

CONNECTIONS

The Newsletter for Addiction Professionals



President's Message

By Stewart Ball

Dear members,

Undoubtedly, the need for competent addictions counselors will persist beyond our lifetime. The statewide/ national shortage of addictions counselors, coupled with our increasing societal intolerance for emotional and/or physical pain, will secure the professional future for aspiring addiction counselors. A quick review of the literature will reflect a 5000 counselor shortage per year; including those leaving the profession and those aging out.

It is incumbent upon experienced counselors (i.e. you and me) to ensure that less experienced counselors and students have opportunities to receive the professional development and technical skills essential to assist suffering addicts and their families. Those of us through professional, or personal experiences, recognize the ongoing need for professional development. Many of us recall with gratitude the mentoring, education, and training which has contributed to our expertise.

Continued on the next page, see PRESIDENT.

ARE YOU UPDATED?

Please contact us to update your address & email to avoid missing important information!

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IAAP NEEDS YOU!

Look Inside this Issue for Exciting Leadership and Advocacy Opportunities to Gain Skills and Support Addiction Professionals.



A MESSAGE FROM YOUR EDITOR IN CHIEF

A special friend is like a rare shell washed upon a quiet beach. He who finds such a friend finds a priceless friend from God.

Live well. Laugh often. Love much. ~Kay



PRESIDENT - Continued from previous page.

IAAP will be, in the upcoming 12 months, providing relevant trainings in your region of the state. Moreover, we want to hear from you regarding your professional development needs. Our website will highlight the “when” and “where” of our upcoming trainings; including our fall conference (Indianapolis) in October. We are looking forward to meeting with you!

Stewart B. Ball, LCAC, LMFT, CCSW

Only our best,
Stewart B. Ball, LCAC, LMFT, LCSW
President



2017-18 IAAP Events Calendar

REGISTER TODAY!

2017 Annual Fall Conference
October 20th – 21st

Presented by: Tom Durham, PhD, LADC
Friday – Advanced Group Skills
Saturday – Integrating Treatment for Co-occurring Disorders



Save the Date!

2018 Annual Spring Conference
April 27th – 28th

More information coming soon!



IAAP 2017 Annual Fall Conference October 20th - 21st**PRESENTED BY:***Tom Durham, PhD, LADC***FRIDAY:***Advanced Group Skills: Using the Stages of Change Model and the Influence of the Group in Motivating Change***-PLUS-***Annual Membership Meeting***SATURDAY:***Integrating Treatment for Co-occurring Disorders: Myths, Realities and Effective Approaches to Care***LOCATION:**

Indiana Wesleyan University ~ Indianapolis North Campus

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**Thomas Durham, PhD, LADC**

Tom has been involved in the field of addiction treatment since 1974 as a counselor, clinical supervisor, program director and educator. As Director of Training at NAADAC, he is responsible for the assessment, coordination, curriculum development and delivery of training to professionals in the field of addictions treatment. Prior to joining NAADAC he worked in government contracting under SAMHSA (while at JBS International) and the Department of Defense (while at Danya International). He also served as the Executive Director of The Danya Institute and Project Director of the Central East Addiction Technology Transfer Center. From 2004 to 2017 Tom was an adjunct faculty member at Northcentral University where he taught graduate courses in psychology.

A seasoned curriculum developer and trainer, Tom has been conducting training for over 25 years on a variety of topics on the treatment of addictions including motivational interviewing, co-occurring disorders, and clinical supervision.

Tom holds a PhD in Psychology from Northcentral University, a Master of Arts degree in Counseling Psychology from Adler University, and a Bachelor of Arts degree in psychology from DePauw University. He is also a Licensed Alcohol and Drug Counselor.

A SOBER CHUCKLE... Rx: LAUGHTER

PUNS INTENDED
GROANERS INCLUDED

A jumper cable walks into a bar. The bartender says, "I'll serve you, but don't start anything."

Two antennas met on a roof, fell in love and got married. The ceremony wasn't much, but the reception was excellent.

I went to a seafood disco last week.....and pulled a mussel.

Two Cannibals are eating a clown. One says to the other: "Does this taste funny to you?"

