

# ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

Volume 20 Number 37  
September 29, 2008  
Print ISSN 1042-1394  
Online ISSN 1556-7591

## HIGHLIGHTS...

The bailout of the financial industry being crafted by the White House and Congress does not bode well for the addiction treatment field, now or in the future. No matter who is elected president, the next administration will be restricted in its funding decisions, as will Congress, by the huge increase to the debt of the projected measure. *See story, top of this page.*

The ADA Amendments Act passed by Congress this month restores the 1990 law's original intent — protecting people with disabilities, including addicts and alcoholics, from discrimination. Courts, including the Supreme Court, had narrowly interpreted the original ADA to apply only to people whose disabilities had not been mitigated or treated. The new law clarifies that courts must define “disability” broadly, which includes people in recovery. *See story, bottom of this page.*

## INSIDE THIS ISSUE...

Both houses pass parity bill, but in different forms . . . *See page 3*

Seabrook House program gets grant for HIV testing, prevention . . . *See page 4*

© 2008 Wiley Periodicals, Inc.  
Published online in Wiley InterScience  
(www.interscience.wiley.com) DOI: 10.1002/adaw.20155

## Financial peril, bailout plan cause advocates to temper future hopes

With each passing day last week adding more questions about the mechanics and the long-term effects of a massive plan to revive the U.S. financial system, advocates in the addiction field chose their words carefully when projecting how their community ultimately might be affected by the substantial outlay being debated.

One theme did seem to resonate with a number of individuals who spoke with *ADAW* before press time last week: The bailout plan will significantly affect the next administration in at least its early months, and that is leading to somewhat diminished expectations about new initiatives in health and human services.

As one observer from outside the field characterized the tone of a new administration, “This is not

going to be a golden age, that’s for sure.” Yet Jim Horney, director of federal fiscal policy at the Center on Budget and Policy Priorities, quickly added to that comment, “But that wasn’t going to be the case anyway,” even before the headlines of the past two weeks.

It may be months before the addiction treatment and prevention advocacy community — and any other interest group that receives significant federal support, for that matter — can fully comprehend how the projected \$700 bailout plan will affect federal spending priorities in the near term and beyond. So many variables could change the picture completely; indeed, the Congressional Budget Office (CBO) last week acknowledged that it

[See BAILOUT on page 2](#)

## Congress passes bill to restore key disability rights to addicts and alcoholics

Almost lost in the frenzy over the pending bailout of the financial industry and the tortuous path of parity was significant legislation passed Sept. 17 by the House of Representatives (H.R. 3195) that strengthens the rights of people in recovery.

The bill, which had already been passed in the Senate (S. 3406) and which President Bush is expected to sign, is the “ADA Amendments Act.” It expands and clarifies the definition of disability in the Americans with Disabilities Act (ADA), the 1990 law extending protections to alcoholics and drug addicts, among others, in the public and private sector.

The ADA was best known for removing physical barriers, such as steps, and replacing them with

ramps. But it was also supposed to remove less visible barriers, such as employment discrimination for people with a history of addiction.

The bill would:

- Require that courts define disability broadly in determining whether an individual should be protected under the ADA.
- Clarify that a disability is a current or past physical or mental impairment — or being regarded as having such an impairment — that substantially limits a major life activity or bodily function (including working).
- State that impairments that are in remission must be consid-

[See ADA on page 6](#)

**BAILOUT** from page 1

could not yet assess the actual cost of the bailout because much depends on the degree to which there will be a return on any of taxpayers' "investment" in Wall Street assets to be purchased by the government.

Yet one reality that all seemed to understand last week was a federal budget deficit that hovers around \$550 to \$600 billion even without figuring in any effects from the bailout (and one that is likely to grow substantially in the coming months). Although as of mid-week last week the two major parties' candidates for president had not altered their own taxation and spending outlines, many observers believe the bailout is likely to have whoever is elected proceeding cautiously in the early months of his administration.

