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Local News

DC Committee on Health Oversight Hearing

From the Committee on Health newsletter – 1/26/2012

January marks the beginning of the Council’s oversight season. As you may know, the Committee on Health has oversight responsibility for the Departments of Health, Mental Health, and Health Care Finance, along with the Deputy Mayor for Health and Human Services, the various Health Professional Boards, and the Not-for-Profit Hospital Corporation. The oversight process allows the public and the Committee to ensure our agencies are running smoothly, producing desired results, and managing their funds in a responsible manner.

Oversight season is your opportunity to communicate to the Committee what is working, what is not working, and what changes can be made to improve health programming in the District. If you have any suggestions for the Committee during oversight, please reach out to the staff in the coming weeks. Your input is critical to ensuring a successful and productive oversight season. The schedule for the Committee’s oversight hearings is as follows:

- ⤴ Oversight Department of Health 2/16/2012, 10:00 a.m. Room 412
- ⤴ Department of Health Care Finance 3/1/2012, 10:00 a.m. Room 123
- ⤴ Department of Mental Health 3/8/2012, 10:00 a.m. Room 412
- ⤴ Deputy Mayor for Health and Human Services 3/8/2012, 3:00 p.m. Room 412
- ⤴ Not-for-Profit Hospital Corporation 3/9/2012, 2:00 p.m. Room 500

Those wishing to testify should contact me via email at mmoulton@dccouncil.us or phone at (202) 724- 8170 and shall provide their names, contact information, and organizational affiliation, if any.

Greater Washington Anti-DUI Group Urges Safety This Super Bowl Sunday

WRAP Press Release – 1/27/2012

While the teams, site and time have been finalized, a local anti-drunk driving organization is urging the public to also develop a game plan to prevent drunk driving during this weekend’s “Super Bowl Sunday.”

During Super Bowl Sunday 2009, 50% (58 of 115) of all U.S. crash fatalities occurred in crashes where drivers or motorcycle riders had blood alcohol concentrations of .08 grams per deciliter or higher according to the National Highway Traffic Safety Administration (NHTSA).*

“With half of all U.S. traffic deaths being caused by drunk drivers during Super Bowl Sunday, it’s important to have a game-plan prior to kick-off and to beat this too often deadly opposition,” said Kurt Gregory Erickson, President of the nonprofit Washington Regional Alcohol Program (WRAP), a 30-year-old public-private partnership combating drunk driving.

The McLean, Virginia-based organization has issued a number of “safe celebrating” tips to prevent drunk driving during “Super Bowl Sunday,” scheduled for February 5, 2012. These tips include:

- ⤴ Plan ahead and designate a driver if you’re celebrating with alcohol.
- ⤴ Use alternative transportation like taxi cabs.
- ⤴ Be a responsible host by:
 - Not serving anyone who appears to be impaired.
 - Serving food with alcohol (high protein foods like meats and cheeses stay in the stomach longer thereby slowing the body’s alcohol absorption rate).
 - Using a non-carbonated base in

alcoholic punches (the body absorbs alcohol faster when mixed with carbonization).

- Serving non-alcoholic beverages as an option.
- Never serving minors.
- Closing the bar at least an hour before the event's end.
- Designate a bartender / don't let guests mix their own drinks.
- And never allowing impaired guest to get behind the wheel.

▲ Report drunk drivers. (District and Maryland law enforcement professionals both encourage the dialing of "911" for motorists to report suspected drunk drivers. In Virginia, the use of the "#77 feature" on wireless telephones is encouraged for the same.)

▲ Wear your seatbelt.

"Wearing a seatbelt may not be widely viewed as a tool in this effort but the wearing of a seatbelt may be your best defense against a drunk driver," said Erickson. "The bottom-line is that the routine wearing of seatbelts is the single most effective measure to reduce crash-related deaths and injuries."

Editor's Note: DC had 29 fatal traffic accidents in 2009, the latest year that the US DOT has reported. In 12 of them, the driver tested positive for alcohol (no

data on drugs). In 10 of them, the driver had a blood alcohol concentration (BAC) of .08 or higher, the threshold for drunk driving. The total number of fatal accidents. was down from 2008 (34), but the number of DUI fatalities was up from that year's nine. Source: <http://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx>.

12 Steps for Job Hunters

By Rob Fleming

A new group uses the principles and practices of the 12 Steps to provide emotional and technical support for people in recovery who are looking for a new or better job. The group is not affiliated with AA.

It is hosted by the DC Recovery Community Alliance at their offices at 1234 Massachusetts Avenue. The group meets at 10:00 AM on Saturdays. More information about the group and about job-hunting while staying sober is at www.DCRCA.org/JobClub.

Full Disclosure: the 12-Step Job Club is the brainchild (some would say illegitimate offspring) of Progress Notes' editor and publisher.

Research and Practice

National Report Finds One-in-Five Americans Experienced Mental Illness in the Past Year

SAMHSA Press Release – 1/19/2012

A new national report reveals that 45.9 million American adults aged 18 or older, or 20 percent of this age group, experienced mental illness in the past year. The rate of mental illness was more than twice as high among those aged 18 to 25 (29.9 percent) than among those aged 50 and older (14.3 percent). Adult women were also more likely than men to have experienced mental illness in the past year (23 percent versus 16.8 percent).

Mental illness among adults aged 18 or older is defined as having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) in the past year, based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association [APA], 1994).

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health also shows that 11.4 million adults (5 percent of the adult population) suffered from serious mental illness in the past year. Serious mental illness is defined as one that resulted in serious functional impairment,

which substantially interfered with or limited one or more major life activities.

SAMHSA through its strategic initiative on substance abuse and mental illness prevention and recovery is working to assist states, territories, tribal governments, and communities to adopt evidence-based practices; deliver health education related to prevention; and establish effective policies, programs, and infrastructure to help address these problems. Throughout the nation new programs are underway to strengthen the capacity of communities to better service the needs of those suffering from mental illness.

“Mental illnesses can be managed successfully, and people do recover,” said SAMHSA Administrator Pamela S. Hyde. “Mental illness is not an isolated public health problem. Cardiovascular disease, diabetes, and obesity often co-exist with mental illness and treatment of the mental illness can reduce the effects of these disorders. The Obama Administration is working to promote the use of mental health services through health reform. People, families and communities will benefit from increased access to mental health services.”

The economic impact of mental illness in the United States is considerable—about \$300 billion in 2002. According to the World Health Organization, mental illness accounts for more disability in developed countries than any other group of illnesses, including cancer and heart disease.

In terms of treatment statistics, the report indicates that about 4 in 10 people experiencing any mental illness in the past year (39.2 percent) received mental health services during that period. Among those experiencing serious mental illness the rate of treatment was notably higher (60.8 percent).

The report also noted that an estimated 8.7 million American adults had serious thoughts of suicide in the past year – among them 2.5 million made suicide plans and 1.1 million attempted suicide. Those in crisis or knowing someone they believe may be at immediate risk of attempting suicide are urged to call the National Suicide Prevention Lifeline 1-800-273-TALK (8255) or <http://www.suicidepreventionlifeline.org>. This suicide prevention hotline network funded by SAMHSA

provides immediate free and confidential crisis round-the-clock counseling to anyone in need throughout the country, everyday of the year.

According to the report, rates for substance dependence were far higher for those who had experienced either any mental illness or serious mental illness than for the adult population which had not experienced mental illness in the past year. Adults experiencing any mental illness in the past year were more than three times as likely to have met the criteria for substance dependence or abuse in that period than those who had not experienced mental illness in the past year (20 percent versus 6.1 percent). Those who had experienced serious mental illness in the past year had even a higher rate of substance dependence or abuse (25.2 percent). “These data underscore the importance of substance abuse treatment as well,” said SAMHSA Administrator Pamela S. Hyde.

“Mental illness is a significant public health problem in itself, but also because it is associated with chronic medical diseases such as cardiovascular disease, diabetes, obesity, and cancer, as well as several risk behaviors including physical inactivity, smoking, excessive drinking, and insufficient sleep,” said Ileana Arias, Ph.D., Principal Deputy Director of CDC. “Today’s report issued by SAMHSA provides further evidence that we need to continue efforts to monitor levels of mental illness in the United States in order to effectively prevent this important public health problem and its negative impact on total health.”

The report also has important findings regarding mental health issues among those aged 12 to 17. According to the report 1.9 million youth aged 12 to 17 (8 percent of this population) had experienced a major depressive episode in the past year. A major depressive episode is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four of seven additional symptoms reflecting the criteria as described in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association [APA], 1994).

In addition, the report finds that young people aged 12 to 17 who experienced a major depressive episode in the past year have more than twice the rate of past year illicit drug use (37.2 percent) as their counterparts who had not experienced a major depressive episode during that period (17.8 percent).

The complete survey findings from this report are available on the SAMHSA Web site at http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/. The 2010 National Survey on Drug Use and Health is a scientifically conducted annual survey of approximately 67,500 people throughout the country, aged 12 and older. Because of its statistical power, it is the nation's premier source of statistical information on the scope and nature of many behavioral health issues affecting the nation.

For more information about SAMHSA visit: <http://www.samhsa.gov>.

