

VISIONS

August, 2001

NAATP Visions is the official newsletter of the National Association of Addiction Treatment Providers (NAATP), the American College of Addiction Treatment Administrators (ACATA), the National Adolescent Treatment Consortium (NATC) and the National Treatment Consortium (NTC).

THE "SECAD EXPERIENCE" BE THERE!

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henever you have twenty-six consecutive years of anything, you have a tradition. Whenever you have twenty-six consecutive years of something in the addiction treatment field, it is a tradition, spectacular and special. The tradition and the spectacularly special SECAD 2001 will occur on November 28, 2001 through December 1, 2001. Under the guidance and the direction of the National Association of Addiction Treatment Providers the planning has been completed and once again that week after Thanksgiving will see Atlanta as the gathering spot for the "Whose Who" in the Addiction Treatment world.



Look for our complete agenda and registration mailer in early September. For more information call us at **1-888-506-7394** or (770-579-2502) • secad@mindspring.com

For the latest SECAD information or to register online visit our website: www.naatp-secad.com

This year there will be space for over 100 exhibitors! Providers, vendors, technologists and information specialists will be interspersed in an attractively decorated exhibit hall where several food functions will be held. While there will be room for over 100 exhibitors, over half of those exhibits have already been reserved. If you have not reserved your exhibit space, be sure to do so immediately so that you are not left out. Remember, NAATP members receive a 10% discount on the cost of exhibiting at SECAD 2001.

The SECAD Experience begins this year on Tuesday, November 27, 2001 with a day-long, pre-conference workshop on ethics. *Ethical Dilemmas for Professionals in the Field of Addiction Treatment* will be the workshop topic for this pertinent, and for some professionals, required training.

SECAD proper begins on Wednesday, November 28 with a number of concurrent sessions and then the first general session at 9:45am *Addictive Thinking - Sober Thinking* by Abram J. Twerski, M.D. This is followed with a presentation by Alan Leshner, Ph.D., Andrea Barthwell, M.D. and David Smith, M.D. The afternoon will conclude with a new SECAD feature "Questions you Always Wanted to Ask" where a panel

consisting of Jim Fenley, M.D., Andrea Barthwell, M.D., C.C. Nuckols, Ph.D., Evelyn Polk, RN, Max Schneider, M.D., David Smith, M.D., and G. Douglas Talbott, M.D. will be available in this open forum format to address questions the SECAD participants may have in any area of addiction treatment.

The evening session on Wednesday will conclude with Father Leo Booth's presentation on *Positive Attitudes in Recovery*.

Other presenters at SECAD 2001 will include: Jerry Moe, Linda Bell, FACATA, Bill May, Ph.D., Arthur Trotzky, Ph.D., Mark Schwartz, Sci.D., John Wallace, Ph.D., Max Schneider, M.D., Terence T. Gorski, MA, Christopher Anderson, M.S., Philip Hemphill, MSW, James Montgomery, M.D., Mary Bellofatto, M.A., Robert Ackerman, Ph.D. Robert Schade, M.D., C.C. Nuckols, Ph.D., F Hal Marley, Ed.D., and Reverend Dr. Barbara King. Is that an impressive or what? The only thing that will be more impressive will be the over 1,000 registrants expected for this "SECAD Experience".



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Plan to be with your colleagues as SECAD celebrates 26 years as one of the world's finest educational conferences in the field of alcohol and drug addiction treatment. Nowhere else can you find such a wealth of critical subject matter, internationally renowned presenters and the most extensive exhibit area in the industry. SECAD combines all of these in an atmosphere of comprehensive learning and cooperation makes the "SECAD Experience" something you truly have to see to believe! Plan today to attend an extraordinary educational event: SECAD/2001!

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We have become a logo or “symbol” society, where everything is identified by their logo or their symbol. Whenever an organization, for whatever reason, determines the need to change their logo, they spend enormous sums of money to get that logo in the “easily recognized” region of our consciousness. Who cannot quickly identify the logo of



and of course the logo of



Even though we may not patronize these organizations on a regular basis, they have achieved almost instant name recognition with most of us.

