



The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

University of Missouri-Kansas City
Addiction Technology Transfer Center
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A large graphic featuring the word "ADDICTION" in large, yellow, vertical letters. Overlaid on this is the "attc networker" logo, which includes the "attc" logo and the word "networker" in a blue, handwritten-style font. Below "networker" is a blue horizontal bar with the text "addiction technology transfer center network" in white, sans-serif font.

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Unifying science, education and services to transform lives.

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Look. Listen. Learn. Lead.



attc networker

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September Is National Recovery Month

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment's (CSAT) 13th annual National Alcohol and Drug Addiction Recovery Month will take place September 2002. In this issue of The ATTC Networker, you'll find information about why Recovery Month is important, ideas about how you can help, a profile of SAMHSA's Recovery Community Support Program and opinions about where the national recovery movement is headed from two leaders in the recovery field.

Why Is Recovery Month Important?

- 12.6 million Americans aged 12 and older reported being heavy drinkers in 2000.
- Approximately 14 million Americans were current users of illicit drugs in 2000.
- Negative attitudes about treatment and people in recovery pervade every facet of society.
- The U.S. treatment infrastructure is underfunded and insufficient to meet demand.
- For every \$1 invested in treatment, there is an estimated return of \$4-7 in reduced crime and criminal justice costs. With health care costs included, total savings can exceed treatment costs by 12 to 1.6.

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The Recovery Movement: Where Are We Headed?

When asked about the state of the national recovery movement, Rick Sampson, director of Faces and Voices of Recovery (formerly The Alliance Project), says he believes that many people are "tired of the way things have been done."

He explains, "People are recognizing that we have incarcerated too many people because of addiction problems. There are also too many children in the welfare program because of addiction-related issues. Because of managed care the treatment gap has grown, and treatment agencies aren't able to do what they need to do."

Sampson does believe there is a strong movement among people in recovery, however.

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Recovery Community Support Program

SAMHSA supports people in recovery and their families through its CSAT-funded Recovery Community Support Program (RCSP). This program began in 1998 as CSAT's first targeted effort to directly reach people in recovery and their families.

Catherine Nugent, project officer for the RCSP, explains the groups' goals. "Nineteen grants were awarded with the goal of expanding the recovery community's participation in decision-making about treatment policies and services. We worked on mobilizing large groups of people to become a voice for the recovery community, and used community campaigns to address issues like stigma."

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Exploring the Genetic Commonality of Alcohol and Tobacco Abuse

While the percentage of smokers . . . has decreased over the last several decades, the rate of smoking among alcoholics has remained at approximately 90 percent.

The key finding of this study is that there appears to be a commonality in the genes which modulate the actions of both nicotine and alcohol.

- Christopher de Fiebre
University of North Texas Health Science Center

Each month the ATTC highlights research from the journal *Alcoholism: Clinical and Experimental Research*, the official journal of the Research Society on Alcoholism. The article below was written based on the following published research: De Fiebre, N.C., Dawson, Jr., R., de Fiebre, C.M. (June 2002). The selectively bred high alcohol sensitivity (HAS) and low alcohol sensitivity (LAS) rats differ in sensitivity to nicotine. *Alcoholism: Clinical and Experimental Research*, 26(6), 765-772.

Recent human studies have suggested that one or more genes may play a critical role in increasing one's vulnerability to alcohol and tobacco addiction. A study in the June issue of *Alcoholism: Clinical and Experimental Research* uncovers new evidence which supports the theory that common genetic factors influence sensitivity to both alcohol and nicotine.

"Numerous studies have confirmed that drinking and smoking are positively correlated," says Christopher M. de Fiebre, assistant professor of pharmacology and neuroscience at the University of North Texas Health Science Center at Fort Worth and corresponding author for the study. "Nowhere is this association seen as clearly as in alcoholic populations. While the percentage of smokers in the general U.S. population has decreased over the last decades, the rate of smoking among alcoholics has remained at approximately 90 percent."

Male and female rats selectively bred for high (HAS), low (LAS) and control (CAS) sensitivity to alcohol were tested for nicotine sensitivity using several different measures.

The HAS rodents were found to be more sensitive to nicotine-induced locomotor activity depression than the LAS rodents. Researchers also measured plasma and brain levels of nicotine and

its primary metabolite, cotinine. Since no differences in plasma or brain nicotine levels were seen between the HAS and LAS rodents, the authors speculate that the HAS/LAS differences arise because of differences in the sensitivity of the central nervous system to nicotine.

