

**2008**  
**Summer**  
**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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National Alcohol  
& Drug Addiction  
*Recovery Month*  
SEPTEMBER 2008

September is National Alcohol and Drug Addiction Recovery Month. And believe or not, it's the 19<sup>th</sup> year the federal government has designated that the month be set aside to focus on addiction issues, namely that it's treatable and recovery is possible. In addition, the month also serves to recognize individuals who've found and maintained long-term abstinence from substances and/or other compulsive behaviors, and the people who help them do so. This year's theme is Real People, Real Recovery and that's what the IAIC plans to feature when we kick off the month with a statewide cookout here in Indianapolis. This is family event open to all who are concerned about recovery issues in Indiana (details inside). Make sure to check the IAIC web site for additional information including the events page that will list what's happening in September around the state.

It is our hope that the recovering community might come together to help spread the word that Recovery is the norm, not the exception.

**Inside:**  
**The latest on SBIRT**  
**Gambling, The Hidden Addiction**  
**The debut of "My View"**

## SBIRT: Screening, Brief Intervention, and Referral to Treatment

Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive public health approach to the delivery of early intervention and treatment services for persons with substance use disorders and those at risk of developing substance use disorders. Physician's offices, hospitals, trauma centers, and community settings provide opportunities for early intervention with at-risk substance users before more severe consequences can happen.

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

There is growing support for SBIRT as a means of reaching the large number of people (estimated 20% of adults) who are at-risk of health consequences, social problems and loss of productivity due to substance misuse. Until or unless these individuals become dependent, they do not qualify for treatment, so few resources are available to assist them. SBIRT is designed to fill this gap in the continuum of care, through early identification and intervention. At the federal level, the National Institute of Health (NIH), Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA) are actively promoting this evidence-based practice, and several SBIRT projects have been developed by communities, states, tribes, colleges and universities. Efforts to promote it at the community and state level are needed to ensure that this beneficial, cost-effective practice is widely adopted in medical and community settings.

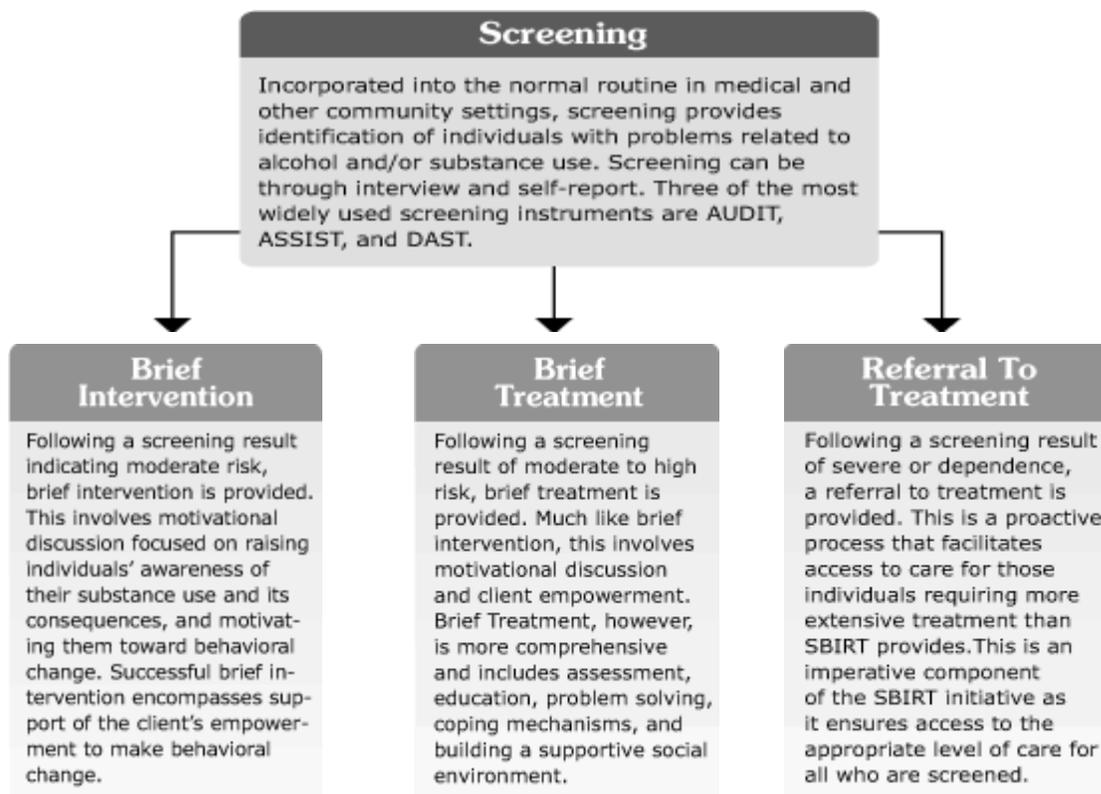
Research shows that there are a large number of people who could benefit from SBIRT. By using SBIRT in medical and community settings certain individuals at risk for developing serious substance use problems can be identified. Research indicates that this is a cost effective approach to early intervention. SBIRT has been found to:

- Decrease the frequency and severity of drug and alcohol use,
- Reduce the risk of trauma,
- Increase the percentage of patients who enter specialized substance abuse treatment, and
- Decrease the number of days in the hospital and emergency room visits.

SBIRT targets those who are currently nondependent substance users and provides strategies for intervention. SBIRT occurs before a substance user requires more extensive or specialized treatment. As of August 2007, SBIRT grantees funded by SAMHSA have screened over 536,000 individuals. By using the information learned from these early grants we are learning how to integrate SBIRT into medical and community settings. The most compelling preliminary results are in the modification of consumption patterns in those who use illegal substances and those who drink more than 5 alcoholic beverages in one sitting. So far, SBIRT has been implemented in trauma centers, emergency rooms, community clinics, federal health care centers, and school clinics. Continued next page....

## Recovery Month Media Campaign Needs Your Help!

As part of Recovery month, the IAIC will be participating in a public awareness campaign on TV. The public service announcement will air throughout September on WTHR in Indianapolis. In addition, WTHR will provide a page on their web site specifically for the promotion of recovery related activities scheduled for the month. We believe that this public awareness campaign will help the IAIC in its efforts to spread the message that addiction is a treatable disease and recovery is possible. While this is an exciting opportunity for the IAIC, participation is NOT FREE. And now the IAIC must raise \$5000 to pay for its inclusion in the public service campaign. Please help us reach our goal. Your contribution will help the IAIC continue its mission to change attitudes, beliefs and minds about addiction and recovery in Indiana. Make checks payable to the IAIC, and please designate that the donation is for the TV Public Awareness Campaign.



For more information, please visit these websites

SAMHSA:<http://sbirt.samhsa.gov/index.htm>

ONDCP:[http://www.whitehousedrugpolicy.gov/treat/screen\\_brief\\_intv.html](http://www.whitehousedrugpolicy.gov/treat/screen_brief_intv.html)

## NEW FEATURE "MY VIEW"

The last 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. This piece pertains to the Addiction Counselor Licensure issue.

As long-time supporters of quality addiction treatment in the State of Indiana and representatives of the oldest Indiana addiction counselor certifying body, the Indiana Counselors Association on Alcohol and Drug Abuse (ICAADA), we read the editorial in the Winter Edition of the *The Advocate* concerning House Bill 1172 with dismay. The article contends that ICAADA and the Indiana Association of Addiction Professionals (IAAP) "conspired to strike another blow to the addiction field and the overall public policy agendas of IAIC, MHAI and the Indiana ASAP". Nothing could be further from the truth.