Can the same thing be said about the American College of Addiction Treatment Administrators? Do you recognize that logo or mark? How often have you seen it recently? Can you identify which two letters of ACATA are lower in the “mark”? (If you need some help, turn to [page 6](#) to take a look at the logo!

The addiction treatment has grown up rapidly and much like other components of the complicated health care field, it needs some identification for quality and excellence. Addiction treatment programs need to be administrated and managed by individuals who have the skills to take their place besides other health care administrators and who are willing to continue their learning process to not just keep up, but to stay ahead! Addiction Treatment Administration deserves to have the best professionals possible and not a “good old cousins” network. ACATA is an organization that is committed to promoting quality and excellence in addiction treatment management and administration. It is the professional organization that strives to offer a base line of skills, knowledge and experience that are expected to persons charged with the management of addiction treatment programs. The ACATA **Code of Ethics** is the beginning, not the end in terms of how ACATA members are to conduct themselves in their administrative and management functions:

- *I will always remember that the care of the patient is primary and, as such, will insure that the patient receives nothing but the highest level of quality care.*
- *I will always maintain and observe all rules of confidentiality.*
- *I will understand and operate within my authority.*

- *I will function in a position of trust and maintain honesty and integrity.*
- *I will conduct myself in such a manner as to promote the best interests of my fellow workers, consistent with the policies of ACATA and my individual organization.*
- *I will strive to improve my professional knowledge through continuing education.*
- *I will accept the responsibility of quality leadership and enhance the reputation of ACATA for my organization.*
- *I will respect the dignity and rights of others and will not discriminate due to race, sex, color or creed.*
- *I will endeavor to have my organization strive to meet the needs of the community with respect to the care and treatment of persons with the disease of alcoholism and other drug dependencies.*

What will it take to have the ACATA “mark” become as recognizable as the Kmart mark? Probably a larger budget and a significantly larger campaign than we are able to mount is needed to make this happen. But we can make a difference. If we all commit ourselves to the following steps, the ACATA membership will both grow and have a significantly larger impact all at once:

- ❖ Whenever your program or organization advertises for a mid or upper level administrative or management position you include in the job advertisement “*ACATA Member Preferred*”.
- ❖ If you are not an ACATA member, join today! The annual dues are only \$100. Likewise, make sure at a minimum that all your senior level management team are members of ACATA.
- ❖ In our displays, or in your published material you include something like; “Our administrative team is committed to the American College of Addiction Treatment Administrators code of ethics”.

While not very sophisticated or complicated, those three steps will go a long way in achieving greater name and mark recognition for the American College of Addiction Treatment Administrators. Addiction treatment organizations deserve to be led by the best, ACATA aims to be the logo of the best!

That’s the Perspective of RJH

The Power of Performance Coaching

The main difference between an athlete and a businessperson is that most athletes have a coach regardless of the level of their game. In order to compete in any arena, even the best performers require a coach to tune up and advance their performance. It is often difficult for leaders to access and afford a personal performance coach. As coaches and leaders we will share our strategies to assist you in implementing a coaching program.

This article is the first in a series to assist you with the tips and techniques that are often utilized by the top performance coaches. Whether you hire a performance coach or engage in a self-coaching program, there are core philosophies you should consider adopting. Open your mind to self-evaluation. Analyze your performance immediately. Measure your success against your targeted outcomes. Eliminate excuses and focus on finding solutions. Develop practice sessions to enhance your performance.

A key to enhancing your performance is to realize that performance coaching is not reserved for the inexperienced leader. As coaches, we have discovered that veteran leaders often believe their style and skill is sufficient to deliver solutions. They may fail to practice and train with the intensity of rookie leaders. Never allow the daily challenges and tasks you face to become an excuse. Constantly focus on performance training and self-improvement. Place yourself in an environment where you can practice and compete with colleagues who will challenge your potential.

There are six degrees of impact you can focus on to enhance your individual performance. These degrees are leadership, strategic positioning, research and development, marketing, human resources, and outcomes. Leadership is the first degree we will profile as you journey into the arena of performance coaching.

