



The Addiction and Behavioral Health Newsletter

A publication of JRW Behavioral Health Services

JANUARY 2012

VOLUME 2, NUMBER 4

Welcome to Volume 2, Number 4 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 "Counseling Resistant Chemically Dependent Men". 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.

Table of Contents

Page	
1	Welcome
2-3	Counseling Resistant Chemically Dependent Men
3-5	Topic of the month: Maternal drug use and birth outcomes
6-8	On-Line Training Announcements & External Workshops
9-11	Upcoming National and Regional Conferences
12-14	News from the World of Addiction Science
15-16	Internet Links (English and Spanish/Inglés y Español)

JRW Behavioral Health Services
2746 Reese Avenue
Evanston, IL 60201
847-563-8900
www.randallwebber.com

© 2011-2012

COUNSELING RESISTANT CHEMICALLY DEPENDENT MEN

Counseling is a feeling sport, and many men are taught to hide their feelings from the time they are little boys. Thus, many men resist counseling. Today, a large percentage of chemically dependent men are mandated to treatment by their employers or the criminal justice system, which leads to resistance to counseling. Below is a list of strategies to help you engage resistant chemically dependent men in addictions treatment.

- Examine the nature of the resistance. Is he resistant to change, counseling, or you (the therapist)? If he is resistant to change, it is important to move at a slow pace in counseling. One way to do this is to utilize the five stages of change, identified by Prochaska and DiClemente. These stages include: 1) precontemplation (he doesn't have a clue that he has a problem); 2) contemplation (he knows there is a problem, but he is ambivalent toward change); 3) determination (he is ready to do something about the problem, but he has not done it yet); 4) action (he is changing); 5) maintenance (he has been sober for six months or longer).
- Examine your feelings about men. Many counselors have strong negative countertransference reactions to men, often based upon their experiences interacting with men in the real world, including abusive fathers, uncles, husbands, male friends, etc. In addition, men are disproportionately perpetrators of violence toward women, other men, and children. If counselors harbor negative countertransference reactions to men, they should be on guard to ensure that these feelings do not negatively impact their relationships with male clients.
- Focus on strength and something that he does well as soon as possible. Many men enter addictions treatment feeling that they have failed. Focusing on his strengths can help him feel better about being there.
- Give a tour. Showing where the coat room is located as well as the bathroom and where he might purchase a snack or get coffee or tea can help decrease resistance to counseling even before the first session begins.
- Allow him to openly talk about not needing to be there. This approach will help him to bond with you, the counselor, even if he does not believe he belongs there.
- If he has difficulty expressing feelings in counseling, give him a list. "Are you feeling angry? Sad? Hurt?"

- Avoid early labels, such as, “You’re an alcoholic.” Early diagnosis without rapport can lead to increased resistance to counseling or premature termination.
- If he has been mandated, ask the leverage question:

Counselor: “You mentioned that your spouse is on your back, as well as the probation officer, and the judge is constantly telling you what to do.”

Client: That’s correct.

Counselor (leverage question): How would you like to get them off your back?

Client: I would love to get them off my back!

Counselor: What would it take to get them off your back?

Client: A letter from you.

Counselor: What would that letter have to read?

Client: I attended all my individual and group sessions.

Counselor: Is that the plan?

Client: Yes.

This particular client is not any closer to acknowledging that he has an alcohol or drug problem; however, by asking the leverage question, he has gone from being a mandated client to a volunteering one.

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.

Substance-Exposed Infants: 2011 Update

According to various credible sources, an increasing number of infants are being born to mothers who use prescription drugs. This being the case, we are presenting this month a review of the effect of various psychoactive substances on the physiology and behavior of newborn children.

Every parent hopes for an infant with unlimited potential for health, happiness and achievement. Maternal alcohol, tobacco or other drug use, however, can limit this potential. The [Fetal Alcohol Spectrum Disorders](#) have been acknowledged [since the 1970s](#) , and are the [the leading cause of developmental disability](#) (i.e., mental retardation) in the United States. However, the effect of other drugs on neonatal outcomes continues to be a source of debate,

and a mixture of myth, assumption and scientific findings has continued to dominate the field. In the 1980s, the term "[crack baby](#)" was linked to dire predictions of congenital deformities, low intelligence levels and persistent neurobehavioral problems. Subsequent investigations conducted when the children reached school age, however, found that these predictions [were greatly overstated](#). Instead, overcoming what appeared to be irreversible problems was associated with a favorable environment, beginning with the setting in which the infant is placed in a neonatal intensive care unit.

