

# VISIONS

January, 2008

## UNLEASH YOUR INNER ADVOCATE

*New NAATP conference prepares treatment providers to influence public policy*

This March, a new NAATP conference will bring treatment providers from across the nation together to talk policy with their members of Congress.

The **Advocacy in Action conference** (Sunday, March 9 - Tuesday, March 11) is a product of the new government relations department shared by NAATP and NAADAC, the Association for Addiction Professionals (see "As RJH Sees It," page 2). Advocacy in Action was started by NAADAC in 1987, and NAATP is now a full co-sponsor.



Advocacy in Action is designed with three goals: (1) offer trainings on advocacy techniques and communication strategies, (2) provide detailed briefings on important current legislative issues, and (3) provide the opportunity for attendees to put their new knowledge into practice by educating their members of Congress on addiction policy.

The conference sessions reflect these goals. Examples include:

- **Advocacy 101** and **201** provide an overview of the legislative process, teach effective political communication techniques, and explain how to frame your issues.
- The **Capitol Hill Briefing** features the leadership of key federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of National Drug Control Policy (ONDCP) explaining their agencies' key initiatives and

how they can help treatment providers.

- **Everyday Advocacy** offers tips on how to stay involved in public policy all year round, and how the government relations department can help.

Last year, Congress addressed an unprecedented number of addiction-related issues, proposing bills affecting everything from insurance parity to reducing stigma to treatment for returning veterans. This fact makes the Advocacy in Action conference particularly important, as treatment and recovery advocates seek to cement last year's progress and position themselves for future legislative success.

Business and Continuing Education credits can be earned at Advocacy in Action.

The conference will be held at Crystal City DoubleTree, 300 Army-Navy Drive, Arlington, VA 22202. For reservations call 800.222.8733 or visit [www.doubletreecrystalcity.com](http://www.doubletreecrystalcity.com). More information, including registration forms, can be found at [www.naatp.org](http://www.naatp.org). If you have any questions about the conference or are interested in sponsorships, please contact Daniel Guarnera, NAATP-NAADAC Govt. Relations Liaison, at 703.741.7686 x129 or [daniel@naadac.org](mailto:daniel@naadac.org).



Crystal City DoubleTree  
300 Army-Navy Drive  
Arlington, VA 22202  
800-222-TREE  
[www.doubletreecrystalcity.com](http://www.doubletreecrystalcity.com)

MENTION "NAA" WHEN YOU  
REGISTER FOR REDUCED  
ROOM FEE.

### REGISTRATION FEES

STUDENTS \$100

NAADAC & NAATP MEMBERS \$150

NON-MEMBERS \$200

### IN THIS ISSUE...

• New Members	P. 2
• SAMSHA E-Course	P. 4
• Sponsorship Opportunities	P. 5
• Dan Anderson Research Award	P. 6

Now that we are well settled into 2008, we can take stock of what we accomplished in 2007 regarding parity and what yet remains to be achieved! 2007 was a historic year in that we were able to get passed in one chamber of our federal government (Senate) [bill S.558](#), the [Mental Health Parity Act](#), which would have begun to address some of the complex issues surrounding parity and the disease of addiction and more importantly, parity and the treatment of this disease.

While the Senate bill was not the "ideal" bill hoped for by many organizations, including the National Association of Addiction Treatment Providers, it was a historic event to have any bill achieve this level of recognition. For those of you who followed and who participated in this process, you know that bill [HR 1424](#), yet to be passed in the House of Representatives addresses many more of our concerns and goes much further in providing for real parity for the treatment of this disease. As 2007 came to a close there were frantic and intense discussions between those in the House and the Senate in an attempt to work out the differences represented by these two bills. Various methods were being explored to reconcile the outstanding language in the two bills.