"The key finding of this study is that there appears to be a commonality in the genes which modulate the actions of both nicotine and alcohol," says de Fiebre. ". . . Although we do not know which genes are responsible for modulating the actions of these two drugs . . . we hypothesize that the overlap in genes controlling sensitivity to these drugs may in part explain why smokers drink and drinkers smoke."

"These findings add to the data which argues that common genes influence the behavioral actions of two of the most frequently abused drugs," says Allan C. Collins, professor of pharmacology and behavioral genetics at the University of Colorado. "It may be that studies including both alcohol and nicotine may yield answers to questions that have remained unresolved for many years when the two drugs have been studied singly."

To view the complete article, see the ATTC Network Web site at www.nattc.org. Click the "Addiction Science Made Easy" link.

Addiction Science Made Easy

Free NIDA Presentation Tools Available Online

The National Institute on Drug Abuse (NIDA) has produced five "teaching packets," each in PowerPoint slide format with speaker notes.

The packets are designed to be used in presenting information about the science of addiction. Download them for free at www.nida.nih.gov/Teaching.html.

Presentation Topics Include:

- The Brain & the Actions of Cocaine, Opiates & Marijuana
- The Neurobiology of Drug Addiction
- Understanding Drug Abuse & Addiction: What Science Says
- The Neurobiology of Ecstasy (MDMA)
- Bringing the Power of Science to Bear on Drug Abuse & Addiction

Counselor Reflections

Judy Glenz, M.S., is proud to bring research and new ideas to her treatment staff at the Jackie Nitschke Center in Green Bay, Wisconsin. Last year, Glenz, executive director of the Center, participated in an ATTC-sponsored training called *The Change Book Retreat*.

The retreat was designed to help participants implement the steps, principles and strategies outlined in the ATTC document *The Change Book: A Blueprint for Technology Transfer (The Change Book)* published in 2000. Participants learned how to use the document as a blueprint for carrying out successful technology transfer initiatives. Glenz really benefitted from the experience. "The workshop was one of the best trainings I have attended. It was really exciting and got me fired up," she says.

In addition to learning about *The Change Book*, retreat participants heard from researchers in the treatment field. One presenter was Dwayne Simpson, Ph.D., who gave participants an overview of assessment instruments available from the Institute of Behavioral Research at Texas Christian University (IBR).

"Dr. Simpson was amazing," Glenz notes. "I was so excited to learn about the tools and resources available from his organization. Before this train-

ing I had no idea I could find so many resources on the Web."

Once she returned to Wisconsin, Glenz used *The Change Book* to implement a new treatment approach developed by IBR called "mapping." The method gives counselors a visual representation technique to help clients improve problem-solving and decision making skills. Studies by IBR suggest that using this method enhances client commitment to treatment and counseling.

"This cognitive behavioral method is very nonthreatening," explains Glenz. "*The Change Book* helped us narrow down our problems, and use what we can from this treatment approach. It was really a grassroots effort, and everyone was able to participate. Since then we have even trained counselors at other centers to use mapping."

Glenz is also working with staff from the Great Lakes ATTC to develop evaluation plans for her agency. "They are helping us access research, and learn how to measure our success," she says. "They are guiding us in finding the right tools to use. I really appreciate their assistance."

Glenz has worked in the drug and alcohol field for twenty years including nine at the Jackie Nitschke Center. She began her career as a high school math teacher, but went through treatment after encountering her own addiction problems. It was after this experience that she returned to school, and got a master's degree in clinical psychology.

Now a certified alcohol and drug abuse counselor, Glenz is proud of the services the Center provides. "I can really say we are not about making money but about providing good treatment. It is a nice facility that feels like a home."

Glenz thinks the best thing about working in substance abuse treatment is that you really get to see people make it. "Each person that finds recovery impacts another person. This is a nice way to make a major impact on your community."

To learn more about *The Change Book*, visit the ATTC Network Web site at www.nattc.org. For information about the Great Lakes ATTC, go to www.glattc.org. Resources from IBR are available at www.ibr.tcu.edu.



Judy Glenz, M.S.

The workshop was one of the best trainings I have attended.