Teaching Self-Regulation May be the Best Way to Influence Drug-Taking Decisions by Kids

By [Ken C. Winters, PhD](#) - 1/31/2012

Acknowledging that ongoing brain development during adolescence is linked to self-regulation is an important perspective for youth-serving professionals and parents as they address teenage substance use/dependence – including prescription drug diversion.

Most brain material is in place at the start of adolescence. In most cases, the size of the brain is also established by the teen years. Yet, MRI studies and other techniques tell us that several important developmental processes in the brain continue throughout adolescence. Frequently, the result is a teenager whose body may be nearly fully developed, but not his or her brain.

As this essential “hard wiring” matures, what we as parents and others experience is a kid who may be moody; many times reckless and impulsive; increasingly secretive; more prone to be influenced by friends; and when it comes to making decisions, more prone to focus on rewards that may result from acting

in a certain way – and less interested in thinking through negative consequences.

Parents and treatment providers cannot stop brain maturation, but we can shape it. One path may be to teach important self-regulation skills that are related to decision making. This way we help strengthen what may be a “weakness” for the adolescent brain.

The Substance Abuse and Mental Health Services Administration's [National Registry of Evidence-based Programs and Practices](#) identifies these skills as impulse control, “second” thought processes; social decision-making, dealing with risk situations and taking healthy risks.

Bottom line: just telling the teenager about the rules and expectations is not enough. Helping guide a teenager as to how he or she might handle a challenging situation is better for self-regulation. Some examples:

“Call home and we will come and get you, rather than you getting a ride home with a drunk friend.”

“Let’s review how you’re going to say ‘no’ when you’re faced with pressure from your friends to do something you know is wrong.”

“Don’t just act on an impulse. Pause and think of options, then act.”

Parents, doctors, treatment providers and educators are crucial to influencing teenagers’ decisions for or against drinking or drug taking. Teaching developmentally appropriate self-regulation skills may make better sense than asking something of a young person whose brain isn’t (yet) fully capable of delivering the action requested. Certainly, exercising developmentally appropriate influence to account for those times is a role for all of us.

Ken C. Winters, PhD is Associate Director of the [Parents Translational Research Center](#) at the [Treatment Research Institute](#) in Philadelphia. He is also Professor, Department of Psychiatry and Director, Center for Adolescent Substance Abuse Research, at the University of Minnesota.

Occasional “Hard” Drug Use in Middle Age Linked With Increased Risk of Death

By [Join Together Staff](#) - 1/31/2012

Adults who continue occasional “hard” drug use into middle age are at increased risk of premature death, a new study suggests. The study looked at the effect of using hard drugs, such as cocaine, opioids and amphetamines, according to [Science Daily](#).

The study included 4,301 adults. While 85.8 percent had never used hard drugs, 7.9 percent were occasional users early in life, 3.7 percent were occasional users early and later in life, and 2.6 percent used hard drugs frequently and then became occasional users later in life. The study found those who continued occasional use into middle age were more likely to continue harmful risk behaviors such as smoking, and were more likely to die.

In the [Journal of General Internal Medicine](#), the researchers reported that people who were heavy drug users in young adulthood, and continued using drugs at lower levels into their 50s, were five times more likely to die compared to those who did not, according to a [news release](#) from the University of Alabama.

“Fourteen percent of the people in the study reported recent hard-drug use at least once, and of these, half continued using well into middle age,” lead researcher Stefan Kertesz said in the news release. “But, most of the drug users in our study were not addicts. They were dabblers who used just a few days a month.”

Kertesz noted that it cannot be assumed these people died of drug overdoses. He said that middle-aged users of hard drugs are at higher risk of bad outcomes, which could include death from trauma, heart disease or other causes that are not directly related to their drug use, compared with adults who had stopped using drugs.

He said people who use hard drugs into middle age tend to have grown up under economic and psychosocial stress, and continue to smoke and drink.

“Based on the data we hope to offer better advice to primary-care doctors struggling with the rising tide of

drug-taking by adults who have not left behind many of the bad habits they learned in young adulthood,” he said.

Program That Involves Parents Can Help Reduce Teen Problem Behavior, Study Suggests

By [Join Together Staff](#) - 1/31/2012

A program that provides feedback and skills training for parents can help reduce teen problem behavior, a new study has found. The program, called Family Check-Up, is short, requiring only about four-and-a-half hours, [Science Daily](#) reports.

The study included 593 seventh and eighth graders and their families, half of whom were randomly assigned to participate in the program. The researchers asked the students about their families’ interactions, and videotaped parents interacting with their children at home and school.

The researchers found the program reduced family conflict, parental monitoring, and teens’ antisocial behavior and alcohol use. Their findings appear in the [Journal of Adolescent Health](#).

“Most adolescents with behavioral problems see professionals after they are in trouble instead of beforehand, which is why this program is unique; there are few preventive programs like it,” Garry Sigman, MD, Director of Adolescent Medicine at Loyola University Medical Center in Chicago, told Science Daily. He cautioned, “It requires either a school district willing to incur the time and financial costs of trained professionals or collaboration between schools and mental health professionals. In either case, most districts do not have funds or interest in this type of endeavor.”

Study Suggests Gender-Specific Cocaine Dependence Treatment Could be Beneficial

By [Join Together Staff](#) - 1/31/2012

A new study suggests men and women might benefit from different treatment for cocaine dependence.

Researchers at the Yale School of Medicine conducted brain scans on 30 cocaine-dependent people, and 36 who were recreational drinkers. While participants were undergoing the scans, they were presented with personalized situations or events that they had indicated were stressful, as well as cues involving cocaine or alcohol.

People who were cocaine-dependent showed greater activation in broad areas of the brain linked to addiction and motivation, compared with the recreational drinkers. Patterns of activation were markedly different in men and women when presented with stress or drug cues, according to [Science Daily](#). Lead researcher Marc Potenza said the findings suggest women with cocaine dependence may benefit from stress-reduction treatment that specifically targets these cravings, while men may benefit more from 12-step programs or cognitive behavioral therapy.

“There are differences in treatment outcomes for people with addictions who experience stress-induced drug cravings and those whose cravings are induced by drug cues,” Potenza said in a [Yale news release](#). “It is important to understand the biologic mechanisms that underlie these cravings.”

The findings are scheduled to be published in the American Journal of Psychiatry.

Hosts of Off-Campus College Parties Drink More Than Their Guests

By [Join Together Staff](#) - 1/26/2012

Hosts of off-campus college parties drink more and engage in more alcohol-related problem behaviors than their guests, a new study suggests. The

researchers found that hosts of on-campus parties tend to drink less than their guests.

[Medical News Today](#) reports that hosts of college parties are more likely than their guests to be male, living off campus, members of a Greek organization, in at least their second year of college, and have more money than other students.

The results of the online survey of 3,796 students are published in [Addictive Behaviors](#).

Universities could use the findings to help cut down on excessive drinking at college parties, the researchers note. “Party hosts set the context for the attendees. They decide what kind of drinks are going to be there and how many people are going to attend,” study author Cynthia Buettner of Ohio State University said in a [news release](#). “So if you could get people to think about hosting a party in a particular way, you could reduce the risks for the people who attend.”

Buettner found more than 12 percent of study participants had hosted weekend parties. About 80 percent of the parties were held off-campus. Hosts of off-campus parties had an average of almost nine drinks, compared with seven-and-a-half drinks for guests. In contrast, on-campus party hosts had an average of four-and-a-half drinks, compared with seven-and-a-half drinks for guests.

Hosts of off-campus parties were more likely to be involved in problem behaviors associated with alcohol compared with on-campus party hosts, or with guests of either type of party. These behaviors included arguments, vandalism, public urination, fighting, and driving under the influence.

“Shake and Bake” Formula for Making Meth Leads to Influx of Burn Patients in Hospitals

By [Join Together Staff](#) - 1/24/2012

A new method of producing methamphetamine called “shake and bake” is leading to an influx of burn victims in the nation’s hospitals, the [Associated Press](#) reports.

A person making meth using this technique combines raw, unstable ingredients in a 2-liter soda bottle. If the cap is removed too soon or the plastic is accidentally punctured, the bottle can explode, causing serious damage or even death.

Up to one-third of patients in some burn units were injured while making meth, according to an AP survey. Most did not have health insurance. Treating meth-related burns costs an average of \$130,000 per patient—60 percent more than other burn patients.

The costs of meth-related burns are overwhelming some hospitals, and have contributed to the closure of some burn units, the article notes. At least seven burn units have closed in the last six years, in part due to treatment of uninsured patients, including patients with meth-related burns.

Burning meth labs are nothing new. But in the past, people usually were able to escape. With the new shake and bake method, a person making meth holds the bottle close to the face, causing burns if there is an explosion.

Shake and bake is popular because it requires less of the cold medicine ingredient pseudoephedrine than the older method. It also takes less time to make, is less expensive, and is easy to hide in a backpack.

[Incidents related to meth production](#), including seizures of labs, dumpsites or chemical and glassware, increased to 11,239 in 2010, after falling to 6,095 in 2007, according to the Drug Enforcement Administration.

Company Testing New Drug Derived From Marijuana Plant

By [Join Together Staff](#) - 1/24/2012

A British company is conducting advanced clinical trials of the first drug developed from raw marijuana. The drug is a mouth spray designed to treat cancer-related pain. The company, GW Pharma, hopes to obtain approval from the U.S. Food and Drug Administration (FDA) by the end of 2013, according to the [Associated Press](#).