Because we have put so much energy into the House Bill, it would seem that our best strategy would be to demonstrate that we have both the will and the support to pass the House version of the Parity bill. Once this bill is passed, then a conference committee would be appointed to work out the reconciling differences. We will need to make sure that our voice continues to be heard and that NAATP is included in any review of the final efforts

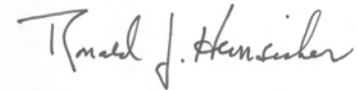
This then provides a wonderful segue into the broader understanding and involvement in Public Policy. It has been easy for the past year to talk about addiction treatment and public policy and keep the focus on parity legislation at the federal level. However, there are many other issues related to the interests of NAATP members that come under the umbrella of public policy. Issues related to reimbursement, issues related to electronic health records, issues related to the definition of recovery, issues related to the definition of treatment outcomes are only the beginning in terms of those areas important to NAATP members and how they do business. Because of this, NAATP made a decision during 2007 to commit a great amount of resources to the area of public policy. We believe that over the years ahead, there will be a number of key issues impacting members of NAATP and because of this, we need to be represented, we need to be heard, and we need to be visible.

In order to implement this strategy, we have initiated conversations with NAADAC to create a Department of Public Policy which will serve both organizations. There are few models for this, so we are blazing a new trail as we move forward in this direction. Our progress may not always be as fast as we anticipated, but we are moving forward. This single department will be physically located at the NAADAC office and will be staffed by Daniel Guarnea. Daniel will be the point person for

both NAATP and NAADAC at key coalition meetings as well as developing relationships with legislative staff. It is anticipated that instead of two statements of support on legislative issues, we will be able to combine the two organizations into a single statement of support.

NAATP then hired the services of Mr. Mark Dunn as a public policy consultant. Mr. Dunn will also be working for both organizations and helping to forge both a plan of action and assisting us in making key decisions as to where we put our resources and in opening the doors for us to impact key legislators. As we move through 2008, we will be developing additional channels for reporting, updating and introducing all of you to these key persons. One initial effort is the Public Policy Conference to be held in Washington, DC in March. See information on this in the lead article of this newsletter.

Finally, we believe that this single department concept is only the beginning. It is our hope that we can attract additional organizations to this concept so that we can have an even greater impact in the area of public policy.



THAT'S THE PERSPECTIVE OF RJH

## Welcome New

### NAATP MEMBERS

HIGH WATCH FARM  
KENT, CT

RAPID DRUG DETOX CENTER  
FARMINGTON HILLS, MI

THE WOMAN'S HEART  
CASPER WY

SHEEPGATE SERVICES  
BONNERS FERRY, ID

PRAIRIE CENTERS HEALTH SYSTEM  
URBANA, IL



## ENDURANCE series by Blockhouse



### Durability

The Endurance series is an excellent choice in wood lounge seating when durability is essential. Frames are bolted together for optimum strength, with lumbar support included as a standard feature of the series.



The **Endurance** series is the bench mark of the Blockhouse lounge seating line. With its clean lines, the **Endurance** series offers the warmth of wood and the durability of solid oak butcher block to ensure lasting performance. Our patented Key-Loc® easy maintenance cushion system is standard along with the lumbar support and no-sag springs.

In keeping with all the characteristics of the series, the **Endurance Rocker** also features a quiet rocker mechanism tested to one million cycles without failure.

## EAGLEVILLE CLINICIANS TRAINED IN EVIDENCE BASED BEST PRACTICES

Harvey Weiner, DSW, Vice President for Health Affairs, Eagleville

Eagleville Hospital is pleased to announce that all clinical staff members have been trained in the latest evidence based best practices, including Stages of Change, Motivational Interviewing and Cognitive Behavioral Therapy (CBT). The new approaches have been incorporated into Eagleville's programs for clients with problems related to addiction and co-occurring disorders. These best practices have demonstrated effectiveness in regard to increasing active participation in treatment and improving treatment outcomes. Faculty from the Division of Behavioral Healthcare Education of Drexel University's Department of Psychiatry provided the 8 months of intensive training. Consisting of both didactic and experiential components, Eagleville's clinicians practiced these new skills while role playing and leading simulated CBT groups under the supervision of the Drexel trainers.

