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ATTC Releases Flagship Publication *The Change Book: A Blueprint for Technology Transfer*

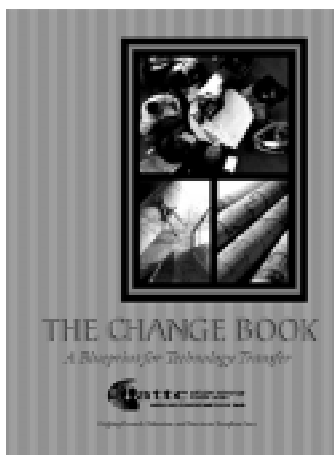
Helping agencies facilitate and implement change is the main objective of a benchmark publication recently released by the ATTC. The 76-page guide, *The Change Book: A Blueprint for Technology Transfer*, is now available free to substance abuse treatment administrators, staff, educators and policy makers.

“Despite the tremendous wealth of information available to facilitate positive client outcomes, more and more agencies face challenges putting innovative resources and specific changes into practice,” says Mary Beth Johnson, director, ATTC National Office. “And yet these changes are so vital in providing the best treatment for clients.”

This step-by-step handbook is a companion piece to a November 1999 ATTC Technology Transfer Symposium, an event that featured leading technology transfer experts sharing research into and insights about implementing change.

The Change Book includes the Principles, Steps, Strategies and Activities for achieving effective change in a variety of settings. Six full chapters guide readers through the ten key steps of technology transfer, concluding with a detailed, educational workbook to put the principles into practice. In addition, the easy-to-read guide includes a detailed case study to illustrate the enormous benefits of technology transfer.

“Ultimately, we must put new research and inno-



For your free copy of
The Change Book,
e-mail attcinfo@nattc.org
or call (877) 652-ATTC.

ventions into practice to improve the vitality of the entire substance abuse treatment field,” says Steve Gallon, director of the Northwest Frontier ATTC, and chair of the ATTC National Practice Committee which led the development of the publication. “*The Change Book* was developed as a hands-on tool for agencies and professionals to put new innovations into practice.”

In addition to this publication, the ATTC is developing a comprehensive website with additional resources to accompany *The Change Book*. When complete, the site will provide links to websites relating to organizational change, a list of articles, books and journals relating to organizational and individual change, organizational needs assessments, strategic planning tools, opinion leader survey instruments and individual readiness to change assessment tools.

“*The Change Book* is a ‘must’ for any substance abuse professional who is looking for practical skills to implement change within their organization,” says Gallon. “No matter how broad or specific the desired change, *The Change Book* offers steps that can immediately be put into use.”

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www.glattc.org

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American Methadone Treatment Association Educates Public, Practitioners & Policy Makers

“We believe accrediting methadone treatment will allow it to be embraced as part of mainstream medicine, and will move program oversight from process-oriented regulation to outcome-oriented standards of care.”

*-Mark Parrino
President,
American
Methadone
Treatment
Association*

According to the Office of National Drug Control Policy there are more than 810,000 heroin dependent individuals in the United States. A community education kit from the Substance Abuse and Mental Health Services Administration (SAMHSA) states that “the largest number of heroin/opiate addicts are treated effectively in methadone treatment programs. Methadone treatment provides . . . health, social and rehabilitational services that relieve withdrawal symptoms, reduce opiate craving and allow normalization of the body’s functions. Methadone treatment has been available for over 30 years and has been confirmed effective for opiate addiction in numerous scientific studies.”

The American Methadone Treatment Association (the Association) which currently represents 643 treatment programs in the United States was created to better coordinate the efforts of methadone treatment providers and to promote the growth and development of methadone treatment services. During a recent interview, Mark Parrino, MPA, president of the Association and an ATTC advisory board member, outlined a number of the Association’s current initiatives.

