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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).

naatp
national association of addiction treatment providers

Leading off the All-Star Line-Up for the SECAD 2001 Conference

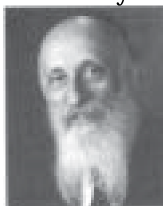
Leading off the All-Star line-up for the SECAD 2001 conference in Atlanta, GA on November 28, 2001 will be **Abraham J. Twerski, M.D.** Once again, SECAD has assembled a truly wonderful cast of all-stars for the annual gala event held in Atlanta. Using a combination of concurrent and general sessions, the cast for this event is a preverbal "***whose who***" in the addiction treatment field.

There are no supporting cast members or members called up from the Triple A team at the end of the season. These are all top of the line and future "hall of fame" members doing their thing for SECAD!

Where else will you find the following line-up:

- Abraham J. Twerski, M.D. – "Additive Thinking – Sober Thinking"
- Linda Bell - "Food, Mood and Energy"
- Jerry Moe – "Tools for the Journey: Helping Children from Addicted Families Build Their Strengths"
- Alan I. Leshner, Ph.D. – "Neurobiology of Addiction"
- Andrea Barthwell, M.D. – "Women and Chemical Dependency"
- David Smith, M.D. – "Treatment Alternatives to the Criminal Justice System for the Addicted and the Dual Diagnosis Patient"
- Father Leo Booth – "Positive Attitudes in Recovery"
- Bill W. May, Ph.D. – "The Practical Method of Applying ASAM Criteria in the Minnesota Model of Treatment"
- Anne Reul-Ruflage – "The Substance Abusing Batterer"
- Arthur Trotzky, Ph.D. – "Voices in the Desert"
- Mark Schwartz, Sci.D. – "Compulsive Cybersex: The New Tea Room"
- John Wallace, Ph.D. – "A Social/Psychological Approach to Understanding the Treatment of Substance Abuse Patients with Co-occurring Psychiatric Disorders"
- Max Schneider, M.D. – "Medical Issues and Co-Dependency"
- Terence T. Gorski – "Denial Management Counseling"
- Christopher Anderson – "The Dream World of the Addict"
- Mark Lundholm – "The Addiction Highway"
- Mary Bellofatto – "So Many Problems – So Little Time: Brief Therapy, Techniques and Intervention"
- Robert Ackerman, Ph.D. – "Appreciating Gender Differences in Treatment"
- Robert Shade, M.D. – "Hepatitis C"
- C.C. Nuckols, Ph.D. – "OxyContin: The New Drug of Abuse"
- F. Hal Marley, Ed.D. – "Attitude of Gratitude"
- Rev. Dr. Barbara King – "Spirituality in the Market Place"

Wow! That is only the beginning of this stellar line-up. There will be an exhibit area hosting nearly 100 exhibitors ranging from treatment providers and publishers to products and services used by treatment providers. If you have not already registered, do so today. Go online at www.naatp-secad.com and get your "ticket" for admission today. It may be difficult to find any scalped tickets at the gate, go get your reservation in now!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Alan Leshner, Ph.D.

Rev. Dr. Barbara King

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AS RJH SEES IT

Normally, I have used this page to promote some particular issue, generate interest for an idea or concept, or simply stood up on a soap box and blasted away. Well this month the newsletter is full and a number of important items need attention. So, I will keep in check my urge to pontificate and simply share with you a number of important issues.

