats by Terry Kirkman
- Inside Looking Out by Steve Mills
- Peace and Calm by Christopher Tuohy
- Cheques From Chairman Mao by Wayne Kramer
- Wanderer by Hannah Aldridge
- Swallow Me written by Philip Jason Bender-Stone/sung by Charlotte Warren Sass
- One Day at a Time by Andy "Babe" Pace

CDs are available by donation from the NAADAC website at www.naadac.org and click on "bookstore."

Professionals seeking to apply for support generated by the proceeds of this program should contact naadac@naadac.org or visit www.naadac.org/education for more information.

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pounds. Still, cannabis remained available. Preparations continued to be used into the late 1930s, primarily in the form of tinctures. No negative reports of side effects such as those associated with the opioid and alcohol-based drugs were noted. It remained on the list of US Pharmacopeia approved by the FDA.

How Did We Get Here?

The path to criminalization of cannabis was relatively brief, collapsed into a few years in the late 1930s. The Great Depression began in October 1929. In the highly charged years afterwards, foreign nationals, particularly Mexicans were seen as taking jobs from White America; Mexicans were often said to use marijuana. This perception fueled much of the early efforts to ban the drug, primarily in the Deep South. (Musto, 1972).

In 1931, Harold Anslinger was made chief of the Federal Bureau of Narcotics and Dangerous Drugs (FBNDD). He held the position until 1963. Anslinger was an avowed racist who used the economic crisis to tie cannabis to minority populations.

The cult classic "Reefer Madness" was produced with the assistance of the FBNDD. Posters for the movie portrayed Caucasian women with a wanton "come hither" look. The message—the need to protect white women—was clear.

Formal hearings for the prohibition of marijuana were held in 1937. Those called to testify before the committee were selected primarily because of their opposition to the drug. Curiously, representatives from the Division of Mental Hygiene (now the National Institute of Mental Health) were not invited to testify. Only one physician, Dr. Walter Treadway, MD, was invited to testify, perhaps to lend an air of legitimacy to the process. Dr. Treadway was a physician and attorney representing the AMA. His remarks challenged the well-understood intent to ban the drug. Excerpts of his testimony follow:

> Cannabis Indica does not produce dependence as in opium addiction. In opium addiction there is a complete dependence and when it is withdrawn there is actual physical pain which is not the case with cannabis. Alcohol more nearly produces the same effect as cannabis in that there is an excitement or a general feeling of lifting of personality, followed by a delirious stage, and subsequent narcosis. There is no dependence or increased tolerance such as in opium addiction. As to the social or moral degradation associated with cannabis it probably belongs in the same category as alcohol. As with alcohol, it may be taken a relatively long time without social or emotional breakdown. Marihuana (sic) is habit forming although not addicting in the same sense as alcohol might be with some people, or sugar, or coffee. Marihuana (sic) produces a delirium with a frenzy which might result in violence; but this is also true of alcohol. (Musto, 1972).

He went on to plead that physicians continue to have access to the drug, believing it had use. His voice was ignored. The Marijuana Tax Act of 1937 was passed into law. The hearing took only two hours.

This single moment in time, almost 75 years ago, is the sole reason marijuana became criminalized. And it is impossible to overstate, or overemphasize this singular, critical point. This is the reason physicians do not have access to the drug.

It wasn't because of deaths, or crime, or addiction or medical crises. No, it was a politically motivated, racially charged action that effectively removed access to physicians. The law itself was a "tax act," a classic Catch-22. To possess marijuana, one had to purchase a tax stamp from the Federal Government. To purchase the stamp, one had to show they had the marijuana. The Supreme Court struck down the law as unconstitutional in the late 1960s. In 1970 it was replaced by the "Controlled Substances Act."

It is critical for us as addiction professionals to understand the basis for criminalization of the drug. After the criminalization, two commissions, each with a distinguished panel of multidisciplinary professionals, studied the use of cannabis. Bear in mind each of these were in regard to "recreational use" of the drug, not potential medical applications.

In 1944, New York City Mayor Fiorello LaGuardia commissioned a panel to study cannabis in light of what might constitute an important health and criminal problem for New York. The panel consisted of Dr. Peter F. Amoroso, First Deputy Commissioner (later Commissioner) of Corrections; Dr. Karl M. Bowman, Director of the Psychiatric Division of the Department of Hospitals; Dr. S.S. Goldwater, Commissioner of Hospitals, and Dr. John L. Rich, Commissioner of Health.