A primary objective of the Association is to support the transition of authority of methadone treatment programs from the Food and Drug Administration to an accreditation system managed by the Center for Substance Abuse Treatment (CSAT). Toward this end, CSAT has developed a plan under which opiate treatment programs will be accredited similar to other health care facilities. Parrino explains why the Association supports these plans so strongly. “A major portion of the United States health care system is reviewed through a process of accreditation,” he states. “We believe that accrediting methadone treatment will allow it to be embraced as part of mainstream medicine, and will move program oversight from process-oriented regulation to outcome-oriented standards of care.”

Another important focus area for the Association is to increase awareness and national support of a “medical maintenance treatment model.” In this model, stable patients are referred from methadone treatment programs to office-based medical practices. Parrino states, “The value of expanding access to medical maintenance treatment is to free-up critically needed treatment slots for untreated opiate dependent individuals. We are not advocating for physicians to treat newly admitted patients who haven’t been referred from a treatment program, but we believe physicians can play a vital role in continuing treatment for stable patients.” To promote this model, the Association has developed criteria for implementing referral programs, and is educating policy makers and practitioners about the value of medical maintenance.

Community education and training multiple disciplines about the efficacy of methadone treatment is also a key area of work for the Association. They have developed training programs and best practice guidelines for physicians and program managers in methadone treatment programs, and are working with departments of probation and prison systems to reverse anti-methadone policies. In addition, they have begun educating family and drug court judges about the effectiveness of methadone treatment.

Recently, the Association partnered with Danya International, Inc., parent organization of the DC/Delaware ATTC, to develop a community education video entitled *The Joy of Being Normal*. The video highlights families who have been affected by heroin addiction and have found recovery through methadone treatment. The Association also collaborated with CSAT to develop a *Methadone Community Education Kit* which includes statistics, fact sheets, public relations support materials and testimonial information. To learn more, visit www.assnmethworks.org or call (212) 566-5555.

Substance Abuse Web Resources

Addiction Science Research & Education Center	http://www.utexas.edu/research/asrec
Physician Leadership on National Drug Policy	http://caas.caas.biomed.brown.edu/plndp
The Research Assistant	http://www.theresearchassistant.com
Hazelden-Pittman Online Museum of Addiction and Recovery	http://www.h-pmuseum.org
Substance Abuse & Mental Health Services Administration (SAMHSA)	http://www.samhsa.gov
Center for Substance Abuse Treatment (CSAT)	http://www.samhsa.gov/csac
Center for Substance Abuse Prevention (CSAP)	http://www.samhsa.gov/csap
Center for Mental Health Services (CMHS)	http://www.samhsa.gov/cmhs

Counselor Reflections

Leon Hearn admits he has come a long way. A former gang member, convict and heroin addict, Hearn is proud to be living a different lifestyle. Now most days, he can be found working in the California prison system providing substance abuse counseling to inmates.

Hearn works with males of all ages who are facing prison time for drug related charges. They are given the option of participating in a "civil commitment" or Therapeutic Community (TC) program for an indefinite period of time or being sentenced to "hard time." "A lot of these guys think they are 'bucking' the system," explains Hearn. "But in reality they are finally getting the help they need."

The program is broken into phases. Inmates are sent through a 30-day orientation where they learn what TC is, how it works and what is expected of them. Then they move to Phase I, a three month period where they work on their addiction, anger and self-esteem issues. During Phase II, also three months, inmates address what Hearn calls "core issues." "This is a period where inmates work on family issues. They learn about how to communicate, and how to break some of the patterns they have had all their lives," he explains. "They take parenting classes, learn about having positive relationships with women rather than abusive ones, and learn to deal with their own grief."

Phase III is the final phase before inmates are released to an aftercare program. During this three month period, Hearn works with inmates on relapse prevention, goal setting, maintaining a job, and tasks such as paying bills and finding self-help meetings. "We really address their fears during this phase of treatment. Most of these guys have never known any way of life other than the streets, crime and drugs. They don't have a concept of how to live differently. There is a lot of fear associated with changing," he says.

Once inmates successfully complete the civil commitment program, they are required to go through aftercare usually for a period of six months to a year.

