



University of Missouri-Kansas City
Addiction Technology Transfer Center
National Office
5100 Rockhill Road
Kansas City, MO 64110-2499

an equal opportunity institution

This publication was made possible by grants from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). The contents are solely the responsibility of the authors and do not necessarily represent the official views of SAMHSA or CSAT.

Nonprofit Org.
U.S. Postage
PAID
Kansas City, MO
Permit #6113

attc
networker
addiction technology transfer centers

Unifying research, education and practice to transform lives.

ATTC National Office
Funded by SAMHSA's
Center for Substance Abuse Treatment
Vol. 4, No. 1 ¥ Summer 2002
816-482-1200
www.nattc.org

Look. Listen. Learn. Lead.



attc network

Vol. 4, No. 1 ☿ Summer 2002

addiction technology transfer centers

funded by SAMHSA's Center for Substance Abuse Treatment

ATTC Network Receives Continued Funding

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently announced awards totaling \$7 million for continued funding of the national ATTC Network.

The ATTC Network provides state-of-the-art education and training programs to health care professionals, state and local government officials and community-based treatment providers. Drawing on current health services research from such sources as the National Institutes of Health as well as SAMHSA's own program evaluations, the Network upgrades standards of professional practice for treatment providers, prepares practitioners to function in managed care settings and promotes the inclusion of addiction treatment training in academic programs around the country.

"Through training and education, these centers

help bring the benefits of research findings to addiction treatment programs in communities across the country," said Health and Human Services Secretary Tommy G. Thompson. "They play a critical role in building our capacity to treat substance abuse with the most powerful weapons we have available."

The ATTC Network now covers all 50 states, the District of Columbia, the Pacific Islands, Puerto Rico and the U.S. Virgin Islands. There are 14 Regional Centers and a National Office.

"Today it can take 20 years between the discovery of a new effective treatment or intervention and its adoption as part of community-based care," said SAMHSA Administrator Charles G. Curie.

- continued on page 7

Trauma Resource Featured on ATTC Web Site

Following the tragic events of September 11, 2001, many professionals in the substance abuse treatment field have come to understand that trauma is an issue that can dramatically impact recovery. Trauma occurs every day in a number of ways. It can be caused by a one time event or by ongoing danger over time.

Approximately 70 percent of adults in the United States have experienced a traumatic event

at least once in their lives and up to 20 percent of these people develop Post Traumatic Stress Disorder (PTSD). An estimated 13 million Americans have PTSD at any given time.

A connection between substance abuse and crime often puts people with substance use disorders at an increased risk for exposure to traumatic situations. No matter how trauma occurs, its impact is real and can be debilitating.

- continued on page 7

Inside the Networker

ATTC Network Receives Continued Funding	1
Trauma Resource Featured on ATTC Web Site	1
Ecstasy Use Increases in the United States	2
ATTC Campaign Educates Youth About Club Drugs ..	2
Counselor Reflections	3

It's On the Web: Motivational Interviewing	3
ATTC Web Site Promotes Distance Education in US...	3
Spotlight: ATTC of New England	4
Summer Institutes	5
Recursos en espa ol en la Red	5
Genetics, Stress and Environmental Cues Influence Relapse Drinking	6
Substance Abuse Web Resources	6

ATTC Network

Caribbean Basin, Hispanic/Latino & U.S. Virgin Islands ATTC
Puerto Rico, U.S. Virgin Islands
787-785-4211
www.uccaribe.edu/prattc

Central East ATTC
Washington DC, Delaware, Kentucky, Tennessee, Maryland
240-645-1145
www.ceattc.org

Great Lakes ATTC
Illinois, Ohio, Wisconsin, Michigan, Indiana
312-996-1373
www.glattc.org

Gulf Coast ATTC
Texas, Louisiana, Mississippi
512-471-3538
www.utattc.net

Mid-America ATTC
Missouri, Kansas, Oklahoma, Arkansas
816-482-1100
www.mattc.org

Mid-Atlantic ATTC
Virginia, Maryland, North Carolina, West Virginia
804-828-9910
www.mid-attc.org

Mountain West ATTC
Nevada, Montana, Wyoming, Utah, Colorado
775-784-6265
www.unr.edu/mwattc