"There was already some concern out there that health care was not going to be a priority, and that we needed to continue to put pressure on the candidates," Alexa Eggleston, director of public policy at the National Council for Community Behavioral Healthcare, told *ADAW*. "If that was already a concern before this, there is now concern that it may take even longer to get to meaningful initiatives."

**Accountability the watchword**

Eggleston said it appears that regardless of who is elected in Novem-

ber, accountability will be demanded of providers. "A great deal of value will continue to be placed on programs' efficacy. I don't know if anybody thought that would go away."

She added that although field priorities such as the block grant could continue to see relatively flat funding in the wake of the current financial hardships, she believes the field is at least better equipped to make the accountability argument — given the strides it has made in recent years in demonstrating outcomes from its efforts.

past two weeks certainly add a major dimension to the discussion of future prospects for the field, Morrison said they don't necessarily change the basic tenets of what the field must do as it begins to prepare to work with a new administration.

"Our effort still involves preparation, data, information about cost offsets [from spending on treatment services], more data," Morrison said.

While the unprecedented nature of the bailout makes it difficult for even those close to the situation to convey its true significance, most

**'This will be a tightening straitjacket on the new administration.'**

Daniel Guarnera, NAADAC

Rob Morrison, director of public policy at the National Association of State Alcohol and Drug Abuse Directors (NASADAD), told *ADAW* that his organization tries not to react too hastily to developments such as the ever-changing moods on Capitol Hill as details of the bailout plan emerge.

"For NASADAD, we must be very precise and very accurate, in coordination with the National Governors Association," Morrison said. "The nature of who we are doesn't lend itself to a lot of knee-jerk reactions."

While the developments of the

advocates believe it will further constrain an already deficit-choked fiscal picture.

"The likelihood is that there are going to be severe fiscal limitations," Daniel Guarnera, government relations liaison for the National Association of Addiction Treatment Providers (NAATP) and NAADAC, The Association for Addiction Professionals, told *ADAW*. "This will be a tightening straitjacket on the new administration."

Coupled with potentially crippling budget shortfalls in state capi-

**ALCOHOLISM DRUG ABUSE WEEKLY**  
News for policy and program decision-makers

- Executive Managing Editor** Karienne Stovell
- Editor** Alison Knopf
- Associate Editor** Sarah Merrill
- Contributing Editor** Gary Enos
- Production Editor** Douglas Devaux
- Executive Editor** Isabelle Cohen-DeAngelis
- Publisher** Sue Lewis

To renew your subscription, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: [subinfo@wiley.com](mailto:subinfo@wiley.com).

**Alcoholism & Drug Abuse Weekly** (Print ISSN 1042-1394; Online ISSN 1556-7591) is an independent newsletter meeting the information needs of all alcoholism and drug abuse professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in alcohol and drug abuse, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the first Monday in July, the first Monday in September, and the first and last Mondays in December. The yearly subscription rates for **Alcoholism & Drug Abuse Weekly** are: Electronic only: \$699 (individual), \$3950 (institutional); Print and electronic: \$769 (individual, U.S./Can./Mex.), \$913 (individual, all other), \$4345 (institutional, U.S.), \$4489 (institutional, Can./Mex.) and \$4537 (institutional, all other). **Alcoholism & Drug Abuse Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: [subinfo@wiley.com](mailto:subinfo@wiley.com). © 2008 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden. For reprint permission, call (201) 748-6011.

**Alcoholism & Drug Abuse Weekly** is indexed in CINAHL: Cumulative Index to Nursing & Allied Health Literature (EBSCO).

**Business/Editorial Offices:** John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; Alison Knopf, e-mail: [aknopf@bestweb.net](mailto:aknopf@bestweb.net); (845) 225-2935.

tals across the country, it may take a significant effort simply not to lose what the field already has in terms of government funding support. The latest headline at the state level last week focused on the need to enact \$7.1 billion in cuts in order to balance the newly approved state budget in California, Morrison said.

“At a minimum, this will temper some proposals going forward,” he predicted.