Stewart makes an appointment to see his doctor.

"Doc, I can't stop singing 'The Green Green Grass of Home.'"

"That sounds like a Tom Jones Syndrome."

"Is that common?"

"Well, It's Not Unusual."

A dyslexic man walked into a bra.

An invisible man marries an invisible woman. It turns out the kids were nothing to look at either.

Mahatma Gandhi, as you may remember, walked barefoot most of the time, which produced an impressive set of calluses on his feet. He also ate very little, which made him rather frail and with his odd diet, he suffered from bad breath. This made him (oh, man, this is so bad, it's good)...a super-calloused fragile mystic hexed by halitosis.

What do you call a fish with no eyes? A fsh.

And finally, there was the woman who sent 10 different puns to her friends, with the hope that at least half of the puns would make them laugh. No pun in ten did.

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Words of Wisdom

"Character cannot be developed in ease and quiet. Only through experiences of trial and suffering can the soul be strengthened, vision cleared, and ambition inspired and success achieved."

Helen Keller

Here's What Happened While Everyone Else Was Focused on Opiate Abuse

With the opioid epidemic sweeping the nation, heroin and painkiller abuse have been in the spotlight for treatment providers and law enforcement. While all eyes have been focused on this front, we may have ignored another battle that needs greater attention: since 2014, meth use has risen 30 percent.

Between 2010 and 2015, regular use of meth increased from three percent of the population to four percent. Based on numbers from the Centers for Disease Control, 3,700 Americans died from drug overdoses involving methamphetamine in 2014. This is twice the number from 2010.

By 2015, this number had risen to nearly 4,900 deaths for the year. Based on what federal officials have learned from the spread of opioids, they suspect methamphetamine use will grow even more.

The Meth Customer Journey

Back in the '90s, we saw a similar surge in meth use. That epidemic involved meth lab explosions that captured headlines and brought the issue to the forefront. Today, these incidents are somewhat of a rarity. After all the lab incidents of the '90s, federal and state laws restricted the sale of over-the-counter cold medicine. This led to a drastic decrease in US meth labs.

These efforts seemed to help, but now many people assume if the number of meth labs are down, meth use must also be down. Unfortunately, that's not the case. Meth use is still happening, it's just that the supply is now coming from Mexico.

According to the DEA, the majority of meth is smuggled across the Southwest border. It flows into Arizona, New Mexico, and Oklahoma, up to Montana, Wisconsin, Minnesota and all across the south. The drug's street price is fairly low and its purity is high, making it much more appealing than the risk of cooking it up stateside.

Some areas are being hit particularly hard with this surge in meth use. Last year, Oklahoma saw 328 overdose deaths. In 2015, this number was 271. This yearly death toll from meth has outgrown the number of deaths from prescription painkillers. In Minnesota, 11,600 individuals were admitted for meth treatment in 2016. In 2005, that number was around 6,700.

Ken Roy, medical director for Addiction Recovery Resource in New Orleans, noted, "What we're seeing is that the use of methamphetamines has recently moved out of trailer parks and rural areas and into inner cities...It used to be the only way we got meth patients was when they came to the hospital from rural areas."

What Makes Meth So Dangerous?

Methamphetamine - also known as meth, crystal meth, crank, speed, ice, and crystal - is a potent stimulant. It causes destructive long-term effects including skin lesions, rotting teeth, and heart and kidney failure. Its use causes a sense of elation and hypervigilance. Meth users may binge on the drug for days without eating or sleeping, causing paranoid and aggressive behavior.

Unlike opioids, which affect the user's breathing and can cause instant overdose and death, meth has a lower potential for overdose. But don't misunderstand; it does occur.

Methamphetamine death is usually caused by stroke or heart attack as the body suffers from overheating and over-stimulation. Many users eventually die from long-term use that results in organ failure, but for some reason, these deaths are typically not counted in overdose statistics.

Can Our Healthcare System Survive the Strain?

