

# VISIONS

July, 2002

## 2002 ANNUAL CONFERENCE REVIEW



The National Association of Addiction Treatment Providers (NAATP) held its annual conference during the third week of May in Scottsdale, AZ. This represented the third consecutive year that the Marriott's Mountain Shadows Resort was the location for this annual event. Amidst the deep blue skies and the warm but comfortable temperatures, over 240 registrants and over 30 exhibitors gathered under the umbrella theme of *"Creating and Maintaining a Value-Added Environment"*.

Beginning with a golf outing that drew 40 participants and continuing through a strong array of speakers and workshop presentations, the NAATP annual conference struck a strong note for the value added dimension of the treatment offered by its constituent members and for the association to maintain a posture of adding value to those treatment members who are members. One of the highlights of the annual conference was the annual meeting chaired by the Board Chair, Mr. Scott Munson, who reported that over 35 organizations joined NAATP in 2001 bringing the current membership over 200.



William White opens 2002 Conference

The speaker lineup included former deputy White House chief of staff Michael Deaver, Pulitzer-prize winning journalist Eric Newhouse, and author/researcher William White. This conference had a heavy emphasis on the importance of defining and clarifying addiction as a disease. This theme was repeated and



Eric Newhouse accepts Michael Q. Ford Journalism Award

repeated in a number of ways, always examining the implications of addiction not being seen and understood as a disease.

In addition to the presentations and workshop opportunities, there was plenty of time devoted to networking and establishing links among providers across the country. Additionally, the National Association of Addiction Treatment Providers used this forum to recognize a number of individuals with an impressive line-up of awards. During the conference the following awards were presented:

- o The 2002 Nelson J. Bradley Life Time Achievement Award to Rabbi Abraham Twerski, M.D.
- o The Michael Q. Ford Journalism Award to Eric Newhouse
- o The James W. West, M.D. Quality Improvement Award to Father Martin's Ashley
- o The American College of Addiction Treatment Administrators (ACATA) Administrator of the Year award to Mr. Phil Eaton

Throughout this newsletter you will find photos from the 2002 conference which is already a month behind us. Additional pictures can be found on the NAATP web site by going to [www.naatp.org](http://www.naatp.org) and clicking on *annual conference* from the home page and then selecting *"highlights from the 2002 conference"*. Be sure to remind yourself of those few days in the sun and to also entice yourself to put the 2003 conference on your calendar.

Under the direction of Mr. Ed Diehl, the 2003 conference committee is already hard at work to make the 2003 conference the best ever. The conference will be May 17-20, in Indian Wells, CA and will mark the 25<sup>th</sup> anniversary of NAATP. You will not want to miss this opportunity and grand event!

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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).

**W**e have just completed another very successful NAATP annual conference where we received high marks for blending the formal program structure with the more informal but equally important activities of luncheons, receptions, exhibit area conversations, etc. Perhaps the highest compliment came from an individual who attended the conference and spoke about how the conference helped to create conversations that have continued past their departure from Scottsdale and they hope will continue until next years conference in Indian Wells, CA.

Another aspect of the 2002 conference was our examination of the value-added theme. In presentation after presentation and in conversation after conversation we looked at how all of us need to be able to identify the value that is added to our service so that patients, payers, regulators and accreditation organizations will recognize the service being provided. It is not enough to simply have a service; we now need to be able to articulate the value that is added as a result of persons or organizations choosing to access *our* service. What is it that differentiates you from the other providers of addiction treatment is the correct question to be asking today! "How do you demonstrate the value for the dollars spent?" is the information that *purchasers* of addiction treatment are not only asking for, but also demanding.

On the other side of the equation, the National Association of Addiction Treatment Providers has also positioned itself to be an association of the *premier* providers of addiction treatment. NAATP has intentionally sought to attract those providers of addiction treatment who are interested in maintaining a high level of quality in the delivery of treatment, who are constantly articulating and re-articulating the value of the treatment they provide and who are committed to participating in the larger conversations related to the disease of addiction and the value of working collectively to promote accessible and affordable addiction treatment.