Stages of Change, which include precontemplation, contemplation, preparation, action and maintenance, refers to a method of determining a client's readiness to change with respect to problem areas in his/her life. It is very useful in assessment and treatment planning, and can be effective in helping clients recognize where they are in regard to specific issues.

Motivational Interviewing is an application of cognitive behavioral principles that uses clients' own values and goals to help them assess the kinds of changes that need to occur to achieve their goals. As opposed to traditional modalities that may engender resistance when therapists "lecture" to clients, motivational interviewing avoids disagreements and argumentation by empowering clients to take control of their lives and determine their readiness (or lack of readiness) to address specific issues. With the help of skillful therapists in CBT groups and individual sessions, motivational interviewing enables clients to set their own agenda while recognizing that the technology for change is in their hands.

Cognitive Behavioral Therapy is a means of helping people alter their thoughts and behaviors to overcome obstacles and achieve their personal goals. It is structured, focused on immediate problems, and has been extensively studied in regard to lasting effectiveness. Used in groups, CBT teaches coping skills while fostering motivation for abstinence and improving social skills and interpersonal functioning.

Eagleville has incorporated these evidence based best practices into every aspect of care, from admission to discharge. Eagleville's current programs include detoxification and co-occurring units, medical specialty beds for people with serious medical problems in addition to their addiction, and longer term rehab programs. Eagleville's therapists are enthusiastically adopting these new skills, and they report that clients are responding very positively.

## SAMHSA Launches E-Learning Courses

### Acamprosate: A New Medication for Alcohol Use Disorders

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Knowledge Application Program (KAP) is pleased to announce its first online e-learning course, Acamprosate: A New Medication for Alcohol Use Disorders <http://www.kap-elearning.samhsa.gov/>. The self-paced course provides information about the use, side effects, and contraindications of acamprosate; information to discuss with clients; and a comparison of medications for alcohol use disorders. On completion of the course, users will know how to include acamprosate in a treatment plan for appropriate clients.

The course is based on the acamprosate Substance Abuse Treatment Advisory published in fall 2005. Users who successfully complete the course will receive one NAADAC-approved continuing education unit (CEU) at no cost and can print out their CEU certificate. The course is self-paced so that users can log out of the course and return at a later time to continue where they left off. If unsuccessful, users can take the course again.

To access the "Acamprosate: A New Medication for Alcohol Use Disorders" e-learning course, go to <http://www.kap-elearning.samhsa.gov>

Questions or comments?

Contact the KAP List Manager, [bdart@jbsinternational.com](mailto:bdart@jbsinternational.com).

## HAZELDEN ESTABLISHES NEW CENTER FOR PUBLIC ADVOCACY

Hazelden, a national nonprofit organization that helps people reclaim their lives from addiction, has launched a new Center for Public Advocacy.

"For more than 65 years, Hazelden has talked about the importance of educating every generation about addiction, treatment and recovery," said Ellen Breyer, Hazelden President and CEO. "In recognition of that importance, this new center demonstrates a renewed focus on community education and public advocacy."

The center's work, which will be supported on an ongoing basis by Hazelden's development efforts, will include establishment of a public education/information bureau that will work with organizations and communities to further the understanding that addiction is a chronic disease and a public health problem in the U.S. and around the world. The center also will set up an expanded public policy office to carry forward legislative positions and relationships with federal government agencies.

William Cope Moyers, who has been Hazelden's vice president for external affairs, will serve as the center's executive director.

As the National Association of Addiction Treatment Providers celebrates its 30<sup>th</sup> anniversary in 2008, it will initiate a number of changes to more firmly commit itself to the electronic age as well as aligning itself with a greater awareness to be resource conscious. All of this means that you will see less "paper" mailed from NAATP and more information delivered electronically.