Among their conclusions was that, "The use of marihuana (sic) does not lead to morphine or heroin or cocaine addiction and no effort is made to create a market for these narcotics by stimulating the practice of marihuana smoking." They added, "The publicity concerning the catastrophic effects of marihuana smoking in New York City is unfounded." (Medicine, 1944)

In 1972, President Richard M. Nixon commissioned another study on the use of cannabis. Former Pennsylvania Governor, Raymond P. Shafer, another conservative Republican, chaired that committee. Again, a distinguished panel of experts studied the broad topic of cannabis use in the United States. Medical use of the drug was still not in the public mind. Quoting directly from the Commission's report:

> "We (the panel) commissioned more than 50 projects, ranging from a study of the effects of marihuana (sic) on man to a field survey of enforcement of the marihuana (sic) laws in six metropolitan jurisdictions. Of particular importance in our fact-finding effort were the opinions and attitudes of all groups in our society.
>
> …The existing social and legal policy is out of proportion to the individual and social harm engendered by the use of the drug.
>
> …Marihuana (sic) clearly is not in the same chemical category as heroin insofar as its physiologic and psychological effects are concerned. In a word, cannabis does not lead to physical dependence. (Abuse, 1972)

The report went on to recommend decriminalization.

As you may well guess, the Nixon administration was not pleased. The report was shelved and no actions based on its recommendations were implemented. Instead the United States declared a "War on Drugs," began the drug scheduling system and listed cannabis as Schedule 1, with a high potential for abuse, no currently accepted medical use and a lack of accepted safety for use, even under medical supervision.

Lack of Research Proving the Effectiveness of Cannabis

The most frequently cited reason for not making cannabis medically legal is the lack of research-based evidence. Indeed, NAADAC's position states that marijuana, "…has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision."

Moreover, the NAADAC position states, "Marijuana should be subject to the same research, consideration, and study as any other potential medicine. The U.S. Food and Drug Administration (FDA) is the sole Federal agency that approves drug products as safe and effective for intended indications." (Kuehn, Medical marijuana is a bad prescription: NAADAC speaks out against legalized pot, 2011).

Medical cannabis advocates could not agree more! The FDA is best equipped to determine whether or not medications are safe and effective. So why hasn't cannabis been found definitively one or the other? The simple fact is that the Department of Health and Human Services (HHS), through its National Institute on Drug Abuse (NIDA) refuses to release the drug for-FDA approved studies.

Research Blocked

In April 2011, the U.S. Food and Drug Administration approved a study to test whether marijuana could ease the nightmares, insomnia, anxiety and flashbacks common in combat veterans with post-traumatic stress disorder. However, HHS has refused to provide government-grown cannabis for the study. The Multidisciplinary Association for Psychedelic Studies (MAPS) is the nonprofit group that proposed the study. (Vastag, 2011)

However, NIDA has provided MAPS with MDMA, Psilocybin, LSD, Ibogaine and other Schedule 1 drugs for study. Whole plant cannabis is the sole exception. Are we to believe marijuana is so much more dangerous that researchers capable of handling these and other Schedule 1 drugs are not competent to deal with it? C'mon.

This particular story is not an exception. "Donald Abrams, MD, a cancer and integrative medicine specialist at the University of California at San Francisco, applied to NIDA to purchase cannabis for research on potential benefits for AIDS patients in 1994. FDA input influenced the study design and several institutional review boards approved it. NIDA rejected the application. However, NIDA later approved a study to explore the "risks" of marijuana in HIV-positive patients." (Bittner, 2007)

And there are many, many more such examples. The drug has not been studied because the federal government blocks study of the drug, and then says it has no studies to support medical use. Confused?

Cannabis needs to be, deserves to be studied as rigorously as every other drug. But the government blocks research approved by its own FDA that could settle the matter one way or the other. It is another clever "Catch 22." They're not lying, but they are most certainly not telling the truth either.

Scientific Literature

Despite government claims to the contrary, research on the efficacy and safety of cannabis is readily available in peer reviewed medical and scientific literature. Citing only a few titles as examples:

- Marijuana as Antiemetic Medicine: A Survey of Oncologists' Experiences and Attitudes. (Doblin, Richard E.; Mark, A.R., 1991)
- Smoked Medicinal Cannabis for Neuropathic Pain in HIV: A Randomized Crossover Clinical Trial. (Ellis, RJ; Toperoff, W; Vaida, F; et. al, 2009)
- Efficacy, safety and tolerability of an orally administered cannabis extract in the treatment of spasticity in patients with multiple sclerosis. (Vaney, 2004)
- Cannabinoids cool the intestine. (Kunos, G; Pacher, P, 2004)
- Treatment of Chrons Disease with Cannabis: an Observational Study. (Naftali, T; Bar,L; Yablekovitz, D; Half, E; Konikoff, F, 2011)

This list could go on for several more pages, each new citation from a scholarly, peer reviewed journal and authored by distinguished researchers. But I think the point has been made.