- The National Association of Addiction Treatment Providers has taken another technological step forward and is now using email broadcasting as a way to communicate. However, the first use of this has shown that there are some thirty (30) emails in our database that no longer work! So, if you have not gotten an email from NAATP in the last several weeks, and you believe that the office has your email, send a new one because the one we have no longer works. And, if you have not gotten an email and you do not think that the office has one for you, send it and we will add your address to the data base. Send all information to RHunsicker@naatp.org. Note the article on page 4 of this newsletter and the online HIPAA survey. That information was also sent electronically!
- If you have not submitted your application for the 2001 James W. West, M.D. Quality Improvement Award, you only have a few weeks left to meet the deadline. For more information, contact the NAATP office. Remember, the recipient will be featured in the April issue of *Behavioral Healthcare Tomorrow* and will be recognized at the NAATP 2002 annual conference in May 2002.
- The first page of this newsletter features some of the activities planned for SECAD 2001. If you have not registered, there is still time. NAATP members receive a 10% discount on registration. Plan now to spend the end of November and the beginning of December in Atlanta, GA.
- ACATA Members Alert! The 2001-2002 membership dues invoices were sent out several months ago and are now *past due*! Rather than incur the added cost of postage and preparing another mailing, make out your check and send it to the NAATP/ACATA office today. If you have any questions about whether or not you have already paid, a phone call or email to the NAATP office should provide the answer.
- Have you ordered your 2002 Calendar/Monthly planner that has been put together by La Hacienda and which you can customize with important dates related to your program? If not and you are still interested, contact Gena Teer at La Hacienda 800-749-6160 ext 508. Remember, NAATP receives a % of your total order costs.
- The NAATP 2002 annual conference committee has selected the theme of "*Value Added*" for the 2002 conference and has begun to fill the plenary and workshop positions. If you have a suggestion for a speaker, presenter or workshop theme, pass it along to the NAATP office or call Cathy Palm, Conference Committee Chair at 315-696-6114.
- Your Board of Directors met at the beginning of October to review activities for 2001 and begin to plan for 2002. The meeting in Providence, RI was well attended and the agenda allowed for considerable interaction among the board members. Several members expressed their appreciation for the time to get to know each other and the appreciation for the contributions everyone was making in the addiction treatment field. The next several items grew out of that meeting.
- The board continues to work on a dues re-structuring program. Taking the input from the survey that a number of you completed, the new dues model was returned to a sub-committee for some additional refinements. It is anticipated that the new dues structure will be ready by **January 1, 2003**. The Board continues to be committed to a dues structure that reflects the reality of *today's world* is equitable and fair and is easy to administer.
- The Board has authorized the executive of NAATP to prepare a proposal to move the NAATP office out of the basement of his home to space that is suitable and sufficient to accommodate part time support staff. For the past five years, NAATP has been an underground organization but may soon shed that image!
- The board affirmed that the Benchmark survey will continue every year and that the salary survey will be done every-other-year. The next salary survey will be conducted in 2002!
- As we move into the fall, the Benchmark survey is being reviewed. If you have suggestions for additions or deletions to the survey used in 2001, make those suggestions known to the NAATP office as soon as possible. A good place to begin is to answer the following question: **What is one piece of information I am willing to provide and which I would like others to provide, so that I can benchmark my operation in this area?**

I began this by saying that there was a lot happening and as you can see there is. However, the more important thing is that there remains a great deal to do. As NAATP continues to grow, its voice is heard and more importantly its voice is sought out. Because of your support, the National Association of Addiction Treatment Providers will continue to be a consistent and reasoned voice representing the wide spectrum of addiction treatment providers.

That's the Perspective of RJH

MARWORTH
Geisinger
Health System

DIRECTOR OF COUNSELING

Marworth, a nationally recognized 77-bed alcoholism and chemical dependency treatment center located in NE Pennsylvania, is seeking a candidate to serve in the position of Director of Counseling Services. This position reports directly to the CEO and oversees the management and operations of all counseling disciplines throughout five levels of care. A strong clinical background in the chemical dependency field along with exceptional management and organizational development skills are essential to the position. Knowledge of and experience in compliance with regulatory standards (licensing and JCAHO) is required. The Director of Counseling requires a Master's degree in counseling, Social Work or one of the behavioral sciences and a minimum of 5 years supervisory experience in the chemical dependency field.

Please send resume to:
Human Resources, Marworth, PO Box 36,
Marworth, Waverly, PA 18471

www.marworth.org

ONDCP Nominee not all that popular at Judiciary Hearing

Almost as if on cue, this country is playing out its indecision about "addictions", "addiction treatment" and "drug control policy" on a national stage. The U.S Senate Judiciary Committee was the scene of mixed reactions to the nomination of John P. Walters as the head of the White House Office of National Drug Control Policy (ONDCP). While all congressional business has been "off schedule" since the September 11 attacks, it is noteworthy to point out that this is the last Cabinet position in the Bush administration to be filled.