The drug, Sativex, already has been approved in Canada, New Zealand and eight European countries to

relieve muscle spasms associated with multiple sclerosis, the AP reports.

Currently the U.S. Drug Enforcement Administration categorizes marijuana as a dangerous drug with no medical value. The article notes that if the FDA approves a drug with a chemically similar makeup, it could increase pressure on the federal government to rethink its stand on marijuana, and encourage other drug manufacturers to conduct research on comparable drugs.

The FDA approved two drugs containing a synthetic version of the marijuana compound THC in 1985. These drugs, Marinol and Cesamet, were approved to treat side effects of chemotherapy in cancer patients. Marinol also can be prescribed to stimulate the appetite of AIDS patients.

New Research Finds How Key Ingredient in “Magic Mushrooms” Affects Brain

By [Join Together Staff](#) - 1/24/2012

New research helps explain how the active ingredient in the psychedelic drug “magic mushrooms,” psilocybin, affects the brain. The findings may help scientists develop treatments for depression, the researchers say.

[Reuters](#) reports that British scientists have conducted two small studies on psilocybin, which found it suppresses activity in areas of the brain that are also curbed with other antidepressant treatments. The scientists had expected psilocybin would increase activity in those brain areas.

“Psychedelics are thought of as ‘mind-expanding’ drugs, so it has commonly been assumed that they work by increasing brain activity, but surprisingly, we found that psilocybin actually caused activity to decrease in areas that have the densest connections with other areas,” David Nutt of the Imperial College London, who worked on two psilocybin studies, said in a [news release](#). “We now know that deactivating these regions leads to a state in which the world is experienced as strange.”

In the first study, which appears in the [Proceedings of the National Academy of Sciences](#) journal, psilocybin was infused into the blood of 30 study participants while their brains were scanned with magnetic resonance imaging (MRI). The scans found activity decreased in “hub” regions. Many participants said they felt the cogs being loosened and their sense of self being altered.

In the second study, which will be published in the British Journal of Psychiatry later this week, 10 volunteers took psilocybin and said their personal memories connected with strong positive emotions were more vivid after taking the drug.

Dr. Robin Carhart-Harris, who worked on both studies, noted, “Previous studies have suggested that psilocybin can improve people’s sense of emotional well-being and even reduce depression in people with anxiety. The effects need to be investigated further, and ours was only a small study, but we are interested in exploring psilocybin’s potential as a therapeutic tool.”

Methamphetamine Use Appears to be on the Rise, Reports Suggests

By [Join Together Staff](#) - 1/23/2012

Methamphetamine use, which was on the decline until recently, appears to be increasing due to Mexican drug cartels and small U.S. drug producers, the [Evansville Courier and Press](#) reports.

“Methamphetamine is unique from other illicit drugs of abuse because production of the drug requires no specialized skill or training, and its recipes are readily available on the Internet,” Joseph T. Rannazzisi, Deputy Assistant Administrator in the Drug Enforcement Administration’s (DEA) Office of Diversion Control, told the newspaper. “The precursor chemicals associated with this drug have also been historically easy to obtain and inexpensive to purchase. These factors have contributed to methamphetamine’s rapid sweep across our nation.”

A report by the National Drug Intelligence Center released last August, “[National Drug Threat Assessment 2011](#),” stated methamphetamine use was increasing, especially among the young. The report

attributed the rise to Mexican drug cartels that control smuggling routes across the Southwestern border, which can produce, transport and distribute the drug. Most of the meth smuggling occurs across the border in Southern California, the report noted.

[Two-thirds of the nation’s meth supply](#) is produced in large labs in Mexico and Southern California, and trafficked throughout the country. The rest is manufactured in small meth labs found in locations such as basements, kitchens, garages, bedrooms, car trunks, and vacant buildings.

Rannazzisi said the DEA supports local laws requiring a prescription for over-the-counter cold medications that contain pseudoephedrine, a key ingredient of meth. “At the federal level, DEA is committed to exploring all options, including legislative changes to place pseudoephedrine, ephedrine and their analogues in Schedule V, as prescription-only substances,” he added.

Newly Housed Heavy Drinkers Given Access to Alcohol Cut Down on Their Drinking

By [Join Together Staff](#) - 1/20/2012

Heavy drinkers who were formerly homeless, and are provided with housing, cut down on their drinking if they are allowed access to alcohol, a new study has found.

The study followed participants in a program call Housing First, which was developed by a housing agency in Seattle. The program provides housing to chronically homeless people, and does not require that they stop drinking in order to obtain housing, according to [HealthDay](#).

In the [American Journal of Public Health](#), the researchers report when homeless people who were heavy drinkers were given housing and allowed to continue drinking, the average number of drinks consumed on the heaviest drinking day of the month fell from 40 to 26 over two years—a 35 percent drop. The median number of drinks fell from 22 to 11 drinks per typical drinking day—a decrease of 50 percent. Participants’ recent bouts of delirium tremens—a potentially life-

threatening form of alcohol withdrawal—dropped from 65 percent to 23 percent.

“These individuals have multiple medical, psychiatric and substance abuse problems, and housing that requires them to give up their belongings, adhere to curfews, stop drinking and commit to treatment all at once is setting them up to fail. The result is that we are relegating some of the most vulnerable people in our community to a life on the streets,” lead author Susan Collins of the University of Washington said in a [news release](#).

“A lot of people believe in the ‘enabling hypothesis’ – that allowing homeless, alcohol-dependent individuals to drink in their homes will enable them to drink more, and their drinking will spiral out of control,” Collins said. “But instead what we found are across-the-board decreases in alcohol consumption and problems.”

Substance Abuse Rates Far Higher in Those With Mental Illness, Report Finds

By [Join Together Staff](#) - 1/19/2012

A new government report finds that rates of substance abuse are far higher in people with mental illness. The report found that one in five adults in the United States—nearly 50 million people—experienced mental illness in the past year, according to [Reuters](#).

Adults with any mental illness in the past year were more than three times as likely to have met the criteria for substance dependence or abuse compared with those without mental illness (20 percent versus 6.1 percent). People with serious mental illness in the past year had a rate of substance dependence or abuse of 25.2 percent.

The [report](#) by the Substance Abuse and Mental Health Services Administration (SAMHSA) found teenagers who experienced a major depressive episode in the past year had about twice the rate of illicit drug use compared with teens who had not experienced depression—37.2 percent versus 17.8 percent.

Mental illness was more common among women, and among people ages 18 to 25, SAMHSA noted in a

[news release](#). The report found five percent of American adults had experienced a serious mental illness in the past year.

The findings come from a survey of 67,500 people ages 12 and up.

Dual Diagnosis: The Status of Treating Co-Occurring Disorders in The U.S.

By [Kris Van Hoof-Haines](#) - 1/17/2012

At least 50 to 75 percent of Americans seeking treatment for a substance abuse problem also have a co-occurring mental health disorder, according to the Center for Substance Abuse Treatment (CSAT). However, training of professionals for treating dual diagnoses in the field is not as frequent as its prevalence among Americans.

To put this into perspective, the lifetime prevalence of individuals with substance abuse or dependence in the general population is 16.7 percent; however, the prevalence is significantly higher among people who suffer from schizophrenia (47 percent), any mood disorder and obsessive/compulsive disorder (both 32 percent) and any anxiety disorder (23 percent).

Given these statistics, Hazelden, the leading addiction and prevention publisher in education, treatment, and behavioral health, and IC&RC (International Certification and Reciprocity Consortium), the world leader in addiction-related credentialing, have joined together to introduce tailored programming, entitled Focus on Integrated Treatment (FIT), addressing this void.

Experts from Dartmouth Medical School and IC&RC discuss below the current state of integrated addiction and mental health treatment and answer common questions about co-occurring disorders.

What exactly is a co-occurring disorder?

Co-occurring disorders, or “dual disorders,” means having both substance use and mental health disorders at the same time. Treating co-occurring disorders is distinctive discipline, which blends the best of mental health and substance

abuse treatment into a “third technology,” says Dave Parcher, chair of the IC&RC Co-occurring Disorders Committee. For this reason, there is a specialized co-occurring disorders credential for professionals. IC&RC credentials – the Certified Co-Occurring Disorders Professional (CCDP) and Certified Co-Occurring Disorders Professional Diplomate (CCDPD) – are based on the concept that co-occurring disorders (COD) are more than the sum of their parts.

What do addiction counselors and mental health practitioners need to understand about the treatment of co-occurring disorders?

Only two percent of the 5.6 million adults in the United States who are living with co-occurring substance use and mental health disorders actually receive evidence-based integrated care, due in large part to the lack of professional training on this approach. According to Matthew Merrens, professor of psychiatry at Dartmouth Medical School and the co-director of the Dartmouth Evidence-Based Practices Center, the most effective model of treatment is just that: integrated treatment. Rather than sequential or parallel treatment, integrated treatment involves a single, combined treatment team treating both disorders at the same time and in the same setting. Practitioners, program administrators and government officials need to understand that COD is a third, distinct disorder, Parcher explains. Substance abuse or mental health training alone is not sufficient for dealing with the interaction of both disorders, which are constantly influencing each other.

