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Look. Listen. Learn. Lead.



Field Combats Stigma, Attitudes & Beliefs

The Center for Substance Abuse Treatment (CSAT) has identified stigma as an important factor to consider when looking at the future of the treatment field. CSAT is addressing this topic in the national initiative, "Changing the Conversation: A National Plan to Improve Substance Abuse Treatment."

In addition to four other topic panels, a "Reducing Stigma and Changing Attitudes" expert panel is charged with defining the debate surrounding stigma, developing a national plan to reduce stigma, promoting national understanding that substance abuse is a public health problem and that treatment is a specialized field of expertise.

Camille Barry, deputy director for CSAT stated, "In addition to the other themes addressed by the Treatment Plan, we identified stigma and changing attitudes as an important overarching theme. This panel is reviewing all aspects of stigma, and will make recommendations for CSAT and the field to follow." The final report will be completed this spring.

The current focus on stigma is being driven by a number of grassroots efforts. William Cope Moyers, vice-president of public affairs at the Hazelden Foundation, is leading the field in addressing this topic. "We must build public understanding of recovery and treatment," explained Moyers. "Recovery happens all over the world everyday. It is time for the public to embrace this fact."

Moyers believes the key to reducing stigma is to "put a face on recovery." He encourages those in recovery to responsibly stand up and speak out in their own communities about recovery. While some feel this violates the anonymity of many 12-step programs, Moyers believes that a person can speak

about their own recovery as long as they don't involve the recovery program in which they participate.

Hazelden is a non-profit organization that provides rehabilitation and education in chemical dependency. To help people feel more comfortable with speaking out about their recovery, Hazelden has produced a brochure entitled *Advocacy with Anonymity*. To receive a copy, contact Hazelden at 1-800-257-7810.

For more information about CSAT's National Treatment Plan, see www.natxplan.org. Look for information about the results/recommendations of the Plan in future issues of The Networker along with highlights of other grassroots efforts to reduce stigma.

What Is Stigma?

A 1997 edition of *Webster's Dictionary* defines stigma as, "a brand; mark of disgrace; stain on character."

Stigma in Our Work, in Our Lives, a 1998 video package developed by the Anti-Stigma Project of On Our Own of Maryland, Inc., states the following about stigma. "Assumption. Prejudgment. Discrimination. Painful. These are all words used to describe the phenomenon of stigma. When applied to the field of mental health and substance abuse, stigma is a pervasive and damaging influence on the quality of services, treatment outcomes, and therapeutic, professional and personal relationships."

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Online Training Addresses Treatment Issues for Persons With Disabilities/Substance Use

“By sharing information and resources, we can work toward creating an integrated system for positive client outcomes.”

*-Eileen Wolkstein,
Training Director
RRTC on Drugs
and Disability*

The Rehabilitation Research and Training Center (RRTC) on Drugs and Disability provides training, research and information dissemination to raise awareness and increase sensitivity about the issues affecting persons with disabilities and substance use disorders. The Center uses distance learning media, especially use of the Internet to provide professionals and consumers with timely and relevant information.

A recent project of the RRTC was the development of an online course, “Drug Abuse, Disability and Vocational Rehabilitation.” The course is designed to assist professionals in addressing the issues of drugs and disability in the context of vocational rehabilitation. The course is being offered at the University of Missouri-Columbia, New York University and Wright State University.

Eileen Wolkstein, Ph.D., CRC, is training director of the RRTC on Drugs and Disability and acts as an advisory board member for the ATTC. In discussing the relevance of this course Wolkstein stated, “Employment is a critical factor for persons with substance abuse and disability issues. It must be a treatment priority from day one. Helping counselors understand the importance of employment in the long-term success of clients is vital.”

Wolkstein emphasizes that persons with disabilities are at a higher risk for substance use disorders

than persons without disabilities. Yet, because of administrative, attitudinal and programmatic factors, persons with disabilities are often under-represented and underserved in treatment programs.

In the last year, the RRTC has worked with several ATTCs to provide training and disseminate information to practitioners in the field. Wolkstein believes it is important for agencies with similar interests to share expertise and is pleased to be collaborating with the ATTC. “By sharing information and resources, we can work toward creating an integrated system for positive client outcomes.”

The RRTC’s training arm is housed at the New York University School of Education, Rehabilitation Counseling Program, and the research and administrative component is located in the School of Medicine at Wright State University.