The first major change will be that the NAATP newsletter, *NAATP Visions*, will be delivered electronically beginning with the March 2008 issue. Using the distribution list of the National Association of Addiction Treatment Providers, all persons in our data base for whom we have an email address will be sent a copy of the NAATP newsletter electronically. You will be sent an email with an attached PDF file which will be the newsletter. The newsletter will also be posted on the NAATP website at [www.naatp.org/newsletters/index.php](http://www.naatp.org/newsletters/index.php)

If you currently do not receive email communication from NAATP but wish to continue to receive VISIONS you will need to contact Sherry Anderson at the NAATP office, 717-392-8480 or [sanderson@naatp.org](mailto:sanderson@naatp.org). If your internal mail system blocks emails received from distribution lists or blocks emails which send an attached file, you will need to work with your IT staff to ensure that your system will allow delivery from NAATP. Taking this step will ensure that you are not left out of any important communication.

### SPONSORSHIPS STILL AVAILABLE FOR NAATP'S 30TH ANNIVERSARY CELEBRATION

**Please help NAATP celebrate 30 years at the 2008 NAATP Conference in Palm Springs, CA. Sponsors receive one or two free registrations, name in program and signage at the event.**

#### **The Following Sponsorships are still Available:**

A 70'S PARTY TO CELEBRATE 30 YEARS AT \$15,000.00/  
2 @\$8,000.00 OR 3 @\$5,000

CONTINENTAL BREAKFAST AT \$3,500.00

GIFT FOR REGISTRANTS AT \$4,000.00

GOLF GIVE AWAY AT \$3,000.00

GOLF TEE/GREENS AT \$400.00\*

CONF. BAG LOGOS AT \$500.00\*

\*NO FREE REGISTRATION INCLUDED

**Additional opportunities remain to support the Annual Conference, 30th Anniversary Calendar or the Written History of NAATP. Please contact Sherry Anderson at [sanderson@naatp.org](mailto:sanderson@naatp.org) or 717-392-8480 for details.**

The field of chemical dependency treatment has lost another of its pioneers, Merrill Scott. Merrill Scott was born March 4, 1917 and died January 15, 2008. In April of 1967 while employed as the Managing Director of the Bon Marche Department Store in Yakima WA., Merrill organized a local group of concerned citizens to start the first non-medical residential treatment program for alcoholics in Washington State and served as the organization's first Board President. Less than a year later, on Merrill's 51<sup>st</sup> birthday, Sundown M Ranch opened its doors. The opening of a residential treatment program for alcoholics was such an accomplishment that in January of 1969 Washington State Governor Daniel Evans awarded Merrill with the "Dedicated Citizen Award" for his efforts in opening Sundown M Ranch. Later that year Merrill was promoted by the Bon Marche to Vice President and transferred to Seattle.

By 1971 Sundown M Ranch was in trouble. Facing insolvency, the board turned to Merrill. Merrill responded by resigning his executive position at the Bon to become the Executive Director of Sundown M Ranch and moved with his wife Mary into the old farm house on the campus of Sundown M Ranch in White Swan WA. Merrill not only saved Sundown from closing its doors, he also helped lead an entire movement that changed how society viewed and treated alcoholics. In 1972 Merrill was appointed to the DSHS Alcoholism Advisory Council and was instrumental in the passing to the Uniform Alcoholism and Intoxication Treatment Act that decriminalized public intoxication and created the full continuum of treatment for chemical dependency we have today in Washington State. In 1975 Merrill again was instrumental in the passing of legislation that mandated that all Health Insurance in Washington State provide a benefit for the treatment on Alcoholism. His efforts were recognized by the Alcoholism Professional Staff Society of Washington as the "Alcoholism Professional of the Year" in 1982.

While justifiably proud of Sundown M Ranch, the facility in White Swan certainly showed its age and it was always Merrill's dream to see the patients of Sundown M Ranch receive services in much more modern accommodations. Merrill saw that dream come true in 1985 when Sundown moved into the facility Merrill constructed on Sundown's beautiful 35 acre campus in the Yakima River Canyon.