A core component in building a successful coaching program is to design your coaching platform. The coaching platform establishes your performance targets by defining your current skill package and your desired impact for the future. The following concepts will present you with a series of steps you can take to build your coaching platform.

Leadership Style Assessment

The key to coaching is to provide an honest and direct evaluation of your leadership strengths as well as areas for improvement. Begin by conducting a time study to determine where you are currently allocating time and resources. A full month is necessary to secure the proper amount of data. The time study should also include your personal and professional endeavors. This will evaluate how you blend your style with substance to create an impact. Leaders without focus can gravitate to the issues they perceive as a priority without regard to strategy or long-range organizational impact.

Next, use the following questions to assess and document a clear and concise profile of your leadership style:

- When do I most feel like a leader?
- How would others describe my leadership style?
- What are the differences between a manager and a leader?
- What have been my greatest successes?
- Is there anyone seeking to duplicate my style of leadership?

Then create a checklist of those leadership traits you admire in others and wish to develop. Define the impact you aspire to achieve by developing those traits. Contrast your profile with the targeted traits and set strategies with timelines to achieve them.

Conduct a Personality Profile

Open yourself up to an objective view of your personality. There are many personality inventory products on the market. Look for one that will give you insight on how your personality and skill package can perform specifically in the role and arena you choose. Use it to target what motivates you and discover new strategies for working your motivators into your coaching platform.

Installing a Personal Coaching Team

As leaders we all know people we admire and trust. Make a list of those leaders you would like to have on your personal coaching team. Determine what competencies they possess and could share with you. Invite them to become members of your personal coaching team. Often leaders will welcome the opportunity because it is a way for them to enhance their personal game. Together with your personal coaching team set the coaching platform you will follow to achieve your targeted results. Invite them to observe your leadership style in action. Often leaders, like athletes, practice stronger than they compete. Allow the team to see you in action and then assess your performance in a "post game" environment.

Leadership Action Scenarios

Every day you are faced with real-life action scenarios. Often the most critical judgement call you make is whether to engage or stand on the sidelines. The type of role you would play and the outcomes you expect to generate may determine whether you choose to take part in the action.

Part of coaching yourself to be an effective leader is knowing when to invest your resources. Review at least four leadership scenarios you have been involved in recently. Identify two that you believe were successful and two that did not quite measure up to your expectations. Define the following for each scenario:

- What brought you into each of those scenarios.
- What convinced you it was a worthwhile investment.
- Your expectations for the performance outcomes.
- The performance outcomes which were achieved.

Now contrast your responses for the successful scenarios versus the unsuccessful ones. Look for any differences in the referral source, your intuition, the resources invested, and the competition. Share these action scenarios with your coach or personal coaching team to gain perspective on how you might enhance your decision-making style to increase positive performance outcomes. Log those points that contributed to a successful outcome and use them as decision-making checkpoints for future action scenarios.



Continued on page 6

Washington Update

(1) In the final days before the summer recess, Congress acted on a number of legislative issues that ensured the lively debate on issues important to the addiction treatment field will continue into the fall. On July 19 the House of Representatives approved President Bush's "charitable choice" legislation, H.R. 7. The animated debate on this bill focused on bill language that preempts state and local anti-discrimination laws.