The RRTC on Drugs and Disability is one of thirty RRTCs located throughout the United States. The National Institute on Disability and Rehabilitation Research (NIDRR) provides support for the RRTCs to serve as national centers of excellence for providers, individuals with disabilities, family members, guardians and advocates of persons with disabilities.

For more information about the RRTC on Drugs and Disabilities or to learn about upcoming trainings, visit their website at www.med.wright.edu/som/sardi.

FREE CSAT TIP Aids Practitioners with Clients Who Have Disabilities

To aid treatment professionals working with clients who have disabilities, CSAT has released Treatment Improvement Protocol (TIP) Number 29. Entitled “Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities,” this TIP provides guidelines for providing effective substance abuse treatment to persons with disabilities and substance use disorders.

The guide emphasizes the responsibility treatment programs have to provide effective treatment for this population under the Americans with Disabilities Act. To order, contact NCADI at 1-800-729-6686.

CSAT
Center for Substance
Abuse Treatment
SAMHSA

It's On the Web!

An Internet-based substance abuse treatment facility locator was recently launched by SAMHSA. People seeking help, family doctors and substance abuse counselors can find locations, phone numbers and road maps to treatment facilities in any U.S. state, city or community.

Similarly, the ATTC has developed a “helplines” guide for the nation. Helplines and state resources for alcohol and other drug abuse are provided by state.

Both of these resources can be accessed through the ATTC national site at www.nattc.org. Click on “treatment and help.” The locator is housed at SAMHSA’s site - www.samhsa.gov. Click on “Looking for help with alcohol, drug or mental health problems.” Then click “Substance Abuse Treatment Facility Locator.”

Counselor Reflections

Robert L. Johnson, M.S., LPC is influencing the Virginia substance abuse treatment field by educating Virginia legislators. For a number of years, empowered with research and statistics, Johnson has brought the message that treatment works to the Virginia General Assembly.

A substance abuse treatment counselor for almost twenty years, Johnson is the director of a public sector treatment agency where he enjoys writing grants and supervising staff. He became involved in the political process through membership in the Virginia Association of Drug and Alcohol Counselors, a group for which he served as president in 1997.

By presenting research-based substance abuse treatment information, and taking consumers of treatment to speak truthfully about their experiences, Johnson is encouraging legislators to continue funding treatment programs. He works to represent the needs of consumer groups and to close the treatment gap in Virginia. "I look at the needs in the community and try to fill them. Adult care programs are lacking. In rural areas there are few outpatient services. These are needs we are working to fill," he explained.

Due to these efforts, the Virginia General Assembly recently designated \$3.2 million in new money to 40 mental health boards across the state. The money has been used for increased case management services and enhanced jail and outpatient services. Johnson is proud of these outcomes. "There is no better feeling than knowing that you have reached a group of people and helped them look at something in a new light. It is really exciting."

In 1998, Johnson became involved with organizing a group of agencies to represent the interests of public and private treatment agencies in the state's political arena. He asked staff of the Mid-Atlantic ATTC (Mid-ATTC) to participate as an objective party. This group is now called the Consortium for Substance Addiction Organizations. Members meet every two months and have put together a

number of papers to educate state legislators about the disease of addiction.

"The Mid-Atlantic ATTC **Robert Johnson, M.S., LPC** has had a great impact on our state by helping to organize this group," said Johnson. "They brought together seven or eight diverse groups, each with their own agenda, and helped us realize that we will have more strength if we work together. They have been very instrumental in helping us get organized."

Johnson believes ongoing education is the key to encouraging state officials to make treatment available. He said, "Through data we are showing that treatment works. Education is the only way to combat the denial and stigma that is often attached to addiction."

Johnson also finds Mid-ATTC trainings highly valuable. He sends staff on a regular basis and believes the information they receive is impacting the work they do. "I have seen counselors learn something in a training and put it into practice that same week," said Johnson. "It is great when counselors get resources they can use immediately."

Johnson has been married for twenty years, and describes himself as a spiritual person. He believes it is important for all people to work on "self" and have an abiding trust in the "process of life." In closing he said, "I have watched people at death's door find recovery and become indistinguishable from everyone else. That is a great thing."

For more information, contact the Mid-ATTC at (804) 828-9910 or www.mid-attc.org.



"I have watched people at death's door find recovery and become indistinguishable from everyone else. That is a great thing."

*-Robert Johnson
Treatment Agency
Director*



Open your eyes to the impressive amount of treatment-related information on the Internet. Request your free copy of *Untangling the Web: A Guide for Treatment Programs*, a fact-filled booklet on how to get the most out of these powerful Internet resources. Call (877) 652-ATTC. E-mail us at attcinfo@nattc.org or visit us online at www.nattc.org.



