

VISIONS

FEBRUARY, 2005

2005 NAATP ANNUAL LEADERSHIP CONFERENCE MAY 21-24

NAATP Visions is the official newsletter of the National Association of Addiction Treatment Providers (NAATP),

The South West desert has hosted the NAATP annual conference on numerous occasions and will again in 2005. The Wigwam Resort and Golf Club on the south west side of Phoenix will serve as the location for the May 21-24, 2005 NAATP Annual Leadership Conference. The program has now been finalized and anticipation is growing for this event.

Under the direction of Helen Cross, the President/CEO of Fairbanks in Indianapolis, IN the conference committee has planned an event that will be second to none. This conference as well as the pre-conference and the post conference events has something for everyone. The activities begin on May 19 and 20 (Thursday and Friday) with a two day pre conference on *Tools for Strategic Planning and Effective Management*. This two day event conducted by *Open Minds* will offer tools, case studies and problem solving exercises for persons in management and leadership positions.

Saturday, May 21 will become the *official* beginning of the NAATP Leadership Conference with the now traditional golf outing. This outing is a scramble best ball format, so everyone is welcome to participate, network and take their shot at winning a car with a hole-in-one on two of the holes. Prizes will be awarded to the winning team. The golf outing will be followed by a lunch hosted on the grounds of the Wigwam Resort and Golf Club. Saturday evening will feature a reception for everyone to attend recognizing the new organizations that have joined NAATP in the past 15 months.

Sunday morning will feature the opening of the exhibit area, a continental breakfast and the opening keynote speaker. Ting-Kai Li, M.D., Director of the National Institute on Alcohol Abuse and Alcoholism, will provided the conference attendees with an update from this Federal Institute. This will be followed by an overview on NAATP's involvement in the area of

Public Policy and other updates on NAATP initiatives. The traditional noon *roundtable* lunches for CEO's and other selected positions will feature presentations geared towards issues pertinent to their areas of involvement.

Sunday afternoon will feature conversations with three individuals, each bringing a perspective to addiction treatment. This conversation session will provide for an opportunity for presentations, dialogue and interaction with the attendees. Sunday evening will conclude with the NAATP Board reception along with the presentation of the [Michael Q. Ford Journalism award to The Rev. Dr. James Nelson](#) whose book; *Thirst: God and the Alcoholic Experience* examines his own recovery journey as well as broader issues of spirituality. The Board Reception will also feature Christopher Kennedy Lawford.

Monday will begin with a managed care task force report and update and then move to a major presentation on leadership by Bob Anderson. The Noon luncheon will feature the presentation of the [Nelson J. Bradley Life Time Achievement Award to Jack C. Whites, M.D. and the James W. West, M.D. Quality Improvement Award to AdCare Hospital of Worcester, MA.](#) The afternoon will feature four workshops on various topics for the conference attendees to select from. The evening will feature a fun western theme event and steakhouse.

Tuesday the conference will conclude with a plenary presentation on Intervention and how treatment providers can increase their rates of admissions by utilizing interventionists. Following the close of the conference, Tuesday afternoon will also feature a post conference workshop by JCAHO on their new regulations and procedures.

The 2005 Annual Leadership conference offers something for everyone. If you have not received your registration brochure, you can find a copy at www.naatp.org.



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A funny thing happened in the office the other day (not quite the other day, but it is a good opening line). Because the National Association of Addiction Treatment Providers is involved in a number of conferences and educational events, we have become involved with a wide range of organizations which offer *continuing education units (CEU's)* or some other designation for essentially the same thing. There are organizations that have been established to provide oversight to the issuing of continuing education credits for various disciplines. They make sure that there are specific goals and objectives for each session, that presenters declare any conflict of interest and that the amount of credit offered matches the presentation and the content of the presentation. This is because most professions, (especially clinical professions) require their members to obtain a certain number of continuing education credits per year or over a specific time frame. The assumption behind all of this or the guiding principal is that *to be a professional, you must demonstrate a commitment to keep current, to invest in your professional future and be open to looking at new concepts.* Professionals are those who continue to take advantage of learning so that they can offer the best there is to their patients and clients. Sounds reasonable to me!

But back to that funny thing that happened at the office the other day, which actually happened via email. We received an email from an individual who had attended an educational event offered by NAATP for which there were Continuing Education credits available. So this person sends an email to the NAATP office that they had not received their certificate for credits and needed them for the reporting cycle required by their professional society. We searched our records to try and discover how we had missed sending them one and could not find them as having turned in a record of the events they attended. Trying to be *customer friendly* I called this individual assuming that we had lost their record and I was ready to do whatever it took to correct the situation.