ATTC of New England
Vermont, Rhode Island, New Hampshire, Maine, Massachusetts, Connecticut
401-444-1808
http://caas.caas.biomed.brown.edu/ATTC-NE

Northeast ATTC
New York, New Jersey, Pennsylvania
866-246-5344
www.ireta.org/attc/index.htm

Northwest Frontier ATTC
Alaska, Idaho, Oregon, Hawaii, Washington, Pacific Islands
503-373-1322
www.open.org/nfatc

Pacific Southwest ATTC
California, Arizona, New Mexico, Colorado
310-312-0500

Prairielands ATTC
Iowa, Nebraska, North Dakota, South Dakota, Minnesota
319-335-5368
www.uiowa.edu/~attc

Region 14 ATTC
Florida, Alabama
850-222-6314

Southeast ATTC
Georgia, South Carolina
404-756-5246

ATTC National Office
816-482-1200
www.nattc.org

A NIDA-sponsored network of researchers reports that Ecstasy is the most prominent stimulant used in Chicago; is sold in many singles bars in Denver; is used by a number of age groups in a number of settings in Atlanta; and has become the drug of choice among white middle class young adults in Washington D.C.

Ecstasy Use Increases in the United States

Since the mid-1990s, use of the synthetic drug Ecstasy has risen dramatically. Recent reports indicate that this designer drug once most commonly found at all night dance parties or “raves,” can now be found in smaller group settings in urban, suburban and rural social events throughout the country.

A recent Harvard School of Public Health study of 14,000 students at 119 U.S. colleges indicates that Ecstasy use among college students continues to increase rapidly. The study also reports that these Ecstasy users are more likely to use marijuana, engage in binge drinking, smoke cigarettes and have multiple sexual partners.

A report from a NIDA-sponsored network of researchers in 21 U.S. metropolitan areas, reports that Ecstasy is the most prominent stimulant used in Chicago; is sold in many singles bars in Denver; is used by a number of age groups in a number of settings in Atlanta; and has become the drug of choice among white middle class young adults in Washington D.C.

On a brighter note, a February 2002 issue of *NIDA Notes* reports that although more teens in grades 8 (1.8 percent), 10 (2.6 percent), and 12 (2.8 percent) indicated past-month use of Ecstasy in 2001 than in 2000, the increases were generally not as steep as in the preceding two years.

NIDA Acting Director Dr. Glen Hanson explains, “It is encouraging that the trend toward more widespread use of Ecstasy in 1999 and 2000 appears to have slowed last year. The 2001 survey data also show that greater numbers of high school seniors — nearly half of them, in fact — say they believe there is great risk in using Ecstasy.”

A number of immediate psychological and physical symptoms are related to Ecstasy use (see side bar), but research now links Ecstasy with long-term damage to parts of the brain that are critical to thought, memory, mood, aggression, sexual activity and sleep. For example, one study in primates showed that exposure to Ecstasy for four days caused brain damage that was evident six to seven years later.

To learn more about the long-term impact of Ecstasy use, visit these Web sites:

- www.clubdrugs.org
- www.drugabuse.gov/Infobox/ecstasy.html
- www.nida.nih.gov/drugpages/mdma.html

General Facts About Ecstasy

- Common street names for Ecstasy include: MDMA, Adam, XTC, Clarity, Essence, Lover’s Speed, Hug
- Ecstasy is a stimulant that combines the properties of methamphetamine with hallucinogenic properties. Its effects usually last from 4-6 hours.
- It is typically found in capsule, tablet or powder form and is usually taken orally — although it can be injected or snorted.
- The average dose costs from \$7 to \$30.

Psychological Symptoms Include: confusion, depression, sleep problems, drug cravings, severe anxiety and paranoia

Physical Symptoms Include: increases in heart rate and blood pressure, muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, chills and sweating

ATTC Campaign Educates Youth About Club Drugs

In response to rising drug use among adolescents, the Caribbean Basin, Hispanic/Latino & U.S. Virgin Islands ATTC (formerly the Puerto Rico & U.S. Virgin Islands ATTC) developed an educational campaign called “Expand Your Mind.”

