



The Addiction and Behavioral Health Newsletter

A publication of JRW Behavioral Health Services

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VOLUME 2, NUMBER 3

Welcome to Volume 2, Number 3 of the Addiction and Behavioral Health Newsletter. Once more, we welcome Mark Sanders, LCSW, CADC as our featured columnist. This month, the topic of his column is "The Therapeutic Benefits of Humor in Addictions Counseling." Our special topic for this month addresses the question of what parents should tell their children about their own drug use. Also in the newsletter you will also find information regarding new training opportunities, available on-site workshop and in-service topics, regional and national conferences, news from the world of addiction science, and featured links to other resources for the substance dependency treatment and prevention community.

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THE THERAPEUTIC BENEFITS OF HUMOR IN ADDICTIONS COUNSELING

By
Mark Sanders, LCSW, CADC

When Norman Cousins suffered from a debilitating illness of his immune system, doctors predicted that he would not be alive very long. In physical pain every waking moment, Cousins told his doctors that they were not God, checked himself out of the hospital, and prescribed comedy tapes as his medicine. Cousins discovered that, for every ten minutes he laughed, he had two hours of pain-free sleep. He lived sixteen years longer than doctors predicted, and his story is chronicled in the book, *Anatomy of an Illness*, which focuses the therapeutic benefits of laughter. According to research:

- Laughter releases endorphins in the brain that fight pain (this means that laughter is good for chemically dependent clients experiencing withdrawal).
- Laughter protects our immune systems.
- Laughter increases antibodies that fight infection.
- Laughter increases natural killer cell activity. Natural killer cells attack cancerous cells in the body.
- Laughter decreases stress.
- Laughter activates neurochemicals in the brain, such as dopamine and thus acts as an antidepressant.

Laughter can also be utilized in addictions counseling to help reduce client resistance, increase rapport between counselor and client, and help facilitate recovery. Some of the therapeutic benefits of humor in addictions counseling include:

- Laughter is the great equalizer. Maya Angelou told Oprah Winfrey that only equals laugh with each other. Many chemically dependent clients enter counseling feeling that they have failed, which often leads to defensiveness. Laughter can be instrumental in decreasing that defensiveness.
- Laughter can bring the idealized counselor back to life. It is particularly helpful for counselors to occasionally tell humorous stories about mistakes they have made in their own lives. This can help clients not be so guarded about their own life mistakes.

- Laughter can decrease resistance to counseling. It has been said that the shortest distance between two people is a good laugh.
- Laughter can decrease cross-cultural tension in counseling. It is hard to laugh and hate at the same time.
- Laughter can facilitate bonding between counselors and clients.
- Laughter can facilitate self-disclosure by creating a friendly environment.
- Laughter can allow clients relief from painful experiences.
- Laughter can decrease anxiety about taboo subjects.
- Laughter can decrease stress and anxiety in counseling.
- Laughter can make the therapeutic hour seem quicker. Many chemically dependent clients report a great deal of boredom in early recovery. Therapy is more enjoyable when it moves quickly.

How To Utilize Humor in Addictions Counseling

Many counselors agree that the best humor by counselors is thoughtfully spontaneous, well-timed, and takes into consideration who the client is. The goals should be to lessen tension, increase client comfort, and/or help the client gain insight. The primary purpose of humor is to help the client. Approaches include:

- Planned spontaneity. The counselor said something funny that he or she was not planning to say.
- Exaggerations. Making a situation seem bigger than it actually is. As clients see humor in this, they may begin to relax and put things in proper perspective.
- Making fun of yourself.
- Repeating a funny line made by the client.
- Role plays and skits.
- The use of humor tools—movie clips, cartoons, anecdotes, signs, prompts, etc.
- The use of art.

- Taking the client's "funny bone history", asking questions such as:
 - ◆ "What makes you laugh?"
 - ◆ "Do you like to hear jokes or tell jokes?"
 - ◆ "What kind of humor do you find unpleasant?"
 - ◆ "What kinds of things make other people laugh that are not funny to you?"
 - ◆ "What are the funniest movies you have ever seen?"
 - ◆ "Who are your funniest comedians?"

