

2008
Fall
Edition

The Advocate

Quarterly Newsletter of the Indiana Addictions Issues Coalition

**Indiana
Addictions
Issues
Coalition**



*A subsidiary of
Mental Health
America of Indiana*

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IAIC Celebrates Recovery Month

As part of September National Recovery Month, the IAIC held a cookout to kickoff a month of recovery related activities in Indiana. The picnic was held Saturday August 30, during Labor Day weekend at Brookside Park in Indianapolis. After serving food, IAIC Board Chair Deb Richmond addressed the crowd of more than 125 people. Richmond stressed the need for all persons in recovery to reclaim their citizenship by registering to vote and to promote that recovery is a reality in thousands of Hoosier lives.

After most people had finished eating, Bethlehem House Executive Director, Nate Rush, moderated a speaker panel. It was made up of recovering individuals from AA, NA, CA, GA, Alanon, two Christian recovery fellowships, and one non-traditional (not 12 step based).

After the panel wrapped up, a sobriety countdown was held, with 92 people stepping forward and representing over 540 years of recovery. A band made up of NA members called the "Procrastinators" played from 3-5pm. By the days end, more than 170 people had come to the event in support of addiction issues.

As part of its annual public education campaign, the IAIC participated in an addiction recovery awareness campaign. The TV PSA featured five representatives from area treatment agencies and the IAIC Board Chair, Deb Richmond. The prevailing theme was that recovery from addiction is possible and that there are varieties of resources available to help. WTHR TV showed the public service announcement more than 115 times and estimated it was seen by approximately one million viewers in central Indiana. The WTHR TV web site's recovery resource page was viewed more than 6 million times. The page featured links to the IAIC, various treatment resources and a calendar of events for the month.

Real People Real Recovery September National Recovery Month

Nearly 100 excited supporters joined **Drug Free Marion County** and its partner organizations in celebrating those who are in recovery from their substance addiction. The evening included music, the sharing of personal stories, awards, door prizes and refreshments; all in a festive setting with tables decorated with helium-filled balloons and students from the parish school serving delectable items and drinks while attired in white aprons and chef hats.

Angela Cain, Public Affairs Director of WTHR/Channel 13, served as emcee for the program and Quinn Buckner from the Indiana Pacers provided uplifting words of encouragement as well as free tickets to their opening home game of the regular season. Dave Petty, Nick Sahaidachny and Jim Ryser serenaded the audience with songs that often punctuated the recovery experience for many individuals. Leon Sharp from Merrillville was surprised and humbled to receive the Indiana Recovery Advocate of the Year Award and Dan Crowe, Indianapolis, was given the first Lifetime Recovery Advocate Award which will be henceforth named in his honor. The evening was topped off with a raffle for a free one-year subscription to Direct TV.



Recovery Ride 2008 was a great success but not without a lot of help from volunteers, including the Indiana State Police, who escorted more than 50 bikes around I-465 in Marion County. The ride was held to raise awareness about addiction and recovery. More than 75 people attended the event that was held in collaboration with FSSA/DMHA and the Indiana DOC. The State Police along with officers from the Fishers and Carmel PD escorted riders around I-465 for a symbolic victory lap for those who have recovered.



The Indiana Addictions

Issues Coalition is a broad-based diverse organization whose mission is to promote recovery through advocacy, public education and service.

Centerstone meets needs of Hispanic population

Centerstone is Monroe County's local mental health center where counseling, case management, medical management and group services tend to mental health needs. Services for the abuse and dependence of substances are included. There are unique challenges in providing addictions services to the Hispanic Population in Bloomington. Hurdles facing the Hispanic population and the clinical challenges will be discussed, as well as the services provided by Centerstone that benefit local Hispanic families.

At Centerstone, Addiction is treated for what it is: a disease. Addiction is an illness much like diabetes, in that it is incurable, progressive and chronic. It is also recognized as a physiological, spiritual, emotional and cognitive illness. Holistic treatment of addiction includes each of these areas. We also believe it can be arrested. Through a process called "recovery," many former active addicts live lives as normal people- as long as they remain vigilant of their condition and it's causes.

In Bloomington, the Hispanic population represents a small portion of clients at Centerstone. Most of the clients entering addictions treatment are referred through the legal system after being arrested for driving under the influence. Most are male, Mexican and between ages 25-35. We offer a substance abuse education class and a brief intensive group class which combines SAEC principles and adds on a component geared to educate clients about their legal rights, responsibilities and help them make choices geared at moderation management. Clients in both groups are screened for dependence, and traditional harm reduction practices are taught.

Serving the Latino population can be challenging, both for the clients and therapists involved. Limited resources, knowledge and personal stereotypes and generalizations make treatment difficult. To overcome this, therapists are trained to become culturally competent, not simply speak the language. Unique social, behavioral and health consequences of addiction affect the Latino population, and they need to be assessed along with the already devastating health costs of addiction.