The project educates youth about the hazards that club drugs can have on their health and safety. The campaign includes pocket-sized cards that have been worded carefully to give users the sense of talking to peers. The materials were designed to be distributed by professionals during interventions in youth environments such as middle and high schools, university campuses, rave parties, dance clubs, church youth groups, sporting events and other youth “hangouts.”

Materials are available in Spanish and English. To learn more, call 787-785-4211 or visit www.uccaribe.edu/prattc.

Counselor Reflections



Larry Watson, Sr.

Larry Watson, Sr., CAC II, CPS, says he has found his calling working with people who have substance abuse issues. "God saw fit to put me in my clients' lives to share in their process. It really keeps me going," he explains. In recovery himself, Watson is the coordinator of a 28-day intensive program called Samaritan Inns, Inc. He primarily runs groups and does one-on-one counseling at the Washington D.C. area facility.

Prior to finding recovery, Watson says his life was a roller coaster. "I went through a men's treatment program and it helped me understand my own story. Recovery is really a process of soul searching. Working with others to find recovery helps me keep my own priorities in focus," he states.

While in treatment himself, Watson discovered that he had valuable experience that might help others. It was then that he decided to receive training to become a counselor. He is now a certified addictions counselor and prevention specialist.

To further his education, Watson attends trainings provided by the Central East ATTC. "The ATTC addresses important issues such as motiva-

tion, behavior modification and anger management. They have provided me with invaluable information that I use in my practice. I have

helped my clients work on self-esteem issues and learn about their emotions from information I received at ATTC trainings. Their courses help me stay current on new information."

Watching clients go back to their families is the best part about his job says Watson. "Before people transition out of our program, their families are invited to see them leave. This brings me a lot of joy. It's like watching a child you are proud of," he notes.

Watson says he is at peace now. "I have three kids, a great wife and three grandkids. I love my work and never dread it. I am really a thankful person." For more information about trainings in this region, contact the Central East ATTC at 240-645-1145 or visit their Web site at www.ceattc.org.

Recovery is really a process of soul searching.

Working with others to find recovery helps me keep my own priorities in focus.

- Larry Watson, Sr., Samaritan Inns, Inc.

It's On the Web!

The Mid-Atlantic ATTC maintains a Web site for those seeking information about Motivational Interviewing (MI). The site includes general information about MI, as well as links, training resources, publication listings, a discussion board and information about the latest MI research. The site is also a resource for those looking for skilled MI trainers.

MI was introduced by William Miller and Stephen Rollnick in the early 1990s. It is a directive, client-centered counseling approach for eliciting behavior change by helping clients to explore and resolve ambivalence. To learn more about MI, visit www.motivationalinterview.org.

ATTC Web Site Promotes Distance Education in U.S.

The number of students enrolled in distance education is expected to top 2.2 million this year. The convenience of participating in training online from one's home or office is appealing to many busy professionals. To help serve these practitioners, the ATTC recently designed a Web site to be a "central reference" for addiction-related distance learning opportunities around the country.

Educational institutions are encouraged to post their courses on the site **free of charge**. For inclusion, organizations need only answer a few questions to receive approval. There are approximately 40 courses from more than 30 credible organizations on the site currently.

Whether you are a professional looking for a convenient way to receive training, or your organization has distance learning opportunities to market – this new site can help. Visit www.AddictionEd.org for more information.



The ATTC
is funded by
SAMHSA's
Center for Substance
Abuse Treatment



The ATTC
is funded by
SAMHSA's
Center for Substance
Abuse Treatment

**For more
information
about the
ATTC of New
England, call
401-444-1808
or visit their
Web site at
[http://
caas.caas.
biomed.
brown.edu/
ATTC-NE](http://caas.caas.biomed.brown.edu/ATTC-NE)**

ATTC of New England Improves Treatment Field Using Distance Education and Systems

The Addiction Technology Transfer Center of New England (ATTC-NE), located at Brown University's Center for Alcohol and Addiction Studies, in Providence, Rhode Island, works in a number of areas to promote systems change and infuse research into clinical practice and educational programming. By developing partnerships throughout New England (Connecticut, Rhode Island, Massachusetts, New Hampshire, Vermont and Maine), the ATTC-NE continues to expand their reach in the region and the nation.