Hearn turned his life around after going through California's first TC program - the Amity Foundation in 1993. After his residency in an aftercare program, Hearn became part of a "core group." This is a group of people who have successfully completed a TC and an aftercare program, and then act as role models for inmates who are "acting up" and displaying bad behaviors. The core group determines a series of motions the inmates must complete and meets regularly to oversee their progress.

Hearn was a core group member and an intern with Amity for three years. It was during this time he re-

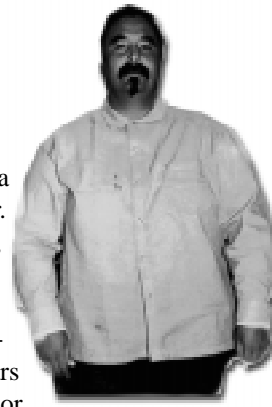
ceived training to become a substance abuse counselor. He learned about addiction, the basics of working in a TC, how to run groups and how to complete paperwork. After three years he was hired as a counselor.

Hearn is now working at CRC Prison in Norco, California. During this job, he began taking courses from the Pacific Southwest ATTC (PSATTC). He believes these courses have helped him become a better counselor. "I have learned about how to work with people who have more than one diagnosis, and through cross-trainings have learned how to work as a team with corrections officers to provide better treatment. Their classes really taught me a lot about relating to people and helped me learn more about addiction."

Hearn believes his own background helps him relate to other inmates. "I have been where these guys are at and it makes a big difference in being able to relate to them. I don't let them make any excuses because I was able to do it. Telling my story gives a lot of them hope about their own futures," he says.

Hearn is now married, and would eventually like to begin an aftercare program in another state. He strongly believes in the TC model, and thinks more prisons across the country will implement TC as the model's effectiveness becomes more widely known.

In conclusion, Hearn states, "At one time I was living a life of madness so I did not care about living or what happened to me. But now I feel good about myself and I'm trying to hold onto life as long as I can. Thanks to people who care and the TC process that gave me my life back." For information about PSATTC trainings or the TC model, call (858) 551-2944.



Leon Hearn

"At one time I was living a life of madness so I did not care about living or what happened to me. But now I feel good about myself and I'm trying to hold onto life as long as I can."

Thanks to people who care and the TC process that gave me my life back."

*-Leon Hearn,
Substance Abuse
Treatment
Counselor*

It's on the Web!

The ATTC has developed a new "electronic magazine" called *ATTC Eye on the Field*. Users sign up to receive the publication free through their e-mail, and a table of contents is delivered once a month. It includes information about funding along with links to current, easy-to-read research findings. To receive *Eye on the Field*, go to www.nattc.org, and click the "News from the Field" button.



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Networker

Mid-America ATTC Guides Treatment Practices Across the Midwest & Nation

Since 1993, the Mid-America ATTC (MATTTC) has provided effective, creative solutions to professionals from multiple disciplines who intervene in the vicious cycle of addiction. Through trainings, curriculum development and technical assistance, MATTTC is leading the Midwest in the fight against substance abuse.

A primary focus for MATTTC is training professionals who work in corrections settings. One corrections-based project MATTTC is preparing to embark upon is a \$1,000,000.00 program to integrate juvenile justice and substance abuse treatment systems within the state of Missouri. Through funding from the Department of Justice Office of Juvenile Justice and Delinquency Prevention, MATTTC will provide training to juvenile officers and division of youth services staff. The goal of the program is to build comprehensive strategies to combat juvenile offenses where substance abuse is a primary catalyst. Jeff Gosney, director of the juvenile justice project states, "Our goal is to prevent young offenders from becoming part of the adult justice system, and to help them live healthy, productive lives rather than get caught in a cycle of addiction and further criminal behavior." This project is anticipated to begin fall 2000.

Another important corrections project for MATTTC is an ongoing partnership with the Missouri Department of Corrections (MODOC). For the last three years MATTTC and MODOC have collaborated to ensure that Missouri corrections personnel are properly trained to treat substance abusing offenders.