It was really exciting and got me fired up.

- Judy Glenz
Jackie Nitschke
Center

The Change Book

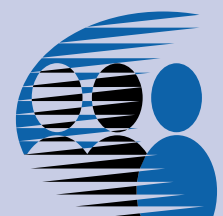
A Blueprint for Technology Transfer



"Thank you for helping structure my thinking, and providing an invaluable tool for my everyday work."

The Change Book: A Blueprint for Technology Transfer is earning widespread acclaim for its innovative approach to implementing change in agency settings. Using case study examples to demonstrate the approach,

this step-by-step guide addresses the unique needs of treatment administrators, staff, educators and policy makers. See for yourself why so many people are using *The Change Book*. Download your free copy at www.nattc.org.



Networker

Native American Initiatives Are A Priority for Prairielands ATTC

Two videos about Native Americans and addiction issues are available from the Prairielands ATTC by calling 319-335-5368 or visit their Web site at www.uiowa.edu/~attc.



The Prairielands ATTC, housed at the University of Iowa in the Department of Community and Behavioral Health, has several focus areas. A large population of Native Americans in the Prairielands region, however, makes projects with a Native American focus of particular priority. The United States Census Bureau estimates that there are approximately 181,000 Native Americans living in Nebraska, Iowa, North Dakota, South Dakota and Minnesota. This number is expected to increase to 248,000 by the year 2015.

Recent data from the Substance Abuse and Mental Health Services Administration suggests that relative to the total U.S. population, Native Americans have a very high prevalence of past-year substance use (including cigarettes, alcohol and illicit drugs), alcohol dependence and a need for illicit drug abuse treatment. It is for these reasons that staff at the Prairielands ATTC are working to create relationships and provide culturally appropriate services and products that relate to Native Americans.

Two videos produced by Prairielands that illustrate Native American cultural issues have been essential in building relationships. The first, called *Sucker Punched*, highlights the journey of one man working to turn his life with addiction around through Native American culture and spirituality. The video won the 2000 Silver Axiem Award in Electronic Media.

The second, called *Nagi Kicopi (Calling Back the Spirit)*, includes interviews with Native Americans in South Dakota. The video illustrates how alcohol abuse can distance Native Americans from their cultural traditions. Video participants give personal accounts of how their lives were impacted by alcohol and substance abuse, and how Native American cultural and spiritual ways helped them achieve and maintain a substance free lifestyle.

Anne Helene Skinstad, Ph.D., director of the Prairielands ATTC, is very proud of these pieces. “These videos target health care professionals. It is important for them to understand the negative impact substance abuse has on Native American communities — the problem is extraordinarily serious compared to that within many other ethnic groups,” she says.

Both videos were selected for screening at the 26th Annual American Indian Film Festival in San Francisco. *Nagi Kicopi* was nominated for the Best Public Service Award in 2001.

Prairielands staff also work directly with Native American reservations to provide technical assistance and trainings. Duane Mackey, Ed.D., the South Dakota coordinator for Prairielands, has helped create two training programs which assist substance abuse counselors to pass written and oral state certification exams.

“We knew that a relatively small percentage of trainees were passing the exams,” explains Mackey. “We didn’t have empirical data to explain why they weren’t passing, but we speculated that in part, it had to do with communication style



Prairielands ATTC Staff (from left to right):
Dr. Linda Neuerburg, Erin Heppner-Elgin, Nicole Pizzini,
Dr. Duane Mackey, Michelle Turnbough,
Maurine Orwa, Dr. Anne Helene Skinstad, Aaron Silander

differences. So we designed written and oral exam prep programs targeted to address these issues.” The trainings were implemented in 2000, and as a result more Native Americans are passing the state exams now.

Prairielands staff also work to bring substance abuse continuing education to Native American reservations. By traveling to different locations, staff are building relationships and learning about each group’s specific training needs. They are then using fiber optics and interactive video conferencing to deliver trainings directly to the sites. “Participants of these trainings are very appreciative,” says Mackey. “They are often at isolated locations, and this allows them to participate without having to travel long distances.”

Linda Neuerburg, Ph.D., North Dakota coordinator for the Prairielands ATTC, is currently developing a project that will evaluate Native American elders’ attitudes about alcohol. A recent

study conducted by researchers at the University of North Dakota indicated that out of approximately 10,000 elders interviewed at reservations around the country, 30 percent had never had anything to drink in their lives. Neuerburg hopes to conduct more in-depth research with these individuals to learn about their value systems.