A premier program of the ATTC-NE is their online addiction education program. Conducted via the Internet, this program has grown tremendously over the last few years. Lessons and homework assignments are accessed through Web-based programs, and registration and evaluation data are collected entirely online. More than 70 online courses have been presented since the program began and certificates of completion have been awarded to 1,879 participants - totaling 16,831 continuing education units.

The ATTC-NE distance education program attracts people from around the United States and the world. To date, training has been provided to participants residing on six continents including 48 states in the U.S., Washington D.C., Puerto Rico and Guam.

In 1999, the ATTC-NE conducted one of the first studies on the effectiveness of using distance education to provide addictions training. The survey yielded a 49.4 percent response rate. Results revealed that 87.3 percent of respondents integrated transferred technologies into their practices; 87.3 percent of respondents diffused the technologies within their organizations and 51.5 percent of respondents changed their therapeutic approach after participating in online education.

Nearly 30 online presentations have been scheduled for this year with several new courses under development including two on HIV and ad-

dictions. The ATTC-NE has plans to do a didactic comparison of live and online trainings conducted by the same instructors in the hopes of scientifically establishing the reliability and effectiveness of distance learning, more specifically, online addiction education.

Curriculum development is also a key area of work for the ATTC-NE. Staff are currently developing curricula to address the specific training needs of minority addiction treatment specialists, faith-based practitioners, the legal profession and medical professionals. For example, a collaborative project between the ATTC-NE, Yale University and the Brown Medical School will provide physicians with an online workshop about Office-Based Methadone Treatment.

ATTC-NE staff have long recognized the critical role that cultural competence plays in achieving positive treatment outcomes. Over the years, the ATTC-NE has provided a number of conferences and workshops that address diversity issues such as sexual orientation, gender identification and substance abuse and disabilities. Recently, the ATTC-NE worked with the Mid-Atlantic ATTC to develop a Multicultural Counseling Competency Series.



*ATTC of New England Staff (from left to right):
Back - Susan Storti, Betty Singletary, Ann Reid,
Denise Bayles; Front - Monte Bryant, Stanley Chin*

They have also developed a Web section devoted to issues of cultural diversity on the ATTC-NE Web site. Currently, staff are creating online courses that address issues relating to the treatment of African Americans, American Indians, Hispanics and Asian Americans.

Criminal and juvenile justice are also important areas of focus for the ATTC-NE. Staff work to provide law enforcement and legal professionals with appropriate conferences and online courses. They also provide technical assistance to a number of courts throughout the region.

A policy forum with the six state alcohol and drug abuse agencies brought different components of the juvenile justice system together. Participants worked on state teams to identify ways their service systems could be more fully integrated. In addition, the ATTC-NE has provided conferences on adolescent issues such as attention deficit/hyperactivity disorder and curtailing youth violence.

A new focus area for the ATTC-NE will be serving members of the faith community. A preliminary survey of faith leaders indicated training is needed to address the basics of addiction, treatment and referral. In addition, respondents indicated a desire to understand what role the faith community can play in recovery and how clergy can develop collaborative relationships with community-based treatment professionals.

To respond to these needs, the ATTC-NE is sponsoring a one-day training to examine the role of the faith community in reducing youth substance use and violence. Additionally, the ATTC-NE is developing a series of distance education courses designed to meet the specific needs of spiritual leaders.

Finally, the ATTC-NE is assisting in the development of a series of focus groups and surveys to assess the substance abuse treatment workforce in the New England region. The data will be used by New England state alcohol and drug agencies to develop a comprehensive plan for workforce management, educational programming and workforce recruitment and retention strategies.

For more information about programs of the ATTC-NE, call 401-444-1808 or visit their Web site at <http://caas.caas.biomed.brown.edu/ATTC-NE>.