Each year MATTTC conducts training needs assessments with MODOC and develops training programs designed specifically for Missouri's probation and parole officers and corrections-based treatment staff. From 1997-2000, more than 3,000 MODOC staff have

been trained through this collaboration. Sue Giles, co-director of MATTTC states, "This partnership has resulted in state-wide systems change. MATTTC has helped MODOC staff develop skills and identify problems. We are no longer just providing information, but are working together to build an infrastructure for ongoing training."

MATTTC also has an ongoing partnership with Jackson County Community Backed Anti-Drug Tax (COMBAT), a voter-approved quarter-cent sales tax collecting more than \$16 million annually to support a comprehensive anti-drug effort in Jackson County, Missouri. This tax was the first of its kind in the United States and stands as a model for other jurisdictions.

Through its partnership with COMBAT, MATTTC provides continuing education, tuition scholarships, test preparation and mentoring for minority counseling trainees through the MATTTC Counselor Preparation Program. In this program, each year 25 participants are given the opportunity to prepare to become a certified substance abuse counselor or prevention specialist with the Missouri Substance Abuse Counselors' Certification Board. More than 80 people have been trained in this program since 1995.

In addition to providing technical assistance and



Mid-America ATTC Staff

training, an important focus area for MATTC is curriculum development. In 1999, staff completed a corrections-based Therapeutic Community (TC) curriculum with three components: an experiential package for staff at start-up and existing TCs, a training of trainers, and an orientation package for policy makers and other community members. Several national "training of trainers" are planned in 2000 using these components. The goal is to build a nationwide network of trainers who are properly prepared to teach TC.

Another curriculum MATTC is developing is entitled, *A Collaborative Response: Addressing the Needs of Consumers with Co-Occurring Substance Use and Mental Health Disorders*. This new curriculum is designed to impact the culture of mental health and substance abuse treatment agencies. Participants have opportunities to practice new information, identify agency and community resources, and provide feedback to leadership regarding existing or potential barriers in existing programs. MATTC co-director, Pat Stilen states, "We have seen major changes in how one organization changed policies and clinical practices following the 22-hour training. This organization is now pioneering a 'five phase integrated treatment' approach." System-wide pilot testing of the curriculum is scheduled to take place in three Kansas regions in the fall of 2000.

Multidisciplinary trainings are another important focus for MATTC. Each year, staff deliver an extensive schedule of courses to counselors, educators, social workers, corrections staff, medical professionals and the faith community. Approximately 110 courses are scheduled in eight locations across Missouri for 2000.

To learn more about MATTC programs, visit www.mattc.org or call (816) 482-1100.

Resource Corner

Check out these new resources in treatment and prevention.

Environmental strategies for preventing substance use among youth: A resource guide. Danya International, Inc., July, 2000. (301-565-2142).

Ingersoll, K., Wagner, C. & Gharib, S. *Motivational groups for community substance abuse programs.* Mid-Atlantic ATTC, 2000. (804-828-9910).

Make a difference: Talk to your child about alcohol. National Institute on Alcohol Abuse and Alcoholism. NIH Publication 00-4314, 2000. (www.nih.gov).

Wapner, D. & Manoleas, P. *Criminal justice addiction studies curriculum framework.* ATTC of New England & Pacific Southwest ATTC, June 2000. (401-444-1808 or 858-551-2944).

I FOUND SUPPORT.

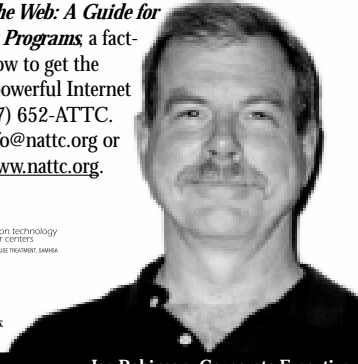
"When I was in treatment, the Internet helped me to meet others in recovery and learn more about my addiction. I am proud to say I have been clean for nine years . . . and I still find support online."



Open your eyes to the impressive amount of treatment-related information on the Internet. As part of the ATTC initiative Online/OnTime 2001, you can 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.



Unifying Research, Education, and Practice to Transform Lives.