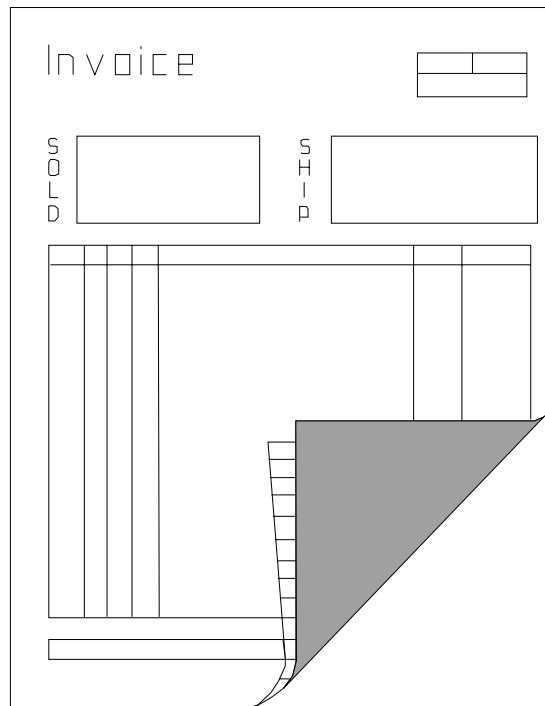
The measure now moves to the Senate, where Majority Leader Tom Daschle (D-SD) said it was unlikely the Senate would pass the bill if its language exempting recipient groups from anti-bias laws is kept. As with most legislation, the critical components are in the fine language and the often obscure sentence structure of the legislation. Hidden away in H.R. 7 are provisions that would threaten to disrupt federal grant funding streams. H.R. 7 contains a "voucherization" provision that would allow Administration Cabinet secretaries to unilaterally convert more than \$47 billion in social service programs into voucher programs, without action by Congress, or even regulatory action subject to outside comment. This could well impact the way federal grant funds flow to current providers of addiction treatment.



(2) On the Senate side, the Senate passed in late June a patient's bill of rights measure. Then in late July the House of Representative also passed a Patient's Bill of Rights measure that contained significant differences from the one passed in the Senate. The House Bill has much more limited liability provisions and is being labeled by some prognosticators as more of an HMO bill than a Patient bill. These issues will now need to be addressed in *conference committee* where the political strategy and intrigue will play out.

(3) Fuzzy math, hazy math and dwindling budget surpluses have placed added pressure on the budget process at the federal level. Just eight months ago, Washington was aglow with the promise of enormous budget surpluses and the possibility of meeting spending obligations as well as paying down the debt. Now it appears that the hefty tax cuts and the less than stellar economic performance have caused the Office of Management and Budget (OMB) to revise their projections for the surplus. The bottom line for all of this is that it will now be harder to realize spending increases in most social programs and more specifically in the block grant areas. While the Addiction treatment monies seem safe, the "tighter" revenue situation will mean that all spending will be under closer scrutiny. Sometimes our short term vision keeps us from working toward long term goals!

acata Dues Due!



acata

American College of Addiction Treatment Administrators dues invoices for the 2001 - 2002 year have been mailed out and are now due. To avoid a "Past Due" notice, return your payment with the invoice to the NAATP office as quickly as possible. If you did not receive an invoice and you would like to become a member of the American College of Addiction Treatment Administrators, contact the NAATP office for membership information.

During this year, there will be a page within the NAATP web site devoted to management and administrative issues and the process to advance from the member level to the advanced member level will be completed. Persons who become advanced members are eligible to use the initials "ACATA" after their name.

Watch for more information on ACATA in future issue of the *NAATP Visions*.



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NAATP Board Sets Providence, RI as Fall I Meeting Venue!

The National Association of Addiction Treatment Providers Board of Directors will meet for the fall 2001 Board Meeting on October 1 & 2, 2001 in Providence, RI. If you have agenda items you would like considered at this meeting, please contact the Board Chair, Mr. Scott Munson at 509-457-0990.



In any given year, three million Americans find help for their alcohol or drug dependence through a range of effective treatment and recovery options. However, an astonishing 10 million of those grappling with the disease of addiction find there is a severe shortage of quality, accredited and affordable programs and services to meet their needs.

National Alcohol and Drug Addiction Recovery Month is celebrated every year in September. This year's twelfth observance seeks to inspire all levels of government, business and society to work toward enhancing treatment program access, availability and quality at community, city, State and national levels. It also provides a focal point to acknowledge the everyday heroes who have sought help and are in recovery.

The year's **Recovery Month** theme is "**We Recover together: Family, Friends, and Community.**" It underscores the role each of us has to play in the recovery process, and emphasizes the united front that must be presented to encourage individuals with alcohol and drug problems to seek help and to remain sober.

What can National Association of Addiction Treatment Providers member and friends do to participate and contribute to this Recovery Month emphasis?

