

The **Employee Assistance Society of North America** (EASNA) will hold its 15<sup>th</sup> annual institute, "Productivity & People: The Business of EAP's," **April 24 to 27 in San Antonio, Texas**. For more information call 202-216-9623; email easnainstitute@bostrom.com or visit www.easna.org.

The **Betty Ford Center, Caron Foundation and Father Martin's Ashley** will present the Women's Addiction Conference, "Relationships and Recovery," **April 26 and 27 in Boston; September 5 and 6 in Baltimore; and September 19 and 20 in Dan Diego**. For more information, call 800-643-0797 or visit www.TheWomensConference.org.

The **National Association of Drug Court Professionals** will hold its 9<sup>th</sup> annual Adult Drug Court Training Conference **May 15 to 17 in Reno, NV**. For more information, visit www.nadcp.org.

The **National Association of Addiction Treatment Providers** will hold its annual conference and its 25<sup>th</sup> anniversary celebration **May 17-20, 2003 in Indian Wells, CA**. For more information contact the NAATP office at (717) 392-8480 or visit www.naatp.org.

**Haymarket Center** will present the ninth annual Summer Institute on Addictions Conference **June 11 to June 13 in Chicago**. For more information, contact Carol Blyskal at 312-226-7984, ext 314 or visit www.hcenter.org.

The **New England Institute of Addiction Studies Inc.** will hold its 2<sup>nd</sup> annual New England School for the Treatment of Opioid Dependence **July 7 to 11 in Newport, RI**. For more information, call (207) 621-2549; e-mail neias@neias.org; or visit www.neias.org.

The **Institute for Integral Development** will present the 27<sup>th</sup> Annual Summer Institute on Behavioral Health and Addictions **Aug 11 to 14 in Colorado Springs, CO**. For more information, call (719) 634-7943 in CO, or (800) 544-9562; or visit www.institutefortraining.com.

The **Center for Applied Sciences** (CENAPS) Corporation will offer a relapse prevention update, "Resiliency & Relapse in Times of Stress," **Sept. 18 to 20 in Elk Grove Village, IL**. For more information, call 708-799-5000; e-mail info@senaps.com; or visit www.cenaps.com.

The **Association for Medical Education and Research in Substance Abuse (AMERSA)** in collaboration with the International Nurses Society on Addictions (IntNSA) will hold its 27<sup>th</sup> Annual National Conference, "Promoting Partnerships for Change," **Nov 6 to 8 in Baltimore**. For more information, visit www.amersa.org.

## NAATP VISIONS

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

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V I S I O N S

VOLUME 9

# VISIONS

APRIL 2003

**M**ost of the activity at the federal level has focused on budgets and making the (-) numbers turn into (+) numbers! These are very straining times for state budgets and if they cannot piece together the needed dollars they also loose out on federal matching funds. It is certainly difficult to find much of a silver lining in these uncertain budget times. Again, at the federal level attention has shifted to tax cuts, additional funding for the war effort and for home land security and little energy is left for health care reform and securing dependable payment via health care insurance for addiction treatment. However the last few weeks have seen some activity of interest to addiction treatment providers.

### WASHINGTON ROUNDUP

#### HOUSE PASSES BUDGET RESOLUTION THAT CUTS DOMESTIC PROGRAMS DRAMATICALLY; PASSAGE OF SENATE BUDGET RESOLUTION EXPECTED SHORTLY

Recently, the House passed its budget resolution that included President Bush's tax cut and dramatic spending cuts in key programs, including Medicaid, Food Stamps, and discretionary health programs, such as alcohol and drug prevention, treatment, education and research programs. Supporters claim the proposal would balance the budget in nine years. The House passed its budget resolution after much debate and pressure from House Leadership and the Bush Administration, with the final vote being 215 to 212.

The Senate is expected to pass its budget resolution soon. Several Senators have expressed concern about the size of the tax cut in the Senate's budget resolution and the need to scale it back in order to reduce impending deficits. It is unclear at this time whether the Budget Committee passed resolution that supports the President's tax cut or an amended version of the resolution with a much lower tax cut will be the final result of the Senate's debate.