A funny thing happened when I called. NAATP had not lost the record of their attendance, because they had not turned one in. In fact, to their credit, they quickly identified the reason for the absent record was because they had not attended any of the workshop sessions. They had not attended any sessions, but fully expected to get the maximum number of credits offered for this event! We had a cordial but somewhat uncomfortable conversation as I explained that our policy was to only provide documentation to those persons who documented that they had actually attended sessions and this individual replied how this seemed strange to them because they had not been required to attend sessions in the past to get credits and that other conferences did not require actual workshop attendance to obtain credits.

A funny thing happened.....this is not the only email or phone call I have had like this. While it is far from an

epidemic, it happens often enough for me to be concerned and so the funny thing has moved to a *concern*. As I reflect on this, I am not sure how widespread this attitude is, but it does represent a sort of entitlement attitude that raises concern for me and should for all of you. How many of us would like to know that our physician kept their license current by reporting continuing education events they never actually attended? (I am sure it happens, but when it is discovered it becomes a community and professional scandal). How many of us would like to know that your accountant reported that they attended sessions on current tax law changes but never attended the workshops? I could go on but will spare you the redundancy. The point is, if we want to be taken seriously as professionals treating a recognized disease, we need to make sure that we do everything possible to present ourselves and our staff as professionals who are up to date on the very latest information regarding addiction treatment.

A not so funny thing happened.....we are under the microscope, all of us involved in the delivery of addiction treatment. It is clear to me that given the right climate, public opinion could quickly be adjusted to label the persons we treat as bad persons and not persons suffering from a disease. Given the right climate, the public could quickly identify persons working in the area of addiction treatment as anything but health care professionals. Expecting continuing education credits for workshops not attended will only help to create that "*climate*".

So what can you do? Let's imagine for the moment that this sense of entitlement does not emanate from anywhere within your program, but to be on the safe side, let's imagine that it could. So that means that the obvious actions are:

1. Support the understanding that as addiction treatment professionals we must hold ourselves that have been established for any other professionals and that includes continuing education that is real and which ensures that our treatment professionals are up to date on research and approaches related to addiction treatment.
2. Establish an atmosphere in your organization where you support persons going for training, but request/require that they be able to share their learning with their peers when they return, and
3. Set the tone by documenting your own continuing education.

A funny thing happened at the office the other day and now we can use this to do our own inventory and again look at how we do or do not support each other as professionals by the way we take seriously or do not take seriously our approach to being professional.

THAT'S THE PERSPECTIVE OF RJH

**LAS VEGAS RECOVERY CENTER CREATES
"EXCELLENCE IN ADDICTION STUDIES"
SCHOLARSHIP AT UNLV**



Stuart Smith, CEO of Las Vegas Recovery Center, announced the creation of a scholarship fund for the Addiction Studies program at UNLV. Mr. Smith, whose family has a long history of supporting the arts and education stated, "We believe that we have a civic and corporate commitment to support the development of future professionals working in the addiction field. We are proud to partner with UNLV in providing these scholarships."

The "Las Vegas Recovery Center Scholarships for Excellence in Addiction Studies" demonstrates a commitment to providing the highest quality treatment for addiction in the United States here in southern Nevada. LVRC is a premier drug abuse treatment program and is committed to providing clients from around the world with a cutting edge addiction recovery program. "The generosity of Las Vegas Recovery Center will enable students to continue the advancement of a greater degree of excellence and professionalism within the addictions counseling field, said Larry Ashley, Ed. S., Addictions Specialist, the Undergraduate Coordinator for the Department of Marriage, Family and Community Counseling at UNLV. We look forward to the ongoing partnership with LVRC in the development of future professionals in the addictions treatment field."

Above and beyond the scholarships, Las Vegas Recovery Center is providing a \$2,000 grant for the Student Organization of Addiction Professionals. SOAP provides students enrolled in the Addiction Studies programs an opportunity to network and exchange information regarding treatment services in the community.

The partnership created with UNLV's Department of Marriage, Family and Community Counseling will prepare students to pursue licensure as counselors in Nevada. Licensure requires that all potential counselors receive education and supervised internship. Las Vegas Recovery Center employs individuals who supervise interns in that phase of their professional development.