Five Types of Inappropriate Humor

There are types of humor that can be harmful to clients and should therefore be avoided. They include:

- Laughing at clients.
- Cheap shots, i.e., making fun of U.S. presidents the way late-night comedians Jay Leno and David Letterman do.
- Putting down clients.
- Sarcasm directed toward the client.
- Racist and sexist jokes

Conclusion

Many readers may be wondering, "How do I become funnier as a therapist?" Norman Cousins suggests listening to tapes of your favorite comics, watching comedies (with your friends or your cat), spending time with your children or grandchildren (children laugh 400 times more frequently than adults). Abraham Maslow suggests that we should focus on striving for self-actualization. He indicates that individuals who move toward self-actualization take things and themselves less seriously, the end result being that we have a greater sense of humor

ABOUT THE AUTHOR

Mark Sanders, LCSW, CADAC, is an international speaker in the addictions field whose presentations have reached thousands in the United States, Europe, Canada, and the Caribbean Islands.

Telling Your Children about Your Own Drug Use: Helpful Hints and Important Resources

When his two powerhouse hitters, Mickey Mantle and Roger Maris, hit back-to-back home runs in the early 1960s, New York Yankees team manager Yogi Berra is reputed to have said "It's like déjà vu all over again". Perhaps more familiar is a quote by Spanish philosopher and writer George Santayana, "'Those who cannot remember the past are condemned to repeat it" *

Parents (and grandparents) who have a history of adolescent/ young adult marijuana and other drug use are often at odds over how and when to tell their children about their former drug use. Does one tell the truth and risk the possibility of young people saying "You smoked pot and you turned out O.K." lie, or skirt the issue entirely? For baby boomers and younger adults, this dilemma is not unlikely to occur.

In the 2010 "Monitoring the Future" report on adolescent drug use[†], the authors address this issue:

Another point worth keeping in mind is that there tends to be a continuous flow of new drugs onto the scene and of older ones being rediscovered by young people. Many drugs have made a comeback years after they first fell from popularity, often because young people's knowledge of their adverse consequences faded as generational replacement took place. We call this process "generational forgetting." Examples include LSD and methamphetamine, two drugs used widely in the 1960s that made a comeback in the 1990s after their initial popularity faded as a result of their adverse consequences becoming widely recognized during periods of high use. Heroin, cocaine, PCP, and crack are some others that have followed a similar pattern. At present, LSD, inhalants, and ecstasy are all showing the effects of generational forgetting—that is, perceived risk is declining appreciably for those drugs—which puts future cohorts at greater risk of having a resurgence in use. In the case of LSD, perceived risk among 8th graders has declined appreciably and more are saying that they are not familiar with the drug. It would appear that resurgence in availability (which

* This is the original quote. Many paraphrases and variants exist.

† This survey has been conducted each year since 1975 and its results are widely considered to be the most authoritative source regarding patterns of alcohol, tobacco and other drug use among American adolescents.

declined very sharply after about 2001, most likely due to the FDA closing of a major lab in 2000) could generate another increase in use.

So, what is one to do? A 2009 survey[‡] commissioned by the Hazelden addiction treatment center in Minnesota provides important answers to this question. According to the survey report:

- Half of teens say it would make them *less likely to use drugs* if their parents told them about their own drug use when they were younger.
- Two-thirds of teens (67 percent) say their parents have already told them about their experiences with alcohol and other drugs when they were young – and these teens almost unanimously (95 percent) said that kind of honesty about drug use is a good thing
- Among the one-third of teenagers (33 percent) who report their parents have not talked with them about their own use of drugs as teenagers, two in three (68 percent) say that they would want their parents to share these past experiences.
- Fully 74 percent of teens say they'd turn to their parents as their No. 1 source of advice about the use of alcohol or other drugs, even though 26 percent have seen their parents drunk or high on alcohol or other drugs.
- Parents who have not yet told their teenage children about their own use of alcohol or other drugs most commonly said the reason (for 74 percent of them) was because they'd rather have their children do as they say, not as they did when they were their child's age.
- Whether parents have told their teens about their use of alcohol does not significantly decrease the teens' perceptions of their parents as role models. In fact, teens who are aware of their parents' experiences with alcohol or drugs as teenagers are nearly as likely as those who are not aware to consider their parents to be role models (90 percent vs. 93 percent).