After his retirement in 1986 Merrill returned to oversee the construction of 4 additional facilities on the Sundown campus and remained actively involved in the organization until his death.

Since opening in 1968 Sundown M Ranch has provided services to nearly 100,000 individuals. While saddened by his death, we are blessed to have been part of his dream that has touched so many and honored to continue the work he started.

## FALS-STEWART EARNS HAZELDEN'S 2007 DAN ANDERSON RESEARCH AWARD

William Fals-Stewart, Ph.D., professor in the School of Nursing at the University of Rochester in Rochester, New York, has earned the 2007 Dan Anderson Research Award for his study that documents the benefits of partner involvement in the treatment of female alcoholics. Sponsored by the Butler Center for Research at Hazelden, the award honors a single published article by a researcher who has advanced the scientific knowledge of addiction recovery.

Fals-Stewart earned the award for his study, "Learning Sobriety Together: A Randomized Clinical Trial Examining Behavioral Couples Therapy With Alcoholic Female Patients," published in a 2006 issue of *Journal of Consulting and Clinical Psychology* (Vol. 74, No. 3, pages 579-591). The study found that behavioral couples therapy plus individual alcoholism counseling was significantly more effective in terms of improving outcomes (along different dimensions of drinking behavior and relationships adjustment) than were two other treatment conditions.

"I'm absolutely thrilled to receive the award," said Fals-Stewart, who teamed with Gary R. Birchler, Ph.D., and Michelle L. Kelley, Ph.D., on the study. "This research represents the work of my whole research team. We're very grateful for the recognition."

In his study, Fals-Stewart and colleagues compared behavioral couples therapy (BCT) for married or cohabitating female alcoholics and their nonsubstance-abusing spouses or intimate partners with individual-based treatment only and psychoeducational attention control treatment. One hundred and thirty-eight participants were randomly assigned to one of three 32-session outpatient therapies. In the BCT group, the nonsubstance-abusing partner was an active participant in 12 of the sessions, while partners did not participate in the individual-based treatment and partners in the psychoeducational attention control treatment group attended 12 lectures but were not active participants in therapy. All the female alcoholic subjects attended 20 Twelve Step facilitation sessions by themselves.

At one-year follow-up, female patients who received behavioral couples therapy reported significantly fewer days of drinking and higher rates of relationship satisfaction than patients in the other two groups. What's more, the BCT group reported fewer days of partner violence, in terms of both male-to-female and female-to-male physical aggression.

"We've known that whenever you involve family members in alcoholism treatment, we get better outcomes," said Fals-Stewart. "But the majority of research has been done on male alcoholics and nonsubstance-abusing wives or partners. It's pretty common for women to stay with substance-abusing men. But it's much more common for men to leave relationships with alcoholic women. Because women report that relationship issues are enormously important to them, it makes good sense to study the effects of couples therapy on female alcoholics. There's been a gaping hole in research on alcoholic women. Our study helps fill this void."

Fals-Stewart's study is the first to focus exclusively on the efficacy of behavioral couples therapy for alcoholic women, and it's the first to show greater reductions in partner violence among alcoholic women who received behavior couples therapy compared with other treatments. The latter is especially significant, because substance-abusing women are four times more likely to suffer domestic violence than nonsubstance-abusing women, he said.

"Our selection panel was particularly impressed with Fals-Stewart's study of behavioral couples therapy for women specifically," said Valerie Slaymaker, Ph.D., director of the Butler Center for Research. "His work draws needed attention not only to the treatment needs of women, who are understudied, but to the important role

that partner involvement plays in promoting positive outcomes."

Fals-Stewart will accept the award and a \$2,000 honorarium in May at the National Association of Addiction Treatment Providers (NAATP) annual conference. The award is named for Dan Anderson, Ph.D., the former president of Hazelden and one of the major architects of the Minnesota Model, the interdisciplinary approach to addiction treatment that has been replicated worldwide. Anderson died on Feb. 19, 2003 at age 81.