Among the Senators committing in the initial hearing, the concerns were focused on:

- **Walter's understanding and commitment to addiction treatment.**
- **His support for mandatory minimum sentences for a variety of drug offenses and his views on racial disparity in such sentencing.**
- **His opposition to the use of marijuana for medical purposes.**
- **His possible support for extending the United States' anti-drug role in Latin America.**

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The Man with the "Brain Slides", Announces His intention to leave NIDA

..Dr. Alan Leshner to leave NIDA at the end of November

A long time friend of the National Association of Addiction Treatment Providers and a strong advocate for addiction treatment has announced his resignation as the Director of NIDA. Dr. Alan Leshner, in an email to the addiction field, announced that he would be leaving NIDA at the end of November. Dr. Leshner has been a presenter at two recent NAATP annual conferences and is scheduled to speak at the upcoming SECAD 2001 conference.

Dr. Leshner will be best remembered for his remarkable ability to translate science and research into understandable presentations. Almost everyone involved in addiction treatment has seen some version of his "brain slides" in which the message of addiction being a brain disease was so well made.

A void will continue in Washington as addiction treatment advocates become harder to identify! In a related article, note the mixed reaction to the nomination of John P. Walters as the director of ONDCP.

The following is the text of the email message received late in October announcing Dr. Leshner's resignation and future plans:

"I'm sorry I haven't been able to contact everyone personally, but I wanted to let you know right away that I have informed Dr. Kirschstein, Acting Director of NIH, that I will be leaving NIDA at the end of November to become the Chief Executive Officer of the American Association for the Advancement of Science (AAAS) and the publisher of Science magazine. AAAS is the oldest and largest multidisciplinary scientific society in the world, with diverse programs touching on the link between science and public policy, human rights, education of both youth and the general public, and international scientific affairs.

I have very much enjoyed the eight years I've spent at NIDA and believe that working together, the superb NIDA staff, our outstanding scientific community, and the practitioners and policymakers in our field have accomplished a great amount.

A major factor in our success has been the tremendous support we have received from the Administration and the Congress, as well as, especially, the NIH leadership. First Drs. Varmus and Kirschstein, and then Drs. Kirschstein and Maddox have been not only great leaders for all of biomedical science, but also great supporters and facilitators of NIDA's and my own work. Our field owes them a continuing debt of gratitude.

I also have benefited greatly on a personal level from the collaboration, advice, and friendship from virtually all quarters of our field, and am very grateful for that. "

The National Association of Addiction Treatment Providers joins the many other colleagues and friends of Dr. Leshner in wishing him well and offering our thanks to him for all that he has done for the addiction treatment field, especially in bridging the research to practice gap.

Update on Re-Scheduled JCAHO Meeting

The National Association of Addiction Treatment Providers is represented on the JCAHO Behavioral Healthcare *Professional and Technical Advisory Committee (PTAC)* by Dr. Patrice Muchowski from AdCare Hospital of Worcester, MA. The regularly scheduled fall PTAC meeting was to have occurred on September 13, 2001, but was rescheduled to a conference call held on October 2, 2001. Dr. Muchowski provides the following report to the membership of NAATP on that meeting.

Safety of Individual Served/Error Reduction: The PTAC reviewed proposed standards which were developed to address the issues identified in the IOM Report as they relate to Behavioral Care. Examples of "errors" that occur in behavioral health were provided (*i.e.* Adverse medication events, unethical relationships, failure to identify needs, failure to wan, inadequate follow-up, etc.).

Standards related to "patient safety" appear in leadership, improving organizational performance, management of information, rights and responsibilities, management of human resources, management of environment of care. Some noted requirements include:

- Getting input from clients as to how safety can be improved;
- Intensely analyzing "near misses" as opposed to sentinel events;
- Patients and families being apprised of errors by the practitioner.

Reappointment of PTAC Members: Proposed revisions to change reappointment schedule from two years to three years. This change was supported by PTAC.

Annual Audits: This was raised as an issue by some agencies ass to whether or not this could be eliminated/reduced. The PTAC recommended continuation.

Disease Specific Certification: JCAHO is looking for a new business product. JCAHO is proposing a certification program for Disease Specific Programs that would not require accreditation. The PTAC is not in favor of such a move. They expressed significant reservations about the difference between certification and accreditation.