Joe Robinson, Corporate Executive
Celebrating Nine Years in Recovery

Prairielands ATTC to Produce CD-ROM for Health Professionals

The Prairielands Addiction Technology Transfer Center (PATTC) and the Substance Abuse Counseling Program at the University of Iowa received a \$95,000 Wellmark Foundation grant to develop a training program and CD-ROM to help health care professionals detect and assess drug and alcohol abuse. The primary purpose of the grant is to train frontline professionals such as physician assistants, nurses, pharmacists, dentists and physicians in the early identification and assessment of substance abuse problems among their patients. The CD-ROM will include information that professionals will find helpful when working with persons with substance use disorders, especially substance abusing pregnant women and Native Americans with substance abuse issues.

Anne Helene Skinstad, director of the PATTC, expects the CD-ROM to be ready for pilot testing in Iowa and South Dakota later this year. The CD-ROM is a cooperative project involving addiction experts at the University of South Dakota and the University of Iowa. For more information about this project, contact the PATTC at (319) 335-5368 or visit their website at www.uiowa.edu/~attc.

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Sullivan explained that her findings of deficits in gait and balance were alarming because it had previously been thought that this ability recovers with abstinence from alcohol.

“Yet when we challenged them with elements of a typical roadside sobriety test,” she said, “we found that they were really quite unstable.”

September 2000 is National Alcohol & Drug Addiction Recovery Month

The theme of CSAT’s Recovery Month 2000 is *Recovering Our Future: One Youth At A Time*. To support this initiative, CSAT has developed a number of materials to promote the effectiveness of substance abuse treatment and the benefits of getting help for adolescents with substance abuse problems. Included are

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media resources, event ideas and suggestions for reaching policy makers, health professionals, schools, educators, juvenile justice professionals, family court systems, community-based organizations, businesses, parents and families. Look for information about upcoming Recovery Month events on the ATTC website at www.nattc.org or visit CSAT’s Recovery Month site at www.health.org/recovery00.

“Falling Down Drunk” is Not A Laughing Matter

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: E.V., Rosenbloom, M.J., Pfefferbaum, A. (2000). *Pattern of motor and cognitive deficits in detoxified alcoholic men. Alcoholism: Clinical & Experimental Research*, May, 24(5), 611-621.

Researchers and medical professionals already know that chronic, excessive alcohol consumption causes cognitive and motor deficits. Operating as a central nervous system depressant, alcohol produces a dose-dependent decrease in cognitive and motor functioning. A new study by Edith Sullivan and colleagues, published in the May issue of *Alcoholism: Clinical & Experimental Research*, takes neuropsychological research to a new level: specifying which functions are most affected by alcohol, suggesting which neural systems are implicated, and searching for any age-alcohol interaction.

“We know that cognitive capacities and motor system functions are impaired in alcoholics,” explained Sullivan, associate professor of psychiatry at Stanford University School of Medicine and the study’s lead author. Sullivan wanted to examine these functions more closely in recently detoxified male alcoholics.

“We chose men who had been inpatients in a VA facility,” she explained, “so we knew they hadn’t had a drink for about a month, they were receiving good nutrition, and they were in relatively good physical condition.” “Even so,” said Sullivan, “the men continued to show mild yet significant cognitive and motor deficits.”

Sullivan explained that her findings of deficits in gait (the general ability to walk) and balance were alarming because it had previously been thought that this ability recovers with abstinence from alcohol. “Yet when we challenged them with elements of a typical roadside sobriety test,” she said, “we found that they were really quite unstable.”

The other areas of deficit involved visuo-spatial capacity which, for example, refers to someone’s ability to read a map, and ‘executive functions’ – including problem solving, the ability to place things in order and working memory.

Marlene Oscar-Berman, professor of neurology and psychiatry at Boston University School of Medicine, and research scientist at the Boston Veteran Affairs Healthcare noted the connection between this study’s findings and what she called the ‘premature aging hypothesis.’ She explained that about 50 years ago, researchers discovered (using autopsies) that the brains of alcoholics resembled the brains of people with no alcohol history but who were much, much older. “Their brains were smaller, reduced in size,” she said. Subsequent research has found that younger alcoholics typically don’t show this ‘premature-aging effect,’ but older alcoholics do. “That is,” she said, “if you have been an alcoholic, when you get to be about 50 years old or so, all of the things that are supposed to happen to you when you get older instead can happen earlier and faster.”