Fals-Stewart's research was selected as the best from among several outstanding candidates by the 10-member Scientific Panel of the Butler Center for Research. The panel includes Slaymaker; Dennis Donovan, Ph.D., University of Washington; Carlton Erickson, Ph.D., University of Texas-Austin; Lee Ann Kaskutas, Dr.PH, Alcohol Research Group, Emeryville, Calif.; James McKay, Ph.D., University of Pennsylvania; Jon Morgenstern, Ph.D., National Center on Addiction and Substance Abuse, New York; Timothy Sheehan, Ph.D., Hazelden; Candice Walker, Ph.D., Hazelden; Constance Weisner, Ph.D., University of California-San Francisco; and Ken Winters, Ph.D., University of Minnesota.

Past award winners include Rudolph Moos, Ph.D., Department of Veterans Affairs, Palo Alto, Calif.; Reid K. Hester, Ph.D., of Behavior Therapy Associates in Albuquerque; Stephanie O'Malley, Ph.D., Yale University School of Medicine; Howard A. Liddle, Ed.D., University of Miami; Robert J. Meyers, Ph.D., University of New Mexico; Bankole Johnson, M.D., University of Texas Health Science Center; Henri Begleiter, Ph.D., State University of New York; Richard Longabaugh, Ed.D., Brown University; Dace Svikis, Ph.D., Johns Hopkins University; Michael Fiore, M.D., University of Wisconsin; and Stephen T. Higgins, Ph.D., University of Vermont.

Recognizing outstanding research and conducting research of its own are the primary objectives of the Butler Center for Research, the research arm of Hazelden.

### CONTINUED FROM PAGE 7

reduced. We recently added tamper proof smoke detectors for all public bathrooms and locker rooms throughout the facility. Like other agreements for patient behavior we must anticipate our patients will challenge them our staff could as well. The detectors will help us to know a breach has occurred sooner than later or not at all.

Progressive discipline applies to staff regarding the no smoking policy as of our Tobacco Free date November 15. The odor of smoke on person will be investigated by the employee's supervisor and a member of the medical staff upon receipt of a complaint.

Things went rather smoothly for about one week after the November 15<sup>th</sup> date. Several violations of policy occurred and have been addressed. Two staff have decided to leave our employment, demonstrating the strength of nicotine addiction.

We are continuing to evaluate and develop programming appropriate to this change in treatment. In addition, we are continuing to develop our marketing efforts to successfully meet the challenges of this mandate. This is a significant change for addiction treatment and Tully Hill. New York is clearly pioneering this change. It is our belief that the path will not be easy or smooth. However, we believe our community deserves the good treatment that Tully Hill has provided to our patients, their families and our referrals. We plan to continue that in the spirit of recovery with God's help.

KATHY PALM, EXECUTIVE DIRECTOR  
TULLY HILL CORPORATION, TULLY, NY  
NAATP BOARD MEMBER

The New York State Office of Alcoholism and Substance Abuse Services, under the leadership of Commissioner Karen M. Carpenter-Palumbo, announced July 24<sup>th</sup>, on the anniversary of the Indoor Clean Air Act that she proposes tobacco free regulation for all programs funded or certified by OASAS. This is set to be effective July 24, 2008. The Commissioner is making New York the first state in the nation to require all chemical dependence prevention and treatment programs to become tobacco free. This is a bold move and a frightening one to me as CEO of an inpatient and outpatient chemical dependency treatment program in New York. Although we at Tully Hill support the benefits of everyone being tobacco free, the addiction field treats a population that has a higher than average usage of tobacco. This usage has generally continued throughout the treatment for alcohol and other drugs. A review of current literature on the topic of tobacco cessation during treatment for other drugs presents arguments that are approximately equal to support the treatment for tobacco addiction while treating the other chemical dependencies versus those that suggest we deal with the alcohol and other drugs before addressing the tobacco addiction.