In order to keep the issues of NAATP "on the table" at the PTAC meetings, the NAATP membership is encouraged to communicate their concerns directly with Dr. Muchowski or through the NAATP office. However, it should be pointed out that several years ago JCAHO altered the format of the PTAC structure and it is now advisory at best and has become primarily a way to *report and float* ideas and concepts. You may contact Dr. Patrice Muchowski directly by calling AdCare Hospital of Worcester at 508-799-9000.

HIPAA Survey Ready On Line

www.naatp.org/naatpsurvey/survey.html

On page 5 of this newsletter, you will find an article regarding The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") which was enacted on August 21, 1996. This will be the first of an ongoing series of articles intended to keep you updated and informed as we move toward the implementation date of October 1, 2002 and the compliance date of April 14, 2003.

Within the Behavioral Health Care field and certainly within the addiction treatment field there is considerable uncertainty and confusion as to what needs to be done in order to be in compliance and more specifically, what resources need to be allocated to this effort to be in compliance! With consultants calling every day and the fax machine and emails bringing offers to help you spend your money, no wonder there is confusion. NAATP is committed to assisting you through this potential maze!

In order to be a resource to its members, the **National Association of Addiction Treatment Providers** has put together a HIPAA survey that will help us in gauging the activity undertaken thus far by members and also assembling and reviewing members request for services or training from NAATP. This survey is now available on the NAATP web site.

To access the survey go to **www.naatp.org/naatpsurvey/survey.html** and choose either to print out the survey and fax it to the NAATP office (717-581-1902) or to complete the on-line version of the survey and submit it electronically. You can also go to the NAATP web site at **www.naatp.org** and then choose membership survey from the home page on the left and end up at the same place as the longer address takes you! **It will assist us in tabulation of the survey if you choose to complete it on line.**

If you have not gotten an email notice of this survey and you are an NAATP member or an ACATA member, it could be that the NAATP office does not have your email address or a correct email address. If you believe you should have received an email announcement, contact the NAATP office with your email address.

If you have any questions on the survey, contact the NAATP office at 717-581-1901 and the NAATP staff will be glad to help you with any questions you might have.

Thank you for your assistance and we believe that this information will be helpful in responding to your needs in preparation for the "roll-out" of the HIPAA regulations.

The HIPAA Privacy Regulations – Working Toward Compliance

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") was enacted on August 21, 1996. The primary purpose of the law was to provide better access to health insurance and to toughen the law concerning health care fraud. However, one section of the law, the administrative simplification section (an oxymoron if there ever was one), has had far-reaching consequences for health care providers.

The administrative simplification provisions of HIPAA are intended to reduce health care costs and administrative burdens while assuring patients, providers and payers that individually identifiable health information would be protected by strong security, confidentiality and privacy measures. The administrative simplification provisions cover many areas, including security regulations, transactional code sets, and privacy regulations. The privacy regulations have been the subject of intense discussion in the healthcare industry because of the profound effect they will have on every aspect of a healthcare provider's operations. This is coupled with the fact that penalties for non-compliance are heavy and compliance is required by April 14, 2003. This leaves providers asking "How can I possibly meet all the privacy regulation requirements by April 2003?" In response, we have drafted a suggested timeline for HIPAA implementation that can serve as a guide for your organization. Of course, depending on the size and sophistication of your organization, the timeline may need to be adapted to your specific needs.

HIPAA ACTION PLAN – NOW

- Become educated on HIPAA
- Involve and obtain commitment of top level management
- Establish an internal HIPAA workgroup
- Share a "heads up" with Board of Directors regarding the need to address HIPAA
- Create a job description for the Privacy Officer position
- Monitor legal developments concerning HIPAA compliance dates and modifications
- Watch for the final Security Regulations (rumored to be coming out December 2001)

HIPAA ACTION PLAN - NEXT 6 MONTHS

- Conduct risk assessment of security and privacy practices and organization infrastructure
- Create possible timeline for implementation and planning budgetary needs
- Work with your State AOD and Medicaid agencies, managed care companies and the provider associations to ascertain changes to electronic reporting
- Determine all individuals or organizations who may be business associates
- Review with MIS staff computer systems and applications for necessary changes or modifications