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“One of our primary goals is to develop a local infrastructure for research to test new treatments in real-life settings.”

*-Steve Gallon,
Director, NFATTC*

Contact the NFATTC at (503) 373-1322 or visit their website at www.open.org/nfatc/ to learn about current programs and available products.

Networker

Northwest Frontier ATTC Advances Treatment Field

-Collaborations Enhance Educational Standards & Promote Workforce Development

The Northwest Frontier ATTC (NFATTC) has many areas of emphasis, but their primary focus is the advancement of the educational and credentialing requirements for treatment practitioners, and developing products for counselors, educators and administrators in the field.

NFATTC staff are currently working in four states to raise the educational and certification standards of practitioners. In 1999, the NFATTC and the Washington Division of Alcohol and Substance Abuse collaborated with the Washington Department of Health to draft a code defining a new health professional title, the Chemical Dependency Professional. The code increased the minimum qualifications required to work in state-supported treatment agencies. Proficiency in the addiction counseling competencies outlined in *The Competencies/TAP 21* was established as the standard for counselor preparation in Washington state. Similarly, in 1995 new counselor certification standards went into effect in Oregon due to work by the NFATTC and the Oregon single state agency. Since that time more than 1,400 counselors have been certified.

The NFATTC also sponsors and coordinates the work of a regional Addiction Studies Workgroup. This group, comprised of representatives from colleges, certification boards and state agencies in Idaho, Oregon and Washington, works to improve curricula used to prepare substance abuse treatment practitioners. Ongoing projects include the development of regional curriculum standards for counselor education programs, guidelines for field training in community agencies, and methods for assessing student proficiency based on *The Competencies/TAP 21*.

Two publications were produced by the workgroup in 1999. “Guidelines for Supervised Field Experiences in Addiction Treatment” outlines the requirements for treatment agencies providing internships. Steve Gallon, Ph.D., director of the NFATTC, believes sponsoring agencies and students alike will benefit from this document. “The publication provides guidelines for all participants in a practicum or internship training experience,” explained Gallon. “Many agencies have never had a set of guidelines to follow before,

and this shows what quality internships should look like. It will help everyone take responsibility for their part including faculty members, the sponsoring organization, supervising counselors and students.”

The other significant publication developed by the group is called “Performance Assessment Rubrics for the Addiction Counseling Competencies.” The publication can be used as a self-assessment tool for counselors, or can be used by supervisors to determine how well students have mastered the knowledge, skills and attitudes outlined in *The Competencies/TAP 21*. A validation study of the rubric document is underway, but preliminary copies are available from NFATTC.

Another focus for the NFATTC is promoting science-based practices. Through collaborations with the Oregon Health Sciences University (OHSU), the NFATTC helped found the Oregon Bridging the Gap Consortium. The group, comprised of researchers, treatment providers, state officials and educators, is dedicated to implementing recommendations from the 1998 Institute of Medicine Report, “Bridging the Gap Between Research and Practice.”

The NFATTC also contributed to two successful OHSU grant applications promoting science-based practices: the CSAT Practice/Research Collaboratives project and the National Institute on Drug Abuse Clinical Trials Network. The Practice/Research Collaboratives are designed to bridge the gap between



NFATTC Staff (left to right):
front row: Judy Wangler, Vicki Decker, Mary Anne Bryan & Steve Gallon
back row: Sandi Coram & Dixie Montague

the scientific community and community-based organizations by facilitating the development of research teams that compete for funding to study community drug treatment practices. The Clinical Trials Network is designed to test promising science-based treatment methods in community settings.

These grants are allowing the NFATTC to promote systems change throughout Oregon by establishing research as an integral part of service delivery at the community agency level. Gallon states, "One of our primary goals is to develop a local infrastructure for research to test new treatments in real-life settings. Both of these grants provide avenues for promoting relationships between community agencies and researchers."

At the request of state alcohol and drug authorities, the NFATTC also recently began a regional workforce development initiative to help resolve a region-wide shortage of well trained substance abuse treatment professionals. A needs assessment was designed and administered to a sample of treatment

Continued on page 7

Resource Corner

Check-out the following publications and videos in substance abuse treatment and prevention.

Allen, K. (2000). Alcohol and other addictions. In C. M. Smith & F. A. Maurer (Eds.) *Community Health Nursing: Theory and Practice*, 2nd edition. (pp. 607-640). Philadelphia, PA: W.B. Saunders Company.