One of the most significant arguments that the Commissioner puts forward for her plan is that by banning the use of tobacco in all New York funded or certified facilities she is leveling the playing field and its impact on census. I met with the Commissioner in early September to discuss her plans regarding the tobacco cessation and to point out that Tully Hill is a private 501(c)(3) not for profit facility that does not compete with most of the other facilities in New York state. Most in New York are deficit funded programs and have a target market different from ours. Our target market is the working middle class and professionals that have the ability to pay for treatment through insurance or self pay. The Commissioner informed me that she is committed to this tobacco cessation initiative and in her words "has no intention of retreating". I believe the tobacco cessation mandate will force some alcoholic/addicts to avoid or delay treatment. It will also send some to other states where facilities permit smoking.

Tully Hill like other facilities has been faced with the challenges in our healthcare marketplace caused by managed care. It arrived with a vengeance in the 90's on the east coast. We are grateful that we survived this dramatic change in our business but not all facilities did. Tully Hill believes we will also survive this dramatic change in treatment and the impact on our business.

It is reported that New York has over 2.6 million smokers with economic costs of 9.5 billion dollars. Tobacco is the leading preventable cause of death in the United States and increases the risk of any health problems, including cancer, heart disease and chronic obstructive pulmonary disease. Tobacco use kills more than 400,000 people yearly. One could argue that we get our patients sober from alcohol and other drugs only to see them die from their tobacco use.

Knowing that the Commissioner was planning to make this announcement, we at Tully Hill began work in early 2007 on preparation for the announcement and ultimate mandate. We believe this is a difficult issue that requires careful thought and planning. The proposed regulation requires that no tobacco be used in any facilities, grounds under provider control, or vehicles leased or operated by the treatment provider or its subcontractors. The policy will apply to employees, patients, volunteers and visitors. The Tully Hill

Leadership team developed an action plan for complying with this upcoming regulation. A Tobacco Free Committee was established and convened on March 19, 2007. It is composed of a facilitator who is our Continuous Quality Improvement Director and six other staff members representing various departments within the facility. There are smokers and non-smokers in the group. An additional staff member was added in April because of her experience at a nearby college. Monthly meetings are held by this committee to identify issues and concerns as we prepare to be tobacco free.

The committee agreed to contact various organizations to identify tobacco cessation assistance programs, speakers and available trainings. Trainers were brought in for several sessions at the facility to address all staff. We wanted to expand the education and understanding of nicotine addiction for those that are non smokers and to assist them to become supporters of their colleagues who are attempting to become smoke free.

The Human Resources Director was asked to survey staff to identify smokers. A decision was made to investigate availability of Chantix for staff and patients. We have been prescribing it for patients who are interested in quitting for some time and are encouraged by the results we are seeing. Chantix is available by prescription only. Samples are not available. It was suggested Tully Hill offer space for a Nicotine Anonymous meeting at the facility. We anticipate we will host this meeting in early 2008. Our plan is to have this meeting available for interested patients while offering an alternative treatment activity for non smokers. We will continue to incorporate smoking cessation in our current programming while also offering alternatives to non smokers. We believe it is unproductive to require all patients to sit through all tobacco cessation activities although we still want them to experience some education regarding it.

There is a need to design signage identifying us as a smoke free campus, determine appropriate locations and install closer to July 2008.

A decision was made for all staff members and visitors excluding patient family members to be smoke free as of November 15, 2007 the Great American Smoke Out date. We believed it was extremely important for our staff to be settled and adjusted prior to the requirement for patients to be smoke free July 2008. Nurse Practitioners on staff met individually with smokers during the months prior to November 15<sup>th</sup> to discuss their individual plan. We are not requiring staff to quit smoking but they must comply with the regulations to be smoke free while on campus and cannot have the odor of smoke or tobacco products on their persons while in the facility or on grounds. Free samples of nicotine replacement therapy products have been secured at the nurse's station and will be made available by request at any time during an individual staff members shift to assist them in remaining abstinent from tobacco during their shift.