Summer Institutes

MidSOUTH Summer School on Alcohol & Other Drug Abuse Problems

June 9-14 • Little Rock, Arkansas
www.midsouth.ualr.edu

Virginia Mini Summer Institute for Addiction Studies

July 24-26 • Williamsburg, Virginia
www.mid-attc.org/sum_inst

Nevada Summer Institute for Addiction and Prevention Studies

July 29-August 2 • Las Vegas, Nevada
www.unr.edu/mwattc

31st UCSD Summer Clinical Institute

August 19-22 • San Diego, California
www.attc.ucsd.edu/

Recursos en español en la Red

Los ATTC y otras agencias federales han desarrollado, en español, una serie de productos relacionados al abuso de sustancias. Abajo encontrará enlaces a estudios recientes, publicaciones, estadísticas en el uso de drogas y productos en línea, todos en español.

- **Caribbean Basin, Hispanic/Latino & U.S. Virgin Islands ATTC**
www.uccaribe.edu/prattc
- **Center for Substance Abuse Prevention**
www.bordercapt.org/spanish/
- **Gulf Coast ATTC**
<http://wnt.cc.utexas.edu/~slaf405/espanol%20page.htm>
- **National Clearinghouse for Alcohol and Drug Information**
www.health.org/initiatives/hisplatino
- **National Institute on Alcohol Abuse and Alcoholism**- www.niaaa.nih.gov/publications/harmsp.htm
- **National Institute on Drug Abuse Infobox**
www.nida.nih.gov/Infobox/lista-sp.html
- **Substance Abuse and Mental Health Services Administration**
www.health.org/catalog/spanish.asp

Genetics, Stress and Environmental Cues Influence Relapse Drinking

Each month the ATTC highlights research from the journal **Alcoholism: Clinical and Experimental Research**, the official journal of the Research Society on Alcoholism. Articles were written based on the following published research: McBride, W.J., & Noronna, A. (2002, February). Central nervous system mechanisms in alcohol relapse. **Alcoholism: Clinical and Experimental Research**, 25(2), 287-293.

Alcohol relapse, with an emphasis on its underlying behavioral and neurobiological causes, was the focus of a workshop given during a June 2000 Research Society on Alcoholism meeting. William J. McBride, professor of neurobiology at Indiana University School of Medicine and lead author of a compilation from the workshop published in the February 2002 issue of *Alcoholism: Clinical and Experimental Research*, noted four key findings.

“Chronic alcohol drinking produces long-lasting effects in the brain that persist in the absence of alcohol and promote alcohol relapse drinking,” he said. “Some of these long-lasting alterations occur within the dopamine and serotonin systems that are known to regulate alcohol drinking. Also, brain systems that promote relapse drinking are triggered by stress and cues previously associated with alcohol drinking. Individuals with a genetic background of susceptibility to high alcohol drinking are more likely to relapse.”

Workshop data were gathered from several different studies of alcohol relapse using rodent models. One study introduced prolonged alcohol consumption, followed by repeated periods of al-

cohol deprivation to test for an alcohol deprivation effect (ADE).

Following repeated alcohol deprivation, rodents developed a preference for higher concentrations of alcohol, which in turn, produced an increase in the magnitude and duration of the ADE. Both acamprosate and naltrexone effectively reduced the ADE in some rodents.

“Since craving is regarded as a key contributor to relapse in humans, medications that work on blocking increased drinking that may follow alcohol deprivation might be clinically useful,” said David Overstreet, associate professor of psychiatry with the Bowles Center for Alcohol Studies at the University of North Carolina at Chapel Hill.

“Knowing that environmental cues can foster relapse,” explained Overstreet, “may lead to the development of ‘desensitization programs’ for humans, where recovering alcoholics are exposed to suspected ‘triggers’ while under supportive care.”

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

Addiction Science
Made Easy

Chronic alcohol drinking produces long-lasting effects in the brain that persist in the absence of alcohol and promote alcohol relapse drinking.

- William J. McBride,
Indiana University
School of Medicine



The ATTC
is funded by
SAMHSA
Center for Substance
Abuse Treatment

Substance Abuse Web Resources

Drug Story	http://www.drugstory.org
Indian Health Service	http://www.ihs.gov/index.asp
International Nurses Society on Addictions	http://www.intnsa.org
Partnership for a Drug-free America	http://www.drugfreeamerica.org/home
Substance Abuse & Mental Health Services Administration (SAMHSA)	http://www.samhsa.gov
Center for Substance Abuse Treatment (CSAT)	http://www.samhsa.gov/csats
Center for Substance Abuse Prevention (CSAP)	http://www.samhsa.gov/csaps
Center for Mental Health Services (CMHS)	http://www.samhsa.gov/cmhs

The Change Book

A Blueprint for Technology Transfer



“Thank you for helping structure my thinking and providing an invaluable tool for my everyday work.”