Why is certification or continuing education in the treatment of co-occurring disorders important for addiction counselors and mental health practitioners?

It is important that both addiction and mental health counselors are proficient in the screening, assessment and treatment of co-occurring disorders. Credentialing advances the treatment of co-occurring disorders, because it facilitates standardized practice across a wide variety of treatment settings and regulatory environments. Most importantly, it ensures trained, ethical professionals are available to clients, families and communities around the globe.

When looking for training on the treatment of co-occurring disorders, what do clinicians need to know?

Clinicians, at both mental health and addiction centers, need to learn the skills of integrated treatment that are necessary to help their clients attain recovery. For any kind of training, professionals should review the instructors’ experience and credentials, ensure that the format fits a variety of learning styles, and assess the curriculum for appropriate competencies. In particular, learners need to know that training addresses the interaction between the co-occurring disorders.

What are some of the elements needed for a qualified co-occurring disorders treatment program?

First and foremost, staff must demonstrate competency, says Merrens. The following are other essential elements of a qualified co-occurring disorders treatment program:

1. Ongoing training and supervision of clinicians
2. Strong leadership
3. Active, recovery-oriented focus to treatment
4. Community-based treatment, including supported employment, supported education and supported housing
5. Peer recovery and community group programs.

Other important qualities of a program include a clinical supervisor for each unit who has the experience and training for dealing with co-occurring disorders, explains Parcher. As well, knowledge of medications used for both substance abuse and mental disorders is key.

What is the importance of an evidence-based protocol in the treatment of a co-occurring disorder?

Evidence-based practices are validated by many randomized controlled research trials with patients in usual care settings. They are the best treatments available and should be adopted throughout the behavioral health system.

Parcher believes that the growing body of research from around the world is encouraging. It

has consistently demonstrated that treatment outcomes are significantly improved when individuals with co-occurring disorders receive integrated treatment.

The [Focus on Integrated Treatment](#) interactive, online training program was launched in early 2012. It serves to help addiction treatment and mental health professionals develop the skills necessary to successfully deliver an integrated treatment plan for clients living with a co-occurring substance use and mental health disorder.

Kris Van Hoof-Haines, Executive Director of Media Ventures at Hazelden contributed to this article, in partnership with Matthew Merrens, PhD and Dave Parcher, LCPC, LPCMH, CCS, CCDP-D.

Matthew R. Merrens, PhD, is Visiting Professor of Psychiatry at Dartmouth Medical School and the New Hampshire-Dartmouth Psychiatric Research Center.

Dave Parcher, LCPC, LPCMH, CCS, CCDP-D serves as Executive Director and senior clinical supervisor for an organization providing treatment and prevention services to persons with these co-occurring disorders and provides training seminars for the State Division of Substance Abuse and Mental Health. He serves as the Chair of the IC&RC Co-Occurring Disorders Committee.

Study Finds Cognitive Behavioral Therapy Brings Relief to Some Patients in Pain

By [Join Together Staff](#) - 1/18/2012

Cognitive behavioral therapy (CBT) can help bring relief to some patients with chronic pain, a new study suggests. The findings are potentially significant in light of the increasing incidence of painkiller overdoses and addiction, according to [Fox News](#).

CBT includes talk therapy to change how patients think about their pain, as well as behavioral changes to reduce stress, manage anxiety and improve sleep, the article notes.

Researchers at the University of Manchester in England studied 442 patients with chronic body-wide pain. They were randomly assigned to one of four groups. One group received CBT by phone; a second group was told to exercise 20 to 60 minutes daily, at

least twice a week; a third participated in both CBT and exercise; and a fourth continued with whatever pain treatments they had previously been using.

The researchers report in this month's [Archives of Internal Medicine](#) that 37 percent of those in the CBT and exercise group reported feeling "much better" or "very much better" after nine months, compared with 33 percent in the CBT-only group, 24 percent in the exercise-only group, and 8 percent in the usual treatment group.

CBT is short-term therapy, often only eight to 10 sessions. CBT strategies for patients in pain include increasing activity levels by participating in rewarding activities, and helping identify unhelpful patterns of thinking and replacing them with more constructive approaches. The therapy also can involve relaxation techniques.

Many Patients Approve of Nurses Delivering Alcohol Screening in Hospital

By [Join Together Staff](#) - 1/18/2012

Many hospital patients are comfortable with having nurses deliver screening and brief intervention for alcohol, a new study suggests. According to the researchers, the findings indicate that nurses can be important partners in helping to screen for hazardous drinking.

[Medical News Today](#) reports the U.S. Joint Commission recently approved new hospital accreditation measures regarding alcohol screening, brief intervention, and referral to treatment (SBIRT) for all patients who are hospitalized. Until now, little has been known about inpatient opinions of alcohol screening delivered by healthcare professionals other than physicians.

The study included 355 hospital patients. The researchers found more than 84 percent of patients were generally accepting of nurse-delivered SBIRT.

[SBIRT](#) has three components:

▲ Screening: quickly assesses the extent of

alcohol use

- ▲ Brief Intervention: a five- to 15-minute semi-structured discussion to raise awareness and motivation for reducing alcohol use
 - ▲ Referral to Treatment: referral to specialty care for patients with more extensive alcohol use
- “SBIRT is a brief conversation, about 10 to 15 minutes, about hazardous alcohol consumption,” study co-author Deborah S. Finnell said in a [news release](#). “Healthcare team members could easily deliver SBIRT, assuming they are qualified. Since nurses provide 24-hour care in hospitals, nurses are most likely to have contact with patients compared with other healthcare team members, such as physicians and social workers.”

The findings appear online in the journal [Alcoholism: Clinical & Experimental Research](#).

Family History of Alcoholism May Affect Teens’ Decision-Making

By [Join Together Staff](#) - 1/18/2012

A family history of alcoholism may affect teenagers’ decision-making, researchers at Oregon Health and Sciences University have found. They discovered these adolescents have a weaker brain response during risky decision-making compared with teens without such a family history.

The researchers studied 31 teens ages 13 to 15. Of these, 18 had a family history of alcoholism. All of the teens’ brains were scanned using functional magnetic resonance imaging, to examine responses during an activity that mimicked the TV show Wheel of Fortune. The game presented risky and safe probabilities of winning different sums of money.

In the teens with a family history of alcoholism, the researchers noted that two areas of the brain responded differently, [UPI](#) reports. These brain areas are important for executive functioning, which guide complex behavior through planning, decision-making and response control. This group of teens showed weaker brain responses during risky decision-making, compared with teens who did not have a family history of alcoholism.

The researchers conclude in the journal [Alcoholism: Clinical & Experimental Research](#), “Atypical brain activity, in regions implicated in executive functioning could lead to reduced cognitive control, which may result in risky choices regarding alcohol use.”

Most Significant Alcohol-Related Damage to Fetus Occurs in Weeks 7-12 of Pregnancy

By [Join Together Staff](#) - 1/17/2012

A new study suggests the most significant alcohol-related damage to fetuses occurs during the seventh through twelfth weeks of pregnancy. However, the researchers emphasized their findings do not indicate it is safe to drink earlier or later in pregnancy. They point out that some women who drink heavily early in their pregnancy miscarry.

The researchers collected information on drinking patterns in 992 pregnant women. Their babies were studied for signs of alcohol exposure, including below-average height or weight, and certain facial characteristics such as a small head circumference, or a flattened cleft between the nose and upper lip, the [Los Angeles Times](#) reports.

They found the strongest association between signs of alcohol damage to the fetus and women’s drinking occurred during the second half of the first trimester, the article notes. For each one-drink increase in the average number of drinks a woman had each day, there was a 12 to 25 percent risk in the risk of physical abnormalities related to fetal alcohol syndrome, the researchers report.

Women’s drinking in their third trimester was associated with shorter birth length.

“Clinicians should continue to follow the recommendations to encourage women who are planning a pregnancy or have the potential to become pregnant to avoid alcohol, and to advise women who become pregnant to stop alcohol consumption,” researcher Haruna Sawada

Feldman of the University of California, San Diego, said in a [news release](#). “These new findings can also help clinicians quantify the importance of discontinuing alcohol as early as possible.”

The study will be published in the journal *Alcoholism: Clinical and Experimental Research*.

Advocacy and Social Marketing

Consumer-Friendly Publication Will Guide Those Struggling with Addiction

January 17, 2012

A new resource, [Seeking Drug Abuse Treatment: Know What to Ask](#), will help individuals and families struggling with addiction ask the right questions before choosing a drug treatment program. It was developed by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, and is available to the public free online or in hard copy through NIDA's DrugPubs service (see information below).

“Treatment options can vary considerably, and families often don't know where to begin,” said NIDA Director Dr. Nora D. Volkow. “This booklet highlights the treatment components that research has shown are critical for success, to help people make an informed choice during a very stressful time.”

The new publication is based on a NIDA resource describing the principles of drug addiction treatment from a research-based perspective. It recommends five helpful questions people should ask and explains what the research has found to be most effective. Specifically, the booklet explores these themes:

- ^ Is the program's treatment plan backed by scientific evidence?
- ^ Is it tailored to the individual needs of each patient?
- ^ Does the program assess and adapt treatment as the patient's needs change?
- ^ How long should the treatment take?
- ^ How do 12 step programs fit into drug addiction treatment?