*Conversation facilitating* has become one of the defining descriptions of NAATP in the 21<sup>st</sup> century. Believing that isolation breeds complacency and pessimism, NAATP seeks to keep its members connected and in conversation with each other. Conversations around the benchmark material have resulted in members improving a particular process and learning from other members how to change outcomes. Conversations around the salary survey results have helped members to develop compensation programs that are consistent with their region and also with the particular health care market related to addiction treatment. Conversations

around state and federal activity related to parity have resulted in a collective voice that is tremendously stronger than individual voices. Conversations around the unique aspects of delivering addiction treatment have resulted in the accreditation organizations recognizing the voice of NAATP as they contemplate changes to standards and in the way the accreditation process is completed.

These conversations and many more conversations have and need to continue. As we were reminded in Scottsdale, while lip service is given to addiction as a disease, the reality is that by-and-large the medical community and certainly the legislative community still does not get it. **Addiction is a disease!**

During the next several months, the National Association of Addiction Treatment Providers will be engaged in a strategic planning process to help shape our direction for the years ahead. Products, services, organization, training events, all will be on the table for examination as we continue to lead the effort to facilitate conversations among member organizations and between other associations that have an interest in addiction treatment. Your board of directors also took a bold step at the annual conference to re-frame the dues structure for the association. For the first twenty-five (25) years of our organization, our dues were based on a "bed" formula. Now, however, we are moving to a revenue driven formula that will recognize the importance of the diversity of settings in which addiction treatment is delivered.

We are in the process of gathering information from the membership to determine how this new dues structure will individually impact members when it is implemented January 1, 2003. Thus far the response has been a very positive one. It has created conversations that will continue as NAATP is committed to inviting more to the table rather than excluding programs from the table.

The dues structure is the mechanism we have to invite you to participate in keeping the conversations alive and well. NAATP only exists because organizations are willing to join together in conversations about quality, about public policy issues and about accessible and affordable treatment. NAATP has served the treatment field well for the past 25 years and with planning, your support and additional members, the conversations will become exponentially greater and increase to a decibel level that will be heard by everyone. Your membership is important, but even more important is your participation in the conversation.

That's the Perspective of RJH

# Court Ruling May Impact Treatment Providers and Their Relationship to AA

A recent ruling by the United States Court of Appeals for the Second Circuit has prompted the New York State Office of Alcoholism and Substance Abuse Services to issue a bulletin that is printed below. NAATP has chosen to reprint the bulletin and has left in the reference to the New York State Office of Alcoholism and Substance Abuse Services (OASAS) though you could substitute in any state.

At the end of the day, the ruling seems to impact most those programs receiving state funds and puts limitations on how treatment programs can refer vs. mandate participation in A.A. I am sure we have not heard the last of this issue, but would add that from my perspective (rjh) the court has fundamentally misunderstood the terms spiritual and religion and therefore do not understand the difference between spirituality and religious. This is not a misunderstanding unique to the Second Circuit!

## BACKGROUND

The purpose of this bulletin is to inform OASAS certified treatment providers that the United States Court of Appeals for the Second Circuit in *DeStefano v Emergency Housing Group et al.* has determined that Alcoholics Anonymous ("A.A.") is a religious activity and accordingly OASAS funding of providers who mandate patient participation in A.A. and, by extension, other government funding of providers who mandate participation in A.A., is a violation of the principle of separation of church and state.

The *DeStefano* decision concluded that the promotion of religious beliefs by staff members of government funded providers through coerced, required or mandated participation in A.A. constitutes impermissible governmental indoctrination of religion in violation of the First Amendment to the United States Constitution. Consequently, an OASAS certified provider that requires or coerces a patient to participate in A.A. would not be eligible to receive government funding. While the *DeStefano* decision was specifically concerned only with A.A., the same constitutional concerns would apply to any approach, 12 step or otherwise, that has a sufficiently religious character. Government funded providers should be cautious not to risk violation of the constitutional principle of separation of church and state.

However, the *DeStefano* decision also concluded that it is permissible for a government funded provider to make A.A. programs available to patients, as long as the provider and its program staff make it clear that participation is on a voluntary basis without any coercion.

While this decision will likely require some government funded providers to alter their policies, nothing in the *DeStefano* decision alters the central role that A.A. plays in providing peer support, spiritual exploration and personal growth in support of recovery.