### Short-term projections

It appeared as of mid-week last week that human-services interests will not know until next February or March whether eventually adopted fiscal 2009 spending levels will more closely resemble the amounts authorized this year in congressional budget resolutions or the original proposals of President Bush. Congress on Sept. 24 moved forward with a stop-gap spending plan that will leave the

results for all but three security-related spending bills unknown until Congress returns in early 2009.

The adoption of a continuing resolution that will fund the government through March 6 makes it increasingly unlikely that Congress will return for even a brief time immediately after the November elections, most observers indicated last week.

In looking at how the budget process could play out in the short term given the current financial upheaval, the Center on Budget and Policy Priorities’ Horney believes the presidential election results will have a major bearing. He believes it is more likely that Republican candidate John McCain would take the position that 2009 funding levels should not exceed President Bush’s original requests, while Obama would be more likely to want the congressionally approved allocations to stay in place.

Yet on a longer-term basis, Horney believes it is more difficult to forecast what might happen, because projections of growing deficits in the coming months are followed by prospects for the deficit declining by 2012 or 2013.

“Some might say that we have a longer-term problem because of the retirement of the Baby Boomers and may believe that we should retrench, but others might say that we have a temporary problem and there’s no reason [not to spend],” Horney said.

Moreover, the bailout could actually add to the talking points of human services professionals and other advocates in seeking funding for new initiatives, Horney indicated.

“They could say, ‘You just spent \$700 billion, or \$50 billion if it gets accounted that way, for a Wall Street bailout. How can you not spend at least a few billion for priority A, B or C?’” Horney said. •

## Both houses pass parity bill, but in different forms

Both houses of Congress have passed the exact same parity bill, but the House of Representatives passed it by a vote of 376 to 47 on Sept. 23 as a stand-alone bill, and the Senate passed it 93-2, also on Sept. 23, as an amendment to the tax extenders package.

After that, a crucial next step became the focus of a story that changed on an hourly basis. For one bill to be sent to the President to sign, one of three things would have to take place: the Senate would have to pass the House standalone measure, the House would have to pass the tax extenders measure, or — there could be a third option, still unclear at press time, which might, for example, involve splitting the Senate tax extenders bill into different pieces in order to overcome House “pay-for” rules requiring cost offsets.

But exactly how the bill — the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction

Equity Act — passes is not as important as reminding legislators to pass it, sources adamantly told *ADAW* last week. “Right now, folks interested in having parity pass should focus on outreach to Congress instead of predicting the mechanism the Hill will use,” said Rob Morrison, public policy director for the National Association of State Alcohol and Drug Abuse Directors and a veteran lobbyist. “This is boiling down to something that House and Senate leadership will have to iron out. As they make these decisions, continued outreach can make the difference between a home run and a strike-out.”

“We are close, but not quite to the end,” said Ronald J. Hunsicker, president and CEO of the National Association of Addiction Treatment Providers (NAATP). “The obvious positive is that this has passed both the Senate and the House,” he said. “But we have learned that the political process is not a straight line and that there are always bends in the

road not anticipated or seen.”

Whatever the route, it is now or never for parity, field sources told *ADAW* last week in tones of desperation at the thought of the bill not passing, mixed with elation at being so close to the end.

“Timing is the biggest thing,” said Pat Taylor, executive director of Faces and Voices of Recovery, noting that although Congress was scheduled to adjourn Sept. 26, it might continue operations into this week. “There will be opportunities to get this sorted out, but it has to be done now and it has to be sorted out.”

“We won’t have this chance again,” said Carol McDaid, principal of lobbying firm Capitol Decisions, of the current scenario that has advanced parity than ever before. The next administration will be setting its sights on health care reform, and that will consume Congress, she said.