Conclusions and Opinion

The criminalization of cannabis, marijuana, began as racially-motivated act at a very dark time in our segregationist history. Nothing in crime or in medical incident impelled the pursuit to illegality. In a remote, but very real way, the country's refusal to revisit the issue with challenging, scientific study, the continuing proscription in law for medical cannabis, and position statements endorsing the government's stance are a tacit endorsement of the racism that first brought the current situation to be.

We addiction counselors understand the use of potentially habit-forming drugs for medical benefit. We are painfully aware of how those same drugs have been misused and abused. Still, we would not deny an individual in pain the benefits of opiate-based medications, though they have been highly abused and caused many deaths. We would not deny an individual with severe panic attacks the prescribed use of a benzodiazepine, though the drugs are widely misused. We understand the use of amphetamines in the treatment of ADHD, though we fight the battle against their abuse every day.

Why then do we hold this singular drug, never been proven to cause even a single death, unique above all others? Why is this one drug the one poison that cannot be controlled?

Sick people want to feel normal, not high. A cancer patient who uses marijuana to ease the nausea caused by chemotherapy is not a threat to society. The Multiple Sclerosis patient who uses marijuana to ease the agonizing spasms caused by the disease does not encourage children to get high. The Chrons patient who finds the use of cannabis stops the excruciating pain of the disease and helps heal damaged tissue does not tear the fabric of society asunder. Today however, all those patients are criminals.

The sad reality is that the government has managed to keep marijuana out of the hands of physicians. It has yet to keep it out of the hands of 12-year-olds.

As professional who have committed our lives to the prevention and treatment of addiction, we can do better. We, above all other groups, can be the voice of reason.

What do you think about medical marijuana? Take the survey at www.esurveycreator.com/live.php?code = dcde749

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Registration is Open!

Go to www.vsias.org to download the Registration form and read about the individual sessions and exciting speakers!
Keynote Speaker is David E. Smith, M.D., founder of the Haight Ashbury Free Clinics in San Francisco!

2012 Virginia Summer Institute for Addiction Studies 10th Anniversary
July 16 & 17, 2012

Monday, July 16, 2012

Healthcare Reform and Primary Care / Addiction Care Integration KEYNOTE: David E. Smith, M.D. Sponsored by Dominion Diagnostics

Screening, Intervention, and Innovation in the Addiction Field Thomas A. Simpatico, M.D.& David E. Smith, M.D. Sponsored by Dominion Diagnostics

Reclaiming Futures: Communities Helping Teens Overcome Drug, Alcohol and Crime Jim Vollendroff, MPA, NCACII & Charlotte McGuire, BS Sponsored by Reclaiming Futures, Portland State University

The Family Disease of Addiction – Steps Toward a Healthy Recovery Carole Bennett, MA

Treating Veterans with Trauma Sadie Sheafe, Ph.D.

Addiction, The Criminal Justice System and Trauma-Informed Care David Washington, LGSC, LCADC, AD/PC Sup

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Tuesday, July 17, 2012

The Many Faces of Suicide Prevention: Promoting Hope and Resiliency Michael Olsen, Camilla Schwoebel, MS, LPC, Christina Benton, MPH, & Martha J. Mead, BA, MBA Sponsored by SACAVA

It Takes a Village: Continuity with the Criminal Justice System V. Morgan Moss, Jr., Ed.S., LPC, LMFT, NCC, CCFC

Practical Aspects of Ethical Dilemmas Henry Morris, Ph.D.

Screening, Brief Intervention, and Referral to Treatment for Alcohol and Drug Use: A Skills Based Workshop (SBIRT) Jennifer Hettema, PhD (AM, cont. in PM) Sponsored by the Mid-Atlantic ATTC

Using Art to Engage Adolescents In the Treatment Process Dorolyn Alper , LPC, ATR-BC, RN (AM, cont. in PM)

Recovery Management - Helping Others Find Their True North Jan M. Brown Sponsored by SAARA of Virginia, Inc.

Integrating Yoga and Art Therapy into the Recovery Process Emily Basto, M.S., RYT

The "New" Drugs of Abuse: 3 Horsemen J. Patrick Slifka, LCSW, CAC Sponsored by the National Counseling Group, Inc.