According to the [National Survey on Drug Use and Health](#), in 2010 an estimated 22.1 million persons aged 12 years or older were classified with substance dependence or abuse in the past year (8.7 percent of the population aged 12 or older). The goal of drug abuse treatment is to stop drug use and help people return to productive functioning in the family, workplace, and community. However, keeping patients in treatment long enough to achieve that goal can be difficult. Finding the right treatment for an individual's specific needs is critical. This booklet describes available medications and evidence-based behavioral therapies; the need for comprehensive, tailored, and sustained treatment; as well as the reality of relapse and the role of community-level support.

Seeking Drug Abuse Treatment: Know What to Ask can be found online at www.drugabuse.gov/publications/seeking-drug-abuse-treatment. Hard copies can be ordered by calling 1-877-NIDA-NIH (1-877-643-2644) or by going online at <http://drugpubs.drugabuse.gov/>.

Principles of Drug Addiction Treatment: A Research Based Guide, which is the basis of this new publication, can be found at www.drugabuse.gov/PODAT/PODATIndex.html.

Time for Recovery's Close Up

By [Kelly O'Rourke Johns](#) - 1/27/2012

Addiction has become a hot topic in media coverage, given the on-again, off-again escapades of celebrity addicts, and the popularity of reality television's *Celebrity Rehab with Dr. Drew*, *Sober House*, *Intervention* and *Addicted*. Apparently,

addiction sells, or at least the drama and nail-biting narrative that often accompanies it.

On the up side, such attention has raised awareness of the disease and may even prove an aid in its prevention. The down side: perpetuation of the ugly stigma of addiction and the neglect of its prettier-yet-not-as-compelling counterpart, recovery.

During a recent phone interview with Dr. Drew Pinsky of *Celebrity Rehab* fame, I asked how he answered the criticism that his television shows promote stigma by focusing on fallen D-listers at their most vulnerable and volatile. “Look at the objective reality,” he said. “We have raised awareness of the nature of addiction, how common addiction is, how it doesn’t discriminate. We have pulled the curtain back on this mysterious thing called treatment.”

Pinsky communicated a real concern for educating the public about addiction and treatment and using whatever means in his power to reach the widest audience. He believes the portrayal of addiction and recovery in the media is getting better. “It’s just getting more accurate, more realistic.” He also notes that *Celebrity Rehab* follows each season’s patients in *Celebrity Rehab Revisited*, to underscore the possibility and promise of recovery.

And realistic it is: some of the show’s stars have relapsed, some have succumb to the disease (former Alice in Chains bassist and one of the show’s graduates, Mike Starr, died last March), and some have gone on to lead healthy, happy lives. Such is the nature of addiction and recovery and Pinsky cannot be faulted for presenting addiction as the cunning, baffling, and ugly foe it is.

Still, media coverage of substance addiction recovery and all its glory is spotty, at best. Television leans toward the sensational and seedy side of addiction, while scores of radio shows, both traditional and web-based, provide news and views on addiction, treatment information and fellowship opportunities, but largely ignore the benefits and maintenance of a recovery lifestyle and fail to impact the larger public consciousness.

Yes, we’ve moved away from those lovable portrayals of family drunks on the big screen (think Uncle Billy in *It’s a Wonderful Life*) in favor of exacting portraits of addiction (*Ray*, *28 Days*, *Walk the*

Line), but few films follow the narrative arc past the addict’s redemption or demise to explore recovery’s happy ending. Exceptions have sprouted in both print and digital media. Some bright spots on the horizon are the webcasts fueled by the search engine powerhouse, YouTube. Recovery Community Organizations (RCOs) such as Minnesota Recovery Connection report utilizing YouTube to upload video of their recovery events to promote advocacy and, says Executive Director Nell Hurley, allow the general public “to see the reality of recovery.” Original web programs such as “Recovery Now” produced by RecoveryNowTV.com highlight the possibility of recovery by following the stories of addicts before and after their recovery journey.

Such a window into the wonderful world of recovery shows promise, but is largely overshadowed by the mountain of preventative and educational programming on addiction and treatment provider promotions. And it is still unclear just how many viewers are actually tuning in on a regular basis, or who those viewers are. Such programming may prove to be a wonderful tool for prevention and intervention, and especially good at connecting addicts or their loved ones to treatment options, but again, leaves little or no impression on a public that continues to marginalize active and recovering addicts.

As the former editorial director of *Renew* magazine, the only national recovery lifestyle publication, I was reminded by the grateful communications from our readers that there is a healthy and hungry audience for positive recovery messages. But our work has just begun. If we are to diminish addiction’s stigma while also conveying to addicts still suffering that the future does indeed hold promise, we must effectively communicate the positive, empowering, transformative nature of recovery across all media and in a way that engages all audiences.

I recently asked retired General Barry McCaffrey what he had learned in his many years as an advocate for addiction prevention. The former director of the U.S. Office of National Drug Control Policy immediately offered his impression

of the recovery community as a lesson he had learned and hoped to share.

“What I’ve found that has been consistent for 15 years is, the recovery community is a place of charity and kindness and optimism and hope and lack of violence,” McCaffrey said. “And it’s people who have been in abject misery and now their struggling to be free. So lesson number one that I’ve learned is, it’s an incredibly uplifting experience and an honor to work for the recovering community.”

Cut. Print. Wrap.

Kelly O’Rourke Johns is the former editorial director of Renew magazine. For more information on Renew, visit RenewEveryDay.com.

New Study Documents Joe Camel-like Tactics to Transform Youth Drinking Behavior

By [James F. Mosher, J.D.](#) - 1/20/2012

Underage drinkers have made a dramatic shift in the last decade. Beer, once the beverage of choice for young people, is being replaced by distilled spirits, particularly “white” drinks including vodka, tequila and rum. Why did this shift occur and what implications does it have for public health and safety? The January 2012 edition of the American Journal of Public Health has published a new study – [“Joe Camel in a Bottle: Diageo, the Smirnoff Brand, and the Transformation of the Youth Alcohol Market”](#) – addressing these questions. It focuses specifically on the successful marketing tactics of Diageo, a British company and the world’s largest distilled spirits producer.

The British multinational had daunting obstacles to overcome in reversing the steady decline of distilled spirits among young people in the U.S. Beer producers have three key regulatory advantages over distilled spirits domestically: lower taxes, easier availability and access to electronic media advertising. These advantages had contributed to a steady decline in distilled spirits popularity, particularly among younger generations. Diageo was nevertheless determined to reverse this trend and take distilled spirits to a dominant position in the U.S. market.

As a first step, Diageo introduced Smirnoff Ice, an alcopop treated as a beer for regulatory purposes. Gaining “beer” status was key to the strategy and appears to violate most state laws because a product that mixes distilled spirits and beer is usually classified as a distilled spirit. Alcopops contain distilled alcohol, and their beer base is transformed through a chemical process so that they lack any beer characteristics.

Having succeeded in convincing regulators to allow the new beer classification, Diageo gained the regulatory advantages associated with beer when it introduced Smirnoff Ice in 2001. It embarked on an ambitious marketing campaign that combined youth-oriented advertising, placement in youth-oriented media outlets, and a new product design that catered to youthful tastes. Smirnoff Ice and other alcopops became popular among young people, particularly girls, transforming Smirnoff from a dated and stodgy brand to a youthful, hip drink.

Diageo coordinated its Smirnoff Ice and Smirnoff Vodka marketing strategies (using similar sweet flavors, containers and marketing strategies), and the buzz created with Smirnoff Ice energized Smirnoff Vodka, resulting in a dramatic increase in its sales.

Diageo launched a sophisticated public relations campaign that coincided with the introduction of Smirnoff Ice to convince regulators, policy makers, and the public that it was committed to preventing underage drinking. The company built partnerships with medical and public health organizations and government agencies, touted its self-regulation code, funded prevention programs that did not interfere with its marketing strategies, engaged lobbyists to fight public health-oriented regulatory proposals, and broadcast “responsibility” advertisements. These tactics were all designed to shield the company from criticism and investigation.

Although the shift in youth preference from beer to distilled spirits and Diageo’s marketing tactics can be documented based on government surveys, industry data and marketing studies, the role marketing played in this shift and its impact on youth alcohol problems remains unclear. As noted

in the article, data on youth brand preferences is scarce despite being a key variable in determining the impact of particular marketing campaigns on youth consumption and problems. Brand data is routinely collected for youth tobacco use. The Joe Camel youth brand studies of the 1980s provided an important impetus for more focused studies on tobacco marketing and for significant changes in tobacco control. A similar focus on youth brand preferences, alcohol marketing and alcohol policy reform should be top priorities for the public health field.

James F. Mosher, J.D., is a consultant for [Alcohol Policy Consultations](#).

Social Media Training

From Funding Alert – 1/16/2012

The Office of Partnerships and Grant Services will begin offering one on one social media training sessions on January 31st. The goal of these sessions is to aid District of Columbia based nonprofit, faith based and community based organizations in establishing their social media platform. The primary focus is to assist customers who either lack computer knowledge to best set up their social media profiles for their organization and how to manage their social media platform moving forward. The Social Media Training Center will be open Tuesdays 10 a.m.-12 p.m. and 2 p.m.-4 p.m., Thursdays 10 a.m.-12 p.m., and Fridays 2 p.m.-4 p.m., by appointment only. To schedule an appointment call 202-727-8900 or email brendan.mccormick@dc.gov.