“I am convinced that if we

[Continues on next page](#)

Continued from previous page

don't get it done now, regardless of who is elected president, we won't be able to get the same focus on this issue that we have now, because it will be on health care reform," McDaid said, noting that the leadership that has gotten the bill through will not be there as well. "I've already lived through trying to get focus on parity when there is focus on health care reform," she said, referring to the 1993-1994 push by the Clinton Administration for a single-payer bill. "Even when you have a Democratic administration, all the committees' attention will be on health care reform."

If the parity bill isn't passed by Congress now, it will have to start at the beginning again. "To go through all that again is impossible," said McDaid.

"I've worked on this longer than on any piece of legislation in my career, and I've been doing government relations for 25 years," she told *ADAW*. And the roller coaster for parity is not business as usual for people working on Capitol Hill, she said. "This is different because of the work that has gone into it just

for this go-round alone," she said. "It went to field hearings all over the country, markups at four committees, three subcommittees, and five different hearings, with a full court press at each," she said.

## Coalition crucial

Sources credit the field's ability to work with others in order to get parity passed by both houses. "I helped coordinate a coalition of over 250 organizations," said McDaid. "This effort, which has been going on almost two years, was huge."

Not only were groups like the American Red Cross and Easter Seals at the table — new partnerships for the addiction field — but even within the field there were bonds formed with mental health.

"This process has been a valuable learning experience for NAATP and for NAADAC as we have incorporated our efforts into a single initiative," said Hunsicker. "We have learned how to call for action and how to speak as a single voice."

## Offsets

If parity does fail, it will not be due to the bill itself, sources agree. It will be due to the problem of finding offsets — ways to pay for it. While dwarfed by the \$700-billion bailout being considered by Congress, the \$3.4 billion cost of parity over 10

years may be the sticking point, said Hunsicker. But he added that the bailout may keep Congress in session a few days longer (into this week) "which should work in our favor."

Take advantage of those days and continue the effort, advocates stressed. At press time, it wasn't clear whether Congress would adjourn last week or continue into this week to take up the bailout of the financial industry (see story, page 1). There will probably not be a lame duck session since the House passed a Continuing Resolution Sept. 24 that will keep the government running until March 2009.

"If the bill does not go through, it will be because of the issue of how to pay for it," said Hunsicker. "It will not be because of parity itself, and that's something we need to take heart in." •

---

Editor's note: For subscribers who receive *ADAW* over their computers Thursday or Friday, it may not be too late to contact your representatives and senators on Capitol Hill and urge them to work with one another to create one parity bill. And if Congress did not take up the measure last week and is still in session this week to work on the bailout, it's not too late to contact them either. Not only is it not too late, but it may be your last chance.

Need additional copies? Call  
**203-643-8066**  
for discounted bulk rates.

## Seabrook House program gets grant for HIV testing, prevention

The MatriArk Family Program at Seabrook House has received a five-year, \$400,000 federal grant to provide HIV testing and education to patients and their family members. The award, called "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services," is from the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration. It represents new funding from the mental health and substance abuse service grants program.

Under the grant, Community Health Care, a federally-funded health center, will conduct on-site HIV testing to all MatriArk patients, and Seabrook House staff will receive training in management of medical needs for MatriArk patients whether HIV-positive or HIV-negative. Counselors will be trained in how to teach patients about safe-sex practices to reduce the risk of HIV transmission. The Seabrook, N.J. facility announced the grant award Sept. 19.

The program has beds for 48 female patients, many of whom are ei-

ther pregnant or have their babies and children with them in the process of reunification. Asked about what percentage of patients have HIV, Susan Gordon, Ph.D., director of research at Seabrook House responded that "testing for HIV is confidential — I don't know how many people here have HIV." But she does know that about a third of the patients have hepatitis C.

Although she suspects that HIV transmission in MatriArk patients is sexual and not via needle sharing,

[Continues on page 6](#)

## Celebrating youth recovery from substance use disorders

By Harry Kressler

September marks National Recovery Month for all Americans affected by Substance Use Disorders (SUDs). This annual focus on recovery from alcohol and drugs is usually organized by and for adults. Much less attention is paid to youths in recovery, who are seeking to stay sober. Established adult recovery cultures may not always be suitable for youths in recovery.