Treatment and emergency room staff must be trained to interpret and relate cultural considerations for treatment in emergency situations. Medical misunderstandings- medications given out to help with anxiety or pain (benzodiazepines and opiates) are often not given with adequate information about the risk for physical and psychological dependence. Introduction to drugs primarily or more frequently used in the United States. Risk for drug related mortality due to difference in legal systems between United States and country of origin (i.e. social norms to drive while intoxicated).

Several hurdles exist for Hispanic clients that sometimes prevent them from seeking help with us, or make treatment more difficult including cultural shame and lack of trust. Clinicians also face challenges when dealing with the Latino population including breaking down cultural norms associated with alcohol or drug use and language barriers. To decrease barriers, Centerstone has incorporated SAEC/BIG groups, translated materials, and an increased network of resources.

Although not all staff speak Spanish, they are learning to be culturally competent and sensitive to individual needs by addressing unique cultural needs (inclusion of family, need for privacy, norms of country of origin) and understanding of unique Latino norms- Mexico may be our closest neighbors, but there are over 300 million native Spanish speakers in the world. We hope that you will join us in saying that Addiction is a treatable illness, and that long-term recovery is possible. Patience, tolerance and compassion are the keys to facing this disease. Only together can we overcome the cultural challenges we face.

Submitted by: Jackie Perry, MSW Staff Therapist, Centerstone of Indiana

NEW FEATURE "MY VIEW"

A previous edition of *The Advocate* stirred up some controversy, so the IAIC Education Committee decided to create an "open" forum for readers to express their views on certain issues.

MENTAL HEALTH PARITY Congress Catches Up With Hoosiers

The enactment of a federal mental health and substance abuse parity law by Congress this month will broadly outlaw insurance discrimination against people with mental illness and substance-use disorders. Indiana's Congressional delegation should be applauded for their support of this important legislation, which will benefit over 113 million Americans.

This law recognizes that mental health and substance-use conditions are real and treatable like other physical medical conditions. Mental health conditions affect over one in five Americans and cost over \$100 billion in lost earnings. They are also often intertwined with heart disease, cancer and other illnesses like diabetes. Scientific advances have led to a range of effective treatments and prevention tools, but often our country isn't deploying them. We need health care reforms and policies that recognize these realities and embrace the principle that mental health is essential to our overall health. We need to enact policies that embrace that principle.

This legislation is another step forward in removing and eliminating artificial and unfair barriers to access, continuing the progress made when the Americans with Disabilities Act was passed and the recent Medicare legislation that reduces the unfair co-payment for mental health services in that program. The legislation applies to group health plans of employers with 51 or more employees. The bill takes the following steps:

In the case of a health plan that offers coverage for any mental health or substance-use condition, that coverage must be at parity with medical coverage (except to the extent that a state parity law requires broader coverage).

Specifically, it prohibits group health plans that offer coverage for any mental health or substance-use conditions from imposing treatment limitations and financial requirements on those benefits that are stricter than for medical and surgical benefits.

If a plan offers out-of-network benefits for medical or surgical care, it must also offer out-of-network coverage for mental health and addiction treatment and provide services at parity.

Even though the Indiana General Assembly has passed parity legislation, the law only applied to those policies regulated by state law. In the federal legislation, strong state parity and consumer protection laws are preserved while parity protection is extended to 82 million more people who are not protected by state laws and 31 million in plans that are subject to state regulation. The legislation also establishes an important oversight mechanism to identify any patterns of discrimination by diagnosis.

Mental Health America of Indiana in coalition with other mental health and addiction advocates have worked to secure legislation calling for health insurance policies that provide coverage for treatment of mental illnesses and to also provide coverage for the treatment of substance abuse or chemical addictions. But a *state* law provides only a partial solution and many Hoosiers have been left out because their coverage was not governed by state law.

Mental Health America of Indiana was involved at the inception of this legislation. Mental Health America has worked tirelessly in a two-decade long fight for its enactment, marshalling resources to enact the strongest possible bill and giving power to the ideas that brought business to the table and put it front and center in the halls of Congress.

The American people are the beneficiaries. Finally.

Stephen C McCaffrey, JD President & CEO
Mental Health America of Indiana, Inc.

Real People Real Recovery

Who is an Addict?

I figured I was alright that when I wanted to I could stop
But when I tried to do it, I found out I could not
I used drugs constantly all day and all night
I had to get high just so I could feel right

I thought it was my job and my mom and my dad
I thought using was helping me deal with the bad
I thought it was my ex who used to beat me up
I never thought it was drugs that had me messed up

I lived a life of violence I lived a life of crime
Not knowing that I was caught in the grip the whole time
Feeling empty and void in this body of mine
Wondering why the hell I am going out of my mind

I don't want to stop using I just don't want the pain
But I can't have both the idea is insane
I am a prisoner in my body condemned by my own guilt
Trapped behind a wall that I unknowingly built

I thought I could handle it I thought I was okay
I didn't know that there was another way
Who is an addict my sponsor asked me to read
And I realize the answer to that question is me