HIPAA ACTION PLAN – NEXT 6 TO 12 MONTHS

- Make a comprehensive inventory of the individual health information your organization maintains
- Develop a work plan to address identified risks, placing the highest priority on the areas of greatest vulnerabilities
- Implement cost effective security best practices
- Determine candidates for Privacy Officer
- Identify gaps in existing administrative policies/procedures addressing privacy and security of PHI
- Review existing consent forms and patient notices
- Work with CSAT and state agencies on funding issues relating to compliance with HIPAA
- Work with CSAT, state agencies and provider associations on additional training needs
- Begin providing staff training and education
- Assess the accuracy of your master patient index
- Evaluate your health claims processing formats

HIPAA ACTION PLAN - NEXT 12 TO 15 MONTHS

- Draft needed for policies and procedures
- Revise consent forms, patient rights and patient grievance procedures
- Draft business associate agreements or modify existing agreements
- Integrate HIPAA into your compliance program or other existing structures
- Begin testing of computer and other systems for compliance with HIPAA

HIPAA ACTION PLAN – NEXT 15 TO 18 MONTHS

- Create a system to track and archive all disclosures of PHI
- Create a system for correcting patient records
- Determine creation of compliance reports to upper level management
- Determine a system for ongoing compliance monitoring and auditing
- Disseminate patient rights statements
- Complete all staff training
- Consider vendor/business associate training on HIPAA where appropriate

Organizations can also obtain assistance with HIPAA implementation by contacting their state agencies, utilizing Internet resources, and working with trade associations. NAATP is working to assist its members by distributing a HIPAA survey asking members for input on what assistance and tools they think would help their organizations to comply with HIPAA. Once all surveys have been returned NAATP will use this information to determine what resources are most needed by members, such as additional trainings or sample forms or instruments, as well as to determine where organizations are in terms of HIPAA compliance. So, please fill out your surveys and return them to NAATP as soon as possible and let NAATP know how they can help you.

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these cases, the employee bears the responsibility for obtaining proper care and correcting performance problems.

Other agencies have drug-free workplace policies that not only include the legal requirements under the Drug-Free Workplace Acts, but also promote high work standards including the maintenance of a drug and alcohol free work place that maximizes safety, quality of care and productivity. Some agencies have gone a step further by imposing a responsibility on staff to provide a positive role model regarding their personal use of mood altering substances in the community (i.e. establishing a reputation in the community as fostering a drug and alcohol free environment, one which encourages the concept of a safe haven for clients).

This shift in thinking regarding silence on minimum sobriety requirements may be in response to legal concerns under the ADA as well as the recognition that treatment agencies are encountering other impairments of staff (psychiatric illnesses, physical disabilities, violence in the workplace, etc.) which need to be addressed in their personnel policies.

On the other hand, another related major concern for employers in support of some minimum sobriety requirements is one of negligent hiring and retention. Certain state licensing regulations mandate that providers perform criminal background checks and other reference checks on its employees. Some states may also have sobriety requirements within licensing standards. It is conceivable that a client could bring a professional liability/ malpractice suit against a treatment agency for retaining a staff member who was abusing alcohol or drugs. This client would be someone who is dissatisfied with a service and whose counselor (who was recovering and relapsed) fell below the standard of care (the counseling negatively impacted the client's own recovery process) resulting in some damage (emotional distress, loss of children through DCFS, loss of job after an unsuccessful participation in an EAP program, or worse yet loss of freedom – prison time for failure to complete treatment). A creative lawyer could argue you hold yourself out as a "treatment organization" and you had an obligation not to hire or at a minimum retain an employee who was using, relapsed or, you should have known would relapse. This is why many treatment agencies support sobriety requirements. Unfortunately, agencies must delicately balance the employee's rights under the ADA against the risk management issues on the professional liability side. There is no hard and fast rule.