Moriarty, L.J. & Reiner, S.M. (1999). Substance abuse and the criminal justice system: A model course. *Journal of Criminal Justice Education*, 10, 313-323.

Videos featuring Dr. David Deitch. To order, contact Deke Simon at 800-421-4609.

- Healing the Addicted Brain, Part 1: Addiction: Out of Control. (30 minutes)
- Healing the Addicted Brain, Part 2: Strategies of Recovery. (34 minutes)
- Healing the Addicted Brain, Part 3: Relapse and Recovery. (36 minutes)

Upcoming National Conferences:

Drug Use, HIV & Hepatitis: Bringing It All Together

"Drug Use, HIV and Hepatitis: Bringing It All Together," a national conference scheduled for May 7-10, 2000 will be held at the Baltimore Convention Center. The conference will bring together experts, researchers, policy-makers and frontline workers involved in the prevention and treatment of HIV/AIDS, Hepatitis, TB and other infectious and sexually-transmitted diseases among drug-using populations.

The Center for HIV, Hepatitis, and Addiction Training and Technology (CHHATT) of Danya International, Inc., is planning the conference. It is co-sponsored by CSAT, SAMHSA, NIDA, NIH and the CDC.

The conference will have a number of overarching themes, plenary sessions and events to foster the collaborative process. Register online at: www.chhatt.net/conference.htm or call (800) 937-8728.

Visit the ATTC Booth at These National Conferences:

American Methadone Treatment Association

-April 9-12, San Francisco, 856-423-7222 x350

Drug Use, HIV & Hepatitis: Bringing It All Together

-May 7-10, Baltimore, 800-937-8728

National Association of Drug Court Professionals

-June 1-3, San Francisco, 877-734-6586

National Association of State Alcohol & Drug Abuse Directors (NASADAD)

-June 3-7, Reno, 202-293-0090

National Association of Alcohol & Drug Abuse Counselors (NAADAC)

-June 28-July 1, Denver, 800-548-0497

American Correctional Association

-August 14-16, San Antonio, 301-918-1800

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“The biggest difference we found between the alcohol-dependent and the non-abusing teens had to do with memory functions.”

-Susan Tapert
Project Scientist &
Research Fellow,
UCSD

Adolescent Substance Use: ATTC Resources for Treatment and Prevention

Underage drinking remains the number one drug problem among youth. About 10.5 million Americans between ages 12-20 had at least one drink last month. Of these, nearly half were "binge" drinkers, meaning that they consumed five or more drinks in a row on a single occasion.

April 2000 is the 14th annual Alcohol Awareness Month. Sponsored by the National Council on Alcoholism and Drug Dependence (NCADD),

this year's theme is "Let's Stop Underage Drinking Short." In support of this initiative, the ATTC is highlighting a number of products and resources designed specifically to help practitioners and others working to treat and prevent substance abuse by adolescents.

These resources in addition to a list of related links are available on the national ATTC website at www.nattc.org.

This Is Your Adolescent Brain on Alcohol

Each month the ATTC highlights research from the journal *Alcoholism: Clinical and Experimental Research*, the official journal of the national Research Society on Alcoholism. The following article was re-written from the original source: Brown, S.A., Tapert, S.F., Granholm, E. & Delis, D. C. (2000). *Neurocognitive Functioning of Adolescents: Effects of Protracted Alcohol Use. Alcoholism: Clinical & Experimental Research, Feb., 24 (2), 164-171.*

Numerous studies have documented what is called neuropsychological deficits – brain damage – in adult heavy drinkers. Only recently have researchers begun to investigate the potentially damaging influence of alcohol on adolescent neurological development and cognitive functioning. Findings recently published in *Alcoholism: Clinical & Experimental Research* are alarming: alcohol-dependent teenagers may be exposing their brains to the disruptive effects of ethanol at the very time that their brains are at critical phases in development.

It can be misleading to call alcohol a “gateway drug” for youth simply because it often precedes the use of illicit drugs. As reported in the July 1997 edition of *Alcohol Alert*, a survey of 4,390 high school seniors found that approximately 80 percent reported getting drunk, binge drinking, or drinking and driving within the preceding year. The national *Monitoring the Future Study*, 1975-1997 found that more than 34 percent of high school seniors reported drinking to intoxication in 1997. The 1998 Alcohol and Youth issue of *Alcohol Health and Research World* noted that incidents of both drinking and getting drunk

seem to not only increase as teens age, but that overall adolescent alcohol use appears to have increased in recent years, despite an earlier period of decline. Regardless which statistic you may choose, adolescent drinking merits significant attention not only for what problems it may lead to, but also for the problem that it is.