- ❖ Make sure that you have a "National Alcohol & Drug Addiction *Recovery Month*" resource packet. If you do not have one, you can access the materials on line at www.health.org/recoverymonth. Get them and use them!
- ❖ Partner and network with other treatment providers in your area to use the month to constantly and creatively keep the issue of addiction treatment in front of policy makers, civic leaders, business leaders and the general public.
- ❖ Take note of the cities where the "Community/Event" activities are scheduled and make sure that you participate and are visible.

This year, CSAT-sponsored Community Forums/Events will be held throughout the country during September. These forums/events will examine key treatment and recovery-related issues in local communities and define specific objectives and action steps to broaden support an access for individuals in recovery, their families and friends. The following cities have been identified as Community/Event sites this year:

Phoenix
Los Angeles
Hartford, CT
Washington, DC
Jacksonville, FL
Atlanta
Chicago
Baltimore
Boston
Detroit
Minneapolis
New York
Raleigh-Durham, NC
Columbus, OH
Portland, OR
Harrisburg, PA
Madison, WI

According to the National Household Survey on Drug Abuse, 57 percent of people with a severe drug problem – about 2.9 million people in need of treatment – did not receive it. We can only reduce that number through very visible efforts to educate the public.

National Alcohol
& Drug Addiction
Recovery Month

We Recover Together: Family, Friends, and Community

2001 Conference Comes to you!

Did you miss the NAATP annual conference this past May? We now bring the conference to you. Go to the NAATP web site at www.naatp.org and when you get to the home page, click on the annual conference listing on the left side of the page. You are almost there; all you have to do is click on the button below and then page through the pictures from the conference. Enjoy and make plans to be in Scottsdale next May.





american college of addiction treatment administrators

From the Motivational Video: Words to Lead By By Sondra Thiederman, Ph.D.

Looking for leadership?
Look in the mirror.
-Anonymous

Vision is the art
Of seeing things invisible
-Jonathan Swift

Where there is no vision,
The people perish
-The Bible Proverbs 29:18

Leadership is action,
Not position
-Anonymous

There are no short cuts
To any place worth going.
-Beverly Sills

Don't wait
For your ship to come in,
Swim out to it.
-Anonymous

Most things are difficult
Before they are easy.
-Thomas Fuller

Fail to honor people and
They will fail to honor you.
-Lao Tse

I praise loudly,
I blame softly.
-Catherine The Great

The more you say,
The less they remember.
-Anatole France

Be grateful for luck,
But don't count on it.
-William Feather

It's not what happens
When you're there...
It's what happens
When your not
-Ken Blanchard

From the video Words to Lead By ©2000 Cross-Cul tural
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Continued from page 3

Defining Leadership Culture

We may develop our leadership skills but without a healthy culture we will have only limited results. Determine the culture that aligns best with your style of leadership. The great leaders combine their individual style with the organizational culture to deliver on performance and strategic plans. In future articles we will detail how a leader can build a personal impact plan. Whether a board or an individual evaluates you, strive to integrate your personal performance goals with those of the organization. Evaluate the current culture and determine if it can provide you with the motivation and innovation to be successful and satisfied. Many leaders have become frustrated because they outgrew their organization. If both leader and organization work together the result is outstanding outcomes.

Targeting Leadership Opportunities

The most effective leaders have learned to enhance their game without drawing attention to themselves. It is necessary to create a balance between growing the organization and developing yourself as a leader. We suggest targeting leadership opportunities where both the organization and the leader can attain challenged growth. Challenged growth is defined as performance platforms where the strategic and coaching plans are integrated to deliver new positive outcomes. In this manner coaching becomes a permanent culture within the leadership team. Together, rookie and veteran leaders are striving for a unified culture set within the strategic framework. Coaching evolves into a productive environment anchored by the collegial attendance of all leaders into the game. Your organization becomes the playing field where all the great achievers wish to compete.

Stand and Deliver

Time now for you as a player to stand on the coaching platform and deliver your performance. Allow others outside your personal coaching team to be aware of your intended goals. Communicate openly those areas you are striving to develop. Ask for feedback and opinion. Stand at the center of the competitive environment and take risks to challenge your skills. Stand in new and different arenas where you must deliver innovative and creative solutions. Practice and role-play early and often. Refuse to process when it is time to produce. Everyone is watching, especially the coach. After the competition regardless of the outcome, stand and prepare to deliver on your next great opportunity. Learn to welcome coaching and success will be your reward.