Officials are now looking at a meth epidemic on top of the already overwhelming opioid crisis. SAMHSA Director Johnson pointed out that "...the addiction treatment workforce has not grown in proportion to the growth in overall drug use" since the first wave of meth flooded the US. The concern is that fighting both battles will severely strain the country's already ailing healthcare system. Johnson also noted, "I don't think what we've done to scale up access to treatment for opioid disorders is going to be that helpful for methamphetamines."

Treatment providers will have to focus on meth-specific strategies if the goal is to curb the rise in use. Somehow, we need to continue our focus on the opioid crisis, while also turning our attention to a growing meth problem that's threatening to become an epidemic of its own.

Source:

<https://drugabuse.com/heres-what-happened-while-everyone-else-was-focused-on-opiate-abuse/>

How to Talk to Your Kids About Addiction

By Bill Daley, Chicago Tribune

When talking to your children about addiction, you want to be honest and informative, but you should also tailor the details to their age, comprehension level and comfort.

Opening up to your children about your addiction or that of a loved one is kind of like telling them about the birds and the bees. You want to be honest and informative, yes, but you want to tailor the details to their age, comprehension level and comfort. Their comfort, not yours, because discussing what you or other family members are going through now – or went through in the past – is bound to be painful for you.

"It's uncomfortable, but what's the alternative?" asked William C. Moyers, vice president of public affairs and community relations at the Hazelden Betty Ford Foundation, an addiction treatment center in Chicago.

"In this age, with social media omnipotent, I believe professionally and personally that the time to talk to our children is when they are beginning to engage in social media. ... By the age of 10, most children in this country have been exposed to the world of the internet, the bad, the good, the ugly.

"We as a generation, particularly us baby boomers, not only need to admit we inhaled but that, for some of us, inhaling or taking that drink or taking that pain medication led to a spiral into the grip of a real illness," said Moyers, who is the author of several books, including his 2005 memoir, "Broken: My Story of Addiction and Redemption."

Uncertain how to proceed? You aren't alone.

Jerry Moe, national director of the children's program for Hazelden Betty Ford, said parents and grandparents struggle with this issue every day.

"How much do I say? What do I say? What's age-appropriate? What's not?" Moe recommends that parents contact a children's counselor for advice on how to have the conversation.

"To me, as a children's counselor, I want to give boys and girls enough information to validate their experience," Moe said, "but not too much so they end up confused and overwhelmed."

Create "a sense of safety and trust," said Brian J. Maus, director of addiction prevention and mentoring programs for The Moyer Foundation, a Philadelphia-based agency that operates, among other services, a program for children ages 9 to 12 who have a family member struggling with substance abuse. The foundation has 12 [Camp Mariposa](#) locations across the United States and is looking to launch in the Chicago area sometime in late 2017 or early 2018, he said.

Maus said you need to be open and honest. Kids will pick up on it if you try to "sugarcoat things," he added. Help the child identify his or her feelings.

"Talk to the child about your addiction," he added. "What was it like for them? What did they notice? How did they feel?"

The National Association for Children of Alcoholics based in Kensington, Md., suggests teaching your child the "Seven C's":

I didn't **cause** it.

I can't **cure** it.

I can't **control** it.

I can help take **care** of myself by **communicating** my feelings, making **healthy choices** and **celebrating** me."

Parents can find more helpful information about addiction on NACA'S [website](#).

"It's helpful for the adult speaking to the child not to be angry or place the blame on the addicted person," said Sis Wenger, NACoA president and chief executive officer.

Whenever you decide it's time for the talk about addiction with your child, here are some points to consider.

1. It's not the child's fault. "That's the most important message," said Wenger. Children, she said, may view the addictive parent's behavior as being triggered by something they have done.

"It's never their fault," she said. "Their job is to be a child."

Maus echoed Wenger's point.

"Younger kids tend to internalize what's going on in the family and see themselves as the cause," he said. *Continued on the next page.*

Continued from previous page.

"If they didn't fight or did better in school or cleaned their room, maybe their parent wouldn't be using drugs or alcohol."

2. Addiction is an illness. Tailor that message to the age of the child. A 5-year-old won't understand it if you refer to it as a "brain disease," Wenger said, but will understand if you say, "Daddy is ill, and what he said is part of why he's sick."