This initial scholarship fund will provide tuition and books for one graduate student and two undergraduate students each year. The scholarship will commence with the 2005-2006 academic year. Recipients of the scholarships must be enrolled in one of UNLV's counseling programs related to addiction studies and must maintain a minimum 3.0 GPA.

For more information about LVRC please contact
Merrill Kempfert, Director of Business Development
Las Vegas Recovery Center
3371 N. Buffalo Drive
Las Vegas, NV 89129
702-515-1379 Fax
800-790-0091 Toll-Free
24-Hour Admissions
www.LasVegasRecovery.com

**EDUCATE YOUR COMMUNITY ABOUT ALCOHOL'S
EFFECT ON HEALTH; REGISTER FOR NATIONAL
ALCOHOL SCREENING DAY**

The National Association of Addiction Treatment Providers urges clinicians to participate in National Alcohol Screening Day (NASD), a free program that offers facilities the chance to educate the public about alcohol's impact on health. Held nationally on April 7, 2005, the theme of this year's NASD program is "Alcohol and Your Health: Where Do You Draw the Line?" Participating sites will be given screening forms as well as materials to educate patients about the effects of alcohol on overall health, a message relevant to anyone who drinks.

The NASD 2005 community kit includes the one-page NASD screening form - a validated screening tool that addresses the full range of alcohol use disorders, from at-risk drinking to dependence - along with videos, brochures, promotional materials, giveaways and other educational resources. Sites also receive an Event Planning Guide with comprehensive instructions for organizing, conducting and publicizing an NASD screening event.

In past years, participating sites have included hospitals, counseling centers, primary care offices, malls, supermarkets and universities. NASD is a free program of the nonprofit Screening for Mental Health, with funding provided by the National Institute on Alcohol Abuse and Alcoholism and the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

**To register online for this free program,
visit www.NationalAlcoholScreeningDay.org
or call 781.239.0071**

**The Women's Conference
May 4 -5, 2005
Boca Raton, Florida**

The Women's Conference is a two-day conference presented by a partnership of America's leading addiction treatment providers, Betty Ford Center and Caron Foundation. The conference features the nation's top thinkers, educators and leaders in the addiction and behavioral health fields. For more information, visit www.TheWomensConference.org

NAATP RELEASES 2005 BENCHMARK SURVEY

THE BUSINESS OF DOING BUSINESS IS THE BUSINESS OF NAATP

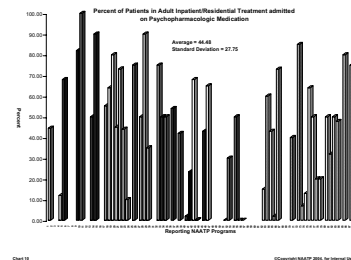
How do you know if you are doing well in your business of providing addiction treatment? How do you know that the standards or benchmarks are for you as your organization delivers addiction treatment? No business can or should survive unless it knows how it is measuring itself in terms of standards or benchmarks. These measurements can be as simple as wait from food order to food served or as complicated as variance on tolerance exceeding 1/1,000,000 of an inch. The complex and consumer savvy world in which we operate will not allow us to simply make unsubstantiated statements about how we compare to standards, norms or benchmarks.

The addiction treatment business has struggled with this since we have often wanted to describe ourselves as different from other providers of addiction treatment and because of this we have been reluctant to establish any standards by which we examine the business of doing business. As providers of addiction treatment, the common issue is that we seek to provide long term sustainable recovery to a brain disease known as addiction. We all may have different elements in our treatment programs, but there needs to be a way to assure that there is quality, value and efficiency in what we are doing.

A way to gather this is to participate in the annual benchmarking process initiated by the National Association of Addiction Treatment Providers! The benchmarking process gathers "data" from NAATP members and turns it into information. By taking the data and graphing it against other NAATP members, you are able to see how you benchmark or how you are doing in terms of the business of addiction treatment. This is the only addiction specific benchmarking information available and it is a member value of membership in NAATP. Why would you not want to see how your business looks in comparison to other NAATP members? Most accreditation organizations and an increasing number of payers are requiring that you demonstrate that you have benchmark information relevant to what you are doing.