The House and Senate budget resolutions set overall limits on revenue and expenditures. Final tax and appropriations decisions will be enacted by Congress in other legislation later this year.

#### HOUSE INTRODUCES WORKFORCE INVESTMENT ACT (WIA) REAUTHORIZATION BILL; SUBCOMMITTEE ON 21<sup>ST</sup> CENTURY COMPETITIVENESS REVIEWS AND APPROVES BILL

In late March, Representative Howard "Buck" McKeon (R-CA), Chairman of the House Subcommittee on 21<sup>st</sup> Century Competitiveness, introduced H.R. 1261, the "Workforce Reinvestment and Adult Education Act of 2003," with co-sponsor Representative John Boehner (R-OH), Chairman of the Committee on Education and the Workforce. H.R. 1261 would reauthorize the current Workforce Investment Act (WIA), which expires on September 30, 2003. This program provides training and employment services to people throughout the nation and can be a way for individuals with criminal records or histories of alcohol and drug addiction to acquire these important services. The bill was referred to the House Education and the Workforce Subcommittee on 21st Century Competitiveness and was later amended by a substitute offered by Chairman McKeon (R-CA). The Subcommittee reviewed and approved the bill by a party-line vote of 15-12.

H.R. 1261 is the Republican-sponsored bill designed to enhance the nation's workforce investment system by strengthening one-stop career centers, providing for more effective governance arrangements, promoting access to a more comprehensive array of employment, training, and related services, establishing a targeted approach to serving youth, and improving performance accountability.

#### SENATOR SNOWE (R-ME) INTRODUCES BI-PARTISAN LEGISLATION THAT PROMOTES JOINT ACTIVITIES BETWEEN CHILD WELFARE AND TREATMENT AND PREVENTION AGENCIES

Recently, Senator Snowe (R-ME) introduced the S. 614, the "Child Protection/Alcohol and Drug Partnerships for Children Act of 2003." Several Republican and Democratic Senators joined her in introducing the legislation, including Senators John D. Rockefeller IV (D-WV), Mike DeWine (R-OH), Christopher Dodd (D-CT), Susan Collins (R-ME), Maria Cantwell (D-WA), Mary Landrieu (D-LA), Blanche Lincoln (D-AR), and Jeff Bingaman (D-NM). The bill was referred to the Senate Finance Committee for review.

The bill would provide grants to state child welfare and alcohol and drug treatment and prevention agencies to

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).

4 ISSUE



The National Association of Addiction Treatment Providers

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**B**y the time that this newsletter reaches your desk, the NAATP member designated representative will have received a packet of information on [amendments to the bylaws and articles of incorporation](#) for the National Association of Addiction Treatment Providers. NAATP member organizations are being asked to vote on bylaw amendments that have been recommended by the NAATP Board of directors. These recommended changes have been the result of work that has taken place over the past year and link very closely with the strategic planning process undertaken by the NAATP Board in the fall of 2002.

Of course normal bylaw updates are prudent activities to ensure that they stay consistent with current state nonprofit corporation laws, and that they reflect any changes to IRS standards. Those have all been addressed and the proposed bylaws are in compliance with those entities. We have also used this opportunity to update the articles of incorporation and to include the most current mission statement for NAATP.

However, the less subtle changes in the bylaws include the delineation of three distinct membership categories:

- **Organizational/Institutional Member** - This category is reserved for those organizations that *deliver* addiction treatment. The organization is the member and they are represented by their chief executive.
- **Associate Member** - A category reserved for organizations or individuals who provide products and services utilized by organizational members.
- **Individual Member** - This category will be made up of those persons in the past who were members of the NTC section and of the ACATA section.

In eliminating the section approach, the Board of Directors feels that it can incorporate the activities of these persons via the individual member category and at the same time especially continue the emphasis of ACATA with renewed attention to training and information for addiction treatment administrators.

Another change will be that all three categories will be voting members of NAATP. In the future on matters of board selection, etc. all members of NAATP will be eligible to cast a ballot. Likewise, the proposed bylaws stipulate that both the associate member and the individual member category will be represented on the Board of Directors of NAATP.