[‡] Ipsos Public Affairs, a non-partisan, objective research organization based in New York, conducted Hazelden's polling of 603 boys and girls aged 15 to 18 and polling of 620 parents of teenagers from August 14 to September 1, 2009. Teens were interviewed online and parents were interviewed by telephone. A survey with an unweighted probability sample of roughly 600 respondents has an estimated margin of error of +/- 4.0 percentage points.

More information from this survey and helpful hints for those of all generations are addressed by the Hazelden [Four Generations Overcoming Addiction](#) project.[§]

Sources:

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & .Schulenberg, J. E. (2010) *Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings*. Ann Arbor: Institute for Social Research, the University of Michigan.

Hazelden (2011). "Parents' honesty about past drug use promotes responsibility in teens, survey suggests".

Retrieved October 1, 2011 from <http://www.hazelden.org/web/public/pr091008.page>

On-line Training Announcements

Free IAODAPCA-Approved Courses!

We are still offering a free IAODAPCA-approved course entitled "DUI: The Effects of Drugs Other than Alcohol".

We are also offering a free IAODAPCA-approved webinar*, "Herbal Incense: The New Marijuana" from 9:00-10:00 A.M. (Central Standard Time) on the third Thursday of each month. Upcoming free webinars will occur on November 17 and December 15, 2011) on the first, second and fourth Thursday of each month, the webinar is available for \$10.

To register for free courses, go to www.randallwebber.com, click on "Free Courses" and specify whether you wish to register for the DUI home study course or the "Herbal Incense" webinar. Please register for only one course at a time.

* To participate in a webinar, all you need is an Internet-connected computer and a pair of speakers or earphones/headphones.

*** For additional information or to register for any of our courses or webinars, visit our website at: [our website](#)**

[Contact us](#) for information on group, series and multi-workshop discounts

Webinars

Stimulant Dependence and Sexual Compulsion

October 25, 2011 10:00 A.M.-12:15 P.M. (CDT)

IAODAPCA Program Number 10656

1.5 Continuing Education Units, Categories: Counselor I or II, Prevention I, Assessor I or II, MISA I or II, CCJP II, PCGC II, CAAP I, CRSS I or II, BRI II, MAATP I or II

\$20

[§] http://www.hazelden.org/web/public/four_generations_overcoming_addiction.page

**Preparing for the Future: Treating Substance Dependent
Baby Boomers and other Older Clients**

October 25, 2011 2:00-4:15 P.M. (CDT)

IAODAPCA PROGRAM NUMBER: 9920

Category: Counselor I or II, Prevention I, Assessor I or II, MISA I or II, CCJP II, PCGC II, CAAP I,
CRSS II, BRI II, MAATP I or II, NCRS II Continuing Education Units: 2
\$25

Treatment of Heroin and Other Opiates Dependency-A Four Part Series

All webinars in this series will be held between 10:00 A.M. and 12:15 P.M. (Central Daylight Time except where noted), and are approved by IAODAPCA for 2 CEUs. The cost for each webinar is \$25

Module I: Introduction to the Opiate Substances

October 26, 2011

Module II: Psychosocial Strategies

November 2, 2011

Module III: Medication-Assisted Treatment with Methadone

November 9, 2011

Module IV: Medication-Assisted Treatment with Buprenorphine and Naltrexone

November 16, 2011 (Central Standard Time)

Home Study Courses

- ◆ Street Drug Pharmacology (8 IAODAPCA CEUs)
- ◆ Advanced Street Drug Pharmacology (8 IAODAPCA CEUs)
- ◆ Pharmacology and Physiology of Alcohol and Alcoholism
(6 IAODAPCA CEUs)

Coming Soon!