## PROVIDER ACTIVITIES WHICH ARE IMPACTED BY THE DECISION

Government funded providers should give careful consideration to activities provided as a planned component of a treatment plan which could be construed as coercion or otherwise mandated participation in a religious activity. For example, government funded providers:

- \* **Must not** require that a patient attend A.A.
- \* **Must not** provide staff supervision of any meetings of A.A.
- \* **Must not** compel the reading, listening or viewing of written, audio or visual material developed by A.A.
- \* **May** suggest that individuals receiving services participate in A.A.
- \* **May** require that a patient attend recovery support groups in the community, as long as the patient has the option of choosing attendance of activities that are of a non-religious nature
- \* **May** request a patient read, listen or review materials developed by A.A., as part as of introduction to available resources, as long as the materials are not limited to A.A.
- \* **May** make space available to A.A. for holding meetings, as long as the space is available to other groups as well.

Employees who are members of A.A. may participate in such meetings, as long as they are not acting as an employee of the provider.

## THE ROLE OF A.A. IN RECOVERY

OASAS recognizes that not all alcohol and drug involved persons require treatment and that many individuals find recovery outside of the system of certified treatment providers. The use of A.A. for individuals during and after treatment has been regularly suggested and encouraged by clinicians. A.A. offers the individual a readily accessible alternative that is supportive of and complementary to chemical dependence treatment. While treatment professionals can inform and encourage individual involvement with A.A., it should be recognized that A.A. cannot replace OASAS certified chemical dependence treatment for all persons.

## CONCLUSION

As a result of the *DeStefano* decision, an OASAS certified treatment program that requires, or coerces, participation in A.A. would not be eligible to receive government funding. As each government funded provider must make its own planning decisions, OASAS recommends that each provider carefully review the *DeStefano* decision with its own attorney to ensure that they do not violate the constitutional mandated separation of church and state.

## SOURCE(S) OF FURTHER INFORMATION

The decision of the U.S. Court of Appeals may be downloaded from the Internet at <http://caselaw.lp.findlaw.com/scripts/getcase.pl?court=2nd&navby=case&no=999146>. If you have any questions concerning the issues detailed in this Bulletin, please contact Raymond Conte, OASAS' Coordinator for Recovery Services, at (518) 485-2123.

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## Continued from page 7

transport clients to other services (such as court appointments, doctor appointments, etc). Although a program may make AA literature available, staff may not use such literature or read from scriptures in program sessions. Publicly funded programs may wish to obtain the agnostic or atheist version of AA materials. After all, the only requirement for participation in AA is a commitment to stop drinking, not a commitment to God.

Let the NAATP office know your thoughts on this matter. How do you think NAATP should respond to these constitutional challenges against AA?

Renée Popovits, J.D.  
NAATP Board Member



## AMERICAN SOCIETY OF ADDICTION MEDICINE ANNOUNCES APPOINTMENT OF NEW EXECUTIVE VICE PRESIDENT/CEO, EILEEN MCGRATH, J.D.

The American Society of Addiction Medicine (ASAM) is pleased to announce the appointment of Eileen McGrath, J.D., to the position of Executive Vice President/Chief Executive Officer. Ms. McGrath succeeds James F. Callahan, D.P.A., who is retiring. Ms. McGrath officially assumes her new duties June 24, 2002.

Ms. McGrath brings over 14 years of association leadership experience in the medical arena as Executive Director of the American Medical Women's Association, a national organization of ten thousand women physicians and medical students dedicated to advancing women physicians and promoting women's health. Her prior professional experience included direction of county alcoholism services and community alcoholism outreach in Fairfax County, Virginia, as well as substance abuse planning coordination for Northern Virginia. She was President of the Substance Abuse Program Directors of Virginia in 1978 and 1979.

Over the past 14 years, Ms. McGrath has established the American Medical Women's Association's foundation and led the successful effort to achieve the organization's AMA accreditation for Continuing Medical Education and to develop continuing medical education and grant programs for education in women's health. A significant accomplishment was her participation in achieving a more effective system of breast cancer detection in the population whose primary insurer is the Department of Defense health system.

Ms. McGrath is a graduate of the State University of New York, the University of Virginia (Masters Degree in Planning) and holds a law degree from the George Mason University School of Law. She was admitted to the Virginia State Bar in 1985 and served for three years as a law practice associate in Washington, D.C. and Virginia.