National News

Obama Announces Intent to Nominate New Deputy Director for ONDCP

By [Join Together Staff](#) – 2/1/2012

President Obama this past week announced his intent to nominate Michael P. Botticelli as Deputy Director, Office of National Drug Control Policy.

Botticelli is currently the Director of the Bureau of Substance Abuse Services in the Massachusetts Department of Health (MDPH). Since 1994, when he joined MDPH, he served as Chief of Staff of the MDPH Commissioner's Office from 2000-2003, Assistant Director for Policy and Planning within the HIV/AIDS Bureau from 1996-2000, Contract Manager in the HIV/AIDS Bureau from 1995-1996, and Alcoholism Program Coordinator within the Bureau of Substance Abuse Services from 1994-1995.

Obama also announced his intent to appoint two others to key Administration posts. He said in a [statement](#), "These dedicated and accomplished individuals will be valued additions to my

administrations as we tackle the important challenges facing America. I look forward to working with them in the months and years ahead."

Internet Piracy Bill Could Help Shut Down Illegal Online Pharmacies

By [Join Together Staff](#) - 1/27/2012

An Internet piracy bill that has stalled in Congress could help authorities shut down illegal online pharmacies, according to [ABC News](#).

Work on the bill, known as the Stop Online Piracy Act (SOPA) in the House and the Protect I.P. Act (PIPA) in the Senate, has halted because of charges of censorship.

The bill could help prevent purchases of unprescribed painkillers ordered from foreign websites, which the U.S. Food and Drug Administration cannot regulate, the article notes. SOPA could help companies take independent

action against websites that endanger public health, ABC News states.

U.S.-based payment companies such as MasterCard or American Express would be given a legal incentive to stop payments to illegal online pharmacies. Currently, private companies that stop service to these online pharmacies could be vulnerable to a breach of contract lawsuit, even if the pharmacies are illegal. SOPA would grant immunity to service providers that stop service if they believe that the customer is engaging in illegal activity. The bill would allow private businesses serving illegal websites to take action quickly, without the help of law enforcement.

It is difficult to close down a website that hosts illegal activity, unless it can be proven the website's owner knows about the activity. The owners can often avoid prosecution if they are based outside of the United States.

U.S. Attorney Says Marijuana Dispensaries Should Take Warning Letters Seriously

By [Join Together Staff](#) - 1/20/2012

The 23 marijuana dispensaries located near schools in Colorado that received warning letters last week telling them they must shut down should take the warning seriously, according to Colorado U.S. Attorney John Walsh.

He told the [Associated Press](#) the letters informed the dispensaries and their landlords they have until February 27 to shut down, move or face federal penalties. Owners of the dispensaries and the property on which they are located could lose their assets and property. He added that criminal prosecution is also possible.

He disputed the claim that the federal government has shown its tacit support of Colorado's marijuana industry by not increasing enforcement. "We haven't been sitting by. We've been taking marijuana enforcement action," Walsh told the AP.

Last year, U.S. attorneys [sent warning letters](#) to several states about medical marijuana laws. The letters indicated that people involved in the growing, dispensing and regulating of medical marijuana have

the potential to be prosecuted—even if they are following state laws. The letters were sent to officials in Colorado, Washington, California, Montana and Rhode Island.

Walsh says some surveys suggest medical marijuana has contributed to an increase in drug use among teenagers.

Google Drug Sales Settlement Involved Evidence Obtained in Sting Operation

By [Join Together Staff](#) - 1/26/2012

Google's \$500 million settlement with the U.S. government over allegations the company aided illegal online drug sales involved evidence the government obtained during a sting operation, [The Wall Street Journal](#) reports.

A convicted con artist, David Whitaker, posed as an agent for online drug dealers in email exchanges and phone calls with Google sales executives, according to the newspaper. He spent \$200,000 in government funds for ads selling narcotics, steroids and other controlled substances, all while wearing leg irons and guarded by federal agents.

Last summer, Google agreed to pay \$500 million to avoid being prosecuted for aiding illegal online pharmaceutical sales. In the settlement, the company acknowledged it had improperly and knowingly assisted online pharmacy advertisers, allegedly based in Canada, to run ads for illegal pharmacy sales that targeted American customers.

Whitaker started an online pharmacy in Mexico in 2006, selling human growth hormone and steroids to American customers through Google ads. These drugs, sold by prescription only in the United States, are popular with body builders who want to bulk up muscles and people who want to slow the signs of aging. The drugs are not approved in the U.S. for these uses, and Google's policy prohibited advertising them online.

"It was very obvious to Google that my website was not a licensed pharmacy," Whitaker told the

newspaper. “Understanding this, Google provided me with a very generous credit line and allowed me to set my target advertising directly to American consumers.” He was arrested in 2008 for entering that country illegally, and returned to the U.S. to face charges in another case. He told the authorities about how Google allegedly helped his online pharmacy.

Federal prosecutors set up a task force to investigate the allegations, and had Whitaker pose as an agent for advertisers looking to spend a large amount of money with Google. Federal agents set up fake websites for human growth hormone and steroids.

They added websites for weight-loss medications, the abortion pill RU-486, and prescription-only narcotics such as oxycodone and hydrocodone. To end the sting, the agents told Google that Whitaker’s fictional character had died.

Drug Dealers Find Ways to Get Around New Laws Aimed at “Pill Mills”

By [Join Together Staff](#) - 1/30/2012

Drug dealers are finding ways to circumvent new laws aimed at closing down “pill mills,” [USA Today](#) reports.

Hundreds of people in Florida have tried to open pharmacies after the state banned doctors from dispensing opioids directly from their clinics, forcing patients to go to pharmacies to fill their prescriptions. Others have started operating in Georgia, according to law enforcement officials.

“Traffickers adapt to situations,” Mark Trouville, special agent in charge of the Drug Enforcement Administration’s (DEA) field offices in Florida, told the newspaper. “We knew once we put pressure on the pill mills, the wrong people would start opening pharmacies.”

In June 2011, Florida Governor Rick Scott [signed into law](#) a bill designed to cut down on prescription drug abuse by controlling “pill mills” in the state. The law authorized the creation of a prescription-drug monitoring database to reduce doctor-shopping by people looking to collect multiple painkiller

prescriptions. The legislation also imposed new penalties for physicians who overprescribe medication and imposes stricter rules for operating pharmacies.

Since then, the number of Florida doctors who are among the nation’s top 100 oxycodone-buying physicians has dropped to 13 from 90 in 2010, according to DEA Special Agent David Melenkevitz.

The number of applications for non-chain pharmacies in Florida rose about 80 percent in 2011, to 381, from the previous year. Many applicants who are turned down in Florida try opening a pharmacy in Georgia, according to Rick Allen, Director of the Georgia Drugs and Narcotics Agency. About 95 percent of new non-chain drugstore applications have a connection to Florida, he said. Barbara Heath of the DEA’s Atlanta field division said she expects North Carolina and Tennessee to be the next states to see “problem pharmacies.”

Counter-Terrorism Lab Helps Identify “Spice”

By [Join Together Staff](#) - 1/30/2012

A counter-terrorism lab in Little Rock, Arkansas, is helping law enforcement officials identify the synthetic drug “Spice.” Jeffery H. Moran, Chief of the Counter-Terrorism Laboratory at the Arkansas Department of Health, says Spice is an unknown chemical. “That’s exactly what we would have to deal with in a terrorist attack,” he told the [Los Angeles Times](#).

Such work keeps counter-terrorism labs busy, says Stewart Baker, former head of policy at the Department of Homeland Security. “Otherwise they would be like the Maytag repairman, just sitting there waiting for the phone to ring,” he told the newspaper.

Arkansas is not the only state putting its counter-terrorism resources to other uses. Oregon has used federal bioterrorism funds to build a \$35 million public health lab, which tests foods for E. coli and salmonella. California has used

bioterrorism funds to buy a DNA-sequencing machine.

Congress, which has given more than \$5 billion to states and territories since 2001 to prepare for a chemical or biological attack, still issues about \$600 million in grants each year.

Ali S. Khan, an Assistant Surgeon General at the Centers for Disease Control and Prevention, says it's a good idea to keep the counter-terrorism labs busy. "What we've learned over time is that if you respond to routine threats, then you can respond to a really large threat," he said.

Two Senators Call for Increased Funding to Help Police Tackle Drugged Driving

By [Join Together Staff](#) - 1/30/2012

Two senators are calling on the federal government to increase funding to help police departments tackle drugged driving.

Senators Charles Schumer of New York and Mark Pryor of Arkansas have proposed that federal funding in a transportation bill under consideration be used for

research and to train police, the [Associated Press](#) reports. They said police need equipment and training in identifying drugged drivers, who do not show the same signs of intoxication as those who have been drinking, such as slurred speech.

"Cops need a Breathalyzer-like technology that works to identify drug-impaired drivers on the spot — before they cause irreparable harm," Schumer said in a [statement](#). "With the explosive growth of prescription drug abuse it's vital that local law enforcement have the tools and training they need to identify those driving under the influence of narcotics to get them off the road."