Effective Continuum of Care: Residential Treatment to IOP and Beyond Jennifer Smith, M.S., Ed.S., LPC

HIDTA/STAND Program: A Collaborative Reentry Initiative Michael J Whipple, CSAC, CCJP, OWDS, Leah Baldwin, MSW, CSAC, and Krystal Newton Sponsored by the Virginia Department of Corrections

Pharmacology of Treatment Related Medications in Addiction Lisa Marzilli, PharmD Sponsored by Dominion Diagnostics

Advocacy in Action
NAADAC

"We're going to change the world"

A recap of the Advocacy in Action conference

By Victoria Walker, NAADAC Government Relations Intern with files from Donovan Kuehn

NAADAC Public Policy Committee Chair presents the Advocate of the Year award to Michael Kemp.

NAADAC celebrated 25 years of advocacy with its Advocacy in Action Conference in March 2012. Almost 70 members came to Washington, DC for informative breakout sessions; inspiring keynote speakers; and, meetings with Congressional representatives to discuss policy issues that surround the addictions profession.

The conference kicked off with a legislative update from the Substance Abuse and Mental Health Services Administration (SAMHSA) which focused on the agency's legislative priorities in the areas of mental health and substance abuse.

Conference attendees then examined effective advocacy strategies. Those that were new to advocacy attended a session that equipped them with a basic foundation for an advocacy strategy. More experienced advocates explored advanced communication and advocacy techniques.

Representatives from the National Association of State Alcohol/Drug Abuse Directors and the Legal Action Center then discussed current issues in addiction policy, including the SAMHSA Substance Abuse Prevention and Treatment Block Grant and state implementation of the Affordable Care Act's (ACA) essential health benefits. Another breakout session focused on addiction workforce scopes of practice and the new role of the Peer Recovery Specialist. Conference attendees also received an update on the status of parity implementation.

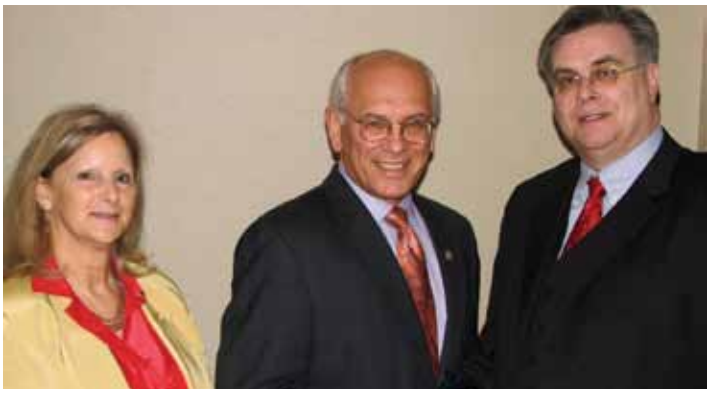
The first day featured a keynote address from David Mineta, the Deputy Director of Demand Reduction in the White House's Office of National Drug Control Policy. Deputy Director Mineta spoke about the focus for the upcoming year and the overall national strategy for demand reduction. "There's no way we can arrest ourselves out of this problem," Mineta told the conference participants.

The day concluded with the Political Action Committee's auction where the PAC raised over $1,000.

Day two began with a presentation from SAMHSA's Office of Policy, Planning and Innovation on health care reform implementation initiatives.

The breakout sessions for the day covered state-level advocacy; scopes of practice and licensure; and, the Veterans Administration Medical Systems requirements for substance abuse counselors. The breakout session on state-level advocacy highlighted the importance of state affiliates developing a state advocacy strategy. Attendees also learned about new national scopes of practice and the importance of maintaining proper licenses and credentials during ACA implementation. The final session focused on the Department of Defense and Department of Veterans Affairs policies and requirements for hiring substance abuse counselors under TRICARE.

"I first came to Washington, D.C. in 1998 and thought 'we're going to change the world,' " announced Michael Kemp, the 2012 Advocate of the Year Award. Kemp, a professional based in Oshkosh, Wis., has been active in advocacy at the state and federal levels for over a decade.



Rep. Paul Tonko (center) with NAADAC Executive Director Cynthia Moreno Tuohy (left) and NAADAC President Don Osborn. Rep. Tonko was awarded the Legislator of the Year award.

After discussing his inspirations and hopes for the future, Kemp ended with the poignant conclusion: "We're going to build something we don't even know of yet."