The bylaws have also been amended to update some of the committee functions of the Board and to increase the participation on committees by non-board members. These proposed amended bylaws also include the purposes and expanded mission statement which we have been using for some time, but have not included in the bylaw document.

A complete copy of the changes vs. the old bylaws can be found in a **red-lined** copy of the bylaws which are posted on the NAATP web site at [www.naatp.org](http://www.naatp.org). The ballot for the notice of amendments has been mailed and they are due back to the NAATP office by May 9, 2003. The results of the vote will be announced at the annual meeting on May 19, 2003. If accepted the amended bylaws will be effective at that annual meeting!

Now to some other matters! If you have not kept up on the press releases issued by NAATP, be sure to stop at the press release section on the NAATP web site. A number of releases have been issued related to the conference. And, in case you had not noticed, the conference is less than a month away and you need to make your travel and hotel reservations NOW! If you have not sent in your registration form, this is your reminder, there will not be another one! Well, maybe one more!

The 2003 benchmark collection process has now ended and the NAATP office has begun to assemble the information and prepare the reports which will be mailed out as quickly as possible. We had an excellent response and are committed to continuing this effort. There will be a workshop on utilizing benchmarking information at the 2003 annual conference.

The 2003 annual conference will also be the time when the 2003 NAATP Limited Edition Membership Directory is released as well as the 2002 NAATP annual report. These two items will also be joined by a new publication to celebrate the 25 years of NAATP. The NAATP timeline and history brochure will also be released at the conference and available to all conference attendees.

It seems like this month my perspective is all about change! One more! Within the next two months, the NAATP web site will be completely re-designed and ready for use. The current site has served us for almost four years and it is time to incorporate some more user friendly features. Watch for the announcement!

THAT'S THE PERSPECTIVE OF RJH

**I**n preparation for writing this article, I decided to take some time to review previous editions of [NAATP Visions](#) for inspiration on a theme. I read quite a few articles, essays, and columns covering a 2-year period of time. After taking this time I did become inspired but not in the way I had anticipated.

I was left awe-inspired by the depth and range of articles and other writings produced in this publication under the editorship of Ronald J. Hunsicker, who also serves as the NAATP CEO.

Board Room articles on such diverse topics as Customer Service, Disease Management, Philanthropy and Fundraising, and Sobriety Requirements for Treatment Staff vis a vis the American with Disabilities Act represent just a sample of the knowledge and wisdom shared in Visions. Other articles on subjects as wide-ranging as the FDA's Approval of Buprenorphine in the Treatment of Addiction, the Effectiveness of Acupuncture as a Treatment Procedure, to the Inevitability of Complying with HIPAA Standards are all part and parcel of the quality, which represents NAATP Visions.

All of the above information and material is then further augmented by the regular monthly feature entitled "As RJH Sees It." With each and every publication, Ron Hunsicker provides news, insights, information and thought provoking challenges on the addiction treatment field and to the NAATP membership.

NAATP Visions, by itself, would almost seem to be the price of membership to NAATP. But the benefits don't stop there! There is the annual SECAD Conference in December, which, under the stewardship of NAATP, continues to provide exceptional clinical training opportunities. And, there is the annual NAATP conference, this year to be held in Indian Wells, California from [May 17 - 20](#). [NAATP is celebrating its 25<sup>th</sup> anniversary](#) and a review of the conference program underscores why NAATP remains at the forefront of administrative and clinical training and networking.

**Information, knowledge, opinion, training, advocacy, leadership, a voice = NAATP.**

**JAMES J. DOUGHERTY, SR. VICE PRESIDENT  
MARWORTH TREATMENT CENTER  
NAATP BOARD MEMBER**

**NAATP BOARD MEMBER  
TO RECEIVE RECOGNITION**

Little Hill-Alina Lodge is pleased to announce that William J. Hartigan, President and CEO of Liberty Management Group and NAATP Board Member, will be the recipient of the Geraldine O. Delaney Leadership Award at its 4<sup>th</sup> Annual Gratitude Gala to be held on October 17, 2003.