“We believe this information will be invaluable as a prevention and treatment tool,” she explains. “If we can understand why these elders chose not to go down a path that included alcohol or drugs, maybe we can pass this information on to Native American children.”

In addition to these projects, Prairielands also provides an online resource center, disseminates research and provides training for treatment practitioners, health care providers and others involved with Native American communities.

For more information, contact the Prairielands ATTC at 319-335-5368 or www.uiowa.edu/~attc.

The Alliance Project Receives a Face Lift

An important group working to support people and their families in recovery is Faces and Voices of Recovery (formerly The Alliance Project). Rick Sampson, the director, talks about changes happening with this group.

“We convened an advisory group comprised of people from around the country,” he explains. “Through their guidance we decided to officially change the name of The Alliance Project to Faces and

Voices of Recovery. We think it is important to begin to use more specific language that says we are in service to the recovery community.”

The organization’s offices have moved to the Washington DC area, and Sampson is focusing on fund-raising efforts. When asked about future plans, he says the group’s goals remain constant – to be a face and voice for recovery.

Based on research conducted by The Alliance Project, Sampson believes there is a disconnect between public opinion and the realities of recovery. During a randomized survey of 10,000 households, 250 identified having someone in recovery. A personal interview was then conducted with the person in recovery or a family member. Out of these interviews, 51 percent had more than

six years of sustained recovery. Of these people, 53 percent had never experienced any relapse.

“This is amazing information,” says Sampson.

“It goes against what the public believes about recovery. Many people believe relapse is inevitable, and that recovery isn’t sustainable. We want to bring this message of hope to America.”

Fifty percent of the recovering people interviewed also expressed interest in

participating in the recovery movement. “This is a potentially huge army of messengers, and developing messengers is one of our goals,” he says. “We want to find the millions of people in recovery and help them contribute to the field.”

Sampson is also working to support other grassroots recovery efforts. “There are advocacy groups sprouting up all over the country,” he explains. “We are working to provide them with ‘starter kits’ to help them get organized.”

Eventually he would like to create a leadership development institute to help train young people to become advocates for the recovery movement. For now, however, he is focusing on gaining momentum for his newly reorganized group. To learn more, call 703-299-6760.



The Recovery Movement: Where Are We Headed? - from pg 1

... Even if we are slow in raising a national (recovery) movement we are continually impacting our own communities.

. . . We have to remember each time we speak out, we act as a beacon of hope.

- William Cope
Moyers
Hazelden
Foundation

“It is a bit chaotic, but I think there is a new willingness to get involved and give back,” he notes. “We need to put systems in place that keep the momentum growing. Recovery advocates need non-stigmatizing tools to get messages of hope out to the public.”

When asked what the government’s role in the recovery movement should be, Sampson explains, “It is vital that government continue its research so that we have evidence-based practices to promote messages of prevention, treatment and recovery. It’s also important that state and local governments make room for people in recovery in their planning forums. I really believe government and grassroots efforts must come together to address treatment gaps.”

(For more information about Faces and Voices of Recovery, see the article on page 5.)

William Cope Moyers, vice president of external affairs at the Hazelden Foundation, believes there are a number of factors affecting the momentum of the national recovery movement.

“September 11 and the war on terrorism have taken the public’s attention,” he says. “The corporate scandals in Washington and the poor economy are also factors. For obvious reasons, the public’s attention has been shifted, but it makes it even tougher to get our message out.”

When asked how we counter these influences, Moyers explains, “I believe there is strength in numbers. Treatment, prevention and advocacy groups must partner. We are all working toward the same goals even if we are using different methods. We need to talk more as a field.”

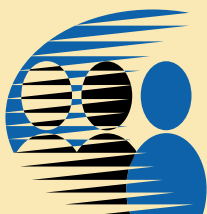
Moyers has worked to get addiction included in parity statements for a number of years, but is frustrated by a lack of progress. “I am disappointed by our ability to be further along on the parity issue,” he says. “I really want to encourage people to contact their legislators and Washington to include addiction in the national mental health parity statement. We must lead by example. Treatment providers, people in recovery, educators, researchers – we must all speak out.”