For the past year and a half, the Pima Prevention Partnership in Tucson has been learning how to keep teens from relapsing back into a life of chronic alcohol and drug use. In October of 2007, the Center for Substance Abuse Treatment funded Pima Prevention Partnership to establish FreeMind — a youth recovery community movement by, for and about youth.

FreeMind is an action-oriented community of youths. Monthly events include recovery sessions, recovery-themed life skills workshops, field trips, pro-social activities, and simply just hanging out. All activities and events are organized by youths, with the help of professional staff. The emphasis on youth leadership is one of the main factors that helps youths sustain their recovery efforts.

When youths first enroll in FreeMind, they usually report having been sober for three to six months. Approximately four out of five youths who joined FreeMind after substance abuse treatment in an outpatient clinic were still sober after six months. Youths who didn't enter treatment for substance abuse but joined FreeMind to become sober also demonstrated a larger sustained increase in sobriety after establishing a recovery lifestyle.

### Data points

The amount of time that members participated in FreeMind activities was directly related to their abstinence outcomes at three and six months following enrollment. Those who spent two to four hours per week engaged in FreeMind activities were most successful, and showed steady increases in abstinence from alcohol and illegal drugs over time (by a factor of 21 percent from intake to six months). Eighteen year-old males who enrolled in FreeMind showed the biggest increases in abstinence at these time points: 31 percent reported no alcohol/drug use in the 30 days before intake, increasing to 85 percent abstinence at the three and six month follow-up. Males, ages 13-17 years-old also showed steady increases in abstinence over time: 60 percent

at intake, 70 percent at three-month follow-up, and 75 percent at six-month follow-up.

One hundred percent of males of all ages reported feeling socially connected at the three-month interview point (that is, having a friend or family member who supports them in their recovery, or having attended any voluntary self-help groups for recovery in the 30 days before interview). Eighteen year-old males also showed the largest increase of any age group or gender in the 'social consequences' national outcome measure; this is whether a program participant experienced no alcohol or illegal drug-related health, behavioral, social consequences. At intake to the program, 46 percent of these males had experienced social consequences due to their alcohol or drug use. At the three and six month follow-up, this was reduced to only seven percent.

Females of all ages entering the FreeMind program reported higher levels of abstinence from alcohol and illegal drugs at intake than their male counterparts. While male abstinence levels represented the biggest increases over time, females also showed steady increases. Sixty-seven percent of females (both 13-17 years old and 18 years old) reported abstinence at intake; for 13-17 year-olds, this increased to 70 percent at three months after enrolling, and to 78 percent at six months after enrolling. For 18 year-old females, abstinence increased to 87 percent at three months and decreased slightly at the six-month follow-up, to 80 percent. However, older females reported the largest increases in social connectedness over time, from 53 percent at intake, to 100 percent at the three to six-month follow-up interview points.

Females of all ages also showed steady increases in the extent to which they experienced no negative social consequences because of their alcohol or illegal drug use. Eighty-two percent of 13-17 year-old females reported no negative consequences at intake, increasing to 90 percent after three months and 95 percent after six months. Eighteen-year-old females did even better, with 93 percent reporting no social consequences after three months and 100 percent reporting no social consequences due to alcohol or drug use after six months.

In summary, youth addiction to alcohol and other drugs is correlated with a myriad of delinquent behavior. Although the Office for National Drug Control Policy encourages recovery from substance

[Continues on next page](#)

Continued from previous page

use disorders for all persons with addictions, it has done little to strategically address youth recovery as a viable, cost effective option in its national demand reduction platform. Ultimately, federal state and local investment in developing youth recovery communities will save taxpayers money and reduce the ever-growing segment of chronically addicted adults in the U.S.