Schumer cited a 2007 survey conducted by the [National Highway Traffic Safety Administration](#) that found that more than 16 percent of weekend and night-time drivers tested positive for illegal prescription drugs or over-the-counter drugs.

He called for passage of the Motor Vehicle and Highway Safety Improvement Act of 2011, which would provide funding to the Department of Transportation to conduct research into drug-impaired driving technologies and initiatives and provides grants to states that can be used for drug recognition training and other measures to reduce drug impaired driving.

Special Topic: Military Matters

Active-Duty Military and Veterans Prone to Substance Abuse, Depression and Suicide

By [Join Together Staff](#) - 1/26/2012

Three new studies show active-duty military personnel and veterans are prone to substance abuse, depression and suicide.

[One study](#) of almost 600 veterans returning from Iraq or Afghanistan found 39 percent of veterans screened positive for probable alcohol abuse, 3 percent for probable drug use, and 14 percent for probable post-traumatic stress syndrome, [HealthDay](#) reports.

[A second study](#), of 678,382 active personnel, found major depression and substance use disorders have increased. [A third study](#) found suicide rates for all U.S. military services rose between 2005 and 2007, particularly for members of the regular Army and National Guard.

"Our study provided valuable insight for the mental health readiness of the U.S. armed services and implications for potential, continued support of ongoing operations and their post-deployment health care needs," the researchers said in a [journal news release](#).

"Given the continuing U.S. military presence in Afghanistan and other parts of the world, and the increasing trend in major mental health conditions

reported in the U.S. military, it would be important for the Department of Defense to assess whether the current system has adequate resources and manpower to handle the increasing number of active duty personnel who need mental health services.”

The studies were published online in the American Journal of Public Health.

Alcohol abuse related to domestic violence is an increasing problem in the U.S. Army, according to a [new study](#) that also found the suicide rate among active-duty soldiers reached an all-time high last year. The Army study, “Generating Health and Discipline in the Force,” found alcohol abuse associated with domestic violence rose by 54 percent between 2006 and 2011. Research indicates that as many as 43 percent of active duty soldiers reported binge drinking within the past month, according to the report.

Army Study Indicates Rise in Domestic Violence-Related Alcohol Abuse

By [Join Together Staff](#) - 1/24/2012

Alcohol abuse related to domestic violence is an increasing problem in the U.S. Army, according to a new study that also found the suicide rate among active-duty soldiers reached an all-time high last year.

The Army study, “[Generating Health and Discipline in the Force](#),” found alcohol abuse associated with domestic violence rose by 54 percent between 2006 and 2011, according to [The Christian Science Monitor](#). Research indicates that as many as 43 percent of active duty soldiers reported binge drinking within the past month, according to the report.

Prescription drug abuse continues to be a concern for the Army, the report indicates. About half of soldiers returning from Iraq and Afghanistan report pain-related problems and symptoms, and 14 percent of soldiers have been prescribed an opioid painkiller. Synthetic drugs such as “Spice” are becoming more common among soldiers, the article noted.

Army Vice Chief of Staff General Peter Chiarelli said there are some encouraging signs. The number of soldiers being referred to treatment programs is increasing. He noted that while waivers for drug and alcohol violations peaked at 1,307 in 2007 so soldiers could continue serving in a time of war, by 2009 those waivers dropped to 337. By 2011, there were no such waivers.

Military Spreads Awareness of Dangers of Synthetic Drugs

By [Join Together Staff](#) - 1/17/2012

The U.S. military is spreading awareness of the dangers of “Spice,” “bath salts” and other synthetic drugs, the [Air Force Times](#) reports. As part of the campaign, Navy Surgeon General Vice Admiral Matthew Nathan wrote a [blog post](#) stating, “Taking Spice is comparable to playing Russian roulette with both your mental and physical health as well as your career.”

The Air Force Times notes that two new reports in the Annals of Emergency Medicine describe patients taking synthetic drugs who ended up in the hospital. In one case, a [patient taking bath salts](#) was able to buy the drugs, sold as a novelty item called “Blue Magic,” at a gas station. The patient developed a potentially deadly reaction and was in the intensive care unit for 12 days.

In the other case, a patient landed in the emergency room after taking [methoxetamine](#), also known as “Kmax” and “Mexxy,” intravenously. According to the article, Kmax or Mexxy is sold as a “research chemical” on the Internet.

Nathan says the military has instituted a ban on Spice. Since synthetic drugs are not detected on drug tests, the Pentagon is working on developing tests that will be able to do so, according to Nathan. “In addition to the health concerns, there are readiness issues involved and use of these products by our people will not be tolerated as personnel using them impact not only themselves but their shipmates,” he wrote, adding that the military has been forced to separate numerous sailors and Marines due to Spice use.

Special Topic: Prescription Drugs

Prescription Drug Abuse Results in One Death Every 19 Minutes in U.S.

By [Join Together Staff](#) - 1/17/2012

One person dies every 19 minutes from prescription drug abuse in the United States, according to the Centers for Disease Control and Prevention (CDC). An estimated 27,000 unintentional drug overdose deaths occurred in 2007, [UPI](#) reports.

The rise in unintentional drug overdose deaths has been driven by an increase in use of opioids, the CDC notes in the [Morbidity and Mortality Weekly Report](#). For every unintentional overdose death linked to opioids, nine people are admitted for substance abuse treatment, 35 people go to the emergency room, 161 report drug abuse or dependence, and 461 report non-medical uses of opioids.

The rate of opioid misuse and overdose deaths are highest among non-Hispanic whites, men ages 20-64, and poor and rural populations.

The CDC says the two main groups at risk for prescription drug overdose are the nine million people who report long-term medical use of opioids, and the roughly 5 million who have used opioids without a prescription or medical need in the past month.

Report Calls on Government to Evaluate, Coordinate Education on Prescription Drug Abuse

By [Join Together Staff](#) - 1/25/2012

A report by the Government Accountability Office (GAO) calls on federal agencies to do a better job of coordinating and assessing the effectiveness of their efforts to educate prescribers and the public about prescription drug abuse.

[The report](#) notes that while all agencies have established measures to monitor the implementation and functional elements of their education programs,

only two agencies have established or are planning to set up ways to evaluate the impact of their efforts on audiences' knowledge, attitudes and behavior, [The Hill](#) reports.

“Without outcome evaluations, federal agencies have limited knowledge of how effective their efforts are in achieving their goals — in this case, reducing prescription pain reliever abuse and misuse,” the report notes.

The Food and Drug Administration, the National Institutes of Health and the Substance Abuse and Mental Health Services Administration are among the federal agencies that have programs to educate prescribers about prescription drug abuse. Their strategies include continuing medical education programs, requiring training and certification in order to prescribe certain drugs and developing curriculum resources for future prescribers.

According to the report, the Office of National Drug Control Policy (ONDCP) is developing a legislative proposal to require education for prescribers registering with the Drug Enforcement Administration to prescribe controlled substances.

The GAO found several instances of agencies engaging in similar efforts, directed at similar audiences, but noted federal agencies have recently begun to coordinate. “Nevertheless, federal agencies have missed opportunities to share lessons learned and pool resources among similar education efforts,” the report stated.

The ONDCP should establish outcome measures and implement a plan to evaluate proposed educational efforts, and ensure that agencies share lessons learned among similar educational programs, the report concluded.

Prescription Drug Abuse: America's Problem

By [Karen Kelly](#) - 1/13/2012



A toddler sits silently amid the squalid interior of his modest home. Jack longs for food, but the shelves have not been stocked in days. What little money that was available has been used to feed the addiction of his caregivers.

Jack is not alone. At least 75 percent of all child abuse or neglect cases across the country involve substance abuse by parents or caregivers, according to the [National Center on Substance Abuse and Child Welfare](#).

The teenage daughter of a prominent city official is caught shoplifting. Although she lives in a nice home, Jane says she needed the merchandise to pawn for pills purchased from an unscrupulous cash-only pain clinic.

Jane's case isn't unique. An estimated 12 million people in the United States used prescription drugs for non-medical purposes in 2010, according to the [National Institute on Drug Abuse](#) (NIDA). Unbelievably, NIDA notes that there were enough prescription painkillers prescribed "to medicate every American adult around-the-clock for a month."

Prescription drug abuse has no socio-economic barriers. But it does come with a huge human cost.

Each day an estimated two people die from drug overdoses and another 40 are admitted to emergency rooms with life-threatening conditions, according to the [Prescription Monitoring Program of Excellence](#) at Brandeis University.

American businesses – from industry to mom-and-pop establishments – face lost productivity and increased workplace hazards because of addicted employees. This is a threat to sustainable economic development in both urban and rural communities.

Health insurers alone lose up to \$72.5 billion annually in bogus claims. These costs are, by necessity, passed along to consumers.

Trying to get a handle on the problem – which has now reached epidemic proportions – is not easy. Ten years ago, Congressman Harold "Hal" Rogers (KY-5th) created a program to help states track the sale of prescription drugs. In 2010, he helped launch the bipartisan Congressional Caucus on Prescription Drug Abuse, which seeks to raise awareness of abuse, and to work toward innovative and effective policy solutions incorporating treatment, prevention, law enforcement and research.

Finding a solution goes beyond political allegiances. As Rogers notes, "The prescription drug abuse problem can't be solved in one state, with one simple strategy."