**Using Cognitive-Behavioral Therapy in the Treatment of Substance Use Disorders
New Drugs of the 21st Century**

Other On-Site Workshops Available from JRW Behavioral Health Services

This is a Partial List of Our Individualized Workshops, Seminars and In-Services

- ◆ Childhood Trauma and Adolescent Substance Abuse
- ◆ Preparing for the Future: Treating Baby Boomers and Other Older Americans with Substance Disorder Problems
- ◆ Street Drug Pharmacology
- ◆ Advanced Street Drug Pharmacology
- ◆ The Physiology and Pharmacology of Alcohol and Alcohol Dependency
- ◆ The Neuroscience of Addiction
- ◆ Using Addiction Science to Guide Treatment Planning
- ◆ Medication Assisted Treatment of:
 - Heroin and Prescription Opiates
 - Alcohol
- ◆ Understanding and Treating Dependence on:
 - Methamphetamine
 - Heroin and Prescription Opiates
 - Cocaine
 - Cannabis
- ◆ Cognitive Behavioral Therapy in the Treatment of Substance Use Disorders
- ◆ Criminal Thinking and Substance Dependency Treatment
- ◆ Recovery and Re-Entry for Criminal Justice Offenders

**For information on our workshops, in-service presentations
and consultation services, call (847) 563-8900**

OR

[Contact us through our website \(www.randallwebber.com\)](http://www.randallwebber.com)

Upcoming Local, Regional and National Conferences

New York Association of Alcoholism and Substance Abuse Providers (ASAP) 2011 13th Annual Conference, October 30-November 2, 2011, Brooklyn, New York. <http://asapnys.org/>

IAODAPCA (Illinois Alcohol and Other Drug Abuse Professional Certification Association) Fall Conference, Rend Lake, IL, October 31-November 5, 2011. <http://www.iaodapca.org/>

2011 International Drug Policy Reform Conference
November 2-5, 2011, Los Angeles, California, <http://drugpolicy.org/homepage.cfm>

Conference on Trauma & Addictive Disorders, November 3-5, 2011, Delray Beach, Florida
www.usjt.com or 800-851-9100

Canadian Society of Addiction Medicine (CSAM) 2011 Annual Meeting & Scientific Conference, November 3-6, 2011, Vancouver, British Columbia, Canada. www.csam.org

Association for Medical Education and Research in Substance Abuse (AMERSA) 35th National Conference. November 3-5, 2011, Arlington, Virginia. www.amersa.org/conf.asp

American College of Neuropsychopharmacology
December 4-8, 2011, Waikoloa Beach, Hawaii. <http://www.acnp.org/annualmeeting/default.aspx>

American Academy of Addiction Psychiatry (AAAP) 22nd Annual Meeting and Symposium
December 8-11, 2011, Scottsdale, Arizona. <http://www.aaap.org/>

Substance Use: Responding to Changes in Policy, Research, and Service, December 14-15, 2011
New York, New York. <http://www.nyu.edu/socialwork/continuing.education/substanceuse.html>

NASPA Alcohol and Other Drug Abuse Prevention & Intervention Conference, January 19-21, 2012.
Atlanta Marriott Marquis, Atlanta, Georgia. <http://www.naspa.org/programs/aapc/>

Community Anti-Drug Coalitions of America (CADCA) 2012 Leadership Forum
February 6-9, 2012, National Harbor, Maryland. <http://www.cadca.org/>

33rd Annual Training Institute on Behavioral Health and Addictive Disorders, February 13-16, 2012
Clearwater Beach, Florida. www.usjt.com or 800-441-5569

Would you like to see your conference listed free-of-charge in this newsletter? [Contact us.](#)

News from the World of Addiction Science

Herbal Incense: New research, New Concerns

While information from controlled human trials involving synthetic cannabinoids is still lacking, a variety of new reports have provided important knowledge concerning the acute and chronic effects of smoking “herbal incense” products.