*Harry Kressler has served as Executive Director for Pima Prevention Partnership (PPP) in Tucson, Arizona for the past 17 years. PPP is a non-profit corporation that provides adolescent treatment and prevention services to youths and families in Tucson, Arizona. In addition, he serves as superintendent for two of the agency's public charter schools aimed at high-risk youths. He can be reached at [hkressler@thepartnership.us](mailto:hkressler@thepartnership.us).*

Continued from page 4

Gordon said that it's possible that one third of the women could be HIV positive as well.

"But they don't know much about their sexual partners, and we know that 75 percent of the women engage in sex without using a condom."

It's important to test pregnant women for HIV, said Gordon, so that the baby can be given anti-retroviral medication to reduce the

likelihood of conversion to AIDS. However, it's against the law to require HIV testing, so she hopes that the grant will make it possible for women to have HIV testing on site, in a more comfortable atmosphere than going off site to the hospital.

"We think it's going to be a lot easier to motivate the women to be tested in the privacy of a practitioner's office here at MatriArk," Gordon told *ADAW*.

"We got the grant, which is main-

ly a prevention grant, because our women are at high risk for HIV," she said. "We assume there are women who are not positive but who would benefit from safe sex counseling."

In addition, the program will invite family members to be tested. "We're going to be starting biweekly family days on the weekends, probably on Saturday during the day, first getting the permission from the resident to send out the invitation," said Gordon. •

ADA from page 1

ered as disabilities if they would limit a life activity when the impairment is active.

- Prohibit courts from looking at whether the individual has taken steps to mitigate the impairment.

The original ADA, in the spirit of the drug-testing rage at the time the bill was debated and passed, did not protect current illegal drug users, and neither does the ADA Amendments Act. However, both laws do protect people in recovery from addiction, regardless of the substance.

The ADA Amendments Act is widely viewed as the most important piece of civil rights legislation since the original ADA, and has far-reaching implications for people in recovery, as well as people who need, are seeking, or are in treatment. Notably, the ADA protects people from discrimination based on disability, whether that disability is real or perceived.

But courts, including the Supreme Court, have defined dis-

## 'What the court decisions did was say that addiction was not covered as a disability.'

Catherine H. O'Neill

ability so narrowly as to prevent many people from claiming their rights under the ADA. For that reason, Congress crafted the ADA Amendments Act, which disability rights groups have referred to as the ADA restoration act in recognition of the fact that it will restore the original intent of the ADA.

### Mitigation

The narrow interpretations by the courts have resulted people in treatment or otherwise in recovery being denied protection from discrimination in employment and other areas. According to the original

ADA's sponsors in Congress, the courts misinterpreted their intentions.

For example, the Supreme Court has ruled that if the disabled person has taken corrective measures to mitigate their disability — such as medication — then they are not to be considered disabled. Furthermore, the court said that the Equal Employment Opportunity Commission should not evaluate people in their hypothetical uncorrected state when determining disability status, as they had been doing.

The Supreme Court's actions has resulted in a "supreme absurdity," in the words of Sen. Tom Harkin, the lead sponsor of the 1990 law and of the ADA Amendments Act. "The more successful a person is at coping with a disability, the more likely it is for a court to find that they are no longer sufficiently disabled to be protected by the ADA," said Senator Harkin in introducing the Senate version of the bill Sept. 11. "And if these individuals are no longer protected under the ADA, then their requests for a reasonable accommodation at work can be denied. Or they

can be fired — without recourse.”

This creates a “Catch 22 situation” for people with disabilities, said Harkin. “If you don’t take the medication or use the assistive device, then you are not qualified to do the job. On the other hand, if you stop taking the medication, or stop using your prosthesis, you will be considered a person with a disability under the ADA, but you will be unable to do your job.” This was not what Harkin or Congress intended, he said.

“What the court decisions did was say that addiction was not covered as a disability,” said Catherine H. O’Neill, senior vice president of the Legal Action Center and one of the top legal authorities in the country on the ADA and addiction. “You had to prove that you had a disability that was covered by the ADA even to get through the courthouse door,” she said. “So someone who has a chronic health problem that is mitigated by medication may not be covered because the courts said if your medication or other treatment does not prevent you from working or doing other things, then it is not covered.”