"Addiction is a disease," Maus said. "Talk about it in terms of diabetes, cancer, heart disease."

Moe likes to use three words for addiction when talking with kids. The first is "stuck," and the analogy used is gum stuck in one's hair — and how hard it is to get the gum out. The second is "hook," with the analogy being that of a fish on a hook that "gets so focused on getting free that everything else in life is secondary." The third is "trapped" and how even a big powerful bear is powerless when snared in a trap.

3. Learn to speak up. Encourage children to talk to a trusted adult if they feel sad or mad. That person could be a school social worker, a grandmother, a "safe person, a safe adult," said Wenger. Tell children that if that chosen adult can't seem to help, they should not give up. Find someone else. "Sometimes grown-ups don't know what to do," she said. "Children learn not to talk because they (fear) talking will break up their family, and it will be their fault," she said. "If you can't talk, you can't express your feelings ... can't express your feelings, you learn you can't trust."

4. Don't pick it up. Wenger and Moyers noted that children of alcoholics and addicts have a higher risk of abusing substances.

"If you never pick up a drink or a drug, you can never get that disease, which is making you unhappy," said Wenger, noting this is a message that needs to be told early and consistently.

5. Ask for help. While Moyers said his children were warned about the risks they faced, he also "realistically embraced the fact they were going to be teenagers." Teenagers are likely to experiment, he said, and some are going to become dependent on substances.

"The most important message you can convey is it's OK to ask for help," Moyers said, noting two of his three now-grown children did just that.

6. Encourage self-care. "You can have a mom and dad in addiction, but (that) doesn't mean you have to remain unhealthy," Moyers said. "You, as a child, must take care of your mind, spirit and body."

7. You are loved. Addiction can have a cycle of relapse and recovery, Maus noted, but what's important to make clear to the child is that he or she is loved, no matter what.

"Sometimes the disease takes over, and you do things you don't want to do, but you always love them," he said.

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Source:

<http://www.chicagotribune.com/lifestyles/parenting/sc-talk-to-kids-addiction-0607-20170530-story.html>



Words of Wisdom

"I avoid looking forward or backward, and try to keep looking upward."

Charlotte Brontë

Opioid Task Force Recommends State Of Emergency And (Sort Of) Bold Treatment Agenda

By Janet Burns, Forbes



New Jersey Gov. Chris Christie speaks as U.S. President Donald Trump looks on at a panel discussion on opioid and drug abuse in the Roosevelt Room of the White House March 29, 2017 in Washington, DC. (Credit: Shawn Thew-Pool/Getty Images)

On Monday, the President's Commission on Combating Drug Addiction and the Opioid Crisis released a draft of its findings and an agenda that experts say offers some good steps, but could go further.

Created by President Trump's executive order and helmed by New Jersey Gov. Chris Christie, the commission has spent the past several months hearing testimony from expert witnesses, individuals, and local leaders on the challenges of widespread addiction. Now, the group has released a preliminary report on the state of the country's opioid epidemic, and on its recommendations for next steps, including a federal state of emergency.

Among other things, the commission noted that between 1999 and 2015, the number of opioid overdose deaths exceeded the population of Atlanta and that the number of powerful pain meds distributed in the U.S. has quadrupled during that time, despite no real increase in the pain that Americans are reporting. Addressed to the president, the interim report also points out, "With approximately 142 Americans dying every day, America is enduring a death toll equal to September 11th every three weeks."

To deal with the staggering problem at hand, the task force suggests a series of moves and initiatives meant to prevent overdose, treat addiction and stem the flow of lethal artificial opioids like Fentanyl into the country. That includes equipping law enforcement and communities with overdose-reversing naloxone, making medication-assisted treatments (MAT) like methadone and buprenorphine more widely available through federal incentives, expanding Medicaid access to addiction treatment, and making sure the medical establishment not only learns about these issues but also tracks their available data.

The commission's "first and most urgent recommendation" appeals directly to the president, and is described as "direct and completely within [Trump's] control." It advises him to declare a national emergency under the Public Health Service Act, which establishes the federal government's role in handling the spread of certain illness, or the Stafford Act, which (broadly) allows for funding and fast response through the Federal Emergency Management Administration (FEMA).