A 2011 paper in [Pediatrics in Review](#) provides an excellent update (summarized in **Table 1**) of neonatal outcomes associated with the maternal use of cocaine and several other drugs.

Table 1: Newborn Outcomes for the Babies of Women who Use Alcohol and Other Drugs

	DRUG	Nicotine	Alcohol	Marijuana	Cocaine	Opiates	PCP	Methamphetamine	Benzodiazepines
COMPLICATIONS									
Prematurity		Yes	Yes	No	Yes	Yes/No	No	Yes/No	Yes
Low Birth Weight		Yes	Yes	No	Yes	Yes/No	No	Yes	Yes
Neurobehavioral Symptoms		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NAS		Yes	Yes	No	No?	Yes	Yes/No	Yes?	Yes
Congenital Malformations		Yes/No	Yes	No?	Yes/No	No	Yes	Yes?	Yes/No

- Yes/No: Both have been reported.
- ?: Controversial or unclear findings.
- NAS: Neonatal abstinence syndrome.*
- PCP: [Phencyclidine](#).

Source: Jansson & Velez (2011).

As indicated, the incidence of premature birth (defined as birth at less than 37 weeks gestation) is a common outcome associated with the use of four of the eight drugs/drug categories listed in Table 1. This problem does not seem to be associated with marijuana or PCP use and the scientific evidence is mixed in the case of opiates and methamphetamine. Low birth weight ([LBW](#) defined as less than 5 pounds 8 ounces) is a factor in the case of nicotine, alcohol, cocaine and methamphetamine, but not marijuana or PCP, with mixed results associated with the opiates. No such confusion occurs when neurobehavioral symptoms are the outcome in question. All of the substances listed may contribute to such

symptoms. The research related to the [neonatal abstinence syndrome](#)[†] is less straightforward. NAS has been observed in some infants whose mother has used nicotine, alcohol, opiates or benzodiazepines. Maternal marijuana use does not seem to be associated with NAS, but heavy cannabis users themselves do typically display established [withdrawal symptoms](#). In the case of PCP, cocaine and methamphetamine, the evidence is mixed. A more serious outcome, congenital malformations (“birth defects”) occurs in infants born to women who have used PCP alcohol during their pregnancy, but not opiates. Once again, the research is mixed with regard to the other substances.

Common sense as much as medical evidence suggests that all pregnant women should abstain from mood-altering substances until the baby is born. Less emphasis has been placed on the importance of remaining drug free through the breast feeding period. This is of great importance since cocaine and other drugs that the mother takes during this time are found in breast milk.

As a clinician, what can I do?

Our clients, both male and female, should be made aware of the wide range of fetal effects that can be produced by the use of psychoactive drugs as well as the importance of maternal abstinence through the breast-feeding period. In some cases, the cessation of drug use during pregnancy is recommended, but in other cases it may actually harm the fetus. Our medical directors can help clients make the best decisions in such cases, educate clients, and serve as a source of information for clinical and nursing staff members.

Sources:

Bailey, BA & Sokol, RJ (2008). Pregnancy and alcohol use: Evidence and recommendations for prenatal care. *Clinical Obstetrics and Gynecology*, 51(2):436–444.

Chavkin, W. (2001). Cocaine and Pregnancy—Time to Look at the Evidence. *Journal of the American Medical Association*, 285(12): 1627-1627.

Frank, DA, Augustyn, M, Knight, WG, Pell, T & Zuckerman, B. (2001). Growth, Development, and Behavior in Early Childhood Following Prenatal Cocaine Exposure: A Systematic Review *Journal of the American Medical Association*, 285(12): 1613-1625.

Gree, JH (2007). Fetal Alcohol Spectrum Disorders: understanding the effects of prenatal alcohol exposure and supporting students. *Journal of School Health*, 77(3):103-8.

Jansson, LM & Velez, ML (2011). Infants of Drug-dependent Mothers. *Pediatrics in Review*, 32(1): 5-13.

Lester BM, Miller RJ, Hawes K, Salisbury A, Bigsby R, Sullivan MC, Padbury JF (2011). *Seminars in Perinatology*, 35(1):8-19.

[†] NAS= The physiological signs of drug withdrawal. Psychological symptoms (e.g., drug hunger, depression) are not a component of this syndrome.