While we cannot speak for IAAP, which reportedly was in support of the bill as presented, ICAADA would have been pleased to support the bill with amendments that addressed grandfathering of presently certified counselors at appropriate levels and inclusion of ICAADA or its national certifying organization (the International Consortium and Reciprocity Commission, or IC&RC) as qualified certifying bodies. If meetings had been held prior to introduction of the bill and ICAADA had been invited, these issues could have been addressed as the bill's language was being crafted. As it turned out, introduction of HR 1172 apparently took many parties by surprise, and this approach is not conducive to passage of legislation.

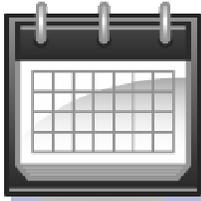
While we would not want to detract from, and in fact would like to applaud, the efforts of IAIC, MHAI and the Indiana ASAP to move Indiana substance abuse counselor licensure forward, to make these efforts without the involvement of certifying organizations dedicated to providing affordable addiction treatment to Indiana residents for over thirty years is ill-advised. We challenge IAIC, MHAI, and the Indiana ASAP to take the lead by establishing a working group including both ICAADA and IAAP to develop bill language between now and this Fall which will advance Indiana addiction treatment and further legitimize professionals working in this arena.

Sincerely,

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Indianapolis, Indiana 46202  
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Indiana Counselors Association  
on Alcohol And Drug Abuse, INC.  
[www.icaada.org](http://www.icaada.org)  
email: [icaada@gmail.com](mailto:icaada@gmail.com)

Questions, comments, complaints? Contact Jill Matheny [jmatheny@mhαι.net](mailto:jmatheny@mhαι.net)



## MARK YOUR CALENDARS

### **Recovery Month kickoff Celebration**

**Saturday August 30, 2008**

**1-5pm Brookside Park Shelter #2**

**3500 Brookside Parkway S. Dr, Indianapolis**

**Eat at 1:30 Speakers at 2:30**

**Fellowship and fun till 5**

**Meat, drinks, buns and condiments provided**

***Want to volunteer? Contact the IAIC at***

***317-638-3501 ext 231***

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](mailto:jmatheny@mhai.net).

**The Indiana Addictions Issues Coalition is a broad-based diverse organization focused on creating and taking advantage of opportunities to project a unified voice educating, influencing, and advocating for addictions issues.**

**Working together,**

**RECOVERY from addiction**

**will be REALITY!**

## **“High ‘till I die!” A Brave Woman’s True Story of Recovery**

Trenisha is a 31 year-old, divorced mother of two daughters, ages 10 and two. Trenisha is a small business owner. Trenisha is actively involved in her church. Deep inside, Trenisha suffered from low self-esteem which influenced the friends with whom she socialized, the men she chose to date (and marry), and the ways others responded to her. You see, others can’t like someone who doesn’t like themselves first.

Ten years ago, when Trenisha had her first child, she followed her dream and opened her own beauty salon. The mounting stresses of motherhood, being a business owner, and suffering emotional and physical abuse at the hands of her husband soon began taking a heavy toll on her. Then, Trenisha discovered marijuana. Occasional use of marijuana helped take the edge off Trenisha’s stress. Recreational use quickly developed into self-medicating, as Trenisha began using marijuana to deal with—and forget—her stress. Eventually, Trenisha became dependent on marijuana. However, if you had asked Trenisha, she would not say she was addicted; because, like many people, she did not believe marijuana addiction was possible. In fact, Trenisha’s motto in life was, “High ‘till I die!”

By the time Trenisha found the courage to end her abusive marriage, she had been using marijuana for a decade. After her divorce, Trenisha’s ex-husband began a battle for child custody, claiming she was not a fit mother. Trenisha knew her ex-husband’s claims were mean-spirited; but Trenisha also knew her marijuana use was illegal and needed to stop. So she stopped. Trenisha decided to seek treatment to support her new-found sobriety and show the courts she was committed to her family’s well-being. She voluntarily enrolled in the outpatient treatment program at Community Addiction Services of Indiana, Inc. (CASI).