This award was created to honor and carry on the legacy of leadership, commitment and service to those suffering from addiction that was the life's work of Geraldine O. Delaney, founder of Little Hill-Alina Lodge. Past recipients were Father Martin of Ashley and John Clancy, CEO of Community Education Centers, Inc.

**Congratulations to Mr. Hartigan on this Lifetime Achievement Award.**

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**CHRONIC SOLVENT ABUSERS HAVE MORE BRAIN ABNORMALITIES AND COGNITIVE IMPAIRMENTS THAN COCAINE ABUSERS**

Volume 17, Number 4 NIDA NOTES 5

By Robert Mathias  
NIDA NOTES Staff Writer

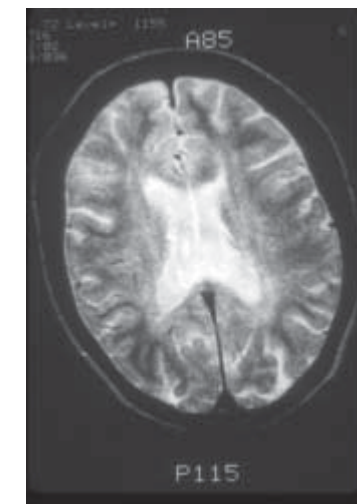
Chronic inhalant abuse has long been linked to widespread brain damage and cognitive abnormalities that can range from mild impairment to severe dementia. Now a NIDA-funded study that compared brain damage and intellectual functioning among long-term inhalers of volatile solvents and cocaine abusers has found substantial brain abnormalities and cognitive impairment among both groups. However, considerably more inhalant abusers than cocaine abusers had brain abnormalities, their brain damage was more extensive, and they did significantly worse than cocaine abusers on tests of working memory and the ability to focus attention, plan, and solve problems.

"The extensive neurological damage and cognitive impairments we found among chronic solvent abusers in our study could limit their ability to control their behavior and perceive problems associated with their substance abuse," says Dr. Neil Rosenberg of the University of Colorado Health Sciences Center in Denver, who led the study. "As a result, a comprehensive approach that integrates neurological rehabilitation with drug abuse treatment may be needed to treat them successfully."

The study sought to clarify the type and extent of brain damage and neuropsychiatric impairment induced by chronic abuse of inhalants and cocaine. Researchers compared brain images and results of cognitive tests obtained from a large group of chronic, long-term solvent abusers with those of a comparable group of chronic cocaine abusers. Such information can be useful in developing appropriate treatment responses for both populations.

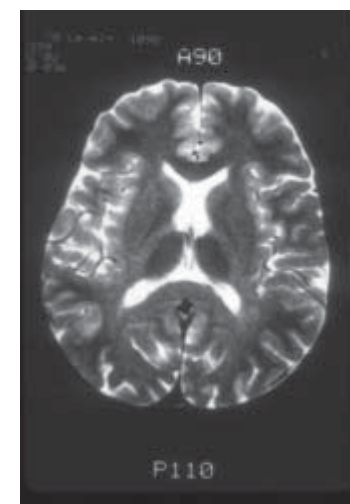
Fifty-five inhalant abusers completed a battery of cognitive tests, and 50 of them also underwent brain magnetic resonance imaging (MRI). In the comparison group, 61 cocaine abusers

**MRI SCAN OF 25-YEAR-OLD  
CHRONIC SOLVENT ABUSER**



The scan shows diffuse, severe changes in cerebral white matter (center), which normally appears black on MRI. The fuzzy outline of the white matter suggests abnormal water retention.

**MRI SCAN OF 28-YEAR-OLD  
CHRONIC SOLVENT ABUSER**



The scan shows bilateral changes in the thalamus (two dark black ovals), normally gray and white, and suggests iron deposition.

participated in cognitive testing, and 51 of them underwent brain MRIs.

Inhalant abusers inhaled primarily vapors from spray paint containing toluene, a commonly abused solvent found in many inexpensive household and industrial products, including correction fluids, paint thinners, and paint removers. Individuals in this group averaged more than 10 years of regular abuse of inhalants. Their patterns of abuse ranged from "sporadic and intense" through "continuously," with more than half of the group indicating they stayed high on solvents for most of every day. Participants in the comparison group had a similar history and pattern of chronically abusing other drugs, mainly cocaine and alcohol.