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 10:00-11:00 A.M. (Central Standard Time) on the third Thursday of each month. The next free webinar will occur on January 19, 2012. On the first, second and fourth Thursday of each month, the webinar is available for \$10.

To register for free courses, [click here](#) 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 registration center](#)

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

Webinars

Principles of Street Drug Pharmacology January 17, 2012

10:00 A.M.-12:15 P.M. (CST)

IAODAPCA PROGRAM NUMBER: 10813

2 Continuing education units: Counselor I, Prevention I, Assessor I, MISA I, CCJP II, PCGC II, CAAP I, CRSS II, BRI II, MAATP I, CFPP II

Herbal Incense: The New Marijuana? January 12 & 26, 2012

10:00-11:00 A.M. (CST)

IAODAPCA Program Number 10138

1 Continuing Education Unit

Categories: Counselor I, Prevention I, Assessor I, MISA I, CCJP II, PCGC II, CAAP I, CRSS II, BRI II, MAATP I

\$10

**Street Drug Pharmacology:
Bath salts, Kratom and Salvia
January 24, 2012**

10:00 A.M.-12:15 P.M. (CST)
IAODAPCA CEUs PENDING
\$25

**Preparing for the Future: Treating Substance Dependent
Baby Boomers and other Older Clients
January 26, 2012**

2:00-4:15 P.M. (CST)
IAODAPCA PROGRAM NUMBER: 9920
2 Continuing Education Units
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
\$25

**Street Drug Pharmacology:
Heroin and Other Opiates
January 31, 2012**

10:00 A.M.-12:15 P.M. (CST)
IAODAPCA CEUs PENDING
\$20

**Stimulant Dependence and Sexual Compulsion
February 2, 2012**

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

Home Study Courses

- ◆ Street Drug Pharmacology (8 IAODAPCA CEUs) \$45
- ◆ Advanced Street Drug Pharmacology (8 IAODAPCA CEUs) \$45
- ◆ Pharmacology and Physiology of Alcohol and Alcoholism \$40
(6 IAODAPCA CEUs)

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

JANUARY 2012

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

FEBRUARY 2012

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

International Neuropsychological Society 40th Annual Conference
February 15-18, 2012
Montreal, Quebec, Canada
Contact: <http://www.the-ins.org/40th-annual-meeting-montreal>

MARCH 2012

Counseling Advances Conference
March 15-17, 2012
Las Vegas, Nevada
Contact: www.usjt.com or 800-441-5569

American Counseling Association (ACA) Conference and Expo
March 21-25, 2012
San Francisco, California
Contact: <http://www.counseling.org/Convention/>

Addiction Medicine 2012
March 30-31, 2012
Asheville, North Carolina
Contact: <http://www.sa4docs.org/>

APRIL 2012

National Council Mental Health & Addictions Conference
April 15-17, 2012
Chicago, Illinois
Contact: <http://www.thenationalcouncil.org/>

Pennsylvania Certification Board (PCB) 13th Annual Conference
April 16-17, 2012
Harrisburg, Pennsylvania
Contact: info@pacertboard.org

American Society of Addiction Medicine (ASAM) 43rd Annual Medical-Scientific Conference
April 19-22, 2012
Atlanta, Georgia
Contact: <http://www.asam.org/AnnualMeeting.html>

American Association for the Treatment Opioid Dependence, Inc. National Conference
April 21-25, 2012
Las Vegas, Nevada
Contact: <http://www.aatod.org>

Freedom & Recovery—Integrated Mental Health and Addiction Treatment for Veterans
April 23-26, 2012
San Diego, California
Contact: <http://wwwFOUNDATIONSRECOVERYNETWORK.com/events/index.htm>

MAY 2012

2012 Annual Idaho Conference on Alcohol and Drug Dependency
May 15-17, 2012
Boise, Idaho
Contact: <http://www.attendicadd.com/>

National Association of Addiction Treatment Providers (NAATP) 2012 Annual Conference
May 19-22, 2012
Phoenix, Arizona
Contact: <http://www.naatp.org>

Substance Abuse Librarians and Information Specialists (SALIS) 34th Annual Conference
May 22-25, 2012
Reno, Nevada
Contact: <http://www.salis.org/>

Society for Prevention Research 18th Annual Meeting
May 29-June 1, 2012
Washington, DC
Contact: <http://www.preventionresearch.org/>

25th Annual Northwest Conference on Behavioral Health & Addictive Disorders
May 30-June 1, 2012
Seattle, Washington
Contact: www.usjt.com or 800-441-5569