ASAM is a national medical specialty society of 3,000 physicians. ASAM members are engaged in research, teaching, and clinical care. The Society's mission is to educate physicians and other caregivers, and to advocate for improved care of patients with addictive disorders.

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## PARITY AND INSURANCE COVERAGE

A study has led to the introduction of legislation in **New Jersey** that would require insurance companies to pay for alcohol and other drug treatment. The health department study found that 71,000 adult New Jersey residents and 9,400 adolescents want addiction treatment but can't get it. According to the study, insurers turning to managed care in the past decade resulted in a 43-percent decline in residential treatment beds and a 36-percent drop in outpatient treatment availability. The bill calls for parity between addiction coverage and other chronic illnesses, such as diabetes, hypertension and asthma.

Advocates for addiction treatment in **New Hampshire** recently succeeded in passing a bill that calls for limited parity for treatment of alcohol and other drug addictions. New Hampshire Gov. Jeanne Shaheen—herself a supporter of mental-health parity when she served in the state Senate—signed the bill on May 16, 2002. The measure requires insurers to offer inpatient and outpatient addiction care, but allows caps to be set on the number of visits and annual costs of treatment. It also requires parity for a full range of mental-health conditions, closing gaps in a previous mental-health parity law.

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## Senate Bill Contains Improved Drug Treatment, Education, Work Preparation, Child Care and Medicaid Provisions

In late June, the Senate Finance Committee passed a bill that would reauthorize the Temporary Assistance for Needy Families (TANF/welfare) program. The bill passed by a bi-partisan vote of 13 to 8, with 3 Republicans voting for the bill.

The bill, which included substantial portions of the tri-partisan bill introduced by several members of the Senate Finance Committee, included provisions that would:

- Reauthorize the TANF Block Grant at its current funding level.
- Require 30 hours of work activities for TANF recipients, with 2 of those hours in direct work for all TANF recipients, except for parents of children under 6 years of age.
- Count full-time drug and alcohol treatment as a work activity for 6 months, with the last 3 months combined with work preparation activities.
- Permit up to two years of vocational education to count as work, including community college when it results in a degree or credential related to a job or a job-related skill.
- Create a \$200 million annual competitive grant program that would make grants to nonprofit groups, local workforce investment boards, localities, or tribes to facilitate partnering with employers to improve wages of low-income persons through improving job skills and providing work supports. The grants also could expand temporary wage-paying work or “transitional jobs” programs for low-income individuals unable to secure work through job search or other employment-related services because of limited skills or other work barriers.
- Require TANF to be a partner in the Workforce Investment Act’s (WIA) local “one-stop” system that provides employment services.
- Provide \$5.5 billion of additional child care funding.
- Reauthorize transitional Medicaid for an additional five years.

At this time it is unclear whether the bill will go before the full Senate for a vote in July or in the early fall. Additionally, it is unclear whether there is enough time left in the Congressional session to resolve differences between the Senate and House bills and produce final reauthorization legislation ready for the President’s signature. If this does not occur, Congress will need to pass and the President sign a one-year extension of the current TANF program so that the program can continue to operate.



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There is no cost for the download

which can be found on the home page (left side) of the NAATP web site [www.naatp.org](http://www.naatp.org). Go to the web site and click on the above image and you will be prompted to download this to your PDR. **Another service made available to the membership of the National Association of Addiction Treatment Providers.**



Rabbi Twerski relaxes before receiving the Nelson J. Bradley Life Time Achievement Award.

## Upcoming Conference Advances National Treatment Plan in the Midwest

Don’t miss the Great Lakes regional conference, *Advancing the Conversation: Improving Substance Abuse Prevention and Treatment*, which will bring together prevention and treatment clinicians, administrators, researchers, policymakers, and allied service providers in order to improve practices and collaborations in substance abuse prevention, treatment, recovery and mental health throughout the Midwest region.

Co-sponsored by the Center for Substance Abuse Treatment (CSAT), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and numerous regional supporters, it is the first conference of its kind in the Midwest geared toward advancing the aims of the National Treatment Plan (NTP). The NTP is a comprehensive initiative facilitated by CSAT which shifts the focus of the field’s efforts away from an emphasis on the problems and toward the implementation of positive solutions. The conference also will represent a regional celebration of *National Alcohol and Drug Addiction Recovery Month*, observed annually in September.