In an effort to bring all parties together, [Operation UNITE](#) is coordinating a [National Rx Drug Abuse Summit](#) in Florida from April 10-12, 2012. This will be the first conference focusing only on the issue of prescription drug abuse. The goal of the Summit is to foster better understanding and cooperation between state and national leaders, law enforcement officials, medical professionals, community advocates, treatment experts, educators, private industry leaders and others who are finding success in battling this nationwide epidemic.

Keynote speakers at the Summit will include R. Gil Kerlikowske, director of the White House Office of National Drug Control Policy; Vice Admiral Dr. Regina M. Benjamin, the U.S. Surgeon General; Dr. Nora D. Volkow, director of the National Institute on Drug Abuse; and the Hon. Joseph T. Rannazzisi, deputy assistant administrator for the Office of Diversion Control with the Drug Enforcement Administration.

Left unchecked, the prescription drug abuse problem will continue to grow out of control, draining limited resources and devastating families.

Join this important national conversation on April 10-12, 2012. America's future is at stake.

Karen Kelly, President/CEO, [Operation UNITE](#) Professional Development

Professional Development

Conferences and Training

List of Free Webinars

by Rob Fleming – 2/1/2012

For a great list of free webinars (training delivered over the Internet), see:

<http://www.wildapricot.com/blogs/newsblog/2012/01/19/free-non-profit-webinars-for-february-2012>. Most are topics on organizational development like fundraising.

Recognition

2012 Caring Awards

From Funding Alert – 1/23/2012

The Caring Institute is accepting nominations for its annual Caring Awards. Nominees should exemplify caring and serve as worthy role models for others. Award criteria include length of service, scope

and impact of work, challenges overcome, and imagination and innovation. All winners will be honored at a special ceremony, and young adult winners receive funds for college. Individuals from nine to 99 years old can be nominated. Deadline for application is March 1. For more information visit <http://www.caring-institute.org/caringawards.html>.

Resources

Development News

Outcomes Funding Workshops

From Funding Alert – 1/16/2012

The Freddie Mac Foundation is sponsoring two Outcomes Funding Workshops on Thursday, February 16, 2012 at Freddie Mac, 1551 Park Run Drive, McLean, VA 22102. The morning workshop will run from 8:00 am - 12:00 pm. The afternoon workshop is scheduled for 1:00 pm - 5:00 pm. For additional information and registration details visit <http://www.freddiemacfoundation.org/>.

Catalogue for Philanthropy: Greater Washington

From Funding Alert – 1/16/2012

Applications to the Catalogue for Philanthropy: Greater Washington opened on January 3. Visit the Catalogue's website for eligibility requirements, a description of the application process, and other important information: <http://www.catalogueforphilanthropy-dc.org/cfpdc/apply.php>. The Catalogue has helped raise over \$15 million for featured nonprofits since 2003, providing valuable

recognition for organizations that are included. Applications are due Monday, February 20.

Funds Offered

FY2012 Drug Free Communities Support Program Request for Applications Released

from a ONDCP [notice](#) on the SAMHSA Web Site

The Office of National Drug Control Policy, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), is pleased to announce the release of the FY2012 Drug Free Communities Request for Applications (RFA). The DFC RFA provides the guidelines for meeting statutory eligibility requirements, completing the application, the questions that must be answered and guidelines for assembling the budget. Applicants must follow the FY2012 DFC RFA explicitly and be deemed statutorily eligible before moving onto the peer review process for scoring. The following timeline will be adhered to for the FY2012 DFC funding cycle:

- ⤴ DFC RFA Released: Tuesday, January 17, 2012
- ⤴ DFC RFA Due Date: March 22, 2012
- ⤴ Peer Review: End of May/Early June 2012
- ⤴ Announce New DFC Awards: End of August 2012

To access the FY2012 DFC RFA, [click here](#). The Word version of the FY2012 DFC RFA can be used to recreate the templates necessary to complete the budget and Attachments.

For Frequently Asked Questions on the FY2012 DFC RFA, [click here](#).

For a checklist for the Appendices & Attachments, [click here](#).

Technical Assistance Resources for Completing the FY2012 DFC RFA

With the release of each RFA, the DFC Program has offered workshops for potential applicants. This year, the DFC Program will host Applicant Workshops in the following locations:

- ⤴ Portland, OR: January 31, 2012
- ⤴ National Harbor, MD: February 10, 2012*
- ⤴ The Austin location is no longer being offered.

Each workshop begins with registration at 8AM. Workshop content begins at 8:30AM and concludes at 1:00PM. Each workshop solely focuses on the FY2012 DFC RFA. Attendees should come to the workshop having read the FY2012 DFC RFA several times and be prepared to ask questions related to this year's RFA. These are not coalition-based TA workshops, but instead provide only TA related to completing the FY2012 DFC RFA. There is no registration fee, but attendees must provide their own transportation and accommodation costs. No food or drink is served at the workshops. To register, go to: <https://www.cmpinc.net/dfc/registration.aspx>. Once you register, you will be given hotel information, so that you may secure a room for yourself.

*Held the day after the conclusion of CADCA's National Leadership Forum.

Support for Social Change Initiatives

From Funding Alert – 1/16/2012

- ⤴ Ben & Jerry's Foundation announces funds to further social justice, protect the environment, and support sustainable food systems.
- ⤴ Eligibility: Nonprofit organizations.
- ⤴ Deadline: There is no deadline date for applications.
- ⤴ Funds: Awards up to \$15,000 are available.
- ⤴ Contact: Rebecca Golden at (802) 846-1500 or info@benandjerrysfoundation.org
- ⤴ Website: <http://www.benandjerrysfoundation.org/the-national-grassroots-grant-program.html>

Reintegration of Adult Ex-Offenders (DOJ)

From Funding Alert – 1/23/2012

Department of Justice announces funds to provide pre-release and post-release services to ex-offenders returning to high-poverty, high-crime communities. These services should include job training leading to credentials for in-demand industries, employment preparation, mentoring and assistance connecting to supportive services such as housing, and substance abuse programs and mental health treatment.

- ⤴ Eligibility: Nonprofit organizations
- ⤴ Deadline: 3/13/2012
- ⤴ Funds: \$20,600,000 is available for 17 awards up to \$1,212,000
- ⤴ Contact: Brinda Ruggles at (202) 693-3437 or ruggles.brinda@dol.gov
- ⤴ Website: www.grants.gov

Regional Healthcare Programs

From Funding Alert – 1/23/2012

The Aetna Foundation announces funding for proposals that impact specific regions, states, or communities. The Foundation provides grants through the following program areas: The Obesity program focuses on addressing the rising rate of obesity among U.S. adults and children. The Racial and Ethnic Health Care Equity program promotes equity in health care for common chronic conditions and infant mortality.

The Integrated Health Care program aims to advance high-quality health care by improving care coordination among health care professionals, creating informed patients, and promoting affordable care. Letters of intent may be submitted at any time. The application deadlines for full proposals are February 15, May 15, August 15, and November 15. To learn more about the funding guidelines and application process visit <http://www.aetnafoundation.org/foundation/index.html>.

Community Calendar

	<h2>February</h2>
6-9	Community Anti-Drug Coalitions of America (CADCA) Annual Leadership Conference National Harbor, Maryland More: http://www.cadca.org/trainingevents/conference-events
9	NIAAA National Advisory Council on Alcohol Abuse and Alcoholism 5635 Fishers Lane, Terrace Level Conference Room, Rockville, MD
9	DC Bar Pro Bono Program and Nonprofit Advancement Webinar: What Your Nonprofit Needs to Know 10 AM to 1 PM Online Register by clicking here; More: contact Lauren Paley at: lpaley@dcbar.org

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US Department of Health and Human Services

SAMHSA Budget Briefing

2:30 p.m. - Oceanic Conference Room, Ronald Reagan Building, 1300 Pennsylvania Avenue, N.W

Please RSVP to Juan-Carlos Aviles at juan-carlos.aviles@samhsa.hhs.gov .

Live webcast at www.samhsa.gov

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DC Council Committee on Health

Oversight Hearing on DC Department of Health (including APRA)

10:00AM – Room 412 (map on www.DCARCA.org)

Sign up to testify: at mmoulton@dccouncil.us or (202) 724- 8170

March

17

STR8-N-UP Productions

A new play, “The Dance” and free AIDS testing

3-6 PM at THEARC Theater

More at <http://www.facebook.com/pages/Str8nup-Productions/118554821530264>

Masthead

Editorial Information

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Sources

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- Join Together Online:
www.jointogether.org/news/
- The (DC) Mayor's Office of Partnerships and Grants Development's Funding Alert: http://service.gov_delivery.com/service/multi_subscribe.html?code=DCWASH

About the Logo

RecoveryWorks' logo is a gear (for the “Works”) surrounding a proposed symbol for Recovery,

signifying that it is possible to hit bottom and bounce back, but that happens best in a community.

RecoveryWorks' name is taken from the legendary “Skunk Works”, a very creative and successful R&D shop at Lockheed Aircraft. It happened to be near a foul-smelling plastics factory and so was named after the Skunk Works of the Lil Abner comic strip. Somehow, RecoveryWorks seemed to catch the spirit of what we are trying to do better than “DrunkWorks”.