A policy was developed. A memo from me to all staff outlined our expectations and deadlines. Human Resources communicated the policy, timeline, resources and discipline policy. Individual staff members signed agreements to adhere to the policy approximately three months prior to the Tobacco Free date. Letters were sent to all outside vendors and service contractors to advise them of our policy. We are reducing the number of smoke breaks in inpatient which are now supervised. Outpatient breaks are also

## UPCOMING EVENTS FOR YOUR CALENDER

**Community Anti-Drug Coalitions of America** will hold its 18th annual national leadership forum in Washington, D.C. on **February 11-14, 2008**. For more information, visit [www.cadca.org](http://www.cadca.org).

**The National Association of Addiction Treatment Providers** will hold its winter Board meeting in Phoenix, Az, **February 11-12, 2008**.

**The Ben Franklin Institute** will hold the following Summits for Clinical Excellence: **April 11-13, 2008** in CHICAGO, IL; **August 14-16, 2008** in PARK CITY, UT; **Oct. 23-26, 2008** in TEMPE, AZ and also the 2nd Annual National Eating Disorder Conference **June 5-8, 2008** in LAS VEGAS, NV. For more info visit [www.bmisummit.com](http://www.bmisummit.com)

**NAATP** is co-sponsoring its first advocacy-focused conference **March 9-11, 2008**, in Washington, DC. **The Advocacy in Action conference**, organized in conjunction with **NAADAC** will feature trainings by leading addiction policy experts from both in and out of government. Attendees will learn the tools needed to promote effective addiction treatment and recovery, and they will put those skills into action by meeting with their members of Congress. The conference will be held at Crystal City DoubleTree, 300 Army-Navy Drive, Arlington, VA 22202, 800.222.8733, [www.doubletreecrystalcity.com](http://www.doubletreecrystalcity.com).

For more information, visit [www.naadac.org](http://www.naadac.org) and click "Upcoming Events" or contact NAATP-NAADAC Govt. Relations Liaison Daniel Guarnera at [dguarnera@naadac.org](mailto:dguarnera@naadac.org) or 703.741.7686 x129.

**Haymarket Center** will present the 2008 Spring Workshop Series starting on **March 1, 2008, thru April 19, 2008** (selected Saturdays) at Haymarket Center, 932 W. Washington, Chicago, Illinois. Topics include: Toward Best Practices in Women's Treatment of Substance Use Disorders; Changing Men's Narratives in Early Recovery and Re-Entry; DUI—Update 2008; The Intersect of Sexual Trauma and Substance Abuse; and Motherhood and Substance Use—The Relationships Women Have With Their Children. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at [www.hcenter.org](http://www.hcenter.org). Pre-registration is required.

**NAATP will hold it's 30th Anniversary Celebration and Annual Conference in Indian Wells, CA, May 18 - 21, 2008. For more information or registration material please visit [www.naatp.org](http://www.naatp.org)**

## NAATP VISIONS

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

The editorial office is located at:  
313 West Liberty Street, Suite 129  
Lancaster, PA 17603-2748

Editor

Ronald J. Hunsicker

Phone: 717-392-8480

Fax: 717-392-8481

E-Mail: [RHunsicker@naatp.org](mailto:RHunsicker@naatp.org)

Web Site: [www.naatp.org](http://www.naatp.org)

NAATP Board Chair

Ed Diehl, President

Seabrook House

Phone: 856-455-7575

Fax: 856-455-7015

[ediehl@seabrookhouse.org](mailto:ediehl@seabrookhouse.org)

V I S I O N S



The National Association of Addiction Treatment Providers  
313 West Liberty Street, Suite 129  
Lancaster, PA 17603-2748

Presorted  
First-Class Mail  
U.S. Postage Paid  
Lancaster, PA  
Permit 12