The recipient of the 2012 NAADAC Legislator of the Year Award was Representative Paul Tonko, Vice Co-Chair of the House Addiction, Treatment and Recovery (ATR) Caucus. Rep. Tonko, who also delivered the day's keynote address, has been a long-time ally and advocate for addiction and mental health issues. His message was unequivocal: "To all of you as a part of the advocacy community, I say 'thank you.' "

"When I meet people in recovery, I tell them they are my hero. Thank you for being partners in rebuilding the fabric of the human community."

"Just about everybody has a family member, friend or neighbor who is struggling with this disease," added Rep. Tonko.

The final day of the conference took attendees to Capitol Hill where they enjoyed a breakfast briefing with Representatives John Sullivan and Tim Ryan, Co-Chairs of the ATR Caucus, and Dr. H. Westley Clark, Director of SAMHSA's Center for Substance Abuse Treatment.

Rep. Ryan, author of the book *A Mindful Nation,* spoke of the importance of treatment, stating "When we make these strategic investments [in treatment] we save money in the long run."

Rep. Sullivan, was forceful in his advocacy for people in recovery. "This is a civil rights issue. People aren't being treated with the dignity or respect they deserve."

Rep. Sullivan also encouraged the participants to step forward and make their voices heard. "If I could spend all of my time on the Hill devoted to this issue, I would. We need your help. We need your guidance. We need your expertise."

Dr. H. Westley Clark, Director of the SAMHSA Center for Substance Abuse Treatment, focused on the clients we serve, stating "Treatment should meet the needs of the patient. We can't promise success, but we want to deliver the best possible outcome."

After the breakfast, attendees went to meetings with their representatives, where they were able to advocate for policies that support the work of addictions professionals.

Victoria Walker is from Stafford, Va., and is currently enrolled in the JD/MPP program at George Mason University in Arlington, Va.

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court costs increase with more impaired driving and more marijuana-related traffic fatalities.[20] The latter is especially costly because not only does it incur the emotional loss to family and friends, it also robs society of all of the productive years of the individual who dies. These are frequently young adults, so the number of lost years can be enormous.

Marijuana carries its own risks as a significant public health and public safety issue. To argue it does less harm than something else is a faint reason to legalize it. Our two legal substances alcohol and tobacco already incur more costs than they generate public revenue. Choosing to add another substance to that list, one that serves no function but getting high, invites still more social costs. Like its predecessors, legal marijuana is unlikely to pay its bills, and monetary gains will not undo the health, cognitive and relationship problems it incurs. Our current problem is not with marijuana laws, but marijuana use. Increased public awareness of the risks more recently clarified in the research along with tailored prevention and treatment efforts to reduce use are likely to be more cost-effective. Since it would further damage public health, burden healthcare and treatment systems with preventable problems and undermine individual well-being, legalization is an answer that is clear, simple and wrong.

What do you think about medical marijuana? Take the survey at www.esurveycreator.com/live.php?code = dcde749

Allan Barger, MSW, is a Research Analyst at Prevention Research Institute who reviews peer-reviewed research on drugs, brain and behavior and trains professionals working with drug clients. Barger is a member of the National Association of Social Workers, the Research Society on Alcoholism and the New York Academy of Sciences. Contact info: www.primeforlife.org or allan@askpri.org.

Allan Barger will be presenting on this issue at the NAADAC Leading the Way conference on August 12, 2012. More details at www.naadac.org/conferences

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Continuing Education Quiz

Medical Marijuana

Earn continuing education credits by taking this quiz on the articles beginning on pages 12, 13 and 14 of this issue. A grade of 70% or above will earn you a Certificate of Completion for three nationally certified continuing education hours. This is an open-book quiz. After reading the article, complete the quiz by circling one of the answers for each question. Please give only one response per question. Incomplete or multiple answers will be marked as incorrect. The quiz is worth three continuing education (CE) credits.

Send a photocopy of this page along with your payment of $35 for three CEs (NAADAC members) or $50 for three CEs (non-menbers).

Please complete the information sections below and print clearly.