What the ADA Amendments Act does is reaffirm the originally intended coverage of the ADA, said O’Neill. “Persons who have past, current, or perceived histories of addiction, both alcohol and drug, are now clearly and fully covered by the law, which prohibits discrimination,” she told *ADAW*. This includes someone who is in active treatment, she said.

One gap in the ADA Amendments Act is that it does not address the exclusion of people who are currently engaged in illegal drug use. This can be a disability as much as addiction to legal drugs is a disability, but if the addiction is to illegal drugs — or to legal drugs such as prescriptions that are not used pursuant to a doctor’s prescription — then the person is not covered. This can be particularly problematic for someone newly in recovery from addiction to illegal drugs, said O’Neill. “Employers and others may believe that the

### Late-Breaking News:

## Illinois treatment funds restored

The Illinois Senate voted last week to restore \$55 million to the state’s alcohol and drug treatment budget. Originally vetoed by Gov. Rod Blagojevich, the money was part of a \$219 million supplemental budget bill to restore other programs also vetoed.

The Senate voted 55-0 Sept. 24 to restore the funding. The House voted 113-3 to restore it the preceding week.

“The General Assembly’s action will restore drug treatment services to more than 42,000 people across the state,” said Sara Moscato Howe, CEO of the Illinois Alcoholism and Drug Dependence Association. “Now, we urge the Governor to act swiftly to approve the legislature’s action.”

Also see *ADAW*, Sept. 22, July 18.

person’s use is recent enough to be ‘current,’” she said, noting that the ADA does not define current.

### Recovery a disability?

How can someone with a history of addiction prove that the reason they weren’t hired, for example, was because of their disability? “Every case is individual,” said O’Neill. “But if you show that that employer’s decision to deny you a job was because you have a history of or are currently alcoholic or addicted, that’s how you prove it,” she told *ADAW*. “You prove that the basis for the employer’s adverse action was your present or perceived disability — and then you prove that was not a legitimate reason for the employer to act.”

For people who are in recovery and don’t think of themselves as having a disability, O’Neill stressed

that there is a difference between the legal definition of a disability under the ADA, and the layperson’s view of it as being unable to function in some way. “People in recovery are fully functional, but they may have their abilities limited by other people, not because of their history, but because of society’s attitudes toward them,” said O’Neill.

And it is society’s attitude — one that the recovery field should understand well — that goes to the heart of the reasons for the ADA and the new law, said O’Neill. “It is that kind of discrimination, based on stigma and not based in reality, that the ADA is intended to reach and prohibit,” she said. “The focus on the ADA has been since the beginning, and is now even more clear, that you must not treat people differently because of the fact that they may have a legally recognizable disability.” •

### BRIEFLY NOTED

#### A&E Network launches Recovery Project

Inspired by a surge in public interest created by its documentary series *Intervention*, the A&E Network on Sept. 20 announced the Recovery Project, a multi-year initiative designed to “raise awareness that addiction is a treatable disease and recovery is possible.” The Recovery

Project will include partnerships with the National Council on Alcoholism and Drug Dependence, Inc. and the Partnership for a Drug-Free America, among others. Visit [www.therecoveryproject.com](http://www.therecoveryproject.com) to learn more.

#### Mixed response to NASCAR’s new drug testing policy

NASCAR has announced a new substance-abuse policy of mandatory pre-season testing and random

[Continues on next page](#)

Continued from previous page

tests throughout the year for all drivers, over-the-wall crew members and officials. This replaces a policy of in-house testing on the basis of “reasonable suspicion.” ESPN reported on September 21 that some are concerned about the lack of a specific list of banned substances. Pennsylvania State University professor and substance abuse expert Charles Yesalis, M.P.H. says there is a potential for legal problems. NASCAR has defended their new policy as the “broadest in all of sports.” Independent laboratory AEGIS will now conduct the tests.