To view the complete article, see the ATTC National website at www.nattc.org. Go to the “Research to Practice” section and click “Addiction Science Made Easy.”

Addiction Science Made Easy

FIELD ADDRESSES STIGMA: PART TWO

In the last issue of *The Networker*, we began reviewing some of the grassroots efforts taking place across the country to reduce stigma in the substance abuse treatment field. This is the second in a series of articles about stigma.

The ATTCs are addressing stigma in a number of ways. The Mountain West ATTC (MWATTC) is directly addressing stigma in undergraduate and graduate course work at the University of Nevada-Reno. Nancy Roget, co-director of the MWATTC explains, "We require students to give up one behavior for nine to fourteen weeks. Students are asked to pick the one thing that seems too difficult to give up in order to make the experience impactful. They are then asked to sign a contract and must write about their experience including how others react to them, their 'cravings' and any 'relapses' they face."

This experience helps students identify with others who are trying to stop the addictive cycle. "Some of the best teaching happens during this course because students realize how hard it is to get support and how hard it is to change behaviors," says Roget. "They often feel stigmatized by the people they expect to receive support from. It is a powerful learning experience."

The Great Lakes ATTC (GLATTC) is also addressing stigma in their region. They have conducted surveys, panel discussions, consensus panels, presentations and are collaborating with the Southeast ATTC and to develop a workshop for counselors entitled "Reducing Stigma Through Everyday Advocacy." The workshop is designed to empower counselors to combat stigma through their daily interactions with others.

A second collaboration is underway with CSAT's Recovery Communities United in Illinois to develop a stigma reduction self-study course. This course will provide examples, workshop exercises and job aids to help clients and the community overcome stigma. Students who complete this course will receive CEUs from the state's certification board. Both of these GLATTC trainings will be available by fall 2000.

Another organization working to reduce stigma is the National Council on Alcoholism and Drug Dependence (NCADD), a nationwide network of affiliates

Stigma Reduction Forum

Breaking The Stigma, Freeing Our Community's Voice

Sponsored by DC/Delaware ATTC
September 28, 2000 • Washington, DC
Contact: Valerie Robinson at 301-565-2142
or vrobinson@danya.com for more information.

Anti Stigma Tool Kit

From the Center for Mental Health Services, this kit is designed to eliminate negative images associated with mental illness. Includes a poster, fact sheet and brochures. Contact: CMHS Knowledge Exchange Network at 1-800-789-2647.

which advocates for substance abuse prevention, intervention, research and treatment.

Stacia Murphy, NCADD's President believes stigma must be looked at in the broadest context if it is to be appropriately addressed. "Stigma prevents people from becoming mainstream members of society. It prevents them from coming to treatment earlier, and prevents them from talking about the power of recovery."

NCADD is focusing on addressing stigma through its 109 community affiliates. "We are working to organize the recovering community and their families to help them become more vocal," states Murphy. "But reducing stigma must be an all inclusive process. Stigma also affects counselors and prevents them from recognizing the extraordinary role they play in the recovery process. We must all be prepared to deal with our own uses of language and attitudes before we can alleviate stigma."

Through community education programs, media advocacy campaigns and resource centers, NCADD is playing an active role in reducing stigma. For information about ATTC products, call 877-652-ATTC. To learn about NCADD, call (212) 206 6770.

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Addiction Technology Transfer Centers serve 39 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

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29th UCSD Summer Clinical Institute in Addiction Studies

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www.attc.ucsd.edu/
sci2000/sci2000.htm

Mid-Atlantic Conference on Substance Abuse Treatment & Prevention for Adolescents

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Charlottesville, VA

Sponsor: Mid-Atlantic ATTC
www.mid-attc.org/
conference.html

National TASC Conference on Drugs & Crime

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(703) 522-7212 or
www.nationaltasc.org

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