National Association of Drug Court Professionals
May 30-June 2, 2012
Nashville, Tennessee
Contact: <http://www.nadcp.org/>

Annual West Coast Symposium on Addictive Disorders
May 31-June 3, 2012
LaQuinta, California
Contact: <http://www.wcsad.com>

JUNE 2012

College of Problems on Drug Dependence Annual Meeting
June 9-14, 2012
Palm Springs, California
Contact: <http://www.cpdd.vcu.edu/Pages/Meetings/FutureMeet.html>

NIATx Summit & State Associations of Addiction Services Conference
June 19-22, 2012
New Orleans, Louisiana
Contact: <http://www.saasniatx.net/Content/Home.aspx>

JULY 2012

The International Narcotics Research Conference 2012
July 14-19, 2012
Kansas City, Missouri
Contact: <http://www.inrcworld.org/index.htm>

American Mental Health Counselors Association (AMHCA) Annual Conference
July 19-21, 2012
Orlando, Florida
Contact: <http://www.amhca.org/>

SEPTEMBER 2012

Cape Cod Symposium on Addictive Disorders
Sept. 6—Sept. 9, 2012
Cape Cod, Hyannis Massachusetts
Contact: <http://www.ccsad.com>

OCTOBER 2012

International Society of Addiction Medicine (ISAM) Annual Meeting
October 13-17, 2012
Geneva, Switzerland
Contact: <http://www.isamweb.org/>

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

MDMA ("ecstasy") Use May Result in Brain Damage

[A recent paper](#) in the *Archives of General Psychiatry* has provided updated information on a controversial topic: whether MDMA use results in persistent changes in brain structure or function. The study indicates that at some level and dosage of MDMA, persistent damage to the serotonin neurotransmitter system (specifically, serotonin_{2A} receptor density) may occur. This damage did not disappear with abstinence, suggesting that it may be permanent.

The research described in the paper involved an experimental group of 14 female MDMA users and 10 female matched controls who had not used the drug*. Within the experimental group, a hair analysis showed that no other drugs had been used for at least 90 days. Neither specific dosages of MDMA nor frequency of use were cited. Thus, neither the amount of MDMA nor usage pattern can be linked to the neurotoxicity associated with its use. However, the authors suggest that multiple doses of the drug and/or concurrent activities (such as dancing) that result in [hyperthermia](#) may be important factors in the brain damage.

The authors caution readers that this is a retrospective study with little knowledge of the subjects' prior drug use or pre-existing psychiatric conditions. In addition the "N" (number of subjects) was limited. The specific behavioral or cognitive effect of the serotonin system damage could not be identified, but impairment in memory functions is a likely outcome. However, these results raise a red flag and should be taken seriously by both clinicians and clients. Further, future research that uses MDMA as a therapeutic drug may not be safely conducted until more research regarding the particular pattern of use associated with disruption within the brain's serotonin system is identified.

* Females were recruited for this study since men and women metabolize MDMA differently, and so the results cannot be generalized to both genders.

Source: Di Iorio, CR, Watkins, TJ, Dietrich, MS, Cao, A, Blackford, JU, et. al. (2011). Evidence for Chronically Altered Serotonin Function in the Cerebral Cortex of Female 3,4-Methylenedioxymethamphetamine Polydrug Users. *Archives of General Psychiatry*, published online only December 5, 2011. Full text retrieved December 21, 2011 from <http://archpsyc.ama-assn.org/cgi/content/abstract/archgenpsychiatry.2011...>

Multiple Medications Pose Serious Problems for U.S. Troops

As the conflict in Iraq winds down, substance dependency programs are likely to see more veterans. It is important to screen these men and women not only for psychiatric disorders and

persistent pain, but also for the medications used to treat such conditions. According to a story in the New York Times, U.S. Troops stationed in Iraq and Afghanistan may be at high risk of medical consequences as the result of being prescribed multiple prescriptions for anxiety, depression, post-traumatic stress disorder and chronic pain.

Source: [For Some Troops, Powerful Drug Cocktails Have Deadly Results](#). New York Times, February 11, 2011

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.

**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>

National Inhalants Prevention Coalition <http://www.inhalants.org/>

PAPERS AUHTORED BY WILLIAM L. WHITE

<http://www.williamwhitepapers.com>

**To Find More Links to Substance Use Disorder Resources, Visit Us at
www.randallwebber.com and Click on “Links”**