Withdrawal: The irritability and sleep problems associated with cessation of heavy cannabis use are well known effects. Now research conducted in Germany has provided important information regarding withdrawal symptoms that may occur following daily use of “Spice Gold” and other herbal incense brands. These symptoms include:

- “Inner unrest”/anxiety
- Craving
- Nightmares
- Profuse sweating
- Nausea
- Vomiting
- Diarrhea
- Tremor
- Headache
- Elevated blood pressure (Hypertension)
- Rapid pulse (tachycardia)

These symptoms may come as a surprise by some in the substance disorders field, since they resemble opiate or alcohol withdrawal signs more than they do the cannabis withdrawal syndrome. However, the synthetic cannabinoids have different chemical structures than THC, and so can be expected to produce dissimilar action within the brain.

Psychosis: Transient psychotic episodes induced by “herbal incense” use has been anecdotally reported by reliable sources as well as documented in the scientific literature. One paper describes psychiatric “relapse” among a population with pre-existing psychotic illnesses, but others describe cannabinoid-induced psychotic states in those with no apparent psychopathology. Although cannabis itself has been implicated in the development of psychosis, it also contains cannabidiol, which has been shown to have anti-psychotic properties. Most synthetic

cannabinoids, however, do not contain cannabidiol, and so may be more likely to induce symptoms of mental illness.

Anxiety: Generalized anxiety and panic attacks are commonly reported not just in the scientific literature, but by a good number of herbal incense users (see http://www.erowid.org/experiences/subs/exp_JWH018.shtml#Bad_Trips). In some cases, these symptoms have persisted for months after cessation of use.

These studies demonstrate how small changes in the chemical structure of psychoactive substances can have far-reaching implications. They also show the dangers associated with unregulated, poorly understood drugs. Readers are advised to keep up-to-date on new street drugs, and to include information regarding these substances in client education.

Sources:

D'Souza, D.C., Perry, E., MacDougall, L., Ammerman, Y., Cooper, T., Wu, Y.T., Braley, G., Gueorguieva, R., Krystal, J.H. (2004). The psychotomimetic effects of intravenous delta-9-tetrahydrocannabinol in healthy individuals: implications for psychosis. *Neuropsychopharmacology* 29: 1558–1572.

Every-Palmer, S. (2011). Synthetic cannabinoid JWH-018 and psychosis: An explorative study. *Drug and Alcohol Dependence*, 117: 152-157.

Matthew Large, M., Sharma, S. Compton, M.T., Slade, T. & Nielsen, O. (2011).

Cannabis use and earlier onset of psychosis: A Systematic Meta-analysis. *Archives of General Psychiatry*, 68: 555 - 561.

Leweke, F.M., Koethe, D., Pahlisch, F., Schreiber, D., Gerth, C.W., Nolden, B.M., Klosterkötter, J., Hellmich, M., Piomelli, D. (2009). S39-02 Antipsychotic effects of cannabidiol. *European Psychiatry* 24, S207.

Müller, H., Sperling, W., Köhrmann, M., Huttner, H.B., Kornhuber, J., Maler, J.M. (2010). The synthetic cannabinoid Spice as a trigger for an acute exacerbation of cannabis induced recurrent psychotic episodes. *Schizophrenia Research*, 118, 309–310.

Zimmermann U. S., Winkelmann P. R., Pilhatsch M., Nees J. A., Spanagel R., Schulz K. (2009). Withdrawal phenomena and dependence syndrome after the consumption of 'Spice Gold'. *Dtsch Arztebl Int* 2009; 106: 464–67.

Zuardi, A.W., Crippa, J.A., Hallak, J.E., Moreira, F.A., Guimarães, F.S. (2006). Cannabidiol, a Cannabis sativa constituent, as an antipsychotic drug. *Brazilian Journal of Medical and Biological Research*, 39: 421–429.