> ***"Whatever the rationale, a program must make a reasonable judgment about what length of time in sobriety is necessary to qualify a person for the job in setting its minimum sobriety guideline."***

The rationale supporting sobriety requirements is someone who has not yet succeeded in sustaining his or her recovery over a reasonable period of time and lacks essential experience needed to assist others who are recovering. Others have also suggested that the mission of the treatment organization is to provide a safe environment for clients which is conducive to recovery. This environment begins with the sobriety of an agency's staff. Whatever the rationale, a program must make a reasonable judgment about what length of time in sobriety is necessary to qualify a person for the job in setting its minimum sobriety guideline. A six-month or one year period for a counselor is more likely to be upheld by a court than demanding a longer period of time in recovery. A period longer than a year might be found to be reasonable for an administrative or supervisory position. A minimum sobriety requirement for other staff not involved in direct client care may not be justified. Based upon the Exxon case, treatment agencies should evaluate whether a sobriety requirement is a business necessity, thereby allowing an across-the board standard. If you wish to be conservative and you are not in the 5th circuit (Texas, Louisiana or Mississippi) use the period only as a guideline and evaluate each person with a disability individually.

Renée M. Popovits, J.D.
NAATP Board Member

May 19-21, 2002

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The Walters nomination runs into some significant questions on the Judiciary Committee....Is John Walters an advocate of Addiction Treatment?

The strongest challenge to Walters came from Sen. Joseph R. Biden Jr. (D.-Del) when he suggested that Walters "has been ambiguous in his characterization of addiction as a disease and efficacy of treatment. These assertions go in direct contrast to the opinions held by the top doctors and scientists in the field."

The presumption is that this nomination will pass and that Walters will become the head of ONDCP. However, the process does alert us to two well known but needing to be repeated issues:

- The cause of addiction treatment remains a low priority on the national scene as this is the last Cabinet level position to be filled, and
- Much to our chagrin, it is possible to have a cabinet level person nominated who at best is ambiguous on his characterization of addiction as a disease.

Perhaps the lesson to be learned is that the key for us is not the legislation we pass, but rather the policy makers we talk to. Remember the poster "Have you hugged your child today?" Perhaps for us it is "Have you talked to a policy maker today?"

SOBRIETY REQUIREMENTS FOR TREATMENT CENTER STAFF

A couple of months ago several members raised questions regarding sobriety requirements for employees in substance abuse treatment facilities and concerns about the ADA. Since I am one of two attorneys on the board of directors, I thought I would provide some helpful parameters for your consideration.

OVERVIEW OF THE ADA

The Americans with Disabilities Act ("ADA") prohibits employers from discriminating against a qualified individual with a disability in any terms and conditions of employment, including applications for employment, hiring, promotion, discharge, wages, and training. 42 U.S.C. § 12112(a). Drug addiction and alcoholism are recognized as disabilities. The illegal use of drugs is not.

The ADA draws clear distinctions between drug addicts who currently illegally use drugs and alcoholics who currently abuse alcohol. The ADA permits employers to refuse to hire any job applicant who currently engages in illegal drug use and to terminate or otherwise discipline employees who are using drugs illegally. The rules for job applicants or employees currently abusing alcohol, however, differ and depend on the job involved. An alcohol or drug abuse counselor or supervisor must obviously be free of alcohol abuse in order to perform the essential duties of the job. Maintaining sobriety is generally an essential requirement of the job, because a person who has not overcome his or her own substance abuse is in no position to help others with their problems.

ADA COURT DECISIONS

The decisions we found skirt the issue of a sobriety rule, but do provide a framework on which to build an argument for a period of time to elapse before one may be considered no longer in "current use."

Courts have ruled that "currently engaging in the illegal use of drugs" may extend days, weeks and months from usage. In Baptiste v. Khoury, a 1996 United States District Court case, an employee was terminated seven weeks after being caught with and arrested for possession of an illegal drug. He argued that he was enrolled in a drug treatment program and seven weeks drug-free at the time of his termination. The Court ruled that seven weeks was not a sufficiently long enough period of time to be classified as a recovering drug user. In a similar 1997 case, Shafer v. Preston Memorial Hospital Corporation, a United States District Court, in referencing its rationale in a previous opinion said more by what it did not say, than by what it did say. In a footnote, the Court in describing its decision in United States v. Southern Management Corporation stated, that it "determined that individuals who had been drug-free for one year were not 'current users or addicts' under the FHA [Fair Housing Act]...[w]e did not decide in *Southern Management*, however, whether individuals who had been drug-free for less than a year were current users." This reference, although not as legally persuasive as a court holding, does suggest the timeframes courts may consider reasonable when evaluating these issues.