*Advancing the Conversation: Improving Substance Abuse Prevention and Treatment* will feature nationally-recognized researchers, practitioners and policymakers, as well as more than 30 evidence-based, practical workshops that connect science to service. It will take place Sunday, September 22 through Wednesday, September 25 at the Radisson Hotel Lincolnwood, conveniently located just eight miles from O’Hare International Airport and just eight miles north of downtown Chicago just off I-94.

The conference is being hosted and coordinated by the Illinois Alcoholism and Drug Dependence Association (IADDA). For registration information, please contact IADDA at (217) 528-7335 or visit [www.iadda.org](http://www.iadda.org).

# PRODUCT OVERVIEW

## What is CDT?

Carbohydrate-Deficient Transferrin (CDT) is an indicator of heavy drinking. Transferrin is an iron-transporting protein in the human body and it appears in its different isoforms, such as  $\alpha$ -, mono-, di-, tri-, tetra-, penta sialo transferrin.

It has been found that the levels of  $\alpha$ -, mono-, disialo transferrin, which are referred to as Carbohydrate-Deficient Transferrin (CDT) are elevated upon heavy drinking. The levels of CDT are elevated during the periods of heavy drinking (50-80 g ethanol a day, that is 4-7 standard drinks, for minimum of a week or two). Moreover, CDT levels remain elevated for up to 4 weeks, even if the person stops drinking.

## Why add CDT to the treatment program?

The biological, clinical, and social effects of alcohol abuse are being more and more recognized all over the world, and detecting and treating alcoholics with specific and objective markers is a major need. Historically, questionnaires, and liver status tests have been used to identify alcohol abusers. Denial, an almost universal characteristic of an alcohol abuser, renders questionnaires of dubious value. Liver enzyme tests are semi-specific and can be elevated upon different conditions, such as nonalcoholic liver disease, several heart and kidney diseases, biliary track disease, obesity, and several medications including barbiturates, anticoagulants, anticonvulsants. Whereas with CDT or Carbohydrate-Deficient Transferrin, there are only a few resources that may cause false positives.

*Recent clinical studies show that CDT is the most reliable and specific biomarker available on the market for identifying and monitoring heavy alcohol consumption.*

*CDT is the first bio-marker approved by FDA for the detection of alcoholism.*

## How to use CDT results?

CDT can be used in several important ways, especially in helping physicians recognize a patient who may be drinking more alcohol than is good for him or her. Heavy drinking contributes to a variety of serious health problems in our society. Fortunately, if a patient's alcohol problem can be recognized early it is often possible to treat it quickly and inexpensively in either the general health care system or in a program that specializes in treating alcohol problems.

There are other biological measures that can indicate alcohol problems. The particular benefit of CDT is that there are few conditions other than heavy drinking that will cause it to be elevated. At the same time, it is good to look at the results of other biochemical tests as well as scores from short pencil and paper drinking questionnaires from



Early morning sunrise provides backdrop for James W. West, M.D. Quality Improvement Award Breakfast.

the patient in order to most accurately identify individuals who may be using too much alcohol.

CDT can assist in providing quality care for alcohol problems in some other ways also. For example, it can help counselors and physicians treating patients with alcohol problems to see how well they are achieving abstinence. If the health care provider can determine early that a relapse has occurred the treatment program can be made more intense or changed so that it is more likely to be successful.

## What does the %CDT test measure?

%CDT test measures levels of CDT in proportion to total transferrin and report in %CDT. %CDT TIA kits are optimized for immunodetection on a broad range of instrumentation platforms.

## Are there any interferences with the %CDT test?

Interference of common chronic diseases and medication on the CDT concentration, such as hypertension, asthma/bronchitis, diabetes mellitus, adipositis/lipid metabolism disorder, angina pectoris, depression and disorders of the digestive tract, have been investigated and found to have no effect on CDT levels.

Also medication for treatment of excessive alcohol consumption, such as disulfiram and acamprosate, is reported not to influence the CDT level.

## What are the conditions that can cause elevation of CDT other than heavy alcohol consumption?

Primary biliary cirrhosis, chronically active hepatitis, end stage liver diseases and the very rare carbohydrate-deficient glycoprotein syndrome (CDG-syndrome) may elevate CDT levels.