To participate in the 2005 process, simply go to <http://survey.naatp.org> and download a hard copy of the survey instrument. We recommend that you use this as your work sheet so that you can gather the information you need. Once you have your information, return to <http://survey.naatp.org> and log into the survey and fill in the information from your work sheet. Once you have completed the survey and clicked finish your survey will be saved and you will be emailed a copy of the survey as you completed it for your records. Once the survey time has expired, the NAATP office will generate a report creating a color graph for each data item entered and you will receive a copy and your "bar number" on the graph will be identified. Remember: **No participation, No Results!**

If you have any questions, do not hesitate to contact the NAATP office. Once the reports have been created, be sure to watch for information on how you can order custom reports and have the NAATP executive provide presentations for your staff or for your board. The business of doing business is so important that you cannot afford to not take the time and participate!



SAMHSA Convenes Media Roundtable to Announce the Release of Publication Focusing on Treating People with Co-Occurring Substance Use and Mental Health Disorders

This week, the Substance Abuse and Mental Health Administration (SAMHSA) released "Substance Abuse Treatment for Persons with Co-Occurring Disorders," the latest in the agency's Treatment Improvement Protocol (TIP) series. The publication was created to help substance abuse treatment counselors and mental health providers treat individuals with co-occurring disorders. The publication provides counselors with principles, assessment instruments, strategies, settings and models for working with individuals with co-occurring disorders. Round table participants emphasized that the goal of the publication, TIP 42 in the series, is to give individuals with co-occurring disorders an opportunity to obtain integrated services for both disorders regardless of whether they seek treatment in the mental health system, substance abuse treatment system, a medical office or clinic. The panel responsible for the creation of the document is encouraging the development of a unified substance abuse and mental health approach to treating co-occurring disorders.

Charles G. Curie, SAMHSA Administrator, Dr. H. Westley Clark, Director of SAMHSA's Center for Substance Abuse Treatment (CSAT), and Kathryn Power, Director of SAMHSA's Center for Mental Health Services (CMHS), chaired the media round table. Each of the participants spoke about the need to provide people with co-occurring disorders with integrated care and to treat the whole person in order for treatment to be most effective. SAMHSA Administrator Curie spoke of how TIP 42 emphasized that individuals with co-occurring disorders should be the expectation, not the exception in the substance abuse treatment and mental health service systems. Mr. Curie also stated that if one disorder remains untreated, both usually get worse because additional complications often arise, but with appropriate treatment and services people can and do recover.

Administrator Curie referred to the prevalence of people experiencing both substance abuse and mental disorders, citing information from SAMHSA's 2003 National Survey on Drug Use and Health. The National Survey showed that 4.2 million adults aged 18 and older met the medical criteria for both substance abuse and mental illness. In addition, the Survey revealed that: 27.3 percent of persons 18 and older with serious mental illness used an illicit drug in the past year; 5.7 million people ages 18 and over with serious mental illness engaged in binge alcohol use, and 1.9 million were heavy drinkers.

Created by a panel of experts chaired by Dr. Stanley Sacks of the National Development and Research Institutes and co-chaired by Dr. Richard Ries of the University of Washington, TIP 42 was also reviewed by members of the field. The publication can be ordered through SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) by calling 1-800-729-6686 or through the website <http://ncadi.samhsa.gov>.

Career Opportunities

Chief Operating Officer

Austin Recovery, Central Texas' largest and oldest non-profit provider of chemical dependency residential treatment services, is expanding and seeks a Chief Operating Officer. Austin Recovery has provided affordable and effective rehabilitation and detox services since 1967, helping thousands recover from chemical dependency. We have a growing base of self-funded clients accessing highly effective and affordable residential services in combination with state and local funding contracts. We offer medical detoxification and residential programs designed to meet individual client needs. Our programs use a proven clinical model that balances the recovery principles of the 12 Steps with therapies specifically designed for the clients we serve.

The COO will oversee operations, planning, budgeting, and resource management as well as supervise all clinical, financial and HR functions for a staff of 110 reporting to the CEO.

Education and Experience Requirements:

- Bachelor's degree required, Masters degree preferred
- Minimum of 10 years operational management experience
- Clinical experience in a residential CD program utilizing 12 Step modality
- Ideal candidate will have experience with non-profit organization

This is a full time position that will be based in Austin, Texas offering a competitive salary commensurate with qualifications and experience along with relocation allowance for non-local candidates.