"After September 11th, our President and our nation banded together to use every tool at our disposal to prevent any further American deaths. Your declaration would empower your cabinet to take bold steps and would force Congress to focus on funding and empowering the Executive Branch even further to deal with this loss of life," the commission wrote. "It would also awaken every American to this simple fact: if this scourge has not found you or your family yet, without bold action by everyone, it soon will. You, Mr. President, are the only person who can bring this type of intensity to the emergency and we believe you have the will to do so and to do so immediately."

Read the full story:

<https://www.forbes.com/sites/janetwburns/2017/08/02/opioid-task-force-recommends-state-of-emergency-and-sort-of-bold-treatment-agenda/#4665fc183956>

Words of Wisdom

"Success is not final, failure is not fatal: it is the courage to continue that counts."

Winston Churchill

Gutting Obamacare Would Leave 3 Million Americans Without Drug Treatment

Including a lot of people who support Donald Trump.
By Julia Lurie, Mother Jones

There's no denying that America is experiencing the largest drug epidemic in its history: Around 2.5 million Americans are addicted to opioids like heroin and prescription painkillers. Last week, Alaska became the latest state to declare the opioid epidemic a public health disaster.

President Donald Trump has particularly strong support in areas that have been hit hard by the crisis. Yet if Obamacare is repealed, as Trump has repeatedly promised, thousands of Americans would lose access to their daily or weekly treatment for opioid addiction.

Here's what gutting Obamacare would mean for the people who depend on it to fight America's opioid epidemic:

What's the connection between the opioid epidemic and Trump?

Kathleen Frydl, a historian and the author of *The Drug Wars in America*, recently found that in nearly every Ohio and Pennsylvania county with high drug overdose rates, Trump's share of the 2016 vote was 10 points higher than Romney's in 2012, Clinton's share was 10 points lower than Obama's in 2012, or both. While the link between the drug epidemic and Trump's popularity is circumstantial, "When you're dealing with counties that have overflowing hospital parking lots, the message that America is already great doesn't resonate with people," Frydl says.

It's not just overdoses: Trump overperformed in counties with high rates of "deaths of despair," or deaths from alcohol, drugs, and suicide, according to research by Penn State sociologist Shannon Monnat. Counties with high despair death rates and high Trump turnout weren't necessarily the poorest, but they were, generally speaking, financially worse off than they were a generation ago. "They're places that have been experiencing economic downturn for at least the last three decades," Monnat says. "There's been a heavy loss in manufacturing jobs, natural resource extraction jobs—there's a sense in these places that there's been a dismantling of the American dream."

Where are people most reliant on Obamacare for addiction treatment?

What has health advocates particularly worried is that the states with the highest overdose rates also rely the most on Obamacare. West Virginia, New Hampshire, Kentucky, and Massachusetts, have the first, second, third, and seventh highest overdose rates in the country, respectively, according to the Centers for Disease Control and Prevention. The rate of uninsured residents in those four states would roughly triple if the ACA were repealed.

These maps from the Department of Health and Human Services show this overlap. In the first map, red states have the highest overdose rates; in the second, red states have the most residents per capita who would lose their insurance if Obamacare is repealed.

What would repealing Obamacare mean for addiction treatment?

If Obamacare disappears, nearly 3 million Americans with addiction disorders would lose some or all of their health insurance coverage, according to recent research by Richard Frank and Sherry Glied, professors of health economics at Harvard and public service at New York University, respectively. Of those, about 222,000 would lose opioid addiction treatment.

Last December, in a rare moment of bipartisanship, Congress enacted the 21st Century Cures Act, which will allocate \$1 billion over the next two years to expand access to opioid addiction treatment. But Frank and Glied estimate that repealing the ACA provisions that address substance abuse and mental disorders would take away at least \$5.5 billion annually from the treatment of low-income Americans with mental health and addiction disorders. A one-time \$1-billion increase in spending would "not even serve as much of a bandage," they write.

Read the full story:

<http://www.motherjones.com/politics/2017/02/affordable-care-act-obamacare-substance-abuse-opioids/>

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