New Research Helps to Explain the Reason for Alcohol-Related "Blackouts"

An alcohol-related blackout is the inability to recall events that took place during a period of intoxication. In technical terms, a blackout refers to antegrade amnesia (i.e., the impairment of long term memory creation) associated with heavy alcohol use.

A recent paper in the *Journal of Neuroscience* sheds light on why blackouts occur. The ingestion

of relatively high amounts of alcohol appears to interfere with the production of 5-alpha-reductase, an enzyme critical to the synthesis of allopregnanolone, which is a metabolite of the hormone progesterone. Allopregnanolone aids in neurogenesis (the creation of new neurons/brain cells) and has been found to be helpful in treating Alzheimer's disease, a key symptom of which is memory impairment.

How can this information help counselors and therapists in the treatment of alcohol use disorders? It further reinforces the fact that heavy or frequent alcohol consumption can result in both short- and long-term changes to the brain, some of which may not be reversible. It also helps family members and other significant others to understand that alcoholism is a brain disorder, one possible symptom of which is the occurrences of blackouts.

Source: Tokuda, T.; Izumi, Y. and Zorumski, C. (2011). Ethanol Enhances Neurosteroidogenesis In Hippocampal Pyramidal Neurons by Paradoxical NMDA Receptor Activation. *Journal of Neuroscience*, 31(27): 9905-9909

NIDA Advisory on "Bath Salts"

An advisory regarding "bath salts" was recently issued by the National Institute on Drug Abuse. The advisory, written by NIDA Director Nora Volkow, can be found at <http://www.drugabuse.gov/about/welcome/MessageBathSalts211.html>

The Association of Cannabis (marijuana, hashish) Use with Earlier Onset of Psychosis

A recent study published in the *Archives of General Psychiatry* provides further data to suggest that cannabis (marijuana, hashish) use may be associated with an earlier onset of psychosis. A meta-analysis (analysis of a wide range of previous studies) yielded evidence that of patients with psychotic symptoms (most commonly those with schizophrenia), those who had used cannabis heavily developed their symptoms between 2 and 2.7 years earlier than those who were non-users.

Sources:

Arendt, M., Rosenberg, R., Foldager, L., Perto, G. & Munk-Jørgensen, P. (2005). "Cannabis-induced psychosis and subsequent schizophrenia-spectrum disorders: follow-up study of 535 incident cases." *British Journal of Psychiatry*, 187: 510-515.

Deepak, C.D., Abi-Saab, W., Madonick, S., Forselius-Bielen, K., Doersch, A., et. al. (2005). "Delta-9-tetrahydrocannabinol effects in schizophrenia: Implications for cognition, psychosis, and addiction." *Biological Psychiatry*, 57(6): 594-608.

Large, M.; Sharma, S.; Compton, M.T.; Slade, T. and Nielsen, O. (2011). Cannabis Use and Earlier Onset of Psychosis. *Archives of General Psychiatry*, published online February 7, 2011. <http://archpsyc.ama-assn.org/cgi/content/full/archgenpsychiatry.2011.5>

Liem-Moolenaar, M., de Kam, M.L., Franson, K.L., Kahn, R.S., Hijman, R., et. al. (2010). "Central Nervous System Effects of Haloperidol on THC in Healthy Male Volunteers." *Journal of Psychopharmacology*, 24: 1697-1708.

Dependence and Withdrawal Associated with "Herbal Incense"

Few well-documented clinical reports exist related to the use of synthetic cannabinoids (in the form of "herbal incense" smoking products). However, a paper in the German language journal *Deutsches Ärzteblatt* provides insight into the potential of one of these products ("Spice Gold") for dependence and physical withdrawal.