How to apply:

Send your resume and salary requirements to Mary Newman
mn@intersourcearch.com

The **CARON FOUNDATION**, internationally recognized for excellence in chemical dependency treatment, has the following opportunity available:

CLINICAL COORDINATOR

To provide leadership to clinical staff including team building and development, participate in programmatic improvements, and ensure facility performance objectives are aligned with strategic plan at our Adolescent Primary Unit. Must have effective leadership skills that foster teamwork, proven public speaking and facilitation skills, and above average organizational skills. Requires a minimum of 3 yrs. clinical exp., preferably in a CARF accredited CD facility, a Bachelor's degree in related field (Master's preferred), and 1 yr supervisory experience preferred.

Please submit resume and salary requirements to: Caron Foundation, Galen Hall Road, PO Box 150, Wernersville, PA 19565 Attn: Recruiter. Fax: 610-678-8583
Email: recruiter@caronfoundation.org
www.caron.org

REMEMBER THE ALAMO... REMEMBERING THE NAATP SOFTWARE SUMMIT



Tucked away in what is now a vibrant city of San Antonio is the Alamo. That fortress and mission outpost that holds so much history for the US, for Mexico and for the State of Texas provided the setting for the first NAATP Software Summit. Against the backdrop of the Alamo nearly 50 members of the National Association of Addiction Treatment Providers spent two days examining, testing, and questioning some eleven (11) different vendors of software for addiction treatment providers.



Because of a variety of circumstances, a number of NAATP members were in the process of making decisions about a software vendor or evaluating their current choice. The idea to hold a summit was first initiated by Jim Mays from Rosecrance Health Network in Rockford, IL. Within 60 days of the first mention of the idea, the summit was planned, vendors secured and participants registered. Jim Mays and Rosecrance provided exceptional help to NAATP in helping to make this happen in such a very short amount of time.

During the two days, the participants heard presentations by vendors, had an opportunity to interact with each other and had a unique opportunity to speak to vendors as a group concerning the particular and important needs of private sector providers of addiction treatment. This was the first time that a group of addiction providers were able to meet as a group and interact with vendors. While there was no question the vendors were there to "sell", they also had an opportunity to hear firsthand reports on what works, what is needed and what is wished for from addiction treatment providers. The NAATP members who participated commented that the ability to meet as a group and to hear questions others asked will only strengthen their selection process.

Whether the registrants were there primarily to examine billing and financial packages, or primarily focusing on clinical packages, or on marketing packages, the summit offered a forum for them to learn from each other and from the vendors. The opening presentations on vendor selection and the closing presentation on contracting have been posted on the NAATP web site and you can access them by going to www.naatp.org.

The response from this summit was so positive that NAATP plans to hold one every two years. This subject specific summit can also serve as a model for other subjects of vital interest to NAATP members. If you have an issue which you believe lends itself to a summit, be sure to notify the NAATP office.

The Alamo provided a rallying point for those early leaders who were so deeply involved in shaping the future. NAATP is your rallying point for all sorts of issues which will shape and impact the way addiction treatment is delivered in the future.

MANAGED CARE, MANAGED COSTS, OR MANAGED WHATEVER

Over the past fifteen years addiction treatment and all of health care has grown increasingly complex because of the introduction of the process known as “*managed*”. There is no sector or aspect of health care that is not managed or highly scrutinized via utilization review, even though addiction treatment providers often feel that addiction treatment patients often become more managed than others. As a trade association, the National Association of Addiction Treatment Providers has gone from denial to ignoring, to demonizing to strategizing in its approach to this “managed” process.

The reality is that health care costs continue to rise faster than any other indexing ratio and it is rapidly approaching a point where employers of this country will again seriously look at not providing health care benefits to their employees. Such a result is not in the best interests of anyone! Therefore, we need to participate in a larger process of making sure that the care provided to those diagnosed with the disease of addiction is managed and that it is managed in such a way as to make it more likely that the person receiving treatment will be able to achieve long term sustainable recovery. Managing care is not the issue; the issue is getting everyone to understand that the goal of treatment is long term sustainable recovery.

For the past 13 months, NAATP has had a task force on managed care which has been chaired by Renée Popovits. This task force has drafted a white paper, gathered information, queried the members of NAATP and held public meetings as part of the 2004 NAATP Annual Leadership Conference. The task force has been operating with a fivepoint strategy. This mult-faceted strategy includes the following

1. Contract with an individual / firm to assist NAATP in exploring federal legal causes of action and determine the viability of pursuing federal options regarding managed care.
2. Contract with an individual / organization to develop a resource packet or toolkit.
3. Sponsor Regional Meetings to serve as a forum for exchange, to gather information for the toolkit, to distribute the toolkit and train participants on how to use it.
4. Encourage the NAATP CEO to explore opportunities for visibility / advocacy on this issue including meetings, testimony, and white papers to promote the cause.
5. Use the NAATP Newsletter to update the NAATP Members.