We believe that if you can see something you can achieve it. Sounds so simple, but we all know the bumps we encounter in the road to performance can create turbulence. So heavy at times it becomes difficult to keep your hands on the controls and guide your performance down the road of achievement. Designing a coaching environment for yourself will help you to stay focused on your vision while you work on improving your personal and professional game with every move. When faced with a problem, look for the opportunity and you will find the solution. Make every move with positive intention and forward motion to create a powerful growth environment that achieves impact!

Anthony C. Gruppo and Monique ter Haar are leaders of LMC, a national community of entrepreneurs offering customized business solutions. They are nationally known consultants, authors and performance coaches. They can be reached at 800.634.8237 or anthony.gruppo@lmcimpact.com or monique.terhaar@lmcimpact.com. Visit LMC at www.lmcimpact.com

Buprenorphine: Why it should be approved for use in detoxification of opiate withdrawal

Buprenorphine, an opioid analgesic with affinity for the *mu* opiate receptors of the brain, is currently approved for use for the relief of moderate to severe pain. Because of its high affinity for the receptor sites in the brain, it has a longer half-life than morphine, but has antagonist properties, as well similar to Naloxone.

Buprenorphine, at its therapeutic dose of 0.3 mg, has been demonstrated to provide pain relief similar to 10mg of morphine. It is not easily reversed in the case of an overdose, and hence has some disadvantages when compared to morphine in terms of safety of use. However, with appropriate training, medical professionals have effectively managed its use with no adverse results.

As a result, Buprenorphine has been used in a number of centers for detoxification in opiate withdrawal syndromes. Despite its partial antagonist properties, its long half-life reduces the pain and morbidity associated with opiate withdrawal. Opiate dependent patients who wish to withdraw from their opiate use are deterred from attempting withdrawal if a compassionate and safe method for detoxification is not available.

The Caron Foundation, among others, had understood that with the training programs for Buprenorphine use, compassionate detoxification from opiates was attainable. To that end, selected patients were given Buprenorphine for detoxification purposes prior to the recent government-ordered cessation. In our experience, as well as with the experience of other detoxification centers, Buprenorphine was not only safe and effective, but humane as well. AMA rates were improved with Buprenorphine, and patients were able to move into a recovery program with little morbidity or side effects from Buprenorphine.

As a result of the positive experience of using Buprenorphine, Caron realized an ever-increasing number of heroin patients. Through the effective use of Buprenorphine, there was not a dramatic difference in AMA rates for this patient population, versus patients addicted to other mood altering drugs. The Caron Foundation saw this as a very positive indicator in helping to facilitate effective treatment for individuals suffering from heroin withdrawal. In fact, Caron's Director of Research, Dr. Susan M. Gordon, studied this population and reported the results in an extensive research document entitled, [Heroin: Challenge for the 21st Century](#). (Available on the Caron Foundation web site: www.caron.org)

While Caron and a number of other treatment centers were effectively using Buprenorphine, NIDA was conducting clinical trial networks with Buprenorphine, and ASAM was providing training to its members on appropriate and effective use of Buprenorphine as a detoxification protocol. There was a

great deal of optimism for the use of Buprenorphine as an important detoxification protocol for individuals suffering from opiate addiction.

Unfortunately, the government regulatory agencies have recently decided to no longer allow treatment centers that are not part of NIDA's clinical trial networks to utilize Buprenorphine as part of any opiate withdrawal protocol, even while there were training programs, already in place at a national level, to train physicians in its use for detoxification.

The implications for the discontinuation of the use of Buprenorphine are multiple. They include increased pain and morbidity for opiate dependent individuals who wish to stop their use. Patients unable to endure withdrawal using older detoxification protocols leave treatment against medical advice and invariably seek illicit opiates. From a public health standpoint, the morbidity and mortality of street opiate use is over sixty times that of the average person.