## President/CEO, Hazel den Foundation, Center City, Minnesota

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## “One Nation Under God” and AA Under Constitutional Attack

**I**n the wake of 9-11, many Americans find themselves in a time of renewed appreciation for family, friends and the role of faith, spirituality and religion in our lives. At the same time, we find some bizarre legal challenges to longstanding traditions such as the pledge of allegiance and the AA principles to believe in a power greater than ourselves and to turn our will over to the care of God as we understand him.

The separation of church and state and the constitutionality of certain so-called “religious” practices have most notably received attention in California, where the federal appeals court for the ninth circuit on June 26, 2002 held that the words “under God” in the Pledge of Allegiance violates the Establishment Clause of the First Amendment. The next day, the pendulum swung the other way and the U.S. Supreme Court ruled that school voucher programs are constitutional if they provide parents a choice among a range of religious and secular schools.

This hot constitutional topic has spread to certain the fundamental principles that serve as the foundation for our treatment system. The Second Circuit Court of Appeals and the United States District Court for the Western District of Wisconsin have ruled that state funding to treatment facilities that incorporate Alcoholics Anonymous (“AA”) or similar faith-based principles into their programs in certain circumstances violate the Establishment Clause of the United States Constitution. Although it is difficult to believe that the court would even consider AA as a “religion” warranting an Establishment Clause analysis, the court has determined that AA falls on the religion side of the line despite its recognition that “AA is a vastly worthwhile endeavor; that it has saved the lives, health or well-being of untold thousands of Americans, at least in part because it requires participants to turn their will and lives over to the care of God as they understand him.”

***DeStefano v. Emergency Housing Group, Inc. (247 F3d 397, 2d Cir. 2001)***

The Middletown Alcohol Crisis Center (“MACC”), is a non-medical, short-term alcohol detoxification and treatment facility licensed by the State of New York. AA meetings are held on its premises and, although clients are not required to attend, MACC staff “strongly suggest” that they do so. The MACC staff supervise AA meetings and read and discuss “passages from scripture and excerpts from various books, including a statement of AA principles and beliefs.

The court held that the inclusion of independently led AA meetings in the MACC treatment approach is not in itself constitutionally impermissible because MACC is not a religious organization. The MACC staff’s urging or encouragement of client participation in AA events also does not violate the First Amendment because it does not have the primary effect of advancing religion. However, the court stated that if staff “coerced” clients into attending AA meetings, this would violate the Establishment Clause.

Although the MACC staff’s encouragement of client participation in AA does not violate the Establishment Clause, the court held the direct participation of staff in the supervision of AA meetings, discussion of AA literature and scripture at nightly meditation sessions is unconstitutional. As opposed to merely encouraging attendance at AA sessions these activities amount to imbuing recipients with the tenets of AA. The direct funding of the salaries of these employees constitutes the use of government aid to support AA’s religious objectives and is an impermissible governmental indoctrination of religion.

***Freedom From Religion Foundation, Inc. v. McCallum, (00-C-617-C, Western District of Wisconsin, January 7, 2002)***

Similarly, the court held that state funding to Faith Works, Milwaukee, Inc., a faith-based, long-term alcohol and other drug addiction treatment program, constituted unrestricted, direct funding of an organization that engages in religious indoctrination and thus violates the Establishment Clause of the United States Constitution.

Faith Works is an independent faith-based program providing long-term residential treatment to males for drug and alcohol addiction. One of the program’s goals is for “each participant have either a spiritual mentor or an AA sponsor.” Faith Works staff counsel participants to develop a personal relationship with God and discuss issues of faith with participants. Faith Works requires residents to participate in a mandatory faith-enhanced 12-step AA program.

Approximately two-thirds of Faith Works revenue comes from public funding. In determining there was governmental indoctrination of religion at Faith Works, the court cited DeStefano, noting that “direct state funding of persons who actively inculcate religious beliefs crosses the line between permissible and impermissible government action under the First Amendment.” The court concluded that the program indoctrinates its participants in religion, primarily through its counselors.