1. Which of the following organizations has endorsed access to medical marijuana?
   a. American Nurses Association
   b. AIDS Action Council
   c. United Church of Christ
   d. None of the above
   e. All of the above
2. According to the 2010 study by Rand Drug Policy Research Center, what is the projected increase in use of marijuana after legalization in California?
   a. No increase
   b. 10%
   c. 25%
   d. 50%
3. One of the barriers to studying the impact of marijuana is:
   a. A lack of qualified researchers.
   b. Administrative barriers placed on the Federal Drug Administration (FDA) by government policy.
   c. Privacy concerns.
   d. There are no barriers to studying marijuana.
4. What is the most powerful predictor of cannabis dependence at age 21?
   a. Marijuana legalization.
   b. Peer pressure.
   c. Family dynamics.
   d. The quantity and frequency of use at age 18.
5. The NAADAC Position Statement on medical marijuana supports voter sponsored initiatives creating access to medical marijuana.
   a. True
   b. False
6. Which of the following could be a consequence of marijuana legalization?
   a. Increased regulatory bureaucracy.
   b. Increased healthcare costs.
   c. More demand for treatment of cannabis dependence.
   d. All of the above.

PLEASE PRINT CLEARLY AND MAIL WITH PAYMENT TO:

NAADAC, The Association for Addiction Professionals, CE Quiz, 1001 N. Fairfax Street, Suite 201, Alexandria, VA 22314

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Make checks payable to NAADAC, The Association for Addiction Professionals. Please allow three to six weeks for notification of your results and your Certificate of Completion. You may want to keep a copy of this quiz as a record for your licensing board. NAADAC, The Association for Addiction Professionals is an approved provider for continuing education home study (Provider #189). NAADAC maintains responsibility for the program.

I certify that I have completed this quiz without receiving any help in choosing the answers.

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NAADAC News
NAADAC Education and Research Foundation
1001 N. Fairfax Street, Suite 201
Alexandria, VA 22314

UPCOMING EVENTS

22 June
Ethics and Confidentiality for the Addiction Professional
Metropolitan State University
St. Paul, MN
Presented by the Greater Minnesota Association For Addiction Professionals (GMAAP)
Details at www.naadac.org/education/calendar-of-events

27 June
Webinar: Getting the Most Out of the NAADAC Annual Conference
3 – 4 pm EST (12 – 1 pm PST)
Details at www.naadac.org/education

15 July
Application Deadline for September 2012 NCC Examinations
Testing locations nationwide
Details at www.ptcny.com/clients/NCC

16–17 July
Virginia Summer Institute for Addiction Studies
Professional Treatment Saves Lives and Money
Williamsburg, VA
Details at www.vsias.org

18 July
Webinar: Billing and Claim Submission Bootcamp
3 – 4 pm EST (12 – 1 pm PST)
Earn one continuing education credit
Details at www.naadac.org/education

26–28 July
2012 TAAP State Conference on Addiction Studies
2012 Leagues Under the Sea: A Treasure Chest of Education
San Antonio, TX
Details at www.taap.org

11 August
Leading the Way – Pre-conference
Indianapolis, IN
Earn 6 education credits
Details at www.naadac.org/conferences

12–15 August
Leading the Way – NAADAC Annual Conference
Indianapolis, IN
Earn over 25 education credits.
Details at www.naadac.org/conferences

1–30 September
Recovery Month
Events nationwide
Details at www.naadac.org

3–6 September
Journey Together Conference
Nashville, TN
Middle Tennessee Association of Alcoholism and Drug Abuse Counselors
Details at www.mtaadac.org/journey_conf.html

8–15 September
Certification Examinations for Addictions Counselors, Level I, Level II and MAC
Testing locations nationwide
Details at www.ptcny.com/clients/NCC

2–5 October
WVAADAC Fall Conference
All Roads Lead to Recovery: Tearing Down Walls & Building Bridges
Stonewall Resort
Roanoke, WV
Details at www.wvfallconference.com

12–13 October
Pain, Co-occurring and Prescription Drugs – Maui
A NAADAC Conference in the Pacific Rim
Maui, HI
For more information, contact diana@naadac.org or 800.548.0497 x102

15–16 October
Pain, Co-occurring and Prescription Drugs – Oahu
A NAADAC Conference in the Pacific Rim
Oahu, HI
For more information, contact diana@naadac.org or 800.548.0497 x102

15 October
Application Deadline for December 2012 NCC Examinations
Testing locations nationwide
Details at www.ptcny.com/clients/NCC

1–8 December
Certification Examination for Addictions Counselors, Level I, Level II and MAC
Testing locations nationwide
Details at www.ptcny.com/clients/NCC

What to Watch for in 2013

15–17 August
TAAP State Conference
San Antonio, TX
More details at www.taap.org

For a complete interactive calendar, visit www.naadac.org/education/calendar-of-events
Have an event we should know about? Contact 800.548.0497, ext. 125 or email dkuehn@naadac.org.