Following government notification that Caron would have to cease its utilization of Buprenorphine for opiate withdrawal, I have been in touch with Alan Leshner at NIDA, Chuck O'Brien at University of Pennsylvania and Jim Callahan at ASAM. They share in the dismay of this decision and are working with Caron to look for/or investigate alternative ways in which we can provide an effective replacement strategy. As you are probably aware, the problem with utilizing Buprenorphine is that the FDA has not granted final approval. FDA approval had been projected for last year, and supposedly continues to be imminent.

It strikes many of us in this field that if the same problem were for some other "main line disease," such as cancer, there would be a public outcry urging the FDA to stop "dragging its feet" and grant approval. Unfortunately, with the disease of addiction, other than those working in the field, no one is probably even aware of this and it is certainly not something that will be championed by the media. Some day, when we have true parity, perhaps the rest of the country will actually care about this as well.

It is Caron Foundation's position that Buprenorphine should be approved for compassionate use for a specified length of time in the case of opiate withdrawal syndromes. There will always be arguments against using opiate receptor agonist/antagonists for the treatment of opiate withdrawal. However, in the hands of medical professionals who are attempting to get patients into recovery, the prohibition of Buprenorphine's use is a cause of increased morbidity—and that is something that should not be tolerated by our field.

Douglas Tieman, President/CEO
Caron Foundation
Member, NAATP Board Of Directors

Upcoming Events for Your Calendar

The **Health Colloquium at Harvard** and the **HIPAA Summit Conference Series** will present Healthcare Transactions and Code Sets, Privacy, Data Security and HIPAA/GLB Compliance, **Aug. 19 to 22 in Cambridge, Mass.** For more information, call (800) 684-4549 or visit www.ehc-info.com.

Haymarket Center will present the seventh annual Summer Institute on Addictions Conference **Aug. 22 to 24 in Chicago.** For more information, contact Carol Blyskal at (312) 226-7984, ext. 396 or visit www.hcenter.org.

The **American Society of Addiction Medicine** will hold its 13th National Conference on Tobacco Dependence **Sept. 13 to 16 in Atlanta.** For more information, call (301) 656-3920.

North River Foundation Inc. will present the 14th Cape Cod Symposium on Addictive Disorders, "Recognizing Diversity for Optimum Diagnosis, Treatment and Healing," **Sept. 20 to 23 in Hyannis, Mass.** For more information, call (800) 767-9061 or (781) 834-0005, or visit www.ccsad.com.

The **Colorado Behavioral Healthcare Council** will present the 2001 Colorado Behavioral Healthcare Conference, "Treating the Whole Person: Multiple Systems... Coordinated Solutions," **Sept. 21 to 25 in Breckenridge, Colo.** For more information, call (303) 832-7594 or send an e-mail request to cbhc@cbhc.org.

The **Alcohol and Drug Problems Association of North America** will hold its 14th annual Women's Issues Conference, "Creating Our Lives," **Sept. 30 and October 1 in Tucson, AZ.** For more information contact Kittie Robertson at (573) 368-4377; email kittie@fidnet.com.

Comprehensive Neuroscience Inc., the **Annenberg Center for Health Sciences** and **Manis Communications Group** will present the Behavioral Healthcare Tomorrow/Behavioral Informatics Tomorrow conference **October 8 to 10 in Washington, D.C.** For more information, call (415) 435-9821.

The **New York State Association of Alcoholism & Substance Abuse Providers** will hold its fifth annual statewide conference, "Advancing the Conversation in the Empire State," **Oct 21 to 24 in Saratoga Springs, NY.** For more information, call 518-426-3122.

The **National Association of Addiction Treatment Providers** presents **SECAD 2001 November 28 - December 1, 2001 at the Sheraton Atlanta Hotel, Atlanta, GA.** Plan to be with us as SECAD marks 26 years as one of the world's finest educational conferences in the field of alcohol and drug addiction treatment. For more information, call 888-506-7394 or visit our website at www.naatp-secad.com.

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NAATP VISIONS is published ten times a year by NAATP. Information printed in NAATP Visions does not represent official NAATP policy or positions.

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v i s i o n s

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