“The biggest difference we found between the alcohol-dependent and the non-abusing teens had to do with memory functions,” said Susan F. Tapert, project scientist and research fellow at the University of California, San Diego and one of the study’s lead authors. “Mostly, the alcohol-dependent youth did a poorer job at recalling new information.”

Tapert noted that the study’s findings are important for adolescents, parents, and those who work with teens. “Ideally, at age 15 to 16, youth should be in school, learning things that will help them chart their future by guiding academic and career decisions. But if

students are drinking so heavily that it’s affecting their brain functioning, they may not be able to get as much out of educational opportunities. This could significantly disrupt their future choices, chances of going to college, and ability to get a good job. It could also perpetuate their drinking problem.”

Taking into consideration the cognitive effects of alcohol, lead author Sandra A. Brown, chief of psychology at the VA San Diego Healthcare System and professor of psychology and psychiatry at the University of California, San Diego, has designed and is directing “Project Options,” a high school “intervention” funded by the National Institute of Alcohol Abuse and Alcoholism. The project’s purpose is

**Addiction Science
Made Easy**

denoted by its name: to provide appealing, multi-media information to kids about options to drinking, skills for resisting peer pressure, and methods for reducing drinking if it has already begun.

Another promising option is called "recovery of function," an area of research that Mark S. Goldman, distinguished research professor of psychology at the University of South Florida, has studied. "Not only can we see spontaneous neuropsychological recovery in adults who have stopped drinking," said Goldman, "but there are ways of accelerating the improvement by helping the brain do the equivalent of weight lifting." Goldman explained that, after isolating the individuals' areas of brain deficits due to heavy drinking, they are given specific tasks that will 'work' that area, improving through repetition. "Recovery actually happens more when you give the brain things to do," he observed. "This counters the notion that when you're recovering from something, you want to just sit around and be passive and let recovery happen."

In reference to the adolescent drinking and brain

deficit study, Goldman noted that several important research questions remain. "There's good reason to believe that because these are adolescents," said Goldman, "their brains are still developing and this will actually help with recovery. On the other hand, because their brains still haven't fully developed, they could be more vulnerable and show less recovery than slightly older adults might."

Another finding in Tapert and Brown's study had to do with a link between withdrawal experiences and adolescent neuropsychological functioning. For example, youth who had shakes, headaches or vomiting after a heavy-drinking episode were more likely to have poorer test results. The reasons for this association are unclear. Tapert and Brown are currently using brain scanning techniques to uncover exactly which brain regions may be most affected by heavy drinking during adolescence.

To view the complete article, see the ATTC national website at www.nattc.org. Go to "Addiction Science Made Easy" in the "Research to Practice" section.

Northwest Frontier ATTC - continued from page 5

agencies in each of the four Northwest states. Additional research on salaries and counselor training capacity was conducted. The NFATTC will use these findings to develop strategic plans for regional and state workforce development during 2000.

Training is also helping the NFATTC enhance the northwest region's workforce. Last year, staff planned and delivered a successful three-day Directors Institute that focused on improving the management skills of 100 community alcohol and drug agency administrators in the region. The Institute provided training

in leadership, human resources, management information systems and fiscal management. It is projected to be an annual event with the second Institute scheduled for September 2000.

The NFATTC also maintains an extensive website and publishes *The Addiction Messenger*, a bimonthly publication featuring research-based, practical tips for treatment staff in community based organizations.

For more information about these programs or products, contact the NFATTC at (503) 373-1322 or visit their website at www.open.org/nfatc/.

Substance Abuse Web Resources

Substance Abuse & Mental Health Services Administration (SAMHSA)	http://www.samhsa.gov
Center for Substance Abuse Treatment (CSAT)	http://www.samhsa.gov/csatsat
Center for Substance Abuse Prevention (CSAP)	http://www.samhsa.gov/csap
Center for Mental Health Services (CMHS)	http://www.samhsa.gov/cmhs
The Alliance Project	http://www.defeataddiction.com/
MADD's Under 21 Page	http://www.madd.org/under21/default.shtml
Higher Education Center for Alcohol and Other Drug Prevention	http://www.edc.org/hec/
ONDCP Prevention & Education	http://www.whitehousedrugpolicy.gov/prevent/prevent.html
Office of Juvenile Justice & Delinquency Prevention	http://www.ojjdp.ncjrs.org/

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