### Implications for Providers

The holdings in these cases were based on fact-specific circumstances and are not binding on every state. While these cases held, that in certain circumstances, a treatment program’s inclusion of AA principles violates the Establishment Clause, other cases have upheld the constitutionality of religious conduct. The U.S. Supreme Court has upheld the constitutionality of the Adolescent Family Life Act (“AFLA”) which addresses the “multiple and complex problems of adolescent premarital sexual relations by expressly enlisting the aid of religious and charitable organizations in the provision of federally funded services. [*Bowen v. Kendrick, 487 U.S. 589(1988)*]. The Court has also upheld a state’s reimbursement to a religious student-group for costs incurred in printing an indoctrinating publication; state funding of a visually impaired student’s rehabilitative assistance that was used for tuition at a religious school; and the tax deduction of the costs of tuition, textbooks and transportation at a parochial school. With the White House Administration’s current emphasis on faith-based initiatives, the public outcry in response to the Ninth Circuit’s opinion holding the Pledge of Allegiance to be unconstitutional, and the Supreme Court opinion upholding the constitutionality of a school voucher program, it is likely similar Establishment Clause challenges will be brought in other states as well.

In light of these decisions, publicly funded treatment providers should evaluate its policies and practices regarding AA sessions or similar 12-step, faith-based programs implemented in treatment protocols. Staff may encourage clients to participate, however, clients cannot be coerced into attending these sessions nor can attendance be a requirement of treatment. This should not prohibit programs from transporting clients to meetings as they

Continued on page 3

## Upcoming Events for Your Calendar

**Haymarket Center** will present the eight annual Summer Institute on Addictions **July 24 to 26 in Chicago**. For more information, contact Carol Blyskal at (312) 226-7984, ext. 396, or visit [www.hcenter.org](http://www.hcenter.org).

The **National Academy for State Health Policy** will present its 15<sup>th</sup> annual state health policy conference, "Necessity is the Mother of Invention...State Health Policy Meeting the Budget Challenge," **Aug. 4 to 6 in Philadelphia**. For more information, visit [www.nashp.org](http://www.nashp.org).

The **Institute for Integral Development** will present the 26<sup>th</sup> annual Summer Institute on Behavioral Health and Addictions, **Aug. 5 to 8 in Colorado Springs, Colo.** For more information, visit [www.institutefor\\_training.com](http://www.institutefor_training.com).

**Community Anti-Drug Coalitions of America (CADCA)** will hold a mid-year training institute, "Theory Practice Outcomes: Building Blocks for Success," **Aug. 6 to 9 in Seattle**. For more information, contact Nana Elliott at (800) 542-2322, ext. 256, or visit [www.cadca.org](http://www.cadca.org).

**GWC Inc.** will present the National Conference on Addiction and Criminal Behavior **Sept. 8 to 11 in St. Louis**. For more information, call (800) 851-5406 or visit [www.gwcinc.com](http://www.gwcinc.com).

The **North River Foundation Inc.** will present the 15<sup>th</sup> Cape Cod Symposium on Addictive Disorders "Addiction as a Brain Disorder: Prevention, Treatment, and Healing" **Sept. 19 to 22 in Hyannis, Mass.** For more information, call (800) 767-9061; fax (781) 585-0607; e-mail [nriverfound@earthlink.net](mailto:nriverfound@earthlink.net); or visit [www.ccsad.com](http://www.ccsad.com).

The first **World Forum on Drugs, Dependencies and Society** will be held **Sept. 22 to 27 in Montreal**. For more information, call (514) 340-4550; or fax (514) 340-4440.

**Pavillon International** will present the 2002 Carolina Conference on Addiction and Recovery **Sept. 25 to 28 in Charlotte, N.C.** For more information, visit [www.carolinacconference.com](http://www.carolinacconference.com) or call (877) 392-9973.

The **State University of New York at Binghamton and Broome Community College** will present a research conference, "Treating Addictions in Special Populations: Research Confronts Reality," **Oct. 7 and 8 in Binghamton, N.Y.** For more information, contact Jane Angelone, Conference Coordinator, Professional Development and Research, Binghamton University, P.O. Box 6000, Binghamton, NY 13902-6000; phone (607) 777-4447; fax (607) 777-6041; e-mail [angelone@binghamton.edu](mailto:angelone@binghamton.edu); or visit [sehd.binghamton.edu/pdr/index.htm](http://sehd.binghamton.edu/pdr/index.htm).

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