This report describes a case of "Spice" dependence as confirmed by the five DSM-IV-TR criteria of:

- Tolerance
- Withdrawal
- Persistent desire or unsuccessful efforts to cut down or control substance use**
- Important social, occupational, or recreational activities are given up or reduced because of substance use
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

In addition, the specific symptoms of anxiety, nervousness and "internal unrest" have been self-reported by a number of "herbal incense" users. In one case, the individual experienced continued and persistent (more than four weeks) anxiety after discontinuing use of these substances. In another, the person also reported severe headaches that could not be relieved by a variety of physician-initiated interventions.

A confounding factor in the case of both scientifically observed and anecdotally reported symptoms of herbal incense use and discontinuation is the inconsistency of ingredients within these products. A further complication is that five of the synthetic cannabinoids (see the following article) are now controlled (illicit) substances, and new cannabinoids and perhaps other ingredients are now appearing in "second generation" herbal incense products such as "K3" and "Splice." Continued observation and scientific study is needed in order to gain a clearer understanding of the "herbal incense" use phenomenon.

Source: Zimmermann, U.S.; Winkelmann, P.R.; Pilhatsch, M.; Spanagel, R. & Schulz, K. (2009). *Deutsch Arztebl International*, 106(27): 464–467. Translated from the original German by Rodney A. Yeates, M.A., Ph.D, and retrieved February 2, 2011 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2719097/>.

**Read more on these articles at www.randallwebber.com.
Click on "Addiction Science News".**

Internet Links

Each month, we provide a list of Internet links in addition to those important to readers from Illinois, our home state. Here are this month's links:

LOS SITIOS WEB DE LA LENGUA ESPAÑOLA (Spanish Language Sites)

LaAntiDroga <http://laantidroga.com>

Instituto Nacional en la Drogadicción/Sección de la Lengua Española
<http://www.drugabuse.gov/nidaespanol.html>

NATIONAL SUBSTANCE ABUSE TREATMENT LOCATOR

Substance Abuse and Mental Health Services Administration Treatment Locator
<http://findtreatment.samhsa.gov/>

PROFESSIONAL ASSOCIATIONS AND CERTIFICATION BODIES

Illinois Alcoholism and Other Drug Abuse Professionals Certification Association
<http://www.iaodapca.org>

Illinois Alcoholism and Drug Dependence Association <http://www.iadda.org>

NAADAC-The Association for Addiction Professionals <http://www.naadac.org>

Employee Assistance Society of North American <http://www.easna.org/>

RECOVERY MANAGEMENT RESOURCES

<http://www.bhrm.org/>

<http://www.attcnetwork.org/learn/topics/rosc/docs/RecMgmt.pdf>

SCIENTIFIC JOURNALS

Addiction <http://www.addictionjournal.org/>

Alcohol

<http://www.elsevier.com/wps/find/journaldescription.agents/525453/description#description>

Alcohol and Alcoholism <http://alcalc.oxfordjournals.org/>

Alcohol, Research and Health

<http://www.niaaa.nih.gov/Publications/AlcoholResearch/Pages/default.aspx>

Journal of Psychoactive Drugs <http://www.journalofpsychoactivedrugs.com/>

Journal of Studies on Alcohol and Drugs <http://www.jsad.com/>

Journal of Substance Abuse Treatment

http://www.elsevier.com/wps/find/journaldescription.cws_home/525475/description#description

STATE AND FEDERAL AGENCIES

Center on Drug Abuse Treatment <http://csat.samhsa.gov>

Center on Drug Abuse Prevention <http://prevention.samhsa.gov>

Illinois Department of Human Services, Division of Alcoholism and Substance Abuse
www.dhs.dasa.il.us.gov

Drug Enforcement Administration <http://www.justice.gov/dea/index.htm>

National Institute on Alcohol and Alcoholism <http://www.niaaa.nih.gov>

National Institute on Drug Abuse <http://drugabuse.gov/nidahome.html>

SUBSTANCE ABUSE AND DEPENDENCE PREVENTION PROGRAMS

Prevention First <http://www.prevention.org>

Mother Against Drunk Driving <http://www.madd.org>

PAPERS AUHTORED BY WILLIAM L. WHITE

<http://www.williamwhitepapers.com>

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