At the February 2005 NAATP Board meeting a number of affirmations were provided to this task force as it anticipates its activity for the coming year. Renée Popovits passed the leadership of this task force to Phil Eaton as Renée will be assuming additional NAATP Board responsibilities in 2005. Members of the Managed Care task force include: Helene Cross, Ed Diehl, Phil Eaton, Phil Horowitz, Janis Waddell, Renée Popovits, and Jeffery Hillis. The board also expressed its gratitude and appreciation for the outstanding leadership that Ms. Popovits has provided to this task force and is pleased that she will continue as a member of the task force!

The task force has been charged with the responsibility of developing one or two very specific goals for 2005 and for bringing a recommendation to the board on how to fund those initiatives. The first initiative will be conducting focus groups and the creation of a ***tool kit*** which brings together the best experiences, processes, forms and procedures from the NAATP membership around solidifying a reliable reimbursement stream for patents needing addiction treatment which moves them toward long term sustainable recovery. The NAATP Managed Care task force will report on this process during the 2005 NAATP Leadership Conference in May.

In order to fund this initiative, the NAATP Board has agreed to poll all NAATP members and request a one time voluntary assessment in the amount of 50% of their 2005 dues. Future updates on this process will report on the budgeting for this amount and any additional funding needed to carry out this additional initiative. Securing a reliable reimbursement stream for the members of NAATP will continue to be the **number one** priority in the next several years. This effort is also related to other public policy and lobbying efforts including the call to examine the value of continued behavioral health carve outs and the emphasis on recovery as the goal of treatment vs. symptom reduction. NAATP is quite ambitious in this effort, but feels that this is an initiative which will have both short term and long terms positive impacts on NAATP member organizations.

2005 Spring Workshop Series

Haymarket Center will present the **2005 Spring Workshop Series** starting on **February 26, 2005, thru April 23, 2005** at Haymarket Center, 124 North Sangamon, **Chicago, Illinois**. Topics include: Nice People Never Get Angry, Except Sometimes!; Re-Entry Into The Workplace For Ex-Offenders; The Simple Kit of Spiritual Tools: Using The First Three Steps Of Alcoholics Anonymous in Counseling; Dual Diagnosis: The Impact of Psychiatric Impairment on the Chemically Dependent Individual; and Mindfulness Based Approach to 12-Step Oriented (TSO) Addictions Treatment. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at www.hcenter.org.

Summer Institute On Addictions Conference

Haymarket Center will present the eleventh annual Summer Institute On Addictions Conference **June 15 to June 17, 2005**, at **The Chicago Athletic Association, 12 South Michigan, Chicago, Illinois**. Keynote speakers will be Dr. David L. Ohlms, Dr. Wilson Compton (NIDA), Dr. Kenneth Minkoff, Rokelle Lerner, Cardwell C. Nuckols, Ph.D., and Cloe Madanes. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at www.hcenter.org.

Tobacco use is the number one cause of preventable death, as well as preventable disease in the United States. In Indiana smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. Columbia University's Center on Addiction and Substance Abuse cites that tobacco is one of the major gateway drugs for children and adults; nearly 90% of cocaine users have smoked tobacco or drank alcohol. Across our nation, including the Indianapolis metropolitan area, many health care organizations have established or plan to implement policies that totally prohibit smoking on their campus. Fairbanks supports all the Indianapolis hospitals' smoke-free policies; however, we felt that we needed to take a slightly different position regarding tobacco use.

As a treatment provider we know that smoking is an addiction, and should be addressed and cared for as an addiction - not simply a bad habit. We choose a course of action to address tobacco and nicotine addiction for our patients and employees. Our decision isn't about forcing people to stop smoking, but rather, to take a leadership role in improving the health of our patients and our employees. We enlisted Dr. Arden Christen, from the Indiana University Nicotine Dependence Program to create a program for Fairbanks. The program is based on Mayo Hospital's successful protocol. Through him we are assisting individuals addicted to smoking by providing education and support, not simply placing restrictions on individuals who smoke.