Trenisha had a lot going for her when she enrolled in treatment at CASI. She had already stopped using marijuana. She was a successful business woman and mother. She was active in her church, and regularly attending a women’s group for survivors of abuse. However, Trenisha also had significant obstacles to overcome. She had never felt good about who she was, as a person. She had never had confidence in her potential. She had a long-standing habit of illicit drug use. And, she was in real danger of losing her children. Then, tragically, Trenisha was raped. She was not equipped to deal with this new crisis in her life, so she did what she knew. She used marijuana.

Fortunately, Trenisha was already enrolled in CASI’s treatment program. With the help, wisdom, and support of her counselor and the other clients, Trenisha learned to recognize the impact her drug lifestyle had on her life and her family. She actively engaged herself in recovery, and again quit using marijuana. Trenisha began making strong strides toward overcoming her addiction. Trenisha shared openly about her feelings, her insecurities, and her trauma. Through her efforts in treatment, Trenisha learned new and healthier ways of coping with stress and conflict in her life. She changed her thinking, both about herself and her drug use. She gained the confidence and self-esteem necessary to effectively incorporate her newly-learned coping skills into her life. For the first time, Trenisha felt good about who she was. She possessed confidence in her potential. She skillfully used healthy assertiveness to set appropriate boundaries and care for herself. Not only did Trenisha change, but those around her began responding to her in more positive ways. After several months of dedication and effort, Trenisha successfully graduated from treatment. Today, Trenisha’s life perspective is no longer “High ‘till I die.” Instead, Trenisha sees the infinite possibilities, beauty and sobriety in each new day!

## Gambling: The Hidden Addiction

Across the United States, legalized gambling is available in some format in 48 states plus the District of Columbia. The two without legalized gambling are Hawaii and Utah. Approximately 85% of U.S. adults have gambled at least once in their lives; 60% in the past year. Forms of gambling include bingo, lottery, slot machines, table games, pull-tabs, horse racing, sports betting, and more.

How widespread is problem gambling in the U.S.? Approximately 2 million (1%) of U.S. adults are estimated to meet criteria for pathological gambling in a given year. Another 4-6 million (2-3%) would be considered problem gamblers; that is, they do not meet the full diagnostic criteria for pathological gambling, but meet one or more of the criteria and are experiencing problems due to their gambling behavior.

So what is Problem Gambling? Problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term "Problem Gambling" includes, but is not limited to, the condition known as "Pathological", or "Compulsive" Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences (Retrieved June 9, 2008 from [www.ncpgambling.org](http://www.ncpgambling.org)).

The State of Indiana has the Hoosier Lottery, Horse Track Racing, Off Track Horse Betting Parlors, Casinos, Charity Gaming, and Racinos (race track casinos). The state also has widespread illegal use of Video Poker/Cherry Master machines, which are found in the thousands across the state in bars, private clubs and truck stops.

The Indiana Family and Social Services Administration - Division of Mental Health and Addiction is charged with addressing problem gambling in Indiana. Current activities include:

- Problem gambling outpatient treatment
- Prevention activities
- Problem gambling counselor training
- Problem Gambling Help Line (800)-994-8448
- Voluntary Self Exclusion Program (VEP)  
(administered by the Indiana Gaming Commission)
- Support of the annual Indiana Council on Problem Gambling Conference

These activities are funded with dedicated dollars generated from admissions to the Indiana casinos. Up to \$5,250,000 is available each year to support these and other addiction activities. This fund is referred to as the **Problem Gamblers' Fund**.

For more information about Problem Gambling prevention, treatment, and resources visit:  
The Indiana Family and Social Services Administration - Division of Mental Health and Addiction:  
<http://www.state.in.us/fssa/dmha/4464.htm>

Indiana Problem Gambling Awareness Program: <http://www.ipgap.indiana.edu>

Indiana Council on Problem Gambling: <http://www.indianaproblemgambling.org>

Thanks to the Indiana Prevention Resource Center for contributing.



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**....helping Hoosiers in recovery.**

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based, diverse, not-for-profit  
organization focused on  
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interested individuals and  
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addictions 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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***Indiana Addictions Issues Coalition***

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