Both groups of drug abusers performed below general population averages on a series of tests that measured such cognitive functions as short-term memory, delayed recall, the ability to learn and make associations, and executive cognitive abilities. The low level of general intellectual functioning on most tests was similar for both groups, but inhalant abusers did significantly worse than cocaine abusers on tests involving working memory and executive cognitive functions, which include the ability to focus attention, plan, solve problems, and control one's behavior appropriately.

Both groups also had a high proportion of abnormal MRI scans, which reveal major changes in the structure of the brain. However, inhalant abusers were significantly more likely to have brain abnormalities than the comparison group. Almost half (44 percent) of the solvent abusers had abnormal MRIs compared to just over one-quarter (25.5 percent) of the comparison group. The relatively large numbers of inhalant abusers in the study enabled the researchers to show that the amount of past use of inhalants was related to the extent of brain abnormalities.

More solvent abusers than cocaine abusers had abnormalities in each of four brain structures the researchers examined—the thalamus, basal ganglia, pons, and cerebellum. These structures play a critical role in receiving sensory information from the peripheral nervous system and the spinal cord and relaying messages throughout the brain that coordinate and control a variety of functions, including voluntary and involuntary movements. Common clinical consequences of pathological changes in these areas that have been reported in chronic inhalant abusers include difficulty coordinating movement, gait disorders, and spasticity, particularly in the legs. (See graph for comparison of abnormalities found in both groups in the four brain regions.)

Solvent abusers also had more extensive and more severe abnormalities in brain white matter (WM), a type of nerve tissue made up largely of specialized support cells and myelinated nerve fibers. Myelin is a white, fatty, insulating sheath that speeds up the transmission of nerve signals to different parts of the brain, including those involved in cognitive functions, such as language comprehension. The diffuse WM abnormalities found among solvent abusers in the study were associated with

CONTINUED ON PAGE 4

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address the impact of alcohol and drug addiction on children and families that come to the attention of the child welfare system. State child welfare and alcohol and drug treatment and prevention agencies would be able to apply jointly to receive a 5 year grant under a new part IV-B of the Social Security Act to expand drug and alcohol treatment for families who are child welfare involved. The bill would provide a total of \$1.9 billion nationwide over 5 years for a range of activities to expand and improve treatment for this population, including:

**COMMUNITY-BASED PREVENTION EXPERT TO JOIN SAMHSA LEADERSHIP TEAM:**

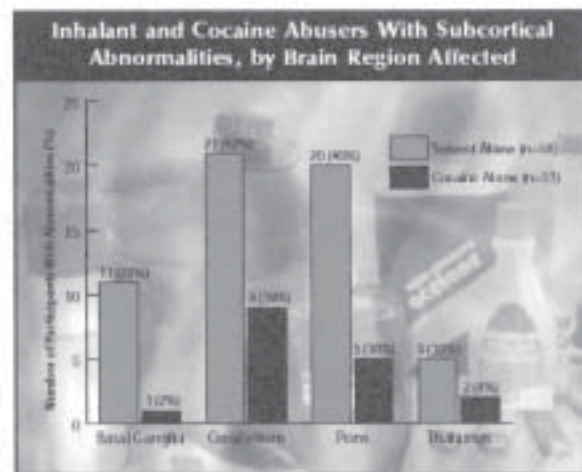
**BEVERLY WATTS DAVIS NAMED DIRECTOR OF THE CENTER FOR SUBSTANCE ABUSE PREVENTION**

During the first week of April, Charles Curie, Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), announced that Beverly Watts Davis has been appointed Director of SAMHSA's Center for Substance Abuse Prevention (CSAP). She will lead the Center for Substance Abuse Prevention at a time when CSAP is working to identify prevention programs that are effective and can be replicated across the country. She also will be working to prevent drug and alcohol problems in the work place and to promote state activities that prevent sale of cigarettes and other tobacco products to minors.