“I know there are advocacy seeds being planted around the country,” Moyers continues. “It is important to remember that even if we are slow in raising a national (recovery) movement we are continually impacting our own communities. I have learned that every time I speak publicly I serve as an access point for people with substance abuse issues to ask for help. That continually amazes me. We have to remember each time we speak out, we act as a beacon of hope.”

To learn more, contact Faces and Voices of Recovery at 703-299-6760 or the Hazelden Foundation at 1-800-257-7810.

Recovery Resources on the Web

Alcoholics Anonymous	www.aa.org
Al-Anon	www.al-anon.alateen.org
Caron Foundation	www.caron.org
Families Anonymous	www.familiesanonymous.org
National Association for Children of Alcoholics	www.nacoa.org
National Association on Alcohol, Drugs and Disability	www.naadd.org
National Council on Alcoholism and Drug Dependence	www.ncadd.org
Narcotics Anonymous World Services	www.wsoinc.com
National Alcohol and Drug Addiction Recovery Month Resources	www.health.org/recoverymonth/2002
Recovery Resources Online	www.soberrecovery.com
Substance Abuse & Mental Health Services Administration	www.samhsa.gov
Center for Substance Abuse Treatment	www.samhsa.gov/csap
Center for Substance Abuse Prevention	www.samhsa.gov/csap
Center for Mental Health Services	www.samhsa.gov/cmhs



Upcoming Conferences

Spirituality: The Foundation of Recovery

Cosponsored by the Mid-America ATTC
September 3-5 • Kansas City, MO
816-482-1100 • www.mattc.org

Community Organizing: Advocating for Recovery

Cosponsored by the Mid-Atlantic ATTC
September 14 • Richmond, VA
703-237-6141 • www.saara.org

Advancing the Conversation: Improving Substance Abuse Prevention and Treatment

Cosponsored by the Great Lakes ATTC
September 22-25 • Lincolnwood, IL
217-528-7335 • www.iadda.org

We Can Change the Way We See Our World — Continuing the Journey to End Stigma

Cosponsored by the Northeast ATTC
September 23-24 • Harrisburg, PA
1-800-858-6040

Treating Addictions in Special Populations: Research Confronts Reality

Cosponsored by the Northeast ATTC
October 7-8 • Binghamton, NY
607-777-2496

Keeping It Real 2002 Conference: Street-Level Intervention Strategies for Addiction, HIV/AIDS and Hepatitis C

Cosponsored by the Central East ATTC
October 24-25 • Baltimore, MD
240-645-1142 or 240-645-1148
www.ceattc.org

Recovery Month - from pg 1

This year Recovery Month highlights each person's responsibility with the theme *Join the Voices of Recovery: A Call to Action*. Everyone is encouraged to help incorporate community treatment and recovery services as an integral part of the public health system. The following are some examples of the way you can make a difference in your community.

- Learn about science-based treatment protocols and share this information with others.
- If you or a loved one are in recovery – tell your story. Like other chronic medical conditions, stigma is reduced when many individuals speak out.
- Build partnerships with schools, churches, employers and others in your community to change public attitudes.
- Use the media and your organization's communication vehicles to inform others about the benefits of treatment and recovery.

For more information about Recovery Month, visit www.health.org/recoverymonth/2002.

RCSP - from pg 1

The second grant cycle for the RCSP began in September 2001 with 21 grants awarded. Nugent continues, "We learned a great deal during the first grant cycle about forging alliances and breaking down barriers. We know there are gaps in the services that people in recovery need, and there are large numbers of people in recovery who want to give back."

Future efforts by the RCSP's will utilize peer models where people in recovery are trained to provide specific services for others in recovery. Each RCSP community will decide the types of services that are most needed in their area, and will focus efforts on providing services such as vocational training, housing, family support, social activities; and education on parenting, health and wellness, relapse prevention and leadership skills.

"We are building on strengths that were started previously, and are finding ways to help people in recovery give something back to their communities. It is very exciting," notes Nugent.

For more information about the RCSP, visit www.samhsa.gov/centers/csat2002.

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The ATTC Network serves all 50 states, the District of Columbia, the Pacific Trust Territories, Puerto Rico and the U.S. Virgin Islands.

Direct comments regarding this publication to **Angie Olson**, editor at angieo@kc.rr.com or call the ATTC National Office at (816) 482-1200.