More recently, in EEOC v. Exxon, Exxon's substance abuse policy was challenged on the grounds that it violated the ADA. The policy permanently removed any employee from certain safety-sensitive, little supervised positions if the employee had undergone treatment for substance abuse. Exxon had adopted its policy after the 1989 Exxon Valdez incident when there was concern that the tanker's chief officer's alcoholism may have contributed to the accident. The issue before the Exxon Court was whether an employer under the ADA might defend a questioned personnel decision as based on a standard justified as "business necessity" or as a "direct threat" in each circumstance. The Exxon Court held that when an employer has developed a standard applicable to all employees of a given class, an employer need not proceed under the direct threat test, rather it may defend the standard as a business necessity. Thus, an employer need only demonstrate that the standard is job related and consistent with business necessity rather than focusing on the specific risk posed by the individual employee's disability.

GENERAL CONSIDERATIONS ON SOBRIETY EQUIREMENTS

Once a program learns about an applicant's past drug or alcohol use and treatment history, it must determine whether that information disqualifies the candidate from employment. The program must evaluate each applicant individually and assess whether that person has demonstrated sufficient rehabilitation to be able to perform the job. This individual assessment would seem to suggest that sobriety requirements are open to challenge. We are aware of a challenge in Pennsylvania where a person with eight months of sobriety challenged a two-year sobriety requirement to become a counselor in substance abuse treatment center. Unfortunately, no published opinion or EEOC guidance resulted from that case. The matter was settled out of court and the outcome was not publicized.

Minimum periods of sobriety are not uncommon in the substance abuse treatment field and may be justifiable and defensible in light of the duties of these jobs. However, we are seeing a trend of agencies having general impaired professionals/impaired staff policies which are silent on minimum sobriety requirements or general drug-free workplace guidelines that treats performance problems related to the use of alcohol or other drugs as it treats other performance problems related to health conditions. Afterall, addiction is a disease. In

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Upcoming Events for Your Calender

The **American Society of Addiction Medicine** will present "The State of the Art in Addiction Medicine – From Molecules to Managed Care" **Nov. 1to 3 in Washington, D.C.** For more information, call (301) 656-3920 or visit www.asam.org.

Open Minds will present its Information Technology Institute, "How to Develop and Implement Successful Technology Strategies," **Nov. 15 and 16 in Philadelphia**. For more information, call (877) 350-6463 or visit www.openminds.com.

The **Association for Medical Education and Research in Substance Abuse (AMERSA)** will hold its 25th annual national conference **Nov 8 to 10 in Alexandria, VA.** For more information, call (401 349-0000, send email requests to Isabel@amersa.org or visit www.amersa.org.

The **Institute for Healthcare Improvement** will hold its 13th annual National Forum on Quality Improvement in Health Care, **Dec 9 to 12 in Orlando, FL.** For more information, call (888) 320-6937 or visit www.ihi.org.

Haymarket Center will present the **2001 Autumn Workshop Series** starting on **November 17, 2001 through January 19, 2002** at The Chicago Athletic Association, 12 South Michigan Avenue, **Chicago, Illinois**. Topics include: Treating The Chemically Dependent Family; DUI Law: Secretary of State Hearing Officers; Exploring Alternative Therapeutic Approaches To Similar Presenting Problems; Working With Adult Survivors of Childhood Sexual Abuse in a Substance Abuse Treatment Setting; Brief Solution Focused Therapy in Substance Abuse Treatment. For more information, contact Carol Blyskal at (312) 226-7984 x396 or view our website at www.hcenter.org.

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.

Women Healing presented by **Hazelden Foundation, Betty Ford Center and Caron Foundation, November 30-December 1, Chicago.** For more information, call 888-257-7800, Ext. 4429 or email pbroat@hazelden.org

The **National Association of Addiction Treatment Providers** presents the **2002 Annual Conference, May 19-21, 2002 in Scottsdale, AZ.** The theme for this conference will be "**Value-Added**". For more information, call (717) 581-1901 or visit our website at www.naatp.org.

NAATP VISIONS

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