“Thanks for making The Change Book such an easy document to use.”

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.

ATTC Funding - from pg 1

Curie continued, “We can and must do better. ATTCs have a clear role to play in reducing the time it takes to incorporate scientific advances into community care.”

CSAT Director H. Westley Clark, M.D., J.D., M.P.H., observed that “The ATTC program enhances the workforce responsible for delivering treatment. This is good for treatment providers, good for the patients they treat and good for the communities in which they live and work.”

Regional ATTC Centers and Locations

- ATTC National Office - Kansas City, Missouri
- Caribbean Basin, Hispanic/Latino & U.S. Virgin Islands ATTC - Bayamon, Puerto Rico
- Central East ATTC - Silver Spring, Maryland
- Great Lakes ATTC - Chicago, Illinois
- Gulf Coast ATTC - Austin, Texas
- Mid-America ATTC - Kansas City, Missouri
- Mid-Atlantic ATTC - Richmond, Virginia
- Mountain West ATTC - Reno, Nevada
- ATTC of New England - Providence, Rhode Island
- Northeast ATTC - Pittsburgh, Pennsylvania
- Northwest Frontier ATTC - Salem, Oregon
- Pacific Southwest ATTC - Los Angeles, California
- Prairielands ATTC - Iowa City, Iowa
- Region 14 ATTC - Tallahassee, Florida
- Southeast ATTC - Atlanta, Georgia

Trauma Resource - from pg 1

For some it increases their use of alcohol and other drugs and impairs their ability to find recovery.

“Treatment professionals must be trained to recognize the signs of PTSD,” explains Mary Beth Johnson, director of the ATTC National Office. “That’s why we recently developed a trauma resource on the national ATTC Web site. This new section highlights PTSD and its relationship to substance abuse. In addition, there is information about current treatment approaches, suggestions for professionals working at disaster sites and a links section relating to trauma.” To learn more, visit www.nattc.org.

What is PTSD?

- PTSD is an anxiety disorder that can develop after a person’s exposure to a traumatic event
- Trauma is defined as a terrifying event that a person experiences, witnesses or learns about in which grave physical harm occurred or was threatened
- The trauma causes the person to feel intense fear, terror or helplessness

Who Is at the Greatest Risk?

Survivors of violent assaults, car accidents, fires, natural disasters, plane crashes, terrorist attacks; war veterans and immigrants; emergency medical workers, police, firefighters; people with a life-threatening illness or parents of children with a life-threatening illness

What Are Common Symptoms?

- Repeatedly re-experiencing a trauma in the form of flashbacks, nightmares or frightening thoughts
- Withdrawing from loved ones and losing interest in everyday activities
- Becoming very jumpy and/or irritable
- Having difficulty concentrating or remembering information
- Experiencing sleep disturbances

Reference: Post Traumatic Stress Disorder Alliance. *About PTSD*. Retrieved March 26, 2002, from the World Wide Web: www.ptsdalliance.org/about_what.html

ATTC National Office Staff

Mary Beth Johnson
Director
mbj@nattc.org

Jennifer Ellingwood
Project Manager, Evaluation
jelling@nattc.org

Angel Lee
Project Manager, Events & Logistics
leean@nattc.org

Jeremy Mai
I-Net Administrator
majj@nattc.org

Kristin Morris
Project Manager, Marketing
morriskr@nattc.org

Doris Wilson
Manager, Finance & Administration
dewilson@nattc.org

The Networker

is a quarterly publication of the ATTC National Office designed to deliver information about projects and programs of the national ATTC Network and the substance abuse treatment field.

The Addiction Technology Transfer Center Network serves all 50 states, the District of Columbia, the Pacific Islands, Puerto Rico and the U.S. Virgin Islands.

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