We followed Dr. Christen's advise to begin our program with employees first. Since October 1, 2004 twenty-eight employees have enrolled in his highly structured, one-on-one intensive smoking cessation program. So far 58% have quit. The Indiana Tobacco Prevention and Cessation program reports that the cost of tobacco use per employee is \$1,429 compared to an average of \$45 cost per employee of providing tobacco cessation at the workplace. Hoosiers spend \$5.14 in smoking-related health care costs, per pack of cigarettes sold in Indiana. The numbers suggest it's also the right decision financially to offer a program; the positive reports back from the staff who has quit multiple those numbers ten fold.

The short length of stay and intensity of the inpatient program make it impossible to introduce the smoking cessation program to our inpatients. We have, however, added Dr. Christen to the patient lecture schedule. He introduces

patients to the well known facts about the health risks of smoking adding important statistics that support smoking cessation as an important part of a successful recovery plan. People who quit have better long term recovery outcomes with fewer relapses. He outlines our smoking cessation program during the lecture and encourages patients to include the program or another of their choice in their outpatient and aftercare plans. As part of our post treatment follow up, our recovery coaches will track the smoking cessation results in relation to each person's recovery goals. We will continue to monitor and evaluate the success of the program, so that we can provide a smoking cessation program of excellence to our patients and our employees.

And, starting in July, Fairbanks will join our local hospital's smoke-free campus efforts by limiting smoking on our grounds only to patients in the inpatient or partial hospitalization programs. For more information on how to quit smoking, or how smoking leads to other types of substance abuse, contact the American Lung Association at 1-800-LUNG-USA or log on to www.lungusa.org.

HELENE M. CROSS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
FAIRBANKS

UPCOMING EVENTS FOR YOUR CALENDER

The Ben Franklin Institute presents the Summit for Clinical Excellence 2005 Conferences **March 3 - 6, 2005 in New Orleans, Louisiana; March 17 - 20, 2005 in Del Mar, California (Adolescent); April 20 - 23, 2005 in Delray Beach, Florida (Adolescent)**. For Information call (800) 643 - 0797 for a brochure or visit www.BFIsummit.com

The Center for the Study of Health, Religion and Spirituality sponsors "Addiction and Spirituality, Scientific, theological and Clinical Perspectives," **March 10-12, in Terre Haute, IN**. Visit www.indstate.edu/psych/cshrs for more information.

The National Council on Juvenile and Family Court Judges will present the 32nd National Conference on Juvenile Justice on **March 20-23 in Orlando, FL**. For more information visit www.ncjfc.org.

The **Institute for Integral Development** will sponsor the 19th Annual Conference on the Family in Stress and Crisis, **March 21-24 in Santa Fe, N.M.** For more information visit www.institutefortraining.com

The **US Journal Training** will hold the **3rd Annual Adolescent and Family Conference** at the **Las Vegas Hilton; March 30 - April 1, 2005**. For a brochure contact 800-851-9100 x220 or www.usjt.com

FoundationsAssociates will sponsor "Critical Connections in Co-Occurring Treatment" on **Feb 7-9 in Los Angeles, CA**; on **March 30-31 and April 1 in Knoxville, TN**; and on **August 29-31 in Baltimore, MD**. For more information visit <http://c0-connections.com>.

The National Commission on Correctional Health Care and Academy of Correctional Health Professionals will present a conference titled "Updates in Correctional Health Care" on **April 9-12 in Las Vegas**. For more information visit www.ncche.org.

The American Society of Addiction Medicine's 36th annual conference will take place **April 14-17 in Dallas, TX**. For more information, visit www.asam.org.

The **US Journal Training** will hold the **7th Anger, Trauma and Addiction Conference** at the **Las Vegas Hilton; April 21 - 23, 2005**. For a brochure contact 800-851-9100 x220 or www.usjt.com

The National Association of Addiction Treatment Providers (NAATP) will hold its Annual Addiction Treatment Leadership Conference **May 21-24, 2005 in Phoenix, AZ**. For more information check the NAATP website at www.naatp.org.

NAATP VISIONS

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

Editor

Ronald J. Hunsicker

Phone: 717-392-8480

Fax: 717-392-8481

E-Mail: RHunsicker@naatp.org

Web Site: www.naatp.org

NAATP Board Chair

Douglas Tieman, President/CEO

Caron Foundation

Phone: 610-678-2332 X2189

Fax: 610-678-5704

dtieman@caronfoundation.org

V I S I O N S

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