CONTINUED FROM PAGE 3

greater cognitive impairment. For example, the 12 percent of inhalant abusers who had diffuse moderate to severe WM day changes and abnormalities found in the thalamus have not been seen in alcohol abusers and are clearly from solvent abuse."

In spite of the extent of the neurologic damage and cognitive impairment the study found in chronic inhalant abusers, there is reason to be aggressive in changes and abnormalities found in the thalamus have not been seen in alcohol abusers and are clearly from solvent abuse." In spite of the extent of the neurologic damage and cognitive impairment the study found in chronic inhalant abusers, there is reason to be aggressive in treating them, Dr. Rosenberg says. "Every day we learn more about the ability of the central nervous system to regenerate. Our laboratory work suggests that the solvent-induced pathology that produces the primary MRI signal abnormality in the white matter results from alterations in the cellular membrane of nerve tissue. The pathology doesn't really look like it's destroying neurons or damaging their axons, the fiber-like extensions that send information to other cells. The picture suggests that if you can stop the inhalant abuse, there's a good chance you can get significant recovery of function in chronic abusers."



Magnetic resonance imaging scans of chronic inhalant abusers and chronic cocaine abusers showed more frequent occurrence of abnormalities in the basal ganglia, cerebellum, pons, and thalamus for those who abused solvents.

Look forward to the launch of the "all about you" alcohol-free personal care products catalog and online store.

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# Looking Back . . . . .

## EDUCATION

### Weedman to Present Updated Patient Placement Seminar in California Jan. 18-19

Richard Weedman, former NAATP Consultant and a widely recognized authority on health care accreditation standards, will present an updated version of NAATP's Proper Patient Placement seminar in Newport Beach, Calif., Jan. 18-19.

The seminar, which was originally constructed around NAATP's model Adult and Adolescent Admission, Continued Stay and Discharge Criteria, will incorporate elements of the joint NAATP-American Society of Addiction Medicine (ASAM) standards which are currently under development.

Weedman is a member of the task force developing the joint standards. The task force met in October in Chicago and is scheduled to meet again in December and January prior to the Newport Beach presentation.

In the January seminar, Weedman will focus primarily on the use of NAATP's model criteria in the utilization review process. His first presentation on the subject was in September at NAATP's fall seminar in Boston.

NAATP President Michael Ford notes that the patient placement seminar is an extension of NAATP's continued emphasis on reimbursement and quality care issues and is recommended for both administrative and clinical personnel involved in the patient placement process.

The seminar will be held at the Hotel Meridien in Newport Beach, a fashionable California resort community in Orange County, about 50 miles south of Los Angeles. The schedule for the seminar is from 8:30 a.m. to 4:30 p.m., Thursday, Jan. 18, and 8:30 a.m. to 1 p.m., Friday, Jan. 19.

Early registration fees for members are \$295 for an individual member and

\$250 each for more than one participant from the same member organization. The early registration deadline is Dec. 22, 1989. Member fees after that date are \$350 for an individual and \$300 for more than one registrant from the same member organization.

Non-member fees are \$570 before Dec. 22, and \$425 after that date.

The Hotel Meridien has guaranteed a special rate of \$98 per night, single or double occupancy, for seminar registrants making reservations on or before Jan. 3. Because January is a peak tourist season in California, the Meridien says

it is unable to guarantee the special rate or a room reservation after the January 3 deadline. Seminar participants are responsible for their own hotel reservations.

Weedman, who is president of Healthcare Network, Inc., a consulting firm he helped found in Naples, Fla., will focus on four basic areas in the seminar:

- Developing admission, continued stay and discharge criteria specific to the level of care and nature of services provided.
- Determining whether an organization's current utilization review system is effective in minimizing the number of claims.
- Refining procedures for pre-admission screening and conducting admission, continued stay and discharge reviews.
- Understanding and learning how to use the model patient placement guidelines developed by NAATP.

All seminar registrants will receive a workbook containing a complete set of the NAATP criteria. More information on the seminar can be obtained by calling NAATP at (714) 476-8204.

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Richard D. Weedman, MSW, CSW, FACA, President

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NAATP REVIEW November/December 1989

How many of you have workbooks from Weedman workshops on your bookshelves?