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*Thank you to our out going Board members.
Your dedication and service are much appreciated.
Craig Andler, Carla Gaff-Clark, Toniey Calhoun-Collins,
Daniel Crowe, Pat Russ, Judy Smith*

SAMHSA Releases Factsheet on Mutual Support Groups for Alcohol & Drug Abuse

The Substance Abuse and Mental Health Administration (SAMHSA), part of the U.S. Department of Health and Human Services released “An Introduction to Mutual Support Groups for Alcohol and Drug Abuse”. This six page publication helps healthcare and social service providers understand the effect of mutual support groups and become familiar with the different types of groups that are available. The publication can be ordered or downloaded at: <http://www.samhsa.gov/shin>. Here are a few highlights from the fact sheet.

Mutual Support Groups

Nonprofessional groups comprising members who share the same problem and voluntarily support one another in the recovery from that problem by providing social, emotional, and informational support for persons throughout the recovery process. The most widely available groups are 12 – step groups. Research on mutual support groups indicates that active participation in any type of mutual support group significantly increases the likelihood of maintaining abstinence. Below are a few highlights of some of the available groups.

12-Step Groups

Emphasize abstinence and have 12 core developmental “steps” to recovering from dependence. Typically include taking responsibility for recovery, sharing personal experiences, helping others, and recognizing and incorporating the existence of a higher power. Participants often have a close relationship with a sponsor who is an experienced member with long term abstinence. Alcoholics Anonymous is the oldest and best known 12 – step group. This model has been adapted for other groups such as Cocaine Anonymous, Al-Anon, Nar-Anon, and many others. Meeting format typically includes a reading at the beginning and end, members sharing stories, the study of a particular step or a guest speaker.

Women for Sobriety

First national group for women wishing to stop using alcohol and drugs. The program is based on Thirteen Statements that encourage emotional and spiritual growth, with abstinence as the only acceptable goal. This program does not emphasize God or a higher power.

SMART Recovery

Using cognitive – behavioral approaches this program uses four principles: motivation to abstain; cope with urges; manage thoughts, feelings, and behavior; and balance momentary and enduring satisfactions.

Secular Organization for Sobriety/Save Our Selves

Emphasizes a cognitive approach to maintaining lifelong abstinence. Alcohol and drug addiction are considered an individual responsibility separate from spirituality. Meetings typically include a reading and an open discussion around a topic deemed appropriate by the members.

LifeRing Secular Recovery

The principles of LifeRing are sobriety, secularity, and self-help. Meetings are informal, members discuss what happened over the past week and members work together to create personal recovery plans.

Facilitating Mutual Support Group Participation

Providers should make sure that patients receive formal treatment if they suspect an addiction. After treatment or if treatment is unaffordable, the provider should then facilitate involvement in a mutual support group. Research suggests, the more "philosophically well matched" a person is to group the more likely they are to participate in that group. Providers should therefore encourage patients to participate in his or her chosen group. Being knowledgeable and offering informed referrals as well as taking an active interest in clients support group experiences, providers can make a difference in a person's recovery.

This article was based on the following publication:

Center for Substance Abuse Treatment. (2008). An Introduction to Mutual Support Groups for Alcohol and Drug Abuse. *Substance Abuse in Brief Fact Sheet*, Volume 5, Issue 1. Rockville, MD: Substance Abuse and Mental Health Services Administration. DHHS Publication No. (SMA) 08-4336

The entire publication may be found at:

<http://www.samhsa.gov/shin> and <http://www.kap.samhsa.gov>

To order additional copies of *Substance Abuse in Brief Fact Sheet* and other Substance Abuse and Mental Health Services Administration (SAMHSA) products, contact SAMHSA's Health Information Network 1-877-SAMHSA-7 (1-877-726-4727) (English and Español)

Web site: <http://www.samhsa.gov/shin> SAMHSA's National Clearinghouse for Alcohol and Drug Information P.O. Box 2345 Rockville, MD 20847-2345 Phone: 800-729-6686, TDD: 800-487-4889 Fax: 240-221-4292

Working together, RECOVERY from addiction will be REALITY!

INDIVIDUAL MEMBERSHIP

- Community member (no fee)
 Supporting member \$10.
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 Advocate \$100.+

CORPORATE MEMBERSHIP (annual)

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The IAIC is always accepting submissions for our quarterly newsletter. Please send articles, poetry or photos to: Indiana Addictions Issues Coalition, 1431 North Delaware Street Indianapolis, IN 46202 or electronically to jmatheny@mhai.net.



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....helping Hoosiers in recovery.

*The Indiana Addictions
Issues Coalition is a broad-
based, diverse, not-for-profit
organization focused on
creating and taking advantage of
opportunities to bring all
interested individuals and
entities together, projecting a
unified voice educating,
influencing and advocating for
addiction issues with the goal of
changing attitudes, beliefs and
confusion about addiction and
improving the lives of those
affected by addiction.*

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