## STATE WATCH

### Study offers ‘bigger picture’ of Oregon’s meth problem

Using a unique research method incorporating information from multiple sources, Oregon State University associate professor Daniel Sudakin, M.D., said he is able to provide a “bigger picture of what’s going on across the state.” OSU reported on September 19 that analyses used countywide data from four sources, including 2,750 meth-related incidents. On a per capita basis, meth-related problems are most prevalent in rural Umatilla County, then Multnomah, Marion, Linn and Lincoln counties. Sudakin hopes his findings will lead to more effective allocation of funds and resources.

### Police officers from NH sea coast form Substance Abuse Task Force

The local Substance Abuse Task Force for the Greater Seacoast Region, comprised of police officers from Newton, Raymond, Hampton and Windham, will convene for the first time on September 30, reported Seacoast Online on September 17. The task force will partner with the regional citizens group Allies in Substance Abuse Prevention (ASAP) to create a “forum on prevention across the region” said ASAP project coordinator Cyndi Desroisiers. The

## Coming up...

The **Association for Medical Education and Research in Substance Abuse (AMERSA)** will hold its 32nd National Conference on **November 6-8** in **Washington, D.C.** For more information, visit [www.amersa.org/conf.asp](http://www.amersa.org/conf.asp).

The **International Council on Alcohol and Addictions (ICAA)** will hold its 51st International Conference on Dependencies, “Empowerment for Practitioners,” in **Limassol, Cyprus** on **November 2-7**. Visit [www.icaa.ch](http://www.icaa.ch) for more information.

The **Harm Reduction Coalition** will sponsor the 7th National Harm Reduction Conference: Towards a National Policy on **November 13-16** in **Miami, Fla.** For more information, visit [www.harmreduction.org](http://www.harmreduction.org).

The **National Institute on Drug Abuse (NIDA)** will hold a mini-convention, “Frontiers in Addiction Research,” on **November 14** in **Washington, DC**. Visit [www.nida.nih.gov](http://www.nida.nih.gov) for more information.

group will also work with state agencies on projects such as enforcing liquor sales compliance checks

## RESOURCES

### Two new resources from NIDA

The National Institute on Drug Abuse (NIDA) has introduced Drug-Pubs, its new research dissemination center, making materials related to drug abuse and addiction available to audiences including advocacy groups, health professionals, teachers and adolescents. Call 1-877-NIDA-NIH or visit [www.drugpubs.nida.nih.gov](http://www.drugpubs.nida.nih.gov) for a wide range of free or low-cost materials including fact sheets, pamphlets and posters.

NIDA has published its first annual “Innovations” issue of *NIDA Notes*, including reports on “benchmark” NIDA research advances with “profound implications for addiction science.” Visit [www.drugabuse.gov](http://www.drugabuse.gov) to view the issue.

## NAMES IN NEWS

**Elias A. Zerhouni, M.D.**, the director of the National Institutes of Health, on September 24 announced he will step down at the end of October to “pursue writing projects and explore other professional opportunities,” according to NIH. Zerhouni has served as NIH director since May 2002.

**Mark Weber**, Director, Office of Communications at the Substance Abuse and Mental Health Services Administration (SAMHSA) has been detailed to the position of Principal Senior Advisor in the Immediate Office of the Administrator, effective immediately. **William (Bill) Trefzger** will become the Acting Director, Office of Communications.

Renew your subscription now.

**888-378-2537**

## In case you haven’t heard...

*Mothers may wield control over their children’s choices in a way they never imagined. Iowa State University (ISU) researchers have found that self-fulfilling prophecy is a powerful force in teens’ decision making about alcohol use. “When mothers overestimated their teens’ future use of alcohol, the teens developed the self-view that they were likely to drink alcohol in the future, which ultimately led them to drink more,” said Stephanie Madon, an ISU associate professor of psychology and lead author of the study. The study appears in the August issue of the Journal of Personality and Social Psychology.*